

Report on the Buttercup Group at Sheringham Nursery School and Children's Centre

May 2021

Sue Cox wrote this report with Julian Grenier and Prabhjit Kaur. Caroline Vollans edited the report and prepared it for publication.



Foreword

We decided to set up the Buttercup Group at Sheringham because we weren't seeing many children with special educational needs and disabilities (SEND) in our Children's Centre. Most of the families were staying away, and only came into contact with us when their child was due to start nursery or reception.

Often, we assume that families we don't see are 'hard to reach'. We wanted to look at this differently. Maybe it was our services that were 'hard to reach'. Perhaps if you have a young child with SEND, you don't come to Stay and Play because it's too busy and it distresses your child. Or it could be that you're fearful of how other parents or professionals might respond to you?

We worked on the idea that the Children's Centre is 'hard to reach' for some parents. Those parents told us that they wanted a smaller, quieter group with the right environment and equipment for their child. They wanted a specialist there who could give them the help they needed.

So, that's why we set up Buttercup. Our Best Start in Life lead at that time, Paula Adams, was fortunate to recruit a highly experienced, former Children's Centre manager to lead the group. Sue Cox has written this report on what we've learnt about setting up and running Buttercup Group.

Sue has put the report together so that other Centres can either do something similar or build their own unique service which takes into account what we've learnt.

I'd like to thank Sue for her fantastic work in developing this project.

Dr Julian Grenier

Headteacher, Sheringham Nursery School and Children's Centre

Director, East London Research School

<p>The first 10 pages of this report explain what we did and how many children and families we reached. The rest of the report details our principles, approach, and ways of working.</p>

Introduction

My name is Prabhjit Kaur and I was the SEND Governor at Sheringham Nursery School and Children's Centre when we set up Buttercup Group.

I have a 6-year-old son with additional needs who attended Sheringham Nursery for 3 years.

I understand first-hand what a daunting experience it can be to bring your child with additional needs to an Early Years provision, where you may feel 'does my child fit in here', 'he/she is not like the others', or 'nobody understands'.

I have felt all these emotions and more, but I can personally say one of the best decisions I ever made was to walk into Sheringham Nursery with my 2-year-old.

The early education my son experienced has enriched his life. I believe the provision provided by the nursery has been key in building the core skills my son now possesses to progress in his development wherever he goes next.

The endless support and experience from colleagues at the Sheringham Nursery have enabled me to grow as a parent, to continue to push and get the best for my son.

I have brought my life experience as a parent of a child with SEND to the Governing Board to ensure decisions are challenged and that every child with SEND has the same opportunities as any other child, which I will continue to do. I understand our children are unique and wonderful in their own special way. Like any other child, they deserve the best start in life, which I believe Early Years development is fundamental to.

Nobody can deny that bringing up a child with SEND child can bring its challenges. However, with the right support network in place, these challenges can be overcome. I hope the journey with your child is as fun, rewarding and enriched as mine was.

Prabhjit Kaur, former SEND governor, May 2021.



Prabhjit with her son Akashdeep

Buttercup Group from April 2018 to December 2019

Overview of Buttercup

We set up the Buttercup project at Manor Park Community Children's Centre (MPCCC) because parents of children with special educational needs and disabilities (SEND) told us they didn't feel that many of the Children's Centre services were right for their children.

In addition, staff in Sheringham Nursery School and in other early years settings and schools were worried about some of the children they were admitting with a high level of need and developmental delay. The children's families had not accessed any early help services, so they had not received any support or been referred to the appropriate specialist services.

We were worried that many of the families that would benefit most from Early Help were slipping through the net.

To address these concerns, we started Buttercup Group in April 2018.



Buttercup uses a holistic approach: it is all about working with the whole family. We start with a home visit where we explain what they can expect from the group. We listen to what they say about their child's needs and try to understand their perspective. This includes any cultural or religious perceptions of special needs and disabilities.

We try to build a trusting relationship and encourage them to attend the sessions. We agree together what the priorities are for their child and come up with a plan an Early Help Record. As we work together and review progress, we aim for a respectful partnership. So far, every family we have visited at home has engaged with the programme.

We provide weekly sessions in the centre from 9:30am – 11am. Each session is a small, interactive Stay and Play group based around the three prime areas of learning and development in the Early Years Foundation Stage (EYFS). The maximum size is 10 children and their parents. There is plenty of space to play, inside and outdoors.

Every session is designed to be flexible enough to meet the individual needs of each family. We aim to help parents to develop their confidence and their understanding of their child's needs. This will help them to support their child's development in all areas, including emotional wellbeing and managing their behaviour.

Where necessary referrals can be made to other specialist services which can assess the child's condition or developmental delay. This means we can help the family get the most fitting ongoing support.

We also support parents to access universal services so that they and their child can feel included in the community. For example, the large majority of children move to a nursery place when they are two years old (FEE2) in an inclusive nursery.

The pilot group was delivered by:

Sue Cox, Project Lead – working 17.5 hours per week term time only.

Althea Dove, Speech and Language Therapist – employed for 12 half days per term delivered weekly term time only.

Marie Da Silva and Hazra Patel, Early Years Educators providing support to deliver the Stay and Play session 3 hours per week term time only.

The group provides places for 10 families on a rolling programme.

Multi-agency working has been key to the delivery of the group. No single professional would be sufficient. By working together, and listening to parents, we have been able to engage with every child and every family. We have learnt from the families, and from each other as professionals.

The group now provides places for 6 children on a 6-week programme that can be extended if required. The decision to make this into a 6-week programme was guided by our evaluations. Parents said that 6 weeks was long enough for them. Many families have multiple commitments. With this time-limited programme, we can ensure no-one is on a waiting list for more than a few weeks. We use our professional judgement to extend participation beyond 6 weeks when it would be in the interests of the child and their family.

Outputs from the Buttercup Group April 2018-December 2019	
<p>81 children were referred</p>	<ul style="list-style-type: none"> • 55 children met the criteria and were engaged in the group <p>Of the remaining 26:</p> <ul style="list-style-type: none"> • 5 obtained a nursery place at 2, and their needs were supported by the early years setting • 3 could not be contacted – phoning, door knocking and writing a letter were all used to try and contact these families. The referrers were informed of this so they could follow up with the family. • 5 were referred for Family Support as there were issues related to the whole family that could be better managed by a BSIL practitioner. • 1 parent opted to attend a Speech and Language Therapy service instead of Buttercup • 1 parent was referred to the Little Talkers group, as this was judged to be a more appropriate group for the child • 11 children were on the waiting list in December 2019 (this is discussed below in the ‘Challenges and Dilemmas’ section)
<p>33 free nursery places (Two-year olds)</p>	<ul style="list-style-type: none"> • 22 children were not initially eligible for free nursery place for 2-year-olds (FEE2). However, with the support of the Buttercup Lead, discretionary funding was obtained for them and they all took up their placements. • 11 children were entitled to an FEE2 place but were not accessing it. With the support of the Buttercup Lead these children took up their entitlement.

<p>9 free nursery places (Three and four-year olds)</p>	<ul style="list-style-type: none"> • 3 of the children obtained a priority place in a local nursery setting (school or PVI), with the support of a letter from the Speech and Language Therapist. • 6 of the children obtained a place at Sheringham Nursery School, where attendance at Buttercup ensured they had a priority place. • The family of the 10th 3-year-old moved out of the country.
<p>3 places turned down</p>	<ul style="list-style-type: none"> • 3 children were put onto a waiting list for a place when they turned 3, with their priority as children with SEND noted.
<p>2 children did not get a place</p>	<ul style="list-style-type: none"> • These 2 children's needs did not warrant an application for discretionary FEE2 funding (as assessed by the Speech and Language Therapist). • The families moved on to use universal Children's Centre services. Parents were confident and did not need support to get a nursery place at 3 years old.
<p>6 children were too young</p>	<ul style="list-style-type: none"> • Their families were told how to apply for a place once their child had turned 2. • These 6 families were offered support when their children turned two.
<p>1 child started school</p>	<ul style="list-style-type: none"> • The child was awaiting a CDC assessment. His parents thought that he could not start at primary school because of his high level of need. The Buttercup Lead was able to support the parents to resolve this issue and ensure the child started school.
<p>36 specialist referrals</p>	<ul style="list-style-type: none"> • 36 families (65% of the total) were referred to a specialist service like the Child Development Service. These early referrals would have been less likely to happen without Buttercup group.

What ages were the 56 children?

1-2 years old	6 children
2-3 years old	38 children
3-4 years old	10 children
5 years old	1 child

Ethnicities of families attending Buttercup (n=55) (Apr 18 – Dec – 19)				
Ethnicity	Numbers attending Buttercup	Percentage of total attending Buttercup	Percentage of families who use the Children's Centre	Percentage of families in Manor Park and Little Ilford overall
1. Bangladeshi	20	36%	30%	19%
2. Pakistani	9	16%	10%	14%
3. Indian	8	15%	15%	17%
4. White-Other	7	13%	10%	7%
5. African	3	5%	5%	10%
6. Other Mixed	2	4%	2%	6%
7. Other Asian	2	4%	8%	6%
8. Unknown *	2	4%	-	-
9. White-British	1	2%	6%	10%
10. Chinese	1	2%	Less than 1%	Less than 1%
Total	55			

* Two families using Buttercup preferred not to state their ethnicity. In the overall numbers given for the Children's Centre, 'unknowns' have been taken out, so the percentages represent the proportion of users whose ethnicity we know. All percentages have been rounded up.

The ethnicity data suggest that the ethnicity of families attending Buttercup Group largely matches the profile of Children's Centre users, and of the neighbourhood, allowing for a reasonable margin of error.

Families of Bangladeshi and Pakistani heritage appear to be over-represented in Buttercup Group, and White British families appear to be under-represented. However, the Buttercup Group is small. A few children make a big difference to percentages.

Early identification and intervention

Dame Clare Tickell's review of the Early Years Foundation Stage (2012) states that, 'evidence shows that early identification of need followed by appropriate support is the most effective approach to tackling disadvantage and helping children overcome specific obstacles to learning' (Tickell, 2011, p. 5). She also calls for 'a renewed emphasis on healthy development for all children, with better and earlier identification of developmental needs, delivered by closer working between parents, carers and professionals – including health professionals' (ibid p. 9).

However, in the Tickell review, there are very few references to inclusion, or Special Educational Needs and Disabilities. Likewise, the original commission for the Best Start in Life in Newham (2016) did not include any specific references to Special Educational Needs and Disabilities in its five-point guarantee. The Best Start in Life Review (Newham Public Policy and Research Team, 2017) makes only a single reference to Special Educational Needs and Disabilities. The reference is to the Triple P 'Stepping Stones' programme for parents of children with SEND.

At the time when Buttercup Group was established, there was no mechanism for the Health Teams to share information with Children's Centre when they knew about a family with a young child who had a Special Educational Need or Disability.

As a result, there was a clear gap in understanding, and service delivery. The result of that gap was that most families in Manor Park and Little Ilford who had a child with SEND did not access services in the Children's Centre. We do not see the families as 'hard to reach'. Instead, we see the services we as 'difficult to access' if you have a child with SEND.

That lack of access to services is of great importance. The latest research continues to highlight the multiple disadvantages faced by families and by young children with SEND.

For example, the *Study of Early Education and Development (SEED): Impact Study on Early Education Use and Child Outcomes up to age five years* comments that 'children with an SEN are less likely to use formal ECEC [Early Childhood Education and Care] and are likely to have on average poorer cognitive and educational outcomes' (Melhuish and Gardiner 2020, p. 27).

The SEED report also says that accessing high-quality ECEC is beneficial to children living with disadvantage. That again makes it especially important for us to ensure that children with SEND do not miss out.

'For children from the 40% most disadvantaged families, the optimum trajectory for formal ECEC use would appear to involve an early start (a mean of ten hours per week starting at some point up to age two) combined with

high use of formal ECEC between age two and the start of school (a mean of over twenty hours per week).’

(Melhuish and Gardiner 2020, p. 104)

Buttercup has proved to be successful at reaching two-year olds and supporting the take up of nursery places at 2-years old. This means that children, and their families, now receive support during that sensitive period of time.

The educational outcomes for children with SEND are concerning in England. The Education Policy Institute has calculated that children with SEND are 10 to 15 months behind in their development, compared to other children. This is a huge gap for children who are only 5-years old.

In Manor Park and Little Ilford, outcomes for children with SEND are not improving as quickly as they are for other children by the end of the Early Years Foundation Stage. That means that children with SEND are falling further and further behind every year.

The Buttercup pilot and findings informed the updated 2020 [Development Matters](#), the government’s non-statutory guidance for the EYFS. Led by Dr Julian Grenier, Sheringham’s headteacher, this makes clearer references to inclusion and equal life-chances:

Seven key features of effective practice

1. The best for every child

- All children deserve to have an equal chance of success.
- High-quality early education is good for all children. It is especially important for children from disadvantaged backgrounds.
- When they start school, children from disadvantaged backgrounds are, on average, 4 months¹ behind their peers. We need to do more to narrow that gap.
- Children who have lived through difficult experiences can begin to grow stronger when they experience high quality early education and care.
- High-quality early education and care is inclusive. Children’s special educational needs and disabilities (SEND) are identified quickly. All children promptly receive any extra help they need, so they can progress well in their learning.

Approaches and strategies

Working in partnership with families

The Buttercup group prioritises working with parents, aiming to provide a service that meets the individual needs of the family, rather than expecting the family to fit the service.

The Education Endowment Foundation (EEF) [reported in 2018](#) that ‘parents play a crucial role in supporting their children’s learning, and levels of parental engagement are consistently associated with better academic outcomes. Evidence suggests that effective parental engagement can lead to learning gains of +3 months over the course of a year. The EEF also recommended that schools and early years providers should ‘consider offering regular home visits for younger children with greater needs. This can be an effective approach for parents that struggle to attend meetings in settings, and for building relationships’

The EEF’s report on parental engagement was informed by evidence from Sheringham Nursery School and Children’s Centre, including Buttercup.

Our work was also informed by the [Best Practice Guidance for completing the Early Help Record](#) from Newham’s Early Help Partnership. The section on engaging with families identifies the following elements of practitioner style as being important:

- Being supportive and trusting.
- Listening carefully and effectively.
- Using skills that promote cooperation.
- Being matter of fact.
- Being ‘human’.
- Being friendly.

These principles are used to engage families with the group and create a positive environment to share advice and guidance with parents.

Supporting children’s communication

Buttercup Group is planned to support children’s development across all three of the Prime Areas in the EYFS: Personal, Social and Emotional Development; Communication; and Physical Development.

However, the strongest focus of our work is on children’s communication. For the large majority of the children, difficulties in communication lead to additional difficulties in learning.

Children who cannot communicate their feelings or needs can also become angry, frustrated or withdrawn. Their behaviour is often challenging. This is usually the most pressing difficulty that parents identify.

All children who attend Buttercup need support with their communication. The partnership with the Speech and Language Therapy service is critical to the success of the group.

There are four approaches that underpin the communication strategies used by the Buttercup Group:

The Hanen Approach – developed by Ayala Hanen Manolson, a speech-language pathologist in Montreal, Canada. She has led the way in changing early language intervention by putting parents first in order to help children best. Her research began to reveal that the involvement of parents in their child's early intervention was crucial and that the earlier parents were involved, the better the outcome for the child.

The Hanen Centre have developed parent-implemented intervention where parents are an essential part of their child's intervention. They provide a range of strategies that are designed to be used by parents and professionals.

They reference Roberts, M. and Kaiser, A. (2011). *The effectiveness of Parent-Implemented Language Intervention: A Meta-Analysis American Journal of Speech-Language Pathology*, as providing evidence of effectiveness: 'this study shows that children with a variety of communication difficulties make good progress when their parents learn to use specific techniques designed to improve the children's communication skills.'

Intensive Interaction - Dr David Hewitt OBE. Ph.D., Dip Ed, Cert Ed, developed Intensive Interaction techniques designed to teach and develop the 'Fundamentals of Communication', attainments. These include the use of eye contact, facial expressions, vocalisation leading to speech, taking turns in exchanges of conversation and the structure of conversation. It is essential that parents understand the importance of these fundamental communication skills and how to develop them with their child.

Attention Autism - Gina Davies Dip RCSLT, HPC reg; RSA specific learning difficulties; Advanced Certificate in Education: Pupils with autism, is a qualified Speech and Language Therapist who has developed practical strategies for parents and professionals dealing with autism. She developed the use of the Attention Bucket to engage and develop young children's attention skills.

Advice from ICAN – the Children's Communication Charity. ICAN state, 'We want a world where all children have the communication skills they need to fulfil their potential.' They report on current research and literature and offer practical evidence-based solutions to support practitioners, parents and policy makers. They provide evidence-based fact sheets that have clear strategies designed for use by

both parents and practitioners and address the needs of children with a variety of severe speech and language communication needs.

Althea Dove, the Speech and Language Therapist working in the group, developed individual plans to support each child. She suggested strategies for parents to use, and then modelled them. Althea then gave feedback to parents on how they were using those strategies and what they might consider doing differently.

Althea also directed parents to high-quality resources and factsheets online. For example, the [ICAN website](#) has guides for parents about how children develop language and how to support development at various ages and stages. For children with social and communication delay it may be that the advice for 6 – 12 months is more appropriate than the advice given for the actual age of the child.

The first step may be to encourage the child to make eye contact and increase their attention skills using activities such as singing action songs and playing games like 'peek-a-boo'. Althea worked with parents individually to assess the child's level of development and consider what would be the most appropriate help for the child.

These strategies are used because they all have a proven track record and can be used in partnership with parents.

Supporting children's emotional development and behaviour

We used 'Tip Sheets' from the 'Triple P Parenting Programme' with parents, in response to the individual emotional need or behavioural challenges presented by their children. We chose to use Triple P because it is evidence-based, and because parents are able to access one of the full programmes at Sheringham (either Triple P, or Triple P Stepping Stones which is adapted for families with a child who has SEND).

The four most commonly used Tip Sheets were:

- Tantrums
- Hurting Others
- Bedtime Problems
- Toilet Training

The Best Start in Life (BSIL) practitioners worked individually with parents to identify which areas were most important, in order to improve the family's quality of life and child's wellbeing. Once strategies have been discussed and agreed, the BSIL practitioner follows up every week with the parent to check whether the approach is working, and to offer additional support if needed. Further support is regularly offered through home visits.

Supporting children's health and physical development

Many parents were very concerned about their child's eating and nutrition. The BSIL team offered advice on how to encourage children to try a wider range of foods, based on the Early Start 'Fussy Eating' handouts. These handouts use text and pictures to show how parents can support their children.

Advice includes:

- having a regular routine
- eating together
- making mealtimes relaxed
- avoiding distractions
- giving rewards and praise (explaining that rewards should be something like a trip to the park, reading a book together, not a food reward)
- avoiding offering alternatives
- encouraging children to help prepare the food
- keep trying: it can take 10 times or more for a child to be exposed to food before they will accept it.

The Best Start in Life (BSIL) practitioners go through all aspects of this advice with parents. Being familiar with the family's home situation, they can work with the parent to agree what needs to be prioritised e.g., establishing a routine and avoiding using distractions. Advice is followed up every week to check it's working, and so parents can be given more help if needed.



How we set up and run the group.

Initial work with the health team

The initial work to engage Health professionals with the Buttercup project achieved only a partial response. There were understandable concerns that Buttercup would be another 'here today gone tomorrow' project. No one wanted families to be disappointed if they were referred and then not offered the support they expected to receive.

The application form used for family support referrals was initially used for Buttercup. However, feedback indicated that this was a deterrent due to the time it took, and the amount of information required to complete the form.

Engagement with Health was crucial to Buttercup as Health professionals are in the best position to meet families that are not accessing other services. To facilitate this engagement the application form was revised and simplified, to contain only the basic information required to process a referral.

Sheringham's BSIL Lead used the positive relationship she had built with the local health team to establish a new referral pathway. Children seen at their routine two-year check could be referred to our 'Little Talkers' group if they were identified to have low scores (30 or less) in the Ages and Stages Questionnaire (ASQ) in Communication. Or they could be referred to the Buttercup group if they had low scores across two or more of the five areas (Communication, Gross Motor, Fine Motor, Problem-Solving, Personal-Social emotional).

This meant that health professionals had a clear SEND pathway via the Children's Centre. As the Speech and Language service called 'Chatterbox' had been withdrawn, it was important to have a route which provided direct access to a Speech and Language Therapist in Buttercup, or access to support through Little Talkers.

The fact that Buttercup group has been maintained by the Children's Centre for last two years has reassured health professionals that it is worth referring to. They see that families are being provided with the support they need.

Referrals for Buttercup are now consistently being received from Health professionals. This has created a waiting list for Buttercup places, which is discussed further in the 'Challenges and Dilemmas' section of this report.

Multi-agency referral system

Referrals are also received from BSIL practitioners in the wider Children's Centre team, who all work directly with families and deliver Stay and Play sessions. When they identify a child who appears to have a significant developmental delay, they make a referral to Buttercup. Referrals are prioritised for parents who are not accessing other services, or who only turn up occasionally to a 'Stay and Play' session because their child struggles in a busy environment.

Speech and Language Therapists also make referrals. If they assess a child and make a CDS referral, they know that the process will take at least 9 months. A referral to Buttercup means that the family will have the support and advice they need, whilst waiting to be seen by the CDS.

When staff from Health and the Children's Centre work together like this, children's needs can be identified and responded to, and not get overlooked.

Speech and Language Therapists have also noticed how children and their parents benefit from being part of Buttercup group, as well as attending therapy in clinic. Here is an example from a therapist's report:

The family attended 3/4 sessions in October 19 focusing on parent/ child interaction. In the first session, child's mother was able to clearly identify areas of strengths and difficulties in regard to his communication development.

She also reported that his social communication and language skills had developed since his initial assessment in March 2019, following attendance at Buttercup.

She engaged well in therapy and implemented all strategies discussed in the sessions. He made progress with his attention, interaction and language over the 4 weeks.

Some families face many complex issues. Parents may have mental and physical health difficulties. Older siblings may be poor school attenders or may be at risk of school exclusion or involved in anti-social behaviour. In these cases, the Early Help Records which are completed as part of engagement in Buttercup Group also involve Newham's Troubled Families team.

[Research suggests](#) that when parents are under significant stress, incidents of child abuse rise. Children under 5 are more vulnerable to child abuse than any other age group in the school system. Children with special educational needs and disabilities are also more vulnerable to abuse, according to a [review of the research](#) by the NSPCC.

Considering safeguarding risks is priority for the BSIL team at all times. The focus is on how families can be helped to manage very difficult circumstances. The work is about supporting, not blaming. Our aim is that family support interventions will prevent issues from escalating and help parents to develop their capacity and confidence over time. This means that family wellbeing will improve, and children will be safer.

Home visiting and engaging of families who are considered 'hard to reach':

The initial home visit is an important way to start a reciprocal relationship with the family. It is an opportunity to explain how the group works. A leaflet is provided to reinforce the information. The family are given the chance to raise any questions or concerns.

A 'Working Together' agreement is then discussed and signed by the parent. This makes clear what will be expected of them and what support they can expect to receive. For example, they need to be clear that they will be expected to undertake 'tasks' provided for them within the home. Additional home visits will be provided to support them with this.

Parents are generally very pleased that a Speech and Language Therapist will work with their child. This provides another incentive to attend the group. Agreement is also obtained to start an Early Help Record (EHR) or a Family Intervention Plan (FIP).

Next, we ask the parents questions about their child, themselves and their circumstances in relation to the areas covered in the EHR:

- Development of the Child,
- Parents and Carers
- Family and Environment.

We start recording this information on a blank EHR, explaining that this will be typed up and they will have the opportunity to review the form and confirm that they agree with the information on it.

We encourage parents to talk about what they want their child to achieve so this can be included in the planning section. It is important for parents to feel a sense of 'ownership' and that they are working towards achieving something that is important and meaningful to them.

For example, one mother wanted her child to start using words instead of sounds and be able to put two words together. Her child had complex needs and this was an unrealistic target for him to achieve during the time he would be in Buttercup. We discussed this and agreed *to work towards* this goal. This shared decision engaged

the parent with the EHR and provided opportunities for the practitioners to explain why her son was finding it difficult to develop his social and communication skills.

From the information obtained targets are set and 'tasks' allocated that will support the family achieve the target. Information from the Speech Therapists assessment will also provide an important contribution to the EHR target setting and tasks. It is important for some families that this does not sound too daunting and that they will be given support to achieve these targets. This is achieved using a non-judgemental approach, building trust and encouraging the parent to be honest about their concerns without the fear of being judged.

The home visit also provides vital information about the child's home environment, their cultural background and how the family's beliefs may impact on their attitude to their child's development / developmental delay. The 'hard to reach' families attending Buttercup often live in one room with shared kitchen and bathroom facilities, or in very confined flats with the whole family sharing one bedroom. Some live with their extended family and/or friends and have to be very mindful of their needs. In these circumstances parents may have physical or mental health issues themselves.

The EHR can highlight how parents are influenced or pressured by their extended family's attitudes to their child. Attitudes range from a perception that the child is 'special' because of their needs and, consequently, given lots of help and support from the extended family, to one where the parents are made to feel inadequate and to blame for their child's difficulties.

Different family attitudes

Parent A was receiving lots of support from both her immediate and extended family for her 'special child'. Family members were happy to help with childcare and give the mother some respite. She could comfortably visit her family knowing that her child's behaviour would be understood and accommodated. This Mum was more confident about attending Buttercup and positive about receiving advice and implementing tasks, reporting that her family were supporting her to do this.

Parent B reported that visits to family were difficult as they did not understand her son's refusal to make eye contact and his self-directed behaviour. They 'blamed' the Mother for the fact he was 'different' from their other grandchildren and did not communicate with them. Support for Mum was limited because they found his behaviour difficult to manage. They would only help with care if it was an urgent situation and complained if he was left with them for more than an hour. This Mum needed support to access the Buttercup group as she felt that she had caused her son's social and communication issues and had concerns that other people would be judging her as a 'bad parent'. She was relieved to find that other children had similar issues and that there were strategies she could use to help him develop his communication skills. We worked with her to build her confidence and self-esteem. This Mother was isolating herself from community activities because of her concerns and without the encouragement to attend Buttercup she acknowledges that she could have become increasingly isolated.

Cultural and religious issues

In a very diverse neighbourhood, it's essential that our work with families is culturally appropriate. Faith is central to the lives of many families in our area.

In some families: we heard about how the first-born son has a high status. As a result, parents feel additional pressure if there are concerns about the child. Some mothers told us that any attempts they made to 'manage' their son's behaviour could be undermined by the grandparents (often living in the same household) or their husband. Mothers felt that sometimes their sons were indulged and their attempts to put behavioural boundaries in place were undermined because other family members could not tolerate the upset this might cause. We found it helpful to use a home visit to involve fathers and grandparents in discussions. We explained the reasons behind the strategies and why boundaries are important. We also advocated for mothers and the support they need from the whole household.

Faith can provide a secure sense of identity and belonging for many families.

But for others, religious beliefs can generate great anxiety. One mother explained that her husband believed that God was punishing him because his only son had a social and communication delay. He would not support his wife to carry out tasks to promote his son's development and believed that if he attended prayer meetings more regularly and made donations to charities his son would 'recover'. Unfortunately, he refused to engage with the EHR or discuss his son's needs and how we could work in partnership. As a result, support was solely focused on the mother. She worked very hard to help her son to develop his communication and felt very happy about his progress. However, she was also isolated and unsupported in her extended family.

Understanding issues presented by the home environment, parental health, cultural and religious backgrounds, helps to set more realistic tasks for parents to complete at home. It also gives practitioners a better understanding of the reasons why parents have not been able to follow through any of the tasks at home. Working on the parents' and family's needs may be needed prior to focussing on the child's.

Building confidence and boosting parental self-esteem can provide a positive step forward.

During further home visits practitioners can see if parents have been able to use the tasks provided in the group. Continually building a trusting relationship with the family is important: they may then feel more confident to say if they are finding the tasks difficult. Tasks can then be modelled for the parent and further suggestions or adaptations made. Parents are also encouraged to make videos of their interactions with their child at home. They can then play this to staff in the group who can give feedback and offer suggestions where necessary.

Coming to terms with the fact that your child may not be going to develop 'normally' can be difficult. Sensitivity in managing the concerns of parents and extended families and helping them understand the implications of their child being 'referred' for further assessment, can be offered on a home visit. Parents often want to ask more questions to understand the process: they may need further support to deal with the information.

A health visitor commented that she was very pleased that a Mother and Child were attending Buttercup as several attempts had been made to engage the family with services and they had all failed. This parent and child attended regularly and went on

to take up a free nursery place for 2-years olds in Sheringham Nursery School. The parent had previously refused to consider this.

How we brought children and families into the centre:

Making a positive connection with parents on the initial home visit and explaining the benefits of attending Buttercup has been enough to motivate parents to attend the centre when offered a place. Some parents have initially arrived late or had a reason to leave early, or presented as uncomfortable and nervous within the group. This is usually parents of children who have been referred due to a social / communication delay. The children are self-directed in their behaviour, having little regard for other children or adults in the group. This can make parents can feel self-conscious when their child does not respond to them or the boundaries they are trying to set. By welcoming the parent and supporting them to manage their child's behaviour helps them feel more in control and comfortable about being the group. They will then stay for longer periods.

Consistent attendance can be more difficult to achieve with 'hard to reach' families who may have chaotic lifestyles. A telephone call to the parent the day before the group to see how they are and remind them to attend has been helpful in keeping attendance as consistent as possible. Showing Understanding if they cannot (or do not) turn up one week also helps to keep parents engaged with the group. Home visits are also useful if the parent does not attend for a couple of weeks.

Setting up the room



The room provides a welcoming and relaxed 'stay and play' environment. Staff use their knowledge of the EYFS to ensure activities are age and stage appropriate and will support children's learning in the three prime areas: personal social and emotional, physical and communication and language.

There are a variety of play activities that are intended to engage the children and encourage parents to join in. Adult chairs are located at all activity tables and staff model interactions with the children. Toys and activities are kept simple so that

families can replicate them at home. For example, demonstrating how to make play dough for use at home; using pasta (cheap and easily available) as a play material; playing with cars, trains, and variety of construction toys; having a cosy book corner; making marks with crayons and pencils, and so on. All of these may be available in the home or easily be obtained for use in the home.

The type of development that each toy will promote is explained for the parent. They are also encouraged to make good use of the outdoor space with sand play area. There are a few more specialised pieces of equipment (as recommended by the S<) particularly purchased to engage the child's interest and increase attention span. Parents are supported by staff to use these with their child explaining the use of 'Ready Steady Go' prior to activating the toy to hold the child's attention.

An observation of the session by the Head Teacher Sheringham Nursery School stated, 'Children very much enjoyed the range of activities inside and out, which were well organised and presented'.

An 'Attention Bucket' is used at the end of the session to encourage parents and children to sit together and focus on the interesting and exciting items that are taken out of the bucket. This activity has proven benefits in developing children's joint attention spans as evidenced by the 'attention autism' approach. Children are taught to use the sign for 'more' as part of our strategy to develop their capacity to make choices as well as focusing their attention. We want children with SEND to be able to express their wishes.



The session finishes with bubble machine. The children anticipate this and enjoy ending the session on a fun note.



Discussions with parents and modelling strategies to be used with the children

Targets are agreed with the parent and tasks are suggested for them to try at home. Consideration is given to each home situation, differing parental needs and levels of understanding. Tasks are discussed with the parent the following week. Any issues can be dealt with and the tasks can be simplified and reinforced, or new tasks given to extend the child's progress. Most importantly all progress is celebrated. Parents are given praise for using positive strategies during the sessions or at home.

Building supportive relationships and creating a 'safe' space is critical to this work. The parents will then be more likely to feel supported enough to voice any concerns they have about their child and hear any concerns that the staff may have about them, such as the need to make a referral to another service.

Parents report that having the opportunity to talk to someone about any concerns they might have is supportive. They may otherwise have no-one else to speak to due to particular family pressures or being an isolated single parent.

During the weekly session the staff support, encourage and model the following practices:

- Getting down to the child's level, facing them and making eye contact. A detailed list of activities to encourage eye contact is provided for parents.
- Copying the child's sounds and actions. This can be difficult for parents to do as they often feel self-conscious when making the same sounds as their child or when crawling on the floor with them. Modelling these can be the best form of encouragement.
- Following the child's lead. Parents can find this difficult, especially if their child constantly moves from one activity to another, or spends long periods doing one activity e.g., turning on taps. Modelling how to manage these sorts of behaviours can be helpful.
- Talking to the child using just 1 or 2 words: naming objects and activities the child is interested in.
- Demonstrating how to be expressive: using facial expressions, actions and an interesting voice.
- Demonstrating how actions can be used to reinforce what is being said when communicating with a child.
- Using all the child's senses when helping them to learn new words. Encouraging them to look, listen, touch, smell and taste; tactile substances are always available to facilitate this.
- Reinforcing the need to be consistent and constantly repeating what you are saying, explaining that it can take time for the child to understand and respond.
- Helping the child to try new activities. Having a range of activities available is necessary for this. Parents are also supported to access toys from the children's centre toy library to take home. Staff explain and model how to use them if necessary.
- Giving the child choices, offering two objects or activities
- Offering activities to support the development of joint attention. For example. 'Ready Steady Go' to start an activity. A more detailed list of 'Activities to develop attention' is provided for parents.
- Supporting parents to manage difficult behaviour such as temper tantrums. This will include 'planned ignoring', removing a child from a situation and reinforcing the need to give the child praise when they respond to the boundaries being set.
- Discussing healthy eating and how to manage fussy eating. Parents are given handouts of advice to use at home. This can be followed up with home visits at mealtimes.

Comments from Althea Dove, Speech and Language Therapist

'Initial assessments are done in a relaxed environment, for both the parents and children. I take case histories from parents and model helpful strategies there and then in the session if necessary.'

We check in with parents on a weekly basis to see how useful the strategies and tasks they have been given to do at home are. So, progress is constantly and consistently monitored and reviewed.

'Benefits as a S<: I am able to do assessments and make early referrals to other services and agencies, such as the Child Development Service for an autism assessment or the waiting list for speech and language therapy clinic.'

Having used strategies recommended in Buttercup, parents are often more informed and confident about how to support their child's communication. They are also more able to accept further advice and support. My participation means that parents don't have to attend a health centre further from home (as the assessments took place locally in the children's centre).'

Staff Roles

This outline describes the basic staffing structure of the group. However, staff roles are flexible, the focus being on meeting the individual needs of the family. Some parents, for example, may feel more comfortable with a particular member of staff and be more prepared to communicate with them. This is facilitated wherever possible.

The Project lead:

- informs the team which children are expected to attend the session and if there will be any new children
- reports on any updates regarding family situations since the last session.
- welcomes parents to the session, especially new ones
- reviews the tasks given to families, making any necessary adjustments and setting new tasks where appropriate.

Speech and Language Therapist

- Makes initial assessments of new families' needs.
- Reviews the tasks given to families, making any necessary adjustments and setting new tasks where appropriate.
- Accesses health information on each child.

- Provides updates on referrals or appointments that the child has attended.

Early Years Educators

- Ensure the smooth running of the session: supporting all families, modelling strategies and advising families (as outlined above)
- Play with and care for the child if a parent is having an in-depth discussion with the S< or Project Lead This is particularly helpful if a parent becomes upset and distressed.

Additional roles: interpreters

When necessary, an interpreter is employed to attend the session. To keep the expense of employing interpreters to a minimum, members of staff who speak the relevant language will swap places with the early years educators for the time it takes to interpret.

Additional roles: Speech and language therapy students

Buttercup has also accommodated visits from S< students Below is the feedback provided by a post graduate student in the final year of her MSc in speech and language therapy.

'The group is set up within a well-equipped play-room. This helped the young children to settle and gave plenty of space for parents to feel at ease. As well as observing the child at their very best i.e., during fun, interesting and spontaneous play, the sessions are targeting parents with tailor made advice to



help support behaviour and communication development. This advice stems from the case history that I took, alongside observations made in the session of the child's strengths and needs. It's not a 'one style fits all' and the information gathered was made richer by being able to have the extended conversation with the parent'

'In comparing this style of therapy to clinic based one-to-one or group therapy, there are many more opportunities to build good rapport, gather evidence and to deliver the target advice in the Buttercup session. For many of our families this means being able to understand and being able to absorb the advice for their child.'

Impact: children's development and health

We ask parents 'what has changed for your child' as a way of measuring impact.

Here are some typical comments:

'Before these sessions, he would never respond to his name, but now his response has improved. He was afraid of going where there would be new people around him but now he goes without any problem.'

'He is more confident and improved his speech. He has started using a lot more words.'

'He gives more eye contact when I talk to him. His attention has improved.'

'Now he is more attentive, he became calm. He follow me much and played well himself and with his brother.'

'She is now using more words with context and adding words. Better eye contact. It helped her to settle which helped her for her early years nursery.'

'He interacts with many more people now. He was very reserved at the start but now engages with lots of people. Lots has changed in his communication skills.'

'It has changed my son to play with others and eat by himself.'

'My son now tries to copy words and to make sentences of 2 -3 words. He also tries to repeat new words.'

'My child would not play with toys and explore, now she likes to. She was not babbling now she is trying to make sounds. She enjoyed every session here. Everything was brilliant.'

'It has changed his behaviour and helped to improve his speech. He is now playing with others – children and adults- before he did not do this.'

'He is a different child now, he has good attention and wants to learn things, he will copy me now.'

'His behaviour'

'He plays with different toys now. Not only cars'

'It has improved his confidence.'

'He can say more words and he plays better with other children.'

'Before he was don't want to talk now he try to say a word and happy to come to every class.'

Impact: family wellbeing

Typical comments from Parents to demonstrate impact on family wellbeing:

'It has helped me to understand his behaviour better. Helped with my confidence in supporting him. It put a smile on his face.'

'It's really useful for both of us child and Mum. It makes me happy. Now I don't think that I am alone. They are here. It's changed me to be confident.'

'When I was finding something hard I can speak to Sue.'

'Good to see other parents with similar stories.'

'I became much more calmer regarding my son. They give me really good ideas which are really helped me and my son. They are amazing people easy to talk to.'

'It is very supportive because I was nothing before now I am very confident about my son.'

'They give me lots of challenge, so I do every week like homework and it's working.'

'It is really very supportive because I discuss everything about my child and they did everything and even give me ideas to deal with situations.'

'Buttercup group have been extremely supportive. They've given so much help. Staff were very friendly and great with my child.'

'I was given many advices to help my children improve about their communication. Sue was following every steps of their development and telling how I could move forward.'

'Very supportive. Given good sound advice and support all round. Help with what to do and how to do it. I don't know what I would have done without the support and care of all the staff.'

'Sue came many times at home to encourage me and congratulate about how I managed to bring my children outside. She has helped me to express myself.'

'It is very helpful to managed my son, now he is comfortable in this group first he was not. Now he plays with other children and I feel better. The group teach how to make them comfortable and how to manage them. It's very supportive I feel very relaxed in this group.'

'I had a lot of support from the group for my child. Trying to talk to me through difficult times and also encourage me. It has helped me to get out of the house in confidence.'

'Every staff given me good information. Sue always encouraged me to bring him here. I now have more confident to come out with me son to other sessions.'

'It was very reassuring knowing that each session we attend we always get the opportunity to discuss and concerns about our child. Staff have always made time and effort. It helped a lot with information and techniques to try at home to help support my child with speech delay.'

'Sue tried to help and support me as much as she could do. I was really stressed before attending the session but at the end I was relived. Before I didn't have more support or idea what I should do to overcome my son's issues but with help of Buttercup sessions he managed to be attending a day care for 15 hours and I am sure this will help a lot.'

The comments above about the impact on children and family wellbeing are also illustrated in the following two **case studies**:

Child A – DOB 5.16

Attended Buttercup April 18 – July 18

Reason for Referral:

Speech and language delay and he had previously had difficulty weight bearing for which he had physiotherapy and was now able to walk but was still unsteady on his feet. He had a younger sister who had a cleft palate and some deformity in her leg. It had been recommended that he would benefit from attending stay and play sessions, but Mum was not confident to attend with both children who became upset in the noisy and busy environment of the stay and play session. Mum had no family or friends locally that she could leave his sister with so she could bring him to the session on his own, so she stayed at home. This was leading to Mum becoming increasingly isolated and her son was not getting the stimulation and opportunities for physical exercise that he needed.

Work carried out in Buttercup:

Initial home visit was used to address the mothers' concerns about attending a session with both children, explaining what help would be offered to her within the group.

Mother was very tentative about attending the first session but when she realised that she was welcomed into the group and support was available for her she grew in confidence and was pleased to see both her children engaging with activities, enjoying and benefitting from the session. Staff were able to spend some time looking after the younger sister while the mother was able to play with her son.

Over the time they attended Buttercup a range of tasks were given to child A's mother to complete at home, these focused on activities that would support her son's speech and language development but could be used for both children,

e.g., coping the sounds and movements made during play, daily singing, naming objects that the child was interested in, introducing turn taking. These tasks were extended as his speech began to develop. Mum was also encouraged to carry out activities like kicking a ball with him to help him to balance on one leg and encouraging him to walk up and down stairs rather than carrying him to strengthen his muscles. Modelling of these activities was demonstrated both within the session and on home visits. Support to access a two-year placement was also provided.

Progress made during Buttercup placement:

Child A's mother reported improvement in all areas of his communication which was supported by the report from the S< who noted *'he was now using more single words to communicate, has started counting and using short phrases such as 'Ready Steady Go' and 'thank you'*. He became more confident in his physical abilities and was able to walk up steps unaided.

Child A's mother identified that the main change for her was confidence in knowing what to do to support his development (which could also be applied to his sister) and seeing the benefit this had for both of her children. She was pleased that she was now able to bring her children out of the home and she started attending universal stay and play sessions with her children, she acknowledged that the encouragement, support and positive feedback she had received had helped her to achieve this.

Progress since leaving Buttercup:

He attended a two year and then three-year placement at Sheringham Nursery School. Staff report that he is making good progress; he is independent and consistently uses 2-4-word sentences and names of staff and other children. He is confident when playing outside he runs around with the other children he uses the slide and balance beams and is willing to try new activities. Mother takes a keen interest in her son's development and supports initiatives being carried out by staff. He will start at primary school in Sept 20. Due to early referral, he has been able to access a further course of S&L therapy.

Parent Feedback:

When asked for her reflections on progress made by her child, his mother made the following comments:

She explained that before starting at Buttercup she was a first-time parent with no idea about how to support her child's development. She is in a foreign country with no family to support her. She acknowledged that she made mistakes like putting her child in a walker all the time which did not let him develop his leg muscles, resulting in his difficulty walking. She is also now aware that she did not speak to her children very much when they were small, she did not realise the importance of this in developing their language.

She felt that without the support from Buttercup she would have remained isolated within her home environment with no understanding of what she needed to do to support her children's development. She did not want to go out and remembers feeling very self-conscious because her children would cry when she

took them out and she felt that people were judging her to be a 'bad parent' because of this.

Buttercup increased her confidence which has continued to develop while her child has attended the nursery and her daughter is now accessing a two-year placement. She explained that she talks to her children all the time now and enjoys being involved in activities at school. She has attended a 'Triple P' parenting course and feels that she now has a good understanding of how to support her children's development.

She also had the opportunity to make friends with another parent facing similar issues while attending Buttercup and reports that this friendship has continued, and they support each other which she finds really helpful.

Child B – D-O-B 27-12-15
Attended Buttercup Sept 18 – Nov 18

Reason for Referral: Social and Communication Delay. Assessed in a 'Chatterbox' session and S< referred to Buttercup. Parents were very concerned about his development he has a limited concentration span, and they find it hard to get his attention. He only uses a few single words which are difficult to understand, he points and makes noises to get his needs met. He is solitary in his play and does not interact with other children or adults.

Work carried out in Buttercup: Initial home visit established that the family were managing in a very difficult environment; they lived in one room with a shared kitchen and bathroom. The father worked evening on night shifts and the mother did some part time work during the day when father was home. Sleeping patterns were difficult to establish in these circumstances.

Both parents attended Buttercup. The S< gave the parents different tasks each week to help develop his social and communication skills e.g., adding a word, modelling the correct word if the word he said was unclear, stopping halfway through a song to encourage him to make eye contact and see if he would continue the song, playing games that encouraged turn taking. Mum was very diligent about carrying out these activities and home visits supported the fact that she understood and was carrying out activities in the home setting. Some improvement in his communication skills were observed by both the parents and staff however the S< decided that a referral to CDC was appropriate and this enabled discretionary funding for a two-year placement to be applied for and obtained. The parents were devastated by the referral and found it difficult to acknowledge that their son may have ASD. Staff were able to give them support and provide an opportunity to talk through their concerns. They were pleased when the FEE2 funding enabled them to access an FEE2 place at Sheringham.

Progress made during Buttercup Placement - Parents identified that there had been some change in their son's behaviour he was able to repeat more words, could understand more and there was some improvement in his eye contact and attention span. This was supported by the S< report. Mother stated that she now understood what to do to support his social and communication development and she was confident to implement these strategies at home. They felt that obtaining an FEE2 placement was the most helpful thing for them, as they recognised, he would need long term support.

Progress since leaving Buttercup: He attended a two and was quickly moved into a 3-year placement at Sheringham Nursery School. He then moved to a 30-hour placement as Mum works. Staff report he has made some progress since attending nursery; he is using more single words and names familiar things. He has good focus on areas he enjoys but can be difficult to engage in other activities. They are working on turn taking and he is better at this with adults, he finds it difficult to achieve with other children. He has an obsession with farm animals and will play with them for long periods of time and carry them around with him. Mum has been very involved and is proactive in her support for him. Due to an early referral, he has attended his CDC appointment and been diagnosed with ASD. He will be starting primary school in Sept 20 and has been able to obtain a place in a resource provision school.

Parent Feedback: When asked for her reflections on progress made by her child, his mother made the following comments:

She was struggling to manage her child prior to attending Buttercup. He was her first child, and she did not have any other family in the country to support her, so she was not sure if his behaviour was 'normal' and she did not know what to do. She found it very helpful to receive the support and information about strategies she could use from Buttercup and was pleased to see that by implementing these there was some improvement in his development and behaviour. She is aware that if they had not attended Buttercup then she would probably still be sitting at home now not knowing what to do. Being able to access the nursery place has been the most helpful aspect of attending Buttercup. She was very sad when her son was diagnosed with ASD and is still finds it hard to say this; she became tearful when relaying this information. She realises that it means he will require ongoing help but acknowledges that the diagnosis has led to more support being offered and he has been able to access a further course of speech and language therapy and a session with occupational therapy. When Mum attended the CDC appointment, she found that the report provided by the Buttercup S< was helpful in enabling a diagnosis to be made.

Mum is still struggling to cope with her son's diagnoses and has concerns about what the long-term implications are for him, but she now feels more supported to manage this and stated that without Buttercup intervention she does not know how she would have coped.

Leaving Buttercup: moving into an FEE2 place or into universal services.

Most families leave Buttercup to move into an FEE2 placement.

The team generally confirm that the family is entitled to a free place and help them to feel confident to take this place up. Many parents worry that a nursery placement won't be able to meet their child's needs.

Sometimes, discretionary funding is obtained for children whose families aren't automatically eligible. Newham changed the eligibility criteria for its FEE2 places to include SEND. All of the children put forward had this discretionary funding agreed by the Newham panel.

Some parents join Buttercup and are clear that they want to access an FEE2 placement and ask for help to achieve this.

When parents join the group and are unsure, they become more positive when they see the benefits their child gains from a well-planned group environment. They overcome their reservations about entering an unfamiliar environment and realise that staff are there to help and support them. The benefits of attending an FEE2 placement are reinforced throughout their attendance at the Buttercup group.

Once funding is confirmed families are supported to access FEE2 placements in the following ways:

- They are provided with a list of nurseries and settings that provide FEE2 placements in their local area. Including advice produced by the Local Authority on 'What to consider when choosing a childcare'.
- If required, the Buttercup lead can visit a nursery / setting with them to provide support.
- When a place is obtained a transition meeting is arranged with the parent, Buttercup Lead, key person and nursery SENCO / setting manager. At this meeting the Early Help Record / Family Intervention Plan and S< report are shared, and the parent can express their views. The 'work' that has been carried out in the Buttercup group is discussed so the setting is clear what the concerns about the child are, what progress has been made and what the next steps are for the child.
- Transition within Sheringham Nursery school has the advantage of being able to offer more informal contact with parents. The SENCO or Lead Teacher for FEE2 can 'drop in' to Buttercup meet parents and observe children within a relaxed and informal environment. Staff share information with key worker and the S< working in the Buttercup group continues to support the families within the nursery setting, providing continuity for families.

The SENCO at Sheringham Nursery School has identified the following advantages for children transitioning to an FEE2 place from the Buttercup group:

- Children settle quickly into the nursery because they are familiar with the environment and parents are positive about the placement
- They are already on an appropriate pathway and she has access to all the available reports about the child. This has meant that some children have received their diagnosis while in nursery rather than the SENCO starting the process and the diagnosis not being obtained until they are in Primary school. Parents benefit from getting early access to SEND support services, e.g., once children have received a diagnosis of ASD they have access to specialist Health Visitor services and parent support group. A recent example child 'A' started an FEE2 placement in October 19 and because he was already 6 months along the referral pathway, he received an additional block of 1-1 S&L therapy at the clinic in Jan 20 beneficial both for the parent, child, and the nursery.
- Parents are 100% easier to engage with because they have had a positive experience in Buttercup and have an understanding of the strategies used to help their child's development. They are willing to continue to engage with this process in the nursery setting.
- Parents often find it difficult to come to terms with the fact that their child has to be referred for a further SEND assessment. This can be a stressful and upsetting time for parents and the fact that they have to wait a long time for an appointment adds to the stress. Buttercup staff are well placed to support the parent through this period and help them come to terms with the referral, encouraging the parent to take positive action to support their child while waiting for the assessment. Parents have therefore started coming to terms with this when entering FEE2 provision and are more receptive to engaging with staff in the school. The SENCO identified that this a particular benefit for her facilitating productive work with these families.
- When attending the Communication Panel, the SENCO has more information about the children when they have previously attended Buttercup and is better placed to put forward a case for that child to access a resource provision. This is another area where it is an advantage if they have received a diagnosis. The panel have acknowledged that more information helps make the 'right' decision for each child's future education.

Mangers of PVI Settings have also made positive comments about the transition meetings, generally they find it helpful to meet with the parent and have background information about the family and the child's needs. The report from the S< provides both a current assessment and recommendations for further work; this automatically gives the setting a starting point and next steps for the child. This information can then be used to support the settling in process.

'It was discussed how we as a nursery could support the child and how the parents could support the child at home, this way we are all supporting the child following the same strategies as advised by the professionals at Buttercup.' Quote from Michelle Deacon Manger SmartStart Day Nursery.

Information is also shared with the Area SENCO and this enables them to provide appropriate support for the setting.

The same process is applied for FEE3 transitions except that all these children have gone straight into local authority nursery schools.

Challenges and dilemmas

Maintaining multiagency working

To achieve the best result for the whole family, all agencies need to work in partnership. This comes at a higher financial cost and is more time consuming to achieve.

All partners in a multiagency working scenario need to be able to meet their individual targets and must be committed to delivering the project.

Funding: to get this we need to be able to demonstrate that Buttercup represents 'value for money' to justify continuing funding for the project.

To achieve joint funding: Buttercup supports Speech and Language Therapists to reach and achieve positive outcomes for the children they are funded to support. However, the Children's Centre has to pay for this S< time. It would make a big difference to the viability of Buttercup if S< saw this as a core part of their service rather than charging for their input.

Providing Individual advice and support: This is an important aspect of the group as all parents and children have different needs and require different levels of support. Providing this within a group is resource heavy as parents are spoken to individually. There are only a few occasions where information can be presented to a group of parents.

Delivering the group on a rolling programme: Originally Buttercup was going to be delivered on a termly basis with families offered a place for one term only. We delivered it like this from April 2018 – July 2018. In September 2018 we decided that families should attend Buttercup until the point at which they had another placement or service to attend. This required Buttercup to become flexible enough to be delivered as a rolling programme. Because Buttercup provides individual tasks for each family, we have achieved this move to a rolling programme service. However, sometimes we face the dilemma of needing to move a family onto a new service when they do not feel ready for this. However, we also need to free up spaces to ensure that other families do not spend a long time on the waiting list with no support.

Moving to an FEE2 placement: Some parents have been specific about wanting to wait for an FEE2 placement at Sheringham. This resulted in some children wanting two terms in Buttercup while they waited to get a September 2019 place for their child. This caused a dilemma: we did not want to discharge the family and leave them with no support. However, the children had made significant progress with the

support of their families and through the advice we offered. This progress could only be enhanced with a high-quality early education place. The Buttercups place would offer a greater benefit to a 'new' family.

Moving to an FEE2 placement: families that are prepared to consider the PVI settings for FEE2 placements often get a place quite quickly. This means they get limited time in the group which puts more importance on achieving a smooth transition to make sure the PVI setting will continue to support the child's needs.

Increased numbers of children with SEND on roll at Sheringham: Sheringham delivers the Buttercup group, so families become familiar with our environment. As a result, some parents are prepared to wait for an FEE2 placements at the school rather than take up a vacancy elsewhere. This leads to increased numbers of children with SEND attending the nursery school. Staff and other resources are now severely stretched.

Hard to Reach Families: When families are hard to reach there are often other things going on within the family which can make attendance sporadic. It is difficult to justify the cost of providing the group without full attendance. Also, there were a few families that Buttercup was not able to fully engage with, despite best efforts: family circumstances and the language barrier prevented 5 of the 55 families from getting the full benefit of Buttercup. These families were either referred for Family Support, took themselves to other services, or left the country.

Language Barriers: Some parents that have attended Buttercup have very little English and it has proved difficult at times to maintain good communication with them. Being able to use other staff in the building as well as family members has reduced our reliance on translation services. In the case of a less-known African dialect, no translation services could be obtained. It has been a strength of Buttercup that we have been able to maintain good engagement with these families and the majority attended regularly and given positive feedback on what they had gained from the group over this time. All the parents were encouraged to enrol in ESOL classes when their children started in an FEE2 placement.

Work with children on the waiting list: a clear referral pathway created a growing waiting list for Buttercup. There were 11 children on the waiting list when the pilot project finished. We provide support while families are waiting, by helping them to find out if they are entitled to FEE2 funding. They may not need to attend Buttercup if they get an FEE2 placement, which will be supported by the area SENCO. By aiming to restrict placements to 6 weeks, we are ensuring that places become available more quickly and the waiting list stays short.

Conclusions

We started this project noting that many families with young children who have a Special Educational Need and/or Disability are very isolated in Manor Park and Little Ilford. The original Best Start in Life offer from Newham had many strengths, but it did not prioritise this group of families. The Early Years Foundation Stage guidance only made very general references to inclusion and early intervention.

The project challenged the view that the families were 'hard to reach'. Instead, it became clear that for most families it was the services that were hard to reach; a lack of strategic focus meant that the services they needed were either unavailable, or invisible.

In fact, it became clear that the numbers of 'hard to reach' families were much smaller than we thought. Most families were delighted to be offered a service to use.

Equally, the challenge of multi-agency working was much less difficult to face than we expected. The Health Visiting and Speech and Language Therapy teams both worked very readily and co-operatively with the Children's Centre team. We learnt a lot by working closely with each other.

Families benefited significantly from engaging with the group. Parents worked very hard to support their children's development, in collaboration with the professionals. Many children accessed a free nursery place at 2-years old, with much of the early assessment work complete. That meant the children's needs could be met as soon as they started.

We have also outlined some of the challenges above. But overall, we conclude that this was a highly successful pilot. As a result, it is now a core part of our Children's Centre programme.