Learning from Lived Experience: Opportunities to Strengthen Early Child Development in Ealing

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This project received funding from the Ealing Borough Based Partnership, as well as the Arts and Humanities Research Council (AHRC) through the Living Roots project.

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Cottonbro Studios

Executive summary

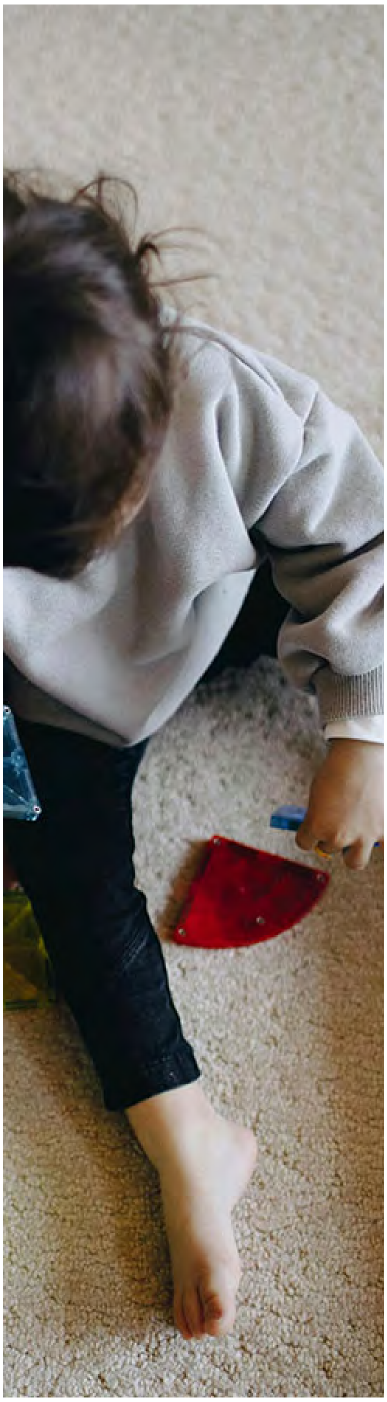
What happens in a child's earliest years lays the foundations for their lifelong wellbeing. Supporting young children and families during this time is therefore critical for individuals, families, communities, and societies more broadly to thrive and flourish.

This report shares research findings from the Enabling Early Child Development in Ealing (ECDE) project. It explores the perspectives and experiences of parents/carers with children aged 5 and under, alongside insights from staff from key services on early child development, with the aim of enhancing support in Ealing borough, London. While Ealing is home to a range of formal and informal assets for families and children, there is room to improve, particularly in the wake of the Covid-19 pandemic which has had a negative impact on the proportion of children meeting key developmental milestones.

What did we do?

This study took a qualitative research approach, meaning the focus was on gaining a 'rich picture' of the lived experiences and perspectives of Ealing families through methods which are more open-ended than traditional surveys. This allowed for unexpected insights, nuances, complexity and connections to emerge.

In all, the study engaged 77 diverse parents/carers and 10 children through participatory focus groups, and interviewed 13 key informants from across children's services, health services, and community and voluntary sector organisations. We grounded our approach in a holistic ecological model, recognising that many levels and areas of life influence children's development.



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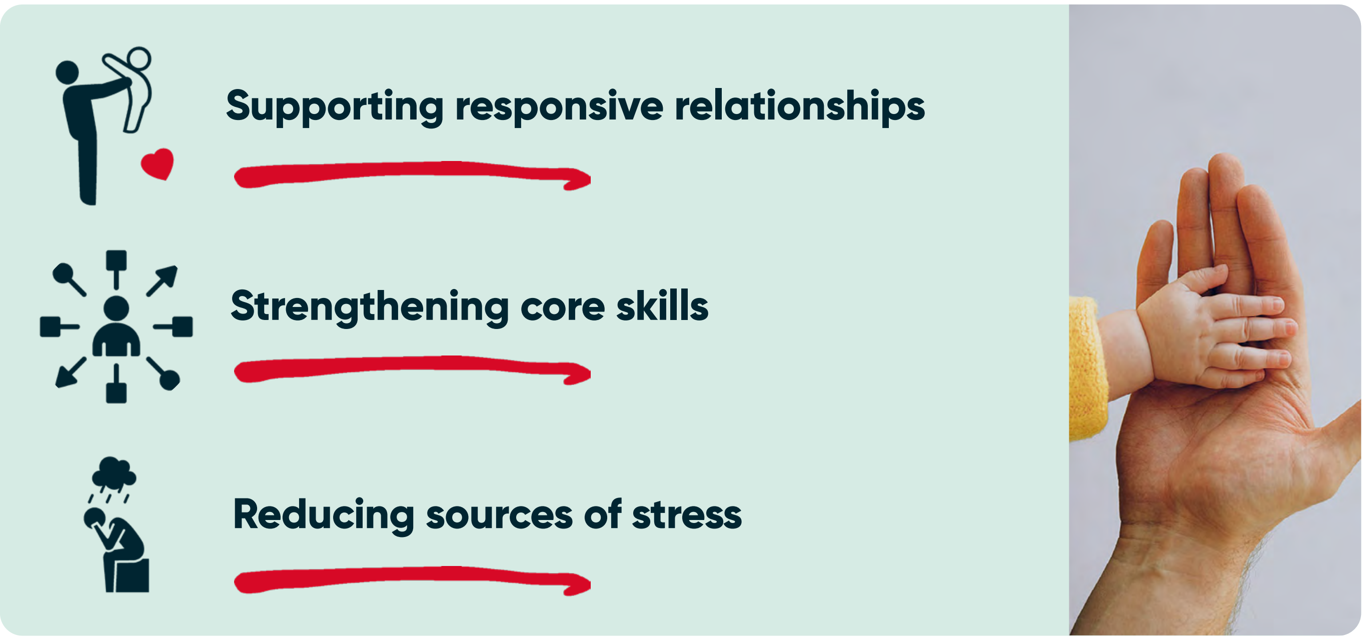
For our analysis, we also drew on the Harvard Center for the Developing Child's three evidence-based principles for supporting early childhood development.

These stipulate that enabling responsive relationships; supporting core skills; and reducing sources of stress in the lives of children and families are critical to ensuring children have the best start in life (see Figure 1).

Figure 1: The Harvard Center for the Developing Child's three evidence-based principles for supporting early child development



Anna Shvets

What did we find?

What Ealing families value

Findings revealed the value Ealing families place on parental wellbeing, a safe and adequate home, children's play and social interaction, and experiences outside the home. Key assets enabling early childhood development valued by parents/carers included activities, resources and support at children centres and libraries, parks and playgrounds, family and peer support, and community organisations. Connection with other parents/carers was particularly valued as this helped alleviate social isolation and enabled helpful information sharing. Trusted community organisations could provide holistic, locally-based support, and help navigating the complex formal service and support landscape.

Marcus Spiske

Mixed experiences with services

Although facing frustratingly long waiting times to access some specialist services, families generally had good experiences with services such as perinatal mental health and children's additional needs support.

Key sites like nurseries were also valued, although experiences varied. Experiences with individual service providers, such as health visitors, social workers or various others were also mixed.

Some parents/carers deeply appreciated the caring and kind professionals they had encountered. Others described feeling less than cared for, and even ignored or dismissed, despite expressing concerns, and feeling like they had to be in crisis to get support. Key informants highlighted how stretched local resources could be contributing to these mixed experiences.

Challenges and barriers for Ealing families

Families also faced a range of challenges, with some straining under multiple layers of adversity.

These included social isolation and poor mental health, unmet housing and other basic needs, language and cultural differences, and critically, a fragmented service and information landscape which could feel overwhelming and unnavigable, especially for families with more limited English, digital skills or other resources.

Overcoming these challenges could take up scarce family resources and this was heightened for families with children with additional needs.

How can Ealing families be better supported to ensure children have the best start in life?

Despite a context of constrained resources, the results highlight strategic opportunities to strengthen support for early child development at the local level in Ealing. Box 1 offers a high-level summary of these opportunities.

Box 1: Nine opportunities to improve early years support in Ealing

1. **Enhance coordination and integration of services that encompass the 'early years system' in Ealing to improve holistic and timely support. This includes key service providers.**
2. **Expand availability and improve provision of accessible information and communication.**
3. **Embed a strongly relational, caring and empathetic approach at every level.**
4. **Enrich diversity and cultural competence in services.**
5. **Enable social connections and sharing between parent/carers.**
6. **Engage diverse families for feedback, dialogue and co-production, and meet them where they are.**
7. **Ensure family support for housing and other basic needs to reduce sources of stress and ensure a healthy nurturing environment.**
8. **Ensure early identification and support for families with children with additional needs and other complex challenges.**
9. **Increase awareness of the importance of responsive relationships between caregivers and children and the home learning environment for healthy development.**

Enhancing accessibility, coordination and integration of relevant services and support can help families navigate a disconnected landscape and speed up access to support. Further still, addressing this disconnection through better integration of health, council, and community services, alongside improved sharing of accessible information and communication, can help ensure families can access the information and assistance they need.

A cross-sectoral approach can help to address families' multiple needs, and reduce sources of stress. Joined-up action, such as between children's and housing services in particular, is needed to work towards affordable and safe housing for stable and nurturing childhood and family environments.

Building capacity of trusted community organisations is an important opportunity. Their cultural competence and relationships with local people make them well-positioned to provide trusted, tailored, and localised support attuned to families' needs.

Adequately resourcing and working more closely with these partners can enhance place-based impact – and meeting people where they are - particularly in areas with greater need.

Likewise, facilitating peer networks – formal and informal – for parents/carers to share and support one another will be invaluable. These connections build resilience by alleviating isolation and stress, and enable a flow of key information in the community. Low-cost opportunities to bring families together could be explored by public services and community groups.

Miten Patel

“Joined-up action, such as between children's and housing services in particular, is needed to work towards affordable and safe housing for stable and nurturing childhood and family environments.”

In our research, parents/carers shared little about the home learning environment, and how their own parenting and family practices could support their child's development. This may reflect parents/carers priorities to address – and share in the context of this research – their struggles with securing basic needs and services. It may also reflect a generally low awareness about the importance of these aspects. of early childhood development. This suggests an opportunity to strengthen awareness around and capacity for enhancing responsive relationships and core skills building for children and their families. For example, promoting the importance of serve-and-return interaction, and conscious approaches to building skills such as emotional regulation and executive functioning.

Finally, support for families with children with additional needs could improve through special attention to the service, information and communication landscape in this space. Coordination with the private sector (e.g. nursery environments) can support early identification, support and referral for issues such as speech delay – a challenge faced by many families participating in this research – as well as more serious challenges. A more coordinated approach, and support for families navigating this – as well as learning from their experiences – is important to ensure support is provided during critical developmental windows.

In summary, enhancing coordination, integration and cultural competence of services and support – including multi-sectoral support; improving the information environment; embedding caring approaches; empowering communities; enabling social connections; encouraging the home learning environment; and supporting families facing complex challenges represent high-impact opportunities. Action in these areas can profoundly improve early childhood development outcomes in Ealing. Continuing to learn from and work side-by-side with families is also necessary for change. Their diverse lived experiences must remain central to drive responsive solutions. By uplifting community voices, Ealing can become a place where all young children thrive.

Introduction

What is this report about?

Today, a very solid foundation of scientific evidence indicates that supporting children to thrive in their earliest years is critical to their lifelong health and wellbeing, and by extension, the health, wellbeing and productivity of our communities.[1,2,3] This report presents the findings of the Enabling Early Childhood Development in Ealing (ECDE) research project conducted in 2023.

A community-based and qualitative study, the research focused on the experiences and perspectives of diverse families and service providers on early years support in Ealing, a borough in West London. Key aims of this research included unpacking how local families understand early childhood development, and identifying ways in which children and families are already supported, and can be better supported to ensure children have the best start in life in Ealing (see Box 1 above).

Box 2: Research questions

Our research began with four research questions, developed in consultation with local public health, children's social care and community-based stakeholders:

1. How do families from different communities and groups across Ealing **understand early child development**? How does this affect caregiving and service seeking?
2. How do families with young children, including from underserved communities, **experience and feel** about public services? What does or does not work for them, and what do they prioritise/what would they like to see?
3. What are the **enabling factors and conditions** – and barriers – to the flourishing of young children and their families in Ealing? What does this look like in formal (e.g. public services) as well as informal (e.g. home life, familial/social networks) contexts?
4. How can public services and community groups **better support** the flourishing of young children and their families in Ealing? What do they already do well, and what can be improved and further supported?

We made an explicit effort to speak with families from different backgrounds, recognising that while all families experience challenges, some face more than others.

Equity lies at the heart of healthy communities, and those who are most disadvantaged are too often the least heard, and yet require the most support to ensure all children have the opportunities they need to live long and healthy lives.

This report begins with a background to the study, including a brief overview of the shifting policy landscape around early years support locally and nationally, and of the local context of early childhood development in Ealing. Following this, we describe the methods used to carry out the study, and the conceptual framework informing our approach. We then present the results – the key themes, patterns and unique insights that emerged from the data. Next, we turn to a discussion linking the results with our conceptual framework and highlighting opportunities to continue supporting or strengthening what is already working well, and what can be improved to ensure the best future for children and communities in Ealing.

This research was funded by the Ealing Borough Based Partnership as part of the Family Hubs Discovery Phase, to inform improvements to Ealing's early years 'system.' It also received funding from the Arts and Humanities Research Council as part of the Living Roots project.

Skitterphoto

Background

What is the key context around this study?

Prioritisation of early years in national policy

There has been longstanding recognition of the importance of effective support and intervention in the early childhood period in the UK[4,5] but with shifting national policy emphasis in the country since the turn of the century. Key national policy and programmes were implemented in the first decade of the millennium, including Sure Start, the Healthy Child Programme and Early Years Foundation Stage, followed by a decade of reduced policy attention, coinciding with public sector austerity. This historical context is important to understanding the landscape of service provision in Ealing at the time of this report in 2023.

Sure Start, a flagship Labour government programme, was launched in 1999 as an area-based programme to deliver services and support to young children and their families. Initially targeted to the most deprived wards in England, it soon expanded to a universal model of local authority funded and delivered children's centres, with 3,600 across the country at its peak in 2009.

The most ambitious of these brought together several services, including early education and childcare, health visiting, parenting classes, employment support and playgroups. Services were open to all but there was a focus on the poorest families. Following the economic downturn in the UK and public sector austerity effects on local government, around a third of children's centres had closed by 2018. The remaining centres exhibited considerable variation in service delivery.[6]

A child health promotion programme has developed over the last century, and the current version, the Healthy Child Programme, launched in 2009.[7] It is the main prevention and early intervention public health framework for children and includes a schedule of screening, immunisation, health and development reviews, health promotion and parenting support from pregnancy to 19 years.[8]

Karolina Grabowska

Alongside midwifery and general practice, health visiting is the main universal health service for pre-school children and follows a model of proportionate universalism,[4] in which a schedule of developmental reviews (during pregnancy, shortly after birth, 6-8 weeks, 1 year, 2-2.5 years) are provided to all parents/carers with increasing support and intervention for families with greater needs. The health visiting workforce peaked in 2015, but has since seen a 40% reduction in England, in part due to austerity.[9]

Early childhood education and care policies serve the dual purposes of nurturing childhood development, as well as enabling parents/carers to work, thereby increasing family financial stability. The emphasis on these two goals has varied over time, depending on political objectives.

While provision has expanded considerably since the millennium, successive governments' policies have shaped this growth haphazardly, producing a complex system in which nearly half of provision comes from the private sector.[10] The roll out of the Early Years Foundation Stage (EYFS) statutory framework in 2008 was seminal in providing a framework to deliver consistent, high-quality learning environments in pre-school settings.[11] Based on a child centred, early years pedagogy, it considers multiple domains of physical, social, emotional, cognitive and linguistic development.

There has been inequality in take up of government entitlements, with lower income children, those from ethnically minoritised backgrounds and those with additional needs, less likely to access their entitlements.[10] The 2023 announcement of increased government funding for childcare aims to make childcare more affordable to support parental employment, but neglects the key issue of quality of provision, including addressing pay and qualification of the workforce.[12]

Many recent reviews have highlighted the fragmented nature of the early years policy landscape with multiple initiatives and services managed or funded by different government departments, and limited coordination.[13,14] The 2020 publication of the 'The Best Start for Life: a Vision for the 1001 Critical Days' reinforces the importance of the early years and sets out its vision to develop 'Family hubs', building on the legacy of Sure Start, with funding provided to almost half of local authorities in England to establish these, together with a strong 'Start for Life' offer for their families.[14]


Aviz

Early years in Ealing

Ealing is a large, diverse borough in West London. It is the third most ethnically diverse in the UK in terms of number of different ethnic groups in a given area.[15] It also has a large child population (24% under the age of 19 years, higher than the England and London average). In 2020, there were approximately 21,000 babies and children under 5 years old in Ealing, approximately 6% of the population.[16]

The Early Years Foundation Stage Profile is a measure of child development and learning across six broad domains. It is currently undertaken at the end of the first year of school, for children aged 4/5 years. The 'good level of development' measure evaluates children's progress towards expected goals across these domains, and is considered a measure of 'school readiness'. In 2022, 68% of Ealing's children met the key developmental benchmarks, which was similar to the London and England averages.[17] This was a fall from 71%-75% in the years preceding Covid-19, likely due to the considerable impact of the pandemic on early child development, including through lockdowns and closures of early years settings. As a borough average however, this figure of 68% masks significant inequalities in school readiness scores across Ealing.

Ron Lach

Geographically, a lower proportion of children in Northolt, Greenford and Perivale have consistently reached a 'good level of development' (63% in 2022) compared with central Ealing (73%). Disparities also exist across other demographics. For instance, a smaller proportion of children eligible for free school meals have met developmental benchmarks on average (58% in 2022) compared with their peers, while outcomes for black children (64% in 2022) have been lower than for white children (73% in 2022).[17]

Ealing is one of the few boroughs that have retained a large network of children's centres during the years of austerity. With the transfer of commissioning responsibilities for Health Visiting to the local authority, Ealing has also developed a strong integrated model of early years provision, with an integrated staffing structure and co-location, and has been identified as an area of good practice in a recent review of early years integration in London.[18]

However, the service landscape is still broadly fragmented. There are four maternity trusts serving the majority of Ealing mothers; different NHS trusts providing Health Visiting and specialist services (such as special educational needs services); 71 general practices; 170 private, voluntary and independent nurseries; and a diverse voluntary, community and faith sector.

Various macro socio-economic trends, including the economic downturn, wider welfare reforms, the current cost of living crisis, as well as insufficient and inadequate housing are likely contributing to rising child poverty and familial stress, leading to increased demand for key specialist early childhood services. At the same time, public sector funding and workforce recruitment and retention are two key challenges in the context of this rising demand.

The Covid-19 pandemic, including lockdowns, closure of early years settings, and the psychological, social and economic impacts on parents/carers, will have had a substantial impact on the development of a generation of young children.[10]

Vlada Karpovich

Methods

How did we conduct the study?

This was a qualitative research study. Qualitative approaches enable researchers to gain deeper understanding of people's lived experiences and perspectives through methods which are more open-ended than surveys, or other forms of number-based research approaches. This approach allowed for unexpected insights, nuances, complexity and connections to emerge, painting a rich picture of the local context. It revealed what participating families in Ealing really value, and what they have experienced in relation to caring for and raising young children in the borough.

Inception, design and ethics

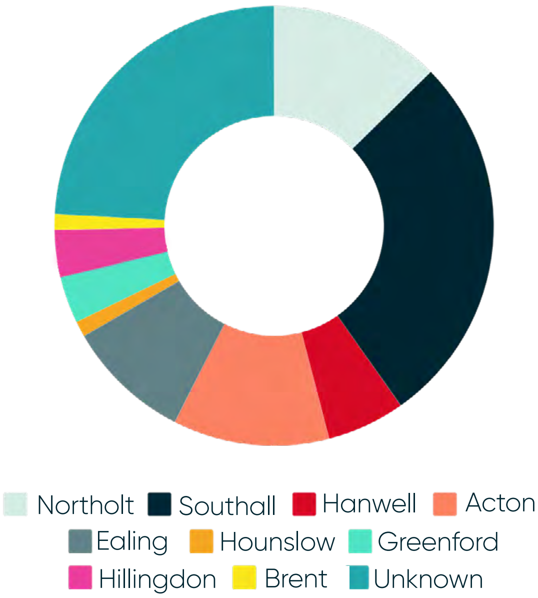
To ensure this study was grounded in existing expertise and in the specific place-based context of Ealing, we consulted a range of experts in the inception and design of the research. This included national experts, a local professional steering group, and representatives of local community organisations that work with families with young children. Together, we developed and refined the research questions, approach and tools. An ethics review was undertaken and approved by IDS, taking into consideration and establishing protocols for ensuring consent, confidentiality and safeguarding.

Who participated in our study?

We conducted 13 in-person focus groups with a total of 87 participants across Ealing (see Figures 2-5). Eleven groups were held with adults who were parents/carers of children aged 0–5 (64 mothers and 13 fathers), held at and/or recruited by children's centres (n = 5), community organisations (n = 4) and primary schools (n = 2). Many became first-time parents during the height of the Covid-19 pandemic. We attempted to engage parents/carers from diverse backgrounds, including those less likely to access formal services like children's centres.

Figure 2: Participants by gender

Figure 3: Participants by area of residence



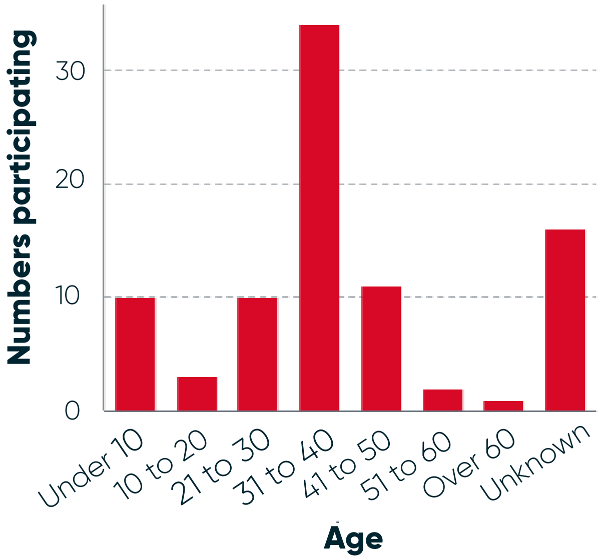
We achieved this by engaging a range of community and voluntary sector (CVS) organisations, including ones specialised in working with people from ethnically minoritised and migrant backgrounds, parents/carers of children with additional needs, and women and girls experiencing domestic abuse.

Most participants spoke English well enough to participate, but translators were engaged in two focus groups, while parents/carers also provided informal translation to some other parents/carers in the groups as needed. That said, our sample remains limited given the exceptional diversity of Ealing's population.

The two remaining focus groups were conducted at primary schools with 10 children, aged 8-9, all of whom had younger siblings under the age of 5. To complement the focus group discussions, we conducted semi-structured one-on-one online interviews with 13 key informants involved in early years service provision from the council, NHS and CVS organisations. A community-based researcher, herself an Ealing parent, was also engaged to support the research activities, and develop research capacity within the local CVS.

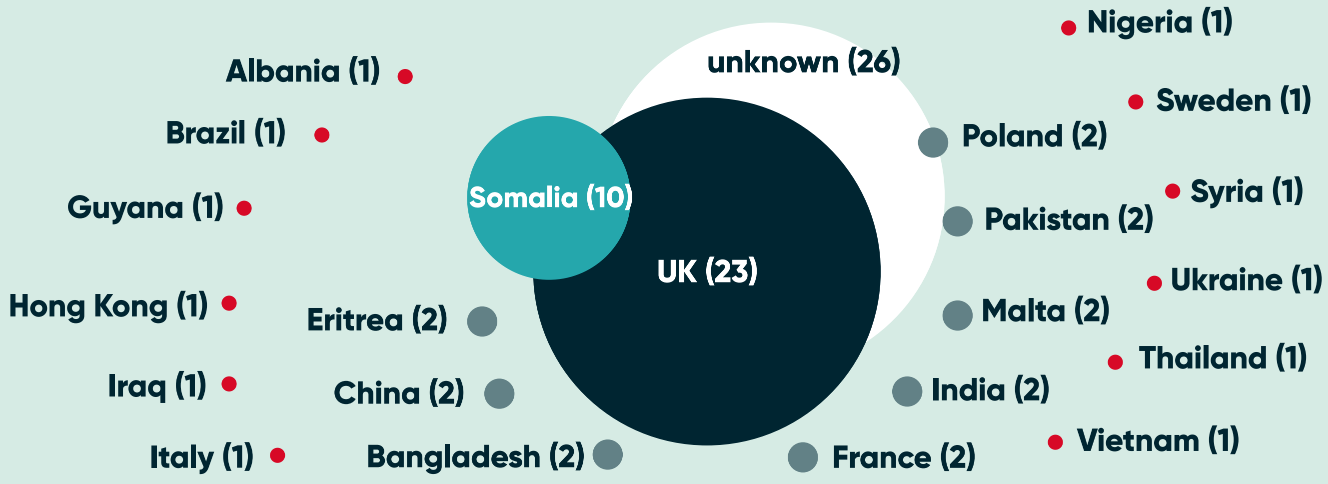
This report focuses primarily on the perspectives of parents/carers, who made up the bulk of research participants, with views from key informants and children being presented to supplement those of parents/carers.

Figure 4: Ages of participants



Tima Miroshnichenko

Figure 5: Birth countries of participants



Participatory focus group discussions

Adult focus group participants were asked to reflect on their experiences of raising young children in Ealing through drawing a 'River of Life.' River of Life is a story-based method that facilitates both personal and group reflection. The participants used symbols to represent positive experiences and enabling factors, as well as challenges encountered in relation to supporting their young children's development from pregnancy to the age 5. We prompted them to think about their own practices, as well as the people, services, neighbourhood, and community assets which supported them and their child's development, or which were barriers to this. Participants represented their key experiences visually as rocks, flowers, crocodiles, boats, waterfalls, windmills etc. Figure 6 shows an example of one of the rivers. Each participant then presented their river and story to the group, after which discussion opened for collective reflection, follow-up questions and more structured inquiry from the research team.

This activity enabled the sharing of personal, often emotional experiences, which quickly built rapport among the group and with the research team, and supported more open and involved discussion amongst group members.[19] While this generated a wealth of detail on many aspects of our inquiry, due to its open-ended and participant-led nature, other areas of specific research interest, such as the home learning environment and experiences with services such as health visiting, did not come out as strongly. In the last few focus groups, we shortened the River of Life activity and added a participatory matrix-based activity to directly elicit responses in these other areas of research interest.

Figure 6: River of Life

This participant's River of Life featured fish out of water to represent when this parent noticed developmental delays in their 2-year-old son. They felt confused and lost, especially because health services had not listened to their concerns.

Children’s focus groups

Recognising children's rights to participate in research about them, and also their expertise in being children, we also held two focus groups in primary schools in Southall and Action. Two children’s focus groups were held across two primary schools in Ealing, in Southall and Acton. The topic of these groups was centred around school readiness, as each participant (aged 8/9 years) had a younger sibling due to start school in September 2023. We asked the children to think about what skills their younger siblings needed to succeed at school and what they might find difficult.

The facilitators guided the children to work together to create an advice guide for parents focused on how they could best support young children be school ready. The sessions were informal and geared toward the children having fun.

As such we found the children were relaxed and happy to share their thoughts. This allowed us to gain unique insight into the transition-to-school experience through eyes of the children themselves. More in depth findings from children’s focus groups are presented in a separate briefing, which can also be found in Annex 2.

Analysis and validation

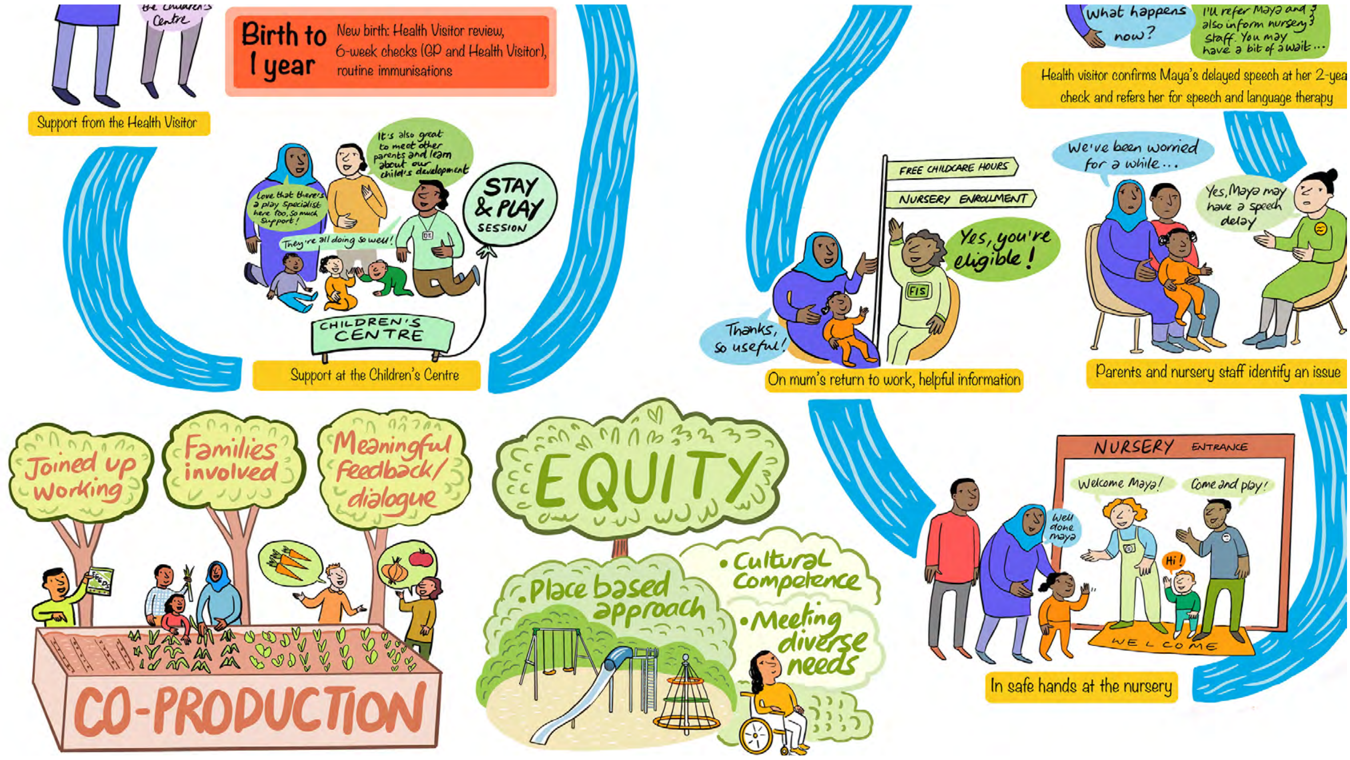
With participant consent, all focus groups were recorded and transcribed. The data was then organised into a spreadsheet using pre-determined themes based on our research questions and conceptual framework (see next section).[20] New themes were added inductively as necessary. Analysis of the data led to identification of several primary themes which we presented at a validation event held for participants and supporters of the study in Ealing.

These themes, as well as feedback from the validation event, are also reflected in this report. Additional focus briefs, as well as four vignettes telling the stories of fictional parents/carers which bring to life some of these themes complement this report. These can also be found in Annex 1. All names in the report and in the briefs and vignettes are pseudonyms.

Box 3 Harnessing art for impact

Art can bring data to life in ways that help people connect with it on a deeper, more human level, and consider the implications for change. In addition to the story vignettes, we also worked with an artist, service providers, community representatives and parents to produce a professionally rendered aspirational River of Life depicting the journey of a family facing similar challenges to those of our research participants, but getting access to all the right support and services they need, when they need it. We hope that policy, service and community members, including parents and carers, will use this River of Life as a tool for reflection and discussion. A copy of this can also be found in Annex 4.

Figure 7: An extract from the fictional River of Life, illustrating one family's journey in the borough of Ealing.



Conceptual framework

How did the study frame and analyse early child development?

A holistic understanding of early child development

This research draws on an 'ecological' understanding of early childhood development.[21] Ecological approaches are holistic, and emphasise the multiple relationships, environments, networks, dynamics and systems operating at different levels that influence child outcomes. In other words, this study considers factors related not only to individual children, but also to their caregivers, families, home environments, neighbourhoods, communities and beyond.

This means that infrastructure, services, interventions, policies and laws directly related to children and families are obviously relevant, but so are those which shape the social and economic systems in which families live, and the opportunities available to them. The interactions between and across these many layers and domains ultimately profoundly influence child outcomes, in Ealing as everywhere.[22]

Three evidence-based principles to support early child development

Our approach to analysis was also informed by the work of the Center on the Developing Child at Harvard University. Based on decades of research on early brain development and the science behind early childhood development, the Center promotes three core 'design principles' for policies, services and practices.

To be 'maximally effective' when it comes to supporting early childhood development, they should: 1) support responsive relationships for children and adults; 2) strengthen core skills for planning, adapting, and achieving goals; and 3) reduce sources of stress in the lives of children and families (see Table 1 for more detail).[23]


Yan Krukau

Table 1. Principles for supporting early child development from the Harvard Center for the Developing Child

Supporting responsive relationships	Strengthening core skills	Reducing sources of stress
Responsive relationships between children, parents/carers, service providers and other important people in their communities are critical for children's healthy brain development and resilience. At the family level, this involves stable, committed and supportive relationships and serve-and-return interaction. More broadly, parents/carers must also be supported by an enabling environment and responsive relationships with service providers and others, which support them to be the best parents they can be.	Core skills like executive function and self-regulation (such as the ability to resist impulses, adapt to change, plan and organise, manage emotional responses and self-motivate), as well as goal-setting are essential for managing life, work and relationships. Children and adults develop these through practice and feedback. Supportive policies, programmes and relationships that scaffold skill-building are key. Building on existing strengths while expanding skills across contexts is important, and early childhood is critical time during which foundations for these skills are laid.	Chronic stress from poverty, discrimination, trauma, and instability harms child development and overwhelms adult capacities. Alleviating external sources of stress enables nurturing caregiving, builds resilience, and supports healthy development. Multipronged approaches are needed to ensure basic needs, reduce barriers to support, buffer stress, and empower families. Early relief from stress has lifelong benefits.

These principles bring our focus back to children and their caregivers, ensuring they remain central to our analysis. By bringing together a holistic 'ecological' framing with these principles, we are able make clear connections between the broader contexts in which families live and the extent to which these critical contextual factors at different levels enable them to thrive at the family and child level. Ultimately, this approach provides a foundation to better supporting early childhood development – and thus the future of our communities – in Ealing and other similar places.

Results

What key themes, patterns and unique insights emerged from the data?

Below, our findings are loosely organised under three questions: 1) What do parents/carers feel their young children (and they) need to thrive?; 2) What existing assets for supporting early childhood development do parents/carers value?; and 3) What key challenges do parents/carers in Ealing face when caring for their children? While there are inevitably overlaps between sections and limitations to this structure, we have been flexible to ensure nuance, outliers and connections are represented.

What do parents/carers feel their young children (and they) need to thrive?

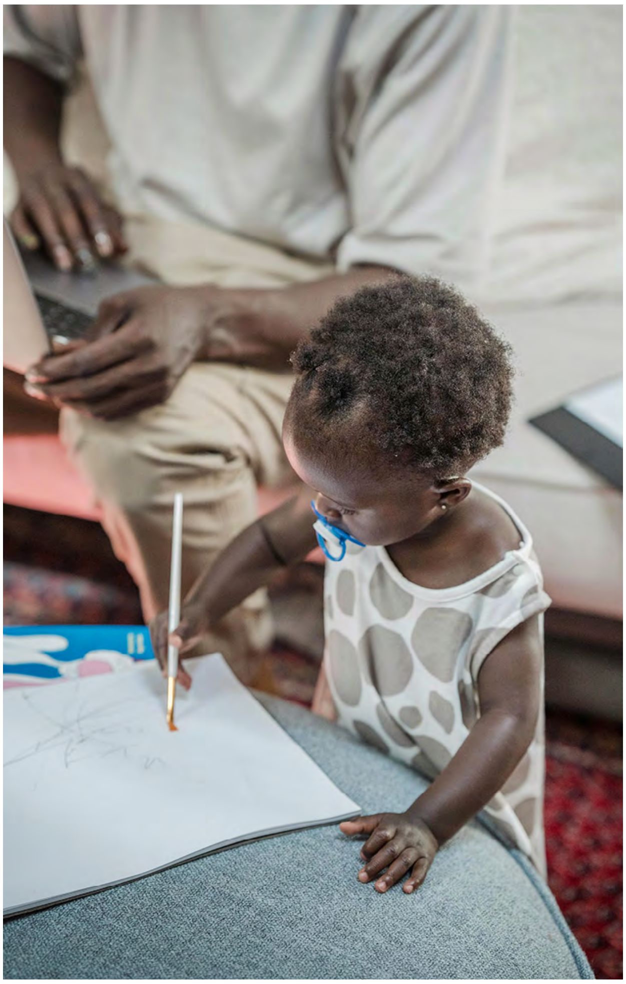
In describing their experiences and sharing their perspectives, parents/carers suggested what they felt was important for children to thrive. These are described below.

Parental wellbeing

Both parents/carers and service providers strongly believed that parent/carer wellbeing was essential for child wellbeing. As a service manager put it, 'safety and the healthiness of [the child's] world is shaped by their parents... because they shape their children's world and ability to access services'.

Parents/carers spoke candidly about their mental health and shared their experiences of post-partum depression, feelings of loneliness and isolation, and their anxiety and uncertainty around being a new parent. These emotions were exacerbated by having to navigate a complex and often impersonal-feeling system of care. Parents/carers spoke about the camaraderie, comfort, and support they received, particularly from other parents/carers, but also from key support workers.

One parent, when speaking about children's centre play groups where she could meet



Sasha Kim

other parents, said: 'I felt really lonely very early actually in the first couple of like years really. So this [play groups] saved both of us, me and my son, I mean mentally.' Voluntary and community organisations also provided essential spaces and opportunities for parents to meet. Parents/carers, especially those without regular access to meetups and activities, appreciated the chance to come to a focus group but **wished that there were more fora for them to feedback on their experiences and learn from others.**

A 'good environment'

Parents/carers, service providers and CVS representatives all put significant emphasis on the necessity of having a 'good environment' for children. In most cases, this referred to the physical environment and was primarily brought up in the **context of inadequate supply and access to appropriate housing for families in Ealing**.

Families emphasised cleanliness, warmth, freedom from damp and vermin and a safe area with good neighbours as important to their child's wellbeing. They extended this to the places they visited outside the home with their children, including nurseries, childcare centres, and activity centres. Service providers and community/voluntary sector organisations also recognised the importance of a good home environment, one of them stating that when giving information to parents/carers on early childhood development, 'They don't hear the rest of the stuff if you don't acknowledge [housing]'.

Play and social interaction

Many parents/carers underscored the importance of their children being able to play, and learn social skills, particularly through interactions with other children their age. Children's centre activities and nurseries, alongside other out-of-home activities, were perceived as providing these opportunities. Furthermore, social skills were seen by some parents/carers to be measured in a child's language development, particularly if the family did not speak English at home. Several parents/carers described worrying about their child's delayed speech.

For parents/carers with children with additional needs, play and social interactions with neurotypical children were stressful for both adults and the children. Due to negative experiences,

> **I felt really lonely very early actually in the first couple of like years really. So this [play groups] saved both of us, me and my son, I mean mentally."**

some parents/carers stopped taking their children to places where other children were likely to be playing, such as parks, but also 'Stay and Play' sessions at children's centres.

Service providers also strongly emphasised play but related this more to facilitating responsive relationships with adults, particularly *within* the home environment, than parents/carers did. **Multiple services providers suggested many parents/carers had a limited understanding of early childhood development (particularly the importance of parent/carer-child play) which in turn limited the emphasis they placed on at-home play.** Instead, service providers felt that many parents/carers prioritised 'academic' achievements, such as the ability to write one's name or count, over social skills. As a specialist nurse who works with vulnerable families put it:

> **“But they don't realise, actually, your child needs to learn from you. And actually, if you're doing the singing, and you're doing the reading, your child will mimic your behaviours...And I find that tends to be a whole demographic of all parents at the moment... a lot of people don't know how to play with children. They don't understand what play looks like."**

Learning from parents/carers about managing emotions and how to deal with interpersonal challenges was a major theme in both children's focus groups. One child said parents should **'teach children to ask for help and help them speak about emotions'**, while another said they need to **'help me to be brave without them'** (see Figure 8).

Figure 8: Children's guide for parents. A guide for parents co-produced between researchers and children aged 8-9 during a children's focus group. The children emphasised the importance of parents helping them develop practical independence, confidence, and emotional and social skills.

Janine Shaw

Out-of-home stimulation

In almost every adult focus group, parents/carers mentioned it was important to take children out of the house for enrichment. Although most downplayed the importance of stimulation within the home, for parents/carers in unsuitable housing, going out was particularly important. Many appreciated Ealing's many parks for this, but distance was still a barrier for some and it was mentioned that not all had playgrounds nearby.

Additionally, there was a desire for more free or low cost soft play/indoor activities when weather was unsuitable for spending time outdoors. Parents who were accessing the libraries appreciated the activities there as well as the fact they were open over school holidays and on weekends.

Parents/carers of children with additional needs felt that due to a public lack of understanding of their child's disability, they were sometimes stigmatised by the community. Even when children wore lanyards identifying their additional needs, these did not always prevent these negative interactions, leading some families to avoid public places like parks.

Parents/carers and children viewed play, social interaction, and particularly out-of-home stimulation as key contributors to developing independence and confidence necessary to excel outside the home environment, especially school.

A couple of key informants noted however that some parents/carers did not necessarily have this perspective, and related this to youth (teen parents being less aware of what children need); parents/carers' own childhood experiences (i.e. not having been encouraged or provided with opportunities for play); or possibly, due to cultural frameworks which may not emphasise play or spending time away from home.


Anna Shvets

What existing assets do parents/carers value in Ealing when it comes to supporting Early Child Development?

Parents/carers described a range of assets in Ealing which supported them in providing what they felt their young children (and they) needed to thrive. These included both informal and formal relationships, networks, infrastructures, and services. Although mostly viewed positively, some parents/carers also had mixed or even negative experiences of some of these assets – this nuance is explored below, as well as in the following section on challenges.

Family, friends and peers are critical for parent/carer wellbeing and support

Many parents/carers described receiving support from family, friends, neighbours, and other community members. Those without family nearby were especially grateful for friends. Anabel, a young mum, described how a friend of hers supported her emotionally and helped her self-refer to maternity care when she learned she was pregnant and worried about telling her family: **'I was telling her I'm pregnant. I don't know what to do. Like, you know, all the worries that a teenager would have and she kind of comforted me.'** Jiniya, another young mum who recently immigrated to the UK without family connections, shared that a friend accompanied her to her antenatal care appointments.

Other parents/carers described friends, family or neighbours helping with childcare, providing encouragement and advice, helping them navigate the complex service landscape, and translating and advocating for them. One community sector service manager considered word of mouth via friends, family, or other trusted individuals to be an increasingly common route to clients discovering and self-referring to the service she managed. She interpreted this as an indication that many Ealing residents were becoming disillusioned with an overstretched system that could feel impersonal and inconsistent.

Parents/carers described peers as being particularly important as they understood what each other were going through. This was especially important to parents/carers of children with additional needs, twins, and adoptive parents/carers. For some, making friends was facilitated by private, paid-for groups organised by the National Childbirth Trust (NCT), but this was not an option for many as it was prohibitively expensive. Others found peer

> **“**
>
> **I was telling her I'm pregnant. I don't know what to do. Like, you know, all the worries that a teenager would have and she kind of comforted me."**

networks through informal or semi-formal social groups identified on social media. Parents/carers across all focus groups voiced appreciation for the opportunity to come together with peers to share and discuss challenging issues openly, and to be heard in the focus groups. Parents/carers cited children's centres 'Stay and Play' sessions as valuable opportunities to make connections with other parents/carers.

Community and voluntary organisations are trusted, and fill key gaps for many

Many parents/carers we engaged, particularly those from underserved communities and recruited through CVS channels, but also through children's centres and formal services, described how CVS organisations supported their families, often in a more holistic manner than other public services.

Several organisations, focused on supporting ethnically minoritised and migrant residents, were described as invaluable to helping families understand their rights, navigate the fragmented local system and access services to which they were entitled, and supported families with language translation at appointments, reading and responding to emails, and generally advocating for parents/carers. This extended to helping debunk rumours about certain public services, such as children's social services which, parents/carers in one group explained, were widely perceived in their community as existing primarily to remove children from their homes. **Being embedded in and run by residents, these community organisations were described as having the trust of the community – something the wider system sometimes lacked**.

Other CVS organisations were also positively regarded by parents/carers. Several participants described the help they had they gained from a charity focusing on supporting families from all backgrounds with children under five who were facing a range of challenges. For one mother, relatively new to the UK, the support and information provided by a volunteer helped her feel 'grounded' in a country where she had no friends or family.

Other organisations with more specific remits, such as supporting families with children with additional needs, or women facing domestic abuse, were also highly regarded by parents/carers as they provided not only practical and material support – **'If I didn't have the baby bank I don't know how I'd survive'**, but also advocacy and even community as this linked parents/carers facing similar challenges to one another. One mother, Darya, said of the organisation supporting her and her peers also accessing support: **'[They] are my family'.**

> **If I didn't have the baby bank I don't know how I'd survive"**

Children’s centres and nurseries are key hubs for child development and community building

Children’s centres, were, unsurprisingly, highly valued by the parents/carers recruited through or linked to them. Some centres also had nurseries attached, also highly regarded. As already noted, children’s centres, and the activities they hosted, like ‘Stay and Play’ and parent/carer workshops were considered welcoming and accessible spaces where both children and parents/carers could positively interact and gain knowledge and skills.

One mother, Xuan, said, **‘He can socialise and play and I can see the parents and talk, and we share information. That helps a lot.’** Some parents/carers also recognised them as spaces bringing diverse community together, with mum Olena sharing that children’s centres were:

> **“the best place for all Mums from all backgrounds, faiths and everything, because that’s where you see people who you would never you probably talk [to] or look, you know, but here we come. And we have one thing in common, those kids, which I cannot talk to my friends who don’t have kids, they don’t understand my problem."**

Many parents/carers linked their child’s development directly to children’s centres and nurseries. Mum Naomi said of a children’s centre and its activities, **‘And now we’re here my son he’s you know, he’s talking, and he’s doing well I think I’m really happy with his development and I just kind of owe that to the services from here.’** A play specialist explained how she carefully designed ‘Stay and Play’ sessions to meet specific learning objectives: **‘Every session I run [...] there’s always an objective that the children can learn and what the parents can do to support those children learning.’**

Another mother, Sita, said she had received valuable advice from nursery staff about how to interact with her child who had a speech delay and was not making eye contact at home. In addition to advice, children’s centres also provided parents/carers with information and referrals for other services related to children’s additional needs, parent/carer mental health, food banks, and more.

Experiences and perspectives with nurseries were also mixed, however. Several parents/carers commented on the uneven spread of nurseries across the borough, and remarked on their variable quality, which led to anxiety when choosing one for their child. Additionally, focus groups not recruited through or linked to children's centres rarely brought them up, even with prompting. This may suggest limited awareness, accessibility, or appeal of nurseries linked to children's centres (or children's centres more broadly) among those families, particularly from underserved and minoritised backgrounds.

Other public services – and caring staff - are also valued, but experiences are more mixed

Parents/carers also shared positive experiences and perspectives of other services including the Family Nurse Partnership (FNP), health visiting, perinatal mental health services (including Mother and Baby Unit and birth trauma specialists), breastfeeding support, social services, midwives, hospital services, the Family Information Service and job centres. For instance, experiences with family nurses and mental health services (although there were often long waiting times for the latter) were generally positive. The intensive home visiting support and one-to-one relationship provided by family nurses for vulnerable young mums during the antenatal period and first two years was highly valued by mothers in the FNP focus group. This programme includes sustained parenting advice and support, healthy relationship coaching, as well as support with navigating education, work, housing, benefits and more.

Of the FNP, mum Stephanie said, **'Instead of it just being about the baby, it was my emotions, how I was feeling, how I was doing, so having her come to me, and us having those conversations, really helped.'**

Several parents also had positive things to say about other health visitors who they reported told them about children's centres, helped get their children into nurseries, and assisted and encouraged them to access mental health and other specialist services. Maya, a mother in Northolt, who had struggled with post-natal depression and with breastfeeding, said of her health visitor and the lactation specialist her Health Visitor had linked her to: **'I wouldn't have got through it if it weren't for those ladies and my family.'** Indeed, **breastfeeding was a challenge for many mothers, and many reported encountering lots of conflicting information,** even while some were able to access some 'very caring and knowledgeable' specialists. However, health visiting also elicited mixed and sometimes strong reactions from parents/carers, with some saying they felt they had been treated 'like a number' and had not received support even after repeatedly voicing concerns about their baby's health and development.

In general, there was sense among many parent/carers that although there were indeed some excellent and caring staff in the system, such support was not consistent. One parent who faced exceptionally challenging circumstances when seeking support for a child with additional needs framed these individual champions as **'drops in the ocean of Ealing'**.

Criativa

What key challenges do parents/carers in Ealing face when it comes to caring for their children?

Cost-of-living and housing were major strains on parents/carers

Many of the parents/carers and service providers we spoke to identified the high and rising cost of living as the biggest challenge when caring for young children. The cost of food, rent, council tax and transportation, as well as cuts to universal credit, were particularly concerning to the young mothers we spoke to. The most frequently raised concern by parents/carers and key informants, however, was inadequate and unsafe housing.

Several families' housing situations caused them stress and anxiety, while a couple of mothers also reported worrying about the effects that cold and damp conditions were having on their children's health. Several spoke of being in temporary accommodation for years and the frustration and hopelessness caused by their interactions with council housing services, who they often felt lacked empathy in their communication or failed to respond altogether.

Several parents/carers had been told they had to leave London if they wanted better accommodation. Parents/carers emphasised how important it was for families, especially young mothers, to be able to maintain local connections to friends, family and services. Mistrust and resentment were heightened by the numerous new builds going up which were perceived to lack truly affordable options. Service providers also worried about the increased pressure this new housing could put on local services without at least proportionate investment in service provision. They also expressed a desire for closer working between housing and other services in the council. One service provider, while recognising that the 'housing situation is dire in London', believed that communication between all parties could improve if housing officers presented options which made those using their services feel more empowered.

Karolina Grabowska

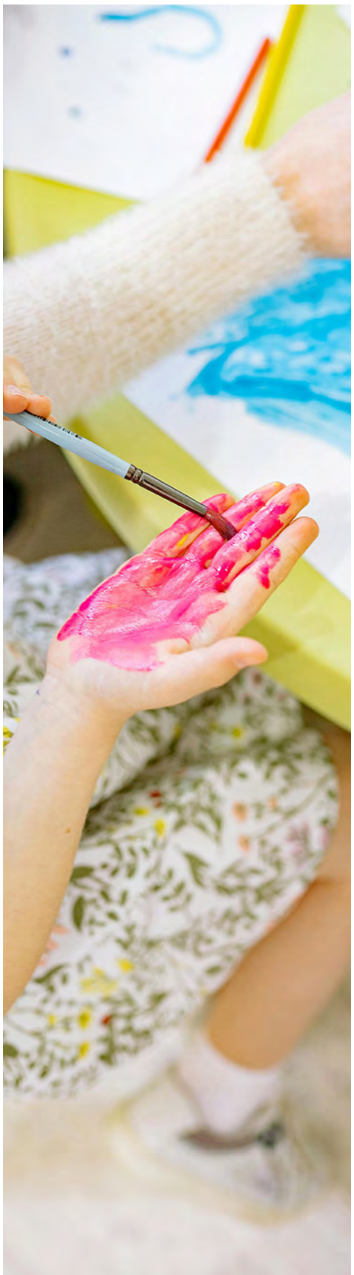
Lack of clear information/communication about the service offer

Due to our sampling strategy, most parents/carers we spoke to were already using services such as children's centres. However, even for them, finding information about what services were available and how to access them was a challenge. Although some noted the Family Information Service had been helpful in the past, **many more felt frustrated by the lack of a clear central database of activities and support**. For example, some parents said the network of children's centres was itself difficult to navigate as each had separate calendars and often outdated websites.

One father, Paul, said, **'It's really hard to find where they are. There's no map. It's not very intuitive. There's no pictures, there's no pictures of the practitioners or the space'.** He resorted to creating his own map of children's centres.;'

Another shared they had often been turned away from children's centre activities due to not being able to know if they were over-subscribed in advance. First time parents who had children during Covid-19 expressed frustration that no one had informed them of the existence of children's centres, even after they had reopened following lockdowns, with several reporting they had stumbled upon them only through word of mouth. One mother whose mental health challenges – exacerbated, she said, by stress associated with a frustrating back and forth with Ealing Council about council tax – led her to spend time in the Mother and Baby Unit, said she was sure she would never have discovered them on her own if it had not been for the information provided to her there. **She worried about other isolated mothers facing similar mental health challenges that were not receiving support, and yet not able to be proactive enough to find the information on their own**. Challenges to parents/carers knowing about children's centres are particularly problematic as they were often cited as 'gateways' to finding out about other services.

When prompted to reflect, **many parents/carers did recall being given a lot of information in the first days and weeks of their babies' arrival, for example during the health visiting 'new birth visit'; however, they felt they had not been capable of absorbing it during such a challenging time**. When they went searching for the same information when they needed it, it was difficult to locate. For example, many parents/carers visit children's centres in the first months of their children's lives for routine check-ups, but after these visits, do not regularly return either because they do not know what the centres offer or do not feel the services offered are 'for them'. In the meantime, health advice or other service


Yan Krukau

information could be frustrating to obtain. One mother who struggled with breastfeeding explained that she ended up phoning health professionals in her home country as she struggled to reach anyone locally – she ended up giving up on breastfeeding altogether, as this was not the custom in her home country.

Barriers to accessing services where there was an additional need

RDNE Stock Project

Parents/carers of children with additional needs spoke most strongly about struggling to access the services and support they needed. Waiting lists for additional needs assessments are long and there is no priority system, with anyone new to the borough being put at the bottom. One mother with the means to do so took her child to her home country for a diagnosis and to receive early treatment. For others, even getting a referral for assessment, let alone any support prior to the assessment, was a challenge.

Several reported feeling dismissed or not believed by service providers, such as GPs, health visitors or nursery staff when sharing concerns about their child's development, and thus this led to delays in provision of needed support. Where this was the case in nurseries, parents/carers felt it was partly due to lack of adequate training of staff. Mum Ayaan said, **'They're telling you, there is nothing wrong with your son. And you're literally in a constant battle, bashing your head against that person, and saying, "my son has a speech delay"'**. Another mother, Fowsio claimed when she voiced her concerns to a health visitor that, **'I never heard from them [again]... I don't know how they said he was fine. He wasn't even making eye contact'**. **This made her feel, as others shared, like the visit was a tick box exercise. Parents/carers wished there was greater recognition of their assessment of issues and parental intuition** as they spend the most time with their children and in varied settings which provoke distinct behaviours.

Yet, even once an assessment was secured, parents/carers reported that knowing how to follow up and take the right steps to access critical early intervention support to which they were legally entitled was confusing and difficult, if not impossible, particularly prior to having an official diagnosis. One mother claimed her law degree was the only reason she could navigate the service landscape at all.

Yasir, a father reflecting on his experience with a younger child ten years ago, commented that 'good care is available if you can navigate the system', while also noting that more resources had been available back then. This means many children today may not be receiving early intervention support, especially before they have a diagnosis.

> **good care is available if you can navigate the system"**

Willianm Fortunato

Digital exclusion or language barriers

Additional accessibility challenges faced by parents/carers relate to digital barriers. Although this did not emerge strongly from parent/carer focus groups, key informants who work with vulnerable families, and validation event participants, emphasised this point. Parents/carers who are not comfortable accessing information or communicating digitally, such as by filling in online forms or corresponding by email, or who do not have regular access to a computer or smartphone struggle to take advantage of the options available to them.

Not being able to read, speak or write English well also inhibits many parents/carers' ability to identify and make use of relevant information and services. While translators are technically available upon request, most material is only available in English and online, at least initially, which means learning that a service even exists and that you are entitled to its support is a first barrier that many may not pass.

Limited outreach or neighbourhood-based working

While several service providers spoke about the importance of coordinating/integrating support to families, parents/carers as well as key informants from the CVS expressed that sometimes centrality contributed to issues of accessibility. Needing to go to a service provider, rather than service providers coming to the spaces where parents/carers are already, created an additional barrier for parents/carers, and especially those from the most underserved communities. Waris, a mother and active leader in her community, underscores this issue in her statement, **'The local authority's favourite word to use with us is 'hard to reach'. We are not hard to reach. They are unwilling to come out to us.'** A community sector key informant, who worked closely with local parents/carers, linked this directly to poverty, and directed a statement at public service providers:

'They haven't got enough money to buy nappies, baby formula. You know, they certainly haven't got £3.50 to get on buses to come and see you. I'm sorry. Whereas if something is in the immediate neighbourhood, you know, with some support, we can get people together and then they're accessing.'

Isolation, loneliness and mental health challenges

Many parents/carers, especially mothers, spoke about their experiences of isolation and loneliness following the birth of their children and in the first few years of their children's lives. For many, these experiences were exacerbated by Covid-19 restrictions (although some appreciated that restrictions also enabled them to spend more time with family at home). Those without family nearby, or even in the country, felt this loneliness more acutely. However, family could also be a source of stress.

One mother linked her post-partum depression to her husband's family's traditional expectations of her as a mother. Other mothers had been isolated and abused by family members, preventing them from ensuring they and their children had access to what they needed. Some mothers talked about struggling to care for elderly relatives, or grieving lost loved ones, all while trying to care for their small children, or feeling guilty about not being able to pay sufficient attention to other children if they had a child with additional needs or serious health concerns. They also worried about burdening older children with caring responsibilities for their younger siblings.

> “
> **The local authority's favourite word to use with us is 'hard to reach'. We are not hard to reach. They are unwilling to come out to us."**

Feelings of alienation and lack of understanding from others were common across parents/carers with children with additional needs who felt excluded from many public and social spaces and judged by others. Menna, a mother with a severely autistic son said:

> **We need to make friends with mums with the same situation. Now, I don't have friends because when I meet another friend [she] has normal children and he complains about my son a lot. My heart is broken."**

Mothers also shared that despite the active support of partners and husbands, they sometimes felt like they 'just don't get it'. It was particularly challenging for those whose partners returned to work after a short paternity leave. **Fathers who were more involved also experienced isolation as they did not feel they were treated as equal caregivers, often feeling uncomfortable at children's centres and play groups, and worried they would be perceived as infringing on women's space.** They also resented their parenting being referred to as 'Daddy Daycare' or 'Dads on Duty' and the fact that regular attendance and normalisation of their involvement is made more difficult by inflexible schedules and timing of activities, which often happen during working hours.

Nappy

Problems of limited representation and trust

Focus group attendees' diverse cultural, religious, racial, ethnic, migrant and linguistic backgrounds reflected the population diversity of Ealing. Yet such diversity is not always reflected among service providers. Not only does this mean some parents/carers miss vital information and opportunities due to language-based exclusion as already noted, but it can lead to lower levels of trust. One key informant said, **'If the person offering you support or giving you advice is incredibly different to you, and the message is done in a very mechanical way, then receiving that advice will be really difficult'.** A parent involved in a local charity shared that when attending a borough special education needs (SEN) conference, it seemed to her she was the only person of colour in the room. In several focus groups, parents/carers shared experiences of what they perceived to be biased treatment based on their or others' identity.

For example, one mother recalled picking up her son from nursery and being brought a child who shared her skin colour but was not her son. Another felt nurseries were more likely to refuse to care for children with challenging behaviour for their full entitlement of time if they were from minoritised backgrounds: **'They know who to pick and choose who to do that to. Skin colour, hijab, do you know English?... That's why they are falling through the net'**. She explains these 'arrangements' were often verbal, leaving no records which could be used as evidence to challenge the practice. She further explained parents then get disheartened and do not want to take their child to nursery, resulting in them missing out on early years education.

Mistrust of service providers was particularly acute regarding social workers. Some parents/carers admitted they, or others in their communities, worried that social workers would take their children away, or simply felt uncomfortable about their involvement. There may also be some lack of clarity as to the difference between health visitors and social workers. One mother was so worried, she lied to her health visitor about her breastfeeding complications, and later, refused to ask social services for help shifting from temporary to permanent accommodation despite being advised to do so.

I was just scared...and because of that, I pumped exclusively, he never took my breast... And I know they won’t take my child away, but I’m too scared that once I put my foot in the door and contact them to help me with the housing, that they will be too like involved."

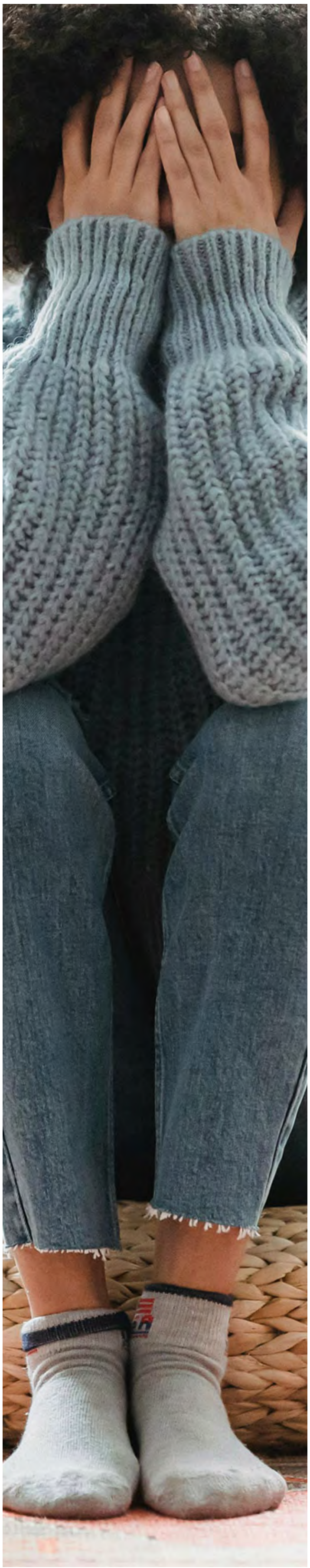
Other stories from minoritised families involved social workers on home visits commenting on families having material items such as large televisions. In another case, a mother told the story of her friend who had been visited at home by a social worker many years ago, because she had been a victim of Female Genital Mutation (FGM), and had just given birth to a girl. Already nervous about the social worker’s visit, the mother panicked when the social worker began to walk around exploring her home, something she did not think she was supposed to do, fearing that any sign of mess would trigger her daughter to be removed from her care.

Parents/carers are facing increasingly complex challenges

It is important to underscore the multiple, compounding and often mutually exacerbating challenges many families face. A local service manager remarked this had become more common: ‘The families we get now are much more complex... You won’t find a family with one issue. It’ll be multiple issues on top of issues.’ Indeed, several parents/carers we spoke to faced such circumstances. Struggling with one challenge rendered them less able to address and seek support for others, which could lead to a spiral of worsening, and increasingly chronic problems.

Housing was often a part of this complexity. For example, a few families with children with additional needs were also in temporary or inadequate accommodation. Single mother Laura lived with her four children, including one with additional needs in a one-bedroom council flat. The space was small and crowded between them, and thus inappropriate for her son who was easily

The families we get now are much more complex... You won’t find a family with one issue. It’ll be multiple issues on top of issues."


Liza Summer

overstimulated by his siblings. In the previous winter, the flat's heating system had failed, for which repairs were a major struggle to secure. That same winter, Laura had suffered serious illness, leaving her significantly traumatised, and less capable of noticing and seeking support for her son who had begun to display early signs of autism. When we met Laura, she had been unsuccessfully petitioning to be moved, while attempting to navigate and obtain services and support for her son, all while battling personal mental health challenges: **'I feel that something really bad has to happen, and then they'll say now we'll help you. And I'm saying help me now, before I go. I'm the only one looking after my children.'** Although this was a particularly acute case, there was a general sense from many families, as well as key informants, that **there was not enough support 'in the middle' that could prevent families from ending up in crisis, with potentially dire consequences for children**. In the further words of the service manager quoted above:

> **"We can do so much more and we can stop, you know, small challenges which won't seem small to the family while they're in it, from becoming crises that end up with people on medication for years and you know, worst case scenario, children being taken away. There's so much more we can we can do in the middle."**

Families faced other types of complex challenges as well, including abusive relationships impacting their ability to care for their children. When language is a barrier, informal translation is often provided through a family member or spouse. This can lead to valuable information being altered or withheld in either direction – to the parent/carer from the service provider or from the service provider to the parent/carer.

One woman shared how her abusive and controlling husband attended all her hospital visits to provide translation, and prevented her from ever speaking to a care provider privately. Later on, her husband did not pass on information to her about their child being eligible for nursery because he did not think it was necessary or important. This relationship led not only to her isolation, but to their child missing out on key early learning and stimulation.

Young, single parents, such as those eligible for the Family Nurse Partnership, are particularly vulnerable to complex problems. Many come from challenging home environments themselves, with few positive examples of relationships between parents and children or between adults. They are often placed in temporary housing after leaving home and rely on universal credit to support themselves and their children. According to service providers that support them, some may also be involved in criminal gangs. Given these often complicated circumstances, responding to any other challenge these young parents may encounter is difficult, much less creating a healthy environment for themselves and their children.

Figure 9. Local parents/carers, community and voluntary sector representatives and service providers met to discuss the research findings in a community findings validation event.

Santiago Ripoll

Discussion

What do the results mean for further enabling early child development in Ealing?

In this section, following reflection on the strengths and limitations of our work, we consider our findings through the lens of our conceptual framework. We highlight what is going well in Ealing in terms of supporting the three core principles for early child development, as well as what can be improved in each area.

Strengths, limitations, future research and learning for engagement

As earlier outlined, our participatory approach involving the River of Life method enabled us to achieve a good overview of topics important to parents/carers in Ealing. A rich picture of their experiences, values, capacities and challenges emerged. We were also able to engage a diverse range of parents/carers including from different racial, ethnic, migrant, socio-economic and educational backgrounds, as well as some parents/carers less likely to access formal services. However, given the immense diversity of Ealing's population, we could not represent all views. The views expressed by our participants can also not be said to fully represent those of others socially similar to them (e.g., from similar racial, ethnic, migrant or other backgrounds etc.). That said, the combination of patterns and unique insights that emerged, are valuable and varied contributions on the areas that came up in the focus groups, and were often reinforced by the views of key informants. Yet, early child development is a broad field with many key areas to explore. In Ealing, further research could build on our work to provide more focused context and depth on issues around nurseries; health visiting; specific health issues such as immunisations, breastfeeding, or other areas.

In working with a wide range of families, a key lesson in engaging diverse communities for research and learning was reinforced through our project: it is critical to proactively reach people in the places where they already are, through existing networks they know and trust, and to provide them with the resources necessary for them to participate including childcare, and financial compensation to support their travel and time. This was essential to our success engaging a wide range of families, particularly those from more disadvantaged backgrounds. Yet still, there remain many groups and communities we did not reach. Future research and engagement should strive to explicitly capture the perspectives and experiences of other groups, especially smaller or more recent migrant groups (e.g. from Afghanistan or Syria), other types of primary carers (such as grandparents or foster parents), those with different communication needs, or with diverse disabilities.

Supporting responsive relationships

Parents/carers need time, space, energy, knowledge, stability and material resources to develop and sustain responsive relationships with their children. This can be enabled by positive relationships between families, service providers and broader systems which are designed for and responsive to their needs. Indeed, a whole range of stable and nurturing relationships, and environments in which they can thrive, are needed to support children's development.

How are responsive relationships being supported in Ealing?

Children's centres, libraries and parks provide important local spaces and resources for parents/carers to engage their children in nurturing and responsive ways. The environments, activities, and learning opportunities for both parents and children in these settings were mostly described as welcoming, accessible and inclusive, while staff in children's centres offer proactive encouragement, facilitation and coaching for parents. Some nursery staff were also described as providing advice to parents/carers on how to interact with their children at home.

Intensive one-to-one support is available for the most vulnerable families in the form of programmes like the Family Nurse Partnership, health visiting, social services, key workers, and initiatives of the CVS. Some of these services, exemplified by the FNP for example, incorporate coaching and support around healthy relationships, including parent/carer-child interaction and the importance of play (as well as core life skills – see next section). Importantly, these one-to-one relationships also served as a source of continuity and stability, particularly for families that otherwise may experience a lot of upheaval, and fragmented – and thus often ineffectual – services in the broader system.

Individual services are also available for parents/carers facing challenges providing care to their children such as with breastfeeding, physical recovery from traumatic births, and mental health concerns (perinatal mental health service), providing them with support and enabling them to develop strong attachment and engage with their babies in healthy and responsive ways.

How can responsive relationships be better supported in Ealing?

There are several ways responsive relationships – between parents/carers, children, service providers and the wider system – can be better supported in Ealing.

Identify innovative ways to improve stability for children and families as this can enable them to focus on building stronger parent/carer-child relationships. Given contextual constraints, such as around housing and staffing of various services, this may be a challenge. One possibility is to build stronger linkages between children's services and services that can support families' greater access to safe, quality housing and jobs that support stability.

Develop greater awareness around the importance of serve-and-return interaction, such as parent/carer-child play and communication. Despite prompting, parents/carers did not seem to have much awareness around how critical this was for children's development. Several service providers also indicated this kind of knowledge was variable among parents/carers.

Work with diverse fathers to better understand their challenges to caring, and to enhance their knowledge and opportunities to develop nurturing relationships with their children. This might include for instance, employers encouraging and enabling fathers to take paternity leave, and finding ways to ensure they feel welcome in places like children's centres.

Tatiana Syrikova

Strengthening core skills

Core skills for managing life, work and relationships, including the ability to plan and organise, to adapt to changing situations, to manage and regulate emotions and to self-motivate, among other things, are important for people at every stage of their lives. Laying the foundations for these skills in early childhood can set children on a path of lifelong empowerment, while supporting parents/carers' skills can help them better care for themselves and their children.

How are families supported to strengthen core life skills in Ealing?

A range of services and assets support this in Ealing. Again, the FNP offers an exemplary model, with practitioners supporting parents/carers to develop life skills such as planning ahead, and cultivating healthy adult relationships, and supporting them to understand how they can support key skills for children to develop.

Mental health and other specialist services, when accessed/accessible, are valued by parents/carers to get back on track with their own health and wellbeing, including adapting to life as a parent, and managing the new emotions this often comes with, and thus helping them be the best parent they can be.

Specialist services, assessment and support for children with additional needs are available. Although accessibility of these services remains limited, they are perceived by parents/carers to help children with additional needs to develop skills from speech and language to emotional regulation and resilience.

Parenting programmes are available to improve core life skills for parents/carers and children.

Many parents/carers identified the importance of their children being able to interact with others and stimulation outside the home. This points to a high value placed on relationships and social interaction by many local families.

Lisa Fotios

How can families be better supported to strengthen core life skills?

In this study, it is unclear how aware parents/carers are of core life skills and how they understand them, or how much they already consciously nurture these skills among children. While parents/carers appear focused more on practical or academic abilities, core skills extend to key areas like planning, boundary setting, and emotional regulation - beyond narrow language and literacy capabilities.

As with the importance of responsive relationships, aim to increase awareness and capacity among parents/carers and service providers about the importance of a variety of core life skills and how they can work with children and families to develop these in the context of a home learning environment, as well as in out-of-home environments including children's centres. The importance of skills such as emotional regulation and boundary setting was implied by children themselves, in terms of becoming 'school ready'.

Increase attention to core life skills strengthening available for families with children with additional needs, who may need more help for example, with supporting their ability to emotionally regulate. It is critical that such children are provided with early intervention and tailored support, especially while waiting long periods for assessments that may lead to diagnoses such as autism. In the meantime, they must also be supported to develop core skills to get them ready to go to nursery and later to school, as this will improve their capacity to thrive later. One opportunity may be greater collaboration with nurseries, to help them recognise children's additional needs, and engage with them appropriately, while also supporting parents/carers with advice and referrals.

Cottonbro Studio

Reducing sources of stress

Ensuring families can meet their basic needs, have a stable life, and are protected from discrimination and trauma (or supported to recover from this) is important for lifelong health. Chronic stress experienced in early childhood can have lifelong impacts on physical and mental health.

How are families being supported in ways which reduce sources of stress?

Emotional support, encouragement and resilience are nurtured through personal relationships with friends, family, parent/carer peers and individual service providers, and by mental health services when accessible, all of which help Ealing parents/carers feel less alone and overwhelmed by stress.

Practical support navigating a complex system to access services and benefits is also available for families, again through important informal support networks, but also through the support and advocacy of individual members of staff in key services, the holistic approach of children's centres and CVS organisations. The CVS in particular helps to fill the gap between families and an often fragmented and under-resourced broader system. By advocating for families, particularly those who may not speak English well or who face other challenges, the CVS offers a more holistic, flexible and person-centred approach, meeting families where they are, to address their multiple needs, and reducing sources of stress in their lives.

Keira Burton

How can sources of stress be further reduced for families in Ealing?

Improve integration of council and health services including those directly and indirectly linked to maternity, family and early years support. A great deal of stress for families in this study, especially for those facing significant difficulties, came from experiences with a highly fragmented system, and being passed from one person or department to another. This often resulted in long delays, the provision of conflicting information, and families needing to re-explain their situation repeatedly. This led to considerable stress and even some giving up.

Further emphasise and strengthen place-based working and support to enhance accessibility and trust. Families were frustrated by having to interact with what to them felt at times like a highly centralised and faceless system, which they came to mistrust due to a sense of perceived unreliability, inaccessibility and lack of empathy. One opportunity could be community-based surgeries, such as housing officers visiting local community centres and working with and through locally trusted CVS organisations.

Enhance the family information and communication landscape so that information about services and support, as well as advice, is more complete, easily accessible (including for those who are digitally excluded) and up to date. Many families were unaware of services and support already available, or only found out about them through word of mouth. Work currently underway to support better integration of children and young people's services (as part of the 'family hub' discovery phase) may support this, as this is envisioned to improve cross-service sign-posting. Importantly, two-way communication could be also incorporated so families can regularly feedback, ask questions and input into service design and decision-making. Enhanced attention to active listening and empathy among staff can also build trust.

Campaign to enhance local awareness about neurodivergence and children with additional needs in public spaces as lack of understanding, patience and empathy caused significant distress among families with children with additional needs, which leads some to self-exclude from many public spaces (parks, for example) and activities.


Pavel Damilyuk

Cross-cutting factors and opportunities

Cross-cutting enabling factors

Many of the above-described enabling factors are likely to contribute to all three key areas. For example, dedicated space, activities and caring staff at children's centres, nurseries, libraries, and in health and social services and CVS organisations can support parents/carers to understand, develop and put into practice responsive relationships with their young children. At the same time, these resources can provide parents and children with valuable knowledge and opportunities to learn about, develop and practise other core skills essential to managing life, work and relationships including the ability to adapt to change, manage emotional responses and stress, and to plan and organise. Practical and emotional support from these sources, as well as from parents/carers' social support networks such as friends, family, and critically, parent/carer peers, also help to reduce sources of stress for families and children.

The FNP in and of itself embodies a holistic approach to family support. Although available for only a small cohort of vulnerable young parents/carers, family nurses provide highly tailored support which meets the unique needs of each family. Support is provided for dealing with everything from education to housing to employment and benefits, to coaching in critical parenting and life skills including engaging, responsive relationships with children, and healthy adult relationships.

Anastasia Shuraeva

Cross-cutting opportunities for improving early years support

There are a number of areas for improvement that can support all three principles for early childhood development, through enhancing Ealing's informal and formal social networks, and the service landscape directly and indirectly associated with families and children.

Harness learning from intensive and integrated services such as the FNP which already takes a holistic approach. This could take the form of training, mentoring, or making available information and resources for other types of service providers to learn from the FNP approach and consider how they can apply elements in their own work.

Further enable existing and new formal and informal social support networks to emerge between parents/carers in free or low-cost ways. This is particularly important for those already isolated from family and friends. This can help reduce isolation, enhance mental health, enable the sharing of information and advice, and even strengthen community across diverse lines.

Enhance diversity and cultural competence across services. Increased racial, ethnic, religious, migrant, linguistic and cultural diversity among service providers and decision makers which reflects Ealing's population can help families from all backgrounds feel more comfortable accessing support and information, while diverse perspectives can help shape services in more tailored, contextually appropriate ways.

Deepen support, engagement and learning with the wider assets in the community, including the CVS and private nurseries. Aim to further support and build on the capacities and trusted relationships these entities already have with families, and to learn from their place-based knowledge around the needs and priorities of communities to better adapt local services. They may also be able to provide support, activities and spaces outside the usual operating times of formal services, and in locations more convenient for families, enhancing accessibility. For example, community spaces, cafes or private soft-play centres may be willing to host parent/carer meetups or play groups on weekends and over holidays.

Enhance accessibility of services and support for all. Invest in ensuring information, communication and services are available through multiple channels and networks and relevant languages, and support expanded availability of free or low-cost activities at a range of times and places to suit different parents/carers' priorities and needs.

Support channels for two-way communication with families from diverse backgrounds, including through the CVS, to ensure their lived experiences and perspectives inform services and support. For example, learning from parents/carers facing digital exclusion can support more accessible information ecosystems. Remaining vigilant about shifting vulnerability, and consistently working to identify and work to reach groups falling through the cracks is important to ensure no one is left behind.

Conclusion


William Fortunato

Evidence is conclusive that our children's earliest years have a profound influence over the rest of their lives, with their lifelong health and wellbeing – and by extension that of our communities – ultimately being at stake. Research has also indicated how children and families can best be supported to ensure they have the best possible start in life. And although what happens at multiple scales, including at the national policymaking level, plays important roles in shaping this, local contexts are key sites for creating the kinds of conditions in which all children can flourish.

This study has highlighted the perspectives of Ealing families and key informants on what is working well and what can improve to support families with young children under 5 from diverse backgrounds in the borough. While Ealing has many assets, there are opportunities to not only prevent negative outcomes for children and families, but to help them thrive. This is despite the very real resource constraints faced by the local authorities and other public and CVS sector organisations.

Investing when possible will be important, but there are still ways in which public sector services can be adapted; the early years 'system' strengthened with locally trusted CVS partners being empowered; and formal and informal familial and social networks can be enabled to support responsive relationships, strengthen core skills and reduce sources of stress for Ealing families. Furthermore, by continuing to learn from, partner with, and co-produce knowledge and inclusive solutions with local parents/carers, Ealing can continue to adapt to the needs and priorities of local families to build a thriving community for generations to come.

Annex 1

ECDE vignettes

The below four vignettes are short fictional stories of a parent/carer raising a young child in Ealing borough. The vignettes were developed as part of the Enabling Early Child Development in Ealing (ECDE) research project, and were presented at the project's community findings validation event to bring the research findings to life, and to spark discussion among policymakers, service providers, representatives from community organisations, and local parents and carers.

To protect the anonymity of research participants, the stories do not represent the experiences of any one individual, but rather reflect a composite of perspectives and challenging and enabling experiences shared by research participants. Some themes recur across the stories, as they were common in our data (e.g. social isolation) while others were more exceptional. While we have not been able to represent every experience and perspective shared with us, we have nevertheless tried to include a diversity.

Tanaphong Toochinda

Daria Obymaha

ECDE vignettes:

Natalia's story

Key themes:

- **social isolation**
- **low mood**
- **migrant experience**
- **breastfeeding challenges**
- **information overload**
- **financial stress**
- **children's centres**
- **health visiting**
- **community organisation support**

Natalia is a 33 year old mother of 2 children. She came to the UK 12 years ago with her husband. She was excited for her first pregnancy and was looking forward to becoming a mother.

She had heard about National Childbirth Trust's (NCT) birth prep courses from a colleague, but couldn't afford it, and couldn't make the free classes offered by the hospital due to her job. Her birth was quite traumatic. She did not experience the best quality of care and it was during the height of the Covid-19 pandemic, so she was alone on the postnatal ward with her baby.

Whilst her husband had two weeks at home on paternity leave, the first few months of adjusting to the new baby and sleepless nights were very difficult. She missed her family abroad, and when her husband returned to work, felt very lonely and isolated.

Breastfeeding was difficult, and she received conflicting information about this from various sources. She felt the health visitor that came to her house was 'ticking boxes', and that the information leaflets she had been given right after the birth were also very overwhelming with a new baby, and probably ended up in the bin. Although she felt guilty, she soon gave up as many friends back home had bottle fed anyway.

Whilst on maternity leave, she didn't feel like her old self and was often tearful. She kept herself going by taking daily walks with her baby in the local park. It was only when the baby was 9 months old that a family friend told her about the children's centres and recommended she try a 'Stay and Play' session.

After a few visits, the staff noticed her low mood. They made a referral to the health visiting service and she received some support from a kind health visitor who talked to her about the transition to becoming a parent and her mental health. The children's centre also linked her with a local charity and she met regularly with a volunteer who came to her house. This gave her company and courage to continue attending 'Stay and Play' sessions, where she made friends with other mums and learned tips to look after herself and her baby.

She went back to work when her baby was 1. Her family wasn't eligible for childcare subsidies, but still struggled with the cost of childcare and with household finances in general. This added stress contributed to her feeling overwhelmed, alongside the demands of working, looking after her child and doing most of the housework too. Her husband also worked long hours and did not seem to fully understand the demands of being a mother.

This stress became even greater when she had her second child. Although she returned to the children's centres earlier during her maternity leave, she became isolated again after returning to work as she did not have time to attend groups anymore. She thought that nursery was really good and both children seemed to be developing well. Every stage had its challenges, including the toddler tantrums and she did not know how best to deal with her eldest child's emotional outbursts. She also did not know what she could be doing at home to help prepare her children for school.

Ron Lach

ECDE vignettes:

Tina's story


Alina Matveycheva

Key themes:

- **teen pregnancy**
- **family estrangement**
- **social isolation**
- **housing and cost of living challenges**
- **children's centre**
- **activities in the community**
- **Family Nurse Partnership support**
- **future uncertainty**

Tina is a young mum and has an 18 month-old daughter. When she found out she was pregnant at the age of 17 she was really scared and didn't know what to do. After speaking to some of her friends from school she referred herself directly to maternity services. When she told her family she was pregnant, she was kicked out of her home, and since then, has had very little family support. The child's father is completely absent. At first, Tina stayed with a friend, and then she was given temporary accommodation in a hostel. Two years later, she and her daughter are still in temporary accommodation.

Fortunately, maternity services connected her to the Family Nurse Partnership (FNP). A family nurse, Jodie, started to visit her during her pregnancy. Tina has found Jodie's visits invaluable. Jodie has helped and supported her across a wide range of skills – from explaining the changes her body was going through, helping her to overcome the challenges of breastfeeding, connecting her to a local baby bank so she could get free toys, furniture and clothing for her baby, and helping her sign up for free childcare at a children's centre nursery.

Jodie has also become a source of dependable support for Tina who didn't have good relationships with her own parents and has struggled to maintain healthy relationships with others, including her daughter's father. Now, Tina's daughter is 18 months old, and although Jodie still visits occasionally, these visits will stop soon when Tina graduates from the FNP programme in a month. Tina is worried that when she graduates from FNP, that she will miss not only the practical support from her nurse but also the emotional support.

Tina is really thankful that she has been connected to a children's centre nursery. While her child is at nursery learning to socialise and other skills, Tina can also get some time to herself which helps with her mental health. Her free time also gives her an opportunity to look for part-time work at the Job Centre as the Universal Credit she receives is barely enough for her to meet increasing living costs.

When her child is not at nursery, it is important to Tina to take her child out of their tiny apartment. The temporary accommodation they are in has issues with damp, and she worries this is contributing to her child being frequently sick. She also thinks it is important for her daughter to get fresh air, and stimulation from being in different environments. Unfortunately, she struggles to find affordable things they can do together. Although she really likes the parks in her local area, in winter or when the weather is bad, going to the park isn't possible. She appreciates the free activities, like 'Stay and Play' sessions at the children's centre, but overall feels there are too few, and not enough alternative, affordable options.

While Tina's child seems to be doing well and meeting appropriate milestones, Tina is herself is still struggling. She often feels lonely and wishes she had more opportunities to talk to other mothers and share experiences. Another continual major stress for Tina is her housing situation. In addition to having issues with damp, the accommodation is very small, and some of the other residents are excessively loud which prevents her child from sleeping well at night. She also worries about safety as she hears instances of domestic violence in the building from time to time, and knows that some other residents engage in drug use. The only alternative accommodation Tina has been offered has been outside of Ealing, which would mean losing the few vital connections she has.

While Tina is managing to get by and tries her best to ensure her baby has what she needs to grow up healthy, they aren't thriving.

Leo Arslan

ECDE vignettes:

Maya's story

Key themes:

- **language barrier**
- **neighbour support**
- **community organisation support**
- **fear of social services**
- **feeling dismissed**
- **mixed nursery experiences**
- **health visiting**
- **additional needs challenges and support**
- **social isolation**


William Fortunato

Maja has two young children. Her second child was born about 6 months after her family moved to the UK. Since she couldn't speak English well, her husband translated between her and various services up to and immediately after the birth. When her second child was 18 months, her husband had to return to their home country. By then, her older child was 4, and had not been enrolled in nursery as her husband had not mentioned it.

Maja then only had the support of a friendly neighbour who spoke her language and who had begun offering to help with childcare from time to time after her husband left. She noticed Maja was struggling. The neighbour suggested she visit the local children's centre run by the council, which Maja had never heard of before. Maja worried these centres may be connected to social services, and she had heard from others in her community that social services take people's children away, and decided not to go.

She had also begun to worry about her younger child, who had become very irritable and sensitive, and did not make eye contact at nearly 2 years old. She was dismissed by a GP who said all children were different and that the child was fine. This upset her, as she knew something was wrong.

Her neighbour then told her about a local organisation that helped people from her community, and other immigrant backgrounds. She contacted them, and they were very helpful, providing her with translated information, and helping her to access key benefits. They also helped her enrol her older child in reception – now adjusting well – and her younger child in nursery, which had just opened again following lockdown.

Around this time, Maja was also contacted for an online health visiting appointment. The health visitor was kind and patient with Maja's English, and agreed to visit in person to check on her daughter who Maja explained was not developing normally. The health visitor agreed to refer the child for assessment by an early childhood development specialist.

Maja also found most of the nursery staff kind, although it took some months for them to accept the child needed extra attention, which really frustrated Maja. Eventually, they arranged special activities for the child, and along with the health visitor, supported her referral for speech therapy.

Although the speech therapy has helped, Maja's young daughter continues to face serious behavioural challenges. It is difficult for Maja to take her children out in public where she has experienced shaming and abuse by others about her child's behaviour.

Despite her health visitor and local organisation advocates repeatedly following up, she has been waiting for the assessment for over a year and is deeply worried her daughter is missing out on critical early support in the meantime.

She now also struggles with providing her older child with adequate attention and school help as she is so consumed by caring for her younger child who requires significant attention and doesn't feel she has enough support managing this as a mum parenting alone. Her own mental health suffers as a result.

William Fortunato

ECDE vignettes:

Terrence's story

Key themes:

- adoption
- fathering/male caregiving
- gender and care
- social isolation
- speech and language issues
- activities in the community
- neighbourhood quality
- home learning
- food and nutrition


Alexander Grey

Terrence and his partner adopted a 2-year old daughter named Ira. As a bilingual household without any family nearby or a friend network with children, Terrence soon found himself quite isolated in his new role as main carer.

Ira exhibited some challenging behaviours early on, and her new parents noticed she had speech issues as well. Finding support networks and places for Ira to interact with other children became a priority for Terrence. However, when he first looked to local children's centres for connections, he found the spaces very female-dominated and worried about being perceived as invading a safe space for mothers.

Terrence and his partner searched extensively for an affordable nursery they felt happy with. Many options were underfunded with poor facilities. When they finally found a quality nursery, Ira's speech and confidence improved. Her eating also benefited from the healthy, nutritious food provided at the nursery. However, now that's she started reception, her eating has regressed without the nursery meals. Terrence feels the school should provide more guidance and support for making healthy choices.

In general, Terrence was uncertain how to best prepare Ira for the transition from nursery to primary school, especially when it came to supporting her learning at home. He also lacks opportunities to connect with other fathers and parents in general. Terrence believes there is still a lingering perception that fathers are not or should not be as involved as mothers.

Getting out and about is difficult for the family without a car, as they must rely on public transportation which can be unreliable. With no outdoor space nearby, trips to the park require quite a trek. Terrence believes outside time is essential for his daughter's wellbeing and wishes there were more affordable indoor play options for bad weather. The one local soft play centre serves unhealthy food at high prices.

Terrence also found it difficult to get GP appointments, often relying instead on the 111 NHS phone service. It took a long time to get a specialist referral for Ira's speech issues, requiring persistent chasing. Once in the system, he experienced lack of communication between departments and repeatedly provided the same background information. However, with the specialty support finally in place, Ira's speech showed great improvement.

Overall, while Terrence's family is doing all right, he feels they could have been better supported on their parenting journey. Simply finding information on relevant child services and activities in the area proved incredibly difficult with no central resources available. Government literature on programmes like tax credits was also dense and complex to navigate. Terrence worries how those still learning English might access such vital systems and supports.

In general, the family are doing well but could have been supported better.

Ron Lach

Annex 2

Key themes and considerations: ECDE children's focus groups

Janine Shaw, Institute of Development Studies

This briefing highlights key themes and findings from children's engagement in the Enabling Early Childhood Development in Ealing (ECDE) study.

Yan Krukau

Key themes and considerations: ECDE children's focus groups

Janine Shaw, Institute of Development Studies

In two focus group sessions on school readiness, we asked children aged 8-9:

1) what skills they thought their younger siblings needed to start school,

2) what their siblings might struggle with and how their parents/carers could help them overcome these challenges and be ready to succeed in school.

How can families be better supported to strengthen core life skills?

Approach

In July of 2023, one focus group was held with children in each of two local primary schools. Each child participant had a younger sibling due to start school in September 2023. The focus groups took the form of the children working together to create an advice guide for parents. Our aim was to make the sessions as informal and low pressure as possible. The children enjoyed participating and were with forthcoming with their opinions.

These sessions were part of a wider study on early childhood development, in which we consulted a diverse group of parents and carers to understand their lived experiences of raising young children in Ealing. We took a qualitative research approach which allowed us to develop a rich, nuanced and holistic understanding. Our work with children complemented this broader work, and lent itself well to discussions on school readiness in particular.

Karolina Grabowska

Our approach was informed by our theoretical framework which incorporated aspects of the **Harvard principles for supporting early childhood development**.[1]

The principles for supporting early childhood development are based on in-depth long-term research conducted by the Harvard Center for the Developing Child.

These principles are as follows:

1) to support responsive relationships for children and adults;

2) to strengthen core skills for planning, adapting, and achieving goals; and

3) to reduce sources of stress in the lives of children and families.

These three principles provided a solid foundation to frame our research and ensure that the focus remained on the lived experience of the children and their caregivers in Ealing. The following sections highlight some of our key findings from the sessions.

Key skills children felt were important to be school ready

Adapting to the school environment and academic expectations

One of the things that the children felt their younger siblings might struggle with at school was leaving the family environment. Particularly difficult might be the amount of people on the playground and the different expectations at school compared with home.

The children expressed it was important for younger siblings to adapt to the more rigid structure of the school day. For example, their sibling would have to get used to eating at a prescribed time, being away from parents and asking permission to use the toilet. This was in addition to meeting the behavioural expectations of school, such as following instructions, sitting quietly and completing academic tasks.

RDNE Stock Project

Social communication and emotional development

Pavel Damilyuk

The children in the focus groups felt grasping core skills in communication and social interaction were important to enabling success at school. One child described his own struggles starting school and not understanding English, saying it was good to **'practise speaking English at home'** first. The children also believed communicating with peers and adults was an important skill to learn. This included having to wait to speak in class instead of shouting out, listening to other children, and having the confidence to speak in larger groups. One child said **'it's important to be able to speak up when making friends'**.

The children in the focus groups also emphasised social and emotional development, talking about the importance of being able to have fun, make friends and compromise. One child explained it is important to be able to resolve disagreements on the playground, saying **'If you can't agree on what game to play in the playground you should take turns'**.

To do this effectively children need to learn regulate their emotions and see things from the other children's perspectives. One child talked specifically about emotional expression linked to communication and the importance of being able to communicate feelings, and suggested to parents, **'You can teach your child to communicate so they can ask for help'**.

How the children felt parents could help with school readiness

Independence in completing practical daily tasks

Also touched upon were issues surrounding practical development. The children expressed the need for greater independence at school than at home. To be school ready, the children felt practical skills like dressing themselves, and eating and using the toilet independently were important. The children commented on how parents could encourage the development these skills, saying **'Parents can help me to learn to eat on my own'** and they could **'help by making sure their children are potty trained'**.

Modelling of positive behaviour

The primary way children felt parents and carers could prepare their younger siblings for school, was through the modelling of behaviour, and leading by example. Questions such as 'How can your parents help you be polite?' were met with responses such as **'by speaking nicely in the home, showing good manners and treating you nicely'**. Other examples children gave included '**using good language to others**' and **'parents help you learn manners by saying please and thank you**'. This demonstrates that the children felt it was important for younger siblings to develop the skills they might need in the classroom at home.

Preparation through play and fostering a learning mindset

When asked about how parents could help prepare the children to learn, they spoke about core needs such as good nutrition and getting enough sleep. To develop academic skills the children suggested parents should encourage learning at home. For instance, by **'practising joined up handwriting'** and promoting confidence and encouraging **'believing in yourself when you are struggling with homework'**.

Preparation through play was also mentioned as a tool for acclimatising the children to school routines, such as playing schools and classrooms. One child who had a sibling how struggled to speak, described how their parents tried to expose their sibling to new situations. The parents asked a variety of family members to engage in conversation with the child. This ultimately helped the child gain confidence in speaking to different adults in new environments.

Mariah Cannon

Emotional support

The children recognised the importance of giving and receiving emotional support in relation to school. The children talked about how parents are key to fostering resilience and self belief. They shared how their parents can '**help me to be brave without them'** and **'help give confidence'**. The children conveyed that it was also important for parents to help with emotional expression. One child commented '**It's good to talk about your emotions because it's better to get it off your chest'**. The same child also shared that it is important to check in with siblings about how their school day went, saying **'It's good to ask them about their day to see if they had fun or not and you can make them feel better'**. This checking in gives children the chance to express themselves and talk about any problems or difficult feelings. This also suggests how the children recognised that they also had a role in supporting their siblings with the transition to school.

> **“It's good to ask them about their day to see if they had fun or not and you can make them feel better"**


Pavel Damilyuk

Cottonbro Studios

Moving forward

In sum, through the children's focus group discussions we were able to gain a unique insight into what children thought was important to support school readiness. The children were able narrate their own experience as well as consider the experiences of their younger siblings. These findings not only echo elements of our theoretical framework but the social intelligence of children in recognising how adults can support the development of their siblings

The children's responses can predominately be broken down into two categories when looking at the Harvard Pillars: **reducing sources of stress** and **building core skills**. Responses relating to the reduction of stress include the importance placed on emotional and social development such as being prepared to spend time in a new environment, and the encouragement of emotional expression. Responses that can be linked to development of core skills include the emphasis the children placed on being able to complete practical tasks independently and have some base of academic knowledge before beginning school

Overall, one of the main takeaways from the children's focus groups is the importance of helping parents to support their children in a holistic child centred way, considering what it might be like from the child's perspective to be embarking on the major milestone of beginning school. It is important for local authorities to recognise the importance of the transition to school and the turmoil this can cause in the lives of families, and to invest in resources that could help ease the transition to school.

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Annex 3

ECDE research brief

My experience as a peer researcher with the Enabling Early Child Development in Ealing (ECDE) project

Juliet Manufor, Family Lives

Pavel Damilyuk

ECDE Research Brief

My experience as a peer researcher with the Enabling Early Child Development in Ealing (ECDE) project

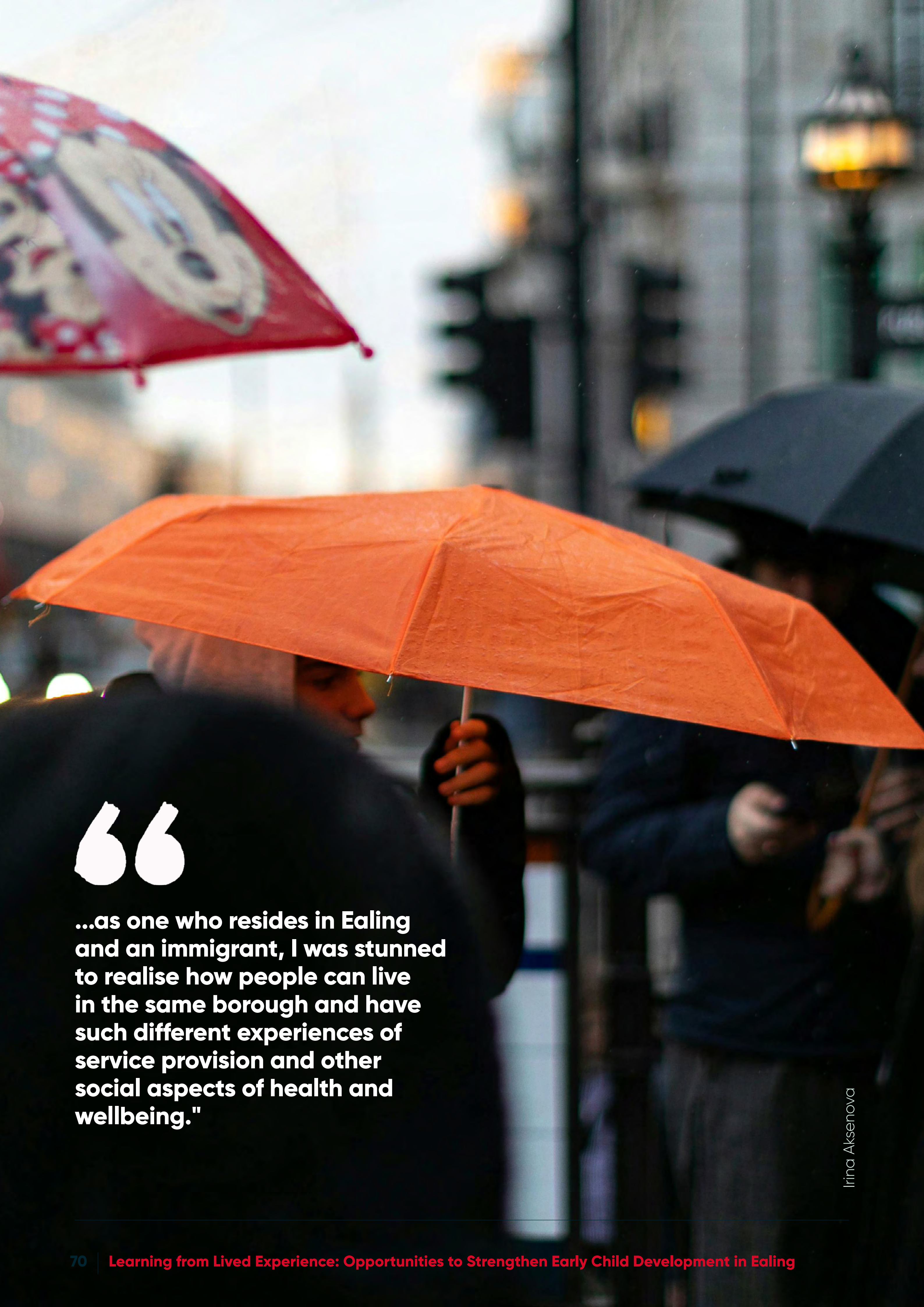
Juliet Manufor, Family Lives

Peer research is a participatory research method where individuals with lived experience of the issues being investigated participate or lead research in their own communities. This method can be powerful in creating an opportunity for a well-rounded and thought-through needs assessments because of its centring of the groups/individuals affected which can lead to better decision making on the issues that most affect them.[1]

This research method can help to increase understanding of the social and economic complexities that enable health behaviours within individuals and families. It can enable a theory of change that can be used to effectively articulate processes such as interventions and evaluation that can facilitate desired outcomes for the community. The integration of community members in community-based research initiatives allows for the expertise of lived-experience to be incorporated which helps enhance data quality, and also promotes local capacity building.[2]

Participating in the ECDE project

I was thrilled when the opportunity to work on the Enabling Early Childhood Development in Ealing (ECDE) project as a peer researcher came my way through my volunteering role with Family Lives. As one who resides in Ealing and passionate about health promotion and public health, about diversity and inclusion, being a part of ECDE was an opportunity to be a part of a change making process. The ECDE project explored the enablers and barriers for supporting early childhood development, how families from diverse backgrounds understand early childhood development and how it shapes their caring and service seeking practices.



Irina Aksenova

> ...as one who resides in Ealing and an immigrant, I was stunned to realise how people can live in the same borough and have such different experiences of service provision and other social aspects of health and wellbeing."

I found the role intriguing and challenging at the same time. The opportunity to work on a project that aims to provide inclusivity in service provision so that every child is given the 'best start' in life, is a privilege to me, and I loved every bit of it. It was challenging having to balance out my time with my other job to be able to fully commit myself in this role. It was also challenging having to listen to people's traumatic experiences and going through the emotional labour not to be affected by it.

But in the end, I found it so fulfilling and rewarding. I have learnt a lot from the incredible team of researchers I worked with on this project especially Tabitha Hrynick who took her time to thoroughly induct me and valued my contributions. She also offered me a weekly mentoring session where I had the opportunity to learn more about the project and all aspects of carrying out a research activity. I also used our session to talk to Tabitha about another research project I was involved in at the time (The Living Roots), and she was generous enough to offer me some coaching, her support and guidance with that too. My roles in the project included making contacts with local women's organisations, and co-facilitating focus groups.

Conducting the research

I enjoyed meeting the locals who participated in the research and listening to the stories they shared and their experiences during focus groups which I always looked forward to. Focus group sessions normally started with an introduction, followed by an icebreaker game, and then an arts activity called River of Life where participants drew their rivers representing their experiences of having and raising young children in Ealing with symbols only.

RFStudio

For the final stage, participants were split into groups (usually two) facilitated by the researchers to share their stories through their drawings, taking turns to present to the group, and then having a discuss with each other.

I was most proud of myself at the data validation event we held to share back our findings with the community. I worked with the whole team to make sure that the event was a success, and more so, proud that I read one of the vignettes we developed, which represented an anonymised composite of the stories we heard from parents and carers. There were council policy makers, and individuals from the council public health team, and also various services, representatives from community organisations, and also some parents and carers who participated in the research at the event. We also had an arts activity set up for any children that came along. It was fulfilling to see the council policy makers in particular take every theme that was presented seriously and discuss what next steps should be. Regarding the findings, as one who resides in Ealing and an immigrant, I was stunned to realise how people can live in the same borough and have such different experiences of service provision and other social aspects of health and wellbeing.

The value of peer research in ECDE

My involvement in this project as a peer researcher helped me to see the important role representation and modelling play in helping to achieve inclusivity in health. Having participated in two projects (ECDE Project, and The Living Roots Project), I witnessed first-hand how peer research provides a less intimidating environment for participants and facilitates a more open and honest discussion of needs. It is apparent that complete health cannot be achieved without an enabling environment. At every focus group, I noticed how relaxed and comfortable people were, seeing me as one of them, and they were able to share their experience comfortably. At one of the focus group sessions, a participant said to me when he was talking about his child starting reception and how he felt that because of his son's delayed speech, he was being treated differently from the other children. He turned to me and said **'You live in Ealing? Maybe you live at the other side and the schools are better'**. I shared my experience about the school my two children went to and of a friend who had a similar experience to his.

We both concluded that there's a need for teachers who are trained in early child development in our local schools, who are skilled to work with pupils with different developmental needs. In that moment, I realised how important increasing the legitimacy of lived experience as a form of evidence is, and how it can help in achieving an equitable community.[1]

Opportunities for growing peer research

I believe my experience further demonstrates there is a need for local authorities and research institutions to create more opportunities for peer research training and roles. Institutionalising peer research, such as for example, having a team that works to train and support peer researchers on an ongoing basis embedded in local authorities, could help in two important ways. First, it can ensure people in the community are directly involved in researching the issues that affect them and thus provide better quality data. Second, it can also provide employment for local people. Through training and support, peer researchers could become well equipped and able to be fully committed to doing their job. My participation in this project also made me realise how important it is for people to have someone who they can relate to, which helps bridge the power imbalance. **'Why do we have to come, they will ask us questions and we will tell them what we need, but five years, even 10 years later there's no change we have seen!!'**, said one of the participants during one of our focus groups. But another participant added, when I said that I'm also a resident of Ealing, **'Oh, you live here in Ealing? So maybe they will do something this time'**.

This role is now added to my CV, and I am glad to say that it has also brought me an exciting new opportunity for personal growth too. I interviewed for a position as an 'outreach worker' where I was able to demonstrate the skills and experiences I have gained working as a peer researcher on the ECDE project, and explain how they will help me in the role. The purpose is to engage disadvantaged and vulnerable parents to scope and gather their views and provide practical recommendations on how to effectively engage and retain families in accessible relationship support workshops and programmes. I am looking forward to continue to grow my research and engagement skills through this opportunity.

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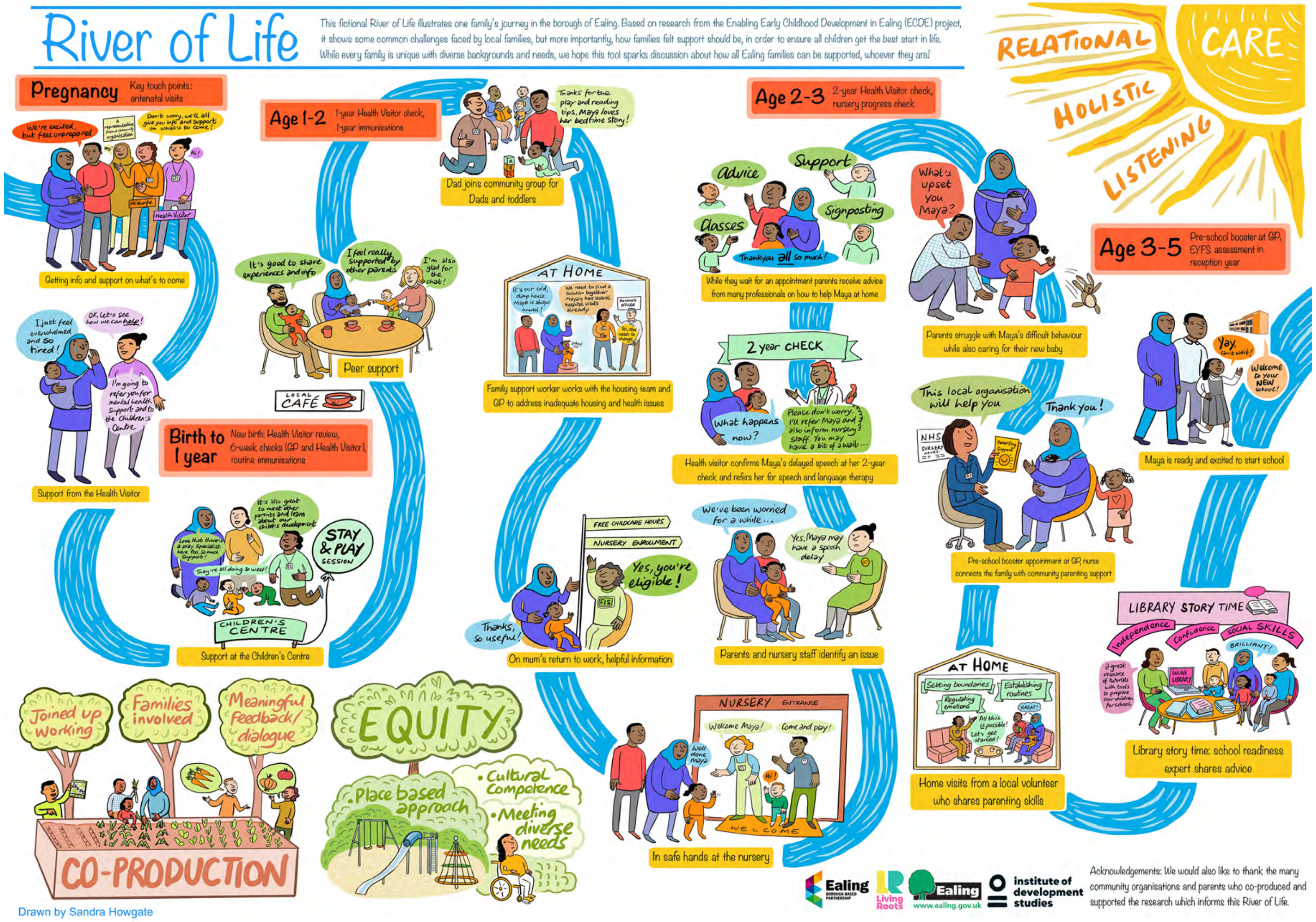
Annex 4

River of Life

This fictional River of Life illustrates one family's journey in the borough of Ealing. Based on research from the Enabling Early Child Development in Ealing (ECDE) project, it shows some common challenges faced by local families but more importantly how families who participated in this research, felt support should be in order to ensure all children get the best start in life. While every family is unique with diverse backgrounds and needs, we hope this tool sparks discussion about how all Ealing families can be supported, whoever they are.

For a copy of the River of Life in full resolution, please visit the IDS website: www.ids.ac.uk



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Drawn by Sandra Howgate

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