EIF maturity matrix workbook
Maternity & early years

Self-assessment tool to support a system-wide approach to improving outcomes for children

Introduction

The early years of life, including pregnancy and birth, are a significant period of human growth. They are critical in determining physical, social and emotional, behavioural and cognitive development in ways that have a lifelong effect on health and wellbeing. Intervening early can reduce risk factors and increase protective factors in a child's life. This means that maternity and early years are especially important for early intervention to prevent or reduce the negative impacts of problems experienced by a child or family.

Maternity and early years services are vital both for providing support to children and families who need it, and for identifying those who may need additional support from other local services. As local authorities, the NHS and other local partners work out how best to maintain and develop maternity and early years services, there is a demand for evidence to guide local decisions, and for support to plan an effective local system for children and their families.

The EIF maternity & early years maturity matrix has been developed to support local areas to take a system-wide approach to improving outcomes for children and families. It is a self-assessment tool to support local partners to understand the position on early childhood intervention, identify areas for improvement, and work together to deliver positive change.

The descriptors and progress levels in this matrix are consistent with previous versions, including the 'speech, language and communication in the early years' matrix published in 2018. However, the shift to be explicit about maternity and the early years reflects the evidence on child development and the importance of greater integration at a local level between perinatal support and readiness for school.

Find the maturity matrix that's right for you
Summary and full-length workbook versions of the maternity and early years maturity matrix are available on the EIF website, including separate versions of each for use in Wales and England. To find out more and download the tool that's right for you, visit EIF.org.uk/ey-mm

In this workbook you will find:

- A brief overview of the four domains of early childhood development.
- An introduction to using a whole-system approach to improve outcomes for children and families in maternity and early years systems.
- Descriptors for 10 key elements which make up a maternity and early years system.
- Examples of supporting information for progress levels from 'early' to 'mature'.
- Recording sheets for local barriers to change and priority actions.

Early childhood development

Children's early development is often understood as occurring in four overlapping domains: physical, cognitive, self-regulatory and social & emotional. Studies consistently show that the early competencies developed in each of these form building blocks for more complex competencies as children grow older.

1

EARLY INTERVENTION TO SUPPORT
Physical development

Physical development encompasses children's physical health, nutrition and small and large motor development. Children's physical wellbeing then lays the foundation for positive development in all of the other psychological and cognitive domains.

What factors support children's physical development?

Although many physical characteristics are genetically determined, children's health and maturation is also shaped by their environment and caregivers. Caregiving behaviours that particularly support children's physical development include making sure that they are safe and warm, feeding them nutritious food, and encouraging them to engage in active play and other physically stimulating activities.

How can maternity and early years services make a difference?

While all early years services play an important role in supporting children's early physical development, midwives and health visitors play a particularly key role. During the antenatal period, midwives are crucial for ensuring that babies are born healthy, through guidance to mothers on how to maintain a nutritious diet and the need to avoid harmful substances. After birth, health visitors help ensure that babies remain healthy by providing their caregivers with advice about breastfeeding, diet and children's physical milestones. Health visitors are also crucial for ensuring that babies attend their health checks, receive their vaccinations and access additional medical support when it becomes necessary. Childcare and preschool also support children's physical development as they grow older. Organised play activities particularly help children practice and improve their large motor coordination, while craft activities and messy play help refine children's small motor development.

2

EARLY INTERVENTION TO SUPPORT

Cognitive development

Early cognitive development involves children's knowledge about the physical properties of the objects in their everyday environment, an appreciation of how others think and feel, their knowledge of numbers and their acquisition of language. These important cognitive competencies then lay the foundation for children's later success in school and ultimately the workforce.

What factors support early cognitive development?

Children's cognitive development is initially determined by the quality of the antenatal environment and birth experiences. As children grow older, the quality of the child's home learning environment then plays an increasingly important role in shaping what children learn and how they apply this learning. The quality of the home learning environment not only refers to children's access to books, toys and other learning activities, but also the teaching or 'scaffolding' support parents provide their children through their daily interactions with them. Studies consistently show that family income and educational level influence parents' ability to provide an enriching home learning environment.

How can maternity and early years services make a difference?

Enriching educational experiences support children's cognitive development at all ages, although studies show that interventions addressing income-related achievement gaps need to start early, preferably during the child's first year. In particular, home visiting interventions offered to low-income families from birth until the age of two have been consistently shown to shrink income-related learning gaps at the point children enter primary school. From the age of two onwards, studies show that enriching childcare and early years education can also reduce income-related gaps in children's early learning, especially when offered alongside support to parents.

(3)

Self-regulatory development

Self-regulatory development involves children's ability to monitor and regulate their behaviour, attention and impulses. The ability to regulate behaviour and feelings helps children to form positive relationships with others and manage their learning at school. Difficulties managing behaviour and impulses in the early years is a known precursor to later conduct problems in primary school and adolescence.

What factors support children's self-regulatory development?

Early self-regulatory skills are supported by a combination of inherited and environmental factors which help children learn to control their impulses and emotions. Inherited factors include those which influence early language acquisition and attention management, while environmental factors include parents' response to negative child behaviour.

How can maternity and early years services make a difference?

Studies show that aggressive and non-compliant behaviours are common during toddlerhood. While most children outgrow these problems, some may persist from the age of two onwards. In these cases, children and parents can benefit from additional support that teaches parents new strategies for managing difficult child behaviours or helps them identify attention-based issues that may require further professional support. This means that health visiting, childcare and preschool should have good mechanisms in place for ensuring parents can access evidence-based parenting programmes when parents and children might benefit from them.

Programmes with good evidence of reducing problematic behaviour during the early years include Group Triple P, Empowering Parents/Empowering Communities and Incredible Years Basic Preschool.

4

EARLY INTERVENTION TO SUPPORT
Social & emotional development

Social and emotional development in the early years involves the young child's ability to form close and trusting relationships, recognise and express his or her own emotions, show empathy and feel confident when exploring the environment and learning new things. Some studies suggest that positive social and emotional development in the early years may buffer children from depression and other poor mental health outcomes when they are older.

What factors support early social and emotional development?

Parents and other caregivers support their child's early social and emotional development through behaviours that are sensitive and responsive to the child's needs. Predictable routines also increase children's security and confidence in their environment, as well as ensuring that they receive sufficient sleep, which helps children better regulate their emotion and attention.

Most parents implicitly understand how to support their children's social and emotional development. However, some parents struggle, especially when they are stressed or dealing with social and emotional challenges of their own. Circumstances that increase parental stress include mental health problems, economic hardship and relationship difficulties.

How can maternity and early years services make a difference?

Most parents are able to support their child's social and emotional development without any additional support from early years services. However, some vulnerable parents, including those coping with mental health problems, could benefit from additional support. Regular mental health screening and assessments provided by midwives and health visitors throughout the perinatal period are crucial for ensuring that parents receive effective mental health support when the need arises. Parent-child psychotherapy is an example of parental mental health support that has good evidence of improving both parent and child outcomes when provided to families on an individual basis for about 12 months.

Cognitive development: spotlight on early language as a primary indicator of child wellbeing

All of the four developmental domains described overleaf are important and interconnected. A key part of cognitive development is early language acquisition, which contributes to children's ability to manage emotions and communicate feelings, to establish and maintain relationships, to think symbolically, and to learn to read and write.

As speech, language and communication development is both an essential building block for a range of cognitive and social and emotional skills, and predictive of a range of later life issues, this makes it an excellent way of assessing typical development in the early years – a primary indicator of child wellbeing. Early language difficulties affect between 8–10% of all children, and more than 50% of children living in areas of high social deprivation may start school with speech, language and communication needs.
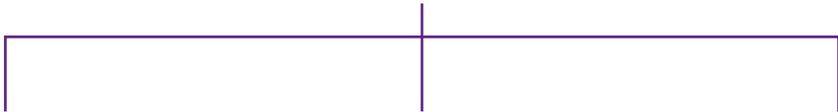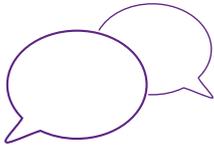
Speech

Refers to:

Saying sounds accurately and in the right places in words. It also relates to speaking fluently, without hesitation, prolonging or repeating words or sounds. It also means speaking with expression in a clear voice, using pitch, volume and intonation to add meaning.

Language

Refers to:

Understanding and making sense of what people say. It also includes using words to build up sentences which are used in longer stretches of spoken language and to build conversations. This skill includes putting information in the right order to make sense.

Communication

Refers to:

How we interact with others; being able to talk to people and take turns as well as change language to suit the situation. It includes non-verbal communication, for example eye contact, gestures and facial expressions. Communication also relates to being able to consider another person's perspective, intonations and the wider context.

Source: RCSLT, 2017

Overview of the evidence

1 Language difficulties predict problems in literacy and reading comprehension, but they may be indicative of problems in children's behaviour and mental health as well. Once children enter school, language skills remain a strong predictor of their academic success. Evidence also shows that children with poor vocabulary skills at age 5 are more likely to have reading difficulties as an adult, more likely to have mental health problems, and more likely to be unemployed.

2 Language development is not just about the number of words children hear and use. While language disparities have traditionally been described in terms of a 'word gap', evidence tells us it is about quality not just quantity, specifically the quality of the child-directed utterances that parents use with their children on a day-to-day basis.

3 Reading and rhymes are important, but not sufficient. Studies show that, during the early years, language is best supported through developmentally appropriate parent–child conversations that respond to the child's interests. So, in infancy this means child-directed speech involving household items and toys. For toddlers, quantity is crucial, particularly in terms of new vocabulary. In the third year, children benefit from more diverse and grammatically complex language, and beyond that the opportunity to use structured narratives in conversations.

4 The content of parent–child conversations really counts. Conversations about objects and living things help children to understand how the world works, which in turn supports their analogical reasoning capabilities as they grow older. Conversations about the thoughts, feelings and desires of others increases their empathy and understanding of others' perspectives. Parent–child 'number talk' has been found to support children's early counting capabilities. Early counting skills, in turn, strongly predict children's mathematical achievement in later primary and secondary school.

5 Most children develop typically, including those who grow up in disadvantage. However, there is strong evidence to suggest that the achievement gap is underpinned by income related gaps in children's language and communication skills, which are already detectable during the second year of life. Early intervention has an important role to play in supporting children who are showing early signs of atypical development.

A whole-system approach

Improving child outcomes in the early years of life depends on an effective local system of support for children and their families, connecting together the different services and organisations that work with families. This whole system includes midwives, health visitors, family support workers, doctors, play workers, community volunteers, teachers, therapists, social workers and many others, including the leaders and commissioners of services for families.

This matrix outlines the characteristics of a well-functioning system, which includes effective arrangements for strategy and planning, leading change, delivering effective support, and evaluating progress. These four dimensions (PLAN, LEAD, DELIVER, EVALUATE) form the structure of the matrix.

Each of the dimensions has key elements, which are an essential part of a local early intervention system, as shown on page 9. Each key element is described at four different progress levels to allow a local area to rate their current position, and identify the steps they need to take to improve.

The matrix is one of a suite of early intervention matrices developed by EIF. The design draws on work by the Good Governance Institute, and EIF's work on evidence and local practice.

Using the matrix

The matrix is a self-assessment tool to help local areas to measure progress in creating a local system to help children in their early years to thrive, and to guide planning to make this local system more effective. It can also be used to set a baseline and track progress over time. It acts as a scaffold for local discussion about progress and priorities rather than providing a set of externally determined answers.

The matrix can be completed individually, or as a structure for a group discussion, or both. Participants rate the local area against the 10 key elements, identifying supporting evidence for their rating, and consider barriers to change, and priorities for action.

Early childhood systems are complex and involve many different organisations and stakeholders. To get the full picture it is important to involve strategic and operational stakeholders from across the spectrum of services and organisations that provide child and family services. The matrix works best when a range of people with different experiences and perspectives take part, and when they can hear and moderate each other's contributions to build a fuller picture.

- **Group discussion:** the matrix can be used as the basis for a structured stakeholder conversation or workshop, sharing different views and building consensus about progress and priorities.

- **Individual assessment:** the matrix can also be completed by key stakeholders individually. This method only gives one perspective on the local system. It can, however, help stakeholders to prepare for discussion when they come together.

Local areas that have used earlier versions of EIF's maturity matrices should find this version provides continuity and it is consistent with the scope of early years peer challenges. However, the more explicit inclusion of maternity alongside early years may impact on the self-assessment for some local areas.

Early childhood services

The term 'early childhood services' is used in statute to describe the main components of a local maternity and early years system, including:

- early years provision (early education and childcare)
- social services functions relating to young children, parents and prospective parents
- health services relating to young children, parents and prospective parents
- training and employment services to assist parents or prospective parents
- information and advice services for parents and prospective parents.

Using Adobe Acrobat to fill out your maturity matrix on your computer or device
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DIMENSIONS	KEY ELEMENTS	SUB-ELEMENTS	PROGRESS LEVELS			
			1 BASIC LEVEL	**2** EARLY PROGRESS	**3** SUBSTANTIAL PROGRESS	**4** MATURE
PLAN	1 **Strategy**	1.1 Vision, strategy & plan 1.2 Population needs	Principle accepted and commitment to action	Initial development	Initial results achieved and positive outcomes evident	Embedded good practice, others learning from achievements
	2 **Resources**	*No sub-elements*				
	3 **Workforce planning**	*No sub-elements*				
LEAD	4 **Partnership**	*No sub-elements*				
	5 **Leadership**	*No sub-elements*				
	6 **Community ownership**	6.1 Engagement 6.2 Community assets				
DELIVER	7 **Services & interventions**	7.1 Quality 7.2 Evidence-based programmes / interventions 7.3 Coordinated working				
	8 **Information sharing**	8.1 Sharing personal data 8.2 Information for families				
EVALUATE	9 **Outcomes**	9.1 Outcomes framework 9.2 Family access & experience				
	10 **Using & generating evidence**	10.1 Using evidence well 10.2 Local evaluation				

How to use the matrix

We have designed this extended version of the matrix as a 'workbook' that you can annotate and develop as part of your local consultation and planning. This longer version of the matrix is available to download from www.EIF.org.uk. Each section of this tool is made up of two pages: the criteria page (below left) and the notes page (below right).

Tick the criteria that best describes your local area, starting from the basic level. Sometimes it might feel like you fall between two levels – that's fine, just make a note on the opposite page.

Ignore the 12 months column for now – you can use this if you come back to the matrix later, to compare to your original scores.

This 'notes' page is where you can keep a record of what is getting in the way of making improvements (barriers) and what you can do about it (actions), in the short, medium or long-term.

LEAD — 5 Leadership

This element focuses on how this agenda is led and championed at a local level, and how leadership is distributed across the community and local organisations.

		Criteria	Baseline	12 months
Basic level	5a	A more joined up approach to maternity and early years is championed by some local advocates.	☑	☐
Early progress	5b	Some senior leaders give a consistent message about the importance of a more joined up approach to maternity and early years goals	☐	☐
Substantial progress	5c	Operational and strategic leaders demonstrate the importance of a more joined up approach to maternity and early years goals.	☐	☐
Substantial progress	5d	Local leaders encourage innovation and collaboration in how services are planned and delivered, alongside a focus on using evidence.	☐	☐
Mature	5e	Senior leaders, including local politicians, speak with 'one voice' on the importance of joined up maternity and early years services, and are advocates and champions for the delivery of the local strategy.	☐	☐

Supporting information	Other
Staff & stakeholder feedback	☑
Investment of time & resources	☐
Consistent and visible personal commitment	☐
Staff & stakeholder feedback	☐
Investment of time & resources	☐
Consistent and visible personal commitment	☐
Staff & stakeholder feedback	☐

LEAD — 5 Leadership

Barriers to change	Priority actions	Short	Medium	Long
		✓		

Notes

This section is new: it gives you a check list of the sorts of information you could use to show that you meet each progress level. The supporting information needs to demonstrate that you meet the criteria – for example, only tick the supporting information box for 5d if you are confident that your staff and stakeholder feedback demonstrates that local leaders encourage innovation and collaboration. This is not an exhaustive list so you can add your examples in the 'other' box.

If you are working with EIF on the matrix we will use your list of supporting information to do a light touch validation of your overall self-assessment. You won't need to submit any of these documents to EIF.

You might want to think about short-term as the next 6 months, medium-term as 6–24 months and long-term as after that.

Using Adobe Acrobat to fill out your maturity matrix on your computer or device: If you download and open your maturity matrix using Adobe Acrobat Reader, you can use the 'Fill & Sign' tools to tick boxes or add notes. Use the available controls to adjust the text size to fit. Download the free Acrobat Reader at https://acrobat.adobe.com/uk/en/acrobat/pdf-reader.html

EARLY INTERVENTION FOUNDATION

EIF maturity matrix

Maternity & early years

This element focuses on the local vision, strategy and plan for maternity and the early years. It considers how well community needs are understood, how data is used and what the shared priorities are for taking action.

1.1 Vision, strategy & plan

		Criteria	Baseline	12 months
Basic level	1.1a	Planning for good maternity and early childhood outcomes as a whole system is recognised as important but, as yet, not in place.	✓	☐
Early progress	1.1b	Local multi-agency strategy for maternity and early years is in development.	☐	☐
Substantial progress	1.1c	A multi-agency strategy provides the focus for planning and delivery of maternity and early years services. The strategy takes account of evidence and population needs.	☐	☐
Substantial progress	1.1d	The strategy covers child development from the antenatal period onwards, and spans universal, targeted and specialist support for families.	☐	☐
Substantial progress	1.1e	The strategy is being delivered by an action plan which responds to priorities for improvement.	☐	☐
Substantial progress	1.1f	Other local strategies relating to families and communities refer to the maternity and early years strategy.	☐	☐
Mature	1.1g	The Maternity and Early Years Strategy has been reviewed and refreshed, responding to local data and evidence about where improvements need to be made.	☐	☐
Mature	1.1h	The strategy is being delivered by an action plan which is monitored at a senior level.	☐	☐

Supporting information	Other
Timescales in place	✓
Named lead officer	☐
Strategy co-produced with partners, within the last 3 years	☐
Equality Impact Assessments	☐
Strategy covers: • preterm birth risks	☐
• maternal mental health	☐
• targeted home visiting support	☐
• enriched childcare from age 2	☐
• parental conflict	☐
• multiple disadvantage	☐
• interventions for children with speech, language and communication needs	☐
Action plan monitored within the last 3 months	☐
Public Service Board Wellbeing plan	☐
Anti-Poverty Strategy	☐
Family Support Strategy	☐
Evaluation report and date of changes to the strategy	☐
Action plans monitored at senior strategic level in last 3 months	☐

1.1 Vision, strategy & plan

Barriers to change	Priority actions	Short	Medium	Long
		✓		

Notes

1.2 Population needs

		Criteria	Baseline	12 months
Basic level	1.2a	Local analysis of population needs includes some limited data on maternity and the early years.	✓	☐
Early progress	1.2b	Some partners share and analyse population level data about maternity and early years needs and outcomes, and use this to identify vulnerable groups, for example those with language and communication needs.	☐	☐
Substantial progress	1.2c	Partners share maternity and early years data for a multi-agency population needs assessment. Data and intelligence influences decision-making and prioritisation in the maternity and early years strategy.	☐	☐
Substantial progress	1.2d	The needs assessment includes a clear narrative of child outcomes at key lifecourse points, such as birth, entry to learning (age 2–3) and entry to school, and for vulnerable population groups.	☐	☐
Mature	1.2e	Robust and up-to-date multi-agency maternity and early years data is routinely analysed, covering population needs and service use, based on partnership-wide data. The analysis is routinely used to identify target groups, design services, agree priorities, forecast trends and plan strategy, and influences family and community strategies.	☐	☐

Supporting information	Other
Examples of inter-agency population and service level information sharing	✓
Data and intelligence is included in a multi-agency population needs assessment (such as JSNA)	☐
Needs assessment completed or updated within last 18 months	☐
Needs assessment covers: • key lifecourse points	☐
• vulnerable population groups	☐
• families from different communities / geographical areas	☐
• families with disabilities	☐
• families with risk factors such as preterm birth and adolescent motherhood.	☐
Updates to needs assessment	☐
Partnership Group minutes	☐

Barriers to change	Priority actions	Short ✓	Medium	Long

Notes

This element focuses on how the local area uses resources to deliver the local strategy for maternity and early years and increase impact. This includes mapping, aligning and pooling resources, and performance monitoring and reporting.

		Criteria	Baseline	12 months
Basic level	2a	Partners recognise the need to treat local maternity and early years services and assets as part of a joined-up system, but have not mapped the resources that make up this system. There is little investment beyond statutory requirements.	✓	
Early progress	2b	The resources used for key maternity and early years services are identified, and an analysis of priorities is underway.		
Early progress	2c	Local requirements for core services such as midwifery, health visiting, speech and language therapy services, parenting programmes, family support and ALN services are being aligned.		
Substantial progress	2d	Investment in maternity and early years services is a local priority, and partners pool/align funding to support delivery of the strategy, based on mapping and analysis of current resources.		
Substantial progress	2e	Mapping and analysis of resources for maternity and early years services is advanced and is starting to inform resource allocation as part of the strategy.		
Substantial progress	2f	Evidence is used to guide funding decisions – resources are used to sustain approaches which have been successfully piloted with short-term funding.		
Mature	2g	There is evidence of significant shifts in investment to maternity and early years prevention and early intervention. Maternity and the early years are a priority in the local budget-setting process.		
Mature	2h	All decisions about funding or redesigning maternity and early years services take account of the strength of evidence.		

Supporting information	Other
Timescale for completion	✓
Named lead	
Timescale for completion	
Named lead	
Set out in strategy	
Resource mapping	
Record of funding decisions	
Pilot reports	
Evaluation	
Annual reporting	
Formal investment reports	
Evaluation	

Barriers to change	Priority actions	Short ✓	Medium	Long

Notes

PLAN	3	Workforce planning

This element focuses on local arrangements for ensuring that the multi-agency workforce has the right skills and confidence to deliver the local maternity and early years strategy. This includes analysing workforce needs across the system, and delivering capacity and capability through redesign, recruitment and training.

		Criteria	Baseline	12 months
Basic level	3a	Workforce planning tends to be limited or focused on individual disciplines, but there is agreement to work together on workforce issues.	✓	
Early progress	3b	Multi-agency workforce needs are being mapped across maternity and the early years.		
	3c	Some staff in key specialist roles across maternity and early years services participate in delivering training to the wider workforce.		
Substantial progress	3d	There is a plan for building the capacity and capability of the maternity and early years workforce.		
	3e	Workforce needs are analysed and understood. Capacity gaps are addressed through staff training, service redesign or recruitment, taking account of the wider maternity and early years system rather than just focusing on individual agencies.		
	3f	Practitioners across the workforce access training in common skills and processes.		
	3g	Indicators of staff performance, awareness and satisfaction are positive, routinely collected, and inform workforce development.		
Mature	3h	The workforce diversity, capacity, skills and knowledge required to impact on maternity and early years outcomes are widely understood.		
	3i	There is an agreed and high-quality maternity and early years training and supervision offer which supports the workforce to apply the latest evidence to their practice.		
	3j	Organisations have a learning culture, and feedback informs future training and practice across agencies.		

Supporting information		Other
Timescales for completion of capacity and skills audits	✓	
Record of training		
Workforce development plan		
Capacity and skills audits		
Record of training take-up		
Workforce development plan		
Staff surveys and feedback		
Role specifications		
Recruitment & retention strategies		
Competency frameworks, eg including effective practice on SL&C needs		
Workforce development plan		
Results of staff surveys and feedback		

Barriers to change	Priority actions	Short ✓	Medium	Long

Notes

		LEAD	**4**	**Partnership**

This element focuses on the strategic arrangements for joint working between partners and how this drives forward delivery of the local maternity and early years strategy.

		Criteria	Baseline	12 months
Basic level	4a	There is some discussion of and commitment to a joined up maternity and early years approach at partnership boards for children or health and wellbeing, but no governance structure to deliver goals.	✓	☐
Early progress	4b	An identified partnership group has lead responsibility for delivering maternity and early years goals.	☐	☐
	4c	Partners are willing to share responsibility, design solutions and take action.	☐	☐
Substantial progress	4d	A broad and active partnership group is responsible for a strategy to deliver maternity and early years goals, and is having a positive impact.	☐	☐
	4e	Governance of delivery of the strategy is clear and partners have a shared understanding of goals, performance and their role in taking action. There is an agreed process for addressing areas of underperformance.	☐	☐
	4f	Partners have an effective working relationship, hold each other to account and trust each other. They actively contribute and engage in partnership discussions, and constructively challenge each other with a focus on impact for children and families.	☐	☐
Mature	4g	An influential and effective partnership group actively owns the maternity and early years strategy and leads delivery across local agencies.	☐	☐

Supporting information	Other
Strategic partnership group terms of reference	✓
Different organisations take the lead against goals	☐
Terms of Reference	☐
Progress against action plan(s)	☐
Maternity & Early Years Strategy	☐
Terms of Reference	☐
Feedback from strategic partners	☐
Maternity & early years priorities described in Children's Strategy and Health & Wellbeing Strategy	☐
Progress against Maternity & Early Years Strategy	☐

LEAD 4 Partnership

Barriers to change	Priority actions	Short ✓	Medium	Long

Notes

This element focuses on how this agenda is led and championed at a local level, and how leadership is distributed across local organisations.

		Criteria	Baseline	12 months
Basic level	5a	A more joined-up approach to maternity and early years is championed by some local advocates.	✓	☐
Early progress	5b	Some senior leaders give a consistent message about the importance of a more joined-up approach to maternity and early years goals.	☐	☐
Substantial progress	5c	Operational and strategic leaders consistently champion the importance of investment in maternity and the early years, and the benefits of a more joined-up approach.	☐	☐
	5d	Local leaders encourage innovation and collaboration in how services are planned and delivered, alongside a focus on using evidence.	☐	☐
Mature	5e	Senior leaders, including local politicians, speak with 'one voice' on the importance of joined-up maternity and early years services, and are advocates and champions for the delivery of the local strategy.	☐	☐

Supporting information	Other
Staff & stakeholder feedback	✓
Policy documents/statements	☐
Investment of time & resources	☐
Consistent and visible personal commitment	☐
Staff & stakeholder feedback	☐
Investment of time & resources	☐
Consistent and visible personal commitment	☐
Staff & stakeholder feedback	☐
Policy documents/statements	☐

LEAD   5   Leadership

Barriers to change	Priority actions	Short ✓	Medium	Long

Notes

LEAD | 6 Community ownership

This element focuses on how families and the local community are engaged in the design and delivery of the local maternity and early years strategy. It also considers the use of community assets to sustain change.

6.1 Engagement

		Criteria	Baseline	12 months
Basic level	6.1a	Children and families are consulted on strategy and service development, although not necessarily specific to maternity and early years.	☑	☐
Early progress	6.1b	The views of families inform strategy through formal consultation focused on maternity and early years issues and goals.	☐	☐
Substantial progress	6.1c	Families co-design the maternity and early years strategy, are involved in commissioning and procurement processes, and are part of the governance structures where decisions about maternity and early years priorities are made.	☐	☐
Substantial progress	6.1d	The customer journey experience informs service and workforce development.	☐	☐
Mature	6.1e	Arrangements involving a range of families from different backgrounds in the co-production and quality assurance of maternity and early years services are inclusive, routine and embedded.	☐	☐

Supporting information	Other
Consultation outcomes	☑
Engagement strategy	☐
Partnership group terms of reference	☐
Analysis of user experience	☐
Examples of families successfully challenging local arrangements	☐
Evaluation of engagement strategy	☐

LEAD	6 Community ownership

6.1 Engagement

Barriers to change	Priority actions	Short	Medium	Long
		✓		

Notes

6.2 Community assets

		Criteria	Baseline	12 months
Basic level	6.2a	There are some ad-hoc examples of peer- and community-led support in maternity and the early years.	✓	☐
Early progress	6.2b	Work is underway to map and develop the capacity of communities and of voluntary organisations to contribute to local maternity and early years goals.	☐	☐
Substantial progress	6.2c	Peer support, community development and involvement in delivery are part of the overall maternity and early years strategy.	☐	☐
Substantial progress	6.2d	Parents and community volunteers co-facilitate training.	☐	☐
Substantial progress	6.2e	Families are actively supported to develop the experience and skills needed for community leadership roles, and funded for their time.	☐	☐
Mature	6.2f	Peer support, community development and involvement in delivery are a key part of the local portfolio of services and support.	☐	☐
Mature	6.2g	Communities are actively providing early years services where this can meet need effectively; they train alongside professionals, and their work is monitored and evaluated for effectiveness.	☐	☐
Mature	6.2h	Support for families to engage in co-production and governance structures is embedded and routine.	☐	☐

Supporting information	Other
Timescales for completion	✓
Identified lead	☐
Maternity & Early Years Strategy	☐
Workforce development plan	☐
Training record	☐
Service/asset mapping	☐
Evaluation reports	☐
Training record.	☐

LEAD	6 Community ownership
	6.2 Community assets

Barriers to change	Priority actions	Short	Medium	Long
		✓		

Notes

This element focuses on how, at an operational level, local services deliver quality early years services, how they collaborate with each other using common systems and processes, and how evidence-based programmes are used.

7.1 Quality

		Criteria	Baseline	12 months
Basic level	7.1a	Some key maternity and early years services are judged to be underperforming.	✓	☐
Early progress	7.1b	Service quality for some local early childhood services is good and improving.	☐	☐
Early progress	7.1c	Most pregnant women and children are assessed and receive mandated checks, and gaps are known and being tackled.	☐	☐
Early progress	7.1d	Take-up of community services, including antenatal support, family support and early education entitlements, is increasing.	☐	☐
Substantial progress	7.1e	Service quality is good and improving for most local early childhood services.	☐	☐
Substantial progress	7.1f	Universal services use valid and reliable tools to assess whole cohorts of children so that they can target light-touch support or identify needs which require specialist support. Specialists provide modelling, coaching and support for staff in universal settings.	☐	☐
Substantial progress	7.1g	There is high take-up of community services by disadvantaged families, including antenatal support and family support, and most children in childcare attend settings rated as good or better.	☐	☐
Substantial progress	7.1h	Approaches to supporting families prioritise relationships and this influences how services are designed and delivered.	☐	☐
Mature	7.1i	Service quality and performance is good or excellent for almost all local early childhood services.	☐	☐
Mature	7.1j	Almost all pregnant women and children are assessed and receive additional locally defined checks as well as mandated checks.	☐	☐
Mature	7.1k	All 2-year-olds living in the most disadvantaged areas across Wales/Flying Start areas either attend a high-quality nursery or receive appropriate alternative support, such as access to evidence-based interventions.	☐	☐

Supporting information		Other
External assessments e.g. Estyn/CiW, Health Inspectorate Wales inspections	✓	
Internal performance information	☐	
Data collection	☐	
Action plans for areas of improvement	☐	
Performance information	☐	
External assessments	☐	
Internal performance information	☐	
Evaluation	☐	
Examples of tools e.g. Ages & Stages, WellComm, Family Resilience Assessment instrument & tool	☐	
Specialists e.g. S&LT or advisory teachers	☐	
Performance information	☐	
Maternity & Early Years Strategy	☐	
Service specifications	☐	
External assessments	☐	
Internal performance information	☐	
Data collection	☐	
Performance information	☐	
Data collection	☐	

DELIVER 7 Services and interventions

7.1 Quality

Barriers to change	Priority actions	Short	Medium	Long
		✓		

Notes

7.2 Evidence-based programmes / interventions

		Criteria	Baseline	12 months
Basic level	7.2a	There is a recognition of the importance of evidence-based maternity and early years interventions, but the evidence for current local maternity and early years services is not collected.	✓	☐
Early progress	7.2b	Some evidence-based interventions or programmes are being implemented, including parenting programmes and two-generation programmes which help parents to scaffold children's learning at home, although funding for these may be short-term or insecure.	☐	☐
Substantial progress	7.2c	Evidence-based interventions such as intensive home visiting interventions are embedded in specifications for a number of key mainstream maternity and early years services. These interventions are targeted accurately and evaluated for impact.	☐	☐
Substantial progress	7.2d	Fidelity for evidence-based programmes is monitored and reported on.	☐	☐
Mature	7.2e	There is a coherent portfolio of evidence-based interventions which are embedded in early childhood services. Interventions are evaluated and considered to be achieving good outcomes for children. Evidence-based interventions that are performing well are prioritised and protected.	☐	☐

Supporting information	Other
List of interventions being considered	✓
Service specifications	☐
Monitoring and evaluation processes	☐
Performance monitoring	☐
Maternity & Early Years Pathway	☐
Service specifications	☐
Evaluation reports	☐

Barriers to change	Priority actions	Short	Medium	Long
		✓		

Notes

7.3 Coordinated working

		Criteria	Baseline	12 months
Basic level	7.3a	Join-up between different agencies is limited, but there is interest in developing shared maternity and early years pathways so that families can access support as needed.	✓	☐
Early progress	7.3b	Family-centred practices such as 'Team around the family' are in place but usage is inconsistent.	☐	☐
Early progress	7.3c	Organisations are working together to develop shared maternity and early years pathways.	☐	☐
Early progress	7.3d	Maternity and early years services are targeted at some priority groups (including those with protected characteristics), although not consistently across organisations.	☐	☐
Substantial progress	7.3e	Family-centred practices are commonplace in all the main maternity and early years services.	☐	☐
Substantial progress	7.3f	Common processes for referral and assessment are applied across consistent thresholds, and practitioners use a common language to describe how needs are identified, assessed and met.	☐	☐
Substantial progress	7.3g	Integrated pathways which describe how vulnerable families are identified and supported across different services are agreed and in use, and include shared systems for identifying need. Families who need it have a consistent key worker.	☐	☐
Substantial progress	7.3h	Practitioners across maternity and early years services use shared data to target support at priority groups (including those with protected characteristics) and use a joined-up process for monitoring impact for individual families.	☐	☐
Mature	7.3i	Family-centred practices are embedded in all relevant services.	☐	☐
Mature	7.3j	Comprehensive, integrated pathways are used for a full range of needs. Pathways have been revised to take account of impact, user feedback and new evidence on what works.	☐	☐
Mature	7.3k	Integrated monitoring systems are used across maternity and early years services to target interventions to families with different needs. Services are flexed to respond to demand using live data.	☐	☐

Supporting information	Other
Maternity & Early Years Strategy	✓
Performance information	☐
Timescales for completion	☐
Identified lead	☐
Maternity & Early Years Strategy	☐
Performance information	☐
Referral and assessment processes	☐
Performance information	☐
Feedback from stakeholders	☐
Maternity & Early Years Pathways	☐
Integrated Speech, Language & Communication Pathway	☐
Perinatal Mental Health Pathway	☐
Performance information	☐
Performance information	☐
Maternity & Early Years Pathways - evaluation and revision	☐
Performance information	☐

7.3 Coordinated working

Barriers to change	Priority actions	Short	Medium	Long
		✓		

Notes

DELIVER | **8** **Information sharing**

This element focuses on how local services collect and share both personal data to support care planning. It also considers what information is available for families about maternity and early years services and where they can find support.

8.1 Sharing personal data

		Criteria	Baseline	12 months
Basic level	8.1a	There is a commitment to recording and sharing personal data and work is underway on information sharing agreements.	✓	☐
Early progress	8.1b	Some information sharing is happening across key maternity and early years services. Strategic information sharing agreements are in place but not fully operationalised.	☐	☐
	8.1c	Some common processes are in place to enable electronic sharing of personal maternity and early years data.	☐	☐
Substantial progress	8.1d	Strategic and operational information sharing agreements are in place and working well. Information sharing about vulnerable families begins during pregnancy and continues across key life points.	☐	☐
Mature	8.1e	Routine and timely information sharing happens across a range of maternity and early years services, and is used to inform operational delivery of services.	☐	☐
	8.1f	IT systems are designed to support multi-agency approaches and facilitate information sharing.	☐	☐

Supporting information	Other
Information sharing agreement/protocol	✓
Information sharing agreement/protocol	☐
Information sharing agreement/protocol	☐
Monitoring information	☐
Evaluation of information sharing arrangements	☐
Evaluation of information sharing arrangements	☐

8.1 **Sharing personal data**

Barriers to change	Priority actions	Short	Medium	Long
		✓		

Notes

8.2 Information for families

	Criteria	Baseline	12 months
Basic level 8.2a	Messages for families about pregnancy and early child development, and the support available, are limited and not coordinated.	✓	☐
Early progress 8.2b	Some services use shared messaging for families about pregnancy and early child development, including the Local Offer.	☐	☐
Substantial progress 8.2c	Information for parents and carers on pregnancy and early child development, and the support available, is accessible, representative and consistently conveyed to families across the maternity and early years workforce.	☐	☐
Substantial progress 8.2d	Services work together to devise innovative ways of reaching families that have been identified as priority groups, including those with protected characteristics, disadvantaged families and those whose first language is not English.	☐	☐
Mature 8.2e	Families access up-to-date and accurate service information in a range of ways, with appropriate support to do so where this is needed.	☐	☐

Supporting information	Other
Feedback from families and partners	✓
Multi-agency training	☐
Examples of marketing materials	☐
Feedback from families and partners	☐
Multi-agency training	☐
Examples of marketing materials	☐
Communications plan	☐
Examples of marketing materials	☐
User audit	☐
Feedback from families and partners	☐
Monitoring information	☐

8.2 Information for families

Barriers to change	Priority actions	Short	Medium	Long
		✓		

Notes

This element focuses on how progress in maternity and early years outcomes is measured, and what the experience of support is like from the perspective of families. It includes using tools like an outcomes framework to link service activities with one or more specified outcomes to better understand impact.

9.1 Outcomes framework

		Criteria	Baseline	12 months
Basic level	9.1a	It is recognised that a joined-up maternity and early years outcomes framework is needed to better understand impact.	✓	☐
Early progress	9.1b	An overarching maternity and early years outcomes framework is being developed.	☐	☐
Substantial progress	9.1c	A maternity and early years outcomes framework is in place and designed around the priorities in the maternity and early years strategy.	☐	☐
Substantial progress	9.1d	Performance against locally defined outcomes is starting to show signs of improvement against baselines.	☐	☐
Substantial progress	9.1e	Data from valid and reliable measurement tools on key outcomes measures are routinely collected and reported.	☐	☐
Mature	9.1f	Key maternity and early years outcomes are embedded in a wider partnership framework of outcomes and indicators.	☐	☐
Mature	9.1g	Partners have a clear view of which parts of the system are working well and use this to inform strategy and service development, and take action to improve underperformance.	☐	☐
Mature	9.1h	Outcome measures show consistent improvement.	☐	☐

Supporting information	Other
Identified lead	✓
Timescale for development	☐
Maternity & Early Years Outcomes Framework	☐
SMART measures in place	☐
Valid and reliable measurement tools	☐
Data is routinely collected and reported	☐
Service and case audits	☐
Valid and reliable measurement tools in use	☐
Data is routinely collected and reported	☐
Local examples of wider family or community outcomes frameworks	☐
Scorecard	☐
Strategy and service development reports	☐
Improvement plans	☐
Scorecard	☐

Barriers to change	Priority actions	Short	Medium	Long
		✓		

Notes

9.2 Family access and experience

		Criteria	Baseline	12 months
Basic level	9.2a	Maternity and early years services are often family-focused but involve a number of services interacting with a family without consistency.	☑	☐
Early progress	9.2b	Some families experience a smoother journey through maternity and early years services as a result of a focus on joined-up support.	☐	☐
Substantial progress	9.2c	Families generally have a smooth journey through maternity and early years services, and get timely and consistent support.	☐	☐
Substantial progress	9.2d	Services are responsive to different community needs, including those with protected characteristics, such as the needs of fathers as well as mothers. Services are provided in accessible community settings.	☐	☐
Mature	9.2e	The experience of the small number of families who do not have a smooth journey through all maternity and early years services is responded to, and prompts improvements for other users.	☐	☐
Mature	9.2f	Families only have to tell their story once and are offered personalised services.	☐	☐
Mature	9.2g	Take-up and experience of services by different groups (such as disadvantaged families, and those for whom English is not the first language) are included in monitoring information.	☐	☐

Supporting information	Other
Service user feedback	☑
Service user feedback	☐
Service specification	☐
Service user feedback	☐
Evaluation	☐
Service user feedback	☐
Evaluation	☐
Improvement plans	☐
Service specification	☐
Service user feedback	☐
Performance reports	☐
Outcomes framework	☐

9.2   Family access and experience

Barriers to change	Priority actions	Short ✓	Medium	Long

Notes

10   Using & generating evidence

This element focuses on how progress local partners find and apply evidence from research and practice, as well as generating robust local evidence.

10.1   Using evidence well

		Criteria	Baseline	12 months
Basic level	10.1a	It is recognised that using evidence on maternity and child development is important, but there is limited understanding about what is reliable evidence.	✓	☐
Early progress	10.1b	Some key local stakeholders are reviewing the latest evidence on maternity and early child development, and considering what this means for local services.	☐	☐
Substantial progress	10.1c	Local leaders and decision-makers are confident users of evidence, able to distinguish between credible research evidence and asserted opinion.	☐	☐
Mature	10.1d	Local leaders and decision-makers routinely draw on reliable evidence to inform resource use and service design, and challenge policy with a weak evidence base.	☐	☐

Supporting information	Other
Minutes, notes, reports	✓
Minutes, notes, reports	☐
Feedback from senior leaders	☐
Minutes, notes, reports	☐
Feedback from senior leaders	☐

EVALUATE 10 Using & generating evidence

10.1 Using evidence well

Barriers to change	Priority actions	Short ✓	Medium	Long

Notes

10.2 Local evaluation

		Criteria	Baseline	12 months
Basic level	10.2a	Local evaluation is recognised as important by some key local stakeholders.	☑	☐
Early progress	10.2b	There are some examples of local evaluation of maternity and early years services but not to consistent quality standards or criteria.	☐	☐
Substantial progress	10.2c	A consistent approach to evaluation of impact for maternity and early years services is a recognised goal, and work on an evaluation framework to achieve this is underway.	☐	☐
Substantial progress	10.2d	Local evaluation findings are used to inform tactical and operational decisions as well as strategy and planning decisions.	☐	☐
Mature	10.2e	A common evaluation framework is used across maternity and early years services which recognises different standards of evidence.	☐	☐
Mature	10.2f	Local evaluations generally use validated measures and some use comparison groups. The consistent approach to evaluation supports experimentation and innovation.	☐	☐
Mature	10.2g	The local evidence base is growing and informs future service and strategy development. Other places use the learning to support their own decisions about planning and commissioning.	☐	☐

Supporting information	Other
Evaluation reports	☑
Timeline to completion of evaluation framework	☐
Identified lead	☐
Reports, plans and strategies	☐
Evaluation framework	☐
Evaluation reports	☐
Evaluation reports	☐

10.2   Local evaluation

Barriers to change	Priority actions	Short ✓	Medium	Long

Notes

DIMENSIONS	KEY ELEMENTS	SUB-ELEMENTS	BASELINE ASSESSMENT DATE: ……………….	12 MONTHS ON ASSESSMENT DATE: ……………….
PLAN	**1 Strategy**	**1.1** Vision, strategy & plan **1.2** Population needs	*1.1 Early progress*	*1.1 Substantial progress*
	2 Resources	*No sub-elements*		
	3 Workforce planning	*No sub-elements*		
LEAD	**4 Partnership**	*No sub-elements*		
	5 Leadership	*No sub-elements*		
	6 Community ownership	**6.1** Engagement **6.2** Community assets		
DELIVER	**7 Services & interventions**	**7.1** Quality **7.2** Evidence-based programmes / interventions **7.3** Coordinated working		
	8 Information sharing	**8.1** Sharing personal data **8.2** Information for families		
EVALUATE	**9 Outcomes**	**9.1** Outcomes framework **9.2** Family access & experience		
	10 Using & generating evidence	**10.1** Using evidence well **10.2** Local evaluation		