# EIF maturity matrix summary
## 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. The EIF maternity & early years maturity matrix helps 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 school readiness support.

## 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 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.

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

| DIMENSIONS | KEY ELEMENTS | |
|---|---|---|
| PLAN | 1 | Strategy |
| | 2 | Resources |
| | 3 | Workforce planning |
| LEAD | 4 | Partnership |
| | 5 | Leadership |
| | 6 | Community ownership |
| DELIVER | 7 | Services & interventions |
| | 8 | Information sharing |
| EVALUATE | 9 | Outcomes |
| | 10 | Using & generating evidence |

**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

# PLAN

| | **1** Strategy | | **2** Resources | | **3** Workforce planning | |
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| **Basic level** | Planning for good maternity and early childhood outcomes as a whole system is recognised as important but, as yet, not in place.<br><br>Local analysis of population needs includes include some limited data on maternity and the early years. | ✓ | 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. | ✓ | Workforce planning tends to be limited or focused on individual disciplines, but there is agreement to work together on workforce issues. | ✓ |
| **Early progress** | Local multi-agency strategy for maternity and early years is in development.<br><br>Some partners share 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. | ☐ | The resources used for key maternity and early years services are identified and an analysis of priorities is underway. 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. | ☐ | Multi-agency workforce needs are being mapped across maternity and the early years.<br><br>Some staff in key roles across maternity and early years services participate in delivering training to the wider workforce. | ☐ |
| **Substantial progress** | A multi-agency strategy provides the focus for planning and delivery of maternity & early years services. The strategy takes account of evidence and population needs. It covers child development from the antenatal period onwards, and spans universal, targeted and specialist support for families. The strategy is being delivered by an action plan which responds to priorities for improvement. Other local strategies relating to families and communities, refer to the maternity and early years strategy.<br><br>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. 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. | ☐ | 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.<br><br>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. Evidence is used to guide funding decisions – resources are used to sustain approaches which have been successfully piloted with short-term funding. | ☐ | There is a plan for building the capacity and capability of the maternity and early years workforce.<br><br>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.<br><br>Practitioners across the workforce access training in common skills and processes. Indicators of staff performance, awareness and satisfaction are positive, routinely collected, and inform workforce development. | ☐ |
| **Mature** | The Maternity and Early Years strategy has been reviewed and refreshed, responding to local data and evidence about where improvements need to be made. The strategy is being delivered by an action plan which is monitored at a senior level.<br><br>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. | ☐ | There is evidence of significant shifts in investment to maternity and early years prevention and early intervention. Maternity and the early years are a key priority in the local budget-setting process. All decisions about funding or redesigning maternity and early years services take account of the strength of evidence. | ☐ | The workforce diversity, capacity, skills and knowledge required to impact on maternity and early years outcomes are widely understood.<br><br>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.<br><br>Organisations have a learning culture, and feedback informs future training and practice across agencies. | ☐ |

# LEAD

| | 4 Partnership | | 5 Leadership | | 6 Community ownership | |
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| **Basic level** | 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. | ✓ | A more joined-up approach to maternity and early years is championed by some local advocates. | ✓ | Children and families are consulted on strategy and service development, although not necessarily specific to maternity and early years.<br><br>There are some ad-hoc examples of peer- and community-led support in maternity and the early years. | ✓ |
| **Early progress** | An identified partnership group has lead responsibility for delivering maternity and early years goals. Partners are willing to share responsibility, design solutions and take action. | ☐ | Some senior leaders give a consistent message about the importance of a more joined-up approach to maternity and early years goals. | ☐ | The views of families inform strategy through formal consultation focused on maternity and early years issues and goals.<br><br>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** | A broad and active partnership group is responsible for a strategy to deliver maternity and early years goals, and is having a positive impact.<br><br>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.<br><br>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. | ☐ | Operational and strategic leaders consistently champion the importance of investment in maternity and early years, and the benefits of a more joined-up approach.<br><br>Local leaders encourage innovation and collaboration in how services are planned and delivered, alongside a focus on using evidence. | ☐ | Families co-design 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.<br><br>The customer journey experience informs service and workforce development.<br><br>Peer support, community development and involvement in delivery are part of the overall maternity and early years strategy. Parents and community volunteers co-facilitate training. Families are actively supported to develop the experience and skills needed for community leadership roles, and funded for their time. | ☐ |
| **Mature** | An influential and effective partnership group actively owns the maternity and early years strategy and leads delivery across local agencies. | ☐ | 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. | ☐ | 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.<br><br>Peer support, community development and involvement in delivery is a key part of the local portfolio of services and support.<br><br>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.<br><br>Support for families to engage in co-production and governance structures is embedded and routine. | ☐ |

# DELIVER

| | **7** Services & interventions | | **8** Information sharing | |
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| **Basic level** | Some key maternity and early years services are judged to be underperforming.<br><br>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.<br><br>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 services as needed. | ☑ | There is a commitment to recording and sharing personal data and work is underway on information sharing agreements.<br><br>Messages for families about pregnancy and early child development, and the support available, are limited and not coordinated. | ☑ |
| **Early progress** | Service quality for some local early childhood services is good and improving. Most pregnant women and children are assessed and receive mandated checks, and gaps are known and being tackled. Take-up of community services, including antenatal support, family support and early education entitlements, is increasing.<br><br>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.<br><br>Family-centred practices such as 'Team around the family' are in place but usage is inconsistent. Organisations are working together to develop shared early years pathways. Maternity and early years services are targeted at some priority groups (including those with protected characteristics), although not consistently across organisations. | ☐ | Some information sharing is happening across key maternity and early years services. Strategic information sharing agreements are in place but not fully operationalised. Some common processes are in place to enable electronic sharing of personal maternity and early years data.<br><br>Some services use shared messaging for families about pregnancy and early child development, including the Local Offer. | ☐ |
| **Substantial progress** | Service quality is good and improving for most local early childhood services. 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 assessment and support. Specialists provide modelling, coaching and support for staff in universal settings. 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. Approaches to supporting families prioritise relationships and this influences how services are designed and delivered.<br><br>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. Fidelity for evidence-based programmes is monitored and reported on.<br><br>Family-centred practices are commonplace in all the main maternity and early years services. 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. 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. 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. | ☐ | 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.<br><br>Information for parents and carers on pregnancy and early child development is accessible, representative and consistently conveyed to families across the maternity and early years workforce.<br><br>Services work together to devise innovative ways of reaching families that are identified as priority groups, including those with protected characteristics, disadvantaged families and those whose first language is not English. | ☐ |
| **Mature** | Service quality and performance is good or excellent for almost all local early childhood services. Almost all pregnant women and children are assessed and receive mandated checks as well as other locally defined routine checks. 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.<br><br>A coherent portfolio of evidence-based interventions is embedded in early childhood services. Interventions are evaluated and achieving good outcomes for children. Evidence-based interventions that are performing well are prioritised and protected.<br><br>Family-centred practices are embedded in all relevant services. 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. 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. | ☐ | Routine and timely information sharing happens across a range of maternity and early years services, and is used to inform operational delivery of services. IT systems are designed to support multi-agency approaches and facilitate information sharing.<br><br>Families access up-to-date and accurate service information in a range of ways, with appropriate support to do so where this is needed. | ☐ |

# EVALUATE

| | **9 Outcomes** | | **10 Using & generating evidence** | |
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| **Basic level** | It is recognised that a joined-up maternity and early years outcomes framework is needed to better understand impact.<br><br>Maternity and early years services are often family-focused but involve a number of services interacting with a family without consistency. | ☑ | It is recognised that using evidence on maternity and child development is important, but there is limited understanding about what is reliable evidence.<br><br>Local evaluation is recognised as important by some key local stakeholders. | ☑ |
| **Early progress** | An overarching maternity and early years outcomes framework is being developed.<br><br>Some families experience a smoother journey through maternity and early years services as a result of a focus on joined-up support. | ☐ | Some key local stakeholders are reviewing the latest evidence on maternity and early child development, and considering what this means for local services.<br><br>There are some examples of local evaluation of maternity and early years services but not to consistent quality standards or criteria. | ☐ |
| **Substantial progress** | A maternity and early years outcomes framework is in place and designed around the priorities in the maternity and early years strategy. Performance against locally defined outcomes is starting to show signs of improvement against baselines. Data from valid and reliable measurement tools on key outcome measures are routinely collected and reported.<br><br>Families generally have a smooth journey through maternity and early years services, and get timely and consistent support. 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. | ☐ | Local leaders and decision-makers are confident users of evidence, able to distinguish between credible research evidence and asserted opinion.<br><br>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. Local evaluation findings are used to inform tactical and operational decisions as well as strategy and planning decisions. | ☐ |
| **Mature** | Key maternity and early years outcomes are embedded in a wider partnership framework of outcomes and indicators. 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. Outcome measures show consistent improvement.<br><br>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.<br><br>Families only have to tell their story once and are offered personalised services. 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. | ☐ | 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.<br><br>A common evaluation framework is used across maternity and early years services which recognises different standards of evidence. Local evaluations generally use validated measures and some use comparison groups. The consistent approach to evaluation supports experimentation and innovation.<br><br>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. | ☐ |

# Understanding early childhood development

Children's early development is often understood as occurring in four overlapping domains. Studies consistently show that early competencies in these domains form building blocks for more complex competencies as children grow older.

## ① Physical development

Physical development encompasses children's physical health, nutrition and small and large motor development, and lays the foundation for positive development in all of the other domains. Many physical characteristics are genetically determined, but children's health and maturation is also shaped by their environment. Caregiving behaviours that support children's physical development include making sure that they are safe and warm, feeding them nutritious food and engaging them in active play and physically stimulating activities.

During the antenatal period, midwives help ensure 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 advice about breastfeeding, diet and physical milestones, and by ensuring that babies attend their health checks, receive their vaccinations and access additional medical support as needed. Childcare and preschool support physical development as children grow older. Organised play helps children practice large motor co-ordination, while craft activities and messy play help children's small motor development.

## ② Cognitive development

Early cognitive development involves children's knowledge about the physical properties of objects, an appreciation of how others think and feel, knowledge of numbers and acquisition of language. 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 home learning environment is increasingly important - both access to books, toys and other learning activities, and also how parents 'teach' their children through their daily interactions. Studies consistently show that family income and educational level influence parents' ability to provide an enriching home learning environment.

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

## ③ Self-regulatory development

Self-regulation involves children's ability to monitor and regulate their behaviour, attention and impulses. This helps children to form positive relationships with others and manage their learning at school. Difficulties with behaviour and impulses in the early years is a known precursor to conduct problems in primary school and adolescence. Early self-regulatory skills are supported by inherited factors including those which influence early language acquisition and attention management, and environmental factors including parents' response to negative child behaviour.

Studies show that aggressive and non-compliant behaviours are common for toddlers. Most children outgrow these, but some may persist from the age of two onwards. In these cases, additional support can teach parents strategies for managing difficult child behaviours or help them identify attention-based issues that require further 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.

## ④ Social & emotional development

Early social and emotional development involves the ability to form trusting relationships, recognise and express emotions, show empathy and feel confident when exploring the environment and learning new things. Some studies suggest that positive early social and emotional development may buffer children from depression and poor mental health outcomes when they are older. Caregivers support social and emotional development by being sensitive and responsive to a child's needs, and using predictable routines to increase a child's confidence in their environment.

Some parents struggle to understand how to support their children's social and emotional development, especially when they are stressed or dealing with social and emotional challenges of their own. Vulnerable parents can benefit from additional support, and 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. Parent-child psychotherapy is an example of parental mental health support that has evidence of improving both parent and child outcomes when provided to individual families for about 12 months.