

## **Health & Wellbeing Board: Great Start in Life Workshop**

On 28<sup>th</sup> April 2022, the Health & Wellbeing Board sponsored a workshop focused on the first ambition in the Joint Health & Wellbeing Strategy: Every child achieves a level of development in their early years for the best start in life. Led by Nicola Shearstone (Head of Commissioning Early Support and Prevention, SCC) and Marie McGreavy (Strategic Commissioning Manager, SCC), the workshop included three breakout discussions focused on:

1. The short term challenge, looking at school readiness and the impact of COVID-19
2. The longer term, looking at the need to refresh the Great Start in Life Strategy, and
3. What the Board and wider system can do to support delivery of the ambition.

This paper summarises the discussions in those breakout sessions.

### **Breakout 1 – Addressing the short term**

Ahead of this break out discussion, attendees heard from Marie McGreavy on the impact of the COVID-19 pandemic on families and early years development, and on work on the School Readiness Review. Following this, attendees were asked to discuss in groups the following:

**You have heard about the work we have done to progress our Early Years School readiness review.**

- **What are your thoughts?**
- **Do you think we are on the right track?**
- **Are we missing anything?**

Discussions in groups in response to these prompts covered a wide range of issues. These are set out below, grouped into broad themes.

### **Partnership working and collaboration**

There was appreciation from attendees that a joined up, partnership approach is being taken to this work, with comments that “historically there has been good stuff happening in pockets” that should be shared wider. It was also noted that an increase in demand for services is developing, and that “this can only be delivered if we work in a multi-agency way”. In relation to this it was noted that relationships with the VCF sector have improved.

However, there were concerns raised about how joined-up the sector is, whether that is between:

- the Private, Voluntary and Independent (PVI) providers that make up the bulk of Sheffield provision and statutory services;
- between early years providers and schools in the transition to Reception; or
- between Health and Education/Early Years.

There were also suggestions that some settings aren’t well connected to the Council, and are unaware what support exists around e.g. SEND, or of how to receive updates.

One group discussed the relationship between PVI sector settings and Health Visitors, saying they rarely had contact with them, and beyond this had very limited contact with teachers at primary schools. There was a suggestion in this discussion that PVI settings feel schools don’t look at June/July assessments done by settings but instead wait until children start in September and do their own.

This group also discussed challenges in relation to children with SEND. It was suggested that although it is hard to diagnose conditions such as ADHD at such a young age, there are signals to watch for which could be used to develop a watch list. However it was noted that the bulk of PVI provision is not connected with the NHS or schools, and asked whether there is a need for more of an automatic interface between health and education. It was asked whether as a result of the lack of this, the system might be missing opportunities for checks.

Another group also touched on this issue, suggesting that while settings were not seeing speech and language issues in early years, and with fewer health visitors out in communities there was a question about potential unmet need, and how this should be identified and approached.

While participants were enthusiastic about improving partnership working and collaboration in this area, there were concerns around capacity, with some highlighting that settings had to make “a choice between attending a workstream meeting or a child meeting”, and asking how to “engage with the Early Years sector when it is running on reserves”?. In this context the suggestion was made that workstreams should seek to engage by going out to settings.

At the system level, participants talked about the “need to establish joint priorities for all this area” and also to diversify decision making to increase influence. There was also a question as to whether the state needs to intervene more in the sector, and a suggestion that Health & Wellbeing Board could take action to campaign to central government on the value of investing in Early Years development.

### **Data and how we understand the context fully**

Issues around data and our understanding of the true picture also came through. The point was made that we “should target resources to where data points to problems”, but this came with a concern about whether we have the quality of data we need to do this, and whether this comes only from formal settings.

There were a range of questions raised in relation to this, especially in relation to SEND provision, such as:

- How do you measure school-readiness in a pre-school child? Is this through Health Visitors, or GLB data, or health data gathered through Ages and Stages Questionnaires?
- Are parents completing all information when requested, and if not does this impact on the support children can get?
- Do we have the data we need on access rates? Settings and childminders should be picking this up, or through ASQ.
- How do we need to address this challenge to get the data in order to be able to target support?
- Do we have an issue when education is below threshold when a child is not in a setting? Could health visitor assessment help with this and early identification of SEND issues?
- Who is contacted for data? Is what we have a true picture, as it doesn't seem to match what is experienced in some areas?

### **SEND and Mental Health support**

Specialist support also came through as a strong theme, with particular focus on support for SEND and mental health. Access to early years provision for children with SEND was identified as an issue, with this being about staffing, not just funding. It was suggested that specialist practitioners should be employed by SCC to support settings. This is in part to allow them to give time to other children,

as it was felt that children without SEND can be “disadvantaged in terms of time and attention in setting which can impact on their development and exacerbate the demands on the system”.

It was also suggested that funding for early years inclusion needs to be addressed, with a need for more early years inclusion/nurture specialist provision, or for this to be developed in settings. In addition, it was said that settings are seeing later referrals for SEND, and more complexity in the issues that are identified. This increase in complexity was raised in more than one group, and applied to SEND but also to “the wider issues that impact on families”. The consequence of this is that “early years services are having to be flexible on a day-to-day basis to meet the changing needs”.

In response to some of these challenges, it was suggested that early identification of additional needs is crucial, and that better joining up of two-year Health Visiting checks and nursery staff “would help identify and provide the right support where there are additional needs; and making sure children are accessing their 2-year early years provision entitlement will improve school readiness”. There was recognition that work is going to develop this.

It was noted that it is “important to get the right setting for individuals, and identify the right funding from the right places” and that this can be hard. A question was raised about whether there might be potential to create nursery provision in specialist schools for children with extremely complex needs. Those settings have the right expertise which can be difficult to find in the private sector.

Groups also touched on the impact of the pandemic on early years development in deprived areas. They talked about how mental health and anxiety in adults impacts on early years, and that there is evidence of mental health and anxiety issues in children, leading to a double impact. In addition there are children whose speech and language development is not where it should be.

Building on this, short term funding for mental health pathways was identified as a significant issue. Perinatal mental health was also raised, with concerns about links for people leaving this service for the wider offer, with families feeling abandoned.

### **Families and at-home circumstances**

Impact on families was raised more broadly beyond this connection to mental health, based on acknowledgement that parent-infant relationships are the most significant factor in this area of work. With this in mind a number of concerns were raised about the impact of the pandemic:

- Parents have felt isolated over the last two years;
- Health services are “starting to see parents with concerns that they have not previously worried about”, and “more peri-natal health concerns for parents”, though they are trying to engage with seldom heard families;
- Families that were not a concern pre-pandemic are now causing concerns to early years professionals, with some of the more affluent areas of the city now seeing some delay in child development;
- Some parents no longer know what to expect and what their child’s development should be due to isolation and lack of parental experience. Some are still not wanting to leave the house;
- The wider family unit has deteriorated during COVID, and there has been a challenge through COVID in keeping families together for e.g. antenatal appointments. Systems and structures such as around infection control “don’t always help us to take a holistic and family centred approach”;

In all this it was said that “family wellbeing is key, and needs to start before birth”. This support needs to go beyond basic care and into how to connect with and form loving relationships with your baby.

### **Funding and investment**

Groups talked about concerns on the stability of the sector, saying that it is poorly funded and unstable. It was said that money for Free Early Learning is not enough in most of the city, with families in a cycle of struggling to afford childcare, working to manage debt and increasing debt to work.

It was asked whether any of the Family Hubs funding could be used to support settings. More broadly, there were concerns that early years was seen as a “Cinderella” in funding terms with not enough focus on it in comparison to other areas, and concern that there is an obsession with “investment in the very high end” that is “very short sighted”. It was said that we “need a purposeful shift towards early help and prevention investment”, but concerns were raised over whether we are brave enough to make that shift.

It was said that we need to better promote that investment in early years yields far more throughout the lifecourse, with concerns that people are not aware of this and therefore show little interest in the needs in early years. With that in mind there was agreement that “we need to reframe the narrative on the social benefits of early years” and to “keep the faith in the investment in early years and early intervention and prevention”.

### **Access to provision**

Access to provision was raised as an issue, with community provision and communities seen as the backbone of this. It was asked whether we have this mapped right, and if not whether this is a gap that needs addressing.

A need to take a long-term view when establishing new provision was also mentioned, with it said that the “appetite from parents is out there” but that “growth takes time”. In this respect an example was given of provision Shirecliffe opening with only four accessing places, but that this has now grown to 40.

In all of this, take up on 2-year-old FEL funding was seen as an issue.

### **School readiness**

There was some discussion specifically around school readiness, with some raising the need to recognise the impact of COVID-19, and asking whether schools are ready for this. Expanding on this, there was discussion of the difference between “school ready” and “life ready”, and the question of what children and families need with this in mind. It was suggested that a starting point for this would be “that children are safe and secure with human relationships”.

In this vein it was said that the “pandemic has forced us to think about school readiness in a different, positive way, thinking beyond academic readiness and into independence, confidence, emotional wellbeing.” It was seen as good that these are threaded through the new approach.

There were also some questions as to whether the membership of the School Readiness Pathway is right. It was also noted that there exists a postcode lottery across the city in this area, with questions asked about how we know information about social and emotional literacy for children, and how we define this?

## **Needs of specific communities and impact of poverty**

Attendees discussed the fact that needs vary across communities, and that there is no one size fits all solution. It was also agreed that it is important to recognise the needs of the most deprived or disadvantaged communities.

In particular, it was said that there is a need to look at poverty through an early years lens, and also to recognise that poverty is the root cause of many challenges. It was noted that there is nothing surprising about the links between disadvantage and poverty, with this recognition being part of the thinking behind Sure Start – nothing fundamental has changed since then.

## **Workforce**

Workforce came up as a key issue to be addressed. It was said that the sector has knowledgeable, trusted staff with commitment to change. However it was also acknowledged that the sector is not well paid, and has been quite unstable for the last two years, and so is not an attractive career option for many. There is also a sense that there is a lack of professional respect for early years workers, and that there is a lack of diversity in the workforce, particularly in terms of a lack of male workers.

## **General comments**

There were also a range of comments and contributions that didn't group into clear themes:

- In this work we need to build on the positives that we have developed so far.
- We need a population health approach to speech and language, with a clear view of the outcomes we want to achieve.
- A city-wide approach is essential on wider health and wellbeing elements such as access to parks and spaces for health and wellbeing, with hope that the new Committee System and LACs will support this.
- Is there a need for a Sheffield Play Strategy, with a view on use of green spaces, and with consideration of early years within this? Relatedly, Move More now has an Early Years strand to its work.
- Baby Friendly is developing to work in a green way, with focus on climate change and sustainability.
- There is a need for more outreach work and drop in, accessible support, and Health Visitors need to revisit clinic approaches.
- We need more localised services.
- Thinking needs to be longer term.
- Universities are potential sources for support in relation to research and workforce training needs.

## **Breakout 2 – The Strategy for the longer term**

Following the first breakout discussions, Marie McGreavy introduced this section of the workshop, reminding attendees of work on the current Great Start in Life Strategy. This covered:

- the ambitions set out in the Strategy;

- priority outcomes;
- key themes emerging from activity; and
- a reminder of successes to date.

Attendees then returned to their groups to discuss the following:

**Building on the successes of the Great Start in Life Strategy to date, we will be looking to develop a new strategy for Early Years in the coming months.**

- **What are the important issues we need to address?**
- **What could be better?**
- **How will we know if we are making a difference?**
- **What can we learn from our experiences and from elsewhere?**

Breakout discussions were again wide-ranging, and the key points are set out below in broad themes.

### **Partnership working and collaboration**

This was a strong theme again, both at city and local level. It was said that we need to “reduce the divide between health and education” and aim for “better alignment and engagement with each other.” Building on this it was noted that information sharing is poor, and that people are hesitant in this space. It was also noted that Health Visitors are the key contact for the first two to three years of life; with this in mind there is a need to ensure they exploit the key contact points they have, while addressing any concerns about their capacity to deliver.

Looking locally, it was said that not all of this work can be done city wide, and that success will be through natural partnerships at the local level. It was noted that there is lots of work happening in local places but that this is not coordinated. There was also a question raised about the end of local partnership meetings following the establishment of the Early Help Hub, with assurance that these would be a part of local ways of working in the future. It was said that “Community and localisation need to be priorities: local decision-making is important.”

There were also comments about partnership working at the city level. In relation to the Great Start in Life Strategy, it was said that more partners need to be involved in writing this, as they can use what they are witnessing on the ground to influence policy. It was also suggested that there needs to be some consideration of governance structures that are established around the new Strategy, and in particular that work on Family Hubs and Building Successful Families needs to align.

Attendees also talked about the broad approach to partnership working, with concerns about “too many last minute invites to events like this” but also clarity that we need to work together. There were questions about how Strategies like this one are developed, and how work on them engages with settings. There is a need to be mindful of digital exclusion, especially in the context of cost of living crises and implications for family priorities.

### **Families and support for parents**

Working with families, and how services provide support to parents, was also seen as key. Attendees noted the “importance of the ante-natal period in engaging parents” and giving key messages, but noted that capacity is an issue. Relatedly, others said that it is good that we are being transparent, showing impact and knowing who is doing what, but asked whether we share enough information with families.

Building on this, it was said that there are a “myriad of services available” but it’s not clear how a new mother finds out what is available and how to access support. Beyond this, professionals aren’t necessarily aware of all the support that is available: with this in mind, it was asked whether there could be a single point of access to address this, with the SYB Healthier Together website potentially playing a role.

Specifically in relation to the Strategy, it was said that it feels like there is an outcome missing in relation to tackling inequalities, especially in relation to the impact of the increasing cost of living on families and children in early years, in both the short and long term. Connected to this, it was also said that we “don’t want parents to feel they can’t choose which Early Years setting or even any Early Years setting because they can’t afford it”.

There were some specific comments on support for parents, with some attendees touching on parental conflict work, and others asking whether we need to look at other models of practice in relation to parenting support. It was said that we need to think about parents needs, with a focus on the impact for children, and also to think about adult mental health impact, especially as part of the Family Hubs.

It was also said that there is a “need to improve how we involved and ask children and families” with this being about communication and co-design.

### **Data & Intelligence**

Data was a strong theme in all break out groups. There were two related lines of discussion, one focused on whether we have all the data we need, and the other on whether we join up all the information we do have into a clear single picture.

In relation to the first of these a number of points were made or questions raised:

- Looking at the information in the presentation, a lot of it comes from 2019 data: there has been a lot of change in the world since then, so is this the most up to date information we have?
- We could make more use of the Early Years indicators on Fingertips
- In terms of systematic data collection pre-school, what is there beyond that done by Health Visitors?
- There isn’t a formal school readiness check before Reception – the formal stage is at the end of Foundation Stage, before Year 1.
- Could Reception teachers do more to collect data in the last year of Early Years?
- Measuring impact is really important, and capturing the key milestones. There are lots of outcome measures being gathered, but we need qualitative as well as quantitative data, and to include feedback from children, young people and families.

In relation to the second, the following points came up:

- If work is to be data focused and led, data-sharing agreements need to be considered, and it needs to be current data, not 3 years old.
- There should be one data system from birth to give us real data for 0-5, with all able to access this including parents.
- We need to think about how we share and communicate the data we have across services: we should be able show a child’s ‘life journey’ across agencies.
- When evidencing and challenging interventions – what is it that we are looking to evidence?
- We should consider developing case studies as a way of supplementing metrics.

Attendees also talked about how we use that data, touching on the potential for more targeted approaches, using data to be smarter in differentiation, and also on a need for mapping of services and need.

### **Free Early Learning**

Free Early Learning came up as an issue in a couple of groups, with one noting the limitations of the 2-year-old FEL offer. Another group noted that 40% of people who could are not engaging in FEL places, but noted that we don't know whether they are getting support from elsewhere or not, linking this to the discussion about data and how we understand the challenge.

### **Mental Health**

Mental health and related issues were picked up in more than one group. One group made the point that mental health should be a priority, both for the infant and parent, with a focus on perinatal mental health. This group noted that parent/child relationships are key but felt that Sheffield is behind in infant mental health and parent-child relationships specialism. Addressing this was seen as something that requires investment, with professionals needed rather than early help from informed early years practitioners.

Adverse Childhood Experiences (ACEs) and trauma informed approaches came up in two groups, with one saying this work needs more investment and a higher profile, and another saying there needs to be a focus on this with a prevention perspective in the next Strategy.

### **Other issues to focus on**

As well as the above, there were also a number of specific issues or areas of work that were suggested to focus on:

- It was noted that there are risks around digital exclusion, with Brighton mentioned as a place that has addressed this well.
- Teen pregnancy was raised as a key issue.
- Prioritisation of 2-year-old Integrated Reviews was raised as work that needs to get off the ground.
- There is a need for a common narrative: there is lots happening with some really positive practice, but not enough people know this in its entirety. "We need to better sell what we do, using better communication and collaboration".
- Related to this, as an example it was said that Sheffield has a huge success story in relation to infant mortality, and we need to make more of this.
- More than one group talked about the need to move away from "everything being a pilot" and to be better about proper evaluation, learning from this work collectively, and then rolling out citywide, rather than just "moving on to the next thing".
- It was said that we need to focus on the information and advice that is available, with the Healthier Together website mentioned in relation to this.
- It was that "we need better parental feedback".
- One group talked about the need to learn from our experiences but also from elsewhere, with Pen Green Children's Centre mentioned as a place that is driving good practice, and also places doing research for early years such as CREC (Centre for Research in Early Years/Childhood).
- It was mentioned that "we know vulnerabilities before a baby is born. Babies can't wait for support" so how do we ensure timeliness of services for those under two?

## Questions to answer

There were a number of questions raised in group discussions that merit further exploration:

- There are links between food, obesity, the environment, and physical and mental wellbeing: do our children have the opportunities they need?
- We need to be clear what outcomes we are trying to achieve. What have we delivered so far: what worked and what has not been as successful?
- The presentation mentioned 7 areas that have not progressed as we hoped – what are those areas? Why did they not progress? If they are important does that mean that we need to focus on those areas as a priority in the next strategy?
- What are other areas of the country doing? Should we look at national good practice and aim to replicate some of this and use the learning?
- Are the issues that we see city wide? If not, how do we differentiate?

## Breakout 3 – What do the Board and system need to do?

The final session focused on the role of the Health & Wellbeing Board, and the wider system, in supporting good early years development. Nicola Shearstone introduced this section, setting out the importance of good early years development to life chances, and the challenges that exist in Sheffield. Following this, breakout groups were asked to respond to the following:

**You have heard how a child's Early Years experiences influence their whole life chances...**

- **What do we need to consider in the broader system, beyond Early Years within the new Great Start in Life strategy?**
- **How can the Health and Wellbeing Board support and influence developments in Early Years in the city?**

## Influencing other strategies and joining up

A number of groups talked about the importance of joining up across strategies, talking about the “need to align the Great Start in Life strategy with wider strategies” and that in making these links it needs to “be overarching”. It was also suggested that “we need to influence the economic strategies” in Sheffield, but with questions about the routes to do this. It was noted that the forthcoming City Strategy would be part of the answer to this.

There was a specific role for the Health & Wellbeing Board identified in this, to see and make these links and act as the voice of Early Years in those discussions. Relatedly, it was said that the Board need to understand the critical “importance of Early Years in the wider context of the city's future success, economic strength, and our ability to be a thriving city”.

## Partnership working

Partnership working came up in this session as well, with groups talking about the need to broaden the range of partners involved to include more anchor institutions such as Sheffield Teaching Hospitals. The point was also made that “statutory organisations often feel that they have to provide the answer which is not always the case”, and that other organisations may be better placed to deal with some of the challenges.

## Joined up working

Integrated working came up as a strong theme, with one group talking about how the “future of health and care is integrated working”. In this context it was said that there is clear interconnectivity with adult services, and that adults services need to consider children’s services, and vice versa.

Connecting to earlier points about the cost of living crisis, it was noted that Citizens’ Advice has a crucial role in this, especially in relation to income maximisation, and that this work and the organisation need funding. The question was asked as to whether it might be possible to involve Citizens’ Advice in the estates programme with GP Hubs to provide opportunities for joining up. There are opportunities to explore this sort of work through the ICB and the Health & Care Partnership.

Groups also talked about the challenges of working in a joined up way on the frontline, and how the pandemic has made this more difficult through the loss of communication, face to face contact and networking. It was said that communication between early years workers and midwifery has lessened due not being in centres as much, and also noted that connections with people who provided intelligence on those with higher needs have lessened.

In response it was said that some of this is starting to come back, but that workers are still missing the contact, network and sharing benefits of being physically co-located. Even when stepping back into face to face work, people are noting that previous contacts have moved and centres have changed, breaking down links, with (for example) District Nurses and Midwives in Practices not having the same contact as previously.

It was suggested that the centralised changes to GP provision may be part of the answer here with services under one roof and the opportunity to “visit the GP and access others e.g. breastfeeding nurse”. It was said that Councils should engage in this early on to try to “make those GP spaces work as a family centre”.

However, it was also noted that there are concerns about the centralisation of services, as families may not be able to afford transport, or feel it is not somewhere for them to go.

The key point in this is that communication works if there is a named person and a relationship in place, and that the pandemic has meant that continuity can be lost. To retain corporate memory it is important to build that in.

One group asked whether there is a gap in support around early years and pregnancy, and whether it might be possible to “work together better with schools around family planning and support for young people before they get pregnant.” More broadly, this group made the point that there needs to be better co-ordination across services in general, but that we don’t need to reinvent wheel, just find out what works and share.

### **Working in communities/localities**

Groups also talked about how services work with communities and/or local areas, with some talking about the importance of services’ role in developing community resilience. In connection with this, it was asked what the role of the VCF was in the Early Years space, and how to maximise this.

The importance of building links with BAME communities was also raised, and potential for developing a community asset-based approach for GPs.

Groups also talked about the potential of Local Area Committees and Councillors in this area, asking what LACs will be able to bring to the table, and whether they understand the importance of Early Years. It was noted that LACs do have control over limited budgets to invest in local areas, and this

could potentially fund services if that was decided locally. It was also said that settings “appreciate visits from Councillors and officers so that they hear first-hand of the issues faced by families”.

One group talked about the importance of building our knowledge and understanding of community needs with localisation in mind, with this requiring investment in intelligence and mapping of resources.

### **Narrative around EY as investment**

One group discussed the need to “reboot the evidence that early years is a critical economic investment”, alongside the “need to hold faith and hold investment in early years”, acknowledging that the impact is over the long term.

To support this, it was suggested that there is a common story needed that is owned by all working in this area, emphasising the good impact that early years investment has. This would be as part of broader work to raise the awareness of the important impact of a child’s early years.

### **Commissioning**

Several groups talked about the role of commissioning in this area, in general terms and with some specifics. One group asked how it might be possible to “be creative through commissioning to shift monies over time downstream,” recognising the “need to balance out immediate need against prevention.”

More specific actions were also identified, with one group mentioned a need to prioritise family needs over service needs and budgets, and identifying a need for funding to provide resources to early years settings for vulnerable families, such as nappies. Currently local charities provide this, and only where this is available.

Another group discussed the “need to ensure that pregnant women are included in health and wellbeing support activity”, such as the Healthy Lifestyle programme across South Yorkshire & Bassetlaw. It was said that there are “lots of great projects” in this work but that “pregnant women repeatedly excluded due to commissioning arrangements, or ideas around complexity and risk of pregnancy”. The group discussed that there is a need to include pregnant women and families in these programmes, and to also focus on seldom heard groups.

Other areas for investment were identified as well, such as in targeted trauma informed work, or more inter-generational work. There was also discussion of pressures on existing services, such as CAMHS.

One group talked about the importance of “allowing time and resource to make an impact” and judging impact from data and also real life case studies. They also talked about considering the “missing parts of the jigsaw”, asking what we can learn from what we have now and how it works together?

### **Support for families**

Support for families came up in all groups as a key issue. One group talked about in a time where families are facing many challenges small projects can help, such as family learning cooking sessions focused indirectly on mental health and wellbeing that brought socially isolated families together to build relationships. Similarly, community fridges and uniform swaps help with the cost of living challenge. There is an opportunity to share best practice around this kind of activity.

Another group talked about the potential for more work with employers to help them understand some of these challenges and develop some forward thinking in this area, encouraging them to consider time off for fathers to attend parenting or ante-natal classes, building links with the Chamber of Commerce. The Australian model in this area was put forward as good – this was part of a sentiment focused on creating the right environment to grow good parents.

Other groups talked about how the ideal world would look very much like Sure Start with city wide coverage, and a focus on going to families rather than making them come to services, including going to early years settings. They also talked about the wider impact of positive parenting strategies beyond early years development, and about ensuring a whole family focus, including recognising the influence and impact of grandparents as carers.

### **Specific asks of the Health & Wellbeing Board**

There were a number of specific asks of the Health & Wellbeing Board identified:

- To “start at [the early years] end of the telescope” in order to make a difference;
- To take responsibility for the idea that short term measures are not a solution and influence change with this;
- To focus on city level strategy, around making investment together, and including the voluntary sector and recognising the difference communities can make;
- Ensuring there is shared buy-in across the partnership.

### **Research and the Universities**

One group discussed potential opportunities for research, noting that Sheffield Hallam University have a research unit focused on this area. This group specifically mentioned the potential for a longitudinal study of babies born during the pandemic as a potential project.

This group also discussed the potential of harnessing the capacity of students living in communities.