Early Years Provider Reference Group - Meeting

Date and time: Wednesday, 20 May 2026 – 10 am to 11.30 am

Venue: Teams

Present: Alison Bishop (Chair),
Caroline Allanson, Chris Barton, Deborah Parfitt (Vice Chair), Elaine Baker, Karen Scott, Kate Spencer-Allen, Katherine Blackledge

Apologises: Caroline Maryon, Charlie Baxter, Julie Pearson

Notes: Donna Mills

1	**Welcome and Introductions** • Debs Parfitt – Regional Manager at STEMtacular Childcare, representing PVI, Vice chair for group • Caroline Allanson – Manager at Eaton Socon Preschool, PVI setting. • Elaine Baker – Coram PACEY, supporting childminders in Cambridgeshire. • Kate Spencer-Allen – Assistant Head at St.Matthews Primary School, representing maintained nursery class. • Karen Scott, Head of Histon Early Years Centre, maintained nursery school. • Alison Bishop, Head of Babraham Nursery and Chair of the Group. Represent PVI • Katherine Blackledge – Finance Team, Cambridgeshire County Council • Chris Barton - Senior Advisor for Access and Inclusion in the Early Years Childcare and School Readiness Service.
2	**Election of new member – confirmation of details** The Terms of Reference have been updated, which will be circulated with the minutes. The group agreed to label the new post as "geographic," with allocation designed to ensure balanced representation across the county. A list of settings has been prepared for Wisbech and Fenland, and the group discussed whether to invite all settings or begin with those in Wisbech. It was agreed to focus on Wisbech first, excluding Oasis. The group also considered whether to prioritise school-based or PVI settings; nursery class status for some schools will be checked. Invitations will be sent after half-term, with the intention of confirming the new member in late June or early July, ready for a September start. A brief discussion followed about the definition and complexity of school-based nurseries in Cambridgeshire. **ACTION** – Email to be sent to Wisbech settings to gauge interest in joining the group
3	**Experts at Hand/BSIL – improving the offer**

EYES - The Funding team received the practice final data cut this morning and are testing it ahead of Thursday's deadline for raising concerns.

Work is focused on system checks as the final go-live decision is expected next week, with no delays anticipated.

A practice migration of all user details is underway to ensure portal accounts function correctly before the planned 8 June launch.

The timeline is tight, as access to the current system ends Friday and the team must complete all tasks, including the new census, by then.

Alongside this, significant work continues on SEND reforms and the Best Start in Life programme.

The SEND consultation closed yesterday, and further government guidance is expected soon.

The local authority must now update its delivery plan after receiving revised guidance only 24 hours before publication in March.

Much of the new SEND and Best Start in Life expectations align with Cambridgeshire's existing early support offer, though work continues to map overlaps with the Inclusion for All strategy.

Plans include expanding the early support advisor team and introducing Best Start Inclusion Practitioners in each of the five family hubs to provide early advice, signposting, peer support, sensory sessions, and transition support.

A bid has also been submitted to reintroduce portage-style support for children with higher needs.

The group was asked to consider what settings, parents, and children most need to help shape future service design:

It was highlighted a high proportion of children with SEND within settings and the need for more accessible local support for families. Participants reflected on previous successful group models, such as children's centre-based sessions that supported communication and peer connections, and suggested reintroducing similar provision. Concerns were raised about the new outreach centre being based in Huntingdon, which may be difficult for families in St.Neots, experiencing deprivation to access, particularly those relying on public transport, leading many to seek support elsewhere.

There was agreement that SEND-focused outreach support could be improved. There are plans to increase staffing and capacity over time, although not all services would be available weekly. Clarification was given that direct, individual child support within settings remains under SEND services rather than the outreach team, though future changes may arise through consultation. Participants also noted the importance of outreach professionals potentially visiting settings to support strategies where appropriate.

A key issue discussed was delays in assessment and diagnosis, particularly within paediatric services. Long waiting times were reported as causing significant frustration and anxiety for parents, with some turning to private assessments as a result. Concerns were also raised about inconsistencies in assessment outcomes, often influenced by parents' understanding and presentation of their child's needs, and a perceived lack of early collaboration between professionals and settings.

Further discussion covered diagnostic processes, including the rationale for delayed diagnoses (particularly ADHD), recall systems, and sensitivity to parents' readiness to receive diagnoses. Improvements were noted, such as children remaining on recall lists without

requiring re-referral. However, participants emphasised the need for clearer communication with parents and better multi-agency working, including stronger links between health visitors, schools, and early years settings, to ensure information is shared effectively and support is coordinated from the outset.

The discussion identified gaps in communication between health visitors and early years settings, with some settings only becoming aware of children's involvement in early support processes indirectly through parents. It was agreed that health visitors should routinely check whether a child attends a setting and make direct contact, and this inconsistency will be followed up to ensure expectations are met and practice is improved.

Examples were shared where settings had difficulty accessing key information, such as EHAs, despite being involved in supporting the child. In some cases, settings had to repeatedly request information or approach multiple services before gaining access, highlighting inefficiencies and delays. Concerns were also raised about inconsistencies in how EHAs are assessed and accepted, with some being approved despite limited information, while others are rejected for missing details, creating frustration for practitioners.

It was noted that work is ongoing to improve processes, including developing a simplified early support pathway that may not require a full EHA. This was welcomed, particularly in situations where parents are reluctant to include information about siblings, which can currently delay or prevent referrals. Support was offered to address specific cases, and further follow-up from advisors was proposed to help settings navigate these challenges more effectively.

The discussion reinforced the importance of providing support to families as early as possible following an EHA, with plans to offer initial contact and guidance soon after referral. Currently, immediate support is prioritised for high-concern cases, with direct communication to parents and advice on child development and accessing community resources. Going forward, there is an intention to expand this offer so that all families receive an early conversation point, improving early engagement and reassurance.

Plans were outlined to recruit Best Start Inclusion Practitioners, with the aim of having staff in place by September. This increased capacity will enable more consistent and proactive support, including additional touchpoints with families. One proposed development is to contact parents after they receive a paediatric diagnosis letter, offering a check-in to understand how they are feeling and whether further support or advice is needed.

The discussion also highlighted the value of targeted parent support, such as an Acceptance and Commitment Therapy-based programme designed to help families process and understand their child's diagnosis. Although initial trials have been successful, demonstrating positive impact for participating parents, delivery has been paused due to limited staffing capacity. It is anticipated that this programme will restart once new staff are in place, alongside strengthened links with health visiting and community paediatric teams to ensure a more joined-up approach.

The discussion highlighted positive experiences of early support involvement within settings, with staff valuing the additional guidance and expertise provided. Input from specialists, including training and advice linked to specific children, was noted to have a wider benefit for the whole setting, building staff confidence and improving practice beyond the individual case.

Challenges around supporting children who live or are registered with services in different local authority areas were also raised. Differences in processes, eligibility criteria, and service delivery between counties (such as Cambridgeshire, Suffolk, Essex, and Peterborough) were identified as a significant barrier, often requiring settings to navigate multiple referral routes and systems. This can lead to delays and inconsistencies in accessing support, particularly for therapies such as speech and language.

	It was acknowledged that cross-border cases remain a complex and ongoing issue, including situations where children attend settings outside their home county, limiting access to certain services. Work is underway to improve guidance for settings, with plans to develop a clear, single-page resource outlining processes for different counties. However, progress is dependent on collaboration across local authorities, which has proven challenging and slow to implement.
4	**Early Years Inclusion Grant** CB raised the Early Years Inclusive Education funding, which has been allocated in advance of the White Paper consultation outcomes. Although settings will receive this funding, there is currently a lack of clarity around exact amounts, as local authorities must calculate allocations without access to all required data. The intention is to distribute funds in July, with payments made in August to ensure settings can utilise the funding from September. Several conditions are attached to the funding, including the requirement to distribute it as a lump sum to settings without an application process and not linked to individual children. Local authorities must also pass on 100% of the funding without retaining any administrative costs, while ensuring the distribution method is clear and transparent. National guidance suggests that allocations should be substantial enough to support meaningful improvements in inclusive practice, with an indicative figure of around £1,000 per setting, though it is acknowledged that available funding will not stretch to this level for all providers. Proposed distribution methods include a formula-based approach, such as allocating 75% based on part-time equivalent (PTE) numbers and 25% based on additional needs indicators, such as children on the early support pathway. However, several considerations remain unresolved, including whether funding should be calculated based only on three- and four-year-olds or all children, which measures of additional need should be used, whether the proposed weighting is fair, and whether a minimum funding threshold should apply. Concerns were raised that applying a threshold could exclude smaller settings, while lower allocations may limit the ability of some providers to make meaningful changes. The discussion explored uncertainty around how settings are expected to use the Early Years Inclusive Education funding, as guidance only states it should support inclusive practice without specifying eligible spend. Training was suggested as a likely priority, though there were mixed views on impact, particularly for settings that already demonstrate strong SEND practice. Questions were raised about whether funding would be more beneficial if targeted at settings that currently identify fewer children with additional needs, potentially due to gaps in knowledge or confidence, rather than those already actively engaged with early support processes. Data and identification were highlighted as important considerations, particularly in understanding which settings are not making referrals and why. It was noted that some referrals come solely from health visitors rather than settings, prompting questions about whether needs are being consistently identified across provision. However, examples were also shared where settings had valid reasons for not initiating referrals, such as differing professional opinions on a child's needs or preference for monitoring development before escalating concerns. Further discussion considered how funding could support a broader group of children, including those with emerging or lower-level needs who may not meet thresholds for formal support but would still benefit from early intervention. While recognising that funding is not intended for individual children, participants emphasised the importance of using it in ways that strengthen overall inclusive practice and early identification. Concerns remained about how best to balance fairness, impact, and targeting, particularly given variations in funding amounts and the potential exclusion of some settings depending on allocation decisions.

	The discussion explored how the funding model may disproportionately benefit larger settings if primarily based on PTE, raising questions about whether the priority should be reaching more children overall or targeting settings with higher levels of need or less developed inclusive practice. It was recognised that settings vary significantly in how they deliver inclusion, making it difficult to apply a single fair approach. Some settings expressed that their greatest challenge lies in supporting children with emerging needs who do not yet attract formal funding, highlighting a potential area where the grant could have impact. Suggestions were made to consider a more needs-led or reflective approach, such as using a checklist or audit (e.g. based on Ordinary Available Provision) to help settings identify gaps in inclusive practice and guide meaningful use of funding. While fully targeting funding at an individual setting level may not be feasible, this type of framework could support more consistent and purposeful spending decisions. CB shared plans to support inclusive practice through a wider programme of activity, including a proposed “Inclusive Practice Week” offering short, accessible training sessions delivered by a range of professionals (e.g. OT, speech and language, community paediatrics). Sessions would cover key topics such as sensory support, working with parents, and understanding diagnostic processes, with recordings made available for flexible access. It was suggested that settings could use part of their funding to release staff to attend these sessions, further supporting workforce development. Overall, there was agreement that linking funding to training opportunities and practical guidance would help maximise its impact, with further work planned to refine the approach before final decisions are made.
5	**Two-year-old funding take up** CB outlined concerns around the declining take-up of funded two-year-old places, which is a key performance measure for the council. Current participation rates are around 66%, below the expected national average of approximately 72–75%. While there was a brief period where local rates exceeded national figures, this has since dropped, prompting further investigation into the causes. Initial analysis suggests that a lack of available places may not be the primary issue, as working parent code validation rates (used as a proxy for capacity) are only slightly lower in the areas of concern. This indicates that spaces are likely available, but eligible families may not be taking them up. Despite significant efforts to engage parents, including direct communication through postcards, phone calls, and text messages from the Families Information Service, uptake remains lower than expected. The purpose of the discussion was to gather insight from practitioners on the ground to better understand potential barriers to take-up and identify what may encourage greater engagement. Feedback is being sought to inform next steps, with a focus on ensuring that approaches are meaningful and effective for families and reflect real experiences within settings. The discussion highlighted that, while some settings have historically been able to offer funded two-year-old places (even if limited to minimal sessions), capacity is now becoming restricted, with some settings unable to offer new places until later in the year. This suggests that availability may be tightening, even if this has only recently become an issue. It was noted that percentage-based data may not fully reflect the reality on the ground, as areas with higher numbers of eligible children may still show low uptake despite relatively large numbers accessing places. Participant insight suggested that parental uptake is influenced by practical and behavioural factors, including convenience, proximity to settings, and the effort involved in attending sessions—particularly for non-working families or those with multiple young children. In some cases, even where places are taken up, attendance can be inconsistent.

	Further discussion explored whether a lack of places is now emerging due to increased demand from younger children, particularly with expanded funding for under-twos. Some settings reported capacity pressures and “bottlenecks” as children move through rooms, limiting their ability to admit new two-year-olds. This indicates that reduced uptake may not solely reflect parental choice, but also structural constraints within settings. To better understand the issue, actions are being taken to analyse provision at a more local level, including mapping availability within school catchments and identifying whether sufficient places exist. Where spaces are available, but uptake remains low, more targeted engagement with families is planned, including promoting the developmental benefits of funded places and offering opportunities such as stay-and-play sessions to help parents better understand early years provision. There is also a focus on ensuring that funded places are genuinely free and clearly communicated to families. Overall, the discussion emphasised the need to consider both supply and demand factors when addressing low take-up.
6	**AOB** The group briefly reviewed the recent provider engagement sessions for the new system, which were reported to have strong attendance and positive feedback across both daytime and evening sessions. The system was considered user-friendly from a provider perspective, particularly due to its flexibility, allowing changes to be made at any time, though some initial confusion around terminology (such as the “live register”) was noted and is being addressed. From a back-office perspective, the system aligns closely with existing processes but offers improved efficiency, including easier navigation between systems and better visibility of key information. Future developments, such as the introduction of a finance module, are expected to further streamline payment processes, including automated adjustments for mid-term changes. Integration with existing systems will also enhance information sharing, particularly for early support, enabling more proactive communication with settings and improved tracking of children’s involvement across services. Overall, the system is anticipated to bring significant long-term benefits once fully implemented.
Next meeting date Tuesday, 30 June 2026 – 10 am	