

Appendix **A**

Meeting: Executive

Date: 27 May 2014

Subject: Developing the Early Intervention, Early Help offer delivered through Children's Centres

Report of: Cllr M. A. G. Versallion , Executive Member for Children's Services

Summary: The report proposes a Public Consultation Exercise around X potential models of delivery of the Early Intervention offer through Children's Centres.

Advising Officer: Edwina Grant, Deputy Chief Executive / Director of Children's Services

Contact Officer: Sue Tyler, Head of Child Poverty and Early Intervention

Public/Exempt: Public

Wards Affected: All

Function of: Executive

Key Decision Yes/

**Reason for urgency/
exemption from call-in
(if appropriate)**

CORPORATE IMPLICATIONS

Council Priorities:

- Improved educational attainment.
- Promote health and wellbeing and protecting the vulnerable.

Financial:

1. The modelling has been carried out within the current resource envelope.

Legal:

2. None

Risk Management:

3. Not applicable

Staffing (including Trades Unions):

4. Not Applicable.

Equalities/Human Rights:

5. This will be completed when the actual models for consultation have been agreed

Public Health

6. This will be completed when the actual models for consultation have been agreed.

Community Safety:

7. Not Applicable

Procurement:

8. Not applicable.

Overview and Scrutiny:

9. This matter has been considered by Overview and Scrutiny on meeting held 01 April 2014.

RECOMMENDATIONS:

The Executive is asked to:

- 1. Agree that consultation goes ahead based on X models**
- 2. Approves the Public Consultation Document at Appendix B**

Executive Summary

TO BE COMPLETED AFTER THE OVERVIEW AND SCRUTINY MEETING ON APRIL 1ST.

Background

10. The original Sure Start programme required delivery of services from 22 Children's Centres across the Council area. In 2012, following consultation, a reconfigured offer was put in place.
11. This consolidated the service offer into 9 hubs with some services being delivered from the smaller satellite centres, most of which were not in areas of high need.
12. The Hubs are in:
Dunstable North, Dunstable South, Houghton Regis, Leighton Buzzard, Sandy, Flitwick, Biggleswade, Shefford and Stotfold with Arlesey.
13. The management of the Centres was commissioned out and the Centres are run by a mixture of schools and 2 large national voluntary organisations.
14. Since the consultation exercise in 2011, and the subsequent reconfiguring, there has been a growing awareness nationally of the importance of Early Intervention and Early Help with the most vulnerable families, and a number of other changes in the landscape affecting the services delivered out of Children's Centres.
15. These include:
 - Funding to support 15 hours free child care for two year olds in low income families (881 children in Central Bedfordshire to be benefitting by Sept 2014)
 - Provision of additional Health Visitors to support the Healthy Child

programme

- More funding directly to schools through the pupil premium to provide activities and interventions, particularly for those entitled to free school meals which at present is available from year R.
- More funding for vulnerable families and families where there are complex issues through the Troubled Families programme.
- The importance of Early Help identified in the report of Professor Munro on children's social care.
- A revised Ofsted framework for Local authorities in which there is an increased emphasis on Early help
- The new duty is for the Local safeguarding Board around the Early Help Offer.

More Early Help

16. In order to further develop the Central Bedfordshire offer around early help and targeted services, an increased focus on work with the most vulnerable families, at the expense of complete universality, is required. This will concentrate resources on a clearly targeted service to the most vulnerable families in order to really drive up life chances. This would be at the expense of the completely universal service, which provides a superficial level of support for the many.
17. The targeted use of resources will give an enhanced opportunity to
 - Improve health and education outcomes
 - Prepare for major national Early Intervention projects
 - Adopt a more integrated approach
 - Raise standards of parenting

Factors in developing Models

18. A number of factors are to be considered in the development of the Early Help Offer through Children's Centres going forward. These include:
 - Age range
 - Who are the services for (known as Reach)
 - Where Services are to be delivered
 - Which services should be delivered from Children's Centres
19. **a. Age Range**
 - i. The original Sure Start model covered children from conception until their fifth birthday. In reality this became until they started school, which in most cases will be at 4+ and could be as young as just over 4 years for the late summer born children.
 - ii. The original model also included provision either onsite or linked with childcare. The Central Bedfordshire model only included linked early years provision, namely local pre-schools, day-nurseries, child-minders and lower school foundation stage units that are listed at a Children's Centre as providing this part of the service delivery.

- iii. Children from the term after their third birthday are eligible for 15 hours a week free care and education at an early years provider. This limits the hours that are then available for accessing Children's Centres Services. It does however enable parents to access services which may be delivered from a Children's Centre around training for work, or taking up volunteering opportunities. In Central Bedfordshire the current take-up rate of three year old provision is over 95%.
- iv. Following a pilot, a more comprehensive offer for two year olds is presently being rolled out across the country. In Central Bedfordshire 556 two year olds have been identified as amongst the 20% most deprived and from Sept 2014 881 which is 40% of the most deprived two year olds will be identified and offered places.
- v. If virtually all three and four year olds and the 40% most vulnerable two year olds are in early years and childcare provisions for up to 15 hours a week, this leaves limited time for participation at a Children's Centre. Although for many of the most vulnerable families support throughout the day could prove beneficial.
- vi. Not all two year olds are able to enter provision immediately they reach their second birthday therefore offering services until they start this provision would ensure they are accessing services until that time and would enable their parents to continue to access parental services around training and education skills to enable work.
- vii. Some children will be on specific programmes that would require attendance by them and their parents/carers beyond the age of two.
- viii. An age range that covers pre-birth to the age of two but was flexible up to the age of three to covers the points made regarding access.

20. **b. Who are the services for (Reach)**

- i. Since 2012 the Children's Centres have been offering a targeted service within a universal environment. This has proved challenging and threatens to weaken the Early Help offer for the most vulnerable in favour of a high numerical level intervention for families who do not have specific needs.
- ii. Data analysis both within the authority and across our partners indicates that many of our vulnerable families are living in particular areas known as lower super output areas (LSOA) – these are a very specific area within a ward. Data indicates that poor health outcomes, unemployment, higher rates of crime, and many other deprivation factors are focussed in these specific areas of need.

- iii. Some Children are accessing specific services, delivered following an Early Help Assessment (EHA formerly known as a CAF), others are subject to Child in Need (CIN) Plans and being supported by our Family Support Teams, and some are on Child Protection (CP) Plans. These children will be from 0-16. Children's Centres should be playing an integral role in the delivery of these very specific interventions.
- iv. A concentration within a Centre on working with families and children from specifically defined LSOAs or accessing services through an EHA, CIN or CP plan would enable much more targeted work to deliver improved outcomes to our most vulnerable children and families.
- v. Most of the existing hubs are now offering some aspects of universal delivery of the Healthy Child Programme (HCP). For example baby and weighing clinics, advice sessions, drop-in surgeries by health visitors and two year old checks are increasingly being delivered from Children's Centres. The continuation of this universal service should ensure that early identification of developing children and family problems from outside the previously identified cohort would be able to take place, along with an early help assessment and the provision of specific interventions. It also provides additional financial value by using the provision for multi-agency delivery.
- vi. There is a growing body of evidence emerging that improved parenting is a cost-effective and successful intervention for many families at a very early stage in their parental career. An extended Parenting offer of a short evidenced based parenting programme could be offered from Centres in conjunction with the universal HCP programme. This would contribute to helping all children have the best start in life, and as with the health Visitor work would enhance identification of parents who need additional assistance through an EHA who are not in the identified cohort.

21. c. Where Services are to be delivered

- i. There are presently 9 hubs for Children's Centre Services all based on school sites. At the last reconfiguration a number of satellite sites were retained.
- ii. Whilst levels of deprivation vary all the hubs presently have a reach which includes some deprivation. There are also children and families being supported on EHAs, CIN and CP plans in all areas. A data sheet including these figures is attached at Appendix A.
- iii. The data shows that targeted work is required in all hub areas, however in many cases the satellite sites are not in areas of high need.
- iv. A reduced number of hubs could be offered, for example only Centres in Dunstable, Houghton Regis and Leighton Buzzard could remain operational.

However in other areas such as Sandy, Flitwick or Biggleswade a reasonable number of children who would otherwise benefit from intensive and targeted services would not have the opportunity to access these.

- v. The resourcing of each Centre would be related to the numbers it was working with.
- vi. The satellite sites could be retained for delivery of specific programmes, or appropriate re-designation could be considered. This may include early years provision or enhancement of the school on which site they are based.

22. **d. Which services should be delivered from Children's Centres**

i. As part of an enhanced Early Help Offer, following the removal of many of the universal services, such as stay and play, baby rhyme time and similar groups, a more intensive range of services could be offered to the most vulnerable families. This would be in conjunction with many of the targeted services offered now to known children.

ii. Intensive programmes to the most vulnerable families:

- Family Work with 1:1 support for families with children 0-2 based on the Family Intervention Project Models
- Mellow Parenting Groups
- High level evidence based parenting courses for vulnerable
- Delivery of other specific targeted programmes linked with Child Protection and Child in Need programmes for children of all ages

iii. Targeted Programmes

- Speech and Language Work
- Group work with Early Years Professionals
- Freedom Programmes
- Evidence Based Parents as First Educators (PAFT)
- Healthy Eating – dietary and oral health/anti obesity
- Specific work as a result of EHAs, CIN Plans, CP plans
- Work with Job Centre Plus and Adult Education Services around training and work readiness
- Specific work around improving health outcomes – anti-smoking, breastfeeding, improved fitness, reduction in obesity Great Expectation Groups for Post Natal Depression

iv. Universal Services

- Delivery of Clinics and other aspects of Healthy Child programme (Especially by health partners)
- Short evidence based parenting course

Possible Models

Model No. 1 Existing Model	
Age	
0-5	
Reach	
A reach to all children in the hub area regardless of need is expected	
Where	
Existing 9 hub areas, and working in the satellite areas	
Services	
As now universal services are offered such as Stay and Play, Rhyme Time, and other groups open to all. Some targeted services are offered, but space and the times available limit other work taking place	
Advantages of Model	Disadvantages of Model
<p>Universal coverage</p> <p>Open to all parents who want to access the services</p>	<p>Dilutes Early help offer</p> <p>Not able to offer Intensive or many targeted programmes due to resource limitations of time, space and staff availability</p> <p>Offering services to three and four year old who are in care and education, or at school</p>

Model No. 2	
Age	
0-2 flexible up to 3	
Reach	
LSOA Children and Families with Early Help Assessment Children and Families with Child in Need Plans Children and Families with Child Protection Plans	
Where	
Existing 9 Hubs	
Services	
Intensive Programmes Targeted Programmes Universal Offer	
Advantages of Model	Disadvantages of Model
Able to offer all three levels of programme support Greatest opportunity for targeted early help across whole Council area	Some families above the age of three not able to access services Centres seen as only for 'problem families' Challenge over offer from families not in the identified cohort

Model No. 3	
Age	
0-2 flexible up to 3	
Reach	
LSOA Children and Families with Early Help Assessment Children and Families with Child in Need Plans Children and Families with Child Protection Plans	
Where	
Reduced Number of Hubs	
Services	
Intensive Programmes Targeted Programmes Universal Offer	
Advantages of Model	Disadvantages of Model
<p>Able to offer all three levels of programme support</p> <p>Greatest opportunity for targeted early help across a specific part of the Council area</p>	<p>Vulnerable Children and Families in areas where hubs are not operating would not be able to access programmes</p> <p>Some families above the age of three not able to access services</p> <p>Centres seen as only for 'problem families'</p> <p>Challenge over offer from families not in the identified cohort or in areas where there are no longer services.</p>

Model No. 4	
Age	
0-2 flexible up to 3	
Reach	
Universal	
Where	
Existing 9 Hubs	
Services	
Some Targeted Programmes	
Universal Offer	
Advantages of Model	Disadvantages of Model
Open to all families even if there is not an identified need	<p>Dilution of Early Help Offer</p> <p>Not able to offer intensive support due to universal offer</p> <p>Some families above the age of three not able to access services</p>

Model No. 5	
Age	
0-2 flexible up to 3	
Reach	
Universal	
Where	
Reduced No of hubs	
Services	
Some Targeted Programmes Universal Offer	
Advantages of Model	Disadvantages of Model
Open to all families in hub areas even if there is not an identified need	<p>Dilution of Early Help Offer</p> <p>Not able to offer intensive support due to universal offer</p> <p>A universal offer in just a few areas and no offer in other areas could be challenged as discriminatory</p> <p>Some families above the age of three not able to access services</p>

Model No. 6	
Age	
0-5	
Reach	
LSOA Children and Families with Early Help Assessment Children and Families with Child in Need Plans Children and Families with Child Protection Plans	
Where	
Existing 9 Hubs	
Services	
Intensive Programmes Targeted Programmes Universal Offer	
Advantages of Model	Disadvantages of Model
Able to offer all three levels of programme support Greatest opportunity for targeted early help across whole Council area	Centres seen as only for 'problem families' Resources will be directed to 3&4 year olds which may need to be spent on families at an earlier stage. Challenge over offer from families not in the identified cohort

Model No. 7	
Age	
0-5	
Reach	
Universal	
Where	
Reduced No of hubs	
Services	
Some Targeted Programmes Universal Offer	
Advantages of Model	Disadvantages of Model
Open to all families even if there is not an identified need	<p>Dilution of Early Help Offer</p> <p>Not able to offer intensive support due to universal offer</p> <p>Resources may be directed to 3&4 year olds which may need to be spent on families at an earlier stage.</p>

Model No. 8	
Age	
0-5	
Reach	
LSOA Children and Families with Early Help Assessment Children and Families with Child in Need Plans Children and Families with Child Protection Plans	
Where	
Reduced No Hubs	
Services	
Intensive Programmes Targeted Programmes Universal Offer	
Advantages of Model	Disadvantages of Model
Able to offer all three levels of programme support Greatest opportunity for targeted early help in hub areas	Centres seen as only for 'problem families' Resources will be directed to 3&4 year olds which may need to be spent on families at an earlier stage. Challenge over offer from families not in the identified cohort

Model No. 9	
Age	
0-5	
Reach	
Universal	
Where	
Reduced No. Hubs	
Services	
Targeted Programmes	
Universal Offer	
Advantages of Model	Disadvantages of Model
Open to all families in hub areas even if there is not an identified need	<p>Dilution of Early Help Offer</p> <p>Not able to offer intensive support due to universal offer</p> <p>A universal offer in just a few areas and no offer in other areas could be challenged as discriminatory</p>

Model No. 10	
Age	
0-2 Flexible	
Reach	
LSOA Children and Families with Early Help Assessment Children and Families with Child in Need Plans Children and Families with Child Protection Plans	
Where	
Every Lower School within a Lower Super output Area , but close all Children's Centres	
Services	
Intensive Programmes Targeted Programmes Universal Offer	
Advantages of Model	Disadvantages of Model
Integration with and Transition to the school	Schools mostly not used to working with children 0-3 Most schools would not have space to deliver the services Unlikely to be a universal take-up in all applicable lower schools Possible legal difficulty if no Children's Centres exist.

Possible Future Developments

23. A number of potential developments offer support for this enhanced approach to targeted early intervention:
- From April 2015 the Troubled Families agenda is likely to become more of an early intervention model
 - A refresh of the government's Child Poverty Strategy is likely to continue the focus on poor educational attainment, parental ill health, and tackling barriers to underachievement
 - Increasing government approach to supporting the most vulnerable in society e.g. the increasing use of the Pupil Premium
24. Many other local authorities are in the course of reconfiguring Children's Centres, and the government has made clear that it wishes to focus the work of Children's Centres on those with whom it will have the greatest effect.

Challenges and Opportunities

- 25.
- a. In the current financial climate funding will be a challenge moving ahead. The previously ring fenced Early Intervention Grant has been subsumed into the Revenue Support Grant and the ring-fence removed.
 - b. Delivery of these models is predicated on the same resource envelope, but by reducing the main universal approach more spend would be available for early intervention and early help work.
 - c. A stronger focus on Early Help would enable a clearer case to be made with partners, of the time and space resource that is available to work with families in need at the Centres.
 - d. A more integrated pattern of support would be facilitated by a key family worker thus ensuring that families were able to receive a suite of appropriate services in a timely and organised way rather than an ad hoc approach by a number of partner services. (This is how the FIP and subsequently Troubled Families interventions are organised).
 - e. The delivery of a universal aspect of the Healthy Child Programme offers Health partners an opportunity to enhance their delivery of the HCP.

Challenges and Opportunities

26.

27.

Time Scale

28.	01 April 2014	Overview and Scrutiny - Principals of consultation
	27 May 2014	Executive – Permission to Consult
	27 May to 19 August	Consultation Process
	23 September 2014	Executive – Outcome of Consultation
	September onwards	Operational delivery options
	13 Jan 2015	If needed – Approval of tender outcome
	01 April 2015	New delivery model commences

Risk

29. A change in government and a return to the universal Sure-Start model. Removal of funding so that an inadequate Early Help model can be offered

Conclusions

30.

31.

Appendices:

Appendix A – Relevant Data

Appendix B – Draft Public Consultation Document (To be written after Overview and Scrutiny on April 1st)

Background Papers:

Appendix A to the Executive report

Relevant Data

Centre	No of children in reach if a universal service is provided up to age 5	No of Children in Reach in LSOAs up to age 5	Nos on Child Protection Plans	Nos on Child in Need Plans	Nos on Early Help (formerly CAF)	Total of LSOA Reach CP, CIN, EH
Houghton Regis	1346	581	28	139	32	780
Leighton Buzzard	3362	167	29	201	51	448
Dunstable South	1217	278	21	75	18	392
Dunstable North	1619	119	30	136	32	317
Flitwick	3149	97	21	139	24	281
Sandy	1394	120	27	82	37	266
Biggleswade	1109	138	25	82	21	266
Shefford	1597	75	32	66	15	188
Stotfold & Arlesey	1216	110	14	38	25	187

Appendix B to the Executive report

Draft Public Consultation Document

To be written after Overview and Scrutiny on April 1st.