
Meeting: Executive

Date: 27 May 2014

Subject: **Developing the Early Intervention, Early Help Offer Delivered through Children's Centres**

Report of: Cllr Mark Versallion, Executive Member for Children's Services

Summary: The report proposes a Public Consultation Exercise around 4 potential models of delivery of the Early Intervention, Early Help 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)** N/A

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. No legal implications for the consultation process.

Risk Management:

3. The 4 potential models for the delivery of the Early Intervention, Early Help offer through Children's Centres are suggested proposals to address the identified need of ensuring that the available resources are targeted most appropriately. The public consultation will mitigate the risk of failing to identify and address the needs of stakeholders.
4. Key risks of not having a robust approach include:
 - Failure to discharge legal and statutory duties/guidelines
 - Failure to deliver the Council's strategic priorities
 - Failure to identify problems at an early stage and provide appropriate interventions, and
 - Failure to target the service in the most effective way.

Staffing (including Trades Unions):

5. Not applicable.

Equalities/Human Rights:

6. Central Bedfordshire Council has a statutory duty to promote equality of opportunity, eliminate unlawful discrimination, harassment and victimisation and foster good relations in respect of nine protected characteristics; age disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
7. Research indicates that attainment and other outcomes in later life can be significantly improved by the provision of targeted early help. Factors such as early developmental problems, living in an area of high deprivation, having three or more siblings and having a mother with a low level of education can all impact adversely on a child's life chances. Equality analysis will be undertaken during the consultation process in order to explore these issues further.

Public Health:

8. Giving every child the best start in life is a high priority in improving public health. Children's centres play an important role in supporting families of young children and if targeted towards the areas of highest need can significantly contribute towards reducing inequalities in health seen in Central Bedfordshire.

Community Safety:

9. The Council has a statutory duty under Section 17 of the Crime and Disorder Act to do all that it reasonably can to reduce crime and disorder. Programmes that provide early help to children and families can bring longer term community safety benefits, e.g. reducing anti social behaviour and domestic abuse by ensuring that vulnerable families receive appropriate support.

Sustainability

10. Whilst environmental implications are often focused here, it is important to highlight that true sustainability also ensures the best possible outcomes for society that are in balance and support environmental and economic outcomes. Early help is a key service to help ensure our communities are able to grow and thrive in a sustainable way, making sure support is available at the earliest opportunity and the mechanism for appropriate interventions is in place.

Procurement:

11. Not applicable.

Overview and Scrutiny:

12. This matter has been considered by the Children's Services Overview and Scrutiny Committee on 1 April 2014 where they:

RECOMMENDED to Executive

1. That the Overview and Scrutiny Committee supports the approach to deliver targeted early intervention but feels it is important that children not included in the identified age range should still be able to access support where necessary.
2. That the consultation include a range of proposed models that also identify the alternative support that would be available if a 'spoke' ceased to operate as a result of the proposal.
3. That none of the current 'hubs' in Central Bedfordshire should disappear as a result of the proposed changes.

RECOMMENDATION:

The Executive is asked to:

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| 1. | approve the commencement of the consultation process, based on the four potential models, as set out in the report. |
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Executive Summary

13. Following discussions on a range of models, four are proposed for a public consultation exercise.

Background

14. 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.

15. This consolidated the service offer into nine hubs with some services being delivered from the smaller satellite centres, most of which were not in areas of high need.
16. The Hubs are in:

Dunstable North, Dunstable South, Houghton Regis, Leighton Buzzard, Sandy, Flitwick, Biggleswade, Shefford and Stotfold with Arlesey.
17. The management of the Centres was commissioned out and the Centres are run by a mixture of schools and two large national voluntary organisations.
18. The Centres offer a range of targeted and universal services. Many of the universal services duplicate provision run by the voluntary and private sectors such as toddler groups run by Churches and local charities, networks organised by the National Childbirth Trust, and private music and baby gym classes for example.
19. 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.
20. 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 for the Local Safeguarding Board around the Early Help Offer.

More Early Help

21. Early Help is the term for a wide range of services which can be offered to children and their families to support their development when a problem emerges or is identified which, if left, will lead to poorer life outcomes. Many of these services will be offered to children and families who are accessing universal services. The problem will often be identified by a health visitor, or GP, an education setting, either in the early years or a school, by a professional who is perhaps dealing with a specific problem and realises that there are additional issues which need some help and support. By working to help the family with the identified problem, the child and/or family will benefit from improved outcomes, and will be able to continue accessing the full range of universal services. If this work is not carried out there is a risk that it will escalate. This could then result in a Child In Need Plan, or a Child Protection Plan or even in the longer term a child becoming accommodated by the Council. In these circumstances life outcomes are likely to be more challenging, and there is the risk of an escalating cost to the public purse.
22. In Central Bedfordshire we offer a very wide range of Early Help Services including: advice from dieticians and oral health for young children; smoking cessation; speech and language support; evidenced based parenting programmes for parents with children of all ages from antenatal to mid-late teenagers; support for Teen Parents on the teen parent pathway including the Young Mums to be and parents with prospects courses; support for parents to get back into employment; volunteering opportunities; Getting Families Working Programme; individual and group mentoring for young people; sexual health services; drug and alcohol treatment services for young people; ASPIRE programme to address risk factors associated with low aspirations and teenage pregnancy; one to one parenting support in the home; one to one support for parents with learning disabilities; support for parents of children and young people with disabilities Freedom Programme for women experiencing domestic abuse; postnatal depression groups; MPACT programme for families living with parental substance misuse; Kidstime workshops for families living with parental mental illness; family group meeting service; home visiting support for families; emotional wellbeing service for children; therapeutic support for children aged 5 – 13 who have experienced domestic abuse; counselling services for young people affected by parental domestic abuse, parental substance misuse or a family member in prison; homelessness and mediation service for young people aged 14+.
23. There is upward of £4m spent on Early Help Services (including Children's Centres).
24. In order to further develop the Central Bedfordshire offer around Early Help, a more targeted approach with an increased focus on work with the families who are most likely to need help is required, at the expense of complete universality. This will concentrate the resources available for work within Children's Centres on a clearly targeted service to the most vulnerable families in order to 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.

25. 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

26. A number of factors have been 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

27. **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 September 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, especially for parents who need assistance with returning to work.

- 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, or have specific plans that would require attendance by them and their parents/carers beyond the age of two. Children's Centres should be accessible to these families, as part of their core business.

28. **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. This would be offered during the first year of a baby's life.
- vii. If a targeted approach to Children's Centres delivery is adopted, the Centres should retain their responsibility to offer direct and support parents to other services. In many areas there are wide ranging community and private activities for parents with young children. By maintaining a comprehensive list of other services available in the locality Children's Centres would be able to assist parents who are not accessing their services, to find appropriate provision for them.
- viii In a targeted service Children's Centres would maintain an open door policy for parents who self-referred. Following a self-referral work could be offered if it became clear that Early Help was required, or appropriate support and direction made.

29. **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. Virtually all of the hubs work in a wider area than the hub building itself. This outreach work can be carried out in people's homes, or in community or church buildings, as well as the few existing satellite buildings.
- iii. For some Centres the building provided as a Satellite is not as suitable as a local community building, due to size or geography. Where this is the case the building would be retained for Early Childhood Services, possibly enhancing the two year old offer.
- iv. The resourcing of each Centre would be related to the numbers of children and families it was working with.

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

- i. As part of an enhanced, targeted Early Help Offer, many universal services such as an open access stay and play, baby rhyme time and similar groups would be reduced so that 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. In the event of the reduction of group services offered by Children's Centres there are a wide range of services offered by the community voluntary and private sector for parents with young children to access. These include Parent and Toddler Groups, some run by Parental Committees, some which are run by Churches or Town Councils, others by the National Childbirth Trust (NCT). There are groups such as Jo Jingles, Modern Music 0-5, Ballet classes 18th Month to 4 year's old, Music, Movement and Rhyme sessions to 0 - 5 aged children and other similar privately provided activities. There is Storytime at the libraries, Buggy Walks and for examples Arty Crafty at Snakes and Ladders at Dunstable Leisure Centre. Children's Centres would be required to keep a list of universal services for children 0-5 available in their locality in order to successfully signpost parents.

iii. Intensive programmes to the most vulnerable families would be offered if a targeted approach was adopted with the diminution of Universal Services. This would include:

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

iv. 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 Early Help Assessments, Child in Need Plans, Child Protection plans.
- Specific work around improving health outcomes – anti-smoking, breastfeeding, improved fitness, reduction in obesity Great Expectation Groups for Post Natal Depression.

v. Universal Services

- Delivery of Clinics and other aspects of Healthy Child programme including Baby Brasseries for breastfeeding advice (Especially by health partners).
- Short evidence based parenting course offered to all parents within the first year of parenting.
- Work with Job Centre Plus and Adult Education Services around training and work readiness.
- Directing parents to community, voluntary and private groups in the locality.
- Working with parents who self-refer for the most appropriate outcomes.

Possible Models

Model No. 1 Existing Model

Age

0-5

Reach

Universal: A reach to all children in the hub area regardless of need is required

Where

Existing 9 hub areas, and outreach within the community

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

Universal coverage

Open to all parents who want to access the services

Disadvantages of Model

Dilutes Early help offer

Not able to offer Intensive or many targeted programmes due to resource limitations of time, space and staff availability

Offering services to three and four year old who are in care and education, or at school

Model No. 2

Age

0- 3

Reach

All Children and Families living within the Lower Super Output Areas with the highest levels of deprivation

Children and Families (of any age) with Early Help Assessment

Children and Families (of any age) with Child in Need Plans

Children and Families (of any age) with Child Protection Plans

Where

Existing 9 Hubs and outreach within the community

Services

Intensive Programmes

Targeted Programmes

Universal Offer

Advantages of Model

Able to offer all three levels of programme support

Greatest opportunity for targeted early help across whole Council area

Disadvantages of Model

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	
0-5	
Reach	<p>All Children and Families living within the Lower Super Output Areas with the highest levels of deprivation</p> <p>Children and Families (of any age) with Early Help Assessment</p> <p>Children and Families (of any age) with Child in Need Plans</p> <p>Children and Families (of any age) with Child Protection Plans</p>
Where	Existing 9 Hubs and outreach within the community
Services	<p>Intensive Programmes</p> <p>Targeted Programmes</p> <p>Universal Offer</p>
Advantages of Model	Disadvantages of Model
<p>Able to offer all three levels of programme support</p> <p>Greatest opportunity for targeted early help in hub areas</p>	<p>Centres seen as only for 'problem families'</p> <p>Resources will be directed to 3&4 year olds which may need to be spent on families at an earlier stage.</p> <p>Challenge over offer from families not in the identified cohort</p>
Model No. 4	
Age	
0- 3	
Reach	Universal: A reach to all children in the hub area regardless of need is required
Where	Existing 9 Hubs and outreach within the community
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>Open to all families even if there is not an identified need</p>	<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>

Possible Future Developments

31. 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.
32. Many other local authorities are in the course of reconfiguring Children's Centres, and the government has made it 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

33. 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.

Consultation Process

34. A Public Consultation will begin on 28 May 2014 and continue until 19 August 2014. This will consist of hard copy questionnaires as well as on-line survey aimed at parents, carers and Centre users, as well as stakeholders in the community such as voluntary organisations, schools and health services. A number of targeted Focus groups will be held.
35. The questionnaire will ask what other services respondents would like to see working in Children's Centres, as well as finding out which services current Centre users find most useful.

Next Steps

36. A paper will be brought to the Executive on 23 September 2014 which will report on the outcome of the consultation process and will specify future contract arrangements for Early Intervention and Prevention Services for Children and Families operating within Children's Centres for the next three year period.

Risk

37. 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

38. The Executive is asked to approve the commencement of the consultation process.

Appendices: None

Background Papers: None