



SCRUTINY BOARD (CHILDREN'S SERVICES)

Meeting to be held in Civic Hall, Leeds, LS1 1UR on
Thursday, 13th October, 2016 at 9.45 am

(A pre-meeting will take place for ALL Members of the Board at 9.15 a.m.)

MEMBERSHIP

Councillors

J Akhtar Hyde Park and Woodhouse;
S Bentley (Chair) Weetwood;
N Dawson Morley South;
C Dobson Killingbeck and Seacroft;
J Elliott Morley South;
S Field Garforth and Swillington;
C Gruen Bramley and Stanningley;
M Iqbal City and Hunslet;
A Lamb Wetherby;
P Latty Guiseley and Rawdon;
K Renshaw Ardsley and Robin Hood;

Co-opted Members (Voting)

Mr E A Britten	- Church Representative (Catholic)
Mr A Graham	- Church Representative (Church of England)
Ms L Nichols	- Parent Governor Representative (Primary)
Ms J Ward	- Parent Governor Representative (Secondary)
Ms J Hazelgrave	- Parent Governor Representative (Special)

Co-opted Members (Non-Voting)

Ms C Foote	- Teacher Representative
Ms K Jan	- Teacher Representative
Mrs S Hutchinson	- Early Years Representative
Ms C Hopkins	- Young Lives Leeds
Ms C Bewsher	- Looked After Children and Care Leavers

Agenda compiled by:
Guy Close
Scrutiny Support Unit
Tel: 39 50878

Principal Scrutiny Advisor:
Sandra Pentelow
Tel: 24 74792

A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
1			<p>APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS</p> <p>To consider any appeals in accordance with Procedure Rule 25* of the Access to Information Procedure Rules (in the event of an Appeal the press and public will be excluded).</p> <p>(* In accordance with Procedure Rule 25, notice of an appeal must be received in writing by the Head of Governance Services at least 24 hours before the meeting).</p>	
2			<p>EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC</p> <p>1 To highlight reports or appendices which officers have identified as containing exempt information, and where officers consider that the public interest in maintaining the exemption outweighs the public interest in disclosing the information, for the reasons outlined in the report.</p> <p>2 To consider whether or not to accept the officers recommendation in respect of the above information.</p> <p>3 If so, to formally pass the following resolution:-</p> <p>RESOLVED – That the press and public be excluded from the meeting during consideration of the following parts of the agenda designated as containing exempt information on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present there would be disclosure to them of exempt information, as follows:</p> <p>No exempt items have been identified.</p>	

Item No	Ward/Equal Opportunities	Item Not Open		Page No
3			<p>LATE ITEMS</p> <p>To identify items which have been admitted to the agenda by the Chair for consideration.</p> <p>(The special circumstances shall be specified in the minutes.)</p>	
4			<p>DECLARATION OF DISCLOSABLE PECUNIARY INTERESTS</p> <p>To disclose or draw attention to any disclosable pecuniary interests for the purposes of Section 31 of the Localism Act 2011 and paragraphs 13-16 of the Members' Code of Conduct.</p>	
5			<p>APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTES</p> <p>To receive any apologies for absence and notification of substitutes.</p>	
6			<p>MINUTES - 15 SEPTEMBER 2016</p> <p>To confirm as a correct record, the minutes of the meeting held on 15 September 2016.</p>	1 - 6
7			<p>SCRUTINY INQUIRY INTO CHILDREN'S CENTRES - SESSION 1</p> <p>To consider the report of the Director of Children's Services which provides the context for Session 1 of the Scrutiny Board's inquiry into Children's Centres.</p>	7 - 104
8			<p>HOME EDUCATION</p> <p>To consider the report of the Director of Children's Services which outlines the current law in regard to home education and the processes undertaken by Children's Services in Leeds.</p>	105 - 140
9			<p>WORK SCHEDULE</p> <p>To agree the Board's work schedule for the 2016/17 municipal year.</p>	141 - 162

Item No	Ward/Equal Opportunities	Item Not Open		Page No
10			<p>DATE AND TIME OF NEXT MEETING</p> <p>Thursday, 10 November 2016 at 9.45am (pre-meeting for all Board Members at 9.15am)</p> <p>THIRD PARTY RECORDING</p> <p>Recording of this meeting is allowed to enable those not present to see or hear the proceedings either as they take place (or later) and to enable the reporting of those proceedings. A copy of the recording protocol is available from the contacts on the front of this agenda.</p> <p>Use of Recordings by Third Parties – code of practice</p> <ul style="list-style-type: none"> a) Any published recording should be accompanied by a statement of when and where the recording was made, the context of the discussion that took place, and a clear identification of the main speakers and their role or title. b) Those making recordings must not edit the recording in a way that could lead to misinterpretation or misrepresentation of the proceedings or comments made by attendees. In particular there should be no internal editing of published extracts; recordings may start at any point and end at any point but the material between those points must be complete. 	

SCRUTINY BOARD (CHILDREN'S SERVICES)

THURSDAY, 15TH SEPTEMBER, 2016

PRESENT: Councillor S Bentley in the Chair

Councillors J Akhtar, N Dawson, C Dobson,
J Elliott, S Field, M Iqbal, A Lamb, P Latty
and K Renshaw

CO-OPTED MEMBERS (VOTING)

Mr E A Britten – Church Representative (Catholic)
Ms L Nichols – Parent Governor Representative (Primary)
Mrs J Ward – Parent Governor Representative (Secondary)
Ms J Hazelgrave – Parent Governor Representative (SEN)

CO-OPTED MEMBERS (NON-VOTING)

Mrs S Hutchinson – Early Years Representative
Ms C Hopkins – Young Lives Leeds
Ms C Bewsher – Looked After Children and Care Leavers

21 Late Items

There were no late items.

22 Declaration of Disclosable Pecuniary Interests

There were no disclosable pecuniary interests declared to the meeting.

23 Apologies for Absence and Notification of Substitutes

Apologies for absence were submitted by Councillor C Gruen and Co-opted Members, Ms C Foote, Mr A Graham and Ms K Jan.

24 Minutes - 21 July 2016

RESOLVED – That the minutes of the meeting held on 21 July 2016 be approved as a correct record.

25 Matters arising from the minutes

The Board was advised that Nigel Richardson, Director of Children's Services was retiring from the Council at the end of September 2016. Members thanked Nigel for his hard work and positive contribution to Leeds Children's Services and wished him all the best for the future.

26 Co-opted Membership of the Scrutiny Board (Children's Services)

The Head of Scrutiny submitted a report which sought the Board's formal consideration for the appointment of a voluntary sector representative (Young

Lives Leeds) and provided an update regarding the election of the Parent Governor Representative (Primary).

RESOLVED –

- (a) That Claire Hopkins be appointed as Young Lives Leeds Representative on the Board for the remainder of the 2016/17 municipal year.
- (b) That the Board notes the election of Louise Nichols as Parent Governor Representative (Primary) on the Board for a term of 4 years.

27 Increasing the Number of Young People in Employment Education or Training

The Head of Scrutiny submitted a report which presented information following the Board's Inquiry into 'Increasing the Number of Young People in Employment Education or Training' published on 14 March 2013.

The following information was appended to the report:

- Recommendation tracking flowchart and classifications
- An update on progress in relation to Increasing the Number of Young People in Employment, Education or Training
- NEET Scrutiny Report 2016 – Data tables.

The following were in attendance:

- Councillor Lisa Mulherin, Executive Board Member (Children and Families)
- Councillor Mohammed Rafique, Executive Member (Employment, Enterprise and Opportunity)
- Councillor Jane Dowson, Deputy Executive Board Member (Children and Families)
- Nigel Richardson, Director of Children's Services
- Steve Walker, Deputy Director (Safeguarding Specialist and Targeted Services)
- Andrea Richardson, Head of Services (Learning for Life)
- Sally Lowe, Partnership Manager 14-19.

The key areas of discussion were:

- Progress made to reduce the number of people who had been NEET since September 2015.
- The reporting changes from September 2016 onwards. Concern about tracking of 18 and 19 year olds – clarification was sought to identify who was supporting this age range and ensuring they were work ready. The Board was advised that local tracking would still be undertaken. Community Hubs may provide an opportunity to provide better support.
- Concern about the lack of quality work experience opportunities or mentoring and that work experience was no longer a statutory

responsibility for schools. It was advised that post-16 students were still expected to undertake work experience or some form of work-related training. The Board was advised about work being undertaken with young people as part of the better jobs breakthrough project. In addition, a report was being submitted to Executive Board (September) which outlined engagement activity with employers.

- The way that young people in Leeds accessed IAG. The Board was advised about the Leeds Pathways website – a useful on-line tool which provided information about jobs and skills.
- Clarification sought about specific programmes that raised awareness about employment in primary schools. The Board discussed possible development of Leeds Pathways links for programmes at primary level that schools could link into.
- Recognition of the good work being done across the city and concern that not all school clusters and governing bodies had been made aware about programmes aimed at reducing the risk of NEET. The Board emphasised the importance of sharing information and good practice.
- Raising aspiration of parents and the information, support and events that had been put in place.
- An acknowledgement of the issues in relation to children's mental health linked to NEET.
- The need for greater engagement with small businesses. It was suggested that small businesses be encouraged to provide opportunities for work experience and potentially visit schools to provide advice.
- The challenge of reducing sustained / complex NEET.

The status of recommendations were agreed as follows:

- Recommendation 6 – Not achieved (Progress made acceptable. Continue monitoring.)
- Recommendation 7 – Achieved
- Recommendation 10 – Achieved
- Recommendation 11 – Achieved.

RESOLVED –

- (a) That the Board notes the contents of the report
- (b) That the above status of recommendations be approved.

(Councillor J Akhtar left the meeting at 10.35am during this item)

28 Draft Terms of Reference - Inquiry into Children's Centres

The Head of Scrutiny submitted a report which presented draft terms of reference for the Board's Inquiry into Children's Centres.

The following were in attendance:

- Councillor Lisa Mulherin, Executive Board Member (Children and Families)
- Councillor Jane Dowson, Deputy Executive Board Member (Children and Families)
- Nigel Richardson, Director of Children's Services
- Steve Walker, Deputy Director (Safeguarding Specialist and Targeted Services)
- Andrea Richardson, Head of Services (Learning for Life).

RESOLVED –

- (a) That the terms of reference for the Board's Inquiry into Children's Centres, be approved.
- (b) That the Board notes that the terms of reference may incorporate additional information during the inquiry should the Board identify any further scope for inquiry or request further witnesses or evidence.

29 Children's Services 2016/17 budget

The Deputy Chief Executive and Director of Children's Services submitted a joint report which presented information in the context of the reported projected overspend for the Children's Services 2016/17 budget and provided an update on the latest financial position in relation to Children's Services and whether future budgets could be done differently.

The following were in attendance:

- Councillor Lisa Mulherin, Executive Board Member (Children and Families)
- Councillor Jane Dowson, Deputy Executive Board Member (Children and Families)
- Alan Gay, Deputy Chief Executive
- Simon Criddle, Head of Finance (Children's Services Finance)
- Nigel Richardson, Director of Children's Services
- Steve Walker, Deputy Director (Safeguarding Specialist and Targeted Services).

The key areas of discussion were:

- The principles behind setting the children's services budget and the assumptions made regarding external pressures.
- The need for financial constraints and discipline particularly when the whole council was facing significant budget challenges.
- Maintaining successful strategies which were becoming increasingly difficult as budgets decreased.
- Concern regarding predicted overspend at this stage in the financial year. To provide context to risk the Board was advised that this

represented about half a percent of the Council's overall budget which was a small margin.

- The significant need for early investment and intervention to deliver longer term savings. The Board considered the financial challenges facing the Council, particularly in terms of balancing financial pressures across key service areas.
- The improvement of outcomes with a reducing budget, continuing to build on partnerships and seeking additional external funding.
- That future budget reports distinguished demand led and the core budget.

RESOLVED – That the contents of the report be noted.

(Councillor M Iqbal left the meeting at 11.45am during this item.)

30 Work Schedule

The Head of Scrutiny submitted a report which invited Members to consider the Board's work schedule for the 2016/17 municipal year.

The following information was appended to the report:

- Request for Scrutiny – School transport for children in East Keswick and Bardsey
- Extracts of relevant ombudsman cases investigated in relation to school transport
- Report to Executive Board dated 22 June 2016 – Children's Transport Changes – deputation to Full council
- Extract of minutes from Executive Board meeting on 22 June 2016
- Scrutiny Board (Children's Services) work schedule for 2016/17
- Minutes of Executive Board meeting on 27 July 2016.

The following were in attendance:

- Councillor Lisa Mulherin, Executive Board Member (Children and Families)
- Councillor Jane Dowson, Deputy Executive Board Member (Children and Families)
- Nigel Richardson, Director of Children's Services
- Sue Rumbold, Chief Officer (Partnership Development and Business Support)
- John Bradshaw, Programme Manager, Children's Services.

In relation to the request for scrutiny, the key areas of discussion were:

- The existing forums already had oversight of the issue raised in the request for scrutiny, including the Local Government Ombudsman.
- The mitigation of risk to prevent similar situations arising in the future.

- The opportunity already provided to raise their concerns to Elected Members of Council via a deputation and via the formal complaints procedure, appeal and ultimately the Local Authority Ombudsman.
- Current commitments in the Board's work programme.

RESOLVED –

- (a) That the Board would not adopt the request for scrutiny regarding school transport for children in East Keswick and Bardsey into the work programme.
- (b) That the Board's work schedule be approved.

31 Date and Time of Next Meeting

Thursday, 13 October 2016 at 9.45am (pre-meeting for all Board Members at 9.15am)

(The meeting concluded at 12.55pm)



Report author: Andrea Richardson

Tel: 0113 3783634

Report of: Director of Children’s Services

Report to: Scrutiny Board (Children’s Services)

Date: 13 October 2016

Subject: Childrens Centre Inquiry- Session 1

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes X No
Are there implications for equality and diversity and cohesion and integration?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Summary of main issues

To give background and contextual information for members to be able to consider the following:

- Legislation and Statutory Framework for Children’s Centres
- The links and relationships with partners, clusters and schools and governance frameworks.
- Ofsted - the current situation around regulation and any views of Ofsted about Leeds Children’s Centres
- An overview of the headline principles in the Best Start Strategy, 0-5 Strategy and role of the 0-5 Partnership Boards
- Facilitating Voice and Influence – how this is currently achieved in Childrens Centres and the role of Advisory Boards
- Family Hubs: The Future of Children’s Centres – to advise the Board of the existence of this report and how it accords with the Leeds approach/views/approach.

Recommendations

The Scrutiny Board (Children’s Services) is requested to note the information presented as part of session 1 of the Children’s centre Inquiry.

Purpose of this report

The purpose of this report is to provide the context for Session 1 of the Scrutiny Board's inquiry into Children's Centres. This session will consider:

- Legislation and Statutory Framework for Children's Centres.
- The links and relationships with partners, clusters and schools and governance frameworks.
- Ofsted - the current situation around regulation and any views of Ofsted about Leeds Children's Centres.
- An overview of the headline principles in the Best Start Strategy
- , 0-5 Strategy and role of the 0-5 Partnership Boards.
- Facilitating Voice and Influence – how this is currently achieved in Children's Centres and the role of Advisory Boards.
- Family Hubs: The Future of Children's Centres – To advise the Board of the existence of this report and how it accords with the Leeds approach/views/approach.

1 Background Information

The Board is seeking to understand the impact that Children's Centres are having in Leeds and identify how they can remain effective and sustainable and ensure the service continues to deliver on the long term strategic aim to improve the lives of young children. If during the course of the inquiry it is evident that improvements are required the Scrutiny Board will seek to clarify what is being done to change things to ensure better outcomes.

It is important to consider how the Scrutiny Board will deem if their inquiry has been successful in making a difference to local people. Some measures of success may be obvious at the initial stages of the inquiry and will be included in these terms of reference. Other measures of success may become apparent as the inquiry progresses and discussions take place.

Following the inquiry the Scrutiny Board will publish its report which will identify clear desired outcomes. These will be reflected in the recommendations made. The director or organisation to whom the recommendations have been made will be responsible for monitoring the impact of each recommendation and for advising the Scrutiny Board accordingly as the board reviews progress.

2 Main Issues

Legislation and Statutory Framework for Children's Centres

Legislation about children's centres is contained in the Childcare Act 2006. The statutory definition of a children's centre is

'a place which is managed by or on behalf of, or under arrangements with, the local authority with a view to securing that early childhood services in the local authority's area are made available in an integrated way'.

Local authorities are required ensure there is consultation if significant changes to children's centre provision is made, for example, making a significant change to the range and nature of services provided through a children's centre and / or how they are delivered, and closing a children's centre; or reducing the services provided to such an extent that it no longer meets the statutory definition of a Sure Start children's centre.

The core purpose of children's centres is to improve outcomes for young children and their families and reduce inequalities between families in greatest need and their peers in the areas of:

- child development and school readiness;
- parenting aspirations and parenting skills;
- child and family health and life chances.

In discharging their duty in section 5E of the Act 9, local authorities, commissioners of local health services and Jobcentre Plus may decide to make early childhood services available through children's centres, if they do they should do so in ways which enable children's centres to achieve their core purpose.

The links and relationships with partners, clusters and schools and governance frameworks

Integrated Early Start Service

Early Start is an integrated family based offer for children aged 0-5 years and includes the provision of services such as health, childcare, play, early learning and development. Early Start recognises the importance of early help (guide) and giving every child, in every community, the best start in life both through improving maternal health and better care of children's health and development.

The Early Start Service is comprised of health visitor service practitioners and children's centre practitioners working together in fully integrated teams which are aligned to each of the 25 clusters (guide) and based in health centres and children's centres across the city. The Health Visiting element of the service is commissioned by LCC Public Health, and provided by Leeds Community Healthcare (NHS) Trust

***Appendix 1* One Minute Guide.**

Leeds Children and Families Trust Board

The governance framework for local authority Children's Centres sits with Leeds Children and Families Trust Board which plays a part in improving outcomes for children and young people in the city. This occurs through the Children and Young People's Plan (CYPP), which is a statement of intent and ambition for making a positive and significant difference to the lives of over 180,000 children and young people of Leeds.

0-5 Early Years Partnership

The CFTB is one of five city-wide strategic multi-agency boards working towards the

overall ambition of making Leeds the best city in the UK. The Board is chaired by the Lead Executive Member Children's Services. A key strategy for Leeds for Learning Landscape will be undertaken by the 0-5 Early Years Partnership (0-5 EYP), which aims to embed within Leeds investment in the early stages of children's lives across the partnership. This reflects the growing research evidencing that early years are vitally important in its own right and in promoting future life chances of children and young people. Children's Centres are a key part of the delivery for the 0-5 Early Years Partnership (0-5 EYP). The local authority ensures its accountability for Children's Centre services city wide through a Self Evaluation Framework. This framework is reviewed annually. In the Spring term centres submit a data return and hold an Annual Conversation between the centre and the local authority. In the summer term data is submitted, then in the Autumn term a data and progress review are undertaken.

Appendix 2 Improvement Cycle.

Cluster

The 25 Early Start Teams are completely aligned with cluster groupings, Childrens Centre staff/health visitors meet regularly together to review family needs and allocation of support. They also attend cluster management/JCC groups playing a key part in the intelligence gathering around vulnerable families and support. An increasing number of clusters , as budgets reduce are looking at 0-19 teams, Merging Early Start and cluster support workers together for example in Bramley and the ARM cluster.

Appendix 3 shows the total list of Children's Centres by cluster, ward, phase and governance lead.

Health Partnership

LCC Public Health has commissioned a range of preventative services through the Children's Centre offer. These include Preparation Birth and Beyond(a universal perinatal education programme based in communities), HENRY (a health lifestyles programme for parents), and breast feeding support. This has maintained a universal offer of early preventative family services. Children's Centres are held accountable for delivery of this preventative offer through the Early Start Commissioning Group and monitored through the Early Start Dashboard.

The relationships with CCGs are developing with investment, particularly from the South East CCG around specific areas of first aid training, maternal mental health and parenting support.

Appendix 4 Early Start Dashboard.

Ofsted - the current situation around regulation and any views of Ofsted about Leeds Children's Centres

In July 2015 Sam Gyimah, then minister for childcare, announced a Government consultation on the future of Children's Centres. There was a recognition at this point that Children's Centres have the potential to make a critical difference to young families at vulnerable and challenging times in their lives. He committed to

the need for parents to access flexible care, help and advice. The changing role of Health visitors is recognised in providing support to families alongside Children's Centres and the new free entitlement to early education for eligible two year olds, an extended child care offer from 15 to 30 hours for working parents in September 2017.

At this point Children's Centre Ofsted inspections were put on hold, pending the DfE consultation, supposedly before the end of the year. **At the end of August 2015 Children's Centres in Leeds had 73% of centres good or outstanding, with a national comparison of 49%.**

The inspection framework focused on the impact of Children's Centres on targeted young children and their families, especially those identified as being most in need of intervention and support. The three elements of the inspection for judgement were:

- Access to services by young children and their families;
- The quality and impact of services and practice;
- The effectiveness of leadership, governance and management.

See **Appendix 5** for inspection example outstanding, good, requires improvement.

An overview of the headline principles in the Best Start Strategy, 0-5 Strategy and role of the 0-5 Partnership Boards

Best Start Strategy

The aim to give every child the best possible start in life is a top commitment of the Leeds Health and Wellbeing Strategy. This aligns closely with the Leeds Children & Young People's Plan which focuses on those at most risk of a poor start through its priority to reduce the number of children looked after. The Leeds Best Start Plan describes a broad preventative programme from conception to age 2 years which aims to ensure a good start for every baby, with early identification and targeted support for vulnerable families early in the life of the child. This is a progressive universal approach. In the longer term, this will promote social and emotional capacity and cognitive growth, and will aim to break inter-generational cycles of neglect, abuse and violence.

The overall outcomes for the programme will be:

- Healthy mothers and healthy babies at population and individual level
- Parents experiencing stress will be identified early and supported
- Well prepared parents
- Good attachment and bonding
- Development of early language and communication

The over-arching indicator for the programme is reduced rate of deaths in babies

aged under one year (infant mortality rate).

Appendix 6 Best Start Strategy Plan on a page

A Life Ready for Learning- 0-5 Strategy

The aim of the strategy is that every child in Leeds will be ready to get the best start from their early learning experience. Principles include:

- All communities have access to good or better early learning and care opportunities;
- Every child, from the age of 2 should be supported and encouraged to attend high quality learning experiences across all sectors
- Well prepared and informed parents will be supported to make good choices about their child's early learning;
- Families who are most vulnerable will be identified early and well supported by a highly skilled and well trained workforce
- Parents will have access to places they feel welcome, build networks and relationships to support their child's early learning and care
- Development of early language and communication

The overarching indicator is to reduce the 'inequality gap in achievement' indicator, and Early Years Foundation Stage which is measured as the percentage gap in achievement between the lowest 20 per cent of achieving children in a local authority (mean score), and the score of the median.

Appendix 7 A Life Ready for Learning- Action Plan.

0-5 Early Years Partnership

The purpose of the 0-5 Early Years Partnership is to bring together partners involved in the provision of learning support to children in Leeds. It seeks to bring together all aspects of the learning and support agenda and make a significant contribution to improved outcomes for children aged 0-5 and encourage partners to secure high quality integrated services for children, young people and their families.

Facilitating Voice and Influence – how this is currently achieved in Childrens Centres and the role of Advisory Boards

In terms of local governance arrangements, every Children's Centre, or Children's Centre group is required to have an Advisory Board. This is defined as;

“ a group of persons who represent the interests of the children's centre users. The role of advisory board members is to provide advice, assistance and challenge to centre leaders, in order to ensure that the children's centre operates effectively and efficiently and fulfils its remit.”

The advisory boards are held accountable, through inspection for the extent to which target families contribute to the centre's performance and delivery. They also take account of how well target families' views are taken into account to improve access and to shape services and the extent to which resources are used effectively and efficiently .

The advisory board has centre staff, parents or carers, school, health visitor, cluster and voluntary sector representation. These operate with varying degrees of success, with some centres struggling to maintain parental involvement.

Family Hubs: The Future of Children's Centres

The All Party Parliamentary Group on Children's Centres (referred to throughout this report as the APPG") decided to undertake an inquiry into the future of Children's Centres as the centre piece of its programme of activity for the 2015-16 Parliamentary session. The findings of this inquiry are summarized in **Appendix 8**.

The focus of this report – Family Hubs: The Future of Children's Centres – is on the role that Children's Centres' can potentially play as hubs for local services and family support. In recent years, the idea of expanding Children's Centres' provision to provide holistic support which joins up services for the whole family is one which has received an increasing amount of attention. In 2014, the Centre for Social Justice proposed a model that they termed "Family Hubs", which would see Children's Centres become:

The 'go to' place for any parent (including fathers) to access services or information about all family-related matters including: birth registration, antenatal and postnatal services, information on childcare, employment and debt advice, substance misuse services, relationship and parenting support, local activities for families and support for families separating.

The APPG suggests that there is significant potential in the Family Hub model. Its inquiry therefore set out to examine the benefits and case for Family Hubs, to highlight examples of best practice which already exist to demonstrate how the work of Children's Centres can be augmented, and to consider the challenges around implementation and how these can be overcome.

- The Government should give full consideration to augmenting Children's Centres into Family Hubs as part of its Life Chances agenda.
- Local authority leaders and public health commissioners should position Family Hubs at the heart of their Health and Wellbeing strategies. Accessing support should be normalised, supported by messaging from local leaders.
- Emphasis should be placed on how mental health needs, and particularly children's mental health, can be addressed in Family Hubs.
- The links between Family Hubs, local employers and Jobcentre Plus should be reviewed and strengthened.

- Relationship support delivered in Family Hubs should encompass parenting support, couple relationship counselling, pre-marriage courses, post-separation support and help with parenting teenagers, at a range of levels from structured to “light touch”.
- To support Family Hubs’ work, local authorities should be required to record family breakdown statistics on a statutory basis.
- Lessons from the successful Troubled Families programme should be learned, but with a focus on helping families before crisis point is reached.
- Engagement with voluntary, community, self-help and peer support organisations should be significantly expanded, with a recognition that people who have challenges can often offer solutions.
- Every National Citizen Service candidate should spend time in a Family Hub, both learning and volunteering, to emphasise that everyone has something to contribute.
- Online support should also be available, co-branded with Family Hubs, and promoted as a national, universally-recognisable point at which a wide range of support can be accessed.
- There must be a concerted effort to share best practice across the country, to overcome barriers to information sharing and improve the evidence base around the impact of services.
- Birth registration should be rolled out in Family Hubs nationwide, so that everyone is aware of the support on offer as and when they or their family need it in future years.

3.0 Corporate Considerations

3.1 Consultation and Engagement

A working group has met on a monthly basis for the last four months with CCG, Public Health, LCC, Leeds Community Health and Voluntary Action Leeds to consider a joint commissioning plan for the future.

Parental views around service delivery are sought on a regular basis.

3.2 Equality and Diversity / Cohesion and Integration

Children's Centres presently offer a progressive universal service. An offer for all families with children under 5 years and an enhanced level of support for families with additional needs.

3.3 Council policies and City Priorities

3.3.1 Under Leeds Children's and Young People's Plan, the three priority areas for improvement in Leeds are:

- to support children to live in safe and supportive families so that the need for children and young people to become looked after is reduced
- to improve school and college attendance and behaviour in school so that more children can benefit from the opportunities provided, and
- to enable more young people to be able to take up opportunities for education, training and employment by the age of 19

3.3.2 The Early Start Children's Centres are an essential component of the Best Start priority within the Leeds Health and Wellbeing Strategy, and of A Life Ready for Learning Strategy and provide a key support for employability and skills, particularly for lower paid families in the city.

4.4 Resource and value for money

4.4.1 A significant amount of work has been undertaken to ensure the Leeds model for early Start delivers the best value for money. The Best Start and A Life Ready for Learning Strategy are based in a number of key national documents that demonstrate social and fiscal return on well designed early intervention (WAVE report "Conception to 2 years, Marmot report, Effective Provision of Pre-school Education –EPPE).

Recent cost benefit analysis was undertaken around the Leeds model suggests investment in the earliest years is already adding value to the Leeds £.

Appendix 9 Economic Modelling in support of Children's Centre Business Case for Leeds

4.5 Legal Implications, Access to Information and Call In

Not applicable.

4.6 Risk Management

4.6.1 Early Start Teams- Children's Centres have offered added value to the city strategy towards reducing health and learning inequalities for the city. Working with around 25,000 families per annum through a range of evidence based programmes Leeds has increased face to face contact and support for every family in the city, reduced the number of under 5s going into care, reduced levels of obesity, there are steady

gains in breastfeeding and narrowing of the attainment gap at the end of Early Years Foundation Stage. These outcomes have not been replicated in any other city in the UK.

5 Conclusions

- 5.1 This concludes the contextual information to support session 1 of the Childrens centre Inquiry. There is a good range of evidence around the impact of the Leeds model for Childrens Centres described in this report. However the future of centres nationally and locally is under intense scrutiny. The model needs to demonstrate outcomes for families and illustrate value for money in terms of preventative spending for local authority, health and educational outcomes.

6 Recommendations

- 6.1 The Scrutiny Board (Children's Services) is requested to note the information presented as part of session 1 of the Children's centre Inquiry.

7 Background documents¹

None

8 Appendices

Appendix 1 The total list of Children's Centres by cluster, ward, phase and governance lead

Appendix 2 Improvement Cycle

Appendix 3 The All Party Parliamentary Group on Children's Centres inquiry into the future of Children's Centres

Appendix 4 Early Start Dashboard.

Appendix 5 Ofsted inspection example outstanding, good, requires improvement

Appendix 6 Best Start Strategy Plan on a page

Appendix 7 A Life Ready for Learning- Action

Appendix 8 Family Hubs: The Future of Children's Centres

Appendix 9 Economic Modelling in support of Children's Centre Business Case for Leeds

¹ The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.



One minute guide

Appendix 1

Early Start Service

No. 107, February 2016

What is the Early Start Service?

The Early Start Service was developed to help key services working with families with young children work more effectively together. This supports our ambition for Leeds to be the best city for children to grow up in, a child friendly city ([guide](#)).

Early Start is an integrated family based offer for children aged 0-5 years and includes the provision of services such as health, childcare, play, early learning and development. Early Start recognises the importance of early help ([guide](#)) and giving every child, in every community, the best start in life both through improving maternal health and better care of children's health and development.

The Early Start Service is comprised of health visitor service practitioners and children's centre practitioners working together in fully integrated teams which are aligned to each of the 25 clusters ([guide](#)) and based in health centres and children's centres across the city.

Why do we have the Early Start Service?

The Early Start Service was established to ensure that practitioners with the appropriate skills are working together to provide the right support to meet the needs of children and families from pregnancy up to when the child is five years of age to ensure children achieve the best start in life.

The aims of the Early Start Service are to:

- Ensure that families are offered the [Healthy Child Programme](#);

- Ensure that families are offered the [Early Years Foundation Stage Framework](#) as part of the Children's Centre [Core Purpose](#);

- Identify children and families where additional preventative programmes and interventions will reduce their risks and improve future health and wellbeing;

- Promote and protect health, wellbeing, learning and school readiness; and

- Provide a gateway into specialist services.

What do the Early Start teams do?

Early start teams provide families with a clear point of contact, communication and realistic choices. They work collaboratively with communities to improve health and education outcomes and support families to keep children safe from harm. They provide family support using restorative ([guide](#)) and collaborative approaches, in partnership with other agencies such as GPs, maternity and other early help services.

For families in greater need, they also provide additional support services through the different pathways and offers.

What are the Early Start offers and pathways in Leeds?

In Leeds, there are different offers and pathways depending on the needs of the family. These are the: Universal Family Offer; Universal Plus; Universal Partnership plus Family Offer; and Care Pathways.

Universal Family Offer – this is a planned programme of contacts and services available to all families in Leeds which starts from 28 – 34 weeks into pregnancy and up to the child's fifth birthday. Every family is offered a programme of screening tests, immunisations, development reviews and information and guidance to support parenting and healthy choices; all the services that children & families need to receive if they are to achieve their optimum health & well-being. Also available include: pregnancy, birth and beyond group programme; breast feeding support group; and information, advice and signposting.

Universal Plus and Universal Partnership plus Family Offer – it is recognised that some families need additional services at times. When these needs are identified, by one of the early start practitioners, they make their initial assessment of the situation and in collaboration with the family, discuss this at an Early Start Allocation Meeting. Early Help Assessments may be offered with the aim of offering the family the most responsive and appropriate route of support available:

Universal plus includes additional services that families might need for a specific length of time provided by the early start team; and Universal partnership plus Family Offer refers to services for families with more complex and longer term needs. This includes adult substance misuse, children with a disability and those with complex needs as well as children who may have social work involvement.

Care pathways are developed by Early Start practitioners and supported by those with specialist expertise where the family needs additional services, for example additional support for: domestic violence; alcohol misuse; or maternal mood.

What practitioners need to know, how to access the service, key contacts and for more information

When practitioners come into contact with a pregnant woman or a family with a child under five, they should inform them about the Early Start Service and how to contact them. This is especially important if it seems that the family are not receiving the services they are entitled to. The Early Start Service can be accessed through any Health Visitor team or Children's Centre.

A useful post code tool to help families and practitioners find the right Health Visiting Team and Children's Centre is available from the [Family Information Service](#).

Key contacts are:

Andrea Richardson, Head of Service Learning for Life - andrea.richardson@leeds.gov.uk

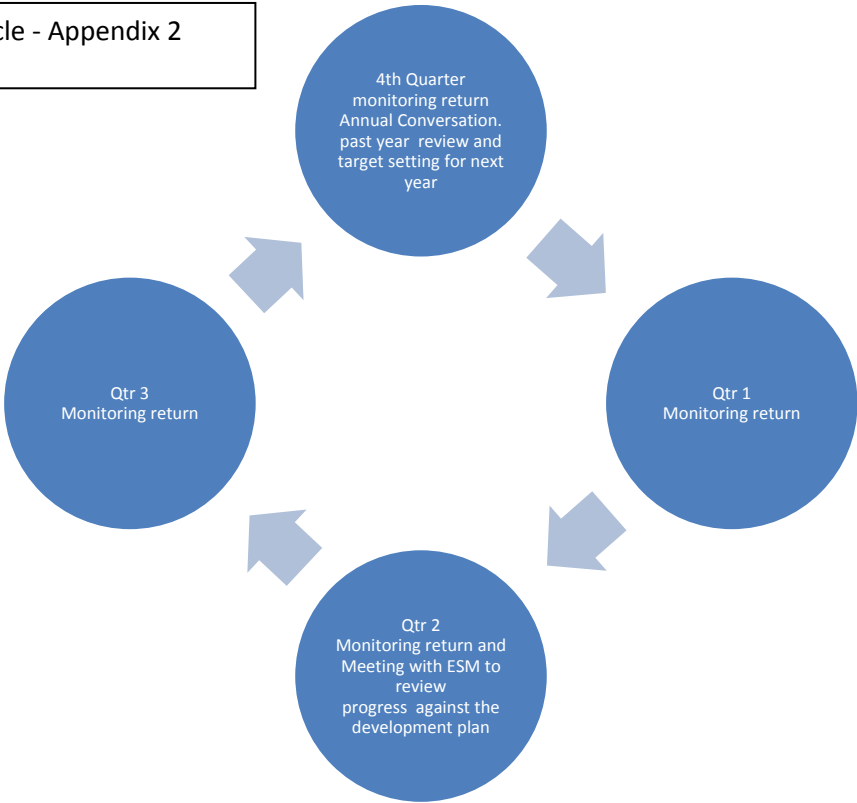
Sam Childs, Head of Service Healthy Child Pathway – samantha.childs@nhs.net

Amanda Ashe, Children's Centres and Early Start Lead – amanda.ashe@leeds.gov.uk

Debra Gill, Service Manager for Health Visiting – debra.gill@nhs.net

For more information you can also access the Council's [Early Start web page](#) and the [Early Start](#) leaflet and the Leeds Community Healthcare [Early Start web page](#)

Improvement Cycle - Appendix 2



This page is intentionally left blank

Appendix 3

Children's Centre	Cluster	Ward	Phase	Org
Armley Moor CC	ACES	Armley	1	C
Middleton CC	Beeston, Cottingley and Middleton	Middleton Park	1	C
Bramley CC	Bramley	Bramley and Stanningley	1	S
Hollybush CC	Bramley	Bramley and Stanningley	1	S
Gipton North CC	Inner East	Gipton and Harehills	1	C
Harehills CC	Inner East	Gipton and Harehills	1	C
Shakespeare CC	Inner East	Burmantofts and Richmond Hill	1	C
Windmill CC	J.E.S.S	Middleton Park	1	S
Swarcliffe CC	Seacroft Manston	Cross Gates and Whinmoor	1	C
New Beverley CC	J.E.S.S	City and Hunslet	1	C
Roundhay CC	ARM	Roundhay	3	S
City & Holbeck CC	J.E.S.S	City and Hunslet	1	Vol
Ireland Wood CC	ESNW	Weetwood	2	S
Chapelton CC	C.H.E.S.S	Chapel Allerton	1	C
Pudsey CC	Pudsey	Pudsey	1	S
Rothwell CC	Rothwell	Rothwell	2	C
Alwoodley CC	ARM	Alwoodley	2	S
Farsley & Calverley CC	Pudsey	Calverley and Farsley	3	S
Shepherds Lane CC	C.H.E.S.S	Gipton and Harehills	1	C
Moortown CC	ARM	Moortown	3	S
Morley South CC	Morley	Morley South	2	S
Farnley CC	Farnley	Farnley and Wortley	1	S
Castleton CC	ACES	Armley	1	S
Richmond Hill CC	Inner East	Burmantofts and Richmond Hill	1	C
Two Willows CC	Beeston, Cottingley and Middleton	Beeston and Holbeck	1	C

Villages East CC	Brigshaw	Garforth and Swillington	3	S
Burley Park CC	Inner NW Hub	Kirkstall	1	C
Yeadon & Rawdon CC	Aireborough	Otley and Yeadon	2	S
Hunslet CC	J.E.S.S	City and Hunslet	1	C
Osmondthorpe CC	Inner East	Burmantofts and Richmond Hill	1	C
Cross Gates & Manston CC	Seacroft Manston	Cross Gates and Whinmoor	3	S
Morley North CC	Morley	Morley North	2	S
Horsforth CC	Horsforth	Horsforth	2	S
Swinnow CC	Pudsey	Pudsey	1	S
Cottingley CC	Beeston, Cottingley and Middleton	Beeston and Holbeck	1	C
Little London CC	OPEN XS	Hyde Park and Woodhouse	1	C
Meadowfield CC	Templenewsam Halton	Temple Newsam	1	S
Ardsley & Tingley CC	Ardsley & Tingley	Ardsley and Robin Hood	2	S
Hawthornthorpe Wood CC	Inner NW Hub	Kirkstall	1	C
Kirkstall CC	Inner NW Hub	Kirkstall	2	C
Lofthouse CC	Rothwell	Ardsley and Robin Hood	2	C
Otley CC	Otley/Pool/Bramhope	Otley and Yeadon	2	S
Garforth CC	Garforth	Garforth and Swillington	3	C
Meanwood CC	NEtWorks	Chapel Allerton	1	C
Parklands CC	Seacroft Manston	Killingbeck and Seacroft	1	C
Gipton South CC	Inner East	Gipton and Harehills	1	C
Kentmere CC	Seacroft Manston	Killingbeck and Seacroft	1	C
Wetherby CC	EPOS	Wetherby	3	S
Carr Manor CC	NEtWorks	Moortown	2	S
Chapel Allerton CC	NEtWorks	Chapel Allerton	2	C
Boston Spa CC	EPOS	Wetherby	3	S

This page is intentionally left blank

City Wide

Final: 1/8/2016

Ref	Measure	2015-16	2015-16	2015-16	2016-17	2015-16
		Quarter 2	Quarter 3	Quarter 4	Quarter 1	Quarter 1
Service Delivery and Capacity						
10	Number of Health Visitors Delivering the Healthy Child Pathway (Whole Time Equivalents) from 2015/16 Q3	159.2	143.0	140.9	-	166.4
11	All other Health Visitors Paid for by the Early Start Contract	-	-	-	-	-
12	Health Visitor Caseload: City Wide					
13	Health Visitor Caseload: Deprived Areas	-	-	-	-	-
14	Health Visitor Caseload: Non-Deprived Areas	-	-	-	-	-
0-5 years Universal Service						
20	Total number of women receiving antenatal face-to-face contacts (from Q3 2015/16)	1782	1851	1839	1997	1770
24	% of women receiving a NBV in the quarter who also received an antenatal visit during their pregnancy				-	
30	Infants turning 30 days in the quarter (from Q3 2015/16)	2556	2592	2498	2436	2437
31	% infants who had a face-to-face NBV undertaken by a health visitor	93.5%	97.6%	94.8%	98.4%	95.5%
32	% of infants who had a face-to-face NBV undertaken by a health visitor within 14 days of birth	38.2%	70.8%	79.3%	84.3%	48.1%
40	Total number of infants due a 6-8 week review by the end of the quarter	2555	2616	2477	2438	2465
41	% of 6-8 week reviews completed by HVs	86.9%	88.7%	90.0%	95.4%	90.2%
42	% of 6-8 week reviews completed within 8 weeks of birth	69.6%	77.1%	77.0%	84.0%	72.2%
50	Number of Children turning 12 months during the quarter	2646	2560	2396	2532	2424
52	% of 12 month reviews completed within 12 months	68.9%	62.0%	61.3%	66.7%	78.5%
53	Number of Children turning 15 months during the quarter	-	2650	2574	2392	-
54	% 12 month reviews completed within 15 months	-	77.8%	76.0%	81.3%	-
60	Number of Children turning 2.5 Years in the quarter	2450	2415	2680	2560	2636
64	% of Children who received a 2-2.5 Year Review within 2.5 Years	65.8%	62.2%	65.4%	68.0%	65.4%
65	Number of 2.5 Year Reviews completed within 2.5 Years	1612	1502	1752	1742	1724
66	Number of 2.5 Years Integrated Reviews completed within 2.5 years	91	82	158	230	58
Service tier model delivery						
70	Number of children turning 5 years old in the quarter	2652	2602	2406	2526	2512
71	Percentage of children turning 5 years old within the quarter who received a Universal contact from the HV service at any time	99.2%	99.5%	99.4%	99.7%	99.2%
72	Percentage of children turning 5 years old within the quarter who received a Universal Plus contact from the HV service at any time	50.2%	54.4%	53.8%	53.4%	51.8%
73	Percentage of children turning 5 years old within the quarter who received a Targeted contact from the HV service at any time	10.7%	12.2%	11.6%	11.1%	11.5%
74	Number of Universal Contacts made by the HV Service in the quarter	24664	25095	26004	27117	-
75	Number of Universal Plus Contacts made by the HV Service in the quarter	274	309	328	384	-
76	Number of Targeted Contacts made by the HV Service in the quarter	1622	1667	1664	1713	-
79	Number of children under 5 years old	50948	50792	50559	50875	50417
83A	Adults receiving universal core offer via Children's Services	2310	2116	2420	1945	-
83C	Children receiving universal core offer via Children's Services	2523	2194	2506	2089	-
84A	Adults receiving universal plus via Children's Services	1997	1958	1871	1629	-
84C	Children receiving universal plus via Children's Services	2132	1882	1898	1647	-
85A	Adults receiving universal partnership plus (targeted) via Children's Services	1332	1305	1248	1086	-
85C	Children receiving universal partnership plus (targeted) via Children's Services	1421	1255	1265	1098	-
Safeguarding						
99	Number of Early Help Contacts made by Early Start Teams				-	
100	Number of Early Help Assessments initiated by Early Start Teams	30	46	41	-	54
112	Number of 0-5 year olds requests for service made by Early Start Teams (from Q4 2015/16)	-	-	59	69	-
113	Number of 0-5 year olds referred to Social Services from Early Start Teams (from Q4 2015/16)	-	-	32	44	-
120	Numbers of Children Looked After (CLA) under 5 (resident in the area when taken into care)	261	250	236	237	264
121	Numbers of Children Looked After under 5 (placed within the area)	163	148	158	176	169
125	Total number of Children Looked After Health Needs Assessments (HNA) for under 5s undertaken by HVs	82	56	70	64	73
126	% of under 5s who were CLA > 12 mths at the end of the quarter who received all required HNAs in the previous 12 mths	-	-	-	91.5%	-
130	Number of children under 5 going into a Child Protection Plan	79	89	72	83	100
131	Number of children under 5 on a Child Protection Plan	228	236	232	218	236

City Wide

Final: 1/8/2016

Ref	Measure	2015-16	2015-16	2015-16	2016-17	2015-16
		Quarter 2	Quarter 3	Quarter 4	Quarter 1	Quarter 1
134	Number of ICPCs attended by HVs				67	
134a	Percentage of ICPCs attended by HV in the quarter				100%	
135	Number of CP Reviews attended by HVs				127	
135a	Percentage of CP Reviews attended by HVs				100%	

Public Health & Outcomes

140	Number of 8 week babies due a breastfeeding check	2179	2563	2434	2392	2318
141	Breast Feeding Initiation (Captured at 8 weeks)	62.2%	71.8%	72.1%	74.9%	68.7%
142	Exclusively breast feeding 8 weeks	35.7%	33.9%	31.0%	34.2%	34.8%
143	Mixed feeding 8 weeks	13.7%	14.7%	15.2%	14.5%	13.8%
144	Exclusively breast feeding at 10-14 days	-	-	43.4%	45.8%	-
145	Mixed feeding at 10-14 days	-	-	18.0%	17.3%	-
149	Immunisation cohort	2444	2685	2560	2474	2457
150	Immunisation coverage - 3rd DTP	96.8%	97.4%	97.5%	97.5%	97.7%
151	Immunisation coverage - 1st MMR	93.9%	94.5%	94.4%	94.3%	95.5%
162	Number of children turning 30 months within the quarter	-	-	-	-	-
163	Number of children with height & weight recorded	-	-	-	-	-
164	% of children underweight	-	-	-	-	-
165	% of children healthy weight	-	-	-	-	-
166	% of children overweight	-	-	-	-	-
167	% of children obese	-	-	-	-	-
170	Number of children under 5 years old	50948	50792	50559	50875	50417
171	Number of children whose families enrolled on a HENRY Programme	-	-	-	-	-
172	Number of children whose families completed a HENRY Programme	-	-	-	-	-
174a	Number of mothers enrolling in Baby Steps				94	
174b	Number of fathers/significant others enrolling in Baby Steps				1	
175a	Number of mothers completing the Baby Steps programme				0	
175b	Number of fathers/significant others completing the Baby Steps programme				0	
180	Reception Children with Height and Weight Recorded (annual)	9183	9183	9183	9183	8644
181	% of Reception Children Overweight	13.5%	13.5%	13.5%	13.5%	14.1%
182	% of Reception Children Obese (annual)	9.5%	9.5%	9.5%	9.5%	8.7%

School readiness - Foundation Stage and narrowing the gap of bottom 20%

189	Number of two year olds claiming early learning places (termly)	2974	2974	2754	2976	2700
190	Number of Children (end of reception) (annual)	9740	9848	9848	9848	9740
191	% of children (end of reception) reaching good level of development	58.2%	61.9%	61.9%	61.9%	58.2%
192	% of children (end of reception) who are in the lowest 20% achievement band for the LA	20.6%	20.2%	20.2%	20.2%	20.6%

NHS Leeds and Leeds LA Early Start Dashboard

Indicator Definitions

Ref	Measure	Definition
Service Delivery and Capacity - City Wide Only		
10	Health Visitors Delivering the Healthy Child Pathway: Whole Time Equivalents	Up to Q2 2015/16 this measure included all people with a Health Visiting (HV) qualification employed by LCH – including Safeguarding, clinical leads, managers, specialist HVs in I-CAN Service (complex needs), FNP, Infant Mental Health. From Q3 2015/16 this only includes Band 6 HVs involved in the delivery of the Healthy Child Pathway, which is the CQC definition. The figure given is the value at the end the quarter. Available at City Wide level only.
11	All other Health Visitors Paid for by the Early Start Contract	New measure from 2015/16 Q4. Includes clinical leads, HV service manager and Infant Mental Health Health Visitors. Available at City Wide level only.
12	Health Visitor Caseload: City Wide	The average caseload per HV across the city. This is calculated as follows: the total number of children under 5, divided by the number of Health Visitors delivering the Healthy Child Pathway (Indicator 10). Available at City Wide level only.
13	Health Visitor Caseload: Deprived Areas	Lord Laming (2009) in his report on the protection of children in England stated health visitor caseloads should be no more than 400 children. The community practitioner and health visitor association (CPHVA 2009) made further recommendations that 400 should be a maximum caseload and 250 was the ideal caseload number for any health visitor. New measures reported soon at City Wide level only.
14	Health Visitor Caseload: Non-Deprived Areas	
0-5 years Universal Service		
20	Number of Health Visitors Delivering the Healthy Child Pathway (Whole Time Equivalents) from 2015/16 Q3	From Q3 2015/16 this shows the number of women receiving a face-to-face antenatal contact (at any time in their pregnancy) within the quarter. Prior to Q3 2015/16 this included all contacts (including non face-to-face)
21	% of women receiving a NBV in the quarter who also received an antenatal visit during their pregnancy	The percentage of women having a New Birth Visit in the quarter who were recorded as having had an antenatal visit at any time during their pregnancy. This will be reported from Q1 2016/17
30	Infants turning 30 days in the quarter	The total number of infants who turned 30 days within the quarter (as per the national definition). Prior to Q3 2015/16 this number was the number of infants turning 28 days in the quarter
31	% infants who had a face-to-face NBV undertaken by a health visitor	The percentage of infants who turned 30 days in the quarter who received a face-to-face New Birth Visit, by a health visitor with mother (and ideally father)
32	% of infants who had a face-to-face NBV undertaken by a health visitor within 14 days of birth	The percentage of infants who turned 30 days in the quarter who received a face-to-face New Birth Visit, by a health visitor with mother (and ideally father) within 14 days of birth.
40	Total number of infants due a 6-8 week review by the end of the quarter	Total number of infants turning 8 weeks old in the quarter.
41	% of 6-8 week reviews completed by HVs	Percentage of infants turning 8 weeks old in the quarter who had a 6-8 week review by a Health Visitor. Includes FNP activity.
42	% of 6-8 week reviews completed within 8 weeks of birth	Percentage of infants turning 8 weeks old in the quarter who had a 6-8 week review by a Health Visitor by the time they were 8 weeks. Includes FNP activity.
50	Number of Children turning 12 months during the quarter	Total number of children turning 12 months during the quarter
52	% of 12 month reviews completed within 12 months	Percentage of children who turned 12 months in the quarter, who received a 12 month review, by the age of 12 months
53	Number of Children turning 15 months during the quarter	Total number of children turning 15 months during the quarter. This is a different cohort to those in Indicator 50
54	% 12 month reviews completed within 15 months	Percentage of children who turned 15 months in the quarter, who received a 12 month review, by the age of 15 months. This is a different cohort to those in Indicator 50
60	Number of Children turning 2.5 Years in the quarter	Number of children turning 2.5 years old.
64	% of Children who received a 2-2.5 Year Review within 2.5 Years	Percentage of children, due a 2-2.5 year review by the end of the quarter, who received a 2-2.5 year review by the time they turned 2.5 years. All reviews include use of Ages and Stages Questionnaire (ASQ-3).

Page 27

NHS Leeds and Leeds LA Early Start Dashboard

Indicator Definitions

Ref	Measure	Definition
65	Number of 2.5 year reviews completed within 2.5 Years	Total number of children, due a 2-2.5 year review by the end of the quarter, who received a 2-2.5 year review by the time they turned 2.5 years. All reviews include use of Ages and Stages Questionnaire (ASQ-3).
66	Number of 2.5 years Integrated Reviews completed within 2.5 years	Total number of children, due a 2-2.5 year review by the end of the quarter, who received a 2-2.5 year Integrated Review by the time they turned 2.5 years. All reviews include use of Ages and Stages Questionnaire (ASQ-3).

NHS Leeds and Leeds LA Early Start Dashboard

Indicator Definitions

Ref	Measure	Definition
Service tier model delivery		
70	Number of children turning 5 years old in the quarter	Denominator for Indicators 71-73
71	Percentage of children turning 5 years old within the quarter who received a Universal contact from the HV service at any time	A measure of the overall coverage of the Universal offer from the HV service up to the age of 5. (Reported from Q1 2015/16 onwards)
72	Percentage of children turning 5 years old within the quarter who received a Universal Plus contact from the HV service at any time	A measure of the overall coverage of Universal Plus offer from the HV service up to the age of 5. All in this cohort will have received a Universal contact also. (Reported from Q1 2015/16 onwards)
73	Percentage of children turning 5 years old within the quarter who received a Targeted contact from the HV service at any time	A measure of the overall coverage of Targeted offer from the HV service up to the age of 5. All in this cohort will have received Universal contacts also. (Reported from Q1 2015/16 onwards)
74	Number of Universal Contacts made by the HV Service in the quarter	A measure of Universal HV activity during the Quarter (Reported from Q2 2015/16 onwards)
75	Number of Universal Plus Contacts made by the HV Service in the quarter	A measure of Universal Plus HV activity during the Quarter (Reported from Q2 2015/16 onwards)
76	Number of Targeted Contacts made by the HV Service in the quarter	A measure of Targeted HV activity during the Quarter (Reported from Q2 2015/16 onwards)
79	Number of children under 5 years old	Includes all children registered at GP surgeries in Leeds, Bradford and Wakefield living in the EST or CC Reach area who were under 5 years of age at the quarter end.
83A	Adults receiving universal core offer via Children's Services	Number of Adults attending any activity classed as Universal at any children's centre (CC) during the quarter. (e.g. Play and Stay activities). The 6 indicators on CC activities (83A,83C; 84A, 84C; 85A, 85C) show the actual number of adults and children living in the reach area participating in CC activities during the quarter as recorded on CCMS. Does not include childcare nor outreach work. Only 51 out of the 58 children's centres record activities on CCMS therefore these figures should be considered under-estimates of the actual activity taking place.
83C	Children receiving universal core offer via Children's Services	Number of children (assumed under 5's) attending any activity classed as Universal (excluding childcare) at any of the 51 reporting children's centres during the quarter. (e.g. Play and Stay activities). Not at EST Area for Q1 2016/17
84A	Adults receiving universal plus via Children's Services	60% of the total Adults attending any activity classed as Universal Plus/Targetted at any of the 51 reporting children's centre during the quarter. (e.g. Parenting Classes). Not at EST Area for Q1 2016/17
84C	Children receiving universal plus via Children's Services	60% of the total children attending any activity classed as Universal Plus/Targetted (excluding childcare) at any of the 51 reporting children's centre during the quarter. Not at EST Area for Q1 2016/17
85A	Adults receiving universal partnership plus (targeted) via Children's Services	40% of the total Adults attending any activity classed as Universal Plus/Targetted at any of the 51 reporting children's centre during the quarter. (e.g. Parenting Classes). Not at EST Area for Q1 2016/17
85C	Children receiving universal partnership plus (targeted) via Children's Services	40% of the total children attending any activity classed as Universal Plus/Targetted (excluding childcare) at any of the 51 reporting children's centre during the quarter. Not at EST Area for Q1 2016/17

Page 29

NHS Leeds and Leeds LA Early Start Dashboard

Indicator Definitions

Ref	Measure	Definition
Safeguarding		
99	Number of Early Help Contacts made by Early Start Teams	The number of Early Help Contacts made by Early Start Teams as recorded on Frameworki. Will be reported in retrospect from Q1 2016/17 when initial data quality issues have been resolved.
100	Number of Early Help Assessments initiated by Early Start Teams	The number of Early Help Assessments (EHA) initiated by Early Start Teams as recorded on Frameworki. Will be reported in retrospect from Q1 2016/17 when data quality issues have been resolved.
112	Number of 0-5 year olds requests for service made by Early Start Teams	Requests for service are made by professionals or members of the public who want enquiries to be made for a service to be provided for a child from Children's Social Care. Shows the number made by HV or Children Centres for children under 5 in the quarter.
113	Number of 0-5 year olds referred to Social Services from Early Start Teams	The result is the cumulative total number of 'new' referrals to social care received for children under 5 during the reporting period originating from Health Visitors or Children's Centres.
120	Numbers of 0-5 year old Children Looked After resident in the area when taken into care	Comprising the total number of looked after children who were under 5 years of age at the end of the quarter; this CLA figure is broken down by the home EST area of the child prior to being taken into care.
121	Numbers of Children Looked After under 5 (placed within the area)	Comprising the number of looked after children who were under 5 years of age at the end of the quarter; this CLA figure shows how many of those children were placed in each EST area after being taken into care. Does not include children placed out of Leeds, placed for adoption or whose placement address is confidential.
125	Total Number of Children Looked After Health Needs Assessments for under 5's undertaken by HVs	Shows the total number of Health Needs Assessments undertaken by Leeds HV in the quarter for CLA under 5. For CLA under five health needs assessments must be completed every six months. This is an aggregation of the previous Indicators 123 and 124. New from Q4 2015/16
128	% of under 5s who were CLA > 12 mths at the end of the quarter who received all required HNAs in the previous 12 mths	The percentage of Children Looked After who were looked after for 12 months or more at the end of the quarter and received all required Health Needs Assessments in the previous 12 mths (i.e. 6 monthly). (City Wide only)
130	Numbers of children going into a Child Protection Plan by EST	This is the number of children under 5 who had a Child Protection Plan start during the period, includes unborn children.
131	Numbers of children on a Child Protection Plan by EST	This is the total number of children with an open Child Protection Plan activity at the end of the period.
134	Number of ICPCs attended by HVs	Number of Initial Child Protection Conferences (ICPCs) for children under 5 attended by HV in the quarter. At City Wide only
134a	Percentage of ICPCs attended by HV in the quarter	Shows the number of ICPCs HV attended for children under 5 as a percentage of all ICPCs they were invited to in the quarter. At City Wide only
135	Number of CP Reviews attended by HVs	Number of Child Protection (CP) review meetings attended by HV in the quarter. At City Wide only
135a	Percentage of CP Reviews attended by HVs	Shows the number of CP Review meetings HV attended for children under 5 as a percentage of all CP Reviews they were invited to in the quarter. At City Wide only
136-137	Attendances at CP conferences by CC Staff	Data collection for these new indicators is still in development

NHS Leeds and Leeds LA Early Start Dashboard

Indicator Definitions

Ref	Measure	Definition
Public Health & Outcomes		
140	Number of 8 week babies due a breastfeeding check	Total number of babies turning 8 weeks old in the quarter who were born in Leeds and due a breastfeeding check.
141	Breast Feeding Initiation (Captured at 8 weeks)	Initiation of breastfeeding: the mother is defined as having initiated breastfeeding if, within the first 48 hours of birth, either she puts the baby to the breast or the baby is given any of the mother's breast milk.
142	Exclusively breast feeding 8 weeks	The infant has received only breast milk from his/her mother or a wet nurse, or expressed milk and no other liquids, or solids with the exception of drops or syrups consisting of vitamins, mineral supplements, or medicines.
143	Mixed feeding 8 weeks	The infant has received breast milk along with infant formula.
144	Exclusively breast feeding at 10-14 days	New Indicator from Q4 2015/16
145	Mixed feeding at 10-14 days	New Indicator from Q4 2015/16
149	Immunisation cohort	Due to the timescales of when the data is released, the previous quarters data is reported for indicators 149-151. Number of children who are required to be immunised.
150	Immunisation coverage - 3rd DTP	The third dose is administered when the child is at the age of four months. The injection protects against diphtheria, tetanus and pertussis (whooping cough).
151	Immunisation coverage - 1st MMR	The first measles, mumps and rubella (MMR) is administered when the child is between 12 and 13 months of age.
162	Number of children turning 30 months within the quarter	Number of children turning 30 months (or 2.5 years) old in the quarter
163	Number of children with height & weight recorded	HV measure as part of the 2-2.5 year check. Converted to BMI centile in line with new DH/WHO guidance. BMI is then compared to the UK WHO 0-4 year BMI centile charts.
164	% of children underweight	Percentage of children with a BMI below the 2nd centile
165	% of children healthy weight	Percentage of children with a BMI between the 2nd and 90th centile
166	% of children overweight	Percentage of children with a BMI between the 91st and 97th centile
167	% of children obese	Percentage of children with a BMI at or above the 98th centile
170	Number of children under 5 years old	as Indicator 79
171	Number of children whose families were enrolled in a HENRY Programme	The formal title is Healthy Families:Right from the Start with HENRY. Families can enrol in the 8 week Group Programme or the 1:1 Targeted Programme for families with children at particular risk of obesity. Enrollment in either programme is included here.
172	Number of children whose families completed a HENRY programme	Completion is counted as attending at least 5 out of the 8 sessions of the group programme.
174a	Number of mothers enrolling in Baby Steps	Number of mothers registering for the Baby Steps Programme at initial home visit in the quarter
174b	Number of fathers/significant others enrolling in Baby Steps	Number of Fathers/Significant Others registering for the Baby Steps Programme in the quarter
175a	Number of mothers completing the Baby Steps programme	Number of mothers completing at least 6 out of the 9 sessions
175b	Number of fathers/significant others completing the Baby Steps programme	Number of Fathers/Significant Others completing at least 6 out of the 9 sessions
180	Reception Children with Height and Weight Recorded	These measures relate to the National Child Measurement Programme and are collected annually, with the refresh of data at quarter 2 for the previous academic year. The data presented only include Leeds residents attending Leeds schools: city wide this results in a negligible difference; however it may impact on certain CC / EST areas on the LA border.
181	Percentage of Reception Children Overweight	
182	Percentage of Reception Children Obese	

NHS Leeds and Leeds LA Early Start Dashboard

Indicator Definitions

Ref	Measure	Definition
<i>School readiness - Foundation Stage and narrowing the gap of bottom 20 per cent</i>		
189	Number of two year olds claiming early learning places	Eligible 2 year olds are entitled to a childcare place if the family meet certain criteria which includes being in receipt of certain welfare benefits or if the child is looked after. The figures which are reported are based on the Early Start Team area where the child lives and not where they claim the learning place. Data are updated termly: Q1 Summer Term; Q2&Q3 Autumn Term ; Q4 Spring Term
190	Number of children (end of reception)	Leeds children attending Leeds state funded schools (excluding SILCs). Number of children at the end of Reception year for whom EYFSP data are available.
191	Percentage of children (end of reception) reaching good level of development	For Leeds children attending Leeds state funded Schools (excludes SILCs). The CC Reach or EST Area relates to the child's home address. The annual EYFSP data are refreshed in Q3 after national validation.
192	Percentage of children (end of reception) who are in the lowest 20 percent achievement band for the LA	By definition, this percentage should be 20% at city wide level. It will vary slightly because it is based on discrete point scores. This measure is useful to compare EST and Reach areas with the city wide value. Refreshed in Q3 after national validation of EYFSP data.

Templenewsam and Colton Children's Centre

c/o Templenewsam Halton Primary School, Pinfold Lane, Halton, Leeds, West Yorkshire, LS15 7SY

Inspection dates	9–10 June 2015
Previous inspection date	Not previously inspected

Overall effectiveness	This inspection:	Outstanding	1
	Previous inspection:	Not previously inspected	
Access to services by young children and families		Outstanding	1
The quality of practice and services		Outstanding	1
The effectiveness of leadership, governance and management		Outstanding	1

Summary of key findings for children and families

This is an outstanding centre.

- Outstanding leadership, governance and management at every level underpin the highly effective work of this centre. Exceptionally sophisticated and reflective analysis of the needs of the area and its families means that services are constantly under review, adapted and improved.
- All local children aged under five years are registered with the centre and the very large majority, including those identified as in most need of the centre's support, have regular contact with staff.
- All staff harness their passion for their work in order to help children and adults best equip themselves to face life's challenges, thereby reducing inequalities. The exceptional teamwork and collaborative approach taken by staff lead to the provision of a first-rate service for families.
- Parents' views are central to the development of services. From individual feedback on the quality and usefulness of activities to the highly unusual input from the parents' advisory forum, parents work in close partnership with centre staff to ensure that practice and policies reflect their needs.
- Very strong partnership working between a wide range of professionals strengthens the network of support for families, ensuring that they have swift access to well-tailored services. Fundamental to this are the ways in which the trust, to which the centre belongs, ensures collaboration and excellent information sharing between schools, health, early years settings and others.
- The centre has an outstanding impact on families' lives. From helping to improve children's readiness for school to supporting those experiencing domestic violence, staff are, according to parents and professionals alike, 'always there'.
- The proportion of mothers who continue to breastfeed their baby beyond six weeks is increasing. Levels of obesity among young children are reducing. However, these levels are still well above the national figure and reducing them further is not a target in the centre's development plan.
- The centre's tracking and monitoring of those in the area is truly exceptional, providing a very clear picture of individuals' changing circumstances, needs and progress. Combined with staff's skill in using the information that the tracking generates, it is key to the centre's successful provision.
- Typical comments about the centre are that 'it feels like one big family', 'it's a vital resource', 'staff always have something up their sleeves to help with any parental query' and 'it does save lives'.

What does the centre need to do to improve further?

- In addition to working on those areas identified through its own careful analysis of the needs of local families:
 - work even more effectively with partners to reduce the proportion of children in Reception Year who are obese.

Information about this inspection

The inspection of this children's centre was carried out under Part 3A of the Childcare Act 2006 as amended by the Apprenticeships, Skills, Children and Learning Act 2009.

This inspection was carried out by two additional inspectors.

The inspectors held meetings or conducted telephone conversations with: parents; centre staff; members of Templenewsam Learning Partnership Trust; the local authority's Early Start manager; headteachers and other staff members of the two linked schools; representatives of the health service, library service, private and voluntary early education providers, Job Centre Plus and Leeds City Council Adult Learning.

The inspectors visited centre activities held at the Templenewsam and Halton, and Colton Primary School sites and at Meadowfield Children's Centre. They observed the centre's work and looked at a range of relevant documentation relating to self-evaluation, planning, governance and safeguarding. They undertook one joint observation of an activity with a senior member of staff. Throughout the inspection, they also took the opportunity to talk with adult users of the centre and to observe children's enjoyment of the activities.

Inspection team

Sarah Drake, Lead inspector

Additional Inspector

Heather Hartmann

Additional Inspector

Full report

Information about the centre

Templenewsam and Colton Children's Centre is a stand-alone centre. Its main site is within Templenewsam Halton Primary School and its linked site is within Colton Primary School. The centre is part of Templenewsam Learning Partnership Trust, a co-operative trust of partner agencies which includes education and health professionals. Governance of the centre is provided by the local authority and an advisory board, comprising a range of stakeholders, which jointly oversees this centre and Meadowfield Children's Centre. Neither of the schools nor Meadowfield Children's Centre were part of this inspection but reports of their quality can be found on the website: www.gov.uk/ofsted.

There are approximately 549 children aged under five living locally. None live in areas identified as disadvantaged compared to others nationally. Most families are White British and few are workless or dependent on benefits. Children's skills on entry to early education vary across the area served by the centre, between broadly typical for their age and below those that are typical. The centre has identified the families most in need of its support as those living in workless and low-income households; for whom English is an additional language who are at risk of isolation; and those identified through Early Start allocations as vulnerable.

The centre provides a range of services, including activities to support children's and adults' learning and families' health. Some of these are delivered at the local health clinic, schools, library and Meadowfield Children's Centre.

Inspection judgements

Access to services by young children and families

Outstanding

- All members of the small children's centre team collaborate in its exceptionally well-planned, thoughtfully targeted and persistent outreach work. This, combined with extremely close working with other professionals, leads to 100% registration of young children living in the area. A very large majority of families and those expecting children regularly participate in centre services, including sessions such as 'Pregnancy, Birth and Beyond' delivered in partnership with health professionals.
- Fortnightly meetings of the local authority's area Early Start team mean that newcomers to the locality, or those families who are experiencing other specific challenges that are likely to make them vulnerable, are quickly identified. Staff are highly skilled at using this information, alongside that generated by the centre's detailed data and tracking systems, when contacting families. This they do in a supportive, rather than intrusive, manner. They are also persistent in following up those who are more reluctant to engage and those with whom they have had no recent communication. This approach underpins the high levels of engagement.
- Staff have 'pin-point' knowledge of all the families that the centre has identified as most in need of support and they ensure that such families' access to services is eased and well sustained. The centre is highly successful at promoting equality of opportunity, fostering good relations and tackling discrimination.
- At a very early stage, leaders identified changes in the community, due to the creation of a new business park, and the possibility of isolation for those families with limited English skills who are only in the country for a short period. They developed 'Stay and Play' sessions closer to the families' homes and specifically invite them, and those identified as workless or on low incomes, to other activities such as 'Funky Fitness'. All of this means that they feel welcome and sustain their attendance.
- Staff's excellent work to ensure that those who are entitled to access free early education do so, means that, now, most two-year-olds and almost all three- and four-year-olds are in schools or other settings of good or better quality. This enhances their chances of settling and achieving well.

The quality of practice and services**Outstanding**

- The centre's range of varied activities, which has a good balance between those open to all and others targeted for those with specific needs, has an impressive impact on improving children's well-being and families' lives. There are many examples of it improving life chances and reducing inequalities.
- Parents' and children's views directly influence the choice of activity, for example, the running of first-aid sessions, and, therefore, they are highly relevant to their interests and well attended. Parents regularly review the impact of the sessions that they attend, using a differently coloured pen each time, which documents the users' progress in a brilliantly simple manner. Parents also track their children's progress, discussing child development and what is 'typical' for an age group.
- The centre manager has been pivotal to the successful development of Trust-wide efforts to improve children's readiness for school which have led, for example, to a recent 'Ready for Reception' event hosted by the local high school. This provided parents with the information they had identified that they needed, as well as advice and support to enable them to help their children to arrive at school with the relevant skills. Parents and professionals alike are thrilled by how this has led to the breaking-down of potential barriers to learning.
- All sessions are planned, and successfully delivered, with a sharp focus on promoting children's learning. For example, 'Little Voices', delivered by Opera North and due to culminate in a 'big sing' at the Grand Theatre, Leeds, extends their speech and language skills as well as their confidence. 'Story Time', at the library, develops a love of books. 'Tiny Dancers' strengthens children's physical skills, as does 'Finger Gym' where they experiment with zips and other fasteners. Local children's level of development at the end of Reception Year is above the national average and the gap in achievement, between most children and the more vulnerable, is rapidly closing.
- Centre staff work in close collaboration with partners to improve families' health and safety. Through the ever-changing 'Question of the Week', posed at centre activities and during outreach work, they raise awareness of, for example, the importance of having adult locks on phones and computers, or being registered with a dentist. Staff conduct home safety checks and run sessions to increase awareness of how to adopt a healthy lifestyle. Parents comment that, for example, they now eat more fruit, know more about portion sizes, or have even bought a dining table so that they can eat as a family. However, despite this effort, levels of obesity among children in Reception Year are too high.
- The centre's work with adults is very carefully planned, founded on staff's excellent knowledge of individuals' needs, delivered in close partnership with others and highly successful in enhancing families' economic and general well-being. Rigorous recording of attendance and progress shows that good numbers complete courses and go on to further education, volunteering or employment. Those who volunteer at the centre are particularly successful at moving into employment, greatly helped by the high-quality induction and support that staff provide.
- Parents and professionals are highly complimentary about the effectiveness of the bespoke care, guidance and support offered to families. Case files demonstrate staff's tenacity and success in working with partners to reduce the risk of harm to both children and adults experiencing domestic violence, substance misuse or other crises. Of those allocated for extra support through the Early Start system in 2014, 96% have had their needs met. One parent spoke for many when saying, 'I feel that I can stand on my own two feet now.'

The effectiveness of leadership, governance and management**Outstanding**

- The reflective nature of the centre's leadership and management is demonstrated by its unique governance arrangements. Through their advisory forum, a large number of parents – 23 in 2014 – consider the centre's challenges, policies, planning and successes. Two then express their views to the Trust's, more formal, Community and Family Services group meetings which are attended by a wide range of stakeholders. This model, which has developed over 18 months, has been scrutinised by the local authority to ensure that it complies with statutory requirements, and is proving highly

effective.

- It enables those in governance to hold the centre closely to account for its work. This is because they have detailed knowledge of the quality of the centre's practice and services, as well as data on its performance, the use of performance management, what is being done to drive improvement and how successfully it is helping to reduce inequalities for children and their families. The Trust arrangements also mean that centre staff are exceptionally well supported because of its members' strong core principles, commitment to collective responsibility and access to a wealth of different expertise and training possibilities.
- Parents comment on the improvements that they have noticed. One stated that, 'I do have a voice, I will be heard' and another volunteered that, 'Over the last eighteen months I feel like it is our children's centre and the staff team have helped us to feel like this.'
- Secure arrangements are in place for safeguarding and promoting the welfare of young children. Staff are alert to potential hazards and take swift action should they arise. Children identified as in need, or subject to a child protection plan, those who are looked after and those families supported through Early Help Assessment receive well-coordinated support from a range of professionals who share information very well in order to provide a strong, effective service.
- Leaders and all centre staff rigorously monitor its performance. They actively seek to improve and swiftly rise to the challenges posed. The response is often innovative and creative, such as organising a team-building activity to enhance the outdoor facilities for children by making a mud kitchen. Resources are used to extremely good effect, with children's well-being always at the forefront of any activity. Everyone connected with the centre share the manager's passion that 'Every child deserves a good chance of coming to school really strong.'

What inspection judgements mean

Grade	Judgement	Description
Grade 1	Outstanding	Practice consistently reflects the highest aspirations for children and their families and, as a result, inequalities are reducing rapidly and gaps are closing.
Grade 2	Good	Practice enables most children and their families to access good quality services that improve children's wellbeing and achieve the stated outcomes for families.
Grade 3	Requires improvement	Performance is not as good as it might reasonably be expected to be in one or more key areas.
Grade 4	Inadequate	The needs of children and families in its area are not being met and/or the leaders and managers are not providing sufficient challenge to bring about improvement to the quality of services.

Children's centre details

Unique reference number	23121
Local authority	Leeds
Inspection number	455099
Managed by	Templenewsam Halton Primary School as part of Templenewsam Learning Partnership Trust on behalf of the local authority

Approximate number of children under five in the reach area	549
Centre manager	Sara Jackson
Date of previous inspection	Not previously inspected
Telephone number	0113 225 0025
Email address	sara.jackson@tnhps.org

Any complaints about the inspection or the report should be made following the procedures set out in the guidance 'Raising concerns and making complaints about Ofsted', which is available from Ofsted's website: www.ofsted.gov.uk. If you would like Ofsted to send you a copy of the guidance, please telephone 0300 123 4234, or email enquiries@ofsted.gov.uk.

The Office for Standards in Education, Children's Services and Skills (Ofsted) regulates and inspects to achieve excellence in the care of children and young people, and in education and skills for learners of all ages. It regulates and inspects childcare and children's social care, and inspects the Children and Family Court Advisory Support Service (Cafcass), schools, colleges, initial teacher training, work-based learning and skills training, adult and community learning, and education and training in prisons and other secure establishments. It assesses council children's services, and inspects services for looked after children, safeguarding and child protection.

Further copies of this report are obtainable from the school. Under the Education Act 2005, the school must provide a copy of this report free of charge to certain categories of people. A charge not exceeding the full cost of reproduction may be made for any other copies supplied.

If you would like a copy of this document in a different format, such as large print or Braille, please telephone 0300 123 4234, or email enquiries@ofsted.gov.uk.

You may copy all or parts of this document for non-commercial educational purposes, as long as you give details of the source and date of publication and do not alter the information in any way.

To receive regular email alerts about new publications, including survey reports and school inspection reports, please visit our website and go to 'Subscribe'.

[Piccadilly Gate](#)
[Store St](#)
[Manchester](#)
[M1 2WD](#)

T: 0300 123 4234
Textphone: 0161 618 8524
E: enquiries@ofsted.gov.uk
W: www.ofsted.gov.uk

© Crown copyright 2014



Bramley Children's Centre

Fairfield Street, Fairfield Estate, Bramley, Leeds, LS13 3DT

Inspection dates	24–25 March 2015
Previous inspection date	Not previously inspected

Overall effectiveness	This inspection:	Good	2
	Previous inspection:	Not previously inspected	
Access to services by young children and families		Good	2
The quality of practice and services		Good	2
The effectiveness of leadership, governance and management		Good	2

Summary of key findings for children and families

This is a good centre.

- Registration is high and the vast majority of families from the groups that the centre identifies as in most need of support engage in its activities.
- The large majority of two-year-olds and the vast majority of three- and four-year-old children take up their funded early education places. Strong links and effective support for early years providers in the area ensure good-quality early years provision. There is close attention to the development of children's communication, language, mathematical and social skills. Consequently, they are prepared well to start school.
- Health and social care partners work closely with centre staff to provide good-quality support and guidance for families most in need of help.
- Leaders, managers, governors and the local authority are ambitious for the centre and are accurate in their assessments of its performance. They strive with partners to continually improve the quality of practice and services the centre offers the local community and succeed in this.
- There is successful collaborative work with Hollybush Children's Centre. All staff are committed to meeting the needs of children and families, especially the most disadvantaged, to the very best of their abilities.
- The centre is well known and valued highly in the local community because it offers good-quality services. Parents typically say, 'The centre makes life better for our children.'

It is not outstanding because:

- Levels of breastfeeding at six-to-eight weeks after birth are lower than the national average. Rates of obesity in Reception-age children are above the national figures.
- Centre leaders do not make best use of the comprehensive data they and the local authority collect and analyse to support reflection on the centre's performance or on the measures of success within development planning.
- Although parents regularly offer suggestions to help shape services, systems are not in place to inform parents of the outcomes of their proposals.

What does the centre need to do to improve further?

- In partnership with health colleagues, increase the numbers of mothers who breastfeed their babies at six-to-eight weeks, and reduce obesity in children of Reception age.
- Strengthen self-evaluation and development planning by making more effective use of the good-quality data collected to support these important activities.
- Ensure parents receive feedback on their views and suggestions that are presented to the advisory board.

Information about this inspection

The inspection of this children's centre was carried out under Part 3A of the Childcare Act 2006 as amended by the Apprenticeships, Skills, Children and Learning Act 2009. It was carried out at the same time as one other children's centre, Hollybush Children's Centre, with which it works in collaboration.

This inspection was carried out by three additional inspectors.

The inspectors held meetings with senior leaders, representatives from the local authority, members of staff and partner professionals from other agencies. They also held discussions with centre staff, members of the advisory board and a number of parents. Inspectors visited activities that took place at the centre, Hollybush Children's Centre and St Peter's Church Hall.

They observed the centre's work, looked at a range of relevant documentation and undertook a joint observation of an activity with a senior member of staff. Throughout the inspection, they also took the opportunity to talk with adult and child users of the centre.

Inspection team

Jane Hughes, Lead inspector	Additional inspector
Janet Stacey	Additional inspector
Priscilla McGuire	Additional inspector

Full report

Information about the centre

Bramley Children's Centre is sited on the Fairfield Estate, Bramley. It comprises three buildings: the main centre building accommodating childcare settings and counselling services; the Resource Centre accommodating sessional provision for funded two-year-olds, groups and courses for parents; the Community Centre where groups and activities run. The centre works in collaboration with Hollybush Children's Centre. Staff undertake family support work across the reach area. The centre is managed by the local authority. Since November 2013, one shared advisory board has held both centres to account. The other linked institutions were not part of this inspection but reports of their quality can be found at www.gov.uk/ofsted.

The centre offers services which include family activities, family support and parenting programmes. Health services are offered through Bramley clinic at the centres, community venues and in the home. Linked childcare is provided by private and voluntary early years organisations.

There are approximately 1,178 children aged under five years living in the locality. The centre covers mostly areas of high deprivation. Seven areas are in the lowest 30% in the country. Most families are of White British heritage. Approximately 5% of children live in workless households, although this does not reflect the transient nature of part of the reach. Most children's skills on entry to early years provision are well below typical for their age. The centre identifies children living in workless households and families experiencing the effects of domestic violence as those most in need of support.

Inspection judgements

Access to services by young children and families

Good

- Ready access to live birth data ensures that all children under five years of age register with the centre. This is because staff know exactly how they can contact these families. Staff target individuals and families precisely to ensure that provision supports those whom the centre identifies as most in need of its help. These are workless families and those who are affected by domestic violence. Contributory factors such as isolation and debt are also addressed well.
- Centre staff know all the families with children aged nought to five years as well as the expectant parents through close communication with health partners. The vast majority of families most in need of support engage in centre services.
- Well-established relationships with partners from schools, health, charities and social care ensure good-quality information sharing and effective referrals between partners. Efficient allocations of families in need to the most appropriate professional partner ensure their needs are met effectively and swiftly. This is particularly important in ensuring the engagement of those families who, otherwise, may be less likely to initiate it.
- All workless families attend sessions run by the centre and benefit from good advice and guidance from centre partners. For example, adults develop budgeting skills and begin to develop their employability skills through local 'Job Club' and community groups. These include 'Bramley and Rodley Community Action' group (BARCA) and 'Christians Against Poverty'.
- Family support workers provide good-quality services to families experiencing problems, including those linked to domestic violence. All of these families access help from centre services. This ensures children are kept safe from harm and that parents can start to rebuild their lives, develop self-confidence and ultimately improve their life chances.
- Most children aged three and four years take up their free entitlement to early education places, along with the large majority of two-year-olds. The number of places for two-year-old children has been limited in the past but, from Easter, more provision is available to ensure almost all of these youngest children can access free education places. These are mainly in local schools, although there is also new provision at the centre.

The quality of practice and services**Good**

- The centre has built a well-deserved reputation locally as a source of good-quality provision, support and guidance. Relevant services aimed at all families as well as for those most in need have developed successfully as the centre has grown. In this way, the centre has helped to improve children's well-being and families' lives.
- Staff are well qualified to support the development of children with special educational needs. They identify need quickly and refer children to the relevant services, which is particularly helpful in terms of speedy access to speech and language therapy, for example.
- Information and support regarding how to lead a healthy lifestyle are starting to make a difference. The uptake of immunisations for babies and children is high. The proportion of mothers who smoke at delivery is well below the national figure and is reducing rapidly. Even so, centre staff are fully aware that too few mothers continue to breastfeed their babies up to six-to-eight weeks after delivery, even with the encouragement of breastfeeding peer supporters. Similarly, despite regular messages and opportunities to learn more about the benefits of healthy lifestyles, the proportion of Reception-age children who are obese is above the national average.
- Outcomes from the centre's tracking of the progress children make show the positive impact of centre services. When children start attending the centre, their development is well below that typical for their age. By the time they leave, their development is in line with expectations.
- Almost all early years settings across the reach offer provision judged as either good or outstanding. This means children get off to a good start in their education and well-being and are prepared well for learning in school. There is close attention to equality of opportunity so that any gaps in achievement such as between girls and boys or between children overall and the 20% most disadvantaged are closing by the end of Reception Year.
- Activities such as 'Rhyme Time' offer adults a chance to meet other parents and enjoy sharing nursery rhymes with their children. In one session observed, children demonstrated how they understood and followed routines with little support from adults. They joined in with enthusiasm and developed their language skills by repeating rhyming verses.
- Centre staff help parents to understand better how well their children are doing in the early years through the introduction of 'B Books'. Similarly, 'My Special Book' for the younger two-year-olds also enable their parents to appreciate how much their children learn through play during their time at the centre.
- Many of the parents most in need of help participate in a range of parenting programmes. Parents' evaluations of these courses confirm improved parenting skills in areas such as managing children's behaviour. Parents who spoke with inspectors about their experiences confirmed, 'Staff are open enough for you to come and have a meltdown at any time.'
- The centre provides a suitable range of adult learning courses for parents, along with opportunities for volunteering. They also have access to good-quality support such as through 'Job Club' and the Citizens Advice Bureau. Opportunities to develop self-confidence through art therapy and creative courses such as batik work also improve communication skills and motivate adults to learn. 'I discovered silk painting, printing and collage,' stated one parent.
- Adults attend courses regularly and staff check on this. Centre staff are also improving quickly how they track the rate of progress families make across all of the services on offer. This is particularly important for unemployed adults who need additional support to continue learning and to gain new life skills.

The effectiveness of leadership, governance and management**Good**

- Families recognise that the centre offers them a haven. It is seen by them as a source of good ideas and helpful guidance and advice. The long-serving leader is held in high regard by parents and partners alike.
- The local authority provides rigorous challenge to all aspects of the centre's work to reduce inequalities within the area. As a result, the registration and engagement of families, particularly

those that the centre has identified as needing the most support, is very successful. The local authority provides the centre with a good range of useful data, and centre staff also gather some of their own. However, these data are not used as well as they could be by the leadership to help reflect on the centre's performance, or to set challenging, measurable targets for improvement.

- The shared advisory board provides good-quality governance. The board meets frequently and members, including parents, review regularly centre data. They have an accurate picture of how effective the centre is in closing the gap in achievement and in reducing inequalities for children and families within the area. Members of the advisory board are confident to challenge outcomes and management decision, including the management of staff performance. Professional partners take care to ensure that parent members understand and so play a full part in the board's deliberations. Parents put forward suggestions to the advisory board for consideration to help shape services. However, systems are not in place to inform parents and children of the outcomes of the decisions taken by the advisory board.
- The advisory board acts as an effective critical friend to both centres in the collaboration. Members are familiar with the local context and review the discussions held on the centres' performance with the local authority. They understand well the needs of the groups identified as most in need of support. Members challenge centre leaders, take an active role in centre self-evaluation and appreciate the good quality of practice and services on offer. The advisory board ensures that both centres provide good value for money. Members check that they use effectively all available resources to reduce inequalities and meet the needs of young children and families in the area.
- Staff have appropriate qualifications from a range of professional backgrounds. These meet local needs very effectively. All staff have access to continuous professional development. Along with regular case-file management, staff receive close supervision to ensure their work is highly effective.
- Safeguarding and the welfare of children are at the forefront of the centre's work; policies and procedure reflect this. Well-kept case files demonstrate that staff use the early help assessment and partnership working to very good effect to reduce the risk of harm to families. For instance, the centre reviews the data and information it routinely receives about children on child protection plans, children in need and looked-after children. Staff then make sure these families are involved in centre activities and receive the help they need to improve their families' circumstances.

What inspection judgements mean

Grade	Judgement	Description
Grade 1	Outstanding	Practice consistently reflects the highest aspirations for children and their families and, as a result, inequalities are reducing rapidly and gaps are closing.
Grade 2	Good	Practice enables most children and their families to access good quality services that improve children's wellbeing and achieve the stated outcomes for families.
Grade 3	Requires improvement	Performance is not as good as it might reasonably be expected to be in one or more key areas.
Grade 4	Inadequate	The needs of children and families in its area are not being met and/or the leaders and managers are not providing sufficient challenge to bring about improvement to the quality of services.

Children's centre details

Unique reference number	20397
Local authority	Leeds
Inspection number	461370
Managed by	The local authority
Approximate number of children under five in the reach area	1,178
Centre manager	Angela Inskip
Date of previous inspection	Not previously inspected
Telephone number	0113 256 6354
Email address	angela.inskip@leeds.gov.uk

Any complaints about the inspection or the report should be made following the procedures set out in the guidance 'Raising concerns and making complaints about Ofsted', which is available from Ofsted's website: www.ofsted.gov.uk. If you would like Ofsted to send you a copy of the guidance, please telephone 0300 123 4234, or email enquiries@ofsted.gov.uk.

The Office for Standards in Education, Children's Services and Skills (Ofsted) regulates and inspects to achieve excellence in the care of children and young people, and in education and skills for learners of all ages. It regulates and inspects childcare and children's social care, and inspects the Children and Family Court Advisory Support Service (Cafcass), schools, colleges, initial teacher training, work-based learning and skills training, adult and community learning, and education and training in prisons and other secure establishments. It assesses council children's services, and inspects services for looked after children, safeguarding and child protection.

Further copies of this report are obtainable from the school. Under the Education Act 2005, the school must provide a copy of this report free of charge to certain categories of people. A charge not exceeding the full cost of reproduction may be made for any other copies supplied.

If you would like a copy of this document in a different format, such as large print or Braille, please telephone 0300 123 4234, or email enquiries@ofsted.gov.uk.

You may copy all or parts of this document for non-commercial educational purposes, as long as you give details of the source and date of publication and do not alter the information in any way.

To receive regular email alerts about new publications, including survey reports and school inspection reports, please visit our website and go to 'Subscribe'.

[Piccadilly Gate](#)
[Store St](#)
[Manchester](#)
[M1 2WD](#)

T: 0300 123 4234
Textphone: 0161 618 8524
E: enquiries@ofsted.gov.uk
W: www.ofsted.gov.uk

© Crown copyright 2014



Shakespeare Children's Centre

Shakespeare Avenue, Burmatofts, Leeds, LS9 7HP

Inspection date 20–21 May 2014

Overall effectiveness	This inspection: Previous inspection:	Requires improvement	3
		Not previously inspected	
Access to services by young children and families		Requires improvement	3
The quality of practice and services		Requires improvement	3
The effectiveness of leadership, governance and management		Requires improvement	3

Summary of key findings for children and families

This is a centre that requires improvement. It is not good because:

- Although a large majority of families that live in the area, including those from target groups, are registered and accessing services at the centre, leaders and staff have yet to use evaluations effectively to track the progress that these families are making to further improve their life chances.
- Not enough children in the area achieve good levels of development at the end of the Reception Year. There are not enough nursery places available to meet the needs of the number of disadvantaged two-year-olds in the area, to help prepare them better for school.
- The centre does not effectively promote adult education, training and volunteering to help more adults improve their chances of employment. The tracking of adult learning is not secure.
- The centre is yet to develop a broad enough programme of activities, with more targeted work, to further improve the health and well-being of young children and their families in the area, regardless of where they live. In particular, levels of childhood obesity are too high.
- Leaders, including those with governance responsibilities, have not put in place precise enough targets aimed to bring about improved outcomes for families.
- Members of the management team do not astutely analyse and use the data provided to them by the local authority to identify trends and steer the direction of the centre's work more effectively.

This centre has the following strengths:

- Families in crisis benefit from well-coordinated support from the centre staff. Case studies clearly demonstrate this is helping to reduce the risk of harm to children and to improve lives.
- The centre offers good care, guidance and support because the outreach workers know the community and families well and the issues they are facing.
- The new centre manager has clearly focused her efforts on the priorities identified for the centre and is driven to further secure improvement.

Information about this inspection

The inspection of this children's centre was carried out under Part 3A of the Childcare Act 2006 as amended by the Apprenticeships, Skills, Children and Learning Act 2009.

This inspection was carried out by three additional inspectors.

The inspectors held meetings with senior leaders, members of staff and partner professionals from other agencies. Discussions were held with a number of members of the advisory board, representatives from the local authority and parents.

The inspectors visited activities at the Nowell Mount Centre.

They observed the centre's work, and looked at a range of relevant documentation.

Inspection team

Parm Sansoyer, Lead inspector	Additional inspector
Ken Fisher	Additional inspector
Cathryn Parry	Additional inspector

Full report

Information about the centre

Shakespeare Children's Centre is a single centre. It opened in 2008 with its dedicated facilities for delivery onsite until July 2013. The main base for the delivery of services is now the Nowell Mount Centre, which opened in April 2014, with the offices and childcare provision remaining at the Shakespeare Children's Centre site. A range of services including health services, family play sessions, parenting programmes, adult education and outreach services are offered. The centre manager took up post in September 2013.

The two wards covered served by the centre are among the 10% most deprived areas in the country. There are 614 families with children aged under five years living in the area. The latest data show that 30.7% of children are living in households dependent upon workless benefits. The majority of housing is social housing and private rental. There is a high percentage of minority ethnic heritage families in the area, including Black African, Caribbean and Pakistani, with an increasing number of Eastern European families, including those who are new to the country. Approximately 41% of families are White British. The main social issues affecting these areas are families living on workless benefits, social isolation, domestic abuse and mental health. The centre has identified these families as their key target groups. Most children living in the area enter early years provision with knowledge and skills below those typical for their age.

The onsite linked Shakespeare Primary School and Shakespeare Daycare are subject to a separate inspection and the reports are available at www.ofsted.gov.uk. Governance of the centre is provided by Leeds local authority in conjunction with an advisory board.

What does the centre need to do to improve further?

- Improve access by:
 - tracking more closely the progress of the target families accessing services and the impact of the centre's work in improving outcomes for families
 - developing a broader programme of activities with more targeted work to further improve the outcomes for young children and their families, in particular, those living in areas of greatest need.

- Improve the quality of practice and services by:
 - tracking adult learning, providing further opportunities for accredited learning and training, and promoting volunteering roles to enable adults to develop the skills they need to aid employment
 - working more effectively with key partners to provide increased opportunities for more children to achieve good levels of development, and for parents to learn how to support their children so that more children are ready to learn when they start school
 - working more effectively with partners and further developing the programme of activities available to families to help further reduce obesity in children.

- Improve the quality of leadership and management by ensuring that:
 - targets in the centre's action plan are more specific and measurable
 - the centre leadership team examines data so that it is used more effectively to analyse local needs, shape provision and identify any emerging trends.

Inspection judgements

Access to services by young children and families

Requires improvement

- A large majority of families in the area are registered and accessing services at the centre. However, centre leaders and staff do not routinely track families' progress and assess how meaningful this engagement is in order to ensure they are having a significant impact on improving outcomes. As a consequence, the centre is not in a secure position to show how well its support is helping to improve the lives of these families.
- The recent change of premises has resulted in the vast majority of activities being delivered from the new Nowell Mount Centre site. This means many of the families who live close to the original base at the Shakespeare Children Centre site will have to travel further to use the services. Some of the families spoken to during the inspection report that they will no longer be able to access these services as the distance is too far to travel. Consequently, they will no longer benefit from these services.
- During the period between July 2013 and March 2014 when there were not any designated facilities, the centre manager and staff worked hard to keep as many groups as possible available within the community. They have worked collaboratively with a local children's centre, key partners and by using some community venues. However, the centre manager and staff recognise that while they worked hard in keeping families engaged, they have not been as focused in ensuring this engagement has been meaningful. They also acknowledge that the programme of activities is too narrow and therefore not having as much impact as it could in improving outcomes for families in the area.
- Home visits form part of the effective outreach support that assists families who are most in need and has been used particularly well during this difficult transitional period. The outreach staff know the community very well. They target support and advice effectively, particularly for those families in crisis, and continue to work with them until their needs are met.
- Not enough two-, three- and four-year olds are taking up their entitlement to free early education. The centre is just starting to identify the children within its area that have yet to take up a place. In addition, although the centre manager, local childcare providers and the onsite school have been proactive in trying to increase capacity, there are not enough places available locally to meet need. The centre reports that this remains a clear priority and more consultation is underway.

The quality of practice and services

Requires improvement

- The centre has identified the target groups and individual families most in need of support and intervention. Staff provide good quality care, guidance and support to these families, many of whom are facing issues such as social isolation, poverty and domestic abuse. Staff work hard to engage those families who are new to the country and those who speak English as an additional language, to help reduce inequalities. Despite the language barriers, staff have still managed to establish themselves at the heart of this local community.
- The centre works closely with the local childcare providers, the early years team from the local authority and the onsite school to support school readiness. However, although there is an improving trend, only 42.0% of children reach good levels of development in the Early Years Foundation Stage profile. Too many children still start school with skills and knowledge below those typical for their age. The centre's programme of activities is not yet sufficiently targeted or broad enough to provide more opportunities for parents to help support their children's learning and school readiness.
- The centre works well with health partners to share data, targets and strategies to help meet health-specific targets. Breastfeeding rates and the take up of immunisation are high in the area. However, the percentage of children in the Reception Year who are a healthy weight remains low. This is recognised by the centre and staff have recently introduced a 'Happy Harvesters' group aimed at children who live in the local flats. Families come along to be physical, learn about the importance of fresh produce and health eating. However, currently there is not a broad enough

range of activities on offer to help further combat obesity levels in children.

- The centre works with partners to provide English for speakers of other languages classes. These are well attended and valued by participants. However, the centre does not yet promote effectively enough what else is available in the area to help adults develop the basic skills and qualifications that they need to enter the workforce. It does not track the progress of those who have been signposted to such activities. As a consequence, many children in the area continue to live in disadvantaged households. The centre supports a volunteer programme but the numbers of adults taking up these opportunities are low.

The effectiveness of leadership, governance and management

Requires improvement

- The new centre manager has worked hard to keep staff motivated during a number of significant changes. She works extremely closely with the local authority, which is supportive of the centre. Together, they place a clear focus on the main priorities identified for the centre. However, the priorities in the centre's action plan are not precise enough to help the centre more easily focus on what to improve and how to measure outcomes for families. Therefore, they have yet to ensure that all of the centre's resources are being used effectively to meet the needs of targeted children and families living in the area to further reduce inequalities.
- The centre manager has rightly prioritised the rejuvenation of the advisory board and introduced a parents' forum. The board has a broad representation from professional partners and parents, they understand their roles and responsibilities and are keen to provide challenge and drive improvement. However, it is too early to see the impact of this as yet, as it is unclear how well informed they are about: the quality of practice and services; data on the centre's performance; the use of performance management; what is being done to drive improvement; and how effective the centre is in closing the achievement gap for families.
- The centre manager and staff are clearly committed and driven by their work with children and families'. However, centre leaders do not use data or the information that they receive from the local authority well enough either to show the full effect that services have on improving the lives of families or to better focus the centre's work.
- Information sharing and referral processes between partners and the centre ensure that families in crisis receive swift support. Staff use the Common Assessment Framework process well to offer tailored support and those who are subject to a child protection plan are equally as well supported.
- The centre manager has identified that there are some minor inconsistencies in the records that staff keep of the support they offer and the home visits undertaken. In response to this, more robust systems have been introduced to audit files more regularly and support and coach staff.
- The centre manager follows local authority procedures for staff recruitment, vetting and safeguarding. Staff are well qualified and have regular supervision and training to address any aspects of their work that may require improvement.
- Parents speak very highly of the new centre manager and the established staff team. They report that they are caring and have a genuine interest in them and their families and all feel welcome regardless of their race and religion.

What inspection judgements mean

Grade	Judgement	Description
Grade 1	Outstanding	Practice consistently reflects the highest aspirations for children and their families and as a result inequalities are reducing rapidly and gaps are closing.
Grade 2	Good	Practice enables most children and their families to access good quality services that improve children's wellbeing and achieve the stated outcomes for families.
Grade 3	Requires improvement	Performance is not as good as it might reasonably be expected to be in one or more key areas.
Grade 4	Inadequate	The needs of children and families in its area are not being met and/or the leaders and managers are not providing sufficient challenge to bring about improvement to the quality of services.

Children's Centre details

Unique reference number	22673
Local authority	Leeds
Inspection number	444722
Managed by	The local authority

Approximate number of children under five in the reach area	1,130
Centre leader	Vanessa Hawkins
Date of previous inspection	Not previously inspected
Telephone number	0113 3368344
Email address	vanessa.hawkins2@leeds.gov.uk

Any complaints about the inspection or the report should be made following the procedures set out in the guidance 'raising concerns and making complaints about Ofsted', which is available from Ofsted's website: www.ofsted.gov.uk. If you would like Ofsted to send you a copy of the guidance, please telephone 0300 123 4234, or email enquiries@ofsted.gov.uk.

(Ofsted) regulates and inspects to achieve excellence in the care of children and young people, and in education and skills for learners of all ages. It regulates and inspects childcare and children's social care, and inspects the Children and Family Court Advisory Support Service (Cafcass), schools, colleges, initial teacher training, work-based learning and skills training, adult and community learning, and education and training in prisons and other secure establishments. It assesses council children's services, and inspects services for looked after children, safeguarding and child protection.

Further copies of this report are obtainable from the school. Under the Education Act 2005, the school must provide a copy of this report free of charge to certain categories of people. A charge not exceeding the full cost of reproduction may be made for any other copies supplied.

If you would like a copy of this document in a different format, such as large print or Braille, please telephone 0300 123 4234, or email enquiries@ofsted.gov.uk.

You may copy all or parts of this document for non-commercial educational purposes, as long as you give details of the source and date of publication and do not alter the information in any way.

To receive regular email alerts about new publications, including survey reports and school inspection reports, please visit our website and go to 'Subscribe'.

[Piccadilly Gate](#)
[Store St](#)
[Manchester](#)
[M1 2WD](#)

T: 0300 123 4234
Textphone: 0161 618 8524
E: enquiries@ofsted.gov.uk
W: www.ofsted.gov.uk

© Crown copyright 2013



This page is intentionally left blank

Leeds Best Start Plan 2015-2019: A Preventative Programme from Conception to Age 2

Vision: Every baby in Leeds will get the best start in life.

Principles:

- All babies will be nurtured and all care givers will feel confident to give sensitive responsive care
- Well prepared parents will make choices with their baby in mind
- Families who are most vulnerable will be identified early and well supported by a highly skilled and well trained workforce
- Inter-generational cycles of neglect, abuse and violence will be broken

Indicator: Reduce the rate of deaths in babies aged under one year

Outcomes	Priorities	Indicators
Healthy mothers, healthy babies – at a population and individual level	<ol style="list-style-type: none"> 1. Promote awareness of importance of first 2 years 2. Improve mother and baby nutrition 3. Deliver high quality maternity and neonatal and child health services 4. Reduce unplanned teenage pregnancies and support teenage parents 	<ol style="list-style-type: none"> 1. Proportion low birth weight babies 2. Breastfeeding initiation and maintenance rates 3. Proportion pregnant women with BMI >30 4. Proportion of women booking before 12th completed week of pregnancy 5. Teenage pregnancy rate 6. Rate of immunisation with 3rd DTP
Parents experiencing stress are identified early and supported	<ol style="list-style-type: none"> 5. Further develop integrated health-led services 6. Support parents to reduce use of alcohol, drugs and tobacco 7. Support parents to reduce levels of domestic violence 8. Identify and support mothers experiencing poor perinatal mental health 9. Address child poverty 10. Develop agreed frameworks and pathways for support 	<ol style="list-style-type: none"> 7. Health visiting caseload 8. Proportion of children receiving an integrated 2½ year check by Early Start teams 9. Proportion of children receiving Early Start core offer 10. Number of early help assessments initiated by Early Start Service 11. Percentage of women smoking at end of pregnancy 12. Number of parents in treatment with children aged under 2 13. Child poverty rate 14. Maternal mental health placeholder
Well prepared parents	<ol style="list-style-type: none"> 11. Promote high quality education on sex and relationships 12. Provide high quality antenatal and postnatal programmes 13. Provide evidence based parenting programmes for parents of under 2s 14. Promote awareness of specific risks such as safe sleeping, cousin marriage and accidents 	<ol style="list-style-type: none"> 15. Number of mothers and number of fathers accessing Preparation for Birth and Beyond 16. Number of mothers and number of fathers accessing Baby Steps
Good attachment and bonding	<ol style="list-style-type: none"> 15. Promote positive infant mental health by supporting responsive parenting 16. Identify parents and babies with attachment difficulties early and offer support 	<ol style="list-style-type: none"> 17. Number of babies under two years old taken into care 18. Assessment of early attachment placeholder
Development of early language and communication	<ol style="list-style-type: none"> 17. Raise awareness of parents about importance of early communication and interaction 18. Promote early play and reading opportunities 	<ol style="list-style-type: none"> 19. Percentage of children reaching a good level of development at end of Reception 20. Percentage of children in lowest % achievement band for LA

A Life: Ready for Learning 2015-2069: A Preventative Programme from 2 to Age 5

Vision: Every child in Leeds will be ready to get the best from their early learning experience.

Principles:

- All communities will have access to good or better early learning and care opportunities;
- Every child, from the age of 2 should be supported and encouraged to attend high quality learning experiences across all sectors
- Well prepared and informed parents will be supported to make good choices about their child’s early learning;
- Families who are most vulnerable will be identified early and well supported by a highly skilled and well trained workforce
- Parents will have access to places they feel welcome, build networks and relationships to support their child’s early learning and care
- Development of early language and communication
-

Indicator: To reduce the ‘inequality gap in achievement’ indicator, and Early Years Foundation Stage which is measured as the percentage gap in achievement between the lowest 20 per cent of achieving children in a local authority (mean score), and the score of the median.

Outcomes	Priorities	Indicators
<p>Every child in every community will have access to good or better early learning and care opportunities</p>	<ol style="list-style-type: none"> 1. To maintain a robust EY learning improvement strategy 2. To develop an early learning training plan for EY staff working across the city 3. Shared good practice across the city 4. To provide accurate, timely and up to date information for staff development 5. To maintain relationships with PVI and Childminders 	<ul style="list-style-type: none"> • Increase number of settings in categories 1 and 2 (good or outstanding) • Increase uptake of training and development opportunities across the EY sector. • Increase the number of good or better settings in areas of 30% or less deprivation. • Take up of two year old places. • Increased attendance as monitored in reception and Y1 data.
<p>Every child, from the age of 2 should be supported and encouraged to attend an early learning environment</p>	<ol style="list-style-type: none"> 6. Specific groups to be targeted to attend- white working class, ROMA 7. EY staff to support transition into schools 8. Explore the idea of parent peers 9. To make contact with all parents of rising 2 eligible for an early learning place 10. To support the take up of 2 year old places in Good or above settings 11. Target EYPP to meet individual child’s need. 	<ul style="list-style-type: none"> • Take up of two year old places • Increased attendance as monitored in reception and Y1 data • Increased attendance of three and four year olds in CC. • Proportion of children claiming EYPP • All staff to meet minimum CDP requirement annually • Proportion of families in receipt of universal plus offer.

<p>Families who are most vulnerable will be identified early and well supported by a highly skilled and well trained workforce</p>	<p>12. Targeted integrated 2.5 year checks</p> <p>13. Incredible Babies/Years training courses</p> <p>14. HENRY training courses</p> <p>15. Ongoing contact and support for vulnerable parents</p> <p>16. Early Start teams will continue to develop Family Offer integrated pathways</p>	<ul style="list-style-type: none"> • Proportion of children receiving 2½ year check. • All staff to meet minimum CPD requirement annually • Proportion of families in receipt of universal plus offer.
<p>Parents and communities will have access to places they feel welcome, build networks and relationships to support their child's early learning and care</p>	<p>17. Info, drop in advice sessions in Community Hubs</p> <p>18. Maintain outreach sessions out in the community</p> <p>19. Stay and Play sessions will be regular, focused and accessible</p>	<ul style="list-style-type: none"> • Attendance at local Children's Centre • Snapshot survey of social webbing and networking
<p>Development of early language and communication</p>	<p>20. Raise awareness of parents about importance of early communication and interaction</p> <p>21. Promote early play and reading opportunities</p> <p>22. SLT support to be reviewed</p> <p>23. Bookstart and Bookstart Corner to be re launched</p> <p>24. Promote early play and reading opportunities in the home to meet EYPP focus.</p>	<ul style="list-style-type: none"> • Percentage of children in lowest 20% at end of Early Years Foundation Stage • Percentage of children achieving Early Learning Goals communication and language. • Percentage of children achieving Early Learning Goals in reading.

DRAFT

This page is intentionally left blank

All Party Parliamentary Group on Children's Centres

Family Hubs: The Future of Children's Centres

Strengthening family relationships to
improve Life Chances for everyone

July 2016

This is not an official publication of the House of Commons or the House of Lords. It has not been approved by either House or its Committees. All Party Parliamentary Groups are informal groups of Members of both Houses with a common interest in particular issues. The views expressed in this report are those of the Group. This report was researched and funded by the charity 4Children in their capacity as secretariat to the All Party Parliamentary Group on Children's Centres.

Contents

Introduction	3
Chair’s Foreword	4
A Brief History of Children’s Centres	5
Executive Summary	6
Family Hubs: The Future of Children’s Centres	8
Health and Development	8
Employment Support and Childcare	11
Relationship Support for Family Stability	14
Supporting Families with Complex Needs	17
Cross-cutting Issues	20
Conclusions	23
Recommendations	24
Appendix A: Inquiry Sessions	25
Appendix B: Call for Evidence Responses	26
Appendix C: Endnotes	27

Introduction

The All Party Parliamentary Group on Children's Centres (referred to throughout this report as "the APPG") decided to undertake an inquiry into the future of Children's Centres as the centrepiece of its programme of activity for the 2015-16 Parliamentary session. The findings of this inquiry are summarised in this report, and it is hoped that the recommendations made here will be of particular relevance at this moment in time as the Government develops its new Life Chances Strategy.

The focus of this report – **Family Hubs: The Future of Children's Centres** – is on the role that Children's Centres' can potentially play as hubs for local services and family support. In recent years, the idea of expanding Children's Centres' provision to provide holistic support which joins up services for the whole family is one which has received an increasing amount of attention. In 2014, the Centre for Social Justice proposed a model that they termed "Family Hubs", which would see Children's Centres become:

*the 'go to' place for any parent (including fathers) to access services or information about all family-related matters including: birth registration, antenatal and postnatal services, information on childcare, employment and debt advice, substance misuse services, relationship and parenting support, local activities for families and support for families separating.*¹

The APPG believes that there is significant potential in the Family Hub model. Its inquiry therefore set out to examine the benefits and case for Family Hubs, to highlight examples of best practice which already exist to demonstrate how the work of Children's Centres can be augmented, and to consider the challenges around implementation and how these can be overcome.

The APPG's inquiry encompassed four evidence sessions, held in Parliament. At each session, a number of witnesses with first-hand experience of working in or with Children's Centres provided oral testimony to the APPG (full details are summarised in Appendix A). Each evidence session looked at a particular form of support that could be delivered within the Family Hub model, with the topics covered encompassing:

- Health and Development
- Employment Support and Childcare
- Relationship Support
- Supporting Families with Complex Needs

In addition, the Group also issued a call for written evidence to enable stakeholders to feed their views into the inquiry, and received a total of 49 responses (a full list of respondents is shown in Appendix B). The APPG wishes to express its sincere thanks all those who took time to contribute their views through both the evidence sessions and call for evidence.

Chair's Foreword

Ever since I was first elected as a Member of Parliament six years ago, families have been one of the causes that I have been most passionate about during my time at Westminster. I firmly believe, as do many of my colleagues across Parliament, that strong families are an essential part of a strong society, and that when families do well all of us feel the benefit.

As Chair of the All Party Parliamentary Group on Children's Centres, I have wanted to explore how we can build on and broaden Children's Centres' existing offer to establish Family Hubs – using the term first coined by the Centre for Social Justice. These would be “nerve centres” for families, a one-stop-shop for all manner of statutory or voluntary sector support, as well as signposting to other services, to help strengthen family life, relationships within families and the life chances of children, particularly those from the most deprived backgrounds. They would be somewhere to go, in every community, where someone can help you find answers when you are struggling with family issues – throughout different stages of family life, however old your children.

As well as continuing absolutely vital work with children in the very earliest years of life, we wanted to look at how Family Hubs could potentially deliver a wider set of complementary services, providing a more joined-up support offer for families, not just from 0-5 but from pre-birth to 105, and even occasionally beyond! In some instances this is happening already, as our inquiry has heard about the delivery of services such as employment support and

training or relationship support through Children's Centres. This report provides many more such examples, about which we received encouraging evidence. I believe that these kinds of services should be easily accessible to families across the country whenever they need them, and that a refreshed vision of Children's Centres as Family Hubs could play a key role in this. Achieving this is, of course, not without its challenges. Through the course of this inquiry we have sought to examine the practical issues that need to be overcome if Family Hubs are to become a reality, and I believe that they have the potential to play a prominent part in the outcome of the Government's forthcoming Life Chances Strategy.

However, this will involve new ways of thinking and working, in particular with even more integrated working within the voluntary and statutory sectors at both local and national level, as well as across Government departments. It is particularly critical that there is strong leadership at all levels to ensure that whilst it is led by central Government, the Family Hub approach is also understood and supported locally to ensure that its potential to transform family relationships, improve children's life chances and strengthen local communities is fully realised. In the months ahead, the APPG believes that if this vision is to be achieved it should form a central part of the Government's Life Chances Strategy. We hope that this report can make a valuable contribution to this debate.

Fiona Bruce MP

A Brief History of Children's Centres

Children's Centres have their origins in the Sure Start Local Programmes initiative which was first established in the late 1990s. Between 1999 and 2004, 524 Sure Start Local Programmes were established in selected areas in the 20% most deprived wards in England, and were expected to provide a range of services including outreach and home visiting, support for families and parents, health and development services and support for those with special needs.

Between 2004 and 2010, Sure Start Local Programmes started to be rolled out nationally, becoming Sure Start Children's Centres. This took place over three Phases. Phase One extended full coverage to the 20% most disadvantaged wards in England; Phase Two expanded this to encompass the 30% most disadvantaged wards; and Phase Three extended coverage of the programme nationwide.

Phase One and Two Centres were largely required to deliver what was termed a "core offer" of services including early education and childcare, child and family health services, family support and links to Jobcentre Plus. A significant focus of Children's Centres' work was on supporting the development of children in the earliest years of life, and as a result they became synonymous with the concept of "early intervention".

After 2010, the "core offer" was replaced by a "core purpose", which set an overall objective for Children's Centres of improving outcomes for young children and their families, particularly amongst

those from the most disadvantaged backgrounds, in order to reduce inequalities in child development and school readiness.²

The latest figures from the Department for Education indicate that on 31st December 2015 a total of 3,336 Children's Centre sites were open, encompassing 2,605 main sites and a further 731 additional sites.³

Over the lifetime of the Children's Centre programme there have been a number of projects which have sought to evaluate Centres' impact. The latest research has been undertaken as part of the *Evaluation of Children's Centres in England (ECCE)* project. One of the most recent reports published as part of this focused on assessing the effects of Children's Centres in promoting better outcomes for children and families, with the findings suggesting that "Children's Centres can have positive effects on outcomes, especially on family functioning that affects the quality of parenting, and that Children's Centres are highly valued by parents".⁴

Recently, through locally-led initiatives, many individual Children's Centres have started expanding their offer. This report highlights several good practice examples from around the country, but these are by no means isolated ones and several other areas have adopted key elements of the extended "Family Hub" model. A nationally-led impetus to transform Children's Centres into Family Hubs would prospectively represent a logical and natural progression of the good work started in so many parts of the country.

Executive Summary

Health and Development

Children's Centres currently have a key role to play in early intervention, particularly given their established work in the early years when the support has the biggest impact on long-term outcomes.

Supporting the health and development of young children aged 0-5 should remain an important part of Children's Centres' work, with services ideally provided on a universal basis where this is feasible.

However, the APPG's inquiry has also shown that Centres are well placed to provide a wider range of services as Family Hubs, and their offer should be broadened to position them as one-stop-shops for family support in their local communities.

Employment Support and Childcare

Family Hubs can be a particularly effective place to deliver training and employment support, as they represent a friendly, non-threatening environment.

Building parents' confidence is a crucial element of effective employment support – this can encompass broader provision such as parenting and healthy eating classes which have wider benefits for children's outcomes.

Links between Family Hubs and both local employers and Jobcentre Plus must be strengthened to build on the good work already being done in this area.

Family Hubs can also play an important role in the provision of early education and childcare, either through direct delivery or by supporting other local providers.

Relationship Support for Family Stability

The quality of the parental relationship can have a significant impact on children's development.

Family Hubs' regular contact with parents and links with local partners make them well placed to deliver relationship support. This should encompass couple relationship counselling and courses, already being trialled in some settings, as well as parenting support.

A crucial aspect of providing relationship support through Family Hubs is training staff to have the right kinds of conversations with parents. A relationships approach also needs to be embedded across the local authority.

Voluntary sector organisations with a proven track record of best practice should be based in or prominently signposted from Family Hubs.

Family Hubs can also play a key role in engaging fathers, and their capacity to facilitate collaboration between different services can be very valuable to this kind of work.

Supporting Families with Complex Needs

Supporting families with complex needs involves a wide range of local agencies who will ideally share the same approach.

Children's Centres have played an important role in supporting families on the brink of needing specialist support. The Family Hub model could offer valuable

benefits, bringing together professionals and helping to embed shared approaches.

Valuable lessons can be learned from the Troubled Families programme, adapting this to support families before crisis point.

Cross-cutting Issues

Children's Centres' staff are their greatest asset, and will be vital to the success of an extended Family Hub model. Levering in additional charitable and community support (including through the National Citizen Service) will also be crucial to ensuring Hubs have the capacity to effectively support families.

Physical capacity is also an important issue when considering an extended service offer. The APPG's inquiry has shown that the range and quality of services is of foremost importance, and that they are locally appropriate. Therefore, delivering services through wider community venues should be explored where appropriate, provided such decisions represent the best approach for addressing a particular need.

There is a need to deal with persistent barriers to enhancing collaborative working and address challenges around measuring impact. The Group also remains convinced that birth registration should be rolled out in Family Hubs nationwide.

Recommendations

1. The Government should give full consideration to augmenting Children's Centres into Family Hubs as part of its Life Chances Strategy.

2. Local authority leaders and public health commissioners should position Family Hubs at the heart of their Health and Wellbeing strategies.

3. Emphasis should be placed on how mental health needs can be addressed in Family Hubs.

4. The links between Family Hubs, local employers and Jobcentre Plus should be reviewed and strengthened.

5. Relationship support delivered through Family Hubs should encompass not just parenting support, but also couple relationship counselling, pre-marriage courses, post-separation support and help with parenting teenagers.

6. To support Family Hubs' work in this area, local authorities should be required to record family breakdown statistics on a statutory basis.

7. Lessons from the successful Troubled Families programme should be learned, but with a focus on helping families before crisis point is reached.

8. Engagement with voluntary, self-help and peer support organisations should be significantly expanded, with a recognition that people who have challenges can often offer solutions.

9. Every National Citizen Service candidate should spend time in a Family Hub, both learning and volunteering, to emphasise that everyone has something to contribute.

10. Online support should also be available, co-branded with Family Hubs.

11. There must be a concerted effort to share best practice across the country, to overcome barriers to information sharing and improve the evidence base around the impact of services.

12. Birth registration should be rolled out in Family Hubs nationwide.

Family Hubs: The Future of Children's Centres

Over the course of the past year, the Government has made clear that supporting those from the most disadvantaged backgrounds through the development of its Life Chances Strategy is one of its central domestic policy concerns.

As well as placing a major emphasis on the importance of strengthening families, which have been described as “the best anti-poverty measure ever invented”⁵, the Life Chances Strategy will also significantly shape the future direction of Children's Centres, with Government indicating that policy in this area will be developed as part of the Life Chances framework.⁶

Children's Centres have become a key part of the support landscape for children and families over the last 20 years. In this report, the APPG has sought to contribute to the debate around the future of Children's Centres by setting out a vision for how they can be expanded to become Family Hubs and help deliver the Life Chances Strategy.

Building on the exceptional work that Children's Centres have done over the course of the last two decades, particularly with children in the earliest years of life, the Family Hub model would broaden their remit to encompass a wider range of services and position them as “nerve centres” for all kinds of family support within their communities. To some extent this is already starting to happen, and through the course of the inquiry which informs this report the APPG has heard

about a variety of projects that Centres are running in areas such as employment support and relationship support, a number of which are included as case studies. These demonstrate that Family Hubs can deliver a number of key Government priorities, and should be a central part of the Life Chances Strategy.

Recommendation 1: As part of its work on the Life Chances Strategy, the Government should give full consideration to augmenting Children's Centres into Family Hubs – a “nerve centre” for all types of family support, with a mixture of statutory, voluntary and specialist help both on-site and signposted.

Health and Development

Promoting good health and child development have always been a vital part of the work that Children's Centres do, and the APPG's inquiry began by examining this historic area of strength.

Indeed, a common feature across the evidence provided in this stream of the inquiry has been an emphasis on the importance of early intervention, and the key role Children's Centres have played in this. Seminal policy reviews such as *The Foundation Years* by Rt Hon Frank Field MP and *Early Intervention: The Next Steps* by Graham Allen MP have helped to establish that the most effective way of improving children's long-term outcomes, and narrowing gaps in attainment and wellbeing, is to ensure that support is

provided during the earliest years of life when interventions can have the greatest impact.⁷ Children's Centres' expertise in the early years, as well as their capacity to integrate services and bring a range of different professionals together around a child, have made them a key vehicle for providing this kind of support.

Case Study 1 offers a practical example of how providing integrated services through Children's Centres has been effective in the context of mental health. In Islington, Child and Adolescent Mental Health Services work through the Borough's Children's Centres – this has helped to increase the accessibility of mental health services for young children and their parents, as well as enhancing the awareness of Children's Centres' staff about the impact of parental mental health on parenting and a child's wellbeing.

Within an extended Family Hub model, supporting the health and development of young children aged 0-5 would remain a vital part of the work that Hubs do, reflecting the enormous importance of the early years to later life outcomes. Many of those who provided evidence to the APPG also emphasised the significance of maintaining an element of universal service provision – open to all rather than just targeted on the most disadvantaged – wherever possible. Not only do universal services help to prevent support from being stigmatised as something for “failing families”, they are often key to enabling staff to identify parents who are dealing with more complex issues at an early stage (this is particularly the case when dealing with issues such as mental health, where problems do not discriminate on the basis of income or geographic location).

Case Study 1

Delivering CAMHS services through Children's Centres in Islington

Child and Adolescent Mental Health Services (CAMHS) have been working in Children's Centres in Islington for 15 years. CAMHS professionals work closely with Children's Centre staff, raising awareness and increasing understanding of the impact of parental mental health on parenting and relationships with children to ensure timely referrals to the right service for families who need them.

CAMHS co-location in Children's Centres has significantly increased both accessibility and attendance rates compared with clinic attendance, and delivery within integrated Children's Centre teams adds value by ensuring families have access to support which meets their needs.

The experience of a young Somalian mother supported by Islington's Children's Centres helps demonstrate this. She and her son were referred to a CAMHS psychologist in a Children's Centre by her maternity support worker. The psychologist contacted the Health Visitor and requested that she be offered listening visits as a first line of intervention, supervised by the psychologist. The psychologist then met with the mother for ten treatment sessions in a Children's Centre and addressed the impact of her own traumatic background. The psychologist referred her to a Somalian Bilingual Outreach Worker who supported her to access Baby Massage, Stay and Play, and the Housing Advice clinic in the Children's Centre.

The APPG's inquiry has shown, however, that Children's Centres are currently very well placed to deliver a wider range of services as Family Hubs, building on their established strengths as this report will discuss. The nature of the Centre setting, their strong links with other partners in the community and regular contact with parents mean they are ideally positioned to deliver the likes of employment support and relationship support within a broadened service offer.

The APPG has also heard about examples of where Children's Centres are operating effectively beyond their traditional 0-5 remit, with Case Study 2 showing how Children's Centres in County Durham deliver what is termed a "One Point Service" on a 0-19 basis. Within the Family Hub model, the ambition should be to extend even beyond this and provide or signpost to services for the whole family.

Strong leadership will of course be crucial to achieving this. From a health

perspective, local authority leaders and public health commissioners should position Family Hubs at the centre of their Health and Wellbeing strategies. Other local partners such as schools will also need to be fully engaged, particularly around issues such as mental health where an integrated approach is most effective.

Recommendation 2: Local authority leaders and public health commissioners should position Family Hubs at the heart of their Health and Wellbeing strategies. There should be strong local authority leadership at both Senior Officer and Council Cabinet level. Accessing support should be normalised, supported by messaging from local leaders.

Recommendation 3: Emphasis should be placed on how mental health needs, and particularly children's mental health, can be addressed in Family Hubs, including how support available from other partners such as schools can be integrated with Family Hub support.

Case Study 2

Delivering a "One Point Service" in County Durham's Children's Centres

Children's Centres are part of what is termed a "One Point Service" in County Durham. One Point brings staff together from Durham County Council and the NHS and provides support to both 0-5s and 5-19s (extending up to 25 if a child is disabled) meaning that support is available across the entire 0-19 age range in Children's Centres.

Alongside a core health offer, One Point offers a range of advice and support to children and their families, including support with parenting skills, opportunities for children to learn through play, support with school attendance and support for young people to progress from their education into training or employment. However, a protected space is provided within Children's Centres for 0-5s.

Building trust and effective relationships between practitioners is crucial to making this kind of model work, with monthly multi-disciplinary meetings ensuring smooth working between agencies, and the strength of these relationships is commented on positively by service users.

Employment Support and Childcare

With all political parties agreeing that work represents a key route out of poverty, Family Hubs can be an important vehicle for delivering employment support, particularly for those parents who may be quite a long way from the job market. Moreover, given the Government's emphasis on the role of high quality early education and childcare in both enabling parents to return to work and supporting children's learning and development, it is important to recognise that Family Hubs can play a vital role in this area too, both by delivering childcare places directly and also by supporting other local providers.

In terms of employment support, evidence submitted to the Group has demonstrated that Children's Centres can be a particularly effective site for delivering this, providing a very strong base for Family Hubs to work from. For those who are quite a long way from the job market, evidence has emphasised that accessing employment and skills support through a Children's Centre can be a much less intimidating experience than attending a Jobcentre Plus or formal educational institution. This can play a key role in facilitating engagement, particularly amongst more disadvantaged groups.

An example of delivering effective employment support through Children's Centres was provided by a witness from Derby City Council, who provided oral evidence to the APPG and had extensive experience as a front-line employment adviser working through Children's Centres. She noted that the contact rates she achieved when running appointments

through a Children's Centre never fell below 81%, while average attendance rates at the local Jobcentre Plus office were usually around 40-50%. Explaining why she felt that better results were achieved through Children's Centres, she highlighted that they were often perceived as a safe setting and that for some families, including those with more complex needs, a Jobcentre could be a scary place, whereas "being able to go to that building at the end of the road" could make all the difference in terms of successful engagement.⁸

Furthermore, written evidence submitted by the Department for Business, Innovation and Skills on Children's Centres' role in the provision of Family Learning (which aims to build a culture of learning within families, not only giving parents the confidence to develop their own skills but also helping them to engage with their children's learning and support their development as well)⁹ reinforces the view that Centres are a particularly valuable site for this kind of support:

Family Learning aims to attract the most disadvantaged families, and Children's Centres are key to delivering this objective. Many parents lack confidence and can find the FE college environment intimidating, whereas Children's Centres offer a friendly, non-threatening setting and deliver a wide range of services that support and engage disadvantaged parents and carers.¹⁰

A great deal of the evidence provided to the APPG emphasises that building a parent's confidence is a key part of providing employment support through Children's Centres, and that for many of those who access these kinds of services simply reaching the point where they can

contemplate attending an interview represents a major achievement. Case Study 3 illustrates how a group of Children's Centres in Northumberland undertake this kind of work. Importantly, this process of confidence-building not only encompasses support which enhances parents' skills in areas such as literacy and numeracy, but also much broader forms of support such as parenting and healthy eating classes. This means that as Children's Centres support their users in their journey towards employment, they also help to enhance parenting skills along the way, ultimately yielding much wider benefits for children and the family as a whole.

The evidence that the APPG received has highlighted some key lessons that can be learned from the experience of delivering employment support through Children's Centres, which can help enhance the provision within the Family Hub model. The importance of developing strong relationships with local employers so that Hubs are aware of vacancies and also skills gaps in local job markets was stressed during the course of the inquiry.¹¹ Furthermore, links with Jobcentre Plus are viewed as crucial, but witnesses indicated that a strong mandate for joint working is needed in order for such relationships to be effective and endure over time.¹²

Recommendation 4: Evidence provided to the inquiry indicates that Family Hubs can be a particularly effective setting for delivering employment support, particularly for the long-term jobless. To maximise their impact, the links between Family Hubs, local employers and Jobcentre Plus should be reviewed and strengthened.

Case Study 3

Employability, Skills and Training at Blyth Valley Children's Centres

The Blyth Valley Children's Centre group serves the south east corner of the county of Northumberland, and has a strong track record of developing opportunities for families for whom learning has not been a positive experience. Centre teams understand that learning activity must be enjoyable and fun, manageable in small steps, successful, relevant to daily life and stimulating for further learning.

The Centre group concentrates its programmes of learning around activities that enable more confident parenting and caring, activities that support parent/carer personal interests (in order to develop learning and literacy and numeracy skills) and accredited programmes that secure qualifications that may offer access to employment. All achievement through these programmes is celebrated generously within the Centres creating a culture where learning is the norm and feels good. It creates an aspirational culture in which children and parents enjoy the pleasure of success. Learning programmes raise parental confidence in their role as their child's carer and first educator, but skilful encouragement by Centre workers leads adults into volunteering schemes and pathways to employment. The experience of one parent, Lisa, is an example of this. After undertaking a "Spring Arts" course (which provided creative development for her and ideas to use with her child) and a Triple P parenting course, Lisa was motivated to sign up for a series of computing courses and now has the skills and confidence to consider employment.

High quality early education and childcare is also recognised as a crucial driver of parental employment, as well as having an important developmental impact for children themselves. Evidence submitted to the APPG agrees that Children’s Centres are currently playing an important role in the provision of early education and childcare places, something that would continue to be the case within the Family Hub model.

The dynamics and capacity of local childcare markets will determine the best way in which Family Hubs could add value in this respect, but there are several ways in which they can contribute to the delivery of high quality care. One is through the direct provision of places. Data indicates that at present, significant numbers of Children’s Centres are involved in childcare provision, with 44.9% of Centre managers surveyed as part of 4Children’s *Children’s Centre Census* stating that they provide places. Of these 85.3% offer places for 0-2 year olds and

79.0% offer places for 3-4 year olds.¹³ A number of responses have highlighted the key role Centres currently play in delivering the free early education entitlement, particularly given their reach amongst more disadvantaged groups, and this would remain an important aspect of their provision as Family Hubs. As the Government extends the 3 and 4 year old entitlement to 30 hours for working parents, it should be conscious of the base of provision that already exists in such settings, and their consequent importance to ensuring the policy can be delivered sustainably.

In addition, Family Hubs can also play a broader role in supporting other local providers to enhance quality and improve practice. 4Children’s three year *Early Learning and Community Childcare Hubs* project, discussed in Case Study 4, is a prime example of this kind of work, and provides a model of how Family Hubs could bring together local providers and drive up quality across the board.

Case Study 4

Early Learning and Community Childcare Hubs

4Children’s Early Learning and Community Childcare Hubs project was a three year programme which piloted how early years settings can bring together local providers, schools and childminders into a learning network, and provides a model of how Family Hubs could be involved in this sort of work. During its inquiry the APPG heard from one of the settings involved in the programme, Sheringham Nursery School in Newham, which is an exemplar of how this kind of approach can work.

Sheringham’s involvement in the programme helped to drive a marked improvement in quality in the area, with all participating settings now rated “Good” or “Outstanding”. This was achieved by involving settings in the learning network in a number of projects, including initiatives to support children experiencing language delay, to improve the quality and take-up of free entitlement places, and to engage with Area SENCOs to identify support and training needs within settings. Sheringham also led a childminder network, which promoted local childminders and provided them with regular support and training.

Relationship Support for Family Stability

Strengthening families and supporting high quality parenting are key strands of the Life Chances Strategy, and are a central part of the Government's vision for tackling poverty and disadvantage.

It is now widely recognised that there are considerable economic and social costs to family breakdown, with figures from the Relationships Foundation suggesting that the overall cost to the state is around £47.31 billion per year.¹⁴ Furthermore, Government research shows that for every £1 invested in strengthening family relationships, a saving of up to £11.50 on the social costs incurred as a result of family breakdown can be made.¹⁵ Relationship failure has a significant impact on children's development – the Tavistock Centre for Couple Relationships has highlighted that:

*Research on factors affecting children's outcomes, in terms of their social, emotional and psychological development overwhelmingly implicates the quality of parental relationships. For example, one extensively studied area – the effects of inter-parental conflict on children – shows clearly that frequent, intense and poorly resolved conflict ... is detrimental to children's development.*¹⁶

Supporting strong and healthy relationships between couples and within families would be a fundamental part of the work of Family Hubs, and can help prevent a wide variety of other poverty drivers which so often follow family breakdown including addiction, debt, inadequate housing and mental and physical health issues. Ultimately, this

support should encompass a wide range of interventions including parenting support, couple relationship counselling, pre-marriage courses, post-separation support and help with parenting teenagers. Some of this support would be structured, and at other times more "light touch" – somewhere for anyone to go for a listening ear and advice.

Evidence provided to the APPG indicates that by building on a number of Children's Centres' traditional strengths, Family Hubs would prospectively be well positioned to deliver this sort of comprehensive programme of family relationship support. Children's Centres' regular contact with parents means they are ideally situated to identify issues within a relationship at an early stage, to help prevent further fracturing and the costly consequences this entails, while the links that Centres have built up with other agencies through consistent partnership working over a number of years mean that they can facilitate access to wider services where necessary.

Case Studies 5 and 6 help to demonstrate this, providing examples of two projects which are placing Children's Centres at the heart of supporting strong family relationships in Hartlepool and Hertfordshire. The key to the success in this area, it has been argued, is training and supporting Children's Centre staff to recognise potential problems and have conversations about relationships in the right way. Arlette Kavanagh, Development Lead at the charity Changing Futures NE which has been developing a network of Family Relationship Centres, explained this in oral evidence she provided to the APPG, saying:

*We are not expecting all the staff to deliver couples therapy or sex therapy, not at all. But what we are looking for is, when a parent walks in off the street, the first person they speak to will be able to support them on some basic level, to have a discussion about any relationship issue.*¹⁷

Delivering relationship support through Family Hubs, evidence has made clear, would not be about expecting staff to resolve all of someone's problems in an instant. Rather, this kind of work is about equipping staff to open up a dialogue, and to help parents to access the wider services they need, whether these are provided directly by a Family Hub or by another service which families can be signposted on to.

In addition, the APPG's evidence sessions highlighted that in order for a relationships approach to succeed, staff in local authorities and partner agencies also need to buy into it. It was noted that in Hartlepool, where Changing Futures NE had worked closely with the local council to embed their relationships approach, this had necessitated additional changes on the part of the local authority to things like assessment frameworks to make it fully effective.¹⁸ Indeed, in order to support work in this area, the APPG also believes that there is a case for local authorities to be required to record statistics on family breakdown on a statutory basis, which could be shared with Family Hubs to help them identify those who may be in need of support.

Family Hubs should also take full advantage of the extensive expertise that the voluntary sector possesses in providing a wide range of parenting and couple relationship counselling services.

Case Study 5

Delivering a Healthy Relationships Programme through Family Relationship Centres in Hartlepool

Changing Future NE is currently leading the development of a Healthy Relationships Programme in partnership with Hartlepool Borough Council and voluntary sector groups. This seeks to put relationships at the heart of everything that professionals working with families do, and aims to reduce the demand on children's social care and other late intervention services by effectively supporting family relationships before problems become entrenched.

The Programme also aims to achieve a culture shift amongst families in Hartlepool to encourage more people to seek help before their relationship breaks down.

As part of this, three Family Relationships Centres will be established, two of which will be based in local authority Children's Centres. These will offer specific relationship support services (such as family and couple group work, couples counselling, mediation, relationship focused child and youth programmes) and activities to bring together community members (reducing isolation and combating loneliness).

In addition to the services themselves, the Healthy Relationship Programme and Family Relationship Centres aim to make "thinking and supporting relationships" part of the core practice skills of those who work with children and families in education, early years, Children's Centres, health, and family support across sectors and across the town.

Initiatives such as *Let's Stick Together*, a one hour session offering advice on practical steps to strengthen relationships, particularly those of new parents, in settings such as post-natal clinics provide strong examples of good practice in this area. So too do pre-marriage courses such as *Loving for Life, Preparing Together* and *The Marriage Course*.¹⁹

Family Hubs represent an ideal vehicle for either delivering this kind of support directly or signposting their parents towards such services to ensure that anyone who needs help to maintain a healthy relationship – something most people, regardless of background, need at some stage in their life – can access this.

Recommendation 5: Relationship support delivered through Family Hubs should be significantly augmented at a range of levels, both structured and “light touch”, and include not just parenting support, but also couple relationship counselling, pre-marriage courses, post-separation support and help with parenting

teenagers. Wider use of voluntary sector initiatives, of which strong examples of good practice exist, should be expanded across the country and delivered and signposted in Family Hubs.

Recommendation 6: To support Family Hubs’ work in this area, local authorities should be required to record family breakdown statistics on a statutory basis.

The APPG’s inquiry also highlighted that Family Hubs can play an important role in engaging fathers in their children’s lives. Supporting dads is already a key focus for many Children’s Centres, with evidence from Family Action noting “It is important that we address the father’s relationship with their child, even if they do not live in the family home, as they are a primary educator”, and that while there are often challenges around this, “Children’s Centres can break down barriers if the service is delivered right”.²⁰ Furthermore, research by 4Children indicates that 75.3% of Centre managers say that dads are one of their key “target groups”.²¹

Case Study 6

Children’s Centres’ role in Hertfordshire’s Local Family Offer pilot

Hertfordshire is taking part in the Department for Work and Pensions’ Local Family Offer pilot. This aims to strengthen the support given to current and prospective parents in sustaining positive relationships, and enable them to manage and resolve conflict to ensure a safe, stable and nurturing family environment within which children can thrive.

Children’s Centres have an important role to play in this, and are well placed to notice early signs of stress in relationships and offer early interventions. Through conversations, staff can break down the stigma of seeking support for relationship issues. Relationship breakdown can have a greater impact when there are other vulnerabilities in the family. Hertfordshire is seeking to support families holistically – addressing relationship support needs alongside other areas of need. Children’s Centres work with a wide range of cases alongside Hertfordshire’s “Families First” (Early Help) teams and will support the identification of those most at risk of complex issues, as well as providing non-stigmatised pathways to increased support.

Oral evidence given to the APPG on this subject by Ashley Warke, a Family Support worker from Packington Children’s Centre in the London Borough of Islington, helped to illustrate some of the most significant elements of a successful approach to engaging with fathers.²²

In particular, it was stressed that it is vital to make engagement with fathers part of what happens “every minute of every day” within a Children’s Centre – even if it is primarily the mother who attends the setting, which is frequently the case. The importance of staff understanding the role of the child’s father in their life was emphasised as being very important, and staff need to be equipped to address these kinds of questions in an appropriate way.

Furthermore, the issues around working with dads who may not live in the family home, and may potentially have wider support needs was also discussed. At Packington Children’s Centre, an inter-disciplinary support group has been organised which brings together a range of different professionals such as Family Support Workers, youth workers, health specialists and employment advisers. This enables the fathers participating in the group to get one-to-one support from an appropriate professional on particular issues they are dealing with, but also to help each other, with peer-to-peer support representing an important aspect of the group’s work.

This illustrates how Children’s Centres’ capacity to facilitate collaboration between different services can be especially valuable to engaging fathers, and that Family Hubs would therefore be very well placed to continue providing this kind of support.

Supporting Families with Complex Needs

Growing up in a family dealing with complex issues such as substance misuse or domestic abuse,²³ acute health needs, or where a parent has served or is serving a custodial sentence, can have a significant impact on a child’s development. This final strand of the APPG’s inquiry examined Children’s Centres’ role in supporting those children and families with more intensive needs, and understand how Family Hubs can best contribute to improving their outcomes in the future.

The APPG received oral evidence about approaches taken to supporting families with complex needs from staff in several areas with quite diverse characteristics, including the London Borough of Barking and Dagenham, Cambridgeshire and Liverpool. While the practical challenges faced by each could be quite different, they all highlighted the overwhelming importance of partnership working between a range of different agencies, including Children’s Centres, to address the issues faced by these families. Ensuring that support was delivered as consistently as possible across different services was stressed as being crucial, with the need for a common vision and approach amongst all partners viewed as essential to enabling this.

Witnesses explained the various strategies they adopted in order to achieve this. In Barking and Dagenham, all the Borough’s Children’s Centres share the same core offer, guiding principles and outcomes framework – the latter maps closely on to the Troubled Families programme’s outcomes plan, enabling this to be fully embedded within the local authority’s

Centres.²⁴ Meanwhile, as explained in Case Study 7, in Cambridgeshire all partners that work with families have adopted what is termed a “Think Family” model, to enable a consistent approach to supporting families to be taken across all agencies. An important aspect of this is the development of a whole family approach to the Common Assessment Framework which Children’s Centres have played a key part in rolling out.²⁵

Representatives from Liverpool’s Clinical Commissioning Group (CCG) also outlined an approach that arguably took partnership working to its furthest extent. Recognising that much of the support on offer to those with more complex needs is segregated in nature, a key strand of the CCG’s commissioning strategy involves a “Neighbourhood Collaborative” model, which seeks to bring all partner agencies in a community together and “genericise” certain services so that such families are not treated as special cases to quite the same degree. As the CCG’s Vice Chair Dr Simon Bowers explained:

*Some families have very, very acute levels of need, but historically what we’ve done is leave them in that high level of need rather than pick out the bits of their need that can be managed by universal services and make it all feel normal.*²⁶

This approach, labelled “No Wrong Door”, is examined in more detail in Case Study 8. These various examples highlight that support for those with complex needs works most effectively when responsibility is shared across the full range of different agencies working with the family, all of whom share the same approach. With a wide range of stakeholders invested in supporting such families, it is important to

Case Study 7

The “Think Family” approach in Cambridgeshire

As a large shire county which needs to maximise the impact of available resources, strong integrated partnerships are essential to the success of all Cambridgeshire’s work with families.

In order to facilitate this, Cambridgeshire County Council have adopted what they term a “Think Family” approach across all their services. This aims to improve outcomes for children, young people, adults and families by considering and understanding the needs of all family members and coordinating the support they receive from children’s, young people’s, adult’s and family services in a single family support plan coordinated by a Lead Professional. This kind of cross-partnership model also helps to minimise duplication across services and maximise the effectiveness of budgets.

The “Think Family” approach has been adopted by all agencies working with families in Cambridgeshire including health, Jobcentre Plus, schools and the police, as well as Children’s Centres. It is also at the heart of Cambridgeshire’s Troubled Families programme.

An important aspect of the “Think Family” model has been the development of a whole family approach to the Common Assessment Framework (CAF) process. A new “Family CAF” has been developed which supports all Cambridgeshire’s work with families with complex needs, including through the Troubled Families initiative. Children’s Centres have played a key role in the adoption of Cambridgeshire’s Family CAF approach across services supporting young families.

understand the nature of the role that Children’s Centres currently play, and the opportunities provided by the Family Hub model to enhance the support that the community as a whole provides.

Oral evidence provided to the APPG helped to clarify the sorts of families that Children’s Centres are primarily involved in supporting. As Toby Kinder from the Delivery Unit at the London Borough of Barking and Dagenham explained:

From an early intervention perspective, these are the families for whom we would say ‘If we don’t do something really quick these families are going to go over the edge’. We wouldn’t say they were in crisis and we wouldn’t say they are chaotic, but routines need to be managed and some things need to be addressed otherwise they will slip over into [needing specialist support].²⁷

While Children’s Centres are not currently dealing with the most complex cases of all, they do play an important part in

supporting those families who, without help, could potentially fall into much more serious levels of need.

The Family Hub model could help to enhance the support available to families with more complex needs, as by drawing a wider range of professionals more closely together it can help to embed the shared approaches which evidence presented to the APPG suggests is so important, and would also enable practitioners to share knowledge and information more effectively.

Hubs should also seek to learn lessons from other programmes which provide intensive support to those with complex needs, such as the Troubled Families initiative, although with a focus on avoiding crisis through early intervention.

Recommendation 7: Lessons from the successful Troubled Families programme should be learned, but with a focus on helping families before crisis point is reached.

Case Study 8

The “No Wrong Door” approach in Liverpool

Liverpool CCG, in partnership with the local authority and provider based colleagues, is developing a city-wide network of neighbourhood-based community care teams for children and their families. These “Family Health and Wellbeing teams” bring together practitioners and clinicians from health, social care and education. This system will therefore integrate Liverpool’s early help services with its social care and health services for children and families. Families, particularly those with complex needs, will have access to co-ordinated early help in accordance with need as soon as it is identified.

A restructured network of Children’s Centres will play an important role in delivering this approach. Greater multi-agency collaboration at a neighbourhood level will maximise the opportunities for stronger service integration, and provide a more effective community model of care to support children and families. Within this system Children’s Centres will provide one point of entry for support, but it will be possible to access services through any number of routes (“No Wrong Door”).

Cross-cutting Issues

Throughout the course of the APPG's inquiry, a number of cross-cutting issues emerged which were relevant across all four of the inquiry's core strands – this section examines these, and their implications for the Family Hub model, in greater detail.

One of the most prominent considerations raised during the course of the inquiry concerned the implications that developing Children's Centres into Family Hubs will have for staff, and how they will be supported to deal with the enhanced workload that comes with an extended service offer.

The APPG is clear that staff represent Children's Centres' greatest asset, and that this would undoubtedly remain the case under the Family Hub model. As well as ensuring that staff are able to access appropriate development opportunities, and engage in reflective practice wherever possible (offering them the chance to reflect on the issues and challenges they face in their day-to-day work with peers and experienced professionals, the value of which the APPG is keen to highlight), external partners can also play an important role in supporting staff capacity.

Within the Family Hub model, there is a definite role for leveraging in additional support from voluntary, community, self-help and peer support organisations in service provision, and their role should be significantly expanded. In particular, it should be recognised that those who have experienced challenges can often be very well placed to offer solutions, and Family Hubs should seek to engage those who have overcome difficulties in their own

lives in their services.

Equally, young people engaged through Government programmes such as the National Citizen Service can potentially also add value to Family Hubs' work, and there is a case for every National Citizen Service candidate to spend time in a Family Hub. This could involve a combination of both volunteering and more structured learning, and opportunities for initiatives such as one-to-one mentoring through Family Hubs could also be explored.

Recommendation 8: Engagement with voluntary, community, self-help and peer support organisations should be significantly expanded, with a recognition that people who have challenges can often offer solutions.

Recommendation 9: Every National Citizen Service candidate should spend time in a Family Hub, both learning and volunteering, to emphasise that everyone has something to contribute.

The physical capacity of Children's Centre buildings was another important cross-cutting issue to emerge from the inquiry, and it is important to address the challenges that this poses for implementing an expanded Family Hub offer in circumstances where available space is already limited.

One potential approach to addressing the pressure on Centre buildings was highlighted in a number of written responses, and involves making use of wider venues within the community to deliver Children's Centre services. As a submission by Action for Children states:

By thinking outside the box and not just

*delivering services from a Children's Centre building, local authorities can ensure that programmes and classes are still delivered to families in their area by situating them in various locations across the community.*²⁸

A significant theme to come through from the APPG's evidence sessions is that Children's Centres should be viewed as services rather than simply as physical buildings. A number of witnesses have emphasised that from the perspective of supporting children and families, the most effective way of addressing a need is to identify the service that is needed to meet it first, and decide which building is most appropriate to deliver from after that.

Within an extended Family Hub, there are undoubtedly certain types of support which are most appropriately delivered on-site, such as early years services and (as has been highlighted in this report) employment and skills support. In addition, where co-location is especially important to improving outcomes by facilitating better dialogue between different professionals, having services based in the same physical building is clearly vital.

However, the Family Hub model should not simply be seen as an effort to locate as many different services in a single building as possible, but rather as a means to better co-ordinate different types of support and deliver these in the most effective way for families. Where this can be achieved most appropriately by using alternative venues this should be considered, providing such decisions ultimately represent the best approach for addressing a particular need.

Outreach is perhaps one example of where

this is particularly important. A number of written submissions have stressed the importance of effective outreach, to ensure that support is not restricted for those who cannot easily access a single site. This represents an important consideration in ensuring that Family Hubs can effectively serve their whole community, and a strong outreach service should therefore be recognised as an essential element of their provision.

Furthermore, opportunities for delivering advice and guidance through wider channels, such as online, could also be explored as a way of extending Family Hubs' reach beyond the physical building. Ideally this would be co-branded with Family Hubs, so that this overall offer becomes increasingly recognised and understood.

Recommendation 10: Online support should also be available, co-branded with Family Hubs so that this becomes a highly visible national brand.

More broadly, collaborative working between different services is at the heart of the Family Hub approach, and is historically something that Children's Centres have been very strong at enabling. However, evidence received by the APPG has highlighted a number of persistent issues on the ground that stand in the way of greater integration and collaboration which need to be overcome to fully realise potential of the Family Hub model.

In particular, it is clear that information sharing between Children's Centres and other agencies such as health remains an ongoing issue for many of those who provided written evidence to the APPG. The challenges encountered in this area,

especially a time of high staff turnover, have been emphasised in a number of written responses, and the importance of having strong service-level agreements in place has been stressed as a key enabler of better information sharing. A number of other factors have also been highlighted as being vital to enhancing collaborative working, notably the need for properly integrated digital systems and the need for strong shared vision and leadership at senior levels. Evidence submitted to the inquiry indicates a need for continuing action at all levels to address these issues.

In addition, the need for Children's Centres to build the evidence base about the impact of their interventions is an issue which has arisen during the course of the inquiry's evidence sessions. This is a complex issue, and it has been stressed in some representations to the APPG that the benefits of early interventions only fully manifest over the long-term, creating challenges for policy-makers and practitioners trying to take decisions now. In order to make Family Hubs as impactful as possible, these are challenges that will need to be overcome.

Recommendation 11: There must be a concerted effort to share best practice across the country, to overcome barriers to information sharing and improve the evidence base around the impact of services.

Lastly, this APPG has had a long standing commitment to extending the provision of birth registration services in Children's Centres. In a previous inquiry into best practice in Children's Centres, the APPG received evidence from the Department for Education highlighting the positive impact these services can have for

Centres' reach and engagement.²⁹ The APPG has also taken oral evidence on this subject in the course of this inquiry,³⁰ and remains convinced of the case for delivering birth registration within Centres, believing that this is a practice which should be rolled out nationwide as part of an extended Family Hub offer.

Recommendation 12: Birth registration should be rolled out in Family Hubs nationwide, with a concerted effort to ensure that parents are provided with information at this stage about the wide range of support available throughout the different stages of family life.

Conclusions

Through the course of this report and the inquiry which underpinned it, the APPG has sought to set out a vision for extending Children's Centres into Family Hubs, and explore how they can help deliver many of the key priorities of the Life Chances Strategy.

It has found that, in addition to Children's Centres' existing health and development work, many of their established strengths such as their family-friendly setting, strong local partnerships and reach amongst more disadvantaged families mean that they are very well placed to deliver a wider range of services. The evidence that the APPG has received has highlighted extended Family Hubs can potentially play an important role in the provision of employment support and childcare, relationship support and support for those with more complex needs. They are key to the delivery of programmes led by a number of Government Departments, and the APPG believes that there is a strong case for making Family Hubs central to policy-making around Life Chances.

In addition, the inquiry has also identified some of the challenges involved in implementing the Family Hub model and suggested the sorts of developments that will need to take place to make this a reality. In particular, supporting staff to ensure that they can deal effectively with the demands of an extended service offer,

as well as managing the additional pressures that will be placed on the physical capacity of buildings, are two key issues that will need to be addressed for Family Hubs to be successful. In doing so, leveraging in the support of wider voluntary, community, self-help and peer support organisations will be crucial, and their role in provision will be expanded within the Family Hub model. Delivering services through alternative community venues should also be explored where this represents the best approach to addressing a particular need.

Furthermore, concerted action and clear leadership to deal with persistent obstacles to collaborative working between Family Hubs and other services will also be required at both a local and national level, and efforts made to address the complexities around measuring the impact of services.

With all this in mind, the APPG makes twelve recommendations, which aim to provide a base for developing Children's Centres into Family Hubs. These are shown on the following page, and the APPG urges local and central government to implement them and fully realise Children's Centres' potential by transforming them into Family Hubs. If the Government's Life Chances Strategy is to be successful, it is critical that this vision of Family Hubs is at its heart.

Recommendations

- 1 The Government should give full consideration to augmenting Children’s Centres into Family Hubs as part of its Life Chances agenda.
- 2 Local authority leaders and public health commissioners should position Family Hubs at the heart of their Health and Wellbeing strategies. Accessing support should be normalised, supported by messaging from local leaders.
- 3 Emphasis should be placed on how mental health needs, and particularly children’s mental health, can be addressed in Family Hubs.
- 4 The links between Family Hubs, local employers and Jobcentre Plus should be reviewed and strengthened.
- 5 Relationship support delivered in Family Hubs should encompass parenting support, couple relationship counselling, pre-marriage courses, post-separation support and help with parenting teenagers, at a range of levels from structured to “light touch”.
- 6 To support Family Hubs’ work, local authorities should be required to record family breakdown statistics on a statutory basis.
- 7 Lessons from the successful Troubled Families programme should be learned, but with a focus on helping families before crisis point is reached.
- 8 Engagement with voluntary, community, self-help and peer support organisations should be significantly expanded, with a recognition that people who have challenges can often offer solutions.
- 9 Every National Citizen Service candidate should spend time in a Family Hub, both learning and volunteering, to emphasise that everyone has something to contribute.
- 10 Online support should also be available, co-branded with Family Hubs, and promoted as a national, universally-recognisable point at which a wide range of support can be accessed.
- 11 There must be a concerted effort to share best practice across the country, to overcome barriers to information sharing and improve the evidence base around the impact of services.
- 12 Birth registration should be rolled out in Family Hubs nationwide, so that everyone is aware of the support on offer as and when they or their family need it in future years.

Appendix A: Inquiry Sessions

Between October 2015 and January 2016, the All Party Parliamentary Group on Children's Centres held a series of four evidence sessions as part of its inquiry. Witnesses who gave oral evidence at each of these sessions are listed below:

Meeting 1: Health and Development (October 2015)

- Hilary Earl (Health Visitor, County Durham and Darlington NHS Foundation Trust)
- Jane Young (Speech and Language Lead, Nottinghamshire Children and Families Partnership)
- Dr Yvonne Millar (Head of Child and Adolescent Mental Health Services, London Borough of Islington)
- Fiona Horrigan (Children's Centre Lead, London Borough of Islington)
- Jonathan Rallings (Associate Director for Policy and Research, Barnardo's)

Meeting 2: Employment Support and Childcare (November 2015)

- Fiona Colton (Head of Integrated Services, Derby City Council)
- Liz Annetts (Troubled Families Employment Advisor, Derby City Council)
- Vicki Lant (Head of Children's Centre Development, Barnardo's)
- Kay Tarry (Head of Operations – South, Barnardo's)
- Dr Julian Grenier (Headteacher, Sheringham Nursery School)

Meeting 3: Relationship Support (December 2015)

- Honor Rhodes OBE (Director of Strategic Development, Tavistock Centre for Couple Relationships)
- Arlette Kavanagh (Development Lead, Changing Futures NE)
- Penny Thompson (Advice and Guidance Hub Manager, Hartlepool Borough Council)
- Ashley Warke (Family Support Worker, Packington Children's Centre)
- Jenny Andrews (Development Manager – Children's Services, Hertfordshire County Council)

Meeting 4: Supporting Families with Complex Needs (January 2016)

- Toby Kinder (Delivery Unit, London Borough of Barking and Dagenham)
- Jo Sollars (Head of Family Work – Early Help, Cambridgeshire County Council)
- Helen Freeman (Children's Centre Strategy Manager, Cambridgeshire County Council)
- Dr Simon Bowers (Vice-Chair, Liverpool Clinical Commissioning Group)
- Jane Lunt (Nurse Lead, Liverpool Clinical Commissioning Group)
- Ray Guy MBE (Liverpool Clinical Commissioning Group)
- Geoff Baxter OBE (Managing Director, Restorative Practice)

Appendix B: Call for Evidence Responses

As part of a call for evidence that ran alongside the inquiry's four evidence sessions, the Group received 49 written responses from the following organisations and individuals:

Action for Children	Howgill Family Centre
Banstead Children's Centre	Indigo Children's Services
Barnardo's	Islington Council
Bath and North East Somerset Council	Kathy Peto
Birmingham Adult Education Service	Liverpool City Council
Blackpool Council	Mellow Parenting
Bolton Council	Middlesbrough Council
Bristol City Council	National Institute for Adult Continuing Education
Cambridgeshire County Council	Northumberland County Council
CSH Surrey	OMEP UK
Department for Business, Innovation and Skills	Paradise Park Children's Centre
Dr Gwendoline Adshead	Pen Green Research Base
Dr Michael Craig Watson	Potters Gate Children's Centre
Duke Street Children's Centre	Reading Borough Council
Durham County Council	Relationships Alliance
Elizabeth Beck	South Tyneside Council
Essex County Council	Staffordshire County Council
Family Action	Sue Deedigan
Family Links	Suffolk County Council
Froebel Trust	Sunderland City Council
Gateshead Council	Surrey Early Years and Childcare Service
Hale Sure Start Children's Centre	The Communications Trust
Hampshire County Council	Warwickshire County Council
Healthwatch Northamptonshire	West Sussex County Council
Hertfordshire County Council	

Appendix C: Endnotes

- ¹ Centre for Social Justice (2014) *Fully Committed? How a Government could reverse family breakdown*, p.48
- ² Department for Education (2010) *The “core purpose” of Sure Start Children’s Centres*
- ³ Sam Gyimah MP, Parliamentary Under-Secretary of State for Childcare and Education, Response to Written Question 38640 by Daniel Zeichner MP (9 June 2016)
- ⁴ Department for Education (2015) *The impact of Children’s Centres – studying the effects of Children’s Centres in promoting better outcomes for young children and their families (ECCE, Strand 4)*, p. xxxv
- ⁵ Prime Minister’s Office, 10 Downing Street, “Prime Minister’s speech on life chances” (11 January 2016)
- ⁶ Lord Nash, Parliamentary Under-Secretary of State for Schools, Response to Written Question HL6408 by Baroness Armstrong of Hill Top (9 March 2016)
- ⁷ See Rt Hon Frank Field MP (2010) *The Foundation Years: preventing poor children becoming poor adults* and Graham Allen MP (2011) *Early Intervention: The Next Steps*
- ⁸ Oral evidence from Liz Annetts, Troubled Families Employment Advisor, Derby City Council
- ⁹ National Institute of Adult Continuing Education (2013) *Family Learning Works: The Inquiry into Family Learning in England and Wales*, p. 7
- ¹⁰ Written evidence from the Department for Business, Innovation and Skills
- ¹¹ Oral evidence from Vicki Lant, Head of Children’s Centre Development, Barnardo’s and Kay Tarry, Head of Operations – South, Barnardo’s
- ¹² Oral evidence from Fiona Colton, Head of Integrated Services, Derby City Council
- ¹³ 4Children (2015) *Children’s Centre Census 2015*, p. 10
- ¹⁴ Relationships Foundation (2015) *Counting the Cost of Family Failure: 2015 Update*, p. 2
- ¹⁵ Department for Education (2014) *Relationship Support Interventions Evaluation: Research Report*, p. 133
- ¹⁶ Tavistock Centre for Couple Relationships (2011) *Parenting work which focuses on the parental couple relationship: A policy briefing paper from TCCR*, p. 1-2
- ¹⁷ Oral evidence from Arlette Kavanagh, Development Lead, Changing Futures NE
- ¹⁸ Oral evidence from Penny Thompson, Advice and Guidance Hub Manager, Hartlepool Borough Council
- ¹⁹ For further information see websites including: www.careforthefamily.org.uk/courses-lets-stick-together; www.marriagecare.org.uk; www.mothersunion.org; www.themarriagecourses.org
- ²⁰ Written evidence from Family Action
- ²¹ 4Children (2015) *Children’s Centre Census 2015*, p. 9
- ²² Oral evidence from Ashley Warke, Family Support Worker, Packington Children’s Centre
- ²³ Graham Allen MP (2011) *Early Intervention: The Next Steps*, p. 17
- ²⁴ Oral evidence from Toby Kinder, Delivery Unit, London Borough of Barking and Dagenham
- ²⁵ Oral evidence from Helen Freeman, Children’s Centre Strategy Manager, Cambridgeshire County Council
- ²⁶ Oral evidence from Dr Simon Bowers, Vice Chair, Liverpool Clinical Commissioning Group
- ²⁷ Oral evidence from Toby Kinder, Delivery Unit, London Borough of Barking and Dagenham
- ²⁸ Written evidence from Action for Children
- ²⁹ All Party Parliamentary Group on Sure Start Children’s Centres (2013) *Best Practice for a Sure Start: The Way Forward for Children’s Centres*, p. 26-33
- ³⁰ Oral evidence from Jonathan Rallings, Associate Director for Policy and Research, Barnardo’s

Published by 4Children on behalf of the All Party Parliamentary Group on Children's
Centres, July 2016

www.4Children.org.uk

Appendix 9 - Economic Modelling¹ in support of Children's Centre Business Case for Leeds

Cost Benefit Analysis

Using the Unit Cost Database (v.1.4) which was updated March 2015 cost benefit analysis has been carried out. The initial version of this cost database was developed as part of work under the Investment Agreement and Partnerships Exemplar project to produce a framework to assist local partners in reforming the way they deliver public services. The project was funded by the Department for Communities and Local Government's (DCLG) Troubled Families Unit, and delivered by Greater Manchester and Birmingham City Council, although it is relevant nationally. Work to develop and update the database is being undertaken by New Economy, with further support from DCLG and other government departments.

The costs can be broken down into three types of values. These are:

- Fiscal value: costs or savings to the public sector that are due to a specific project (e.g. delivery of additional services or reduced health service, police or education costs)
- Economic value: net increase in earnings or growth in the local economy
- Social value: wider gains to society such as improvements to health; educational attainment; access to transport or public services; safety; or reduced crime

When looking at the financial case for a project, only the fiscal values should be considered, and an assessment of 'cashability' of any savings also considered (based on [New Economy Model](#)). When looking at the economic or public value case for a project, all three benefits should be considered. For the purposes of this business case we have concentrated on the fiscal values particularly as we have current fiscal costs to compare.

Parental, infant and child mental health and wellbeing

Poor maternal mental health is linked with poor early attachment, relationships and inequality. According to a recent national report maternal perinatal depression, anxiety and psychosis carry a long term cost to society of about £8.1 billion each year with 72% of the costs relating to adverse impacts on the child (CentreForum's Mental Health Commission, 2015)

The Leeds Mental Health Needs Assessment (NHS 2011) suggests that public mental health, prevention and early intervention should be prioritised. It is suggested that 30-40% of mothers and babies will suffer from insecure attachment between mother and child with the potential for mental health issues for both. Over the last three years Leeds has sought to address this issue.

Following the integration of Heath Visiting Service and Children's Centres into 25 locally based Early Start Teams, we have jointly (LCH, Public Health Children's Services) developed the Maternal Mood pathway). As a response to this a number of perinatal and adult-parent mental health services have been commissioned and are in development. These include:

- Early screening for maternal mood both during pregnancy and in the early years;
- Access to 'Preparation, Birth and Beyond', a programme of perinatal education and support.

¹ Including high level assumptions and levels of confidence - for each section

- Baby-Steps: This is a 'programme of perinatal education and support targeted at families with complex needs
- Infant Mental Health Service: Developing staff skills and awareness around early attachment, bonding and attunement; consultancy support for staff working with families and direct CAMHS support for mothers with the most complex difficulties.
- Swift and easy access to parent counselling services and developing centres as the 'hub' for providing support to bereaved families with young children, thereby supporting both parents and young children with their loss.

The international evidence base around the first 2 years of parenting suggests that enriching the early environments of children in low income families produces significant financial returns .

The Incredible Babies/Years programmes demonstrate a good cost-benefit ratio. Long-term studies show that model programs for three- and four-year-olds living in poverty can produce significant benefit-cost ratios and annualised internal rates of return of 18% over 35 years, with most of the benefits from these investments accruing to the general public.

Topic Area/Program	Monetary Benefits	Cost	Benefit to Cost ratio	Return on Investment
Incredible Years: Parent Training and Child Training	\$15,571	\$2,085	7.5	12%

(Wave 2013)

A small team of Children's Centres staff have been trained in the Incredible Babies/Years programmes and have piloted the 'Incredible Babies' parent-child group training. Early Indications from four pilot courses completed by around 50 families in Leeds demonstrated similar gains to the national and international evidence base.

The 'Tool to Measure Parenting Efficacy' (TOPSE: used to evaluate parenting programmes nationally and internationally) identified the around 12% gains for parents completing the training in the areas of emotion and affection, play and enjoyment, empathy and understanding, with a 12% reduction in perceived pressure in family life.

We have a high level of confidence in the return of investment.

Analysis

Average cost of service provision for adults suffering from depression and/or anxiety disorders, per person per year - fiscal (£977) and economic (£4522) costs [measured as per person per year – HE11.0] Reference - Paying the Price: the cost of mental health care in England to 2026 (King's Fund, 2008), p.118

This is the average annual fiscal cost of service provision per adult suffering from depression and anxiety disorders. In addition, the economic value quoted is related to lost earnings; other social costs (e.g. from reduced well-being) are not monetised in the King's Fund report. The fiscal cost

includes the following service areas: prescribed drugs; inpatient care; GP costs; other NHS services; supported accommodation; and social services costs. As shown in the constituent measures below, **the cost falls predominantly to the NHS (92%)**, followed by the local authority (8%).

Note that the source quotes research that found that around one third of working age adults with depression and half of those with an anxiety disorder are not in contact with services (i.e. not accessing provision or diagnosed by a GP with a mental health condition) - this cost is an average across all adults suffering from depression and/or anxiety disorders, regardless of whether they are in contact with services or not.

The source also provides costs for a range of other adult mental health conditions, including dementia, and for child and adolescent disorders - these are outlined in the subsidiary and constituent costs detailed below. Research from elsewhere (Mental Health Promotion and Mental Illness Prevention: the economic case, Knapp et al, 2011) suggests that the cost (to employers) of work-based screening for depression and anxiety disorders is £31 per employee (2009-10 prices), comprising completion of a screening questionnaire, follow-up assessment to confirm depression, and care management costs; subsequent delivery of six sessions of face-to-face CBT can cost some £240 per course. The relatively low cost of such interventions, compared to the potential savings demonstrated in the data quoted here, demonstrate their cost-effectiveness.

From our data the following calculations have been made:

- The number of children aged 0-5 in total in Leeds = 37,605²
- From our data the percentage of targeted families engaged in the centres is 80%
- The Leeds Mental Health Needs Assessment (NHS 2011) suggests that public mental health, prevention and early intervention should be prioritised. It is suggested that 30-40% of mothers and babies will suffer from insecure attachment between mother and child with the potential for mental health issues for both.
- Assuming that 30% of mothers (on a per child basis) benefit from the mental health support afforded by Children's Centres this could equate to an individual saving of £977 per annum, which would mean a **£8.82M return on investment (ROI)**

Accident prevention and first aid training

RoSPA recently commissioned research from the Transport Research Laboratory (TRL)⁵ to look into the cost of home accidents. Its findings were shocking: the total annual cost of home accident casualties who are treated for their injuries at hospital – around 2.7million people each year – is estimated to be £45.63billion (£45,630million), based on an average cost of £16,900 per victim (all ages). The children most at risk from a home accident are the 0–4 years age group. Falls account for the majority of non-fatal accidents while the highest number of deaths are due to fire. Most of these accidents are preventable through increased awareness, improvements in the home environment and greater product safety.

² Figures taken from the NHS Leeds and Leeds LA Early Start Dashboard dated 14 May 2015

Children's Centres have been trained and undertaking ROSPA home safety assessments for 5 years. However funding for equipment fitting has reduced from £120k per year to around £30k per year reducing the impact of the programme.

A pilot has been undertaken, funded by Children's Services, clusters and CCG's for paediatric first aid training for parents. 12 courses have been run with 87 parents completing the course. The course has sustained a 95% completion rate with 15% of attended going on to take additional sessions and gain accreditation. The parent evaluation (TOPSE) demonstrates similar impact measure demonstrated in national evaluation (Incredible Years 2012)

Analysis

The benefits of first aid training in terms of number of accidents prevented and cost of those accidents could be measured by reduction in A&E attendances and Ambulance call outs:

A&E attendance (all scenarios) per incident HE4.0 [fiscal = £117]

Ambulance services - average cost of call out, per incident HE3.0 [fiscal =£223]

Reference -National Schedule of Reference Costs 2011-12 for NHS trusts and NHS foundation trusts (weighted average of values against HRG codes VB01Z to VB11Z)

This cost is sourced from NHS Reference Costs 2011-12 (an updated cost is not available from the 2013 Reference Costs publication), and is a weighted average cost for A&E attendance (using values from HRG codes VB01Z-VB11Z), covering all attendances including scenarios both where investigation and treatment are received, and where they are not received (see related headline measures below for unit costs for each of these scenarios). The unit cost varies by type of A&E setting as follows: A&E attendance at an NHS foundation trust or NHS trust hospital: admission £157, non-admission £108; A&E minor injury units: admission £74; non-admission £60; A&E walk-in centres: admission and non-admission, both £42; non-24 hour A&E/Casualty departments, admission £100, non-admission £53). Subsidiary costs (see below) have been calculated across all settings for A&E attendance that (a) leads to hospital admission, and (b) does not lead to admission (see below) [all costs in this cell are quoted at 2011-12 prices].

From our data the following calculations have been made:

- 12 courses have been run with 87 parents completing the course. The course has sustained a 95% completion rate with 15% of attended going on to take additional sessions and gain accreditation.
- If all of those parents who completed the course avoid at least one A&E attendance as a result of this training (87 x 95%) **this equates to £9,711 ROI per annum**
- If all of those parents who completed the course avoid at least one Ambulance call out as a result of this training (87 x 95%) **this equates to £18,509 ROI per annum**

This would be a total of £28,220 per annum recurrent saving

There is a medium level of confidence in this return of investment as we would require further analysis to confirm whether there is any evidence of use of first aid training and loan of safety

equipment to impact on A&E attendance/admission. This is one of the high level assumptions that needs testing out.

Healthy eating and obesity reduction

Leeds Children's Centres are working to implement two key evidence based strands of work around health eating and obesity reduction; namely the UNICEF Baby Friendly accreditation and city wide roll out of the Healthy Eating and Nutrition for the Really Young (HENRY).

Breastfeeding

The evidence around breastfeeding suggests (UNICEF 2012) that if 45% of women exclusively breastfed for four months and if 75% of babies in neonatal units were breastfed at discharge, every year there could be an estimated:

- 3285 fewer gastrointestinal infection-related hospital admissions and 10,637 fewer GP consultations with over £3.6m saved in treatment costs annually;
- 5,916 fewer lower respiratory tract infection related hospital admissions and 22,248 fewer GP consultations with around £6.7m saved in treatment costs annually;
- 21,045 fewer acute otitis media related GP consultations, with over £750,000 saved in treatment costs annually;
- 361 fewer cases of NEC with over £6m saved in treatment costs annually

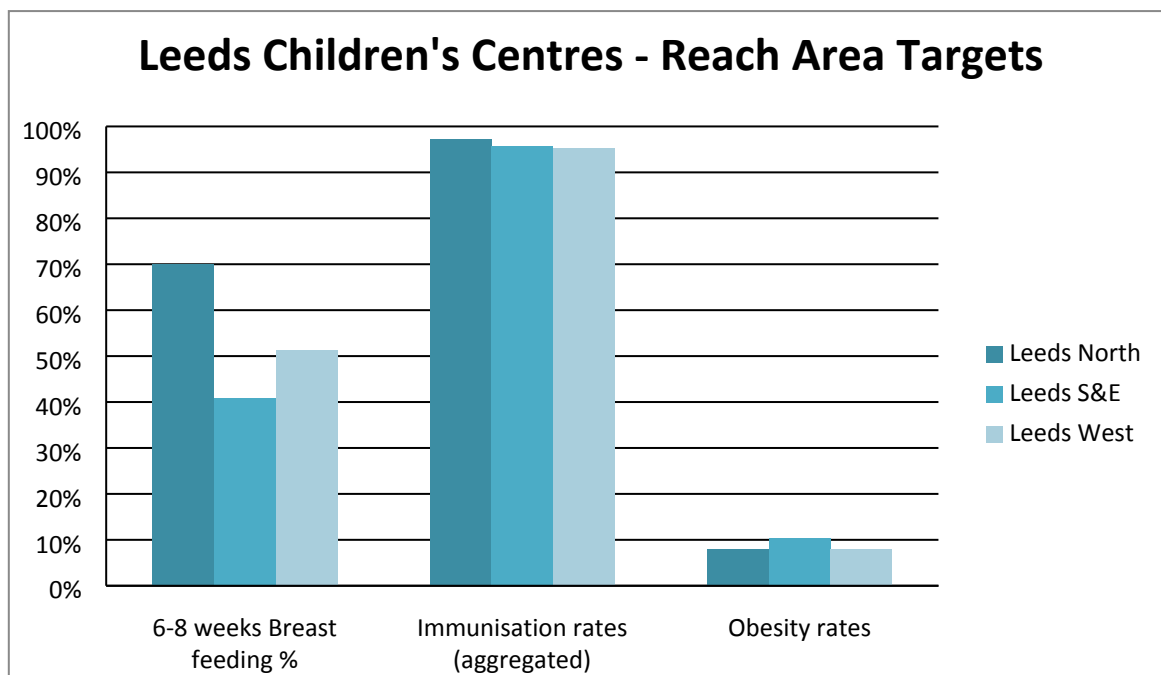
Also the constituents of breast milk support brain growth and development by improving white matter structure and better visual, motor, language and cognitive performance. Oxytocin levels are high when breastfeeding which support the responsive mothering behaviours leading to better cognitive and psychosocial development. Breastfed babies were 1 to 6 months ahead of never breast fed babies (Millennium Cohort Study).

The Leeds rates for breastfeeding suggest that initiation rates in Leeds are at around 70%, and by 4-6 weeks have fallen to around 50%. This compares poorly with parts of Europe such as Norway where 99% of mothers breastfeed and 70% are exclusively breastfeeding at 3 months. The evidence suggests that implementing the UNICEF Baby Friendly Initiative, particularly for young white women can have an impact on improving rates. Leeds Children's Centres have been working towards the BFI since 2012 and expect to achieve it in 2016. Maternity and Health Visiting Services in Leeds achieved the UNICEF BFI in 2014.

Analysis

Modelling for health – impact of increase in breastfeeding in Leeds for health

Achievement of recognised health and wellbeing 'early years' improvements in breast feeding and immunisation rates, and reduction in obesity rates for pre-school children. This is shown below using data recorded across the three CCG reach areas for 2014-15.



The current registration rates for families in the Leeds area are very high; in some cases 100% of families are registered. In addition, the target groups are all over 80% with very similar levels of engagement. The percentage of all families engaged with the Children's Centres remains over 70%.

Healthy Eating in the Really Young (HENRY)

Developed in Leeds the HENRY programme has one of the strongest evidence bases of any early years obesity prevention programme (Willis et Al. 2013). The HENRY programme has been developing in Leeds since November 2008 and the HENRY approach is an integral part of the Care Pathway for the Management of overweight and very overweight babies and preschool children (0 - 4), see Appendix 5.

The incidence of obesity in children has reached epidemic levels. Despite the need to combat this, health professionals report a lack of confidence in working with parents around lifestyle change. HENRY- Health Exercise Nutrition for the Really Young - aims to tackle childhood obesity through training health professionals to work more effectively with parents of preschool children around obesity and lifestyle issues. The 2-day Core Training was developed and piloted in 2007 and has since been adopted nationwide. Over 800 members of the Early Years and Health Visiting service teams have participated in the HENRY core 2 day training and over 40 completing the 2 day Group Facilitation Training. As a result parents throughout the city are able to access support individually or in a group setting. Impact of HENRY is noted in Willis et al. 2013 where significant changes were observed, with most sustained at follow-up. These included increased self-efficacy and ability to encourage good behaviour. Increased consumption of fruits and vegetables was reported in both children and adults, together with reduced consumption of sweets, cakes and fizzy drinks in adults.

There were also positive changes in eating behaviours (e.g. frequency of family mealtimes and eating while watching television or in response to negative emotion and reduced screen time in adults.

Analysis

The National Child Measurement Programme (NCMP) is a national initiative designed to gather valuable data. From April 2013 local authorities in England took over this duty and the NCMP delivery infrastructure which was already in place within local public health teams has continued to effectively deliver the programme. The key findings for Leeds from analysis of the data for the academic year 2012-2013 are now published and summary of findings are as follows:

- 13,836 children were weighed and measured and their BMI calculated. 3,727 of these children were overweight and obese. This suggests approximately 27% of children surveyed are overweight or obese.
- Coverage was 93.4% in reception and 74% in Year 6.
- Just less than one in eleven children in Reception is obese (8.7%, 755 children). **Obesity rates in reception show a slight downward trend year on year since 2008/9.**
- Just less than one in five children in Year 6 is obese (19.7%, 1022 children), which is double the proportion for reception and this level has remained static over the last two years.
- Underweight prevalence remains low with the rate for reception being 1% and for Year 6 being 1.6%.
- As in previous years **more children from 'Deprived Leeds' are obese (12.1%) than from 'Non-deprived Leeds' (8.4%)**. From 2009/10 to 2012/13 there is a consistent downward trend in the gap between deprived and non-deprived Leeds in obesity rates at reception however this trend is not evident at Year 6.
- In comparison with other core cities **Leeds now has one of the lowest childhood obesity rates, significantly lower than five of the seven core cities³.**
- Differences between rates of obesity in girls and boys in both years were not shown to be statistically significant.
- The Leeds NCMP data on ethnicity shows similar trends to national data with higher levels of obesity amongst most ethnic populations, as compared to the White British population.
- Some localities are showing consistently high rates of childhood obesity year on year and this primarily reflects the higher levels of deprivation in some localities.
- **The data provides supporting evidence for focusing interventions at young children, both at pre-school e.g. Children's Centres and in primary schools; and for prioritising prevention.**

If these facilities were removed and or reduced it would have a significant and detrimental impact on these children.

The challenge for partners in Leeds is to work together to prevent and tackle childhood obesity; providing specialist services where appropriate and establishing broad community focused preventative interventions. A range of effective prevention programmes are underway including Food For Life, Leeds Infant Feeding Plan, and HENRY(Health Exercise and Nutrition for the Really

³ The Core Cities Group is a self-selected and self-financed collaborative advocacy group of large regional cities in England and outside Greater London. The group was formed in 1995 as a partnership of eight city councils: Birmingham, Bristol, Leeds, Liverpool, Manchester, Newcastle, Nottingham, and Sheffield.

Young ,offering 1 to 1 and group support to families in the early years . More recently the PE and School Sport Premium have been used to fund the Active Schools programme, and Universal Free School Meals have been introduced at Key Stage 1. The Active4Life programme continues to provide physical activity opportunities for families living in many of our most deprived areas.

In summary, the analysis indicates that all of these benefits outweigh the cost of retaining and further developing the Leeds City Children's Centres.

Looked After Children

Other potential areas for consideration:

It could be possible to investigate the avoidance of certain costs as a benefit such as those for '**Child taken into care - average fiscal cost across different types of care setting, England, per year**'

This headline cost for looked after children (LAC) should only be used in the absence of more specific data on the type of placement provided to individual children. If such data are available, it is advised using the more specific costs provided for foster care and residential care homes (see entries SS2.0, SS3.0, or variants provided in the underlying cost lines SS2.0.1 - SS2.9 and SS3.1).

The cost is derived from Department for Education (DfE) Section 251 outturn data on net current expenditure on LAC in England in 2013/14, and DfE 903 return data on the number of LAC in England in March 2014; the Section 251 data were divided by the 903 return number to calculate a national average unit cost per LAC. The Section 251 data encompasses the following areas of LAC expenditure: residential care; fostering services; adoption services; special guardianship support; other children looked after services; short breaks (respite) for looked after disabled children; children placed with family and friends; education of LAC; leaving care support services; and asylum seeker services - children. The method was chosen over other types of calculation and sources of potential headline data, as it considers expenditure across a range of placement types, and provides an average across all English local authorities.

In practice, as demonstrated by some of the subsidiary costs below (many of which are based on particular scenarios that outline LAC with varying degrees of need), expenditure on LAC varies widely depending on the needs of the child and the local context (for example, areas with high numbers of LAC but fewer available foster care places may have a higher proportion of LAC provision in residential homes, which are considerably more expensive than fostering provision). This variance is demonstrated when using the same methodology to derive data for individual localities/areas. Although there may be a longer-term economic impact associated with a child being taken into care e.g. in terms of future earning potential, in the shorter-term this does not apply.

A calculation could also be made if we knew how many children who would otherwise have been taken into care if families had not benefited from the support and services provided by the Children's Centres. This equates to an annual cost of £52,676 per child saved as a direct fiscal benefit.

There is a medium level of confidence in this measure due to further analysis being required to define assumptions.

Education - Benefits

One of the key benefits from the introduction of the Children's Centres is **School Readiness**. This is described as fiscal savings associated with improved school readiness on entry to reception year (age 4-5)

The Agency bearing the cost / making the fiscal saving is schools and the latest updated **cost/saving for 2012/13 is £1053 per child per year**. This has been derived from Department of Education (2013): Illustrative Examples: Constructing the Notional SEN Budget for a Mainstream School or Academy.

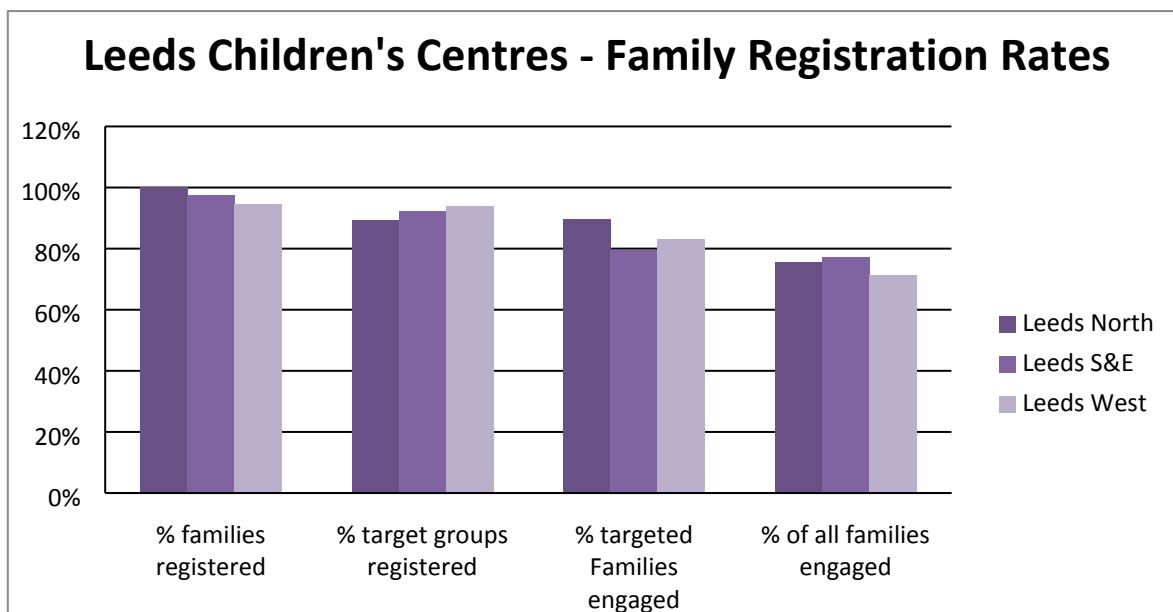
This is an estimated value for the annual fiscal savings derived by schools as a result of entrants to reception year (at age 4-5) achieving a 'good' level of development at the Early Years Foundation Stage. The cost is based on Department for Education illustrative examples for calculating school budgets, and is premised on the link between increased school readiness and a reduction in the cost of special education needs provision. However, as funding mechanisms for schools are based on local funding arrangements and the way that Local Authorities allocate Dedicated Schools Grant (DSG) funding, the actual fiscal benefit will depend upon local arrangements. There will also be longer-term economic impacts for individual children who have an improved education.

From our data the following calculations have been made:

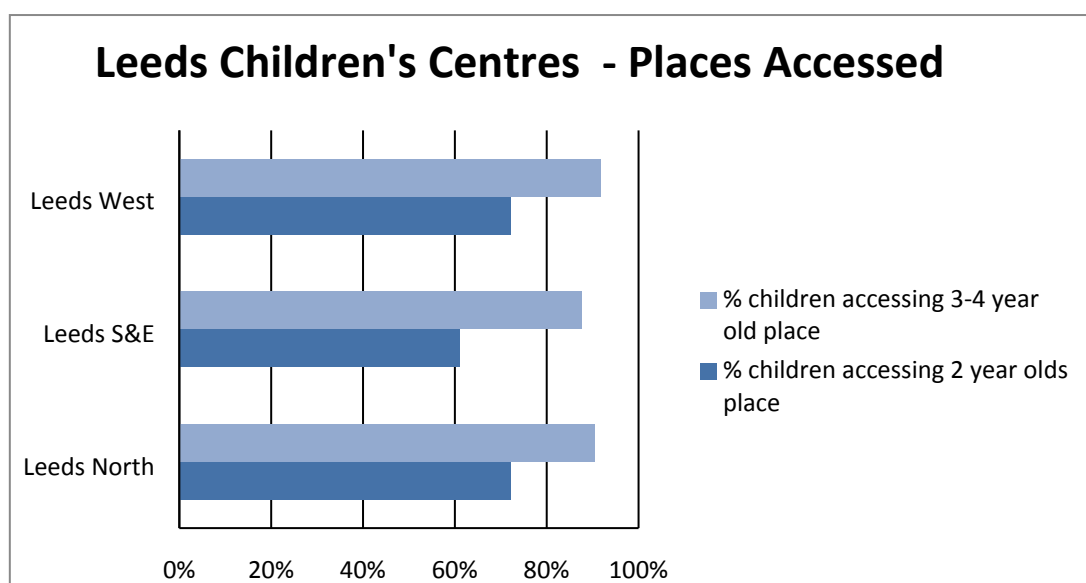
- The number of children aged 0-5 in total in Leeds = 37,605⁴ this equates on a flat line scale to 7,521 of reception age children
- Assuming the benefit is a saving for each child of £1053 per annum (if £100% achieve school readiness) this would mean a **£7.9M return on investment (ROI)**
- Currently our success rate is running at 58.2% of children achieving this target [as defined by 'GOOD' status in Early Year Stage Assessment]. This has been measured for the past seven years
- Adjusting the ROI to this percentage still gives £4.5M per annum cost saving benefit.
- If there is a **predicted increase from 58.2% to 70% target this would result in £5.5M return**, 80% target would equate to £6.2M and 90% would realise £7.1M per annum

We have a high level of confidence in this return on investment

⁴ Figures taken from the NHS Leeds and Leeds LA Early Start Dashboard dated 14 May 2015



All Children's Centres have high rates of places being accessed. In relation to the school readiness benefit both the 2 year old places and 3-4 year places are important. All are recorded as over 60% for two year olds and as high as 90% for the three and four year olds. This supports the return on investment (ROI) calculations and potential for improving this further. **The current target for improvement of take up of 2 year old places is to increase from 62% to 80%**

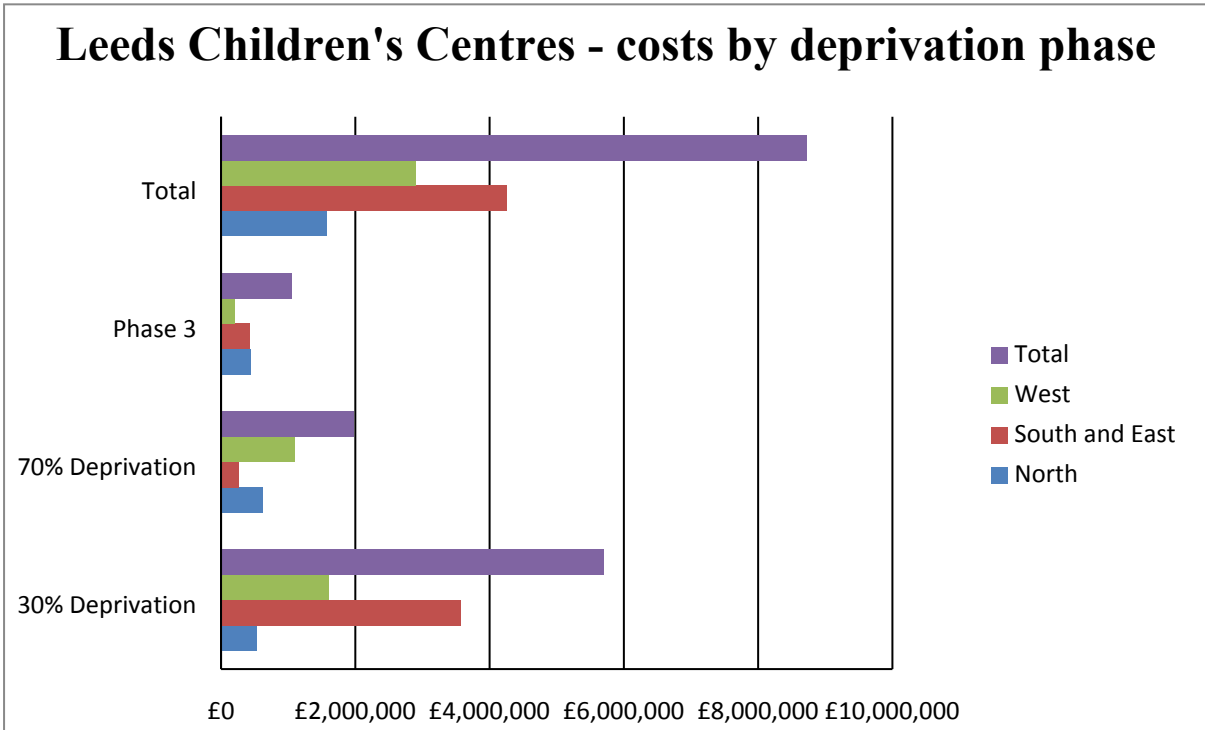


Costs

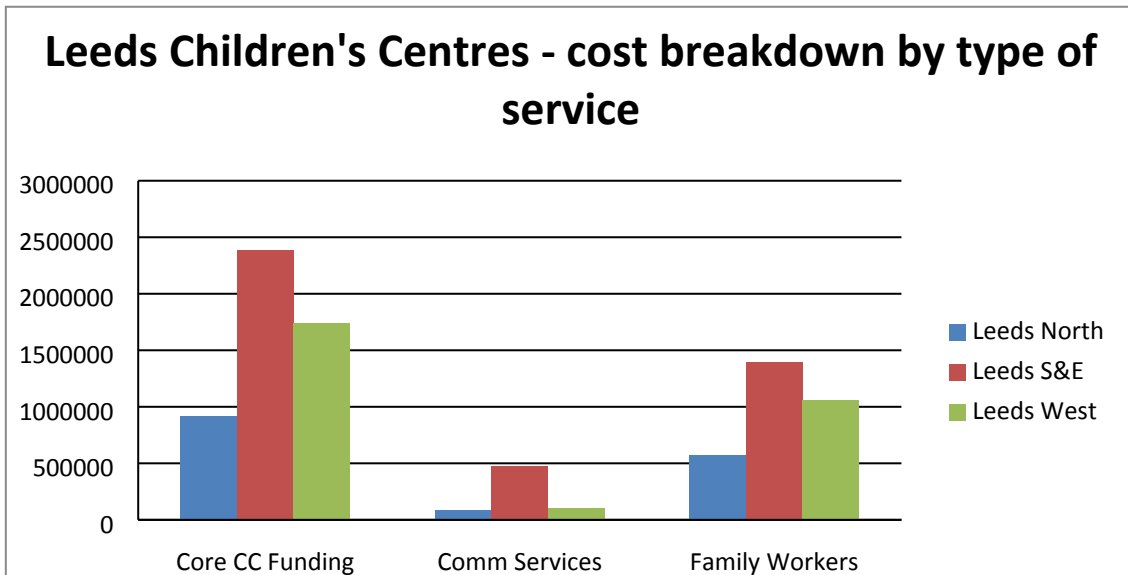
The current cost per annum for the whole of Leeds are described below for Children's Centres Spend 2015-16 - analysed by CCG Region. They are broken down by Clinical Commissioning Group (CCG) region as well as by 'Area of Deprivation'. This is particularly relevant if using a targeted model for tackling the most deprived areas (30%) first, followed by 70% and then the Phase 3.

CCG Region	30% Deprivation	70% Deprivation	Phase 3	Total
North	£526,530	£610,730	£436,810	£1,574,070

South and East	£3,571,020	£261,350	£419,680	£4,252,050
West	£1,606,670	£1,095,450	£199,500	£2,901,620
Total	£5,704,220	£1,967,530	£1,055,990	£8,727,740



This can further broken down by type of service; core City Council Funding, Community Services and Family Workers:



Points to note that in addition, Leeds City Council spend over £300k directly managing the above services, and the Family Support and Parenting Team is budgeted to cost £386k in 2015-16, so the overall programme cost is circa £9.42M

Some centres have merged their funding to ensure their current sustainability. The City Council Community Service costs are allocated on the number of children weighted for level of deprivation. Public Health have agreed to fund £1.5m and Early Help are utilising £1m of 2 yr old FEEE 14-15 under spend to fund the above costs. In addition, schools forum are being requested to use £1.1m of DSG 14-15 under spend to fund the above costs.

Report of Director of Children's Services

Report to Scrutiny Board

Date: 13th October 2016

Subject: Elective Home Education - duties, processes and current data



Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Summary of main issues

Under the 1996 Education Act parents have the right to home educate their children and to take full responsibility for their education. The local authority has two duties under this Act: to safeguard and promote the welfare of home educated children and to ensure that where they are informed that a child is home educated, that they are receiving a suitable education.

Local authorities have limited powers to exercise their duties in relation to children who are electively home educated. There is no right of access to the home for either of these duties and parents can refuse both access to their children and to provide information on their education. Leeds does, however, have well established monitoring arrangements in place.

In line with neighbouring authorities Leeds has seen a rise in the number of parents choosing to home educate over the last three years. The increase may relate to both the increase in the school population in Leeds and to the information on the option of home education being more widely known.

Recommendations

The Board is asked to note:

1. that the number of home educated young people is continuing to rise

2. that Leeds Children's Services has robust processes in place to oversee the arrangements parents who choose to education their children at home are making.

1 Purpose of this report

- 1.1 This report outlines the current law in regard to home education and the processes undertaken by Children's Services to support the local authority's duties. The report includes data to outline trends and work undertaken to provide access to services to children and young people whose parents have chosen to home educate.

2 Background information

- 2.1 The context to home education is outlined in the 1996 Education Act which outlines parents' legal duty toward the education of their child as follows:

"The parent of every child of compulsory school age shall cause him to receive efficient full-time education suitable - (a) to age, ability and aptitude, and (b) to any special educational needs he/she may have, either by regular attendance at school or otherwise."

The term "otherwise" refers to parents' choice to electively home education should they wish at any time in the compulsory school years and post 16 if the child is home educated before the end of year 11.

- 2.2 Children's Services, as the local authority, has two statutory duties relating to children that are home educated.

Firstly, under section 175 (1) of the Education Act 2002 to safeguard and promote the welfare of children; "to make arrangements for ensuring the functions conferred upon them in their capacity as a local education authority are exercised with a view to safeguarding and promoting the welfare of children".

Secondly although local authorities have no statutory duties in relation to monitoring the quality of home education on a routine basis, under Section 437(1) of the Education Act 1996, local authorities shall intervene **if it appears** that parents are not providing a suitable education.

In terms of what "suitable" home education should look like, there is a general consensus supported by some case law that home education should enable:

- an education that achieves what it sets out to achieve – ie it fulfils the plan the parent has outlined
- an education that prepares the child for life in our society and at the same time enables the child to achieve his/her full potential equipping a child for life within the community of which he/she is a member, rather than the way of life in the country as a whole, as long as it does not prevent the child from adopting some other way of life subsequently if he/she wishes to do so.

2.3 There is no legal definition of “full-time education” for home educated children. Education may take place outside normal "school hours" and the type of educational activity can be varied and flexible – it is the parents’ choice to make as long as it provides an apt and suitable education for the child. The parents do not need to follow any specific curriculum. However if it appears to Children’s Services that a child of compulsory school age is not receiving suitable education via home education, under the 1996 Education Act, then the local authority can serve a notice in writing on the parent requiring them to satisfy within the period specified in the notice that the child is receiving such education. This can lead on to a school attendance order process with the support of the attendance team.

2.4 **Process in Leeds – safeguarding duty**

Under the law, schools must notify the local authority immediately they receive a letter from the parent that they intend to home educate. This applies to maintained schools and academies. The school must take the child off the roll from the date of the letter. If a child has not been in school prior to parents deciding to home educate, the local authorities will not be aware unless another service or the parent contacts the Elective Home Education team.

Following notification to Children’s Services (EHE@leeds.gov.uk), schools requested to complete a form which outlines general family details, current attainment of the child, give details of any agencies involved with the family and if the school has specific concerns or the background to this decision. This is followed up by a call to the school by the Elective Home Education team to ascertain if the school is aware of the reason for home educating and whether there is any support that could be provided (a restorative meeting for example) that may enable the young person to return to school.

The Elective Home Education team, on receiving the notification, checks on Frameworki system for Social Care/Families First engagement – and contacts any agency already known to be working with the family to alert them that this decision has been made. This may lead to multi agency meetings with the parents to discuss whether any further action is required to support the child.

The Elective Home Education team will make contact with the parent to check in within two days of notification and try to arrange an initial visit within 10 days offering a pack of helpful information. As outlined previously Children’s Services as all other local authorities, has no right of access to assess the suitability of the education on offer. Parents may refuse to have any contact with the local authority including these initial safeguarding visits. Where a parent refuses access the Elective Home Education team will consider whether there are any safeguarding concerns and whether a multi-agency meeting or referral to the Children’s Social Work Service is necessary. Whether or not this initial visit has taken place, the Elective Home Education team will contact to arrange an annual visit within 12 months of the initial notification. The team will also check if any other service has had contact with the parent and seen the young person.

2.5 The Elective Home Education team works to develop a positive relationship with parents to ensure that statutory duties can be undertaken and any specific needs can be signposted to appropriate support. All visit forms have been developed in

consultation with the safeguarding lead officer and indicate next steps if any concerns and are recorded on the child's record on Synergy.

- 2.6 Where following discussions with the Elective Home Education team a parent decides that they cannot home educate and family support services are involved, the team supports parents with admission processes and may attend Fair Access meetings to ensure a safe return to school, including offering if appropriate:
- one to one tuition to engage young person in learning through the Pupil Tuition Team
 - On-going contact when back in school for up to a term to monitor attendance and attainment
 - On-going contact with parent
- 2.7 There is no nationally agreed framework for a local authority to access whether the education on offer by parents is efficient or suitable unless the young person already has an Education, Health and Care Plan in place. Parents are requested at the point of notification of home education to provide their plans for educating their child. The parents' education plans are reviewed by a trained teacher to assess whether they are appropriate to the child's age, ability and aptitude and any special needs the child may have. In every case the Elective Home Education team will provide parents with comments, suggestions and advice on their plans.
- 2.8 If the young person has an Educational, Health and Care Plan then the young person continues to have a regular overview of their education through the usual Special Education Needs processes. If the child has previously attending a specialist provision then the parents must satisfy the Head of Complex Needs that they are able to fulfil all educational elements of the Educational, Health and Care Plan. Where no education plans are provided or they remain not suitable then this will be referred to School Attendance Order.
- 2.9 The Elective Home Education lead officer and team hold the Elective Home Education list by cluster. This is updated weekly and reviewed. Clear protocols are in place for initial and annual visits and response to receipt or non-receipt of education plans. The lead officer and the team work with a range of partners to ensure the statutory duty of safeguarding and access to "suitable education". These partners include admissions team, social care, health visitors, children's centres, targeted services area leads/staff, complex needs area leads/staff, family intervention teams, cluster managers and cluster TSLs, the Medical needs teaching service, the Pupil Tuition Team and third sector agencies.
- 2.10 The Elective Home Education team provides information to parents at initial and annual visits in relation to education resources and signposts to Family Information Service Leeds website. There is also a regular offer of monthly drop ins and themed sessions available to parents to access. Parents also receive an annual letter and age related letters for children in years 6 and 11 with specific information.

3 Key issues - Elective Home Education data

3.1 The following table provides data from the end of the last academic year including the number of notifications over the year and current position. Please note that the number of children who are home educated in Leeds changes weekly, as there are new notifications and closures to Elective Home Education each week. The team enters data to a weekly tracker to ensure that the picture is kept as up to date as possible.

3.2 The number of children who were registered as Elective Home Education at the **end** of July 2016 was 390 (July 2015 = 319). This figure is 0.33% of the population which suggests the number of Elective Home Education has risen in line with the rise in total population.

Of the 390 on the list at end of July 2016

- 68 of these were Gypsy Roma Traveller
- 11 of had an Education, Health and Care Plan in place
- 47 were in year 11
- 107 would be eligible for free school meals

3.3 The total number of new notifications of elective home education in 15/16 was 225

- Total number of notifications in 14/15 = 189
- Total number of notifications in 13/14 = 161
- Total number of notifications in 12/13 = 127

3.4 Table of notifications by year group for the last 4 years

Year Group	2012-2013	2013-2014	2014-2015	2015-2016
Nursery	0	1	7	1
Reception	0	3	16	2
Year 1	0	10	13	21
Year 2	7	16	6	31
Year 3	13	6	12	20
Year 4	5	11	9	16
Year 5	6	6	9	11
Year 6	8	8	10	7
Year 7	7	18	17	15
Year 8	7	22	23	18
Year 9	13	7	18	20
Year 10	13	14	28	23
Year 11	15	18	17	26
Year 12	20	19	1	14
Year 13	11	0	0	0
Total	125	159	186	225

3.5 Safeguarding visits

Caseworkers from the Elective Home Education team undertake initial and annual visits to those on the list. Complex Needs Service officers visit those that have an Educational Health Care Plan and the Gypsy, Roma Traveller service supports visits to Cottingley site. Parents may accept or refuse an initial visit or request that they have time to prepare prior to a visit. To arrange a visit, caseworkers try to contact parents 3 times and then send a letter to say when they will call on a specific day and time unless they hear from the parent to make other arrangements. If there is no response they will cold call.

3.6 Parents may decide to home educate for a number of reasons:

- Elective Home Education as a short term intervention
- dissatisfaction with the school system
- bullying
- belief in home education

Where a parent has decided to home educate because of issues with the child's current school, the elective home education team will try to resolve these issues to enable the child to return to school, or will support the parent to access an alternative school.

3.7 Caseworkers report that some parents have said they do not feel a home visit is necessary. The team is aware that many parents access Facebook Elective Home Education groups. These seem to offer parents support and opportunities for children to connect with other home educated children.

3.8 Initial visits 2016/17

- Completed visits = 118
- Refused visits = 40 (3 with SEN recorded from school)
- Closures (return to school or move out of authority) = 97

3.9 Annual visits 2016/17

- Completed annual visits = 80
- Refused Annual visits = 26
- Moved out of Leeds by visit date = 6
- Returned to school by visit date = 8

The list of refused visits has been shared with lead officer for social care.

3.10 **Follow up processes**

Out of the total number of children being electively home educated in 2015/16, there are 30 cases where concerns were raised about whether this was in the child's best interests. Multi-agency meetings were convened in each case. The result of these meetings has been to ensure locality services (attendance, clusters, health agencies, third sector agencies) are aware that the child is being home educated;

consider the impact of this on the child and whether this may require protective action; provides an opportunity to discuss whether any more should or could be done to support the child to return to school and agree how the child and family will be supported.

3.11 There were 22 cases where multi-agency plans were put in place. This resulted in:

- 9 young people back in mainstream school
- 3 accessing college full time and 2 part time with EHE status
- 1 young person accessing support from Medical Needs Teaching Service
- 2 school attendance orders in process to return to school with attendance team
- 2 awaiting school places through Fair Access with education monitored
- 2 being supported with tuition to enable them to access school place when appropriate
- 3 continuing to be home educated. Their cases are closed to social care, with their education being monitored

3.12 Current position 2016/17

- 379 on Elective Home Education register
- 355 all of these will require an annual visit this year if they remain on the register
- 24 are new to Elective Home Education this term

4 Corporate Considerations

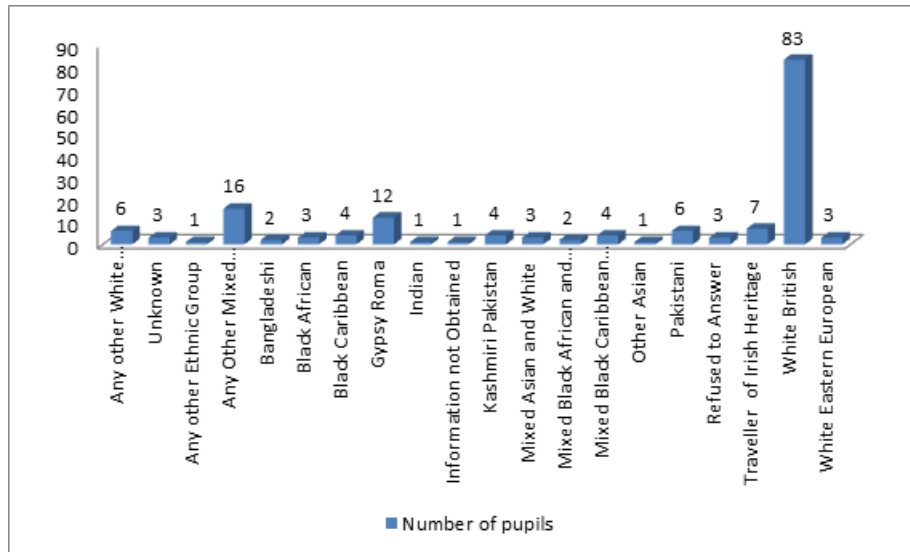
4.1 Consultation and Engagement

Caseworkers may have regular contact with parents and seek to provide signposting where possible to specific requests or information. Many parents welcome the information from the visits and support if they wish to seek a school place. The team continue to develop practice in response to parent's comments at drop in events and forums.

4.2 Equality and Diversity / Cohesion and Integration

The graph below outlines the ethnicity of the young people who were registered as home educated over the academic year 2015 /16.

Ethnicity of EHE young people from 1st September – 31st August 2016



Council policies and Best Council Plan

4.3 Resources and value for money

The current EHE team responsible for initial and annual visits and overview of education line managed by The Children Missing Out on Education and exclusions monitoring lead are:

- 0.7 FTE teacher of inclusion
- 1.6 FTE caseworkers

Specialist administrative support is provided by staff at Adam's Court.

4.4 Legal Implications, Access to Information and Call In

The scope of intervention for the local authority is limited within the current legislation from the 1996 Education Act. There is no nationally agreed place in the framework on which the "suitability of education" can be judged as would be in a school context. Parents can under the law refuse to engage with visits and/or with providing information on education planning and progress. The ability of the local authority to monitor progress or attainment of home educated young people is limited. Therefore, it is difficult to compare outcomes for elective home educated children with those in the general school population.

4.5 Risk Management

Leeds Children's Services has processes in place to safeguard the welfare of electively home educated children with the limits of the current legislation.

However, there may be children who are home educated that the local authority is not aware of as they may have moved into the area. Parents do not have to register with the local authority that they are home educating unless they are remaining a child from a school role.

5 Conclusions

Under the 1996 education Act parents have a right to educate their children at home. Local authorities have duties to safeguard and promote the welfare of home educated children and to ensure that the education they receive is suitable. The local authority has no right of access to have educated children unless there are clear child protection concerns.

It is therefore necessary to engage parents and to work with them. This suits the restorative approach adopted in Leeds. The strong partnership arrangements in place ensure that agencies work together to support home educated children.

6 Recommendations

The Board is asked to note:

- 1 that the number of home educated young people is continuing to rise.
- 2 That Leeds Children's Services has processes in place to oversee the arrangements parents who choose to educate their children at home are making.

7. Background documents¹

7.1 None

8 Appendices

- Policy on Elective Home Education 2016
- Draft one minute guide to Elective Home Education – October 2016
- Elective Home Education – Guidelines for Local Authorities

¹ The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

This page is intentionally left blank



POLICY ON ELECTIVE HOME EDUCATION 2016

(CHILDREN BEING EDUCATED AT HOME BY PARENTAL CHOICE)

Leeds is a child friendly city and we wish to ensure that all children have positive opportunities and the best outcomes.

The Education Act 1996, Section 7, states that it is the duty of parents of every child of compulsory school age to ensure that they receive efficient full-time education suitable to their age, ability and aptitude and to any special educational needs they may have either by regular attendance at school or otherwise.

The word “otherwise” affirms parents right to educate their child themselves instead of sending them to school.

The majority of children of compulsory school age attend their local school in Leeds. Some parents for a wide variety of reasons, choose to exercise their right to home educate, and as such take on responsibility to provide an efficient and suitable education.

Parents do not need to seek permission from Children’s Services to educate their children themselves but, if the child currently attends a school, they must inform the school in writing. The school will then take the child off the school roll and have no further responsibility for their education.

Parents of pupils who have attended a Special school and who have a statement of special educational need, which in Leeds are known as Specialist Inclusive Learning Centres (SILCs), do require the consent of Children’s Services if it is their intention to educate them at home. If a child has a statement of Special Educational Needs, Children’s Services has a legal duty to ensure that the child’s needs are met and to undertake annual reviews. This continues if the child is home educated.

Responsibilities of the Local Authority

Children’s Services as the local authority has two duties relating children that are home educated.

Firstly, under section 175 (1) of the Education Act 2002 to safeguard and promote the welfare of children and “to make arrangements for ensuring the functions conferred upon them in their capacity as a local education authority are exercised with a view to safeguarding and promoting the welfare of children”.

Secondly although local authorities have no statutory duties in relation to monitoring the quality of home education on a routine basis, under Section 437(1) of the Education Act 1996, local authorities shall intervene **if it appears** that parents are not providing a suitable education:

"If it appears to a local education authority that a child of compulsory school age in



their area is not receiving suitable education, either by regular attendance at school or otherwise, they shall serve a notice in writing on the parent requiring him to satisfy them within the period specified in the notice that the child is receiving such education."

Safeguarding and promoting the welfare of children

At the point that a child becomes home educated, Children's Services will:

- gather information from the referring school
- check whether the named child or any other child living at the address is known to social care, Families First or has/had a recent Early Help Plan
- undertake a safeguarding and information giving home visit within a 2/3 weeks of the referral

Where the child

- has a statement of SEN, this visit will be carried out by the SENSAP officer attached to the statement.
- is GRT and living on the Cottingley site, the visit will be carried out by the GRT team and/or Children's Services Officer
- is neither of the above, the visit will be undertaken by an Children's Services officer

All officers complete the same initial visit form and assess the safeguarding risk at that meeting. Any follow up safeguarding actions are undertaken by the officer, with support from their managers or local targeted service leaders and lead officer for EHE. The officer may also provide local information on services in the area. Before the meeting, they are advised to check on space in local schools with admissions, should the parents decide that EHE is not in their child's best interests or circumstances have now changed.

Suitable Education

Parents are sent either following their enquiry or at the point when a referral to home education is received a document called "Information and Guidance for Parents" which clearly outlines the responsibilities of parents in terms needing to provide an "efficient, suitable and full time education". Parents are requested to complete and return a "Child Information Form" where they are asked to outline their philosophy and plans for educating their child/children. They may also provide this information in an alternative form – such as a letter or statement

While there is no nationally agreed frame work to determine suitable education, it would be assumed that parents need to show what they are providing for their child is helping them to learn, that education is appropriate to the age, ability and aptitude of the child and that any special educational needs are being addressed. Provision should cater for the child's physical, intellectual, social, emotional and spiritual development. Importantly, it should prepare the child for life in modern society.

Parents are not required to provide any particular type of education and, if a child has special educational needs, the parent does not need to have special qualifications or training to assume direct responsibility for the child's education. Arrangements for part-time or flexi school schooling are matters for parents and schools to negotiate.

As outlined below, Officers may contact parents and seek to arrange either to meet with them and their child at home, or some other mutually acceptable venue, or seek written information from the parents in order to identify home education. If it would appear that a child is not receiving suitable education, we will offer support and information. If this does not lead to a suitable education, then



we may proceed to an attendance order and/or refer to child missing education team.

If parents do not respond or their response is unsatisfactory, the Local Authority may assume that a child is not receiving appropriate education and may then issue a School Attendance Order (under section 437(1) of the Education Act 1996). Local Authorities may also apply to the Court for a child assessment under the Children Act 1989, if they have reasonable cause to do so.

Children's Services Procedures Related to Elective Home Education (EHE)

1. Parents may request written information or request to speak to an officer regarding EHE. Information is also on the website www.familyinformationleeds.com
2. If a parent/carer decides to educate their child at home they must inform the child's current school in writing.
3. Once a school receives written confirmation from the parents/carers to this effect the child's name can be removed from the school roll. Section 12 (3) of the "The Education (Pupil Registration) Regulations 2006" makes it a duty of head teachers to inform the Local Authority that a parent/carer has confirmed to them in writing that they will now educate their child at home and that the child is no longer on the school roll. The person to be informed in Children's Services is the Senior Administrative Officer (EHE).
4. Schools are requested to send on to Children's Services at EHE@leeds.gov.uk a copy of the parents letter and complete a referral form outlining any information relevant to the child re level of achievement, attendance, FSM. Schools are encouraged to call the lead officer for EHE if they have any concerns with the child becoming home educated.
5. If a child has a Child Protection Plan, Children's Services and Leeds Children and Young People Social Care must be notified immediately by the designated teacher for Child Protection at the school at which the child was previously on roll. The EHE Officer will contact the cluster social care team to discuss this action. A professional's meeting may be called.
6. Children's Services will add the child's details to a central database and will check with Integrated Processes Team for any social care/ EHP prior to creating pre populated initial meeting forms for these meetings with from the information from the school referral form.

A booklet entitled "Information and Guidance Notes for Parents/Carers considering Home Education" together with a Child Information Form (CIF) will be sent to parents/carers once a referral is received. The Child Information Form, completed by parents/carers, informs Children's Services of the education provision they are making for their child. Some parents/carers may prefer to provide this information in a different format. They are requested to return the CIF form or other documentation to the Senior Administrative Officer (EHE) within 15 working days of the CIF form being sent to them. If the form or other documentation is not returned within 15 working days a follow-up letter requesting this information will be posted. A Case worker will call parents within the first week following notification and discuss the responsibilities and options. If possible the initial visit will be arranged in this call.



7. Requests to the EHE team/attendance/SENSAP or GRT will be sent to undertake initial meetings within 3 days of the referral arriving with Children's Services. It is anticipated that these safeguarding and information visits will take place within a month of the referral to the service – dates of the meeting are organised with parents as far as possible and will be confirmed by letter. Parents will be offered support from their local cluster at this meeting. Following the visit, the completed form will be returned to educ.eotas@leeds.gov.uk
8. The returned CIF forms will be assessed initially as a desk top exercise by a trained teacher. Should further clarification on the education be needed, parents will be contacted to provide this information within a suitable time scale. If the planning is viewed as sufficient, and information from the initial visit does not give rise to concerns, further contact with the parents/carers would usually take place in 12 months to seek updated information. In the meantime, information from the clusters and from Children's Services will be sent to the parents as relevant to year group or children's interest.
9. Children with a statement of SEN will continue to have support from SENSAP officers and suitably trained teachers who will assess in terms of the statement or work seen the suitability of their education on a regular basis.
10. Where the CIF is not returned and there are concerns about home education provision following the initial visit and parents/carers will not consider sending their child to school, a referral is made to the Children Missing Education (CME) Team. Subsequently action might be taken, under Section 437 of the Education Act 1996 School Attendance Orders, to secure the child's attendance at a school. If parents/carers do not comply with this Order, Children's Services may institute court proceedings.
11. 12. The EHE team work closely with attendance, locality clusters, Area Inclusion Partnerships, Admissions, health visitors, Families First and social care. Any concerns will be addressed through contact appropriate services and agencies. As appropriate, parents and carers will be informed of this.
12. All referrals, information from schools, requests for visits, email and telephone contacts with parents are recorded with date and time on the PSS system.

Contact details for the EHE team

Administration Office -Elective Home Education

Children's Services

Adams Court, Kildare Terrace

Leeds LS12 1DB

Phone 0113 3951183 Email ; EHE@leeds.gov.uk



What is Elective Home Education?

It is the duty of parents of children of compulsory school age to ensure that they receive efficient full-time education suitable to their age, ability and aptitude and to meet any special educational needs. This is set out in Section 7 of the Education Act 1996. Parents may fulfil this duty either by ensuring regular attendance at school or otherwise. The word 'otherwise' affirms parents' right under the law to educate their child at home instead of sending them to school. This is called elective home education (EHE).

Where a local authority provides home tuition or an alternative education placement is organised by school or through the Area Inclusion Partnership, this is not EHE. There is no funding provided if a family choose to home educate, and children with eligibility for free school meals do not receive any support such as the [pupil premium](#). Parents take full responsibility for all education and access to exams.

What are the local authority's responsibilities?

The local authority is responsible for ensuring that children of school age are receiving a suitable education. However, the Act does not define full-time education and there is no direct comparison with the timetable and educational arrangements for children taught in schools. Parents are not required to provide any particular type of education and are under no obligation to:

- have **premises** equipped to any particular standard
- have any specific **qualifications** to educate
- cover the same **syllabus** as any school and /or adopt the National Curriculum or match school, age-specific standards
- make **detailed plans** in advance or observe school hours, days or terms or have a **fixed timetable**
- reproduce school-type, peer group **socialisation**

In law parents are under no obligation to seek permission from the local authority to educate their child at home or take the initiative to inform the local authority or have regular contact with representatives of the local authority.

With this in mind, Children's Services hold a register of EHE children where we are informed by schools or parents and undertake safeguarding checks and organise safeguarding visits at the point of the child becoming EHE. We request information on the education given to the child, assess the suitability and provide signposting for parents to access EHE networks and support. Where families wish to return to mainstream schools, support and advice can be provided by admissions, Leeds SEND Information Advice Support Service (SENDIASS; [guide](#)) and via fair access protocols ([guide](#)).

What responsibilities do parents and agencies have?

Parents—If the child is attending a mainstream school and parents decide to home educate, they must inform the head teacher in writing. Parents are requested to outline the plans for educating their children at home – this should be assessed for suitability. Many parents provide well for their children but some do not. Legal procedures through attendance can be enforced if education is found to be not suitable.

Where a child has a statement of educational needs or an Education Health and Care Plan (EHCP; [guide](#)) and attends a special school (in Leeds, a Specialist Inclusive Learning Centre) through arrangements made by a local authority, they cannot be removed from that school without the consent of the local authority. If the authority refuses to give consent, the family would need to obtain a direction from the Secretary of State. These children will continue to have reviews of their educational needs and specialist support.

Schools' responsibilities— When a school is informed by a parent that the child will now be home educated, they must notify the local authority. Schools are requested to complete a referral form with information on the attainment of the child up to this point, any information relating to agencies supporting the family and outline any concerns they may have about the child being home educated. Schools may remove the child from the school roll once they have contacted the local authority – however, where there may be concerns, schools may keep the place open for a short time while checks take place. Complex needs services regularly review these arrangements with the EHE team.

Children Services—When the EHE team receive a referral from school or parent, they check whether the child has an early help ([guide](#)) assessment or is known to the children's social work service ([guide](#)). A safeguarding home visit is carried out within three weeks of the referral. Information is requested from parents on education provision. Families are sent regular information about holiday activities, Youth Offer ([guide](#)), parent programmes, information advice and guidance. We also send age related information to families and offer signposting to networks and support that may enable their important role of educating their child. A parent forum is currently being developed.

Partner agencies - If a practitioner working in a partner agency is aware of or believes that a child is home educated, they should inform the local authority as soon as possible using the contact details below. If a child is neither on a school roll or on the EHE list, they will be listed as a Child Missing Education (CME; [guide](#)).

Key contacts and more information

Notifications from schools, parents and practitioners from partner agencies should be sent to: ehe@leeds.gov.uk

There is some Frequently Asked Questions (FAQ) guidance on EHE available for parents through the family information service [website](#).

Elective Home Education

Guidelines for Local Authorities

Contents

Ministerial Foreword	2
Part 1	3
Introduction	3
Reasons for elective home education	3
Part 2	4
The law relating to elective home education	4
Parental rights and responsibilities	4
Local authorities' responsibilities	5
Part 3	8
Clear policies and procedures	8
Contact with parents and children	8
Withdrawal from school to elective home educate	9
Providing a full-time education	10
Children with Special Educational Needs (SEN)	11
Part 4	13
Developing relationships	13
Acknowledging diversity	13
Providing information for parents	13
Safeguarding	14
Reviewing policies and procedures	15
Part 5	16
Support and resources	16
The National Curriculum	16
Connexions Service	17
Flexi-schooling	17
Local authorities' role in supporting work experience	17
Education maintenance allowance	18
Truancy sweeps	18
Gypsy, Roma and Traveller Children	18
Gifted and talented children	18

Ministerial Foreword

Education is a fundamental right for every child and we recognise that parents have the right to choose to educate their child at home rather than at school. These guidelines have been prepared to help local authorities manage their relationships with home educating parents.

Parents are responsible for ensuring that their children receive a suitable education. Where parents have chosen to home educate, we want the home educated child to have a positive experience. We believe this is best achieved where parents and local authorities recognise each other's rights and responsibilities, and work together. These guidelines aim to clarify the balance between the right of the parent to educate their child at home and the responsibilities of the local authority.



Jim Knight
Minister of State for Schools and Learners



Andrew Adonis
Parliamentary Under Secretary of State for Schools

Part 1

Introduction

- 1.1** Elective home education is the term used by the Department for Children, Schools and Families (DCSF) to describe parents' decisions to provide education for their children at home instead of sending them to school. This is different to home tuition provided by a local authority or education provided by a local authority other than at a school. These guidelines are intended for use in relation to elective home education only. ***Throughout these guidelines, 'parents' should be taken to include all those with parental responsibility, including guardians and carers.***
- 1.2** Children whose parents elect to educate them at home are not registered at mainstream schools, special schools, independent schools, academies, Pupil Referral Units (PRUs), colleges, children's homes with education facilities or education facilities provided by independent fostering agencies. Some parents may choose to engage private tutors or other adults to assist them in providing a suitable education, but there is no requirement for them to do so. Learning may take place in a variety of locations, not just in the family home.
- 1.3** The purpose of these guidelines is to support local authorities in carrying out their **statutory** responsibilities and to encourage good practice by clearly setting out the legislative position, and the roles and responsibilities of local authorities and parents in relation to children who are educated at home.

Reasons for elective home education

- 1.4** Parents may choose home education for a variety of reasons. The local authority's primary interest should lie in the suitability of parents' education provision and not their reason for doing so. The following reasons for home educating are common, but by no means exhaustive:
- distance or access to a local school
 - religious or cultural beliefs
 - philosophical or ideological views
 - dissatisfaction with the system
 - bullying
 - as a short term intervention for a particular reason a
 - child's unwillingness or inability to go to school
 - special educational needs
 - parents' desire for a closer relationship with their children.

Part 2

The law relating to elective home education

2.1 The responsibility for a child's education rests with their parents. In England, education is compulsory, but school is not.

2.2 Article 2 of Protocol 1 of the European Convention on Human Rights states that:

"No person shall be denied the right to education. In the exercise of any functions which it assumes in relation to education and to teaching, the State shall respect the right of parents to ensure such education and teaching is in conformity with their own religious and philosophical convictions."

Parents have a right to educate their children at home. Section 7 of the Education Act 1996 provides that:

"The parent of every child of compulsory school age shall cause him to receive efficient full-time education suitable -

(a) to his age, ability and aptitude, and

(b) to any special educational needs he may have,

either by regular attendance at school or otherwise."

2.3 The responsibility for a child's education rests with his or her parents. An "efficient" and "suitable" education is not defined in the Education Act 1996 but "efficient" has been broadly described in case law¹ as an education that "achieves that which it sets out to achieve", and a "suitable" education is one that "primarily equips a child for life within the community of which he is a member, rather than the way of life in the country as a whole, as long as it does not foreclose the child's options in later years to adopt some other form of life if he wishes to do so".

Parental rights and responsibilities

2.4 Parents may decide to exercise their right to home educate their child from a very early age and so the child may not have been previously enrolled at school. They may also elect to home educate at any other stage up to the end of compulsory school age. Parents are not required to register or seek approval from the local authority to educate their children at home. Parents who choose to educate their children at home must be prepared to assume full financial responsibility, including bearing the cost of any public examinations. However, local authorities are encouraged to provide support where resources permit - see section 5.

¹ Mr Justice Woolf in the case of R v Secretary of State for Education and Science, ex parte Talmud Torah Machzikei Hadass School Trust (12 April 1985)

Parents must also ensure that their children receive suitable full-time education for as long as they are being educated at home.

Local authorities' responsibilities

- 2.5** The DCSF recommends that each local authority provides written information about elective home education that is clear, accurate and sets out the legal position, roles and responsibilities of both the local authority and parents. This information should be made available on local authority websites and in local community languages and alternative formats on request. Local authorities should recognise that there are many approaches to educational provision, not just a "school at home" model. What is suitable for one child may not be for another, but all children should be involved in a learning process.
- 2.6** Local authorities have a statutory duty under section 436A of the Education Act 1996, inserted by the Education and Inspections Act 2006, to make arrangements to enable them to establish the identities, so far as it is possible to do so, of children in their area who are not receiving a suitable education. The duty applies in relation to children of compulsory school age who are not on a school roll, and who are not receiving a suitable education otherwise than being at school (for example, at home, privately, or in alternative provision). The guidance issued makes it clear that the duty does not apply to children who are being educated at home.²
- 2.7** Local authorities have no statutory duties in relation to monitoring the quality of home education on a routine basis.

However, under Section 437(1) of the Education Act 1996, local authorities shall intervene **if it appears** that parents are not providing a suitable education. This section states that:

"If it appears to a local education authority that a child of compulsory school age in their area is not receiving suitable education, either by regular attendance at school or otherwise, they shall serve a notice in writing on the parent requiring him to satisfy them within the period specified in the notice that the child is receiving such education."

Section 437(2) of the Act provides that the period shall not be less than 15 days beginning with the day on which the notice is served.

- 2.8** Prior to serving a notice under section 437(1), local authorities are encouraged to address the situation informally. The most obvious course of action if the local authority has information that makes it appear that parents are not providing a suitable education, would be to ask parents for further information about the education they are providing. Such a request is not the same as a notice under section 437(1), and is not necessarily a precursor for formal procedures. Parents are under no duty to respond to such enquiries, but it would be sensible for them to do so.³

² Statutory Guidance for Local Authorities in England to Identify Children not Receiving Education available at <http://www.everychildmatters.gov.uk/ete/childrenmissingeducation/>.

³ Phillips v Brown (1980)

2.9 Section 437(3) refers to the serving of school attendance orders:

"f-

(a) a parent on whom a notice has been served under subsection (1) fails to satisfy the local education authority, within the period specified in the notice, that the child is receiving suitable education, and

(b) in the opinion of the authority it is expedient that the child should attend school,

the authority shall serve on the parent an order (referred to in this Act as a "school attendance order"), in such form as may be prescribed, requiring him to cause the child to become a registered pupil at a school named in the order."

2.10 A school attendance order should be served after all reasonable steps have been taken to try to resolve the situation. At any stage following the issue of the Order, parents may present evidence to the local authority that they are now providing an appropriate education and apply to have the Order revoked. If the local authority refuses to revoke the Order, parents can choose to refer the matter to the Secretary of State. If the local authority prosecutes the parents for not complying with the Order, then it will be for a court to decide whether or not the education being provided is suitable and efficient. The court can revoke the Order if it is satisfied that the parent is fulfilling his or her duty. It can also revoke the Order where it imposes an education supervision order. Detailed information about school attendance orders is contained in *Ensuring Regular School Attendance* paragraphs 6 to 16.⁴

2.11 Where the authority imposes a time limit⁵, every effort should be made to make sure that both the parents and the named senior officer with responsibility for elective home education in the local authority are available throughout this period. In particular the Department recommends that the time limit does not expire during or near to school holidays when there may be no appropriate point of contact for parents within the local authority.

2.12 Local authorities also have a duty under section 175(1) of the Education Act 2002 to safeguard and promote the welfare of children. This section states:

"A local education authority shall make arrangements for ensuring that the functions conferred upon them in their capacity as a local education authority are exercised with a view to safeguarding and promoting the welfare of children."

Section 175(1) does not extend local authorities' functions. It does not, for example, give local authorities powers to enter the homes of, or otherwise see, children for the purposes of monitoring the provision of elective home education.

⁴ Available at www.dcsf.gov.uk/schoolattendance/prosecutions/index.cfm From January 2008 the guidance will be entitled *Ensuring Children's Right to Education; Guidance on the Legal Measures available to Secure Regular School Attendance*

⁵ A notice given under s.437(1) must be a period of not less than 15 days. An Order continues in force as long as the child is of compulsory school age unless amended by the LA or revoked (s.437(4)).

- 2.13** The Children Act 2004 ("the 2004 Act") provides the legislative framework for developing children's services as detailed in *Every Child Matters: Change for Children*. The background and aims of Every Child Matters can be found on its dedicated website⁶. Section 10 of the 2004 Act sets out a statutory framework for cooperation arrangements to be made by local authorities with a view to improving the well-being of children in their area.
- 2.14** Section 11 of the 2004 Act sets out the arrangements to safeguard and promote the welfare of children. However, this section does not place any additional duties or responsibilities on local authorities over and above section 175(1) of the Education Act 2002. *Statutory Guidance on Making Arrangements to Safeguard and Promote the Welfare of Children under section 11 of the Children Act 2004* has been updated and published in April 2007⁷.
- 2.15** As outlined above, local authorities have general duties to make arrangements to safeguard and promote the welfare of children (section 175 Education Act 2002 in relation to their functions as a local authority and for other functions in sections 10 and 11 of the Children Act 2004). These powers allow local authorities to insist on seeing children in order to enquire about their welfare where there are grounds for concern (sections 17 and 47 of the Children Act 1989). However, such powers do not bestow on local authorities the ability to see and question children subject to elective home education in order to establish whether they are receiving a suitable education.
- 2.16** Section 53 of the 2004 Act sets out the duty on local authorities to, where reasonably practicable, take into account the child's wishes and feelings with regard to the provision of services. Section 53 does not extend local authorities' functions. It does not, for example, place an obligation on local authorities to ascertain the child's wishes about elective home education as it is not a service provided by the local authority.
- 2.17** Section 12 of the 2004 Act and the regulations, made under this section (which came into force on 1 August 2007), provide the legal framework for the operation and maintenance of ContactPoint, due for deployment, initially to the "Early Adopter" local authorities in the North-West of England in September/October 2008, and to all other local authorities and national partners between January and May 2009. ContactPoint will contain only basic demographic and contact information, including the place where the child is educated, on all children in England, which will enable local authorities to identify and contact one another easily and quickly, so they can, where appropriate, provide a coordinated response to a child's needs. Further information about ContactPoint is available on the Every Child Matters website⁸.

⁶ Available at www.everychildmatters.gov.uk/

⁷ <http://www.everychildmatters.gov.uk/resources-and-practice/IG00042/>

⁸ Available at www.everychildmatters.gov.uk/contactpoint/

Part 3

Clear policies and procedures

- 3.1 The DCSF recommends that each local authority should have a written policy statement on elective home education, and be willing and able to provide guidance for parents who request it. Local authorities should also provide clear details of their complaints procedure and deal with any complaints in a sensitive and timely manner. The DCSF also recommends that local authorities should regularly review their elective home education policies so that they reflect current law and are compatible with these guidelines. It is recommended that local authorities seek input from home educating families and home education organisations in developing their elective home education policies. Home education organisations' contact details may be found through an internet search Paragraphs 4.10 to 4.11 cover reviews of policies and procedures.
- 3.2 All parties involved in elective home education should be aware of their roles, rights and responsibilities. Local authorities' policies should be clear, transparent and easily accessible. Any procedures for dealing with home educating parents and children should be fair, clear, consistent, non-intrusive and timely, in order to provide a good foundation for the development of trusting relationships.
- 3.3 The DCSF recommends that each local authority should have a named senior officer with responsibility for elective home education policy and procedures. This officer should be familiar with home education law, policies and practices. Local authorities should organise training on the law and home education methods for all their officers who have contact with home educating families.

Contact with parents and children

- 3.4 Local authorities should acknowledge that learning takes place in a wide variety of environments and not only in the home. However, **if it appears** that a suitable education is not being provided, the local authority should seek to gather any relevant information that will assist them in reaching a properly informed judgement. This should include seeking from the parents any further information that they wish to provide which explains how they are providing a suitable education. Parents should be given the opportunity to address any specific concerns that the authority has. The child should also be given the opportunity, but not required, to attend any meeting that may be arranged or invited to express his or her views in some other way. Parents are under no duty to respond to such requests for information or a meeting, but it would be sensible for them to do so⁹.
- 3.5 If it appears to a local authority that a child is not receiving a suitable education it may wish to contact the parents to discuss their ongoing home education provision. Contact should normally be made in writing to the parents to request further information. A written report should be made after such contact and copied to the parents stating whether the authority has any concerns about the education provision and specifying what these are, to give the

⁹ Phillips v Brown (1980)

child's parents an opportunity to address them. Where concerns about the suitability of the education being provided for the child have been identified, more frequent contact may be required while those concerns are being addressed. Where concerns merit frequent contact, the authority should discuss them with the child's parents, with a view to helping them provide a suitable education that meets the best interests of the child.

- 3.6** Some parents may welcome the opportunity to discuss the provision that they are making for the child's education during a home visit but parents are not legally required to give the local authority access to their home. They may choose to meet a local authority representative at a mutually convenient and neutral location instead, with or without the child being present, or choose not to meet at all. Where a parent elects not to allow access to their home or their child, this does not of itself constitute a ground for concern about the education provision being made. Where local authorities are not able to visit homes, they should, in the vast majority of cases, be able to discuss and evaluate the parents' educational provision by alternative means. If they choose not to meet, parents may be asked to provide evidence that they are providing a suitable education. If a local authority asks parents for information they are under no duty to comply although it would be sensible for them to do so.¹⁰ Parents might prefer, for example, to write a report, provide samples of work, have their educational provision endorsed by a third party (such as an independent home tutor) or provide evidence in some other appropriate form.

Withdrawal from school to elective home educate

- 3.7** First contact between local authorities and home educators often occurs when parents decide to home educate and approach the school (at which the child is registered) and/or the authority to seek guidance about withdrawing their child from school. It is important that this initial contact is constructive and positive, and local authorities should provide written information (see paragraph 2.5) and direct parents to a range of useful contacts such as those described in paragraph 5.1.
- 3.8** The school must¹¹ delete the child's name from their admissions register upon receipt of written notification from the parents that the pupil is receiving education otherwise than at school. However, schools should not wait for parents to give written notification that they are withdrawing their child from school before advising their local authority. Schools must¹² make a return (giving the child's name, address and the ground upon which their name is to be deleted from the register) to the local authority as soon as the ground for deletion is met, and no later than deleting the pupil's name from the register. They should also copy parents into the notice to the local authority. Further information is available in *Keeping Pupil Registers*,¹³ the Department's guidance on applying the regulations.
- 3.9** If a child is registered at a school as a result of a school attendance order the parents must¹⁴ get the order revoked by the local authority on the ground that arrangements have been made for the child to receive suitable education otherwise than at school, before the child can be deleted from the school's register and educated at home.

10 Phillips v Brown (1980)

11 Regulation 8(1)(a) of the Education (Pupil Registration) (England) Regulations 2006

12 Regulation 12(3) of the Education (Pupil Registration) (England) Regulations 2006

13 <http://www.dfes.gov.uk/schoolattendance/legislation/index.cfm>

14 Regulation 8(1)(a) of the Education (Pupil Registration) (England) Regulations 2006 and section 442 of the Education Act

- 3.10** Local authorities may encourage parents to inform them directly of the withdrawal of a child from school, but have no legal right to insist that parents do so. The only exception to this is where the child is attending a special school under arrangements made by the local authority, in which case additional permission is required from the authority before the child's name can be removed from the register.¹⁵
- 3.11** Local authorities should bear in mind that, in the early stages, parents' plans may not be detailed and they may not yet be in a position to demonstrate all the characteristics of an "efficient and suitable" educational provision. In such cases, a reasonable timescale should be agreed for the parents to develop their provision.
- 3.12** Schools must not seek to persuade parents to educate their children at home as a way of avoiding an exclusion or because the child has a poor attendance record. In the case of exclusion, they must follow the statutory guidance. If the pupil has a poor attendance record, the school and local authority must address the issues behind the absenteeism and use the other remedies available to them.

Providing a full-time education

- 3.13** Parents are required to provide an efficient, full-time education suitable to the age, ability and aptitude of the child. There is currently no legal definition of "full-time". Children normally attend school for between 22 and 25 hours a week for 38 weeks of the year, but this measurement of "contact time" is not relevant to elective home education where there is often almost continuous one-to-one contact and education may take place outside normal "school hours". The type of educational activity can be varied and flexible. Home educating parents are not required to:

- teach the National Curriculum
- provide a broad and balanced education
- have a timetable
- have premises equipped to any particular standard
- set hours during which education will take place
- have any specific qualifications
- make detailed plans in advance
- observe school hours, days or terms
- give formal lessons
- mark work done by their child
- formally assess progress or set development objectives
- reproduce school type peer group socialisation
- match school-based, age-specific standards.

However, local authorities should offer advice and support to parents on these matters if requested.

¹⁵ Regulation 8(2) of the Education (Pupil Registration) (England) Regulations 2006

- 3.14** It is important to recognise that there are many, equally valid, approaches to educational provision. Local authorities should, therefore, consider a wide range of information from home educating parents, in a range of formats. The information may be in the form of specific examples of learning e.g. pictures/paintings/models, diaries of educational activity, projects, assessments, samples of work, books, educational visits etc.
- 3.15** In their consideration of parents' provision of education at home, local authorities may reasonably expect the provision to include the following characteristics:
- consistent involvement of parents or other significant carers - it is expected that parents or significant carers would play a substantial role, although not necessarily constantly or actively involved in providing education
 - recognition of the child's needs, attitudes and aspirations
 - opportunities for the child to be stimulated by their learning experiences
 - access to resources/materials required to provide home education for the child - such as paper and pens, books and libraries, arts and crafts materials, physical activity, ICT and the opportunity for appropriate interaction with other children and other adults.
- 3.16** If a local authority considers that a suitable education is not being provided, then a full written report of the findings should be made and copied to the parents promptly, specifying the grounds for concern and any reasons for concluding that provision is unsuitable. If the authority is not satisfied that a suitable education is being provided, and the parents, having been given a reasonable opportunity to address the identified concerns and report back to the authority have not done so, the authority should consider sending a formal notice to the parents under section 437 (see paragraph 2.7) before moving on, if needed, to the issuing of a school attendance order (section 437(1)). See paragraphs 2.9 - 2.11.

Children with Special Educational Needs (SEN)

- 3.17** Parents' right to educate their child at home applies equally where a child has SEN. This right is irrespective of whether the child has a statement of special educational needs or not. Where a child has a statement of SEN and is home educated, it remains the local authority's duty to ensure that the child's needs are met.
- 3.18** Local authorities must have regard to the *Special Educational Needs Code of Practice*¹⁶. Although this document primarily covers special educational needs in the school and early years' settings, it does give information about SEN in relation to home education (paragraphs 8.91 - 8.96 of the Code). The Code of Practice emphasises the importance of local authorities and other providers working in partnership with parents. The Code of Practice is statutory guidance and schools, local authorities and others to whom it applies must have regard to it. This means that, apart from the references to the law, these bodies do not have to follow the Code to the letter but they must be able to justify any departure from its guidance. The foreword states that the Code is designed to help these bodies to "make effective decisions but it does not - and could not - tell them what to do in each individual case".

¹⁶ SEN Code of Practice is available at: <http://www.teachernet.gov.uk/docbank/index.cfm?id=3724>

- 3.19** If the parents' attempt to educate the child at home results in provision that falls short of meeting the child's needs, then the parents are not making "suitable arrangements", and the authority could not conclude that they were absolved of their responsibility to arrange the provision in the statement. Parents need only provide an efficient, full-time education suitable to the age, ability and aptitude and to any special educational needs the child may have as defined in Section 7 of the Education Act 1996. It is the authority's duty to arrange the provision specified in the statement, unless the child's parent has made suitable provision, for as long as a statement is maintained. In some cases a combination of provision by parents and LA may best meet the child's needs. Local authorities should consider, for example, providing access to additional resources or treatments where appropriate.¹⁷
- 3.20** Even if the local authority is satisfied that parents are making suitable arrangements, it remains under a duty to maintain the statement and review it annually, following procedures set out in chapter 9 of the SEN Code of Practice. In some circumstances the child's special educational needs identified in the statement will have been related to the school setting and the child's needs may readily be met at home by the parents without LA supervision. It may be appropriate, once it is established that a child's special needs are being met without any additional support from the LA, to consider ceasing to maintain the statement. This may be done at the annual review or at any other time. Where the statement is reviewed it should be made clear to parents that they are welcome to attend, but they are not obliged to do so.
- 3.21** Where the authority is satisfied that the child's parents have made suitable arrangements it does not have to name a school in part 4 of the child's statement. There should be discussion between the authority and the parents and rather than the name of the school, part 4 of the statement should mention the type of school the LA considers appropriate and that "parents have made their own arrangements under section 7 of the Education Act 1996".
- 3.22** The statement should also specify any provision that the local authority has agreed to make under section 319 of the Education Act 1996 to help parents to provide suitable education for their child at home. If the child who is to be withdrawn from the school is a pupil at a special school, the school must inform the local authority before the child's name can be deleted from the school roll and the authority will need to consider whether the elective home education is suitable before amending part 4 of the child's statement.
- 3.23** A parent who is educating their child at home may ask the local authority to carry out a statutory assessment or reassessment of their child's special educational needs and the local authority must consider the request within the same statutory timescales and in the same way as for all other requests. Local authorities should provide information to home educators detailing the process of assessment and both local authorities' and home educators' responsibilities with regard to provision should the child be given a statement. The views of the designated medical officer for SEN should be sought by the local authority where a child with a statement is educated at home because of difficulties related to health needs or a disability.

¹⁷ Section 319 of the Education Act 1996

Part 4

Developing relationships

- 4.1** As noted in the Introduction to these guidelines, the central aim of this document is to assist local authorities in carrying out their statutory responsibilities with respect to elective home educated children. The DCSF hopes that this will enable local authorities to build effective relationships with home educators that function to safeguard the educational interests of children and young people: relationships that are rooted in mutual understanding, trust and respect. The guidelines outline a number of recommendations that are geared towards the promotion of such relationships.
- 4.2** Whilst there is no legal obligation on local authorities or home educators to develop such relationships, doing so will often provide parents with access to any support that is available and allow authorities to better understand parents' educational provision and preferences. A positive relationship will also provide a sound basis if the authority is required to investigate assertions from any source that an efficient and suitable education is not being provided.

Acknowledging diversity

- 4.3** Parents' education provision will reflect a diversity of approaches and interests. Some parents may wish to provide education in a formal and structured manner, following a traditional curriculum and using a fixed timetable that keeps to school hours and terms. Other parents may decide to make more informal provision that is responsive to the developing interests of their child. One approach is not necessarily any more efficient or effective than another. Although some parents may welcome general advice and suggestions about resources, methods and materials, local authorities should not specify a curriculum or approach which parents must follow.
- 4.4** Children learn in different ways and at different times and speeds. It should be appreciated that parents and their children might require a period of adjustment before finding their preferred mode of learning and that families may change their approach over time. Parents are not required to have any qualifications or training to provide their children with a suitable education. It should be noted that parents of all educational, social, racial, religious and ethnic backgrounds successfully educate children outside the school setting and these factors should not in themselves raise a concern about the suitability of the education being provided.

Providing information for parents

- 4.5** The provision of clear information has an important role to play in the promotion of positive relationships. Local authorities should provide written information and website links for prospective and existing electively home educating parents that are clear and accurate and which set out the legal position, and roles and responsibilities, in an unambiguous way. We also recommend that contact details for home education support organisations should be provided. Home education organisations' contact details may be found through an internet search. All written information should be made available to parents in local community

languages and alternative formats on request. From April 2008 local authorities will have a legal duty¹⁸ to broaden the information they make available to parents to support their children.

- 4.6** As noted in paragraph 3.3 we recommend that local authorities should, if the parents wish, provide them with a named contact within the authority who is familiar with elective home education policy and practice and has an understanding of a range of educational philosophies. If the authority invites parents to meet the named contact (see paragraph 3.6), any such meeting should take place at a mutually acceptable location and the child concerned should also be given the opportunity, but not be required, to attend that meeting, or otherwise to express his or her views. Either during such a meeting, or otherwise, the parents and the authority should consider and agree what future contact there will be between them, recognising that in many instances such contact might be beneficial but is not legally required.

Safeguarding

- 4.7** The welfare and protection of all children, both those who attend school and those who are educated at home, are of paramount concern and the responsibility of the whole community. *Working Together to Safeguard Children 2006*¹⁹ states that all agencies and individuals should aim proactively to safeguard and promote the welfare of children. As with school educated children, child protection issues may arise in relation to home educated children. If any child protection concerns come to light in the course of engagement with children and families, or otherwise, these concerns should immediately be referred to the appropriate authorities using established protocols.²⁰
- 4.8** Parents may choose to employ other people to educate their child, though they themselves will continue to be responsible for the education provided. They will also be responsible for ensuring that those whom they engage are suitable to have access to children. Parents will therefore wish to satisfy themselves by taking up appropriate references and local authorities should encourage them to do this. A small number of local authorities choose to assist home-educating parents in this task by undertaking Criminal Records Bureau (CRB) checks free of charge on independent home tutors and the DCSF endorses this helpful practice. Tutors employed by a local authority or an agency may also undertake work for home educating parents, in which case CRB checks ought to have been made already.
- 4.9** Paragraph 2.12 to 2.15 details local authorities' duties to make arrangements to safeguard and promote the welfare of children.

¹⁸ Section 12 of the Childcare Act 2006

¹⁹ *Working Together to Safeguard Children, 2006* is available at: <http://www.everychildmatters.gov.uk/resources-and-practice/IG00060/>

²⁰ *Working Together to Safeguard Children 2006*

Reviewing policies and procedures

- 4.10** Local authorities should review all of their procedures and practices in relation to elective home education on a regular basis to see if improvements can be made to further develop relationships and meet the needs of children and parents. Home education organisations and home educating parents should be involved in this process of review. Effective reviews, together with the sensitive handling of any complaints, will help to secure effective partnership.
- 4.11** Local authorities should bear in mind that Ofsted report on the way local authorities cater for elective home educating families within their areas. Local authorities should keep home educators and home education support organisations informed of the policies and procedures of Ofsted reviews and any input they will have.

Part 5

Support and resources

- 5.1** When parents choose to electively home educate their children they assume financial responsibility for their children's education.
- 5.2** Local authorities do not receive funding to support home educating families, and the level and type of support will therefore vary between one local authority and another. However, we recommend that all local authorities should adopt a consistent, reasonable and flexible approach in this respect, particularly where there are minimal resource implications. As a minimum, local authorities should provide written information (which is also available through the internet) on elective home education that is clear and accurate and which sets out the legal position (see paragraphs 4.5 - 4.6). Some local authorities may be able to offer additional support to home educating parents, but this will vary depending on their resources. Examples of additional support include:
- provision of a reading or lending library with resources for use with the home educated children
 - free, or discounted, admission into community programmes (including local authority owned community and sports facilities)
 - access to resource centres (including local school resources where feasible)
 - National Curriculum materials and curricula offered by other educational institutions
 - information about educational visits and work experience
 - providing assistance with identifying exam centres willing to accept external candidates.

The National Curriculum

- 5.3** Although home educated children are not required to follow the National Curriculum a number do. National Curriculum tests and assessment arrangements are developed and administered by the Qualifications and Curriculum Authority (QCA) on behalf of the Secretary of State. Information to support these arrangements is provided both electronically and in hard copy through the QCA's website at www.qca.org.uk or by telephoning their publications office on 08700 606015.
- 5.4** In addition, the DCSF's website at www.dcsf.gov.uk will allow access to the National Curriculum and associated schemes of work, aimed at setting standards across all schools. Some documents are also distributed via Departmental publications which can be accessed through links on the Stationery Office site at www.tso.co.uk/ or by telephoning 0845 602 2260.

Connexions Service

5.5 The Connexions Service is an England only service. Its purpose is to provide support to all 13 to 19 year olds and to young people who have not yet reached 25 years if they have a learning difficulty, in order to encourage, enable or assist their effective participation in education or training. The Connexions Service also assists young people to obtain suitable employment and related training and education. Its services and responsibilities cover children and young people who are being educated at home. From April 2008 each local authority will be funded and have responsibility for the provision of Connexions services in its area. The local Connexions Service is responsible for maintaining an overview of the learning and work status of all young people that are covered by its remit and seeks to ensure that none fall between the responsibilities and remit of different agencies and thus become marginalized or lost to the system. Sections 117, 119 and 120 of the Learning and Skills Act 2000 make provision about the supply of information to Connexions providers, subject to normal data protection principles.

Flexi-schooling

5.6 This paragraph has been removed (March 2013). See main web page on Elective Home Education guidelines.

Local authorities' role in supporting work experience

5.7 Work experience is not a statutory requirement. However, the Government's objective is for all Key Stage 4 pupils to undertake work experience in the last two years of compulsory schooling. Over 95% of Key Stage 4 pupils go on placements each year. The law relating to the employment of children generally places statutory restrictions and prohibitions on employers in this respect. Where the employment is in accordance with arrangements made by a local authority or a governing body, with a view to providing pupils with work experience as part of their education in their last two years of compulsory schooling, these restrictions will generally not apply.²²

5.8 Children educated at home have no entitlement to participate in work experience under arrangements made by a local authority but we encourage local authorities to assist the parents of home educated children who wish to pursue work experience through such arrangements. Where home educated children do participate in such schemes, consideration should be given to the extent to which such children are covered by, for example, the health and safety, child protection and insurance provision made on behalf of school children, often by intermediary bodies, which are necessary to safeguard the child.

²² see section 560 of the Education Act 1996, as amended by section 112 of the School Standards and Framework Act 1998

Education Maintenance Allowance

- 5.9** Education Maintenance Allowance is an income tested weekly allowance available to learners over the age of 16 as an incentive to stay on in education at school or college after GCSEs. It is not available to learners whose parents elect to home educate them after the age of 16.

Truancy sweeps

- 5.10** When planning and running truancy sweeps, LAs should refer to the DCSF's *School Attendance and Exclusions Sweeps Effective Practice*²³. This includes a section on children who are educated outside the school system. Those taking part in the sweeps, including police officers, police community support officers, local authority staff and anyone else taking part in the sweep should be fully familiar with this guidance, act in accordance with it and be aware that there is a range of valid reasons why compulsory school-age children may be out of school.

Gypsy, Roma and Traveller Children

- 5.11** Local authorities should have an understanding of and be sensitive to, the distinct ethos and needs of Gypsy, Roma and Traveller communities. It is important that these families who are electively home educating are treated in the same way as any other families. Home education should not necessarily be regarded as less appropriate than in other communities. When a Gypsy, Roma and Traveller family with children of school age move into an area, they are strongly encouraged to contact the local Traveller Education Support Service for advice and help to access local educational settings. Most LAs provide such a service. Further guidance can be obtained from the DCSF's Guide to Good Practice on the education of Gypsy, Roma and Traveller children - *Aiming High: Raising the Achievement of Gypsy Traveller Pupils* which can be obtained from DCSF Publications (reference DfES/0443/2003). Another (external) source of information is www.gypsy-traveller.org/education/.

Gifted and talented children

- 5.12** Although the Department does not have hard data, anecdotal evidence suggests that many home educated children would be identified as gifted and talented were they to attend a school. Some home educated children are likely to be exceptionally able; others will have additional educational needs.
- 5.13** Local authority support for home educated children should take into account whether they might be gifted and talented. Through the lead officers for gifted and talented education, these children may be able to access local and regional learning opportunities alongside pupils from local schools. Authorities are encouraged to draw parents' attention to Young Gifted and Talented (YG&T), the Learner Academy for gifted and talented children and young people aged 4-19. YG&T is available to home-educated learners as well as to those in schools. They can access free and priced opportunities advertised in its Learner Catalogue, use its discussion forums and benefit from other resources and support as they become available. Electively home educated children and their parents can register with YG&T at www.dcsf.gov.uk/ygt.

²³ Available at www.dcsf.gov.uk/schoolattendance/truancysweeps

© Crown copyright 2007 and
2013

www.dcsf.gov.uk

Published by the Department for Children, Schools and Families

Extracts from this document may be reproduced for non-commercial research, education or training purposes on the condition that the source is acknowledged. For any other use please contact hmsolicensing@opsi.gsi.gov.uk

Report of the Head of Governance Services and Scrutiny Support

Report to Scrutiny Board (Children's Services)

Date: 13 October 2016

Subject: Work Schedule

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

1 Purpose of this report

1.1 The purpose of this report is to consider the Scrutiny Board's work schedule for the forthcoming municipal year.

2 Main Issues

2.1 A draft work schedule is attached as appendix 1. The work programme has been provisionally completed pending on going discussions with the Board.

2.2 When considering the draft work programme effort should be undertaken to:

- Avoid duplication by having a full appreciation of any existing forums already having oversight of, or monitoring a particular issue
- Ensure any Scrutiny undertaken has clarity and focus of purpose and will add value and can be delivered within an agreed time frame.
- Avoid pure "information items" except where that information is being received as part of a policy/scrutiny review
- Seek advice about available resources and relevant timings taking into consideration the workload across the Scrutiny Boards and the type of Scrutiny taking place
- Build in sufficient flexibility to enable the consideration of urgent matters that may arise during the year

2.3 Also attached as appendix 2 is the minutes of Executive Board for 21 September 2016

3. Recommendations

3.1 Members are asked to:

- a) Consider the draft work schedule and make amendments as appropriate.
- b) Note the Executive Board minutes

4. **Background papers**¹ - None used

¹ The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

Draft Scrutiny Board (Children's Services) Work Schedule for 2016/2017 Municipal Year

Schedule of meetings/visits during 2016/17			
Area of review	June	July	August
Inquiries		Children's Centres - Scoping	
Annual work programme setting - Board initiated pieces of Scrutiny work (if applicable)	Consider potential areas of review		
Budget	Budget Update 2015/16 outturn and 2016/17 update		
Policy Review		Academies – impact and governance	
Recommendation Tracking			
Performance Monitoring	Performance Report	Ofsted improvement areas– progress update	
Working Groups			

*Prepared by S Pentelow

Draft Scrutiny Board (Children's Services) Work Schedule for 2016/2017 Municipal Year

Schedule of meetings/visits during 2016/17			
Area of review	September	October	November
Inquiries	Agree scope of review for ** Children's Centre inquiry	Evidence Gathering Children's Centre Inquiry	Evidence Gathering Children's Centre Inquiry
Recommendation Tracking	NEET (To include IAG and preparing for post year 11)		
Policy Review	Children's Services Budget	Home Education	
Performance Monitoring			Leeds Safeguarding Children – Annual Report (with Private Fostering Recommendation Tracking)
Working Groups		Post 16 SEN Transport – Nov Exec Board	

Page 14

* Prepared by S Pentelow

Draft Scrutiny Board (Children's Services) Work Schedule for 2016/2017 Municipal Year

Schedule of meetings/visits during 2016/17			
Area of review	December -	January	February
Inquiries		<u>Evidence Gathering</u> Children's Centre Inquiry – Visits?	
Budget	Initial Budget Proposals 2017/18 and Budget Update (including Cluster Funding Arrangements)		
Policy Review			Best City for Learning – Education Strategy (Exec Board ?) Annual Standards Report (Exec Board ?)
Recommendation Tracking	Clusters tracking		Maths and English
Performance Monitoring	Performance Report - Including Voice and Influence	Universal Activity Funding – performance, consistency and delivery since the delegation of responsibility and budgets to Community Committees - review	
Working Groups	Visits?		

Draft Scrutiny Board (Children's Services) Work Schedule for 2016/2017 Municipal Year

Schedule of meetings/visits during 2016/17			
Area of review	March	April	May
Inquiries	Draft recommendations to pre-meeting	Agree report	
Budget and Policy Framework			
Recommendation Tracking			
Performance Monitoring	Learning for Leeds - Basic Need Update and School Allocation		
Working Groups			

Page 146

Unscheduled - required :

- Gledhow School - date to be confirmed
- Ongoing Post16 SEND working group - Transport Statement for final policy– Exec Board (? 2016)
- Transition to Adult Services – Young People outside social care
- Targeted Youth Services (March/April ?)
- Behaviour management (Feb/March/April?)
- Data - schools/area performance challenge working group??

Work being undertaken by other boards

- Autism, TaMHS and CAMHS tracking (Adult Social Services, Public Health, NHS and Scrutiny Board)

Updated - October 2016

*Prepared by S Pentelow

Key: SB – Scrutiny Board (Children's Services) Meeting

WG – Working Group Meeting

EXECUTIVE BOARD

WEDNESDAY, 21ST SEPTEMBER, 2016

PRESENT: Councillor J Blake in the Chair

Councillors A Carter, R Charlwood,
D Coupar, S Golton, J Lewis, R Lewis,
L Mulherin, M Rafique and L Yeadon

SUBSTITUTE MEMBER: Councillor J Procter

57 Substitute Member

Under the provisions of Executive and Decision Making Procedure Rule 3.1.6, at the point at which Councillor A Carter left the meeting (Minute No. 61 refers), Councillor J Procter was invited to attend for the remainder of the meeting on behalf of Councillor Carter.

58 Declaration of Disclosable Pecuniary Interests

There were no Disclosable Pecuniary Interests declared at the meeting, however, in relation to the agenda item entitled, 'Outcome of Statutory Notices on Proposals to Increase Primary and Secondary Learning Places in Holbeck; Kirkstall-Burley-Hawksworth and Burmantofts Planning Areas', Councillor Yeadon drew the Board's attention to her position as governor of Hawksworth Wood Primary School (Minute No. 78 refers).

59 Minutes

RESOLVED – That the minutes of the previous meeting held on 27th July 2016 be approved as a correct record.

HEALTH, WELLBEING AND ADULTS

60 Better Lives Programme: Phase Three: Next Steps and Progress Report

The Director of Adult Social Services submitted a report presenting the outcomes from the associated consultation exercise which was agreed to be undertaken by Executive Board on 23rd September 2015 (Minute No. 40 referred), and which sought approval of the next steps for the delivery of the Better Lives Strategy.

In presenting the report, the Executive Member for Health, Wellbeing and Adults thanked all of those who had participated in the associated consultation process, with specific reference to the contribution of the Scrutiny Board (Adult Social Services, Public Health and NHS), partners, stakeholders, Trade Unions, service users and their families, and highlighted how the original proposals had been revised in response to the contributions made.

In addition, detail was provided upon the submitted proposals, which looked to modernise the type of social care that was provided in Leeds, unlock sites for extra care and also enhance intermediate care and complex care provision.

Draft minutes to be approved at the meeting
to be held on Wednesday, 19th October, 2016

The focus that was being placed upon improving the quality of service provided within the private sector was also highlighted.

Members then discussed the key proposals detailed within the report, and with respect to specific enquiries raised around the decommissioning of certain services, the Board was provided with detailed responses to such enquiries.

Linked to this, Members also discussed the evolving nature of social care provision in the city, with specific reference being made to the role played by the Council, Neighbourhood Networks and private sector providers. The Board also considered matters regarding capacity and quality levels of social care provision, with specific reference being made to the surplus of residential care in the city and the demand which existed for extra care housing. Responding to such comments, emphasis was placed upon the vital role to be played by extra care housing in the future, whilst also, officers undertook to provide Board Members with further details regarding the over-supply of residential care units in the city.

In response to a specific enquiry regarding the content of correspondence which had been received by some service users, it was undertaken that the content of such communications would be reviewed.

Also, given the significant nature of this matter, it was requested that Members were provided with the opportunity to comment upon this matter at the next scheduled Council meeting. In response, it was undertaken that this request, and the portfolio order by which the Executive Board minutes would be considered at the November Council meeting would be submitted to the Group Whips for consideration.

Furthermore, the Board received assurances that the priority for providing any affected service users with alternative provision would be to accommodate the choices of the individual, and that they would be guaranteed to receive a level of provision which was at least equal in quantum and to the standard of their current provision, if not better. In addition, it was highlighted however that should an individual choose provision that was rated less than their current standard, then where appropriate, checks may be undertaken in order to ensure that that choice was in the individual's best interest.

In addition, assurances were also provided around the personal support that service users and their families would be given during any transition process by the Assessment and Transfer Team.

In conclusion, the Chair highlighted the need for the Council to continue to lobby Government on a cross-party basis, in order to highlight the level of resource that the Local Authority needed in order to ensure that there was the necessary levels of social care provision in the city.

RESOLVED –

- (a) That the decommissioning of the services provided at: Middlecross, Siegen Manor and The Green residential care homes, be approved;
- (b) That the decommissioning of the services provided at: Middlecross, Siegen Manor, The Green, Springfield and Radcliffe Lane Day Centres, be approved;
- (c) That the timescales for ceasing those services, based on the timeline as detailed within Appendix 3 to the submitted report, be agreed;
- (d) That the remodelling of Wykebeck Valley day centre to become a complex needs centre for the east of the city, taking a phased approach to accommodate the needs of existing and future customers, be approved;
- (e) That approval be given to the reinvestment of £0.111m from the planned savings, in order to ensure that Wykebeck can offer an enhanced service like Laurel Bank and Calverlands complex needs day centres;
- (f) That approval be given for the Siegen Manor site to be ear-marked for the purposes of exploring the potential to develop it for the provision of extra care housing;
- (g) That the development of a city-wide in-house integrated recovery service, comprised of Assisted Living Leeds, the SKiLs enablement service and a bed-based offer to support the wider Leeds Intermediate Care Strategy, be approved, and that it be agreed that this service should be called the 'Leeds Recovery Service';
- (h) That approval be given for The Green to be retained as a community asset for intermediate care / recovery beds, subject to discussion and agreement with NHS commissioners, with a further report being presented to Executive Board for consideration when associated discussions have concluded;
- (i) That the outcome of the full consultation reports with stakeholders, including residents, service users, their families and carers, Trade Union, staff and Scrutiny Board, as detailed at Appendices 1 and 2 to the submitted report, be noted;
- (j) That the immediate decommissioning of the services provided at Manorfield House residential home, together with the assessment and transfer process of residents, be noted;
- (k) That the continued formal consultation under Employment Legislation with Trade Unions and staff be noted, together with the provision of support for staff throughout the decommissioning process which

includes identifying any opportunities for employment within the Council;

- (l) That the development of alternative models of support, including those provided in the independent sector and by other in-house services, be noted;
- (m) That it be noted that the commissioned service Bay Tree Resource Centre in Moor Allerton also offers a choice of day support for people with complex needs including dementia;
- (n) That the continued work via the Housing and Care Futures programme to identify potential future use of the sites that become available as a result of the implementation of such proposals and resolutions be noted, which include the opportunity for further development of specialised older people accommodation, including extra care housing;
- (o) That it be noted that the lead officer responsible for implementation of such matters is the Director of Adult Social Services.

(Under the provisions of Council Procedure Rule 16.5, Councillor A Carter required it to be recorded that he abstained from voting on the decisions referred to within this minute, whilst under the same provisions Councillor Golton required it to be recorded that he voted against the decisions referred to within this minute)

ECONOMY AND CULTURE

61 Medium Term Financial Strategy 2017/18 to 2019/20

Further to Minute No. 42, 27th July 2016, the Deputy Chief Executive submitted a report which presented the Council's updated Medium-Term Financial Strategy for 2017 – 2020 for the purposes of approval. The report also invited the Board to consider whether or not to accept the Government's 4-year funding offer.

Members welcomed the early consideration of such matters. With regard to considering the Government's 4 year funding offer, it was requested that should the offer be accepted, then this should be with a caveat that the level of funding currently offered is a minimum level of funding, and that in accepting the 4 year funding offer, this should not preclude the Council from receiving any further provision of funding during the 4 year period.

In addition, it was also requested that representations be made on behalf of the Council to Government with respect to the fact that the level of financial settlement received by Leeds was comparatively less than other Core Cities.

In considering the submitted report, Members considered the ongoing review in respect of Locality Services, whilst emphasis was placed upon the increasing importance of working effectively with the Council's partners across all sectors and working effectively at a local level.

RESOLVED –

- (a) That the draft 2017 – 2020 Medium Term Financial Strategy and Efficiency Plan be approved;
- (b) That it be noted that further proposals will be brought forward to address the current shortfall;
- (c) That the Government's 4-year funding offer be accepted, on the basis that this represents a minimum level of government funding;
- (d) That representations be made on behalf of Leeds City Council to Government with respect to the fact that the level of financial settlement received by Leeds is comparatively less than other Core Cities;
- (e) That the recommendation to approve the Medium Term Financial Strategy and Efficiency Plan, and the consideration of whether to accept the 4-year funding offer, be exempted from the Call In process, for those reasons as detailed within paragraph 4.5.2 of the submitted report (detailed below);
- (f) That it be noted that the Deputy Chief Executive will be responsible for the implementation of the resolutions above.

(During the consideration of this item, Councillor A Carter left the meeting and was replaced by Councillor J Procter for the remainder of the meeting)

(The Council's Executive and Decision Making Procedure Rules state that a decision may be declared as being exempt from Call In by the decision taker if it is considered that any delay would seriously prejudice the Council's, or the public's interests. In line with resolution (e) above, resolutions (a) and (c) contained within this minute were exempted from the Call In process, given that the size of the financial challenge facing the Council has meant that the outcomes of the work from service and policy reviews could not be brought to Executive Board sooner, and also due to the fact that the deadline for accepting the Government's 4-year funding offer is the 14th October 2016. As such, it is deemed that any delay to the implementation of these matters would prejudice the Council's, or the public's interests).

COMMUNITIES

62 Citizens@Leeds: Supporting Communities and Tackling Poverty - Update

Further to Minute No. 6, 24th June 2015, the Assistant Chief Executive (Citizens and Communities) submitted a report providing an update on the progress made in supporting communities and tackling poverty in Leeds over the past 12 months. The report also presented the planned activities for the next year and set out details of key challenges.

Responding to an enquiry in respect of the programme's action plan for 2016/17, it was highlighted that the submitted report did provide details of priorities for the forthcoming year, however, it was undertaken that further detail in respect of proposed actions would be provided to Executive Members for consideration.

RESOLVED –

- (a) That the information detailed within the submitted report, be noted;
- (b) That the plans for the next year, as detailed within the submitted report, be noted;
- (c) That a further report be submitted to Executive Board in 12 months which sets out the progress made in supporting communities and in tackling poverty.

63 Strategic and Co-ordinated response to Migration in Leeds

The Assistant Chief Executive (Citizens and Communities) submitted a report which was in response to a recommendation from the Scrutiny Board (Citizens and Communities) to Executive Board, and which also provided an update on the work being undertaken to establish the Leeds Strategic Migration Board.

Members thanked the Scrutiny Board (Citizens and Communities) for the work which they had undertaken in this area.

In addition, emphasis was placed upon the need to ensure that adequate funding was provided by Government where the Authority agreed to participate in specific migration programmes.

RESOLVED –

- (a) That the work which has taken place to establish the Leeds Strategic Migration Board, as detailed within the submitted report, be noted;
- (b) That endorsement be given to the approach being taken to establish what Leeds' 'support' is for those new migrants coming to the city;
- (c) That a report detailing the progress of the Leeds Strategic Migration Board be submitted to Executive Board in the spring of 2017;
- (d) That it be noted that the Assistant Chief Executive (Citizens and Communities) is responsible for leading on such matters.

64 City of Sanctuary Progress Report

The Assistant Chief Executive (Citizens and Communities) submitted a report providing an overview of the principles of the City of Sanctuary initiative and detailed the recent work which had been undertaken in this area. In addition, the report also highlighted some areas of challenge and the work taking place to understand and address such issues. Finally, the report sought the Board's continued commitment to the City of Sanctuary principles.

Members welcomed the content of the submitted report, the proposal to explore the potential of gaining a formal accreditation, and the work being undertaken in schools which was linked to the City of Sanctuary initiative.

RESOLVED –

- (a) That the work which has taken place in order to support Leeds' status as a City of Sanctuary be noted;
- (b) That approval be given to recommitting to the principles of, and work undertaken as part of the City of Sanctuary, and that a formal promise be given to supporting the initiative;
- (c) That approval be given to exploring the potential of providing a submission in order to gain a formal accreditation as a City of Sanctuary, and, as part of this, further consideration be given to working with the City of Sanctuary group with the aim of developing a 'Council of Sanctuary' award;
- (d) That a progress report on such matters be submitted to Executive Board in early 2017;
- (e) That it be noted that the Assistant Chief Executive (Citizens and Communities) is responsible for leading on such matters.

65 Strong and Resilient Communities - a Refreshed Approach to Delivering Cohesion and Prevent Across the City

The Assistant Chief Executive (Citizens and Communities) submitted a report regarding the refreshed approach towards the promotion of cohesion in Leeds and also on the delivery of the statutory 'Prevent' initiative across the city. The report also sought support for the development of new ways of working as part of a long term strategy which looked to embed cohesion, compassion and mutual respect across all of the city's communities.

Members thanked all of those involved for the significant work which had been undertaken in this area to date.

Responding to a specific Member enquiry, officers undertook to provide the Member in question with further information on the work of the pathfinder projects and breakthrough project.

RESOLVED –

- (a) That the refreshed approach towards cohesion and Prevent, as outlined within the submitted report, be endorsed;
- (b) That approval be given to the staged approach towards the Pathfinder projects, as set out in section 4.10 of the submitted report, as follows:-
 - **Stage 1:** Undertake consultation with services and elected members to identify issues, skills gaps and agree a range of activities – commence by October 2016;

Draft minutes to be approved at the meeting to be held on Wednesday, 19th October, 2016

- **Stage 2:** Development of local cohesion plans for each of the 10 Community Committee Areas – to 31 March 2017;
 - **Stage 3:** Build the capacity and confidence of frontline staff and Elected Members – to April 2017 (then ongoing);
 - **Stage 4:** Identify pathfinder projects – 1st project to commence in Autumn of 2016.
- (c) That the Chief Officer (Communities) be requested to take forward the development and implementation of the staged approach and the Pathfinder projects, with a progress report being submitted to the Board in 2017;
- (d) That the Chief Officer (Communities) be requested to provide the Board with an update report on the implications of the 'Casey Review' for Leeds, following the national publication of the report.

ENVIRONMENT AND SUSTAINABILITY

66 Leeds Parks Trust

The Director of Environment and Housing submitted a report which sought approval to enter into an agreement with the Leeds Community Foundation in order to establish a Leeds Parks Trust, which would look to maximise opportunities for charitable giving and legacies, and gaining support from local businesses and other organisations for the benefit of improving parks and greenspaces across the city.

Members highlighted the vital role in improving parks and greenspaces which was played by local communities, volunteers, voluntary groups, together with the donations which were received.

Responding to an enquiry, the Board noted that where financial donations were not dedicated to a specific park or greenspace, then such donations would contribute towards the improvement of community parks, with specific reference being made to those which were yet to achieve the Leeds Quality Parks Standard. In addition, clarification was also provided in respect of the proposed management fee of 15%, in that it would be subject to a maximum cap on larger donations relating to actual costs, and that the fee would be reviewed after 6 months.

In addition, it was requested that further consideration be given to the name of the proposed 'Leeds Parks Trust' organisation, so that it was clear that the assets of the city's parks were not to become part of that Trust.

RESOLVED –

- (a) That approval be given to enter into an agreement with the Leeds Community Foundation in order to establish an organisation which will maximise opportunities for charitable giving and legacies, together with gaining support from local businesses and other organisations;

- (b) That it be noted that the Chief Officer (Parks and Countryside) is responsible for the implementation of resolution (a) (above), ahead of a planned launch in April 2017.

ECONOMY AND CULTURE

67 Visitor Economy and Vibrant City Centre

The Director of City Development submitted a report providing an update on the success of a number of initiatives held during Summer 2016 which aimed to enhance the vibrancy of Leeds city centre. In addition, the report also presented key details from the 2015 research and evaluation which had been undertaken in respect of the Leeds visitor economy, which demonstrated continued growth in this area.

Members welcomed the submitted report and the actions which had been taken in order to make the city centre more family friendly.

Responding to specific enquiries, it was undertaken that the Members in question would be provided with further details on: the ways in which visitors to the city were accessing and being provided with tourist information; and the ways in which Leeds' offer as a city was now being communicated and marketed both nationally and internationally.

RESOLVED – That the following be noted:

- (a) The continued growth of the visitor economy figures between 2013 to 2015 which is supported by the VisitLeeds strategy, the improved product, the successful delivery of world class events and the continued momentum this gives towards the Leeds 2023 European Capital of Culture bid;
- (b) The Council will work with the Leeds Business Improvement District in order to seek to align their marketing and promotional activities with the work of VisitLeeds as the principal destination management organisation leading on visitor economy;
- (c) The successful implementation of a range of interventions to embrace the vibrancy of Leeds city centre and to endorse the further development and associated financial support which will deliver tactical interventions such as the pop up parks in the future, in order to improve the attractiveness and vibrancy of Leeds city centre as a visitor destination;
- (d) That the success demonstrated to date will be built upon in order to ensure that the Council continues to take advantage of critical developments including: Victoria Gate and Kirkgate Market; Leeds Business Improvement District and world class events hosted in Leeds;
- (e) The continued support for the strong city collaborative approach with all partners, to increase momentum and ramp up activity in the context of national and international competition.

EMPLOYMENT, SKILLS AND OPPORTUNITY

68 More Jobs, Better Jobs: A Progress Report

The Director of Children's Services and the Director of City Development submitted a joint report which provided an update on the work undertaken to date in respect of the 'More Jobs, Better Jobs' Breakthrough Project.

Responding to a Member's enquiry, the Board received further information on the process by which the Council would address concerns which existed with an employer in the city, received further details on the work which would be undertaken by the newly appointed Key Account Manager who would be working with businesses, and was advised of the methodology which would be used to evaluate the progress being made as part of the 'More Jobs, Better Jobs' Breakthrough Project.

RESOLVED – That the progress made to date in respect of the 'More Jobs, Better Jobs' Breakthrough Project, as detailed within the submitted report, be noted.

RESOURCES AND STRATEGY

69 Financial Health Monitoring 2016/17 - Month 4

The Deputy Chief Executive submitted a report which set out the Council's projected financial position at month 4 of the 2016/17 financial year. In addition, the report also reviewed the current budget position and highlighted key potential risks and variations.

RESOLVED – That the projected financial position of the authority, as detailed within the submitted report, be noted.

REGENERATION, TRANSPORT AND PLANNING

70 Investment of Affordable Housing Planning Obligation Funding

The Director of City Development submitted a report providing an overview of the current position regarding the affordable housing planning obligation funding (Commuted Sums) and which sought approval for the investment of such funding into a range of new supply affordable housing schemes.

Responding to a Member's enquiry, the Board was provided with information on the proposals detailed within the report in respect of the site at Kidacre Street, Hunslet, whilst an update was also provided on the current position regarding the creation extra care housing in the context of affordable housing provision.

RESOLVED –

- (a) That the content of the submitted report, be noted;
- (b) That the necessary 'authority to spend' for those schemes listed at section 3.9 of the submitted report, be approved.

71 Integrating Diversity and Inclusion into the Built Environment

The Deputy Chief Executive and the Director of City Development submitted a joint report which presented, for the purposes of proposed adoption, a framework which aimed to help the Council achieve its ambition to become the best City in the UK - fair, open and welcoming - by creating high quality, inclusive and accessible environments which would eliminate barriers for both Council employees and those living in communities across Leeds.

Responding to an enquiry, the Board received an update on the progress being made in Leeds with respect to the provision of 'Changing Places' toilets.

RESOLVED –

- (a) That the proposed framework for Leeds City Council, in respect of 'Integrating Diversity and Inclusion into the Built Environment', as appended to the submitted report, be adopted;
- (b) That in applying the framework, it be noted that Leeds City Council will seek to strike the right balance between aspiration, practicality and cost;
- (c) That it be noted that the overall responsibility for the implementation of the framework sits with the Director of City Development.

72 'West Yorkshire Plus' Transport Fund

The Director of City Development submitted a report which sought approval to enter into the Grant Agreements with the West Yorkshire Combined Authority (WYCA) which were needed to continue funding and also deliver those agreed major projects identified within the West Yorkshire Plus Transport Fund (WYTF) programme.

Responding to an enquiry, the Board received assurances that Ward Member consultation would take place as appropriate on schemes which affected a Member's Ward.

In addition, a Member highlighted the importance of ensuring that all geographic areas of Leeds benefitted from future investment in the city's transport infrastructure.

RESOLVED –

- (a) That approval in principle be given to the progression of the schemes as referenced in paragraph 2.4 of the submitted report, subject to engagement and consultation with local Members and other relevant partners and communities during scheme design;
- (b) That authority be given to enter into the Grant Agreements with WYCA for the projects in the West Yorkshire Plus Transport Fund, the detail of which is to be agreed by the Chief Officer (Highways & Transportation) under his authority from the scheme of delegation;

- (c) That the progress which has been made to date with schemes within the Leeds District, as summarised within paragraph 2.4 of the submitted report, be noted;
- (d) That it be noted that the Chief Officer (Highways & Transportation) is responsible for the implementation of such matters.

73 Site Allocations Plan: Revised Publication Consultation for Outer North East

The Director of City Development submitted a report which presented the revised draft Site Allocations Plan (SAP) for the Outer North East (ONE) Housing Market Characteristic Area (HMCA), and which sought approval for those documents to be the subject of a period of public consultation, in order to invite the submission of formal representations.

RESOLVED –

- (a) That the publication of the revised draft Site Allocations Plan for the Outer North East HMCA, together with the sustainability appraisal reports and other relevant supporting documents be approved for the purposes of public participation and also to formally invite representations to be made;
- (b) That the necessary authority be delegated to the Chief Planning Officer, in consultation with the relevant Executive Member, in order to make any factual and other minor changes to the Revised Publication Plan for the Outer North East HMCA and supporting material, prior to public consultation.

(In accordance with the Council's Executive and Decision Making Procedure Rules, the matters referred to within this minute were not eligible for Call In as the power to Call In decisions does not extend to those decisions made in accordance with the Budget and Policy Framework Procedure Rules, which includes the resolutions above)

74 Killingbeck Meadows Natural Flood Mitigation Solution and Brownfield Land Programme: Update

The Director of City Development submitted a report providing details of a proposed scheme to improve the level of surface water storage during storm events within the Wyke Beck valley in the Killingbeck and Seacroft and Halton Moor areas of the city. The report also provided an update on the site disposal process for Council owned brownfield land in Seacroft and Halton Moor and also sought approval to inject funding which had been secured from the Local Growth Fund into the Capital Programme, whilst also seeking associated 'Authority to Spend'.

Members welcomed the proposals detailed within the submitted report.

RESOLVED –

- (a) That the principle of Natural Flood Management Schemes at Killingbeck Meadows, be approved;

Draft minutes to be approved at the meeting to be held on Wednesday, 19th October, 2016

- (b) That the submission of planning applications for the Killingbeck Meadows Natural Flood Management Schemes, be approved;
- (c) That approval, together with the necessary authority be given to inject £1.5 million and spend £1.6 million of funding from the Capital Programme, in order to support the delivery of the Killingbeck Meadows Natural Flood Management Schemes;
- (d) That it be noted that the officer responsible for the implementation of the delivery of the Killingbeck Meadows Natural Flood Management Schemes is the Chief Officer (Highways & Transportation). It also be noted that the works will be procured through a competitive tender process and, subject to securing sufficient financial contributions, delivered during 2018;
- (e) That the progress made in bringing forward new housing on the Council's brownfield sites across the city, be noted;
- (f) That approval be given to inject into the Capital Programme and also provide the necessary authority to spend the £1.1m of recoverable loan funding from the Local Growth Fund, in order to support the provision of enabling works associated with the delivery of new homes on Council owned brownfield sites in East Leeds;
- (g) That the necessary authority be delegated to the Director of City Development in order to approve the reinvestment of the Local Growth Fund loan into additional sites, once receipts begin to be received for the original tranche of 9 sites.

CHILDREN AND FAMILIES

75 Domestic Violence and Abuse Breakthrough Project

The Director of Environment and Housing submitted a report which provided an update on the work undertaken to date as part of the 'Domestic Violence and Abuse' Breakthrough Project, and which presented the first annual report on this project.

By way of an introduction to the report, the Board received further detail on the current activities which were taking place in this area, and noted the intention to provide Elected Members with the opportunity to become more involved in such activities.

Responding to an enquiry, Members received an update on the actions being taken to further develop the safeguarding arrangements for those suffering from domestic violence and abuse which were in place over weekends. Further to this, the Board noted the crucial role which was being played by the 'Front Door Safeguarding Hub', and the improvements it had brought to the process of information sharing between partners. Specific emphasis was also placed upon the importance of ensuring that young people affected by

domestic violence and abuse received the correct support from the relevant agencies.

RESOLVED –

- (a) That the progress which has been made to date in addressing the issues associated with domestic violence and abuse be noted, together with the content of the first Annual Report on the associated Breakthrough Project, as appended to the submitted report;
- (b) That annual update reports on the Domestic Violence and Abuse Breakthrough Project be presented to future Executive Board meetings.

76 Retirement of Nigel Richardson, Director of Children's Services

On behalf of the Board, the Chair together with the Executive Member for Children and Families paid tribute to the Director of Children's Services, Nigel Richardson for his services to the Council, as this would be the final Board meeting in which he would be in attendance prior to his retirement. Members thanked Nigel for what he had achieved during his time in Leeds and for the legacy that he was leaving.

77 Outcome of the consultation to increase learning places at Hovingham Primary School

The Director of Children's Services submitted a report on proposals brought forward to meet the local authority's duty to ensure sufficiency of school places. Specifically, this report related to the outcome of a consultation exercise regarding proposals to expand provision at Hovingham Primary School, and which sought permission to publish a Statutory Notice in respect of such proposals.

RESOLVED –

- (a) That the publication of a Statutory Notice to expand Hovingham Primary School from a capacity of 420 pupils to 630 pupils with an increase in the admission number from 60 to 90, with effect from September 2017, be approved;
- (b) That it be noted that the responsible officer for the implementation of such matters is the Head of Learning Systems.

78 Outcome of Statutory Notices on proposals to increase primary and secondary learning places in Holbeck; Kirkstall-Burley-Hawthorn and Burmantofts Planning Areas

The Director of Children's Services submitted a report providing details of proposals brought forward to meet the local authority's duty to ensure sufficiency of school places. Specifically, this report was divided into three parts and included consideration of proposals in respect of Hunslet Moor Primary School; Hawthorn Wood Primary School; Shakespeare Primary School and the Co-operative Academy of Leeds.

When considering this matter, the Board noted that the paragraph 4.6.1 of the submitted report should read: 'The statutory time limit for final decisions on each of the proposals detailed in this report is 2nd October 2016', rather than 2nd September 2016, as detailed.

RESOLVED –

- (a) That the proposal to expand Hunslet Moor (Community) Primary School by increasing its capacity from 315 pupils to 420 pupils, increasing the admission number from 45 to 60, with effect from September 2018, be approved;
- (b) That the proposal to expand Hawksworth Wood (Community) Primary School by increasing its capacity from 210 pupils to 420 pupils, increasing the admission number from 30 to 60, with effect from September 2017, be approved;
- (c) That the proposal to expand Shakespeare (Community) Primary School by increasing its capacity from 315 pupils to 630 pupils, increasing the admission number from 45 to 90, with effect from September 2018, be approved;
- (d) That the linked proposal to expand The Co-operative Academy of Leeds by increasing its capacity from 900 students to 1200 students, increasing the admission number from 180 to 240, with effect from September 2019, be approved;
- (e) That it be noted that the responsible officer for the implementation of such matters is the Head of Learning Systems.

DATE OF PUBLICATION: FRIDAY, 23RD SEPTEMBER 2016

**LAST DATE FOR CALL IN
OF ELIGIBLE DECISIONS:** 5.00 P.M., FRIDAY, 30TH SEPTEMBER
2016

(Scrutiny Support will notify Directors of any items called in by 12.00noon on Monday, 3rd October 2016)

Draft minutes to be approved at the meeting
to be held on Wednesday, 19th October, 2016

This page is intentionally left blank