



Report to Scrutiny Board (Children’s Services)

Subject: Report of: Director of Children’s Services

Date: 10th November 2016

Subject: Childrens Centre Inquiry- Session 2

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 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

This report has been written jointly between Children’s Services and Public Health Directorates, reflecting the integrated approach to early prevention and intervention in the Leeds Early Start-Children’s Centre service model.

The report provides the information for Session 2 of the Scrutiny Board’s Inquiry into Childrens Centres to consider the value of the Leeds Early Start Children’s Centre delivery model. The report offers detail around:

- What services Early Start- Children’s Centres provide within the integrated offer. Whilst the report is specifically to consider the Children’s Centre offer, because it is fully integrated with other services this interface regularly becomes part of the narrative;
- A consideration of the funding model and associated benefits, challenges and risk, with particular emphasis on wider risks across partner agencies;
- Children’s Centres V’s Other Provision, what’s makes the Leeds Early Start Children’s Centre model different/unique. A deeper description of some of the work developing through a deeper systemic change;
- What have Children’s Centres achieved over the last five years and can we assess their value both in financial terms and social impact;

- The national picture and known impact of service changes elsewhere (positive and negative).

Recommendations

The Scrutiny Board (Children and Families) is requested to note the information presented as part of session 2 of the Children's centre Inquiry.

Purpose of this report

- 1.1 This report has been written jointly between Children's Services and Public Health Directorates, reflecting the integrated approach to early prevention and intervention in the Leeds Early Start-Children's Centre service model.
- 1.2 The purpose of this report is to provide the information for Session 2 of the scrutiny Board's Inquiry into Children's Centres. The session will consider the value of the Leeds Early Start Children's Centre delivery model though looking at:
 - An overview of the offer – what do Children's Centres provide;
 - The funding model and associated benefits, challenges and risk;
 - Children's Centres V's Other Provision, what's makes the Leeds Early Start Children's Centre model different/unique;
 - What have Children's Centres achieved, what is their value
 - The national picture and known impact of service changes elsewhere (positive and negative)

2 Background information

- 2.1 The Board is seeking to understand the impact that Early Start- Children's Centres are having in Leeds, 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.
- 2.2 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.
- 2.3 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.

3 Main issues

3.1 An overview of the offer- what do Leeds Early Start Childrens Centres provide.

- 3.1.1 To clarify, for the board, this session is inquiring into the Children's Centre- family support offer, it is not describing the Children's Centre early learning area of work. This separation of business is important in terms of future sustainability as it is intended that the early learning business runs as a financially sustainable service.

As one of the largest 'nursery' businesses in the country, Leeds offers early learning and child care to families in more deprived areas of the city. These are the areas where private providers may struggle to operate. Serving over 2,500 children under 5 every day the business operates flexibly to respond to demand as required, for example expansion of two year old places and extension of the free offer for three and four year olds from 15 hours to 30 hours in September 2017.

3.1.2 The Early Start Children's Centre service offer is best described in the Early Start staff handbook, **Appendix 1**. This provides an effective overview of the integrated service offer across Childrens Centres and Health Visiting Teams. The handbook describes how:

- Practitioners deliver the support offer for families;
- Staff work together as part of the integrated local authority and health offer, and the governance underpinning this;
- And how staff work with other agencies and services.

3.1.3 The vision for the Early Start offer is to be an integrated family based support for children 0-5 year old, supporting all children and their families to have the best possible start in life. Working in partnership with GPs, midwives and other health and early years services, the Early Start Service helps families play a positive role in their children's development through reducing social isolation, promoting well-being, increasing parenting capacity and supporting access to training and employment.

3.1.4 The service offer, described in the handbook aims to:

- Ensure that families from pregnancy to five years are offered the Healthy Child Programme;
- Ensure that families from pregnancy to five years are offered the Children's Centre Core Offer, including Early Years Foundation Stage Curriculum;
- Identify children and families where additional preventative programmes and interventions will reduce their risks and improve future health and well-being;
- Promote and protect health, well-being, learning and school readiness;
- Provide a gateway into specialist services.

3.2 The funding model and associated benefits, challenges and risks

3.2.1 Changes in Children's Centre funding

This Inquiry has expressed an interest in the impact of changes in the service offer by Children's Centres. As presented previously to this Board the Children's Centre budget in Leeds has reduced over the last 5 years, see **Table 1**.

Table 1

Children's Centre Family Services Analysis

		Budget 13/14	Budget 14/15	Budget 15/16	Budget 16/17
		(£000's)	(£000's)	(£000's)	(£000's)
EXPENDITURE					
	CC Family Services	6,681.8	7,173.8	5,602.9	6,211.5
	Commissioned Services	783.2	722.6	616.3	616.0
		7,465.0	7,896.4	6,219.2	6,827.5
INCOME	Less,				
	Public health funding	-211.0	-1,028.6	-1,488.0	-1,020.0
	Public Health - from reserves				-378.7
	Dedicated Schools Grant (DSG)	-1,780.0	-1,780.0		
	DSG - Reserves			-1,070.0	-1,100.0
	Clinical Commissioning Group (CCG)				-1,600.0
		-1,991.0	-2,808.6	-2,558.0	-4,098.7
	Net budget	5,474.0	5,087.8	3,661.2	2,728.8
	Note: £1.6m was actually received in 15/16 from the CCGs				

The commitment from Leeds partner agencies is well demonstrated through the mixed funding model developed over the last few years. Although all agencies budgets have been under pressure the schools, CCG, Public Health and local authority have been determined to maintain the principle of local preventative services in every community.

In 2017-18 the budget for Early Start- Children's Centres will be under pressure again, with reductions from schools DSG funding, as the school funding system changes nationally, further reductions in the ring fenced Public Health budget and changing priorities for CCG

The Joint Commissioning Partnership requested that partners work together to identify the Early Start- Children's Centres 'principles' that maintain the Children and Young People and Best Start Strategies. A cross service Children's Centre working group (LCC, CCG, voluntary sector and public health) were tasked in February 2016, by the Joint Health and Wellbeing Commissioning Board, to ensure a partnership approach to commissioning Children's Centre- Family Services in the future. To ensure the outcomes of the Best Start Strategy and Children's and Young People's Strategy the group established a set of practice principles around Early Start Children's Centre work. These were;

1. That all communities would receive a Children's Centre offer of support from a local venue, usually but not exclusively from a designated 'Children's Centre' building;
2. A universal service offer, alongside that of the health visitors and early education entitlement, will be provided across the city;
3. The level of service will be graduated according to the level of child and family need;
4. A higher level of investment will be maintained in the 6 clusters with highest levels of need.

Children's Centres have historically been funded according to a formula based on the number of children in the reach area with additional services according to levels of deprivation. This formula enables us to alter weightings of the budget according to the agreed priorities and principles.

As a result of Central Government reduced funding to the ringfenced public health grant, and funding pressures on partners, we are modelling the implications of these reductions on services, which will exceed £1million

3.2.2 Related Service Changes

The Scrutiny Inquiry has expressed an interest in the impact of changes in related services on the delivery of the family support offer by Children's Centres. Of particular relevance is the Health Visiting service which, together with the Children's Centres, comprises the integrated Leeds Early Start Service.

Health Visiting:

In 2015, Public Health took over the commissioning responsibility from NHS England for the Healthy Child Programme (HCP) for 0-5 year olds, incorporating Health Visiting (HV) and the Family Nurse Partnership (FNP) programme. As part of this transfer to the Council, a new Leeds Early Start Service contract (which includes Health Visiting and FNP services) was jointly reviewed, developed and awarded to Leeds Community Healthcare based on Department of Health terms and conditions. This contract began on 1st October 2015 and currently expires on 31st March 2017 with provision to extend for further 2 x 12 months. Management of this contract is undertaken by a joint Commissioning Group, led by Public Health, and including partners from Children's Services commissioning, CCGs, LCH and Children's Centres provision. The group meets quarterly and monitors performance through a joint Performance Dashboard, client feedback, relevant reports and quality conversations.

As a direct result of both the Public Health Grant cuts announced by the Government, and in light of the findings of a recent national randomised controlled study (Building Blocks trial¹) indicating that the FNP is not the most cost effective

¹ [Effectiveness of a nurse-led intensive home-visitation programme for first-time teenage mothers \(Building Blocks\): a pragmatic randomised controlled trial](#)

Robling M et al. The Lancet (January 2016) Vol. 387, No. 10014, p146–155

way to commission 0-5 services, it is intended not to extend the contract for FNP beyond March 2017. The FNP service reaches only 20% of eligible young families.

The building blocks trial concluded that FNP 'is no more effective than the routine available health care alone in relation to reducing smoking in pregnancy, improving birth weight, reducing rates of second pregnancies by two years post-partum or reducing rates of emergency attendances or hospital admissions for any child for any treatment by the child's second birthday.' One of the main reasons why the UK may not have seen the additional benefits of FNP is likely to be due to the high quality of the mandated universal health visiting offer which provides core contacts and more intensive support according to need.

Therefore, in recognition of the key role of HV services in achieving the Best Start for every child, it is considered to be preferable and more efficient to protect the funding of universal Health Visiting services. It is also desirable to mitigate the impact of closure of the FNP service which provides core contacts to approximately 180 teenage parents and their babies. It is thus proposed to restrict the reduction in funding for the HV service compared to other Public Health services. The proposed reduction will be 2% in 2016/17 and a further 3% in 2017/18. The final decision making process in LCC will be completed by the end of October 2016.

However, it is important to be aware that the provider, Leeds Community Healthcare NHS Trust, also proposes to make significant efficiency savings across the HV service over the same period. The combined impact of these savings alongside the PH funding reduction will require careful consideration of the model of HV service delivery, including aspects such as skill mixing. These discussions are at an early stage, but the process is joined-up under the umbrella of the joint Early Start Commissioning Group, and under the Children's Centre Review Group (which reports through the Joint Commissioning Sub-Group of the Children & Families Trust Board). These arrangements will ensure that discussions involve all relevant partners, and that the impact of changes in both Health Visiting and Children's Centres are considered together, and any new models of working are taken forward in an integrated way.

Leeds South & East CCG Enhanced Best Start offer:

Leeds South & East CCG has made additional new investment into Best Start services in its area. This equates to around £1m of funding over 3 years, which has been transferred to LCC Public Health and is being jointly invested into the local area. The enhanced services will include enhanced perinatal education, more parenting programmes and peer support. These developments are being taken forward jointly between the CCG, Public Health, Children's Services and 3rd sector providers as appropriate.

For the purposes of supporting this inquiry the CCG's have provided a written briefing note which is attached as **Appendix 4**.

3.3 Children's Centres V's other provision, what makes the Early Start Children's Centres unique/different in Leeds

3.3.1 Whilst many authorities have closed or redefined the work of Children's Centres, Leeds has analyzed and embedded the good practice that has emerged from the earliest Sure Start and Children's Centre programme, from high quality health visiting and Healthy Child Pathway evidence and from national evidence, into the heart of the strategy for Children and Young People in Leeds. The Early Start model integrates the Children Centre service offer and the Health Visiting offer into a fully integrated support service, modelled around the needs of children and families. By integrating services we have been able to prevent any duplication of support, but also identify gaps in support and staff skill and add additional services. The city's relentless focus on better outcomes for children instigated the review of health visiting and Children's Centre services leading to a systemic change in services for under 5's in the city through the Best Start and A Life: Ready for Learning Strategies.

The uniqueness in the Leeds Early Start- Children's Centre model is in the co-ordination of complex services around communities and families. Through this collaboration between health, local authority, school and voluntary sector partners in Leeds a systemic change has developed leading to improving outcomes for children.

Working with children and families, rather than doing things to them or for them staff become facilitators of change for families, working restoratively by providing high support and challenge to enable families to identify sustainable solutions to the challenges they face, and to equip them with the resilience to move forward successfully.

The Early Start- Children's Centre offer builds on excellent practice over many years in early education, family support, health services and employment support to constantly review and improve the offer. The city wide reach of the service to all families ensures a vehicle for identifying and meeting the developing needs and families right across the city.

In addition to the core Healthy Child and Children's Centre core offer Leeds has developed a range of new innovative services which reach into families lives to offer support. The next section describes some of the new ways of working developed over the last 3 years.

The core offer for Early Start services are to ensure the critical service support for ensuring children are safe from harm, through high quality, professional confidence in safeguarding practices and procedure. Support then to work with families to identify need early in the life of a problem, this is key to ensure the right Early Help offer is available for our most vulnerable children, including 'children in need'. A range of universal and targeted services have been developed around this model.

3.3.2 Preparation for Birth and Beyond

As part of the universal Offer Family Outreach Workers work alongside Health Visitors and Midwives to deliver the Leeds Preparation for Birth and Beyond

Perinatal education programme. This 7 session programme delivered within local children centres in all clusters across the city has increased the availability, accessibility, and quality of antenatal classes. The programme includes the traditional sessions on preparing to give birth and practical support around caring for the baby. In addition it also enables parents to think together about how having a baby will impact on their lives and consider the importance of, and how to develop positive parent infant relationships. The programme aims to increase the numbers of these parents who report improved parental self-esteem and reduced anxiety, improved couple relationships, improved confidence in their parenting abilities and feeling well prepared for birth. Research shows that participation in antenatal education improves outcomes for families. These include: greater satisfaction with the birth experience; adoption of healthy behaviours (including reduced alcohol consumption and smoking during pregnancy and increased breastfeeding rates), reduced maternal anxiety and depression, and improved couple relationships. A key aim of the programme is to reduce health inequalities and improve parent confidence and skills.

Family Outreach workers make home visits and provide practical support to families where this is considered beneficial in encouraging them to come along. Dad, or a significant other identified by Mum, receives a separate invite encouraging them to be part of the programme. The programme is co delivered by Family Outreach Workers, Health Visitors and Midwives. In 2015 a total of 675 women (463) and partners (212) had attended the Preparation for Birth and Beyond classes through the 78 courses delivered across the City. Data highlights New Bewerley and the Airborough & Otley areas to have particularly good recruitment and retention rates.

We are currently in the process of evaluating the impact of the Leeds programme. An evaluation methodology has been developed and piloted. Some data is available from a small scale pilot study which considered parental confidence at certain parenting skills, such as bonding with their baby, bathing their baby, getting their baby to sleep, ensuring baby is safe when they are sleeping, and understanding and responding to baby crying. Parents were also asked how confident they felt about the birth. Parents reported higher levels of confidence in relation to the parenting skills covered in the questionnaire when completing the questionnaire at week 6 than they were when completing the questionnaire before they started the course at week 1. The only question which did not see a statistical significant improvement was around 'working with your partner as a team' this question scored highly at both entry and exit, showing participants felt confident in this prior to starting the course. Parents did report they felt more confident talking to each other about becoming parents and that they would be able to overcome challenges. The survey is now being made available for use city wide.

3.3.3 Baby Steps

Baby steps is a group based perinatal programme, based on PBB and sharing the same outcomes, that has been designed by NSPCC to meet the needs of parents who are at higher risk of poor emotional wellbeing during the transition to parenthood, and who are more likely to struggle to provide sensitive and appropriate care for their baby. The Public Health Directorate, working closely with LTHT, LCH and Children Centre Services, commission this 9 session long programme, for 200 targeted families per annum across the city. The team offer

wrap around support to enable families to successfully engage and also transition into mainstream services at the end of the programme. The programme is provided by LCC Early Help Services and a dedicated Leeds Baby Steps team has been established to develop and deliver the programme city wide in accordance with the NSPCC Baby Steps manual under license. The delivery team include a Children Centre Manager and Family Outreach Worker and the overall management of the service is overseen by a senior Early Start Manager from Children Centre services

In the first year of the programme, May 2015-May 2016; Baby Steps received 322 referrals, with the majority of those coming from Midwives. 158 mums and partners engaged in the group, with the Inner East and Seacroft/Manson areas receiving the highest levels of referrals. Of those engaged 91 had pre-birth assessments, 59 returned into mainstream services, 6 had baby removed, 4 were subject to a child protection plan, 2 a child in need plans, 6 families went to mother and baby foster placements and a further 13 assessment are yet to be completed.

In the last quarter (June-September 2016), the team received 123 referrals, of which the majority (73) were from Midwives. The highest levels of referrals were within the Inner East and JESS cluster areas. Of the referrals received 72% of people commenced the programme with 41% of dads/partners attending. Of these 48% completed 6 or more sessions, of which 10% were dads.

Currently groups are being delivered across 12 areas of the City, which received 112 referrals, of which 90 participants are engaged in the sessions, 27 of which are partners.

We are currently in the process of evaluating the impact of the Leeds Baby steps programme, and given the programme has the same aims as the PBB programme we are using a very similar methodology. The results from the pilot work undertaken to date are positive with parents reporting a statistically significant positive increase in level of confidence across all the parenting skills areas. Results from questions about how participants felt they worked as a team with their partner to support each other in becoming parents show improvements in the mean scores, for example, I think we will work together as a team when baby is born increased from a mean score of 4.8 on entry to 5.4 on exit, but these results were not statistically significantly different. Parents were asked how important they felt the development of baby's early years from conception to age 2 in comparison to other stages in a child's development. The scores for this were high on the entry questionnaire with a mean of 5.5 out of 6 and this increased to 5.8 on exit at week 6. This result has increased slightly but is not significantly different.

3.3.4 HENRY (Health Exercise and Nutrition for the Really Young)

HENRY (Health Exercise and Nutrition for the Really Young) is a unique intervention to tackle child obesity which we started in Leeds in 2008. The HENRY approach focusses on 0 – 5 year olds, empowering parents and carers to provide a healthy start for their babies and young children.

There are two programmes available for families which each consist of 8 sessions. These are delivered within a group or on individual basis.

The programmes have the following objectives within 5 different domains:

Parenting

- Increase in confidence to make changes to family lifestyle
- Development of an authoritative style of parenting
- Modelling of a healthy lifestyle

Eating patterns

- Establishment of regular family mealtimes
- Reduction in grazing behaviour

Healthy eating

- Providing appropriate child-sized portions
- Reduction in energy dense foods and sugar-sweetened beverages; increase in fruit & vegetable consumption

Physical activity

- Increase in active play
- Reduction in sedentary behaviour, especially television viewing

Emotional wellbeing

- Increase the emotional wellbeing of the child and all family members

Family Outreach Workers deliver the majority of group programmes for families in Leeds. Over the last year the number of programmes being delivered has increased.

Data from the last year show that data on 15 courses could be analysed and the results were:

- There were 119 attendees across these programmes, with retention at 75%.
- The programmes were well received, with 95% of reporting participants rating them Good or Great.
- Participants felt they adopted a healthier lifestyle by the end of the programme, with 90% of participants improving the overall healthiness of their family lifestyle.
- The average healthy lifestyle score increased from 4.75 to 8.30 out of 10.
- The average consumption of fruit and vegetables among participant parents and children increased, while consumption of high fat and high sugar foods decreased.
- Activity levels among parents and children were seen to have increased.

Parents attending have said:

“The ideas and activities were great throughout the course which helped me; The HENRY toolkit was useful and I was able to make friends and also be more confident to speak.”

“I have replaced pop with water. I am making small steps at a time so they are more likely to stay in place”

Over the last 6 years, obesity rates for Reception children have generally decreased in Leeds. Apart from an increase last year (2013/14) to 9.5% the obesity rate

decreased to 8.8% bringing it once again below the national average and mirroring the regional rate. Early indications of the 2015/16 obesity data for Reception school children show a further slight decrease. The HENRY group programme has contributed to this success.

3.3.5 Incredible Babies/ Toddlers Webster Stratton Programmes

Incredible Babies and Incredible Toddlers are based on well-established behavioural /social learning and child development principles that describe how behaviours are learnt and how behaviours can be changed. At the core of the approach is the simple idea that people can change as a result of interactions they have with one another. One of the implications of this focus on interpersonal skills is that, when children misbehave and families become disruptive, it is necessary to change the parent's behaviour as well as the child's. The programme, puts the emphasis on helping parents interact with their children helping parents to be more positive with their children and have a greater understanding of child's development cues and needs.

The Leeds programmes build on other universal and targeted services on offer within the city, namely PBB and Baby Steps. A recent trial has developed a pathway for those families who have successfully engaged with Baby Steps where 15 families went on to attend Incredible Baby programmes. The anecdotal evidence so far suggests that this has proven to be successful in keeping the family engaged with services and feedback from other professionals would suggest that this is contributing to the prevention of children needing to become looked after.

In 2016-19 Childrens centres have been commissioned by South east CCG to deliver:

- 12 Incredible Baby course programmes, the majority of these courses to be delivered to individuals living in the 10 % most deprived areas of the LSE CCG area.. A minimum of 10 parents / carers on average to attend each course, a minimum of 120 parents / carers to benefit in total from attending these courses per annum.
- Delivery of 12 Incredible Years Toddler course programmes in the LSE CCG area, the majority of these courses to be delivered to individuals living in the 10 % most deprived areas of the LSE CCG area. Engagement of 12 families in each course. 14 parents/ carers on average to attend each course, 168 parents / carers to benefit in total from attending these courses per annum.

3.3.5 Early Attachment Observation and Assessment

The health visitor infant observation is a new part of the universal offer at the routine 6-8 week contact. This is a short observation of infant and primary caregiver to screen for emerging attachment difficulties in line with the WAVE Report Conception to Age 2: The Age of Opportunity 2013.

The 6-8 week contact now incorporates the health visitors asking the primary caregiver three questions around their emerging relationship with their infant

alongside a two minute observation of an interaction between them. This enables the health visitor to ascertain the primary caregiver's views on this developing relationship and consider the similarity between these expressed views and what they are observing.

The three questions are intended to highlight the primary caregivers perception of both the positive and negative aspects of the emerging relationship with their infant and they are worded specifically to provoke a response that is genuine and immediate; giving an insight into the subconscious or conscious thoughts the primary caregiver may have which may impact on them forming a secure attachment to their infant.

Health visitors are encouraged to start to build a relationship with expectant mothers at the antenatal contact, modelling attunement, listening to concerns and responding sensitively. Using this approach they can create an atmosphere where the professional and parent wonder together about the infant's experience of their relationship and the environment. The health visitor will then introduce the concept of spending some time looking together and thinking about how their infant responds to their environment. This will help health visitors to acknowledge the positive responses a caregiver is providing the infant as the training explores how they feel about observing others and how they would use what they are observing to encourage a positive attachment relationship.

The observation and the three questions can also be used to assess the relationship as part of the Early Start Maternal Mood Pathway, before and after the delivery of listening support visits.

3.3.6 First Aid for Families

The community reach of Children's Centres has enabled centres to deliver First Aid for Families directly and easily to in communities. The first aid courses have been funded through the South East CCG. So far 205 course have been delivered and reached approximately 2050 families in this area of the city. The course delivers training on emergency first aid, early childhood illnesses and appropriate use of medical services. Courses have been delivered throughout the South East CCG area, with targeted delivery in the areas where attendance at A & E is high. Funding is confirmed for an additional 50 courses up until the end March 2017. More than 75% of families attend and complete the full course. Post course evaluations show that parents/carers are more skilled and confident in dealing with emergencies and illness as a result of the training.

Some of the feedback from families.

A parent attended a party where another child was choking, as a result of attending the training she was able to stop the child choking.

Another parent reported she had no idea that you call 999, in a medical emergency.

One parent shared how she had phoned for an ambulance when her child had fallen. As a result of attending the course, she was able to recognise this was not an

emergency and although she would have still taken him to hospital , she won't in future call an ambulance that could be sent to a real emergency.

Another family who had moved from Poland, shared she was unaware how to use the GP service. She shared that in Poland if you wanted to see a doctor, you went to the hospital. She encouraged more of her friends to come attend the next course.

3.4 What have Children's Centres achieved, what is their value

3.4.1 What have Children's Centres achieved?

Currently 96% of families in Leeds with children under 5 are registered with Children's Centres (100% through Early Start) that is around 25,304 families.

Of these families, 13,581 are in target groups (from Children's Centre inspection framework), which are considered to be 'hard to reach'. 7,443 families in target groups (70%) regularly engage with children centres.

Family outreach workers deliver a number of universal services to non-working mothers and some more targeted groups. These include Henry (healthy eating and nutrition for the really young). Stay and play for mums and toddlers, First aid courses, Parenting courses, adult education courses and breast feeding support. 8,096 people attended these groups in the last three months.

Family outreach workers also work intensively with 'targeted families' these are families who have been referred or refer themselves for short, but intensive pieces of support work with family outreach workers. 4,495 families with 6,543 children under 5 are currently being supported through family difficulties by our family outreach workers in centres across Leeds.

334 children supported by children's centres across Leeds on the edge of care last year. 23 children of those supported by children centres were taken into care.

In 2013, Leeds was the lowest performing LA against the low achievers indicator (i.e. Leeds had the largest gap). Significant priority has been given to addressing this issue since then. The gap has reduced in every year since then and in 2015/16 the gap has reduced again to 34.8%. There has also been a reduction in the national gap over this period, from 36.6 percent in 2013 to 31.4 per cent in 2016, so Leeds improvement has been faster than national. Leeds has improved its ranking to 112th of 151 LAs, and is therefore in the third quartile on this measure.

3.4.2 Supporting parents of 0-5's into work

Centres take a holistic approach to supporting parents back into work, understanding that there are varying starting points and that there are a number of steps that need to be taken before people who are long term unemployed or who have lost confidence can actually maintain employment.

Identifying trends and tracking

There are a number of workless tracking tools used by centres. These tools help to define the stages that individuals are at in their journey towards work and indicate useful interventions to move them through the stages. By using these tools we are more able to define appropriate interventions and show the progress of individuals. We can also identify which circumstances allow intervention by the Job Centre Plus Social Justice Team and when to refer.

Job Centre Plus

The Job centre Plus Social Justice Team replaced the service Level Agreement we had with Job Centre Plus since 2006. In 2006 each childrens centre had a linked Job Centre Plus worker who held meetings and training in each childrens centre to support parents back to work. With the reorganisation a number of years ago, this service level agreement came to an end and resulted in referrals only being taken where the parents qualified with one or more social justice criteria. These are such things as sickness, debt and substance misuse. The theory is that all other individuals who should be in work have an existing Job Centre Plus worker.

Supporting the long term unemployed and under employed, and those who need additional support

There can be some preparatory work needed for the long term unemployed and the shorter term unemployed who have lost confidence in their abilities before they can move into work and maintain employment. This work can include a great deal of confidence building and informal learning before formal learning takes place. Childrens centres offer this support through one to one work, supporting their childrens socialisation and learning and events and activities including informal learning opportunities and volunteering which supports confidence building. Building routines is also very important if parents are to maintain their participation in work opportunities and this is done by ensuring children attend regularly at nursery and are on time. Centres also offer commissioned counselling services which support confidence and mental health issues which can be a barrier to employment

Outcomes

Of the 25,304 families registered with our Childrens Centres, 13,581 are in target groups, including lone parents, teenage parents, families with low income and non-working parents. The work to support parent's long term employability includes courses around health lifestyles, child development, first aid courses, parenting courses and a range of adult education courses. 8,096 people attended these groups in the last three months.

The Council's Adult Learning Programme delivered 58 targeted family courses in the 2015/16 academic year. Courses delivered in primary schools and children's centres engaged 343 parents or carers of children to improve their skills including English, Maths and ESOL for those where English is not their primary language. Activities also enable parents / carers to be more active in the support of their children's learning and development.

Breaking the cycle

In areas of high deprivation where there is intergenerational worklessness, the centres are working to break the cycle of unemployment and poverty. This is a long term intervention which includes early intervention with childrens learning, the two year old free entitlement and ensuring take up of free entitlement for 3 to 4 year olds. All of this contributes to closing the gap in attainment for children from areas of high deprivation and moves children away from the cycle of poverty whose cause and effect can be exacerbated by non-participation in formal learning and low achievement resulting in unemployment and underemployment across the generations.

3.4.3 What is their value?

2010	2016 (quarter 1)
9.6% children were identified as obese in reception	9.5% identified as obese in reception, <i>Leeds now has one of the lowest childhood obesity rates, significantly lower than five of the seven core cities.</i>
600 'vulnerable' 2 year olds were accessing early education places	2976 vulnerable 2 year olds were taking up early education places - <u>2376 more children</u>
The percentage of children achieving a good level of development at EYFS in <u>2013</u> Leeds 51 National 52	The percentage of children achieving a good level of development at EYFS in 2016 Leeds 63 National 69
The percentage of 'low achievers' (inequality) gap at EYFS in 2013 Leeds 44.6 National 36.6	The percentage of "low achievers' (inequality) gap at EYFS in 2016 Leeds 34.8 National 32.4
450 children under 5 years were taken into the care of the local authority (in quarter 4)	237 children under 5 were taken into the care of the local authority- <u>213 less in a growing population</u> (in quarter 1)
125 went onto a CP plan (in quarter 4)	83 children under 5 going onto a CP plan (in quarter 1) <u>42 less children in a growing population</u>

See Appendix 2 Early Start Dashboard

3.5 The National Picture

It was predicted in 2013 that around 60 centres nationally could close over the following 12 months due to 'acute financial pressures' on local authorities. Later reports suggest that, between 2010 and 2015, 763 Children's Centres were closed in England. This amounts to 21% of the original provision. There is no national dataset around the reduction of children's Centres nationally, but the table below gives figures reported in the media.

Table 2

Year of reduction	Local authority	No. of Children's Centre 2012	No. of Children's Centre 2016
2014	Rochdale	14	8
2014	Doncaster	20	8
2015	Kirklees	36	19
2015	Sheffield	36	17
2015	Calderdale	21	21
2015	Trafford	16	6
2015	Rotherham	22	12
2015	Leeds	56	56
2016	Derbyshire	32	19
2016	Bolton	18	7

It is difficult to establish any causal link between reduced funding in Children's Centres and local authority Children's Services inspection judgement. This is largely because of timings of inspections, the implementation of Children's Centre reductions and the subsequent changes in the early intervention offer available. Table 3 below identifies comments about Children's Centre provision from inspection reports. Whilst some of the Requires Improvement judgements cite Children's Centres, all of the Good inspection results have evidence of a good early preventative offer, including Children's Centres as a part of the systemic offer of support.

Table 3

Local authority	Children's Services Ofsted judgement	Year of inspection and comments
Rotherham	Inadequate	Family support is delivered through 22 children's centres, the very large majority of which were judged to be good or better in their most recent Ofsted inspections. In the past year, 717 families (with 1,402 children) received early help, which prevented the need for more intensive support.
Doncaster	Inadequate	Partners are insufficiently engaged in the provision of early help
Bolton	Requires Improvement	There are 18 children's centres and these have recently been reorganised to focus on targeted intervention. Only two of the ten children's centres inspected to date by Ofsted are rated good, compared with 68% nationally, resulting in a lack of consistency in the quality of the support being offered to families across the borough

Rochdale	RI	Children's centres provide a wide range of services, including parenting programmes and family support. Feedback from parents and carers using these services has been positive
Kirklees	No Ofsted	
Sheffield	RI	An increasing proportion of the outreach work provided by children's centres is targeted at vulnerable children and families
Calderdale	RI	The wide range of agencies providing early help, including children's services staff, children's centres, schools and the voluntary sector, means that services can be provided to different family members according to age and need.
Trafford	Good	A very large proportion (82%) of Trafford's under-fives are registered with children's centres. There has been a significant increase in health visitor capacity, supporting the delivery of intensive support to 98% of Trafford's children in their first year of life through the Trafford pathway.
Leeds	Good	<p>Leeds' have successfully integrated local authority, health and third sector services which have evolved into a new early help service, underpinned by the 'Best Start' strategy. Multi-agency, locality 'cluster' arrangements ensure that good and effective use is made of local partnerships – particularly children's centres and learning settings. (p5)</p> <p>In March 2013 a city-wide Family Group Conferencing (FGC) service was launched. In February 2014, the local authority budget confirmed continuing investment in early intervention through an ongoing commitment to keep all children's centres open and to invest in FGC. The Duty and Advice Team has been further enhanced to bring a new approach to contact and referral, encouraging 'conversations' between qualified and experienced practitioners and callers who have concerns about a child. This approach focuses on discussions to determine the best course of action, and explores appropriate prevention and support if a social work service is not required. (p8)</p> <p>There is clear evidence of continuous strengthening of partnerships between schools, police, health and the voluntary sector, supported by the children's social work service. The targeted services are aligned, along with locality social work teams and early help 'clusters' (25) and children's centres (56), with considerable individual and shared commitment to providing help and support. Variation in the performance of localities and clusters, inevitable in areas with different rates of</p>

		social mobility, is understood and closely monitored by senior managers. (p14)
Derbyshire	Good	There is an effective and comprehensive early help offer delivered by the Multi-Agency Teams (MAT) and children's centres, which is having a significant and positive impact on outcomes for children and young people.

Examining information from other local authorities suggests that there are two key opportunities for future innovation in Children's Centres; through Public Health and Early Help. Both offer the chance to save significant amounts of money by reducing duplication of services and by reducing the need for children to become looked after.

Examples of Councils reducing costs by integrating and co-locating health teams in Children's Centres include Plymouth, who have co-located staff from Health Visiting and Plymouth Hospital Trust into Children's Centres. Though this change they have been able to deliver an integrated support programme to tackle postnatal depression.

Nottinghamshire have used health funding for interventions to promote breastfeeding and good oral health. Merton and Waltham Forest have taken a similar approach and drawn Public Health funds to deliver services in Children's Centres.

Wolverhampton have co-located social workers within Children's Centres and in Barking & Dagenham Children's Centre staff deliver the majority of the Troubled Families programme, enabling their salaries to be paid through this budget.

4.0 Corporate Considerations

4.1 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.

4.2 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.

4.3 Council policies and City Priorities

4.3.1 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

4.3.2 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 Children’s Centres 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 3 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.

5.0 Conclusions

5.1 The Board is asked to consider the detail of the offer in its review of Children’s Centre. This report has been presented describing the joint service offer from Children’s Services and Public Health Directorates, reflecting the integrated approach to early prevention and intervention in the Leeds Early Start-Children’s Centre service model.

The report has provided information to support discussion around Session 2 of the Scrutiny Board's Inquiry into Children's Centres considering the value of the Leeds Early Start Children's Centre delivery model. Information has been presented around the service offer; the funding model; the uniqueness of the Leeds approach; the added value for Leeds and some description of national practice and changes.

6.0 Recommendations

- 6.1 The Scrutiny Board (Children and Families) is requested to note the information presented as part of session 2 of the Children's Centre Inquiry.

7.0 Background documents²

None

8.0 Appendices

Appendix 1 Early Start staff handbook

Appendix 2 Early Start Dashboard

Appendix 3 Economic Modelling in support of Children's Centre Business Case for Leeds

Appendix 4 Leeds CCG's Briefing

² 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