

# **Draft Scrutiny Inquiry Final report**

**Children's Centres  
Draft V4 publication draft  
19 October 2017**



# Contents

	<b>Page</b>
<b>1. Desired Outcomes and Recommendation Summary</b>	<b>3</b>
<b>2. Introduction and Scope</b>	<b>5</b>
<b>3. Conclusions and Recommendations</b>	<b>8</b>
<b>4. Evidence</b>	<b>28</b>

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# Desired Outcomes and Recommendations

**Desired Outcome** – To promote and enhance parental voice and influence.

**Recommendation 1** – That the Director of Children and Families undertakes a review of Children's Centre Advisory Boards to assess the strength of governance arrangements and parental inclusion. Where action is required the Director is requested to provide the necessary support to secure improvement.

**Desired Outcome** – To provide better informed and integrated support to vulnerable children and families.

**Recommendation 2** – That the Director of Children and Families investigates the strength of partnership and information sharing between each Children's Centre and local GP services, and where required facilitate support to build up partnership arrangements to provide better support for families who require targeted services.

**Desired Outcome** – To ensure full Cluster support is maintained to all Children's Centres across Leeds to provide identified targeted support.

**Recommendation 3** – That the Director of Children and Families investigates the impact of changing Cluster Partnership structure on the support available to Children's Centres and ensures that full support services are restored and maintained.

**Desired Outcome** – To better engage with the public by facilitating clear and up to date information to families and to promote the benefits of Children's Centres.

**Recommendation 4** – That the Director of Children and Families undertakes a review of electronic media, website and social media provision for all Leeds Local Authority Children's Centres to enhance the provision of information to families and facilitate engagement digitally.

**Desired Outcome** – To support parents in improving the communication skills of their children.

**Recommendation 5** – That the Director of Children and Families investigates the possibility of commissioning and provision of adult learning courses in Makaton in Children's centres, to aid parents who wish to support the development of their child's communication skills.

**Desired Outcome** – To secure the future financial sustainability of all Children's Centres in Leeds.

**Recommendation 6** – That the Director of Children and Families explores how further funding reductions can be prevented in order to support the continued sustainability and prosperity of all Leeds Children's Centres by

- a) working in collaboration with partner organisations to secure sufficient funding which will support continued integrated practice.
- b) working in collaboration with the Director of Resources and Housing to attain sufficient Local Authority funding in accordance with the Council's Budget and Policy Framework
- c) bringing a detailed report regarding Children's Centre funding proposals for 2018/19 to the Scrutiny Board in December 2017



# Desired Outcomes and Recommendations

**Desired Outcome** – To promote financial planning, the building of aspirations and delivery of longer term programmes.

**Recommendation 7** – That the Director of Children and Families provides additional stability by supporting the planning of services in the longer term and by investigating the feasibility of budget allocation to all Children’s Centres that extends beyond the current 12 month annual settlement. The outcome of this investigation to be reported to this Scrutiny Board in December 2017.

**Desired Outcome** – To ensure that the physical infrastructure of Children’s Centres is fit for purpose currently and in the future.

**Recommendation 8** – That the Director of Children and Families undertakes a review of buildings and facilities to ensure that the infrastructure and space available facilitates the provision of support services currently, and the aspirations of the early years services in the longer term.

**Desired Outcome** – To secure the future sustainability of Children’s Centres in Leeds.

**Recommendation 9** – That the Director of Children and Families provides the Scrutiny Board (Children and Families) with a sustainability and development plan for Leeds Children’s Centres

- a) which reflects the recommendations made in this report, and
- b) explores the merits and risks of the family hub model, and
- c) supports the review of asset utilisation so that the most effective use of Children’s Centre buildings in Council ownership is achieved in order to generate additional income or reduce expenditure.



# Introduction and Scope

## Introduction

1 Leeds City Council has an ambition to be the best council in the UK: fair, open, compassionate and welcoming with an economy that is both prosperous and sustainable so all our communities are successful. The City's vision encompasses the aim to be a Child Friendly City by 2030. The methodology for delivering this vision is defined in The Children and Young People's Plan (CYPP) 2015-19 from good to great which details five headline outcomes. These outcomes are:

- All children and young people are safe from harm
- All children and young people do well at all levels of learning and have the skills for life
- All children and young people choose healthy lifestyles
- All children and young people are happy and have fun growing up
- All children and young people are active citizens

2 The CYPP also highlights the importance of Leeds Best Start Plan, which is a preventative programme from conception to age 2 years. This programme aims to ensure a good start in life for every baby, with early identification and targeted support for vulnerable families. It is stated that providing the best start impacts on all the outcomes and priorities in the CYPP.

3 At our meeting on the 16 of June 2016, we considered potential sources of work for the 2016/17 municipal year. Following discussion with the Executive Board Member (Children and Families) and representatives from Children's

Services we resolved to undertake an inquiry which would consider the value of children's centres and how they deliver the aspirations defined in the CYPP.

4 We also wanted to identify how the services provided through children's centres impact on the lives of children, particularly in their early years, and improve the lives of their associated family. We also wanted to identify how austerity measures within the Council and wider partnerships are impacting on children's centres and the strategic and operational intention for sustaining children's centres now and in the future.

## Scope of the Inquiry

5 Terms of reference for the inquiry were agreed on the 15 of September 2016. We agreed that the inquiry would be undertaken with significant focus on how services provided through children's centres:

- a) impact on the lives of children, particularly in their early years (pre-school age),
- b) improve the lives of their associated family,
- c) deliver wider economic and social benefits.

6 We concluded that the purpose of the inquiry would be to make an assessment of and, where appropriate, make recommendations on the following areas:



# Introduction and Scope

- The strategic and operational approach to making a positive difference in the lives of children and their families through the provision of children's centres
  - The roles and responsibilities of Leeds City Council and Partners in the provision and resourcing of children's centres and the effectiveness of those partnerships.
  - The range, quality and impact of services provided by children's centres, including the recognition and sharing of good practice,
  - Aspirations for the development of children's centres and exploring opportunities to secure a sustainable future.
- 7 The inquiry was conducted over three evidence gathering sessions which took place between October 2016 and February 2017, when we received a range of evidence both written and verbal.
- 8 We also visited four children's centres in January 2017 to speak to practitioners, parents and carers. We are grateful for the enlightening contribution they made to this inquiry and for the open and helpful information provided. We would like to thank them for giving up their valuable time to support this inquiry.

## Best Council Plan

- 9 The scope of the inquiry fulfils some of the best council objectives and priorities as defined in the Best Council plan for 2015 to 2020, particularly supporting children to do well at all levels of learning and have the skills they need for life, keeping children safe, supporting families, and raising aspirations and educational attainment.

## Desired Outcomes, Added Value and Anticipated Service Impact

- 10 In conducting this Inquiry we reflected on the aspirations of the City endeavoured to establish if robust strategies, partnerships and services are in place to provide the necessary support that young children and their families require as they progress through their early years.
- 11 We also considered the challenge of providing high support in a climate of reducing financial resources. We also acknowledge that there continues to be a rise in the number of children in Leeds who are entitled to early years support and education.
- 12 Our recommendations require a number of improvement measures. Such measures potentially may require additional local authority resources and/or support from relevant partners across the city.
- 13 We hope that our findings and recommendations will influence the improvement in services and support provided by Leeds City Council and Partner organisations, including the health sector. Our overarching desire is to highlight the value and unique nature of our Children's Centres in Leeds and ensure support is put into place to secure a sustainable and enterprising early year's service for the future. We consider investment in early start a long term solution to achieving the 'obsessions' set out in the CYPP which should be maintained with persistence



# Introduction and Scope

and steadfastness in the face of the challenges highlighted in this report.

appropriate an equality impact assessment should be carried out.

## Equality and Diversity

- 14 The Equality Improvement Priorities 2016 – 2020 have been developed to ensure that the council meets its legal duties under the Equality Act 2010. The priorities help the council to identify work and activities that help to reduce disadvantage, discrimination and inequalities of opportunity.
- 15 Children’s centres provide support to young children who have special educational needs or a disability as defined in the Equality Act 2010. This Act sets out the legal obligations that early years providers, local authorities and others have towards disabled young children.
- 16 Equality and diversity issues have been considered throughout this Scrutiny Inquiry. The evidence submitted and the topics debated in this inquiry have highlighted that young children who have English as an additional language and/or live in an area of high deprivation face additional challenges that can hinder their early development. We identified that the Childcare Act 2006 places a duty on Local Authorities to improve outcomes for young children and their families and reduce inequalities between families in greatest need and their peers. (See para.29)
- 17 In all inquiries, where a Scrutiny Board has made recommendations and these are agreed, the individual, organisation or group responsible for implementation or delivery should give due regard to equality and diversity and where



# Conclusions and Recommendations

## Background

18 At the launch of our inquiry we ascertained that Sure Start Children's Centres were established nationally from 2010 as the cornerstone of early support and advice for families with young children. The services provided were intended to be targeted at families with greatest need, and available in all communities. The intention for Sure Start Children's Centres was to be:

*"... the key mechanism for improving outcomes for young children, reducing inequality in outcomes between the most disadvantaged and the rest, and help bring an end to poverty." (DfES 2006).*

19 Children's centres support families with young children from pre-birth (pregnancy) through to 5 years, providing targeted support, parent training, information, support and advice and access to child care. The services delivered at the centres and in the local community are detailed in appendix 1

20 We were advised that there are fifty six children's centres in the Leeds area. These were developed in phases, established first in areas identified with the greatest need and high levels of deprivation. Each centre provides a universal core offer that any parent in the city can access, with additional services and support available to meet the need of the local population. For that reason children's centres have differing attributes dependant on the phase in which they were introduced and the communities they serve. Twenty five of the children's centres in Leeds are managed by schools in accordance with service level agreements monitored by Leeds City Council.

21 It was brought to our attention that an Integrated Early Start Service offers early learning, child care and health services. Most families supported receive some level of subsidy through working tax credit or childcare vouchers. Leeds children's centres are collectively one of the largest nursery businesses in the country, serving over 2,500 children under 5 every day.

22 We were further informed that the Early Start Service recognises the importance of early help and giving every child the best start in life. This service includes health visitor service practitioners and children's centre practitioners working in integrated teams which are aligned to Cluster Partnerships.

23 Further service strands include social services support, training and employment services, and information and advice services for parents and prospective parents.

24 To understand the scale of support provided at the fifty six children's centres we were informed that 96% of families in Leeds with children under 5 are registered with children's centres which is approximately 25,304 families. A total of 13,581 families are in target groups which are considered to be 'hard to reach'. In addition 7,443 families in target groups (70%) regularly engage with children centres.

25 Professionals, including Family Outreach Workers, work intensively with targeted families. These are families who have been referred or refer themselves for short, but intensive support. At the time of our inquiry 4,495 families with 6,543 children under 5 were being supported through family





# Conclusions and Recommendations

difficulties by family outreach workers in centres across Leeds.

- 26 In 2015, 334 children supported by children's centres across Leeds were on the edge of care, 23 children supported by children centres were in care. Childrens centres also provided support for 33 children coming out of care.

## Legislation, Governance and Strategy

27 During our preliminary investigations we sought to understand the framework of legislation, governance and strategy that define and influence the support services provided by children's centres. We established that The Childcare Act 2006 defines the statutory requirement for local authorities and commissioners of local health services (and job centre plus) relating to children's centres.

- 28 A Sure Start children's centre is defined in the Act as a place or a group of places:
- 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;
  - through which early childhood services are made available (either by providing the services on site, or by providing advice and assistance on gaining access to services elsewhere); and
  - at which activities for young children are provided.<sup>1</sup>

29 The Act places a duty on Local Authorities 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.

30 The Children and Families Trust Board is responsible for the governance of local authority children's centres in Leeds. The plan for improving outcomes for children and young people in the city is outlined in the CYPP.

31 In addition, The 0-5 Early Years Partnership brings together partners involved in the provision of learning and support, in order to improve outcomes for children aged 0-5 and encourage and secure integrated services for children and their families. Children's centres perform a key function in the delivery of improved outcomes which the 0-5 Early Years Partnership aims to achieve.

32 With regard to strategic approach to the delivery of services through children's centres we were advised that the Wave Trust report (2013) gives strong evidence of the economic value of investing in the earliest years resulting in real gains in social, health and economic benefits. The study 'The First 1001 days' forms the basis of the Leeds Best Start strategy. This strategy aims to clarify the approach to giving every child the best possible start in life. This

<sup>1</sup> Sure Start children's centres statutory guidance For local authorities, commissioners of local health services and Jobcentre Plus, April 2013



# Conclusions and Recommendations

is also a commitment defined in the Leeds Health and Wellbeing Strategy and aligns with the Leeds CYPP.

33 The Leeds Best Start Plan defines a programme from conception to age 2 years which aims to ensure a good start for every child. The focus of the plan is on early intervention to resolve emerging problems in order to promote social and emotional capacity and cognitive growth, and break inter-generational cycles of neglect, abuse and violence.

34 The aim of 'A Life Ready for Learning-0-5 Strategy' is to ensure that every child in Leeds will be ready to get the best start from their early learning experience. Principles of this strategy are:

- 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

Educational outcomes for children in their early years are reported in the Annual standards report which is

considered by this Scrutiny Board and the Executive Board on an annual basis.

35 Childrens Centres are inspected by Ofsted. The inspection framework focuses 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 for judgement are:

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

36 We were informed that the collective results of Children's Centre Ofsted inspections are above national average, with most centres achieving a good or outstanding judgement. (See appendix 2). At the end of August 2015 73% of children's centres in Leeds were good or outstanding, against a national comparison of 49%.

37 The Joint Area Ofsted and CQC SEND inspection in 2017 stated that parents of children with special educational needs and disabilities reported smooth and efficient identification of needs through their involvement in children's centres.

## Children's centres Visited

38 On the 26<sup>th</sup> of January we visited four children's centres, Bankside, New Beverley, Boston Spa and Burley. The purpose of the visits was to meet with professional practitioners and service



# Conclusions and Recommendations

users in order to gain a better understanding of what is being delivered and achieved “on the ground”. The visits facilitated a greater understanding of the unique challenges at each Children’s Centre, and enabled us to identify comparative and contrasting approaches and practices along with common themes.

39 Reflecting on our terms of reference for the inquiry we focused on the following areas during our visits:

- Best Start & Preparation for Learning
- Improving outcomes for families with multiple needs and supporting parents
- Obtaining service user views about their Children’s Centre and the support they value
- Partnership working - Strength of partnerships and the multi-agency approach. The links to Clusters, GP’s, Primary Schools and voluntary organisations in the area.
- The centres main priorities, barriers to be overcome and how best practice is captured and shared
- Aspirations, future plans and building sustainability.

The relevant information and evidence gathered during our visits is reflected throughout this report.

40 When speaking to practitioners at the children’s centres we were provided with background information which highlighted the unique communities that each centre supports.

41 Bankside – This children’s centre is run by the school, situated in an area of high deprivation near the centre of Leeds. There is a high demographic of black and ethnic minority children in the centre

with 98% having English as an additional language. Some are bilingual or new to speaking English. Staff ratios are 1:4 for 2yr olds, 1:8 for the rest which is higher than what is required (1:13), in order to meet the needs of children, as most do not initially meet age related expectations in development. The nursery is always full and they serve 750 families.

42 Boston Spa - The children’s centre was established in 2010 and operates in collaboration with Wetherby Children’s Centre, sharing one overall manager as well as a deputy. The reach area of the centre is large and includes a number of isolated villages. This reach area serves 1,960 0-5 year olds. One of the principal challenges for the centre is providing services that parents can access easily. In order to overcome local challenges such as this, professionals provide support and guidance to groups within the local village communities. Where possible, the centre invites services based within the city centre to their reach area to guarantee families are able to access resources. The centre acts as a hub within the community where families can receive signposting information for the services that they require. The reach area of Boston Spa Children’s Centre includes both wealthy professions and families which suffer from high levels of deprivation.

43 Burley Park – This Children’s Centre supports a community which is considered to be transient. This includes 744 children under the age of 5, 430 families, with 264 families speaking English as an additional language. 23 different languages are spoken. The day care provision has 120 children from a range of backgrounds accessing



# Conclusions and Recommendations

support. The centre supports a range of families in different circumstances including those who access support funding from the Government, those who are working, and young parent families. Many families are living in low quality private rented housing.

- 44 New Bewerley – The population in the reach area of this children’s centre is also considered to be transient with many families living in low quality back to back properties with little outdoor play space for children. A high number of immigrants settle in the area. 53% of children in the centre have English as an additional language with 16 different languages spoken. A significant number of children speak no English when they join the centre for day care and parents utilise the children’s centre to teach their children English. Some pockets of the community are in the top 3% of areas of multiple deprivation. We were advised that there are problems with anti-social behaviour in the area along with drug use and supply. Giving away of food parcels is common, a clear indication of poverty and of families who are struggling.

## Voice and Influence

- 45 Throughout the inquiry we maintained a focus on the mechanisms in place at children’s centres to seek out and identify the views of parents and carers. Our visits confirmed the strong connections that parents have with the practitioners based within the centres. They advised us that they could speak to professionals in the centres openly about their problems and concerns.
- 46 In terms of more formal structures in facilitating and encouraging the voice

and influence of parents and carers we were interested in the role of advisory boards and how these enable the views of parents to be taken into account.

- 47 We were advised that every children’s centre is required to have an advisory board. These are 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.”*

- 48 We established that through Ofsted inspection the advisory board for each Children’s Centre is held to account. Ofsted focus on the extent to which families contribute to the Centres performance, and if their views are taken into account to shape services and improve access.

- 49 The latest Ofsted report<sup>2</sup> for Temple Newsam and Colton Children’s Centre highlighted the effectiveness of their advisory board. It states that parents work in close partnership with centre staff to ensure that practice and policies reflect their needs. Through their advisory forum, a large number of parents, 23 in 2014, consider the centre’s challenges, policies, planning and successes.

- 50 The Ofsted inspection for Bramley Children’s Centre<sup>3</sup> states that the advisory board provides good-quality governance with professional partners

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<sup>2</sup> Ofsted Inspection June 2015

<sup>3</sup> Ofsted Inspection March 2015



# Conclusions and Recommendations

taking 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. The Centre was advised to strengthen systems to inform parents and children of the outcomes of the decisions taken by the advisory board.

51 We were informed that most advisory boards in Leeds have representation from centre staff, parents or carers, local schools, health visitors, clusters and voluntary sector. It was stated that parents are encouraged to engage in this process. We established that advisory boards engage parents and operate in different ways with varying degrees of success, with some centres struggling to engage parental and voluntary sector support.

52 During one visit we established that the advisory board was still evolving with the aim of strengthening governance arrangements further. There was an identified need for police or PCSO representation to enable parents to discuss challenges faced within their community.

53 There are evident examples of outstanding parental participation facilitated by advisory boards in Leeds. This enables parents to provide challenge about the quality of practice and services whilst influencing the drive for improvement. We acknowledge that the capacity of each advisory board to function effectively is a key consideration at each Ofsted inspection and therefore we recommend that all advisory boards should be reviewed to identify gaps and weaknesses in governance arrangements and parental

participation. Children's centres should also be supported where necessary to facilitate stronger governance and parental influence.

**Recommendation 1** – That the Director of Children and Families undertakes a review of Children's Centre Advisory Boards to assess the strength of governance arrangements and parental inclusion. Where action is required the Director is requested to provide the necessary support to secure improvement.

## Partnerships and Service Integration

54 We wanted to explore the roles and responsibilities of Leeds City Council and Partners in the provision of services, and resourcing of children's centres and the effectiveness of those partnerships to meet the needs of communities through the provision of locally influenced services. During our visits we sought to identify how working in partnership is making a difference and the strength of links to clusters partnerships, GP's, health services, primary schools and voluntary organisations.

55 We were advised that the provision of services for families has been facilitated in general by developing partnership working with key partners. This was recognised by Ofsted who stated;

*"There are extensive early and targeted help services available to families at the first emergence of a problem, delivered by knowledgeable, confident and well-trained practitioners."* Ofsted 2015.



# Conclusions and Recommendations

- 56 The most significant of these partnerships has been the integration of health visiting services (Leeds Community Healthcare NHS Trust) and children's centre services into twenty five cluster based Early Start Teams. We were informed that this has impacted favourably on all children's centres and health visiting services through improved information sharing, service monitoring and accessing support from other services.
- 57 Public Health has commissioned a range of universal preventative services to be delivered through the children's centre offer. These include Preparation Birth and Beyond, HENRY (a health lifestyles programme for parents), and breast feeding support. (Included in Appendix 1)
- 58 The three Clinical Commissioning Groups for Leeds (CCG's) have elected to integrate city-wide children and maternity services utilising children's centres as a resource for delivery. We were advised that a number of core services are commissioned and delivered city wide such as maternity care and perinatal mental health support which is connecting maternity, early start and mental health services.
- 59 The children's centres visited were very aware that the South and East CCG has made additional investment in their area for paediatric first aid training for families and carers. Practitioners at children's centres outside the south and east CCG area stated that they too would welcome similar additional investment into first aid. We were advised that the way additional services are commissioned is based on the needs of the local population. It was explained the South and East CCG has the highest use of A&E for young children and families, therefore first aid was prioritised for local investment. We asked the representative from the South and East CCG about the feasibility of additional investment in the remainder of the city for first aid. We were advised that each CCG will consider the needs of the population, how services are being used and what can be done to improve. It was stated that children's centres have been key to the success of the first aid for families scheme due to their position in the heart of target areas and the strong reputation they have amongst their communities.
- 60 Additional investment has also been made by Leeds West CCG who have been working closely with the Bramley children's centre to identify why the most vulnerable parents in that area are not engaging in local services and how those parents can be encouraged to participate. We were informed that this centre is providing advice relating to sexual health, emergency contraception and perinatal service support available at local GP practices. In the CCG's view this is a demonstration of the Centres ability to form partnerships and professional relationships quickly and use them as a conduit for providing essential information in the community.
- 61 All centres visited highlighted their Pregnancy, Birth and Beyond programme as an example of integrated working, where midwives provide support alongside health visitors and children's centre staff. Family Outreach Workers contact parents prior to the sessions in order to engage them in activities initially. During our discussions we quickly established the importance of



# Conclusions and Recommendations

the role of the Family Outreach Worker with whom parents form strong and valued connections.

- 62 Practitioners at the Burley Park Children's Centre advised us that their health visitor meets with GP's to share information regarding families that are being supported in a targeted way. This strength of link to GP practices was not established as firmly during other visits and therefore we feel that warrants further review.

**Recommendation 2** – That the Director of Children and Families investigates the strength of partnership and information sharing between each Children's Centre and local GP services, and where required facilitate support to build up partnership arrangements to provide better support for families who require targeted services.

- 63 Based on the evidence received we recognise the strength of integration and partnership with health services within children's centres. We were keen to establish if there is or had been any issues with co-ordination, overlap or gaps in services due to the integrated multi-agency approach, and the various strategies and policies in place (referred to earlier in this report).
- 64 We were advised that before the days of the integrated early start service there was potential for overlap- particularly around the very early days of a child's life. Integrated practicalities on the ground means that there is no overlap and any gaps in service which are managed and facilitated through joint working. Health Visitors and children's centre practitioners jointly undertake

allocation meetings. When a request for support is received for a family the needs for that family are identified and the package of support that could be offered is considered, along with who within the integrated team has the best skill set to lead in the delivery of that support.

- 65 We sought to establish how Cluster Partnerships work collaboratively and in partnership with children's centres. We were advised that the twenty five Early Start Teams which operate from children's centres are completely aligned with Cluster Partnerships. Children's centre staff and Health Visitors meet with their cluster to gather intelligence regarding vulnerable families and to secure support.
- 66 All the children's centres visited provided some reassurance about the targeted support services received from their Cluster Partnership. Concern was expressed however due to the changing structures of Cluster Partnerships and the impact that this was having on the Burley Park Children's Centre in particular. At the time of our visit, their Cluster was not taking any more referrals. When this was raised with Children's Services representatives we were advised that all children's centres would continue to have Cluster links whilst any structure changes evolve. We are concerned that the transition in cluster arrangements would potentially result in weaknesses in partnership support and impact negatively on families.



# Conclusions and Recommendations

**Recommendation 3** – That the Director of Children and Families investigates the impact of changing Cluster Partnership structure on the support available to Children’s Centres and ensures that full support services are restored and maintained.

- 67 We heard how trained volunteers from National Childbirth Trust (NCT) have been working with the Bankside Children’s Centre since 2003 to provide support to mums as early as possible in their pregnancy. NCT started ante-natal classes with refugee parents and their children which developed into a post-natal group. We were advised that uptake and impact of the service was good, however there was some concerns about future funding to enable this support to continue.
- 68 Two children’s centres brought to our attention to their close links with social care, undertaking joint visits to improve support to families and to share any concerns and advice. Bankside Children’s Centre highlighted their new partnership arrangement with the Department of Works and Pensions (DWP) who are working from the Children’s Centre to specifically support the long term unemployed. New Bewerley also advised us that assistance is provided to support parents into employment. This includes formal education and training.
- 69 In the context of preparing children for school we wanted to understand the strength of partnership between children’s centres and primary schools. All the children’s centres visited provided a good overview of the links in place. New Bewerley Children’s Centre, who are based on the site of New Bewerley Community Primary School, advised us that teachers visit the centre. Both this centre and Burley Park Children’s Centre advised us that they recognise that all schools do not operate in the same way so they prepare children and parents for what is expected at the school to which they will move. The centres also continue to track the progress of the child when they go to school to identify if there are any improvement to be made in the early years education support provided. Information about each child is shared with their prospective primary school. One parent at New Bewerley Children’s Centre stated that the transition to primary school for his child, who has an undiagnosed special education need, was excellent due to the support they received.
- 70 We were advised that Boston Spa Children’s Centre has hosted a parent and toddler group within Bramham Primary School. Parents were able to become familiar with the school’s ethos and it provided continuity between the children’s centre and the school, as well as stability and reassurance.
- 71 The Head Teacher of Bramham Primary School advised us that she valued the supportive links offered by Boston Spa Children’s Centre and how this aided the children now attending her school, such as a child’s ability to attach with their parents which directly affects their relationships with teachers and peers.
- 72 We recognise that there are differences between children’s centres in terms of being attached or not attached to a school. We recognise that those centres





# Conclusions and Recommendations

not attached to a primary school are making considerable extra effort to forge good relationships with schools in their areas.

73 We established that Bankside Children's Centre has a unique model in the way that it operates and its link to the school. We were advised that the children's centre is run as an integrated part of Bankside School. The children's centre manager is the Assistant Head of the school and the centres budget is successfully managed through the school with staff supporting children in the school and the children's centre's outreach area, which stand-alone children's centres would not be able to facilitate. It was stated that the reason why the Bankside model is considered to be successful is because of the seamless connection between the centre and the school. "That is down to the head teacher and the governors who have been very creative with funding, putting in short-term investments for long-term gains."

## Service Philosophy and Ethos

74 During the inquiry we gained a valuable insight into the embedded culture and values demonstrated in each children's centre. All had a commitment to sharing good practice and improving their services for the benefit of the children and families they support. We found staff retention rates and investment in professional development particularly reassuring. Communication and access to information was an area we felt needed further development.

75 We heard first hand from parents who felt that their children's centre was like an 'extended family' where they are able to network with one another and create friendship and support groups; therefore reducing isolation and its consequent impact. We consider these are factors that contribute to the success of children's centres and the high return rates by parents who initially attended Pregnancy, Birth and Beyond sessions. We were advised by the Children's Centre and Early Help Lead Officer that the objective has always been to include parents, ensuring that there is regular contact, speaking to them every day if possible, but also through a range of forums and consultations.

76 We questioned parents and practitioners about the different aspects of communication. We acknowledged the face to face support provided but wanted to know how easily service users or potential users could access information about the centres and the range of support available. We commented that our initial research of the centres had proven quite difficult due to a lack of accessible web based information. Parents also stated that much of the information they received was through leaflets obtained at the centres.

77 We were informed that centres aspire to work more digitally in order to be time and cost effective. Investment into technology has often been overlooked as a result of financial constraints; however less paperwork would increase the amount of time available to support and visit families. Practitioners acknowledged that there is a need to develop websites and apps to keep parents engaged and up to date.



# Conclusions and Recommendations

**Recommendation 4** – That the Director of Children and Families undertakes a review of electronic media, website and social media provision for all Leeds Local Authority Children’s Centres to enhance the provision of information to families and facilitate engagement digitally.

- 78 We were advised that the integrated early years workforce is between 6000 to 7000 professionals working across the city. Employees at the children’s centres are recruited through a number of avenues including recruitment fayres and apprenticeship programmes. Progression paths are provided whilst skills are learned and individuals develop professionally. Staff retention is good, with some staff being in post for many years. We witnessed the genuine drive and enthusiasm that practitioners have towards their duties and responsibilities.
- 79 We were informed that there has been a considerable amount of investment in professional development, particularly in leadership skills and in improving the business acumen of children’s centre managers through business planning seminars.
- 80 We sought to establish how good practice is shared across Leeds, particularly by those children’s centres rated outstanding by Ofsted. We were advised that there is an annual appraisal or ‘conversation’ with each children’s centre followed by a six monthly review, where performance is measured against the Ofsted framework. This is supported by local forums which enable all of the children’s centre practitioners to come together to look at lessons learned from

the ‘outstanding’ settings as well as the ‘requires improvement’ settings, to discuss what is going well and share ideas. If it was identified that when the performance of a children’s centre was not adequate, intervention through additional support at a senior level and an action plan for improvement would be implemented. Mentoring programmes are also in place across all children’s centres and there is access to a team of qualified teachers who can provide support to improve performance.

## Best Start and Preparation for Learning

- 81 During our visits we asked practitioners about their approach to providing pre-birth, antenatal support and support in the early stages of a child’s development. We were also keen to establish the approach to speech and language development in order to support their educational progress.
- 82 We were advised that the Early Start Service supports families with their child’s development through reducing social isolation, promoting well-being, increasing parenting capacity and supporting access to training and employment.
- 83 We established that all centres recognised the value of forming early relationships with families, building trust and confidence to ensure all parents can access necessary support. We recognise that the Pregnancy, Birth and Beyond programme is pivotal in initiating relationships with families, familiarising families with the culture of their



# Conclusions and Recommendations

Children's Centre and increasing the likelihood of their return to become involved in programmes such as 'Baby Steps'. This programme engages families with complex needs and provides support from a range of professionals such as social workers, midwives, children's centre staff and family outreach workers.

- 84 Practitioners at the New Beverley Children's Centre highlighted that they try to ensure contact with all families through midwives and health visitors. The Family Outreach Worker goes door knocking to make contact with families living in the area. Once a relationship has been established with parents on a one to one basis they then take the opportunity to introduce colleagues in order to build a solid support network. The parents in attendance at this centre advised us that their Family Outreach Worker is seen as a friendly face and friendly voice.
- 85 We were advised that perinatal mental health is a priority and that investment has been made into infant mental health services. This provides support for families with complex needs and who require support with early attachment. It was brought to our attention that maternal mental health has a big impact on attachment and a baby's development and this has become one of the priorities within that maternity strategy. This services has been commissioned by Leeds and York Partnership trust and Leeds Community Healthcare Trust. The support is being provided at children's centres through early start services.
- 86 We were advised that although incredibly important, the infant mental health service is tiny, with a small amount of capacity for the direct referral of families to receive help from professionals such as psychologists and psychotherapists. This service is mainly funded by Public Health and their ability to fund this service and develop it is now limited. It was stressed by one Public Health representative that further investment into infant mental health services from CCG's is required, particularly for consultation and therapeutic referral services. The CCG Associate Director of Commissioning (Leeds South and East CCG) was requested to provide this feedback to the CCG's during the course of our inquiry.
- 87 We were advised that the key area of focus to prepare children for 'A life ready for learning' is to increase the take up of 2 year old early years places, support communication and language development and promote focus on play and learning within the home.
- 88 All the centres visited, particularly those which a high percentage of children whose first language is not English (EAL), stressed the importance of delivering speech and language development as this increased the likelihood of children reaching a good level of development before starting their primary education. A number of parents advised us about the improvements in children's communication, engagement and interaction since attending the day care provision in the centres.
- 89 During our visits we were advised that there is a recognised 'gap' around speech and language therapy in terms of health service resourcing which is



# Conclusions and Recommendations

having a negative impact. It was stated that during 2015/16 there has been a decline in health service provided speech and language support. Children's centre practitioners felt that there is now a pressure to bridge the gap through alternative services provided by their centre.

- 90 The provision of speech and language therapy is an issue that was identified by Ofsted and CQC during their joint inspection in February 2017. This stated that,

Decisions made by Leeds Community Healthcare leaders about recruiting speech and language therapists to the NHS mainstream provision, and their plans to implement new ways of working, are not effectively meeting the needs of children who still wait too long to receive their services. More than 600 children in school based settings and more than 200 children in clinic settings are experiencing prolonged waits that exceed 18 weeks.<sup>4</sup>

Action is being taken to rectify this and progress will be monitored by Scrutiny Board (Children and Families) as part of our Ofsted progress review.

- 91 We were informed that Health Visitors at the children's centres are trained in reducing basic speech, language and communication difficulties. During our visit to New Bewerley we were advised that they encouraged speech through their early learning environments. They are also using Makaton to communicate, for those children who struggle to communicate verbally. One parent expressed how pleased he was with this

and how it had helped his child however he also said that he would like support to learn Makaton so that he can understand and communicate better with his child in the home environment. We were advised that this type of course had been explored by parents however it was found to be oversubscribed, expensive and provided in three day blocks instead of manageable sessions that fit with family life.

**Recommendation 5** – That the Director of Children and Families investigates the possibility of commissioning and provision of adult learning courses in Makaton in Children's centres, to aid parents who wish to support the development of their child's communication skills.

- 92 Centres with a significant number of EAL children advised that they encourage speech in their first language as well as using English, however in many circumstances parents want their children to develop their English language skills in the early years setting. A number of parents advised us that their children's communication skills had improved considerably since attending the centre, through the support provided and through forming friendships with their peers.
- 93 With regard to the focus on learning through play, children's centres stressed the importance of having outside space, particularly in those areas where the nature of the housing does not support outside play, due to lack of gardens or a prevalence of crime. At Bankside Children's Centre whole families are encouraged to go outdoors and get involved in messy play. They are also

<sup>4</sup> Ofsted and CQC Joint local area SEND inspection in Leeds, 19 February 2017



# Conclusions and Recommendations

encouraged to take the children out shopping, go to libraries and go to local parks. New Bewerley Children's Centre were particularly proud of their sensory room which supports sensory play and is available for community use, encouraging families to use the centre.

## Improving outcomes for families in challenging circumstances.

- 94 Throughout the inquiry we sought to establish the role of children's centres in supporting families with complex needs and providing support to parents in challenging circumstances. We also explored how children's centres identify risky behaviour and provide safeguarding support and advice to change behaviours and safely avoid children becoming looked after.
- 95 It was evident that Family Outreach Workers play a vital role by building up good relationships with local families. We established that they initially meet families at their homes and often talk about the issues families may be facing. This work and the work in the centre has resulted in families gaining confidence about visiting. We noted that the informal nature of children's centres improves attendance from typically hard to reach families and we were advised that the safe environment enables difficult conversations to be conducted with parents to prevent children becoming looked after.
- 96 Practitioners advised us that it is usual to engage with families where children are on the edge of social care or at risk

of becoming looked after. All the centres visited were clear in their motivation to provide support and intervention to safely reduce the number of children who could become looked after. Boston Spa Children's Centre advised us of the number of cases successfully de-escalated from Social Care. One children's centre provided a poignant example of a parent who had been successfully supported to safely care for her 11<sup>th</sup> child when her other children had become looked after.

- 97 Practitioners at Burley Park Children's Centre advised us that they have a social worker as part of their integrated team who provides additional challenge from a social service perspective. The centre undertakes safeguarding audits with the families they are working with. We understand that this type of integrated practice between children's centres and social work practitioners is currently evolving across Leeds.
- 98 We asked parents who had encountered particularly challenging situations if they felt that they had access to the right people and support in a way that met their needs. We also asked parents about what they value about the support they have received.
- 99 Some of the parents who spoke to us were very kind in openly sharing their difficult experiences. We heard about lives that had been affected by stress, depression and isolation and how the support provided had positively changed lives. One parent advised us that their centre provided the opportunity to network and feel confident enough to share their experiences with other parents in similar situations. One parent accessed a centre for counselling for



# Conclusions and Recommendations

stress and depression and doing so gave her confidence.

100 We were advised that some parents do not always feel comfortable attending programmes and that retaining families in challenging situations within a programme can be difficult. Where parents find attending courses overwhelming, centres will consider one to one support to ensure that they continue with their course.

101 A key support function of children's centres is to support parents to either find or return to employment. We were informed that there are a number of steps that need to be taken before people, who are long term unemployed or who have lost confidence, are ready for employment. Parents who qualify with one or more 'social justice' criteria such things as sickness debt and substance misuse can be referred for support from a Job Centre Plus professional. The support provided by children's centres can include confidence building and informal learning before formal learning takes place. Children's centres offer this support through one to one support and providing volunteering opportunities.

102 The DWP representative at Bankside Children's Centre is working in the centre to help parents into employment; this is a recent initiative. Practitioners at this centre advised us that they encourage parents to get involved and volunteer in the centre. One parent advised us that she is now volunteering two days a week to gain employment experience to support her to moving into work. We were also pleased to hear that this approach has been a success with one parent, who had been volunteering

in the school, having just been offered a Teaching Assistant post in Year 1.

103 The Council's Adult Learning Programme also delivered 58 targeted family courses in the 2015/16 academic year. The courses delivered in primary schools and children's centres engage parents and carers of children to improve their skills including English, Maths and ESOL for those where English is not their primary language. The offer of a nursery place for children also provides the support required to attend training or work.

## Value and Impact

104 During this inquiry we aimed to establish the value and impact of Leeds children's centres and to understand what makes them different to other early years provision available in Leeds. We wanted to know what makes them unique and indispensable. We established that whilst most, if not all, private provision focuses on traditional child care, children's centres provide a package of services, that have developed over a number of years, which provides targeted support for families including those with very complex needs. We recognise that Leeds children's centres enable collaborative working between health services, local authority services, schools and voluntary sector partners in Leeds. Integrated partnership working has enabled the provision of seamless services to families, reducing the need to engage with multiple agencies.

105 Before embarking on this inquiry we were aware that many authorities have closed or redefined the work of their children's centres as a result of austerity



# Conclusions and Recommendations

measures and budget reductions. The approach of Leeds to support the best start and learning strategies is through the Children's Centre model and therefore we would recommend caution before any consideration is made to follow in the footsteps of other authorities. Once lost we consider that it would be very hard if not impossible to restore or replace the integrated services provided by our children's centres.

106 We asked, who is better off? We were advised that over the past 4 years there has been a significant increase in direct face to face contact with parents. Health Visitors have been able to see almost 100% of mothers who give birth in Leeds. There are fewer children identified as obese in reception, bucking the national trend and there has been a decrease in the number of children under the age of 5 becoming looked after. The tangible impact that children's centres have had is demonstrated in appendix 3.

107 With regard to the achievement information provided in appendix 3 we raised concern about the percentage of children achieving a good level of development, particularly in comparison to national figures. We also raised our concerns again when considering the annual standards report at our meeting in April 2017. We were advised that in 2013, Leeds was the lowest performing Local Authority against the low achievers indicator for early years. Since then priority has been given to addressing this issue in children's centres. The gap has reduced every year since then and the improvement in Leeds has been at a faster rate than the national rate. However, the low

achievers gap in Leeds remains higher than the national comparator. Leeds has improved its ranking to 112<sup>th</sup> of 151 Local Authorities, and is therefore in the third quartile on this measure. We consider that there is still significant improvement to be made and this Scrutiny Board will continue to monitor progress through the review of the annual standards report and associated data dashboards.

108 In summary, it was very apparent to us that service users value their centres highly. They provided some very positive feedback, particularly about the influence centres have had in improving the confidence of their children, mixing with their peers and most importantly being happy. Parents told us that they felt less isolated and more confident so they could build relationships and prepare for employment.

## Facing the Future

### Funding

109 In the full knowledge of the value of children's centres we wanted to identify the known challenges to their future sustainability and the threats to services which could undermine support to children and their families.

110 We were advised that the 4Children National Children's Centre census, undertaken in July 2015, suggested that of the 3,700 children's centres opened across the country in 2010. 63% of centres have experienced significant changes such as closure, de-delegation or grouping of centres together. A high proportion of centres nationally state that budget cuts are having a tangible impact on the level of service, with the direct result of a reduced service for



# Conclusions and Recommendations

families. It is possible that further changes have taken place since undertaking the census however hard evidence of what happening around the country is difficult to ascertain as data is not available.

111 We asked if there was any link between the reduction in funding for children’s centres nationally and Ofsted local authority Children’s Services inspection judgements. We were advised that this is difficult to assess because of the timings of inspections. We were provided with examples of extracts of Ofsted reports which highlighted that all of the ‘Good’ inspection results have evidence of a good early preventative offer, which included children’s centres in that support.

112 As part of the Child Friendly Leeds approach Leeds City Council has committed to maintain all 56 children’s centres. We were informed that universal services for all families, with more service for those in need have been retained.

113 We establish that the child care function of children’s centres has become increasingly sustainable as a business in its own right. Family service functions are not financially self-sustaining. Over the last 5 years partners, such as Schools Forum, Public Health and the CCG’s have contributed to the funding of children’s centres. However, over the past 5 years funding has reduced to children’s centres year on year.

114 We were reminded that despite budget pressures every local authority is still responsible for the sufficiency for

early learning and child care places. Over the last 2 years Leeds has had an expansion of free places for eligible two year olds. Additional pressure was anticipated due to the expansion of the offer in September 2017 to incorporate the free 30 hour places for 3 & 4 year olds which replace the free 15 hours previously received.

115 In 2015-16 Public Health, CCG’s and Schools Forum made additional investment to sustain children’s centres in the short term. The budget in 15/16 was £6,353,240, in 16/17 this reduced to £6,151,000. The breakdown of partner funding is as follows:

Source	Amount
LCC (Children’s Services)	2,252,300
LCC (Public Health)	1,398,700
Schools - DSG	900,000
CCG	1,600,000
Total	£6,151,000

116 The Associate Director of Commissioning (Leeds South and East CCG) advised us that the days of CCG’s having additional funding for investment is not what it used to be. There has been rising demand in the acute hospital sector, which for the first time has restricted their ability to use growth funding.

117 We acknowledge that the budgets of contributors are also under considerable pressure, particularly Public Health who have had their grant reduced by Central Government. We consider that the trend of year on year budget reductions poses considerable risk to the future sustainability of children’s centres without intervention.





# Conclusions and Recommendations

118 We were informed that cost benefit analysis undertaken around the Leeds children's centre model suggests that investment in the earliest years is already adding value to the Leeds pound. We are therefore concerned the trend of reduced investment could potentially have a direct detrimental impact on services and ultimately lead to increased costs to Leeds City Council and Partners in the future. We would like to see the reducing budget trend stop and the invest to save principle preserved for all children's centres.

**Recommendation 6** – That the Director of Children and Families explores how further funding reductions can be prevented in order to support the continued sustainability and prosperity of all Leeds Children's Centres by

- a) working in collaboration with partner organisations to secure sufficient funding which will support continued integrated practice.
- b) working in collaboration with the Director of Resources and Housing to attain sufficient Local Authority funding in accordance with the Council's Budget and Policy Framework
- c) bringing a detailed report regarding Children's Centre funding proposals for 2018/19 to the Scrutiny Board in December 2017

119 With regard to individual centres, we identified that there are limitations imposed due to the current system of annual budgeting. Practitioners explained that they find it difficult to have a long term vision, or plan

programmes or sustainable solutions that span more than one financial year. We were also concerned to hear about the practice of leaving job vacancies unfilled in order to make efficiency savings, as this will ultimately have a direct impact on available support to families.

**Recommendation 7** – That the Director of Children and Families provides additional stability by supporting the planning of services in the longer term and by investigating the feasibility of budget allocation to all Children's Centres that extends beyond the current 12 month annual settlement. The outcome of this investigation to be reported to this Scrutiny Board in December 2017.

## Housing

120 At three of the children's centres visited, concerns were raised around the quality of private sector housing and the seemingly poor response from landlords to ensure that families are properly accommodated with an adequate standard of living.

121 We were advised a concerning proportion of families are living in overcrowded situations where whole families were sleeping in one room. We were informed that support had been provided to one family who had no facilities for washing clothes and inadequate toilet facilities. Practitioners stated that it is common for housing to be cold, damp, unsafe and overcrowded. Many do not complain and put up with these conditions for fear of being evicted. This impacts on family health and the ability of children to learn at home. There is also an increased risk



# Conclusions and Recommendations

of infant mortality due to co-sleeping. In these circumstances the centres work with housing providers to obtain more appropriate accommodation.

- 122 We consider that the detrimental impact of poor housing on the education and welfare of children and young people a potential area for Scrutiny focus in the future.

## Children's Centre Buildings

- 123 Three of the centres visited presented limitations due to the nature of the buildings occupied. The site at Bankside Children's Centre is on the site of the school which has no room for further growth. The school itself is already facilitating three form entry. We were advised that the children's centre would like expand to provide baby care in order to offer more support earlier in the lives of children.
- 124 New Bewerley Children's Centre is a victim of its own success and is quickly running out of physical space. We were advised that there is no space for a crèche facility so providing adult training can be a challenge. The centre is part of a PFI school building, therefore there are restrictions for expansion and opening hours. Practitioners believe there is a local library building which would be perfect to enable expansion in the future. The Head of Service (Learning for Life) advised us that there have been some conversations regarding this, and she would very much welcome being able to expand the family services side of the operation. However, one of the stumbling blocks could be investment for the renovation of that space.

- 125 Burley Park Children's Centre is situated in a pre-fabricated construction building with no visible frontage. It was constructed in the 1980's as a temporary building. It is evident that practitioners are making the best use of very poor accommodation, about which parents made reference.

**Recommendation 8** – That the Director of Children and Families undertakes a review of buildings and facilities to ensure that the infrastructure and space available facilitates the provision of support services currently, and the aspirations of the early years services in the longer term.

## Future Potential

- 126 Considering the challenges ahead for children's centres we wanted to explore the opportunities that could strengthen sustainability and would create capacity for growth. We recognise that children's centres are a prime example of investing to save providing early interventions that minimise both cost and impact upon a child's life in the long term. We consider that this should continue to be recognised and valued though continued investment.
- 127 We were advised that an All Party Parliamentary Group (APPG) decided to undertake an inquiry into the future of children's centres as part of its programme of activity for the 2015-16 Parliamentary session.
- 128 The focus of their report 'Family Hubs: The Future of Children's Centres' is about the role that children's centres could potentially play as hubs for local



# Conclusions and Recommendations

services and family support, expanding Children's Centre provision to provide holistic support which joins up services for the whole family. The report defines family hubs as:

*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.*

129 The APPG made a number of recommendations to Local Authorities across the country, some of which are already in place in Leeds. The recommendations do highlight the potential to devolve further local family services into the heart of each community. We are concerned about the risk of losing focus on the 0-5 age range by expanding the range of services to include an array of family related support. However, the opportunity to further co-locate health and targeted family services that would benefit children in the 0-5 year age range, should be considered in order to expand integrated services to families and reduce overall costs.

130 We were reassured to hear that the CCG perspective was that there is 'more to come' in terms of integrating services within children's centres particularly in respect of their maternity and mental health services. They also consider that children's centres have the potential to become part of their social prescribing model for Leeds akin to the model in

place in Neighbourhood Networks for older communities.

131 We briefly explored the potential to trade assets in order to generate income. We consider that this area should be investigated further, particularly for those centres that are not situated on school sites. During our visit to Boston Spa Children's Centre we were advised of a potential opportunity to establish a joint arrangement with the Salvation Army to establish a community hub at Wetherby Children's Centre. We were informed that the centre at Wetherby is currently unable to open as much as the community needs and that the space is used solely for planned sessions. There is therefore an opportunity to utilise the building more efficiently and to potentially generate an income.

132 We consider that there is a need to protect the services in place, whilst easing the pressure on future budgets. There is also a need for investment into the infrastructure of children's centres over the long term.

**Recommendation 9** – That the Director of Children and Families provides the Scrutiny Board (Children and Families) with a sustainability and development plan for Leeds Children's Centres

- a) which reflects the recommendations made in this report, and
- b) explores the merits and risks of the family hub model, and
- c) supports the review of asset utilisation so that the most effective use of Children's Centre buildings in Council ownership is achieved in order to generate additional income or reduce expenditure.

# Evidence

## Monitoring arrangements

Standard arrangements for monitoring the outcome of the Board's recommendations will apply.

The decision-makers to whom the recommendations are addressed will be asked to submit a formal response to the recommendations, including an action plan and timetable, normally within two months.

Following this the Scrutiny Board will determine any further detailed monitoring, over and above the standard quarterly monitoring of all scrutiny recommendations.

## Reports and Publications

- Report of the Director of Children's Services 13 October 2016
- Early Start Service – One Minute Guide February 2016
- Improvement Cycle
- Details of Children's Centres by cluster, ward, phase and governance lead
- City Wide Early Start Dashboard
- Inspection example – outstanding, good, requires improvement
- Leeds Best Start Plan 2015-2019: A Preventative Programme from Conception to Age 2
- A Life: Ready for Learning 2015-2069: A Preventative Programme from 2 to Age 5
- All Parliamentary Group on Children's Centres: Family Hubs – The Future of Children's Centres (July 2016)
- Economic Modelling in support of Children's Centre Business Case for Leeds.
- Report of the Director of Children's Services 10 November 2016
- Early Start Service Handbook – Supporting Practitioners delivering the Leeds Early Start Service (Edition 2)
- NHS Leeds and Leeds City Council Early Start Dashboard
- Economic Modelling in support of Children's Centre Business Case for Leeds
- Scrutiny Board (Children's Services) Leeds CCGs' Briefing.
- Burley Park CC 2016 Cohort Outcomes July 2016
- Early Years Setting Improvement Plan - Burley Park Children's Centre
- Report of the The Head of Governance and Scrutiny Support 23 February 2017
- Ofsted and CQC Joint local area SEND inspection in Leeds, 19 February 2017
- Annual Standard Report 2015/16, Leeds City Council, 19 April 2017
- EYFS Data Dashboards 2015/16 - Attainment, 19 April 2017
- Sure Start children's centres statutory guidance for local authorities, commissioners of local health services and Jobcentre Plus, April 2013

# Evidence

## Witnesses Heard

Andrea Richardson- Head of Services (Learning for Life)  
Amanda Ashe- Children's centres and Early Help Lead  
Sharon Yellin- Consultant in Public Health  
Janice Burberry- Health Improvement Manager, Public Health  
Debra Gill- Service Manager for Health Visiting, Leeds Community Healthcare NHS Trust.  
Sam Childs- Business Manager (Children's Services), Leeds Community Healthcare NHS Trust.  
Sarah Lovell- Associate Director of Commissioning (Leeds South and East CCG)  
Claire Slaney- Service Delivery Manager, Children's Social Work Services  
Hannah Danby- Assistant Head Teacher of Bankside Primary School  
Kausar Jan – Assistant Head Teacher of Bankside Primary School  
Sarah Ruddy- Head Teacher of Bankside Primary School  
Valerie Winder- NCT volunteer  
Shuhana Hussain- Deputy Manager  
Salma Begum- Family Outreach Worker and two year old lead  
Shirley Durham- Family Outreach Worker  
Rubina Rahman- Chair of Advisory Board  
Julie Brady- Children's Centre Manager  
Cheryl Robson- Deputy Children's Centre Manager  
Kathy Hudson- Deepdale Pre-school Manager  
Harriet Ovenden- Senior Family Outreach Worker  
C. Madigan- Health Visitor  
Kelston Stanford- Wetherby Salvation Army Leader  
Gayle Beesley- EYFS Leader Federation Scholes & Wetherby  
Sarah Richards- Head Teacher of Bramham Primary School  
Lisa Smith – Early Learning Manager  
Joanne Harrison – Family services Manager  
Christine Floyd-Smith – Lead Children's Centre Teacher  
Tammie Millar – Senior Family Outreach Worker  
Rachel Smith – Health Visitor/ Baby Steps Team  
Michelle Soden – Family Outreach Worker  
Carla Ellis – Senior Family Support Worker  
Keely Woodward-Chapman - Early Years Children's Centre Manager  
Mandy Quayle – Family Services Manager  
Councillor Lisa Mulherin- Executive Board Member (Children and Families)  
Councillor Jane Dowson- Deputy Executive Board Member (Children and Families)  
Sue Rumbold- Chief Officer (Partnership Development and Business Support)

# Evidence

## **Dates of Scrutiny**

### **Meetings**

13 October 2016  
10 November 2017  
23 February 2017

### **Visits – January 2017**

Bankside Children's Centre  
Boston Spa Children's Centre  
Burley Park Children's Centre  
New Bewerley Children's Centre

DRAFT

# Appendix 1 - Offer

<p>Preparation for Birth &amp; Beyond</p>	<p>A programme of perinatal education and support based on a systematic review of what works (DoH 2011). The programme is a seven week course taught by family outreach worker, health visitor and midwife. It teaches parents about;</p> <ul style="list-style-type: none"> <li>• Labour and meeting your baby;</li> <li>• Practical care of your baby;</li> <li>• Understanding your baby;</li> <li>• Baby development;</li> <li>• Parent health and wellbeing;</li> <li>• Support and networks.</li> </ul> <p>PBB is a universal offer for every first time parent in the city.</p>
<p>HENRY (Health, Exercise and Nutrition for the Really Young)</p>	<p>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 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.</p> <p>The programme 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. The impact of HENRY includes 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.</p>
<p>Safeguarding interventions</p>	
<p>Early Help Assessments and Safeguarding Assessment Plans</p>	
<p>Bereavement Support</p>	
<p>Breastfeeding Support</p>	

# Appendix 1 - Offer

Stay and play	Locally based parenting groups to support parenting and child development
Family Learning (delivered in partnership with Leeds City College – jointly funded)	
Promotion of Free Early Education Entitlement 2-5	
0-6 Parenting programmes	
Parenting support individual packages	
Support for domestic violence	

## Additional Offer

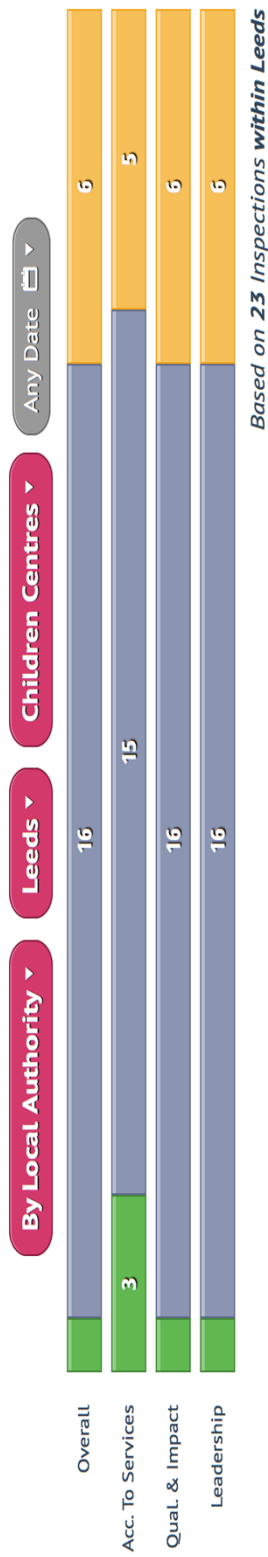
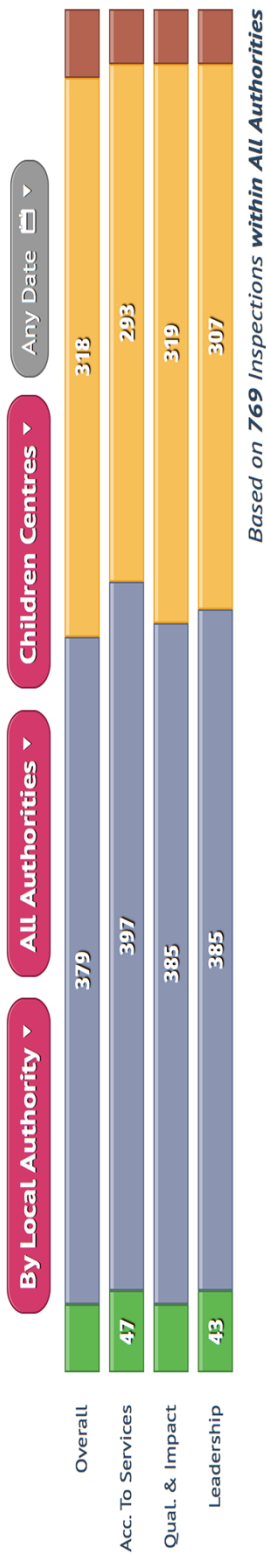
Healthy Start in Childcare	Currently funded by South East CCG
First Aid for Parents	Currently funded by South East CCG
Baby Steps	Targeted ante-post natal training Joint funding
Infant Mental Health Service	Joint commissioned staff development and support service in baby brain development, early attachment

## Centrally run / commissioned services

Service	Provided by	Core or additional
Parenting: <ul style="list-style-type: none"> <li>• Incredible Years or others</li> <li>• Webster Stratton</li> </ul>	Parenting Team	Additional – funded by South East CCG
Counselling for parents (contract for £173,001 per annum)	Northpoint Wellbeing	Core - Targeted
Citizens Advice Bureau (contract for £135,000 per annum) Children's Centre delivery is part of a larger service commissioned by Citizens and Communities	Leeds Advice Network	Core - Targeted



# Appendix 2 – Ofsted Inspection



■ Outstanding ■ Good ■ Requires Improvement ■ Inadequate Data was last updated on 05/07/2016 4PM & only includes inspections based on the latest fram



## Appendix 3 – Progress and Impact

2010	2016 quarter 1 ( excluding a) 2015)
a) 72% of families received a face to face antenatal contact from Health Visiting service;	2015 - 98.5% numbers of families received a face to face antenatal contact - <b><u>28% increase</u></b>
b) 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>
c) 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>
d) The percentage of children achieving a good level of development at EYFS in <b><u>2013</u></b>  Leeds 51 National 52	The percentage of children achieving a good level of development at EYFS in 2016 Leeds 63 National 69
e) 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
f) 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)
g) 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>

DRAFT

**Scrutiny Board (Children and Families)**

**19 October 2017**

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**Leeds**  
CITY COUNCIL