

Report of Director of Children's Services

Report to Scrutiny Board (Children and Families)

Date: 27th September 2012

Subject: The Best Start: Providing Good Foundations in Early Life for Children to Succeed

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

1. Summary of main issues

At the June meeting, members of the Scrutiny Board agreed that there would be an inquiry into the foundation years (age 0- 5) and how services in Leeds are provided to promote the best start in life for children, to equip them with the skills to succeed and promote their social mobility. This report therefore provides an overview to Scrutiny Board (Children and Families) of the key issues relating to children and their families in the foundation years.

2. Recommendations

Scrutiny Board are asked to consider and note the contents of the report as part of their wider inquiry.

1. Purpose of this report

1.1 This report provides an overview to Scrutiny Board (Children and Families) of the key issues relating to the foundation years- providing the best start in life. This overview includes:

- Background and National Context
- Statistical information and analysis
- An overview of provision and partnerships
- Recent developments and analysis
- Challenges in delivering improvements

2. Background information

2.1 A wide range of partners across health, Leeds City Council, the maintained, voluntary and private sector deliver services to support children in the foundation years. This includes health, early learning, child-care, leisure and support services. The child-care market in Leeds is delivered through a mixed market economy with a maintained sector element delivered through schools and Children's Centres and a vibrant and strong private and voluntary sector, including over 900 childminders. Partnerships across the stakeholders have been developed over time and have been effective in improving services. Attainment of young children overall has improved, infant mortality rates have decreased and 95% of 3 and 4 year olds take up the offer of free early education, there are however still considerable issues for improvement:

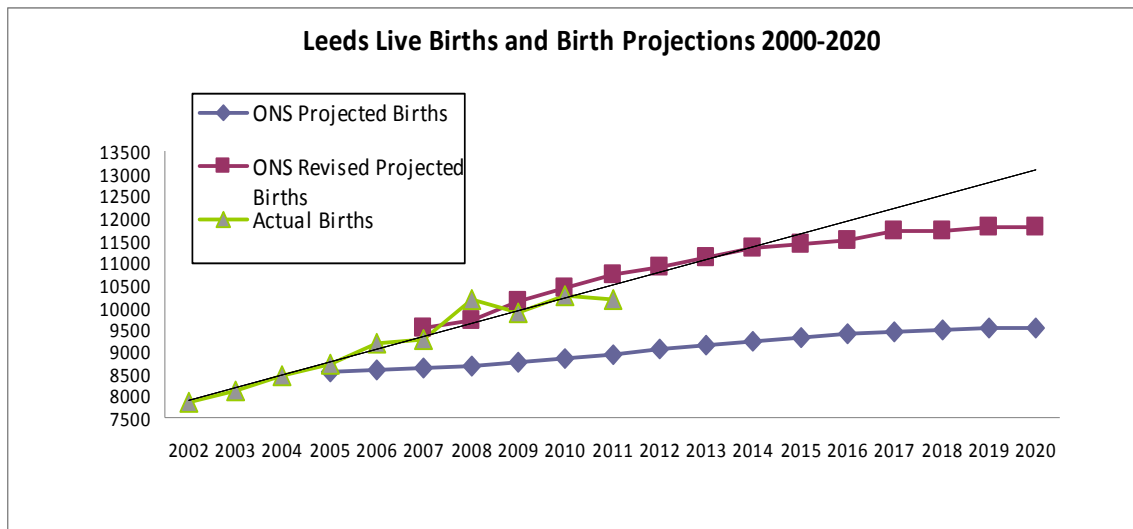
- The birth rate in Leeds is increasing significantly with 2,434 (32%) more babies born last year than ten years ago; and 821 (9%) more last year than five years ago (academic years);
 - The detrimental effects of deprivation on health and wellbeing, both direct and indirect, continues to be a strong and consistent theme;
 - The attainment gap at the end of the Early Years Foundation Stage (EYFS), between the lowest 20% of achievers and the median level remains significantly wider than the national figure;
 - The level of take up a free early education is lower in areas of significant disadvantage;
 - There has been a significant increase in the number of under 4's becoming looked after in the last 6 months.

2.2 In terms of the foundation years, reducing inequality is a matter of fairness and social justice. The Marmott Review (2010) recommends that the highest priority for investment should be "Giving every child the best start in life". It suggests this support should: begin before birth; be sustained over time; be based in interventions that have been proved to be effective; be proportionate; and that additional services are provided within a universal offer of support.

2.3 Marmott describes this as a 'second revolution in early years'. Recognising the fact that significant gains have already been made in terms of provision and practice future investment should be targeted in the following areas:

- Effective pre-and post natal support;
- Support for parents in ensuring sufficient and accessible early education and child care places;
- High quality early education and child care provision for all children but particularly vulnerable two year olds and all 3 and 4 year olds;
- Routine support for families in the community;
- Effective transition into school places.

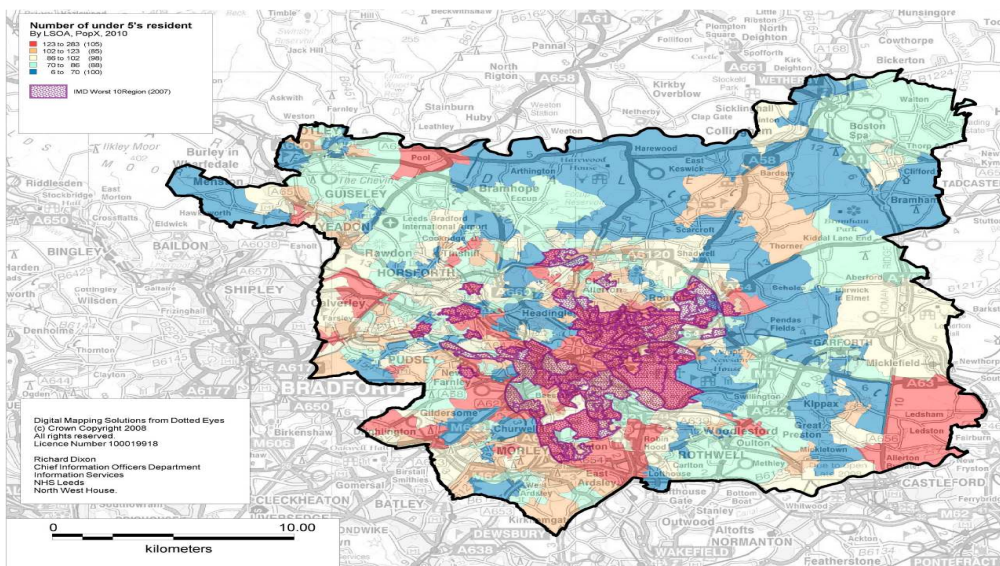
2.4 The rising birth rate



There has been a significant rise in the birth rate since 2000. This is a higher percentage rise than nationally, and significantly above the figures the ONS were projecting. In the ten years from 2000/01 (academic year) to 2010/11, the number of annual births has risen by 2,434 (32%). Indications are that the number of births in 2011/12 was even higher than 2010/11.

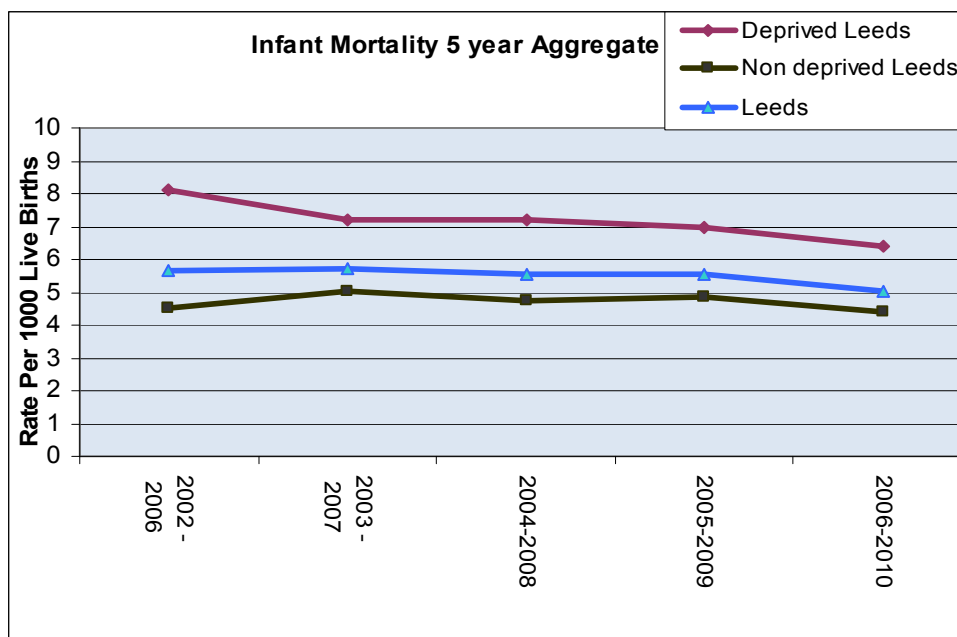
This obviously creates a pressure on services in terms of numbers and provision. In addition to the rise in numbers, the distribution of births is also significant as there are higher numbers of births in areas of significant disadvantage, this puts a greater pressure on services and provision.

The map of Leeds identifies the density of populations for children aged under 5. The darker/red areas shows the highest density of population. It will be important to continue to monitor the increase in the birth rate and plan services accordingly.



2.5 Infant mortality

Infant mortality is widely regarded as one of the best general indicators of child health. Infant mortality rates nationally and locally have been falling steadily over the last few years. Leeds developed a local target and multi-agency action plan that has reduced infant mortality rate in areas of disadvantage to a low level. The local Infant Mortality Action Plan has reduced the gap between the most deprived parts of the Leeds and the more affluent areas. However a gap still exists, and we must continue our efforts in the continuation of this programme with regard to successful, evidenced practice.



Examples of successful interventions in the target areas include:

- baby cafés to promote breastfeeding;
- breast feeding peer support training
- Smoke Free Homes to encourage adults to implement smoking restrictions in their homes;
- Fresh Air Babies – a service where trained smoking advisors help pregnant women to stop smoking;
- Making Every Penny Count – a programme to make local families aware of support available if they experience money difficulties;
- a Moses basket scheme for mothers who cannot afford a cot or Moses basket;
- caseload midwifery – a service model designed to enhance continuity of midwife care in areas of greatest need;
- preventative work in schools around domestic violence in the Chapeltown Infant Mortality demonstration site;
- the White Ribbon campaign in Chapeltown demonstration site to raise awareness about violence toward women.

Leeds has made significant gains in this area, and should learn from its success.

2.6 Attainment at the end of the Early years foundation stage (EYFS)

	<i>Leeds</i>	<i>Nat</i>	<i>Stat Neigh*</i>	<i>Leeds</i>	<i>Nat</i>	<i>Stat Neigh*</i>	<i>Leeds</i>	<i>Nat</i>	<i>Stat Neigh</i>	<i>Leeds</i>
	2009			2010			2011			2012
% Good level of development	51	52	53	53	56	57	58	59	60	62.9
Low achievers gap**	36.5	33.9	34.4	35.7	32.7	33.2	35	31.4	32.7	33.6

The percentage of children reaching ‘a good level of development’ increased steadily between 2009 and 2012 overall by 10.9%. Over the last two years this improvement has accelerated. National and statistical neighbour progress in the ‘good level of development’ has also improved, but to a lesser extent than in Leeds. The percentage of children achieving a good level of development in Leeds is now just 1% lower than national and 2% below statistical neighbours.

The strong improvement in Leeds has been driven by consistently improving outcomes in personal, social and emotional development (PSED) and communication, language and literacy development (CLLD), which are key to this indicator. This has been through

- targeted support and challenge by the Local Authority improvement teams;

- a universal training programme focussed on teaching and learning in the early years;
- the employment and allocation of Early Years Consultants;
- improved links and partnerships between early years settings and schools;
- a more robust EYFS profile moderation model at reception year and
- the work of the maintained, voluntary and private sectors in improvement planning co-ordinated through the Early Years Outcomes Duty Board (now integrated into the 0-11 Partnership Board).

The 'gap' indicator is derived by calculating the difference between the median score of the full cohort and the mean score of the lowest achieving 20% percent of the cohort. The challenge to local authorities is to improve outcomes for the lowest achieving children at a faster rate than the average child in order to close the gap. The 2011 figure for Leeds had improved, showing the gap has reduced by 0.7% on the previous year, in 2012 the gap has reduced by more than previous years to 33.6% from 35.2%. Because of the year on year increase in the good level of achievement it is difficult to narrow the low achievers gap. Improvement in lower achievers is demonstrated by the average FSP score of the lowest 20% increasing by just under 3 points to an average of 59.1 scale points. Results for boys, children with identified special needs on School Action and School Action plus, and looked after children have all improved more than the overall figure since 2009.

In 2011 there were only 10 local authorities (LAs) with a larger gap indicator than Leeds. A keen focus around narrowing the attainment gap is required over the next few years. A further challenge will be the introduction of the revised EYFS framework from 1st September 2012 and a new EYFS Profile assessment for all children reaching five in their final term of the EYFS from this year.

2.7 Take up and sufficiency of free early education

The last few years demonstrates an increase in take up of the free 3 and 4 year early education offer.

	Numbers eligible	Number taking up	% take-up
2007	13,104	12,248	93.5%
2008	13,478	12,661	93.9%
2009	13,704	12,899	94.1%
2010	14,170	13,460	95.0%
2011	14,495	13,851	96.0%
2012	15,103		

The continued increase in the birth rate could see an increase of 6% in eligible children for childcare places between 2012 and 2014. However this increase is not as evenly spread in some areas, the demand for places will decrease, such as in Boston Spa and some of the North East villages in

relation to the population shift, economic and housing changes. Inner city areas such as Burmantofts and Woodhouse demand could rise by as much as 29%.

Within Leeds there are a number of vulnerable groups who do not take up their early education entitlement. These groups are mainly within the inner city areas of Leeds.

The following vulnerable groups are less likely to take up free nursery education entitlement:

- children from Bangladeshi, Somali, Roma, Gypsy, Polish families and children of refugees, travellers, and asylum seekers from all areas;
- poor white children from areas of persistent worklessness;
- children at risk from parents with drug or alcohol dependency;
- children of disabled parents;
- children where there is domestic violence and safeguarding issues before they become known to LCC;
- children with special educational needs.

The authority is tasked with creating up to 2,300 free places for vulnerable 2 year olds by 2014, this will be a significant challenge and require excellent local community partnerships and networking across early years providers and the local community. There are a number of areas in Leeds where it will be challenging to create additional provision, for example Bramley, Harehills, and Burmantofts. This presents an opportunity to generate co-productive working across local communities and groups developing opportunities for local development and ownership.

Lower attainment in the EYFS, notably in personal, social and emotional development (PSED) and in communication, language and literacy (CLL), has been linked to poor quality or low take-up of pre-school education nationally and, to some extent locally. Encouraging take-up of high quality nursery education is therefore essential to improve early years outcomes, particularly for vulnerable and underachieving groups.

The link between narrowing the attainment gap, children at risk of going into care and take up of the free early education entitlement should be explored and addressed.

2.8 Early Years setting Ofsted dashboard figures

According to the latest (June 2012) Ofsted dashboard, the percentage of early years settings graded as good or outstanding has increased significantly compared to the same period last year. There has been no increase in the number of inadequate settings. In terms of impact on outcomes for children, the quality of early years pre-school experience in good or outstanding settings enhances children's development (Sylva et al., 2003). Leeds has a significant number of early years providers, particularly childminders, unlike

some of its statistical neighbours.

Children’s Centre Ofsted outcomes are significantly higher than the national average with 11% more centres achieving good or outstanding Ofsted judgements. The number of good and outstanding childminders has increased by 4% overall, suggesting around 34 childminders have moved from satisfactory to good or outstanding. The percentage of good and better private and voluntary providers has increased by 7%, suggesting around 21 settings have improved from satisfactory to good or outstanding. A significant number of children are therefore experiencing an improved early education experience.

Percentage of providers judged good or outstanding

Setting	National comparison	2010/11 FY	2011/12 FY	Jun-11	Apr-12	May-12	Jun-12	inadequate ³	Number inspected
Childminder	71%	61%	65%	64%	65%	64%	64%	1	851
Childcare - domestic	77%	100%	100%	100%	100%	100%	100%	0	4
Childcare - non-domestic	78%	63%	69%	67%	69%	70%	70%	1	305
Children's centre	70%	N/A	80%	73%	81%	81%	81%	0	26

Improvement in these figures is a result of

- § high quality local authority support and challenge to Children’s Centres
- § the introduction of an early years improvement programme undertaken by the local authority’s early years and childcare consultants offering support to all providers but challenge where it is needed most
- § the development of a high quality training and professional development offer to all early years providers, including a network for childminders.

However, with a revised EYFS framework and a new, challenging Ofsted inspection framework to be introduced from this September a continued and sustained focus will be maintained on improving all early years settings through the introduction of a revised early years improvement strategy.

2.9 Looked after children pre-birth to 5 years

There has been a significant increase in the number of under 4’s becoming looked after in the last 6 months. Initial research into this suggests that: drugs, alcohol and domestic violence are significant in 50% of cases; other factors include mental health issues and learning disabilities; 37% are first time mothers; 72% were referred to Children’s Social Work Service before birth. Further investigation around this increase is underway with changes to

referral pathways and provision pathways being implemented across midwifery, health visiting, social work, Children’s Centres and other teams involved with the families.

Age on Entry (Years)	Jan-Mar	Apr-June	Total (whole period)
0	49	32	81
1	10	7	17
2	5	6	11
3	2	1	3
4	5	2	7
5	6	1	7
total	77	49	126
6- 17	37	21	58
Total for Period	114	70	184

As a result of research into this area we have re-configured the delivery of some services. This includes: Children’s Centres working more closely with social workers to undertake assessments of vulnerable parents and support the development of parenting skills; referral and provision pathways are being re-drawn across midwifery, Early Start, and other services. The Looked After Children Task and Finish Group are exploring the findings further to inform the development of the Early Start teams and closer working with social care teams.

3. Main issues

3.1 The vision for Leeds is that by 2030 it is a Child Friendly City. The methodology for delivering this vision is defined in The Children and Young Peoples Plan which details five headline outcomes, one of which is that Children and Young People will do well at all levels of learning and have the skills for life and that services will be targeted to those in most need to reduce inequality. In terms of the foundation years significant investment has been made in Leeds over many years resulting in good quality services, and levels of provision. Over the last two years services have been developing and improving in response to the data in a number of ways.

3.2 Early Start Teams

Leeds committed, as a Health Visiting Early Implementer site and a newly structured Children’s Services Directorate, to review Children’s Centres and Health Visiting services. This Universal Review, conducted through broad consultation with staff, parents, strategic leaders and wider stakeholders concluded that 25 cluster based Early Start teams should be created. Early Start teams will be able to provide an integrated offer of service from pregnancy to 5 years to support children and their families to have the best possible start in life in order to achieve health, well being and be ready for school. This new way of working across Leeds Community Healthcare NHS, and Leeds City Council is intended to improve effectiveness of the two

services in meeting the needs of and improving outcomes for families.

The Early Start teams, which will have completed a first phase of integration by October 2012 integrates teams of Childrens centre and Health Visiting staff, but more importantly integrates the service pathways for families at a community, universal, universal + and targeted level from pre-birth to 5 years.

In terms of additional resources an additional 52 health visitors will be employed over the next three years, 50 additional child care staff have been appointed to increase the number of free two year old places to 680 by April 2013. Also staff resources have been deployed according to the number and needs of the population, with more staff working in areas of deprivation.

Innovative partnerships and approaches between health colleagues and Children's Centre staff are also in place with Leeds as one of five national 'testing' sites for a new national integrated 2 year progress check developed by the Department of Health and Department for Education.

3.3 The Family Nurse Partnership (FNP)

This is an intensive preventive programme through pregnancy until the child is aged 2 years and is offered specifically to vulnerable first time teenage mothers. Teenage mothers are a vulnerable group needing additional support to improve outcomes for both mother and child.

This programme is only one of two identified in a recent Lancet review as able to prevent child abuse and maltreatment.^[1]

The FNP is a licensed programme with quality and programme measures to ensure the fidelity of the model provided, which is built on 30 years of evidence gained in the United States. This US research evidences that FNP improves parenting and reduces child abuse, improves maternal health in pregnancy and birth outcomes, reduces attendance to A&E and hospitalisation for injuries and ingestions, improves the child's emotional and behavioural development, in addition to children's cognitive development and school readiness. In addition it improves mother's life course and economic self-sufficiency and reduces child's involvement in crime and anti-social behaviour, all of which result in significant cost savings.

The cost of delivering the programme to each individual mother/child is £3k per annum. Evidence from the United States indicates that this is recouped and makes significant long term savings; for every \$1 invested it is estimated from 30 years of research that between \$5.70 to \$2.88 is saved.

Leeds was successful in developing a FNP team as part of the national randomised control trial (RCT), which commenced in 2009. The Department of Health fully fund the team for the duration of the RCT; this completes in January 2013. The 2011-15 Comprehensive Spending Review and

subsequent Operating Framework (2011/12) committed to doubling the capacity of FNP in the UK by 2015; this included the securing of existing provision and the expansion of existing sites. In Leeds this has resulted in a trajectory of a further 4.5wte additional family nurses by 2015.

Leeds commissioners, in recognition of the robust evidence base of the model and level of need in the city, have committed to further expansion of the service by allocation of a small percentage of the health visiting growth. This will enable two FNP teams to be established by 2013/14. Following consultation with the FNP National Team, the Leeds FNP service and key strategic and operational stakeholders, developed revised criteria for the service as offering maximum benefit for vulnerable women in Leeds, in use of the available resource.

3.4 Early Years Settings Improvement

This strategy, delivered by a small team of childcare, early years consultants and four representatives from the private voluntary and childminder sectors, ensures support for up to 1,300 early years providers across the city. The impact of this work has been significant over the last 4 years. This provides:

- support to early years providers in implementing a revised, statutory Early Years Foundation Stage framework;
- support for Ofsted – Inspection, regulation and registration;
- developing a suitably skilled and qualified early years workforce (up to 6,000 staff) and
- ensuring children make good progress in their learning so they have a good start and strong beginning to their school experience.

The team have recently delivered over 50 universal revised EYFS briefings to 995 leaders and managers. A number of briefings to local early years networks and clusters of providers have also been delivered. Initial analysis of evaluations show that 60% (600) of those who attended completed evaluations. Of the returns 75% rated the session as 4/5 or 5/5 in terms of value and usefulness. Of the 600 evaluations returned 265 added comments which will be subject to further analysis and inform the team's forward work plan.

Positive feedback from the EYFS briefing sessions has indicated that further support for monitoring children's assessment and 2 year old assessment will be required as the revised framework is used. In response to this there are 20 sessions advertised for staff in competing the new, statutory EYFS progress check at age 2. The team have developed a Leeds assessment pro-forma which is available to accompany the training via www.thefamilyhubleeds.org in response to feedback from providers.

Level 1 safeguarding training is delivered to all potential childminders as part of their pre-registration training. The training is endorsed by LSCB but is tailored to include the specific requirements of childcare legislation. This level 1 training delivered by the childcare consultants is available to all potential

childminders, all owners, committee members, leaders, managers and practitioners with lead responsibility for safeguarding children. These key people then share and support the development of other staff in the setting (as required by the revised EYFS). Additionally any and all remaining staff in childcare settings can access L1 training through LSCB.

Other strategies that have supported early years improvement have been

- the development of local guidance influenced by outstanding practice by local providers e.g. *Planning – from principles to practice*, *The Language of Possibilities (Leeds Inspired)* and *A Journey from Within (Movement Play)*;
- targeted programmes with other partners such as the Speech and Language Therapy, West Yorkshire Playhouse and the city Art Gallery;
- the creation of an early years resource base; and
- improved communications from the local authority to providers through publications such as Horizons (Leeds children's services magazine for early years providers) and a new EYFS ebulletin focusing on teaching and learning.

Sufficiency and take up of 2, 3 and 4 year old places

3.5

The local authority has a duty to ensure sufficiency of early learning places for vulnerable 2, and all 3 and 4 year olds. The priorities in Leeds in this area are to:

- target areas where there is a correspondence between low take-up and lower attainment scores in the following learning areas in the EYFS: physical, social and emotional development, communication, language and literacy;
- use Family Outreach and similar services to raise awareness of and encourage participation in nursery education;
- review the areas where there are potentially too few places, particularly where they correspond with low levels of achievement and school attendance;
- continue to target vulnerable groups to improve take-up;
- involve 95% of pre-school children in some form of significant, quality learning opportunity before the age of 4 to support improved outcomes;
- carefully monitor the impact of increased take-up on PSED and CLL scores.

Whilst these aspects are a Sufficiency, Capacity and Planning issue all these aspects are closely associated with the work of the Early Start and Early years improvement team. This is further evident in the new Code of Practice for 2, 3 and 4 year olds.

3.6 Early education for disadvantaged two year olds

Leeds has piloted work since 2006 to provide personalised packages of support for disadvantaged two years old and their families. In November 2010 the government announced that the entitlement of 15 hours free nursery education would be gradually extended to all disadvantaged two year olds by 2014.

Funding is now available for the local authority to provide over 600 free early education places for disadvantaged 2 year olds across Leeds. Revised eligibility includes: LAC, Free School Meals and children subject to a care plan. The number of funded places is expected to grow to over 2000 by 2014.

The growth in number of disadvantaged two year olds accessing places requires consideration and planning. The local authority will therefore need to stimulate the overall provider market for 2 to 4 year olds in order to absorb this additional need for places.

Options include:

- building on the good practice in other areas of the city where community led childcare provision has been developed and serving the needs of families in those communities;
- increasing capacity with existing providers through structural alterations to buildings and premises to increase the number of childcare places where appropriate;
- increasing capacity for 3-4 year olds in the maintained sector to release places in the PVI for 2 year olds.

To deliver 2300 places by 2014 is likely to require significant development and further stimulation of the market. This will be a key focus of activity over the coming months.

3.8 Vulnerable under 2 year olds

Work with vulnerable under 2's is a priority over the next few months. The following is being put into place:

- A revised multi-agency pathway for pregnant women at risk of babies becoming looked after;
- Childrens Centres will contribute to pre-birth assessments by engaging with pregnant mothers and expectant fathers following referral from social care;

- Childrens Centres will be conducting Family Assessments at the request of social care.
- Revisiting the Think Family Protocols developed between LCC Children's and Adults Service and relevant health providers to ensure early identification of parents presenting with substance use issues are considered.

Infant Mental Health Team

A small team is to be jointly commissioned by LCC and health to promote awareness of infant mental health in Leeds, to advise and support with regard to the development of coherent strategies to meet the needs of infants and pre-school children and to directly support practitioners and parents to best meet the emotional needs of this population. As there is increasing evidence concerning the severe long-term effects of disturbed early relationships (Lyons-Ruth & Block, 1996 and Glaser 2000). However by the time children have accessed specialist services, they have often adapted to an emotionally inimical environment and problems may be severe, entrenched and less amenable to change.

The planned pathway for vulnerable pre-birth-2 year olds will lead to:

- § Increased numbers of parents who have been identified as vulnerable in the antenatal period feel that they are emotionally supported and are confident in their parenting abilities;
- § Increased numbers of parents/carers of pre-school children are capable of providing a secure, containing and reciprocal environment;
- § More infants and children are able to remain at home with their parents in safe and nurturing circumstances;
- § Increased numbers of children entering school with secure attachment, and relationships that support healthy development and readiness to learn.

3.9 The Leeds Education Challenge

The 0-11 Partnership Board, on behalf of the 'Leeds Education Challenge' has taken a lead on challenging progress in the foundation years. The Board took over the previous role of the Early Years Outcome Duty Board, taking on the statutory duty on behalf of the Local Authority. The 0-11 Board is chaired by Cllr Dowson and attended by Local Authority, health, schools, private and voluntary sector and higher education representatives. Since September 2011 the group has brought a cross sector focus to attendance in the foundation years, has considered implementation of the new Early Years Foundation Stage and aims to join up activities between partners to maximise outcomes, and to create a culture where partnership work in the interests of local people is built into the way all agencies, sectors and organisations act.

4. Corporate Considerations

4.1 Consultation and Engagement

There will be implications for consultation with providers and stakeholder dependent on the findings of the report.

4.2 Equality and Diversity / Cohesion and Integration

There are key areas of equality and diversity that will need full consideration in relation to issues raised.

4.3 Council policies and City Priorities

There are no immediate implication for council policy and governance

4.4 Resources and value for money

Dependant on the outcome of the inquiry.

4.5 Legal Implications, Access to Information and Call In

None

4.6 Risk Management

The issues outlined in this report highlight some of the potential risks in terms of wider city priorities

5. Conclusions

5.1 This Scrutiny Board (Children and Families) inquiry the foundation years will help to identify further investigation and next steps into narrowing the

achievement gap, supporting the most vulnerable families more appropriately and achieve the vision for Leeds to become a Child Friendly City for all of its children. There is good progress in many areas to be built on and learned from. By identifying the needs of children at the earliest stage, even before birth, then the right services can be provided at the right time to break the cycle of disadvantage experienced by some families.

The inquiry will help to identify where services are working well together and promote this, and also identify gaps or areas where services are not fully co-ordinated.

6. Recommendations

6.1 Scrutiny Board are asked to consider and note the contents of the report

7. Background documents¹

7.1 Marmot, M., 2010, Fair Society Healthy Lives, executive summary

Allen, G., 2011, Early Intervention The Next Steps, executive summary

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