



Agenda for a meeting of the Children's Services Overview and Scrutiny Committee to be held on Tuesday, 14 February 2017 at 4.30 pm in Committee Room 1 - City Hall, Bradford

Members of the Committee – Councillors

CONSERVATIVE	LABOUR	LIBERAL DEMOCRAT	INDEPENDENT
D Smith (Chair) M Pollard (Dch)	Engel Mullaney Peart Shaheen Tait	Ward	Sajawal

Alternates:

CONSERVATIVE	LABOUR	LIBERAL DEMOCRAT	INDEPENDENT
Carmody Rickard	Akhtar Bacon Abid Hussain Thirkill	J Sunderland	

VOTING CO-OPTED MEMBERS:

- | | |
|---------------|--------------------------------|
| Sidiq Ali | Parent Governor Representative |
| Claire Parr | Church Representative (RC) |
| Joyce Simpson | Church Representative (CE) |
| Gull Hussain | Parent Governor Representative |

NON VOTING CO-OPTED MEMBERS

- | | |
|-----------------|------------------------------------------|
| Kerr Kennedy | Voluntary Sector Representative |
| Stephen Pickles | Teachers Primary Schools Representative |
| Tom Bright | Teachers Secondary School Representative |
| Tina Wildy | Health Representative |

Notes:

- This agenda can be made available in Braille, large print or tape format on request by contacting the Agenda contact shown below.
- The taking of photographs, filming and sound recording of the meeting is allowed except if Councillors vote to exclude the public to discuss confidential matters covered by Schedule 12A of the Local Government Act 1972. Recording activity should be respectful to the conduct of the meeting and behaviour that disrupts the meeting (such as oral commentary) will not be permitted. Anyone attending the meeting who wishes to record or film the meeting's proceedings is advised to liaise with the Agenda Contact who will provide guidance and ensure that any necessary arrangements are in place. Those present who are invited to make spoken contributions to the meeting should be aware that they may be filmed or sound recorded.
- If any further information is required about any item on this agenda, please contact the officer named at the foot of that agenda item.

From:

Parveen Akhtar
City Solicitor
Agenda Contact: Fatima Butt / Jill Bell
Phone: 01274 432227/434580
E-Mail: fatima.butt@bradford.gov.uk / jill.bell@bradford.gov.uk

To:



A. PROCEDURAL ITEMS

1. ALTERNATE MEMBERS (Standing Order 34)

The City Solicitor will report the names of alternate Members who are attending the meeting in place of appointed Members.

2. DISCLOSURES OF INTEREST

(Members Code of Conduct - Part 4A of the Constitution)

To receive disclosures of interests from members and co-opted members on matters to be considered at the meeting. The disclosure must include the nature of the interest.

An interest must also be disclosed in the meeting when it becomes apparent to the member during the meeting.

Notes:

- (1) *Members may remain in the meeting and take part fully in discussion and voting unless the interest is a disclosable pecuniary interest or an interest which the Member feels would call into question their compliance with the wider principles set out in the Code of Conduct. Disclosable pecuniary interests relate to the Member concerned or their spouse/partner.*
- (2) *Members in arrears of Council Tax by more than two months must not vote in decisions on, or which might affect, budget calculations, and must disclose at the meeting that this restriction applies to them. A failure to comply with these requirements is a criminal offence under section 106 of the Local Government Finance Act 1992.*
- (3) *Members are also welcome to disclose interests which are not disclosable pecuniary interests but which they consider should be made in the interest of clarity.*
- (4) *Officers must disclose interests in accordance with Council Standing Order 44.*

3. MINUTES

Recommended –

That the minutes of the meeting held on 7 December 2016 be signed as a correct record (previously circulated).

(Fatima Butt – 01274 432227)



4. INSPECTION OF REPORTS AND BACKGROUND PAPERS

(Access to Information Procedure Rules – Part 3B of the Constitution)

Reports and background papers for agenda items may be inspected by contacting the person shown after each agenda item. Certain reports and background papers may be restricted.

Any request to remove the restriction on a report or background paper should be made to the relevant Strategic Director or Assistant Director whose name is shown on the front page of the report.

If that request is refused, there is a right of appeal to this meeting.

Please contact the officer shown below in advance of the meeting if you wish to appeal.

(Fatima Butt - 01274 432227)

5. REFERRALS TO THE OVERVIEW AND SCRUTINY COMMITTEE

Any referrals that have been made to this Committee up to and including the date of publication of this agenda will be reported at the meeting.

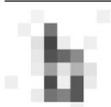
B. OVERVIEW AND SCRUTINY ACTIVITIES

6. BETTER START BRADFORD PROGRAMME UPDATE

Better Start Bradford (BSB) is an opportunity for Bradford to test out and add to the evidence base of 'what works' in improving child health and development outcomes in the early years, improving maternal and child health and school readiness.

Learning from developing the BSB programme has been instrumental in supporting the development of the district's Integrated Early Years Strategy and the plans for transforming early years and early help.

The Strategic Director, Children's Services will submit **Document "AH"** which outlines the background to the Better Start Bradford Programme, the key principles of the approach and reports on the progress in implementation and key aspects of evaluation and learning across the district.



Recommended-

That the information provided in the report and the high commitment within the District to improving outcomes and reducing inequalities for all young children, through evidence based early intervention and prevention to ensure all children reach their potential be considered and noted.

(Michaela Howell – 01274 513227)

7. ARRANGEMENTS BY THE COUNCIL AND ITS PARTNERS TO TACKLE CHILD SEXUAL EXPLOITATION

Previous Reference: Minute 21 (2016/17)

The Strategic Director, Children's Services will submit **Document "AI"** which provides an update to the report presented to this Committee on 6th September 2016. It contains information on developments in the intervening five months and responds to the specific recommendations made at that meeting.

Recommended-

That the Committee note the contents of the report and receive a full update in September 2017.

(Tony Griffin – 01274 431227)

8. PROGRESS REPORT ON THE CHILDREN'S CENTRE CLUSTERS

Previous Reference: Minute 5 (2016/17)

Children's centres were launched with the aim of giving disadvantaged children the 'best possible start in life,' and were intended to be one of the main vehicles for ensuring there are integrated and good quality accessible family services to support young children and their families.

In summer 2013 a review of children's centres across the Bradford district was carried out followed by a statutory consultation and a proposal for a new model for future delivery in November 2014. As a result of this the Executive agreed to a new seven cluster model of delivery for children's centres managed by a variety of different providers – a 'mixed economy' model. Implementation of phase 1 i.e. the three nursery school clusters and the local authority cluster in Keighley was completed by 1st September 2015 and phase 2 the external clusters managed by the voluntary sector completed on the 1st August 2016.



The Deputy Director, Education, Employment and Skills will submit **Document “AJ”** which provides a progress update to the committee as requested at the meeting of 7 June 2016.

Recommended-

That the information in the report be noted.

(Lynn Donohue – 01274 439606)
(Susan Moreau – 01274 431390)

**9. CHILDREN'S SERVICES OVERVIEW AND SCRUTINY COMMITTEE
WORK PROGRAMME 2016/17**

The report of the Chair of the Children’s Services Overview and Scrutiny Committee (**Document “AK**) presents the Committee’s Work Programme 2016-17.

Recommended –

That the Work Programme 2016-17 continues to be regularly reviewed during the year.

(Licia Woodhead – 01274 432119)

THIS AGENDA AND ACCOMPANYING DOCUMENTS HAVE BEEN PRODUCED, WHEREVER POSSIBLE, ON RECYCLED PAPER



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Report of the Strategic Director of Children's Services to the meeting of the Children's Services Overview & Scrutiny Committee to be held on 14th February 2017.

AH

Subject:

Better Start Bradford Programme Update

Summary statement:

An update on early implementation of the Better Start Bradford programme and implications for Bradford district.

Michael Jameson
Strategic Director Children's Services

Portfolio:
Education, Employment
and Skills/Health and
Wellbeing

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Ruth Hayward, Head of Commissioning (Women and Children)
NHS Bradford Districts and NHS Bradford City CCGs
Tel: 01274 237714 email: ruth.hayward@bradford.nhs.uk



1. Summary

- 1.1 Better Start Bradford (BSB) is an opportunity for Bradford to test out and add to the evidence base of 'what works' in improving child health and development outcomes in the early years, improving maternal and child health and school readiness.
- 1.2 It also provides an opportunity to test innovative approaches to changing the way our systems work together as we are using the Better Start Bradford partnership programme as a vehicle for reform across the district in early years and child health. Learning from developing the BSB programme has been instrumental in supporting the development of the district's Integrated Early Years Strategy and the plans for transforming early years and early help.
- 1.3 This report outlines the background to the programme, the key principles of the approach and reports on the progress in implementation and key aspects of evaluation and learning across the district.



2. Background

- 2.1 The Better Start Bradford programme is the result of a successful £49 million Big Lottery Fund bid led by Bradford Trident, for a 10 year early intervention and prevention programme. We are currently in year 2.
- 2.2 Bradford was one of only five areas nationally to be awarded funding from the Big Lottery Fund's *A Better Start* programme, following intensive partnership work between Bradford Trident, Children's Services and Public Health in the Council, the Police, Clinical Commissioning Groups (CCGs), NHS providers, Voluntary and Community Sector organisations, elected members and families.
- 2.3 Better Start Bradford is a 'test and learn' programme which is being used as a vehicle for reform across the district in early years and has already informed the development of the Integrated Early Years Strategy and the work to transform early



years early help (Early Intervention and Prevention). 'Test and learn' means that we have a heavy focus on evaluation, leaving a legacy of learning what successfully improves outcomes for children in Bradford.

- 2.4 It is being delivered in 3 disadvantaged wards (Bowling and Barkerend, Bradford Moor and Little Horton) but aims to embed what works across the district. For example, specific attachment training for our early years workforce (including volunteers) is being rolled out and the Baby Buddy phone app is now used across the district to provide information to mums-to-be and encourage use of mainstream services.
- 2.5 Focussed on improving maternal and child health and school readiness, the programme's primary outcomes are to improve communication and language development, social and emotional development and nutrition in children aged 0-3 years.
- 2.6 During pregnancy a woman's mental and physical health, behaviour, relationships and environment all influence the developing foetus and can have a significant impact on the baby's wellbeing and long term outcomes. Pre-conception, pregnancy and the early years are an ideal opportunity to target interventions as this is when extensive brain development occurs and any new experience, both positive and negative, can have short and long term impacts. Therefore the programme is entirely focused on pregnant women and young children aged 0-3 years.
- 2.7 From a cost benefit point of view, research tells us that the best time to invest in evidence based prevention and early intervention is in pre-conception, pregnancy and first three years of life, as it is this time when the improvement in outcomes is greatest.

3. Key principles of the BSB approach

- 3.1 *Know what you want to change:* A clear focus on outcomes for children, with a framework detailing the measures to be used to measure change against short, medium and long term outcomes.
- 3.2 *Use what works and create local evidence:* Early intervention and prevention interventions rooted in the best available evidence and science, alongside detailed evaluation of their implementation and effectiveness, led by Born in Bradford.
- 3.3 *Joint accountability:* A Partnership Board made up of communities and local public services. The Partnership Board includes representation from the Director of Children's Services, the Director of Public Health and local parents who jointly oversee the programme and the budget. (See appendix 1) Joint accountability is also demonstrated through public sector organisations contributing leverage funding alongside the Big Lottery Fund grant.



- 3.4 *Cost benefit analysis:* The London School of Economics is working with Better Start Bradford to develop a tool to identify unit costs and potential savings from successful interventions. This will inform future commissioning plans for the district and is currently being tested before full integration into the programme.
- 3.5 *Community involvement:* A focus on working with our communities as an equal partner in planning and delivering projects and in ensuring that our key messages are embedded into families and parenting so that we achieve a real sustainable change in outcomes for children.
- 3.6 *Improve how systems work together:* A focus on strengthening integration will provide more consistent support for families by implementing common pathways, a joint training programme and a shared data system.

4. Progress with implementation

- 4.1 Big Lottery Fund requirements were that we take a staged approach to starting and rolling out the programme of activities. Therefore the first year was a 'set-up' year. Better Start Bradford is now well established with strong partnership commitment, community and workforce engagement and involvement and a unique partnership to create a monitoring and evaluation platform with Born in Bradford. It is well placed locally to influence strategic developments to improve outcomes for young children and is working collaboratively with other A Better Start sites across the country.
- 4.2 Ten of the twenty two planned projects are now up and running in the Better Start area, see appendix 2 for details of their intended outcomes, delivery partners and contract details.
- 4.3 Currently, four of the projects are also being delivered across the district:
- The Baby Buddy phone app, supporting women during pregnancy has already been rolled out across the district due to support from the CCGs and partners via the Maternity Network.
 - The HENRY project (Health Exercise Nutrition for the Really Young), which focuses on improving nutrition and exercise in the really young, is being delivered in partnership with Public Health to ensure that what is proven to work can be embedded into district wide provision and sustainable. (see appendix 3 for HENRY and Me blog)
 - Family Nurse Partnership, an intensive home visiting service for vulnerable families, is jointly commissioned with Public Health with additional evaluation in the BSB area to understand its impact.
 - Family Links Antenatal course (Welcome to the World) has been introduced across the district and the Better Start Bradford area delivery is providing additional support with redesign (see below) training, co-ordination and evaluation.

4.4 Service Design

As part of our systems change agenda, each Better Start Bradford project is subject to a robust design process before implementation. This gives us the opportunity to bring communities, academics and frontline staff together to discuss the evidence behind the effectiveness of the proposed project, what it should achieve, how it can be implemented to ensure it reaches everyone eligible and how it will be monitored for effectiveness.

This new approach to considered design of a service before implementation is going to support new approaches to commissioning. The district's Perinatal Mental Health Group has jointly designed Better Start Bradford's new perinatal mental health service to ensure that sustainability is embedded into planning. Also, the Family Links Antenatal Programme has struggled to gain momentum in parts of the district so has been jointly redesigned using BSB process improve its delivery.

4.5 Commissioning

Better Start Bradford is committed to commissioning our projects from partners and local organisations. We also seek to influence others' commissioning by raising the importance of pregnancy and the first years in improving children's outcomes and sharing our robust design process to ensure a clear specification for potential providers.

We have aligned our commissioning of Family Nurse Partnership and perinatal mental health service with the public sector, and have had similar conversations regarding future alignment of breastfeeding commissioning.

4.6 Workforce development

Learning Together is the training and development programme for everyone working with pregnant women and young families in the Better Start Bradford area, offering a range of expert sessions, workshops and events bringing leading professionals to Bradford to lead discussions in the latest thinking in the field.

We have supported the introduction of free evidence based bonding and attachment training for all early years staff across the district, and training to deliver the HENRY programme is regularly available to a wide range of practitioners.

4.7 Data sharing and systems

We are using SystmOne to capture the data on individual beneficiaries and work is progressing to address technical issues. SystmOne is used in primary care and by Health Visitors, who see every child, and we have developed a unit that will be used by every project and will support far better data sharing for practitioners. Shared data across health and early years is essential in ensuring efficient recording without duplication and effective family support.

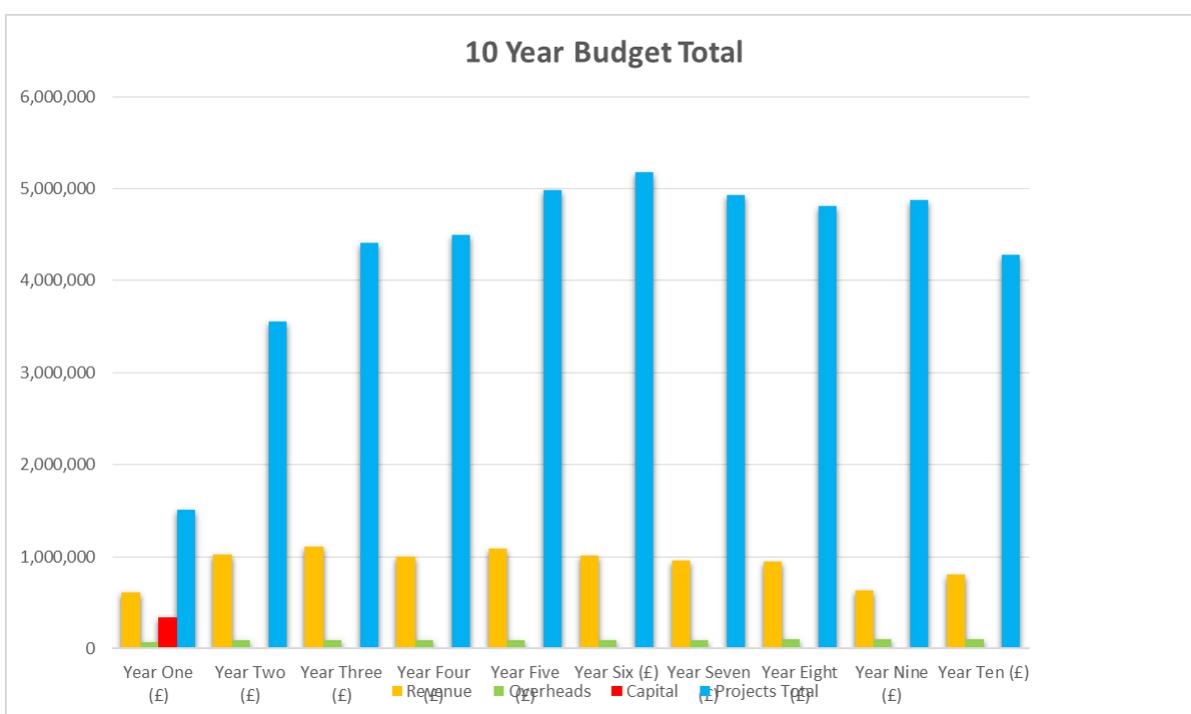
Our ambition is for one single child health record and overcome the data sharing obstacles that currently exist across early years and partners. The first step has been a recent acknowledgement across the district that every data system should use the NHS number as the unique identifier so children can be effectively tracked.



4.8 Finance and budgeting

As we had a 'set-up' stage and a staggered approach to implementing the projects, this means that our 10 year budget is not an even distribution across the life of the programme but reflects the build-up of activity over the first few years and then the tapering off of activity as projects are either sustained or decommissioned. The table below shows the split between budget spent of project delivery and that spent on programme management, including a workforce development programme, community involvement and evaluation.

	Year One (£)	Year Two (£)	Year Three (£)	Year Four (£)	Year Five (£)	Year Six (£)	Year Seven (£)	Year Eight (£)	Year Nine (£)	Year Ten (£)	
Revenue	613,632	1,021,649	1,107,450	1,000,295	1,083,407	1,009,112	960,241	949,804	634,173	807,828	
Overheads	68,840	87,017	88,757	90,532	92,343	94,190	96,074	97,995	99,955	101,954	
Capital	340,273	0	0	0	0	0	0	0	0	0	
Projects Total	1,508,959	3,557,933	4,406,020	4,491,962	4,988,761	5,182,003	4,930,281	4,816,180	4,878,899	4,275,742	
Totals	2,531,704	4,666,599	5,602,227	5,582,789	6,164,511	6,285,305	5,986,596	5,863,979	5,613,027	5,185,524	53,482,261



5. Learning and evaluation

5.1 Better Start Bradford has access to the latest international research, science and experts, which we bring to our Learning Together events, and have learned a lot about children's developmental outcomes and how to design a programme of activity to work with partners and families to improve them. Through our work, Bradford is a founding partner of the Global Compact on Early Child Development which shares excellence in the field and the national A Better Start programme is seen internationally as being at the cutting edge of thinking.

5.2 Learning what works in Bradford from the BSB projects



The BSB partnership with Born in Bradford (the Innovation Hub) will monitor the implementation of each project delivered as part of Better Start Bradford. Even the most robustly evidence based services and projects will fail if they are implemented poorly. Numerous studies have shown that an effective programme implemented poorly will get the same results as an ineffective programme implemented well - neither will have much, if any, benefit for children and families. We are therefore evaluating the implementation as well as the impact of our projects.

The Innovation Hub are recruiting a cohort of approximately 5000 babies over the first 5 years of the programme in order to measure the impact of each project. We currently have over 700 families recruited. Full results for the projects will be available via cohort data from 2021, although some preliminary findings will be available depending on the outcomes and measures, after 2-3 years of the project starting.

5.3 Learning about service/programme design and development:

Key principles have emerged from our work that are transferable to other services/programmes:

- Focus on outcomes. There is not always a common understanding about what outcomes mean. We need to focus on what needs to change and how we can measure it.
- Deliver tailored activities/services with a theory of change underpinning them. The Theory of Change gives a comprehensive description of how and why a desired change is expected to happen; mapping out what an activity or intervention does and how it leads to desired goals being achieved.
- Use evidence of 'what works' for children to determine which activities/services and build in evaluation of whether it works in the local area. Various guides are available e.g. <http://guidebook.eif.org.uk/> ; <http://www.dartington.org.uk/inc/uploads/What%20works%20%20Overview.pdf>
- Facilitate local communities and agencies to work together in an integrated way at different levels.
- Measure progress rigorously through monitoring and evaluation.

5.4 Evaluation at a national level

As we are part of a national programme, the Big Lottery Fund are working with a consortium led by Warwick University to evaluate the programme. They are undertaking an impact and economic evaluation with the following research questions:

- How effective is A Better Start in improving children's socio-emotional functioning, nutrition and language?
- How cost-effective is ABS?
- How quickly do we find improvements in outcomes, and how sustainable are these over time?



- How does this compare with families in other areas not supported by Big Lottery Fund's investment?
- Is the programme investment worthwhile?
- How much does it cost to run the programme, including the initial set-up, and over time?
- How cost-effective are different approaches in terms of the outcomes achieved?

5.5 Partners have identified the following as key areas at district wide level which have been informed and influenced by the learning from the BSB programme:

- Implementation and further development of the Integrated Care Pathway between midwives, health visitors and children centre staff.
- Contributing to the development of a transformation plan for Early Years/Early Help (Early Intervention and Prevention) services to ensure the evidence for ways of working in early years is robust and outcome focused
- Informing plans and delivery of new approaches to integration and delivery in the new cluster model for children's centres and the Health Visiting Services.
- Joint multi-disciplinary training for early years staff including e learning on bonding and attachment, HENRY (healthy eating and nutrition in the really young) training and district wide approach to Antenatal classes Family Links Antenatal (FLAN) programme.
- Working closely in partnership with Public Health, Children's Services, CCGs, NHS providers and VCS to effectively implement the Integrated Early Years Strategy for children 0-7 years and that this uses an evidence based approach based on improving outcomes children across both BSB and district wide services
- Development and piloting of new initiatives such as the integrated 2-year review undertaken by childcare providers and Health Visitors, the targeted Early Help pilot, and for the 2-year-old + tracking project which aims to track the achievement, progress and attainment of eligible children from the age of 2 years-old.
- Joint approach to commissioning Family Nurse Partnership (FNP) for vulnerable mothers under 20 years of age (under 24 years in BSB area) and working with partners in Public Health to develop a new FNP Adapt model together with the national FNP team
- Close working with CCG led Perinatal mental health group and all key partners informed by robust service design process of the BSB Babies and Bonding service to ensure both BSB and district wide mental health services for mothers and their infants are significantly improving
- Drive to bring data systems together to enable effective tracking of children's engagement with services and effective evaluation of activities.
- Working with the CCGs to support the development of a Maternity Programme Board to oversee the implementation of Better Births, the five year forward view for maternity services
- Sharing our learning with the CCG led district wide Children's Network

6. Options



6.1 Not applicable; this is an update for information.

7. Contribution to Corporate Priorities

7.1 The BSB Programme contributes to the priorities within the Bradford District Health and Wellbeing Strategy and the associated Health Inequalities Action Plan (HIAP). HIAP Priorities 1-6 of the 18 priorities are focused on child poverty, infant mortality, parenting and early years, ensuring children are well prepared for adulthood. It is also included as part of the Council's priority 'A great start in life for all our children and good schools' and to the Children, Young People and Families Plan. BSB is a key member of the Integrated Early Years Strategy group and many other key children's groups and networks across the district, sharing learning and providing opportunities to pilot new approaches.

8. Recommendations

8.1 Committee members are asked to consider and to note the information provided in this report and the high commitment within the District to improving outcomes and reducing inequalities for all young children through evidence based early intervention and prevention to ensure all children reach their potential.

9. Background Documents

97.1 Our Children's Future: Better Start Bradford families share their vision: June 2016
<https://www.youtube.com/watch?v=4wmn4urDgKk>

9.2 How Brains are Built: The Core Story of Brain Development: Alberta Family Wellness October 2013.
<https://www.youtube.com/watch?v=LmVWOe1ky8s&list=PLPy5ZtNQuZCyKWCKuO0w5YQVhEPUAucJ4>

9.3 Fair Society Healthy Lives The Marmot Review UCL Institute of Health Equity (2010)
<http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>

9.4 Conception to age 2 - the age of opportunity The Wave Trust (2013)
<http://www.wavetrust.org/our-work/publications/reports/conception-age-2-age-opportunity>

9.5 Integrated Early Years Strategy 0-7 years
http://www.bradford.gov.uk/bmdc/health_well-being_and_care/child_care/earlyyears.

10. Not for Publication documents

10.1 None.

11. Appendices

11.1 Partnership Board structure and membership

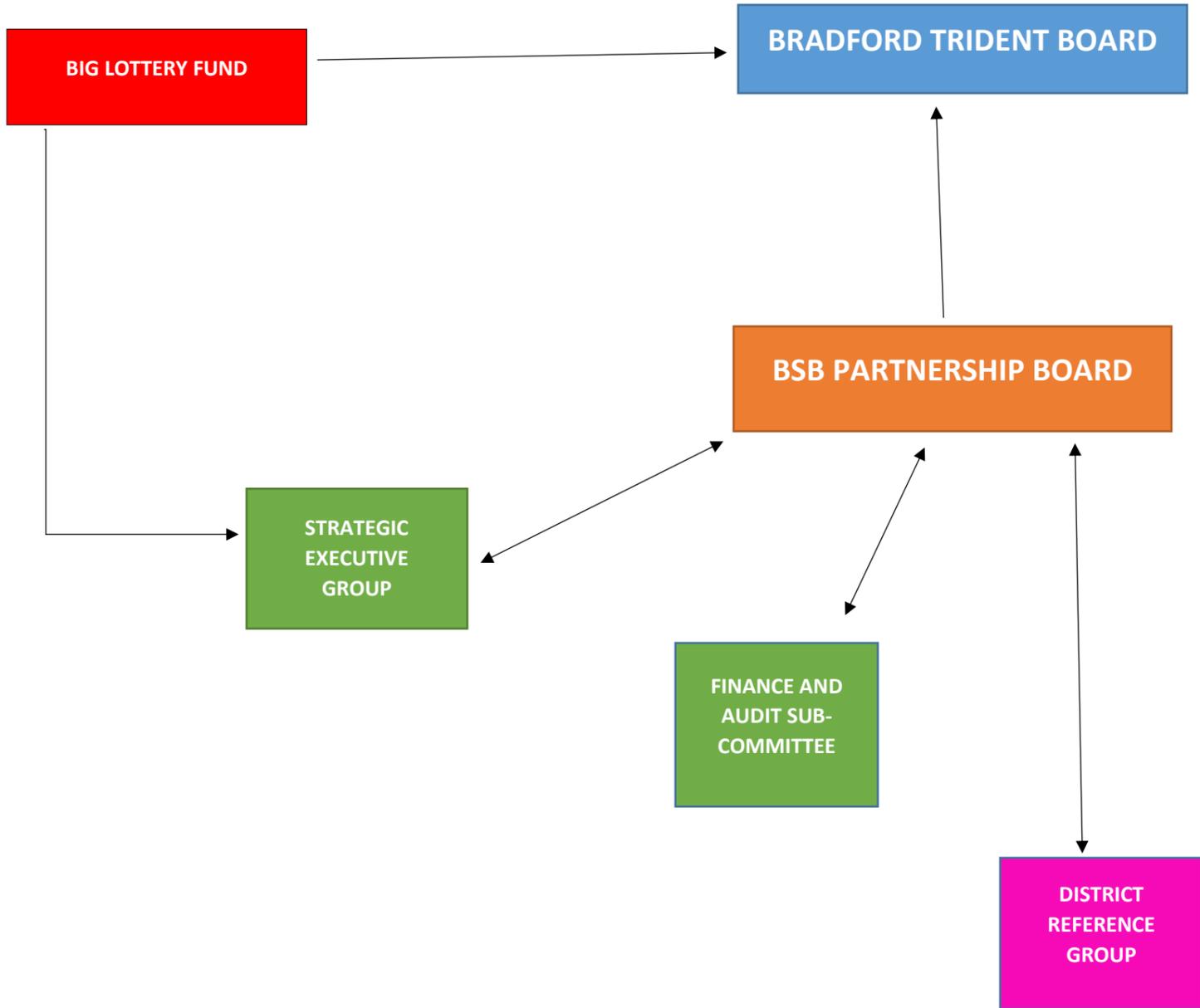
11.2 Projects and outcomes

11.3 HENRY case study





BETTER START BRADFORD GOVERNANCE STRUCTURE



BSB Partnership Board membership:

Michael Jameson	Strategic Director of Children’s Services, BMDC
Sarah Hinton	Board Representative, Bradford Trident
Dr Anita Parkin	Director of Public Health, BMDC
Dr Rosie McEachan	Programme Director, Born in Bradford
Julia Elliot	Interim Head of Children's Services, Bradford District Care Foundation Trust
Rashida Latif	Community representative and Health Lead, East Bradford Children’s Centres
Christy Bischoff	Community representative and Coordinator for Bradford Action for Refugees
Ruth Hayward	Head of Commissioning (Women and Children) Bradford City District Clinical Commissioning Groups
Anna Boocock	Community Representative and Volunteer at BD4 family and local church
Janette Reynolds	General Manager, Women's and Children Services Bradford Teaching Hospital Foundation Trust
Mel Astin	Community representative and BD4 Family Project Manager
Gweneth Balson	Community Representative and Chair of Womenzone
Indi Elcock	Community representative and Anchor Project Coordinator
Scott Bisset	Chief Superintendent West Yorkshire Police
Nahed Akhtar	Community Representative and parent
Talat Sajawal	Ward Councillor
Peter Horner	Volunteer Community Sector Representative, Bradford District Assembly
Mumtaz Elahi	Community representative and Family Outreach Worker Westminster CE Primary School
Nasreen Khan	Community representative and Trident Community Councillor
Nasim Qureshi	Community representative and CEO Inspired Neighbourhoods
Vipin Joshi	Community representative and Bradford Trident Board member

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Project	Outcomes	Target groups	How commissioned
Baby Buddy mobile phone app. Free app with personalised content approved by doctors and midwives.	Maternal mental health Access to services	Universal All parents and parents-to-be from pregnancy to six months after birth.	Best Beginnings (national charity who developed the app.) Service Level Agreement August 2014 renewed annually.
Personalised midwifery care pilot. Ensuring women see the same midwife, with longer appointments, and enhanced support and information.	Continuity of care Maternal mental health	Limited to 400 women due to the capacity of the pilot.	BTHFT Service Level Agreement August 2015 for 3 years.
Perinatal Support Service. Providing emotional support to families under pressure during pregnancy and the first year after birth.	Maternal mental health	Targeted Pregnant women who have, or are at risk of developing, mild to moderate mental health problems and their partners/family members.	Family Action Service Level Agreement 1 st April 2015 3 year renewable following review.
Talking Together. Supporting two-year-olds in communication and language development through home visits to encourage play and conversation.	Children's language and communication School readiness	Universal assessment Targeted intervention Every 2 year old receives an assessment. Those at risk of language delay receive the home visiting programme.	BHT Early Education and Training (formally SureStart BHT) Service Level Agreement 1st June 2015 3 year renewable following review.
Family Nurse Partnership. Home visiting by specially-trained nurses to support young first time parents and their children with health, wellbeing and self-sufficiency.	Parent/child interaction Neglect School readiness	Targeted Vulnerable women up to the age of 24.	BDCFT & FNP National Unit Service Level Agreement June 2016 for 18 months then review.

<p>Better Start Imagine. Providing free books and activities to help develop language and literacy skills.</p>	<p>Children’s language and communication School readiness</p>	<p>Universal Each child receives a book each month from birth until 4th birthday.</p>	<p>BHT Early Education and Training (formally SureStart BHT) Service Level Agreement Jan 1st 2016 for Book Gifting, Oct 1st for project activities.</p>
<p>Family Links Antenatal – now Welcome to the World An antenatal course for pregnant mums, dads and carers</p>	<p>Maternal mental health Breastfeeding Attachment</p>	<p>Universal All parents-to-be from week 22.</p>	<p>BSB providing training and monitoring. Commissioned by LA.</p>
<p>HENRY Health Exercise Nutrition for the Really Young: A course or one-to-one sessions supporting families with young children to develop healthy lifestyles.</p>	<p>Obesity Oral health</p>	<p>Universal All parents with a baby or toddler under 4.</p>	<p>Service Level Agreement with HENRY Jan 2016 for 3 years renewable following review.</p>
<p>Home-Start Volunteer home visiting service for families with young children.</p>	<p>Parental feelings of ability to cope with stressors. Access to services Children’s social and emotional development</p>	<p>Universal All expectant families or with a child under 4.</p>	<p>Service Level Agreement with Home-Start Bradford. April 2016 3 years renewable following review</p>
<p>ESOL + for pregnancy Language courses for pregnant women with English needs, to help them engage with their midwife and be more in control of their pregnancy and labour</p>	<p>Maternal mental health Access to services Mother’s language and communication</p>	<p>Targeted Pregnant women who might otherwise need an interpreter for antenatal appointments or delivery of their baby.</p>	<p>Licensed and unique programme developed by Shipley College. Thus SLA with Shipley College Sept 2016 3 years renewable following review</p>

<p>Perinatal mental health service A new service which will support and nurture parent-infant relationships through training and consultation for the workforce as well as providing a clinical service to families as and when they require it.</p>	<p>Maternal sensitivity. Parent/child interactions. Children’s social and emotional development.</p>	<p>Universal workforce Targeted intervention for families</p>	<p>To be provided by Bradford District Care Foundation Trust.</p>
<p>Baby Steps A perinatal parent education programme for vulnerable parents.</p>	<p>Maternal mental health Parent/child interactions. Neglect.</p>	<p>Targeted Those at higher risk of poor emotional wellbeing during the transition to parenthood.</p>	<p>To be commissioned</p>
<p>Breastfeeding Support A home and community based support service.</p>	<p>Breastfeeding Obesity Maternal sensitivity</p>	<p>Universal</p>	<p>To be commissioned</p>
<p>Cook and Eat programme Community based</p>	<p>Obesity</p>	<p>Universal</p>	<p>To be commissioned</p>
<p>Doula Project Physical & emotional support for women in later pregnancy, during & after birth given by volunteers.</p>	<p>Maternal mental health Parent/child interaction</p>	<p>Targeted Women with a mental health need.</p>	<p>To be provided by Bradford Doulas</p>
<p>Better Place - environment A programme of developing local and safe places to play, walking routes and local green spaces and community gardens</p>	<p>Parent/child relationship Social and emotional development</p>	<p>Universal</p>	<p>In the process of being commissioned</p>
<p>Better Place – Forest Schools A programme of outdoor play and learning.</p>	<p>Parent / child relationship Social and emotional development</p>	<p>Universal</p>	<p>To be commissioned</p>

Page 15

<p>Family Links Nurturing A parenting project focussed on building nurturing relationships.</p>	<p>Parent/child interaction Child’s language and communication development Child’s social and emotional development. School readiness</p>	<p>Targeted. Families in need of additional support.</p>	<p>Provided by Children’s Centres and partners</p>
<p>Incredible Years A parenting project for parents with children between the ages of one and 3 could be at risk of emotional or behavioural issues.</p>	<p>Parent/child interaction Child’s language and communication development Child’s social and emotional development. School readiness.</p>	<p>Universal</p>	<p>To be commissioned</p>
<p>HAPPY A perinatal parenting programme aimed at reducing the number of overweight or obese children.</p>	<p>Obesity</p>	<p>Targeted Pregnant women with a BMI greater than 25</p>	<p>To be commissioned</p>
<p>Pre-schoolers in the Playground Playgrounds are made available to parents and pre-school children at times when parents are likely to already visit the venue.</p>	<p>Physical activity Obesity</p>	<p>Universal</p>	<p>Negotiated with schools</p>
<p>ICAN Training for the workforce in early language development.</p>	<p>Language and communication development. School readiness.</p>	<p>Universal</p>	<p>To be provided by ICAN</p>

HENRY and me



Busy working mum, Gemma Priestley, 31, has recently completed HENRY's (Healthy Exercise Nutrition for the Really Young) one-to-one programme, offered through Better Start Bradford. In this blog Gemma shares the difference HENRY has made to her family's life.

Gemma's Story

I often struggle to attend family courses and activities as I only have Monday's free. When I found out about HENRY's one-to-one programme, I jumped at the chance to take part as they offered to do it in my home on my day off.

My two-year-old son Logan and I have on going reflux conditions, which impacts on the food we can eat. I could only get Logan's medicine down with his formula milk; I thought if I took the formula away I would not get his medicine down, and it was holding me back from improving his eating habits. Doing the HENRY course gave me a push to make the change he needed.

Through the course, I was able to swap his formula for real milk. I realised that just because he had refused at the start, his initial issue had become my issue. In the end, it was not so hard to make the change after all.

I had also taken his snacks away, thinking that was a good thing, but that meant he was really hungry at mealtimes and eating too much and too fast, which was probably affecting his reflux.

The course offered much more than advice around nutrition though. I realised that I was making Logan older than his time and trying to do more advanced activities with him. HENRY provides you with lots of suggestions for what's good and healthy for young children. Some I use and some I don't, but that's the beauty of the course: you take from it what you need to take.

Activity Wall



I have developed an 'activity wall', and because Logan is only two, I am taking photos of all of the activities we do and stick them on the wall. Logan simply points to the photos to show me which activity he would like to do. It's such a lovely way to display his work and for him to easily communicate with me. I even have friends that have copied the idea from me!

Initially I was doing the course to help with feeding Logan, but it really helps you to look at other habits you may get into. We were one of those families that would use the television as a 'babysitter'. My husband Richard, Logan and I would all eat in front of the television and we would let Logan watch it before bedtime, thinking it was a calming influence.

Healthy changes

We have now looked again at our TV habits. Logan's bedtime routine is now amazing; we have a little quiet time play in his bedroom, get pyjamas on, settle down and read books and then leave him in his bedroom to go to sleep. He has even started shutting the bedroom door on me so I will go!

As for meals, I got rid of Logan's highchair and he now has a seat on his chair and sits at the table with us for meals. We have real family time with no television. We also have a meal reward chart, and even when Logan has gone to bed, me and Richard will reward ourselves with stickers if we sit down and have a meal together.

Thanks to the HENRY course, I feel a lot more confident as a parent, and we have not only learned a lot of things that we can do as a family to be healthier, but also how to take time out for yourself. I did the course just because I wanted a healthier balance. You don't get judged and I think everyone who does the course will take something away that they didn't consider before starting it.

Report of the Strategic Director Children's Services to the meeting of the Children's Services Overview & Scrutiny Committee to be held on 14th February 2017

AI

Subject:

Arrangements by the Council and its partners to tackle child sexual exploitation.

Summary statement:

This report provides an update to the report presented to the Children's Services Overview and Scrutiny Committee on 6th September 2016. In particular it addresses the Committee's request for further information on certain matters.

Michael Jameson
Strategic Director
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Portfolio:

Health & Social Care

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Overview & Scrutiny Area:

Children's Services



1. SUMMARY

- 1.1 This report provides an update to the report presented to the Children's Services Overview and Scrutiny Committee on 6th September 2016. It contains information on developments in the intervening five months and responds to the specific recommendations made at that meeting.

2. BACKGROUND

- 2.1 The report submitted to this Committee in September 2016 provided a data and a comprehensive description of the national and local context for tackling Child Sexual Exploitation (CSE). It included:

- Bradford Safeguarding Children Board's 9 Point Strategic Response to CSE;
- Learning from practice experience through Serious Case Reviews (SCRs) and Challenge Panels, and through preparation for inspection;
- The work of local agencies and services, especially the Multi-Agency CSE Hub which had been the subject of a review, the findings of which were contained in the report;
- Work with perpetrators, including the Insight programme;
- Preventative work, notably the use of drama to raise awareness of primary school pupils;
- The Barnardo's "Nightwatch" scheme;
- Work with Private Hire and Hackney drivers and operators;
- Work in relation to non-recent sexual exploitation;

- 2.2 The subject continues to be a national priority for both central and local government and their partners. Levels of understanding, commitment and activity are being maintained or increased.

- 2.3 It is a relatively short time since the September report was given to committee and this report provides an update to that report. Updates since September 2016 include the drama production, "Mr Shapeshifter" and plans for this to be presented to primary schools in Bradford. The first of at least 57 performances took place on 19 January 2017.

- 2.4 Another significant event was the publication of the Serious Case Review (SCR) of "Autumn" on 6th December 2016, with a strong partnership approach to its publication. The extent of the abuse of Autumn is demonstrated by the fact that a criminal trial led to 12 males being found guilty of various sexual offences and receiving sentences totalling over 140 years. The way agencies deal with CSE had already developed since the period in which Autumn was being exploited. Nonetheless the case led to a number of actions, the plans for which are being closely monitored by BSCB, which indicates that the majority have already been responded to.

- 2.5 The key learning issues from the case for professionals were that, work with:



2.5.1 The child

- Must focus on the causes of behaviour rather than the behaviour itself;
- When a child discloses it must be recognised or responded to appropriately;
- Must recognise that cumulative harm has a significant impact on the development of a child/ young person;
- Must be able to recognise abuse including neglect, physical abuse sexual abuse and rape and follow safeguarding procedures.

2.5.2 The family

- Need to be aware when assessing risk not to be over reliant on the belief that family cooperation means the child is not being harmed and or / requiring child protection processes;
- When delivering interventions it must be clear what the desired outcomes are and the expected impact on the child and their development;
- Assessments should include recognising attachment patterns and their impact on child development.

2.5.3 Other professionals

- Need to be clear about roles and responsibilities;
- Need to be clear about the remit of safeguarding / multi-agency meetings;
- Need to be prepared to challenge and have professional curiosity;
- Must be able to escalate concerns appropriately;
- Must be able to share information appropriately;
- Must be aware of that predominant beliefs and ethos can prevent a thorough assessment and analysis of risks / harm.

2.5.4 Similarly, the learning points for managers supervising staff working with ...

2.5.5 The child

- Need to ensure the voice of the child is central to multi-agency meetings
- Need to understand and apply the research about the impact of abuse and trauma on children so that they can support / advise staff to analyse harm and risk appropriately.

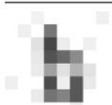
2.5.6 The family

- Need to ensure their staff are up to date with recent research evidence about outcomes for young people who are looked after to help inform decision making.

2.5.7 Other professionals

- Must assist staff to appropriately assess the level of harm and the need for child protection intervention;
- Must allocate cases and regularly review the level of risk to ensure; appropriate oversight of on going assessment.

2.5.8 Finally, the messages for Strategic Leads with responsibility for safeguarding children were that they ...



- Must ensure that partners work together effectively and recognise that Child Protection processes need active scrutiny where harm is external to the family;
 - Must ensure that a robust early help offer is in place and that the threshold for assessment is clear and able to appropriately identify the level of risk;
 - Must ensure there is clarity of how the specialist services and the CSE hub fit within safeguarding process;
 - Must ensure procedures are reflected in practice.
- 2.6 The full report of the SCR is available at http://www.bradford-scb.org.uk/scr/autumn_scr/Autumn,%20a%20Serious%20Case%20Review%20-%206%20December%202016.pdf
- 2.7 The remainder of this report concerns itself with addressing the recommendations of the September meeting, which were:
- 2.8 That a further report be presented to the Committee in January 2017 which includes information on:
- The outcome of training for Private Hire Drivers
 - An explanation of the Nightwatch Initiative
 - A breakdown of the ethnicity of CSE offenders and suspects
 - Information on the Historic Case Unit
 - Work relating to hard to reach children and those with learning difficulties.
- 2.9 That the Committee urges all elected Members and Co-opted Members to complete the mandatory on-line Child Sexual Exploitation (CSE) training.
- 2.10 That it be recommended that senior officers of the Council, Partners and their Boards also undertake the CSE Training.
- 2.11 That it be recommended that all School Governors be offered CSE Training.
- 2.12 That the Committee encourages all Members of Council Co-opted Committee Members and senior officers of the Council to visit the CSE Hub at the earliest convenience.
- 2.13 That the minutes of this meeting be submitted to Professor Jay who is leading the independent inquiry into CSE. This has been done. The inquiry's remit is to "... investigate whether public bodies and other non-state institutions in England and Wales have taken seriously their responsibility to protect children from sexual abuse, and make meaningful recommendations for change in the future". Further information about the inquiry and its progress can be obtained at: <https://www.iicsa.org.uk/>

3. DATA

- 3.1 A separate statistical report is available at Appendix 1. It shows that the number of children and young people deemed to be at risk of CSE continues to increase. As



has been asserted previously, this is the result of growing awareness of the issue, its signs and how to respond to it. In other words, officers remain confident that the rise is far more likely to be in what agencies know, than in the number of young people experiencing exploitation.

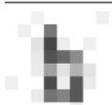
- 3.2 The most significant change in the data since the time of the previous report is in the number of “suspect management occurrences” recorded by the police. Over 40% of these arose in the last quarter of the 2016 calendar year. Clearly the most effective way of tackling CSE is to prevent offending behaviour.
- 3.3 The previous meeting of this Committee requested data about the ethnicity of offenders and suspects and this is included in the appended report.

4. TAXI DRIVER / OPERATOR TRAINING

- 4.1 Fleet and Transport Services (FTS) produced a safeguarding training module which was approved by the CSE Board. It has been delivered by a private CSE consultant to over 3,500 new and existing licenced drivers, both private hire and hackney carriage. This took place between January 2015 and December 2016 via more than 100 training sessions. This training was in addition to seminars for around 350 Licenced Proprietors (company “bosses”) and also approximately 1,300 licenced drivers who had attended “child protection” training before January 2015.
- 4.2 All current licenced drivers have attended training. They must evidence this before they can renew their licence and the issue is subject to enforcement checks at taxi bases. The training also forms part of mandatory licencing conditions and all drivers must re-attend every three years. In common with other training delivered by FTS, evaluation returns show a satisfaction rate of more than 98%. The mass CSE briefings received positive feedback from trade representatives, operators and proprietors.
- 4.3 Drivers are required to have copies of the “Know the Signs” literature in their vehicles and to be able to demonstrate understanding of it if requested by an enforcement officer. A4 posters have been distributed to base offices which must be displayed on public view.
- 4.4 FTS and the Licencing Service have a strong and effective relationship with the police at senior and operational levels. This supports the conducting of compliance checks and the taking of enforcement measures.

5. THE NIGHTWATCH INITIATIVE

- 5.1 The previous report described the successful bid to maintain the Barnardo’s Nightwatch service until at least March 2017. It aims to raise awareness of child sexual exploitation by offering advice, guidance, support and training to businesses, services and the general public. In particular Nightwatch addresses the interface between CSE locations of risk and the night-time economy. Certain types of



location appear to create increased potential risk of children falling victim to grooming and sexual offending. The project intends to understand this better and to deliver training to relevant agencies about the challenges posed.

5.2 The primary activities of Nightwatch are:

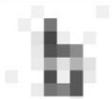
- to raise awareness of safeguarding risks to young people, including risks of CSE;
- to raise standards of safeguarding practice throughout the night time economy;
- to develop shared expectations with stakeholders regarding the use of enforcement action to drive up standards of safeguarding practices in District's night time economy.

5.3 Its key outputs are:

- Awareness raising and training with public and voluntary sector organisations such as group workers, Street Wardens, educational establishments etc who have contact with young people;
- Joint work with FE colleges to develop up Student Ambassadors to share information amongst students working within the night time economy or themselves vulnerable;
- Delivery of awareness raising with business venues identified through intelligence as potential hotspots or where businesses have opted to be part of the programme e.g. petrol stations, hotels, supermarkets, restaurants, takeaways;
- Development of an extended "safe space" scheme for young people across a wider range of businesses, to ensure that professionals working in the night time economy know what to do if they have a concern about the well-being of a young person.

5.4 The Barnardo's practitioner has worked both in a solo capacity and as a joint resource alongside multi-agency actions to disrupt recorded risks. Targets are likely to change as intelligence reveals trends and patterns, but recent activity has focused on the following types of location:

- Snooker Halls: Nightwatch has been a key partner in our improvement and education to staff at six locations throughout the district. High visibility enforcement led to one snooker hall being closed under Sec 136B of the Sexual Offences Act 2003 in late 2015. This was the first use of this legislation in England and Wales.
- Shisha Bars: In the last full financial year five of the areas 14 licensed bars were closed as a result of enforcement concerns. A number of written warnings and prosecutions were also made, though these are not necessarily directly related to CSE concerns. Nightwatch has now delivered training to many of these establishments;
- Hotels and B&Bs: A project is overseeing the delivery of training seminars to approximately 206 establishments. This is led by the police but Nightwatch has been a key partner, completing training and improvements at hotels posing significant risk in Bradford. These improvements have led, for example, to one hotel where legal powers have been used to require information about guests. Also, one hotel is subject to long term management and regular communication between the Police problem solver and national level hotel management.
- Parks and Open Spaces: Training is to be delivered in seminars to all local



authority staff in Bradford and Keighley. Only staff sickness has prevented this being completed.

- Private Residential properties: Under the auspices of Nightwatch, training has been delivered to all housing officers at Incommunities, the area's largest social landlord, and Accent Housing, another local provider;
- Public Transport Networks: Delivery of training to Metro, including managers and transport survey officers linked to Bradford and Keighley bus stations;
- Taxi Operators – Nightwatch was a core partner in the delivery of training and awareness of over 3400 drivers and operators throughout the district;
- Security Providers (door staff and site protection): The service is planning to offer training to these in due course.

5.5 Nightwatch has also met with youth groups, community groups and local off licences across the district. This has increased awareness and produced intelligence from previously unknown sources.

6. THE HISTORIC CASE UNIT

6.1 The Police's historic child sexual exploitation team was set up in October 2014. This is a dedicated team comprised of Police and Social care staff. All investigations are being overseen by a Detective Superintendent. The team is currently undertaking 13 complex historic investigations. Over 50 suspects have been arrested. 25 are on Police bail. Several cases are currently being reviewed by the Crown Prosecution Service. All victims have been referred for multi-agency support and are being provided victim support by trained staff.

6.2 139 people were identified as potential previous CSE victims following the assessment of Police data; reported offences, intelligence and missing person occurrences subsequently prioritised through an algorithm. All have been visited and referred to supportive agencies. Two disclosed offences when visited and these are now active investigations.

7. WORK WITH HARD TO REACH CHILDREN AND THOSE WITH LEARNING DIFFICULTIES

7.1 Members will see that the appended statistical report does not contain data about the overlap between CSE and learning disabilities or other conditions that may place children at increased levels of risk. Intuitively and anecdotally children with delayed intellectual development or those with poor organisational skills are more likely to be targeted by abusers. There are also research reports on this, such as *'Unprotected, Overprotected: meeting the needs of young people with learning disabilities who experience, or are at risk of sexual exploitation'* produced by Barnardo's.

7.2 In order to know how best to respond to this issue, more evidence is needed, not just on types of disability but on such things as whether children are attending mainstream or special schools. We must also remember that much of the work in



connection with CSE can reasonably be expected to cover the needs of all children and young people. For example, most of the messages about the signs and symptoms and how to spot them is universally applicable.

- 7.3 Officers have begun to commission and gather data on the incidence and impact of additional needs. Using this – together with research such as that referred to above – they will then know whether extra or different responses are needed and take steps to put these in place. Members will receive greater detail about this in the report that is to be presented in September 2017.
- 7.4 Although the attention of this report is on children and young people, young adults with learning disabilities may be at risk of various types of exploitation. This is taken into account in setting such as day services, where users are provided with advice and guidance on keeping safe.
- 7.5 At the general level there is recognition of the need for greater coordination of the interests and efforts of the Children’s and Adult’s Safeguarding Boards. The independent chairs and business managers of each are now increasing the level of liaison between their areas of interest, with vulnerability to sexual abuse and exploitation being a particular focus. The results of that improved connectivity will be reported to Members in due course.

8. TRAINING OF MEMBERS, OFFICERS AND SCHOOL GOVERNORS

- 8.1 All but one of the Council’s Elected Members has now completed on-line Child Sexual Exploitation (CSE) training.
- 8.2. The expectation that senior Officers undergo training has been set out at Corporate Management Team meetings and in the Children’s Senior Leadership Team. BSCB will continue to inform partner agencies about how to access the training and to encourage its take-up, especially by senior managers.
- 8.3 Training on CSE is now provided as standard for school governors. It is also being included in the safeguarding curriculum for schools.

9. RISK MANAGEMENT AND GOVERNANCE ISSUES

- 9.1 The protection of children and vulnerable adults is the highest priority for the Council and its partners when considering the implications of CSE, as is the provision of services to support those who are victims of this abuse. Failure to protect and provide appropriate services significantly increases the risk to children in the District. It would also lead to significantly reduced public confidence in Bradford Council, West Yorkshire Police and other partners, as has been demonstrated in some other Districts.
- 9.2 Failure to implement the proposed recommendations may increase these risks



10. LEGAL APPRAISAL

10.1 The report has been considered by the office of the City Solicitor and there are no identified legal issues to highlight.

11. OTHER IMPLICATIONS

11.1 EQUALITY & DIVERSITY

11.1.1 Although the data available has been updated, the implications for equality and diversity remain largely unchanged from the time of the previous report.

11.1.2 Child Sexual Exploitation (CSE) is a crime committed by predominantly male perpetrators from all different racial backgrounds. Victims of CSE also come from all backgrounds and ethnicities. Nevertheless, local experience and national research indicates that recognised victims and perpetrators do not necessarily reflect the gender ethnicity and other characteristics of the District's population.

11.1.3 18% of the identified children experiencing or at risk of CSE in the Bradford District during 2015/16 were male. There is considerable national research to suggest that this is an under-representation. Services in Bradford work closely with Blast to deliver training and to challenge perceptions and practices that might make it less likely that a boy would be recognised as at risk of CSE compared to a girl.

11.1.4 Steps continue to be taken to address the apparent under-representation of BEM children among those referred to the Hub. The data at appendix 1 shows that 67% of open cases were of white British heritage and 16% were of Asian heritage. Although the latter percentage has increased, this represents an over representation of white British children and an under representation of Asian children, compared to the District's under 18 population.

11.2 SUSTAINABILITY IMPLICATIONS

None

11.3 GREENHOUSE GAS EMISSIONS IMPACTS

None

11.4 COMMUNITY SAFETY IMPLICATIONS

11.4.1 Child Sexual Exploitation (CSE) is violent criminal activity. The consequences of CSE can be long-standing for the victim and there is growing research evidence that victims of CSE are themselves over-represented among young people coming to the attention of police services as potential offenders. In addition, CSE has lasting consequences for families of victims and perpetrators and has potential implications for community relations.



11.5 HUMAN RIGHTS ACT

11.5.1 Child Sexual Exploitation is a violation of the rights of the child under the Human Rights Act. The arrangements made by the Council and its partners are intended to prevent the rights of the child being violated in this way.

11.6 TRADE UNION

None

11.7 WARD IMPLICATIONS

11.7.1 There are no new implications arising from this report.

12. NOT FOR PUBLICATION DOCUMENTS

None

13. RECOMMENDATIONS

The Children's Services Overview and Scrutiny Committee are invited to:

- Note the contents of this report.
- Receive a full update to the September 2016 in September 2017.

14. APPENDICES

- Appendix 1: "The CSE Hub – Date and Statistics prepared by Danielle Williams, Bradford CSE Hub Intelligence Officer.

15. BACKGROUND DOCUMENTS

- Report to the September 2016 meeting of the Children's Services Overview and Scrutiny Committee, available at
- Report of the "Autumn" Serious Case Review, available at http://www.bradford-scb.org.uk/scr/autumn_scr/Autumn,%20a%20Serious%20Case%20Review%20-%206%20December%202016.pdf
- Information about the Independent Inquiry into Child Sexual Abuse is available at <https://www.iicsa.org.uk/>
- 'Unprotected, Overprotected: meeting the needs of young people with learning disabilities who experience, or are at risk of sexual exploitation'. Available at <http://www.bild.org.uk/information/unprotected-overprotected/>



The CSE Hub – Data and Statistics

Provided by Danielle Williams, Intelligence Officer, Bradford CSE Hub

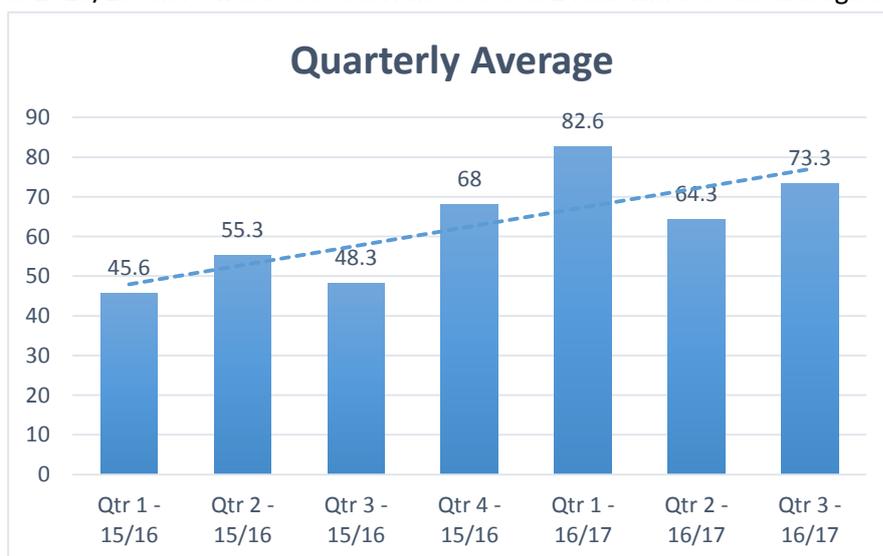
Data sources

Several datasets have been used to compile this data. The Strategic Overview section uses data gathered from LCS, the database used by Children’s Social Care. This dataset contains all CSE episodes that have been open at some point between 1st January 2016 and 31st December 2016 to give a strategic overview of all referrals to the CSE Hub. The tactical overview section provides a snapshot in time of the cases open to the CSE Hub on the 9th January 2017. A crime dataset is taken from West Yorkshire Police’s crime recording system and contains all sexual offences committed against a victim who was under the age of 18 at the time of the offence and was committed between 1st January 2016 and the 31st December 2016.

Strategic Overview

When a concern is raised with the CSE Hub that a child may be involved in child sexual exploitation a “CSE Episode” is created on LCS by Children’s Social Care. The partnership then research each of their systems to gather as much information about the child as possible and this is then discussed at the daily CSE Meeting. This meeting assesses the information and decides whether there is a CSE risk to that child. Each of these discussions, no matter what the outcome, is recorded on LCS by way of a CSE Episode. This will then show that a referral has been made even though in some cases the partnership may consider that there is no CSE risk to a particular child.

The last report stated that during the 2015/16 financial year there were 713 cases dealt with by the CSE Hub and compared to the previous year this was an increase of 65%. In the first three quarters of 2016/17 there were 670 referrals to the CSE Hub which is an average of 74 .4 referrals per month.



If that average was met in the final three months of the year there would have been approximately 892 referrals for the year. It is therefore likely that there will be an increase in 2016/17 compared to the previous year. When considering the average number of referrals per quarter there is a consistent

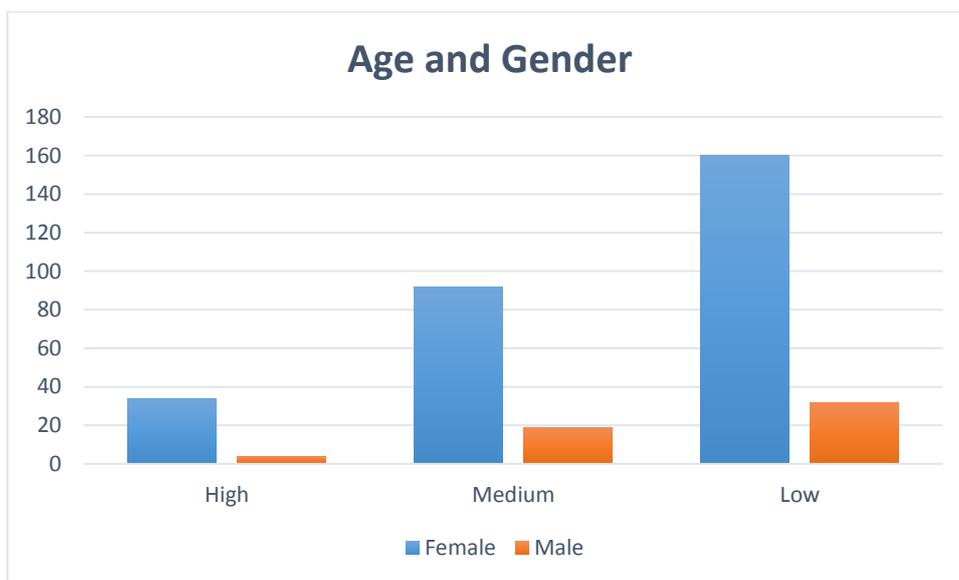
upward trend in the number of referrals. It was asserted in the previous paper that this is down to an increased awareness of CSE across the district. The monthly data would back this up at two particular points of the year. The 18th March is the National CSE Awareness Day and in 2016 events were held in Bradford and Keighley to raise awareness with the public. In March there had been 72

referrals to the CSE Hub but in April this increased to 91 referrals. Safeguarding week was held across the district towards the end of October 2016 and in November referrals doubled when compared to the number in October.

Tactical Overview

There were 344 children who were open to the CSE Hub on the 9th January 2017. Open cases change on a daily basis so this dataset represents the number of cases on that specific day. Each day there is a morning CSE Hub meeting where new assessments, missing from homes and new intelligence is discussed by all partners. This is an effective way of data sharing, a particular strength of the CSE Hub, and ensures that all staff are aware of new intelligence. For risk assessments this means that information from all partners can be discussed and a rounded view of the risk to each child is obtained. For each child that is discussed a CSE Episode is opened on the children’s social care system LCS. The notes from the discussion are recorded and the risk level recorded. Where a child is not considered to be at risk of CSE the episode will be closed straight away. The assessment process gathers a wealth of information about a child and may identify other risks for which the appropriate referral will be made.

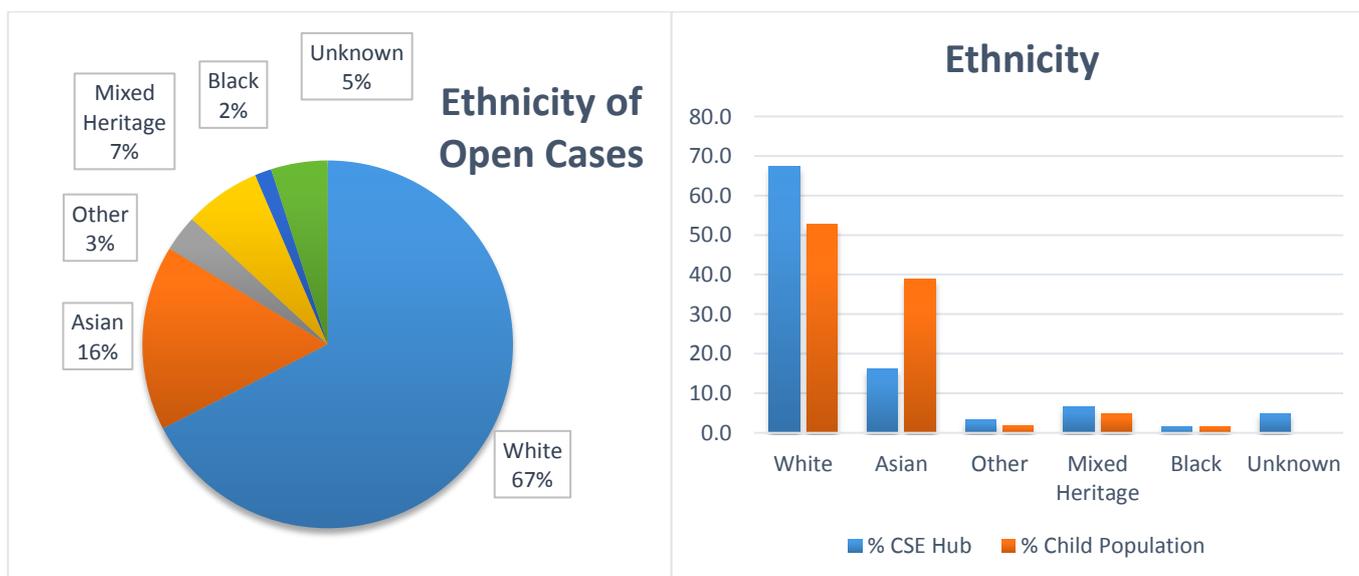
Of these 11% were considered to be at High Risk, 33% were considered Medium Risk and 56% were Low Risk. At this time 16% of open cases were male children and of these 7% were considered High Risk, 35% were considered medium risk and 58% were low risk.



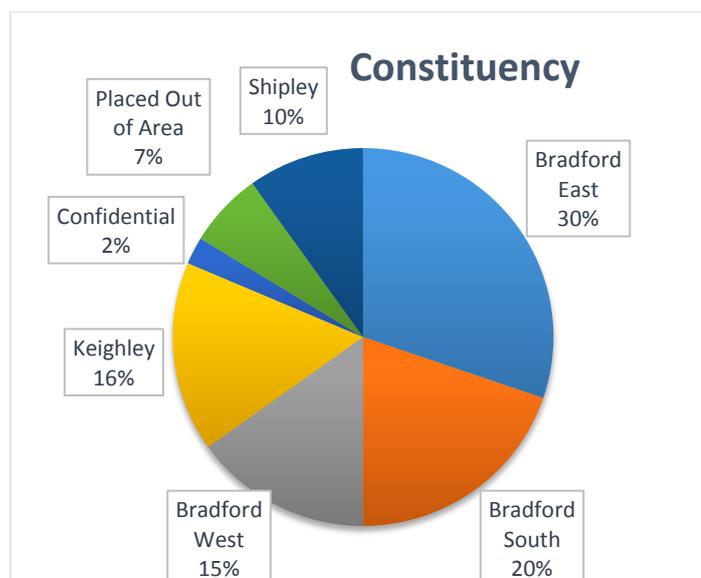
When a risk level is set a review date is also set dependent on the level of risk. Higher risk cases are reviewed more regularly than lower risk children. Risk levels are also reviewed if new information comes to light or there is a significant event in a child’s life that could change their risk level. As such risk levels are fluid. The risk levels of children open to the CSE Hub on the 9th January have been compared to the risk level they were at in July to examine whether risk levels have changed. As can be seen from the below table of those that were high in July 2016 more than half have now reduced to medium or low risk. Just under half remain high. The majority of those that were medium risk in July have remained medium risk, 7 have had their risk increased to high and 40 have been reduced to Low.

		Risk Level - July 2016				Grand Total
		1. High	2. Medium	3. Low	n/a	
Risk Level Jan 2017	1. High	19	7	4	8	38
	2. Medium	19	54	13	25	111
	3. Low	3	40	68	84	195
Grand Total		41	101	85	117	344

The child population of Bradford is ethnically diverse. Fifty-three percent of the child population is classified as White in the 2011 Census and 39% are Asian. Five percent of the child population is of mixed heritage and very small percentages are classed as Other or Black. The ethnicity of children open to the CSE Hub shows that 67% are White, 16% are Asian and 7% are Mixed heritage children. However, within the children open to the CSE Hub there is an element of unknown ethnicity, 5%, which is not present in the Census data. The 3% of children classed as “Other” consist of 11 children, ten of whom are classed as Gypsy/Roma. Only 1.7% of the child population of Bradford is classed as Other in the 2011 census so this group is over represented in the cohort of open CSE cases. At present there is not enough data to understand why there might be this discrepancy between the ethnicity of the child population of Bradford and the ethnicity of the cases open to the Hub.



Using the home postcode of the children open to the CSE Hub it can be shown that 30% of the open cases live in the Bradford East constituency, however 25% of the child population live in Bradford so this is only slightly higher than would be expected. There are also two large children’s homes in the area. The graph below shows that there are 7% of children who are in out of area placements. These are all children who are looked after by Bradford Children’s Social Care but have been placed outside of the district. There are also 2% of records that are Confidential in the constituency field. In these cases the address of the child is not on general view within the database and this is required to protect the child. There are three children that are open to the CSE Hub that are children placed in Bradford by other Local Authorities.



A list of wards that contain more than thirteen children and their risk level is produced below. These wards account for 52% of all children open to the CSE Hub. There are children at risk of CSE in all wards across Bradford but to prevent children being identified the numbers have not been included here.

	1. High	2. Medium	3. Low	Grand Total	%
Bowling and Barkerend	1	6	14	21	6.1
Eccleshill	3	6	12	21	6.1
Bradford Moor	3	11	6	20	5.8
Bolton and Undercliffe	2	7	9	18	5.2
Tong	0	7	11	18	5.2
Keighley Central	2	3	11	16	4.7
Clayton and Fairweather Green	1	4	9	14	4.1
Wibsey	2	4	7	13	3.8
Keighley West	1	4	8	13	3.8
Windhill and Wrose	0	4	9	13	3.8
Keighley East	0	4	9	13	3.8
All Other Wards	13	40	89	142	41.3
Children In Out of Area Placements	10	11	1	22	6.4

NB: The total % here comes to 100.1% due to rounding up to one decimal point.

Child Sexual Exploitation Crimes

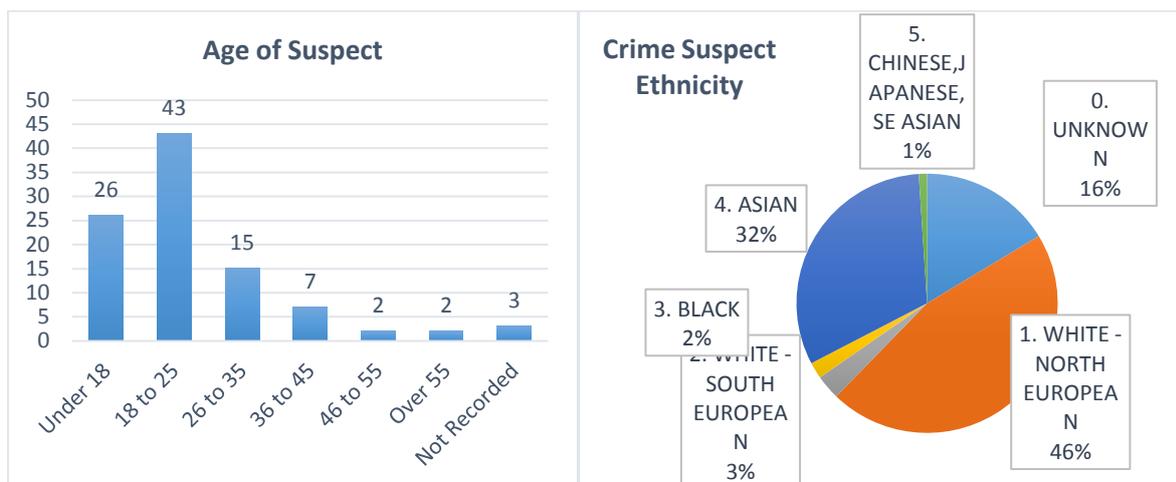
Between the 1st January 2016 and the 31st December 2016 there were 609 sexual offences committed in Bradford against children who were under the age of 18 at the time the offence was committed. Of these crimes 122 (20%) were recorded as child sexual exploitation crimes. Of these 122 crimes, 70 are still under investigation. Only 8 of these offences have been closed with no suspect identified.

Offenders and Suspects

Of these 122 offences there are 77 (63%) where an offender or suspect has been identified for the offence. There are 84 suspects identified as linked to 94 crimes within this dataset which means that there are 12 crimes that have more than one suspect linked to them.

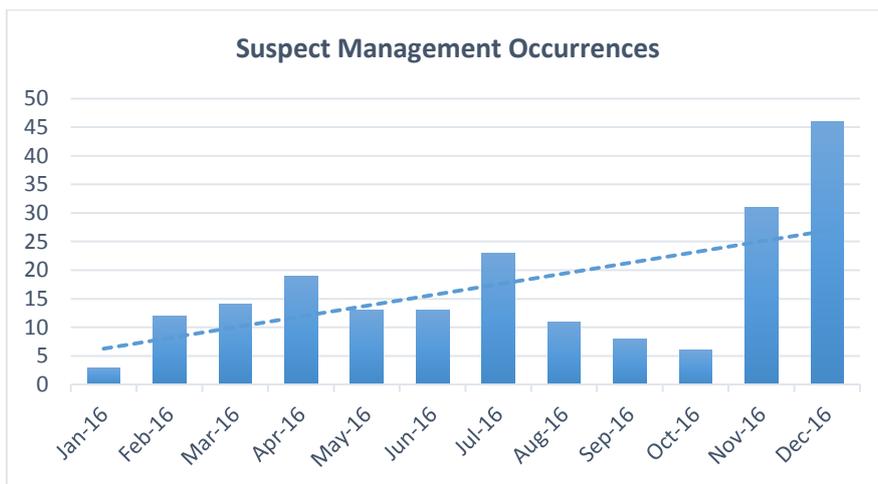
In terms of age the majority (85%) of offenders were under the age of 36 and 70% were under the age of 25. One quarter of identified offenders were under the age of 18.

The below charts show the age and ethnicity of the suspects linked to CSE tagged crimes.



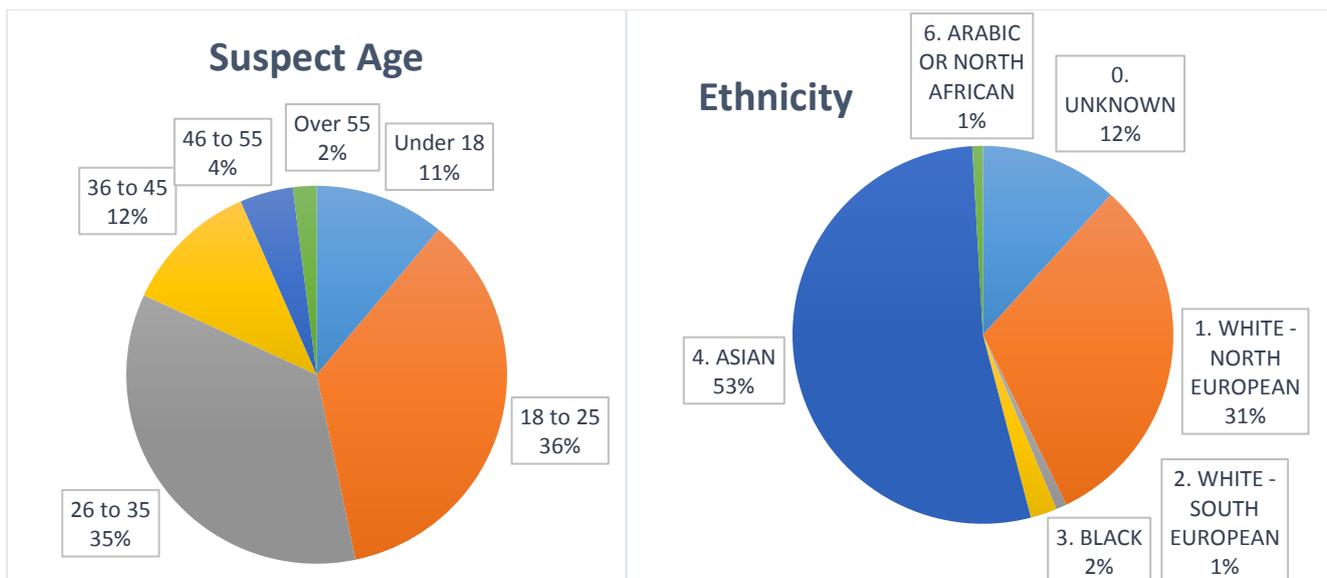
Suspect Management

Within the CSE Hub there is a dedicated police officer who is tasked with management of suspected perpetrators of CSE, both those linked to recorded crimes and those where there is intelligence that someone may be a risk to children. When information is received into the Hub that someone may be involved in perpetrating CSE the information is evaluated and a risk assessment of the individual is made based on all information held on the individual by all member of the partnership. The risk that person presents is categorised as either high, medium, low or unsubstantiated and actions are undertaken that are proportionate given the risk level which is reviewed on a regular basis. Between 1st January 2016 and 31st December 2016 there were 199 CSE suspect management occurrences created on Niche. Over the last year there have been increasing numbers of CSE Suspect Management Occurrences created as intelligence comes in and crimes are recorded.



Those suspects with a higher levels of risk are most intensively managed and there is a team of officers tasked with visiting and monitoring offenders. The priority with high risk suspects is always to collect evidence to prosecute that individual or to use civil orders to curtail that person’s offending behaviour. Medium and lower risk suspects are visited by officers and issued with a warning letter to say that they are being monitored by the police and follow up visits are undertaken to identify disruption opportunities and to engage the suspect in order to better understand the risk they present. It is important to build relationships with offenders so that officers can better assess their risk by exploring the intelligence that has been received. In some cases visits have resulted in a suspect’s risk being reduced and in others has resulted in their risk being heightened.

In line with what is known from the crime dataset, just over 80% the suspect management occurrences relate to suspects who are aged 35 or younger and just over ten per cent are under 18. There are 13 female suspects that are currently being managed, accounting for 6% of the total. In terms of ethnicity 48% of suspects have their ethnicity recorded as Asian and 36% have their ethnicity recorded as White. In 12% of cases the ethnicity is not recorded.



Report of the Deputy Director to the meeting of the Children's Services Overview & Scrutiny Committee to be held on 14th February 2017

AJ

Subject: Progress report on the Children's Centre clusters

Summary statement:

Children's centres were launched with the aim of giving disadvantaged children the 'best possible start in life,' and were intended to be one of the main vehicles for ensuring there are integrated and good quality accessible family services to support young children and their families.

Children's centres began in 1997 as Early Excellence Centres where nursery provision was integrated with early education, childcare and multi-agency services to form a key strand of support for families to improve health, address social exclusion and child poverty. In 1999 Sure Start local programmes were launched with responsibility to meet the needs of children within their reach area. Sure Start childrens centres began in 2004 and were given the responsibility of serving 30% of the most deprived communities. Children's centres were given legal status under the Childcare Act 2006 which requires Local Authorities to make arrangements so that there are sufficient childrens centres to meet local need and that early childhood services are provided in an integrated manner. By 2010 further childrens centres were opened in response to the government's vision that every community should have a centre providing onsite and outreach services for young children and their families pre-birth to age 5. By April 2013 numbers of children's centres nationally were falling because funding for children's centres has fallen significantly, by as much as one third at a local level over five years. In Bradford in April 2014 there were 41 children's centres managed through a varied range of providers, 20 by the Local Authority, 6 by nursery schools, 7 by primary schools, 8 by voluntary and community sector organisations. A budget decision was taken in 2014 to reduce funding to Children's centres resulting in savings of £2.4m 2014/15 to 2015/16.

This report provides a progress update about the reorganisation of childrens centres and the cluster arrangements to the Overview and Scrutiny committee as requested at the meeting of 7 June 2016.

Judith Kirk
Deputy Director
Education, Employment and Skills
Portfolio

Portfolio:
Education, Employment and Skills

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Overview & Scrutiny Area:
Children's Services

1. SUMMARY

Children's centres were launched with the aim of giving disadvantaged children the 'best possible start in life,' and were intended to be one of the main vehicles for ensuring there are integrated and good quality accessible family services to support young children and their families.

In summer 2013 a review of childrens centres across the Bradford district was carried out followed by a statutory consultation and a proposal for a new model for future delivery in November 2014. As a result of this the council executive agreed to a new seven cluster model of delivery for childrens centres managed by a variety of different providers – a 'mixed economy' model. Implementation of phase 1 i.e. the three nursery school clusters and the local authority cluster in Keighley was completed by 1st September 2015 and phase 2 the external clusters managed by the voluntary sector completed on the 1st August 2016.

This report provides a progress update to the Overview and Scrutiny committee as requested at the meeting of 7 June 2016.

2. BACKGROUND

- 2.1 Children's centres began in 1997 as Early Excellence Centres where nursery Provision was integrated with early education, childcare and multi-agency services to form a key strand of support for families to improve health, address social exclusion and child poverty. In 1999 Sure Start local programmes were launched with responsibility to meet the needs of children within their reach area. Sure Start childrens centres began in 2004 and were given the responsibility of serving 30% of the most deprived communities. Children's centres were given legal status under the Childcare Act 2006 which requires Local Authorities to make arrangements so that there are sufficient childrens centres to meet local need and that early childhood services are provided in an integrated manner. By 2010 further childrens centres were opened in response to the government's vision that every community should have a centre providing onsite and outreach services for young children and their families pre-birth to age 5. By April 2013 numbers of children's centres nationally were falling as a result of budget savings. Nationally funding for children's centres has fallen significantly, by as much as one third at a local level, over five years. In Bradford in April 2014 there were 41 children's centres managed through a varied range of providers, 20 by the Local Authority, 6 by nursery schools, 7 by primary schools, 8 by voluntary and community sector organisations.
- 2.2 In summer 2013 a review of childrens centres across the Bradford district was carried out followed by a statutory consultation and a proposal for a new model for future delivery in November 2014. Alongside this a budget decision was taken in 2014 to reduce funding to children's centres of £1.2 m in 2014-15 and £1.2 m 2015-16.
- 2.3 As a result of these decisions the council executive agreed to a new seven cluster model of delivery for childrens centres managed by a variety of different providers – a 'mixed economy' model, one cluster being brought in house, three going to a contestability process for schools to run, and three to go to external procurement for external providers to bid for.

2.4 The in-house and three nursery school-led clusters have been operational since 1st September 2015 and these are:

- Keighley cluster (Cluster lead Julie Greene) run by Bradford Council, the Cluster is made up of five sites:
Highfield, Low Fold, Treetops, Daisy Chain and Rainbow.
- Lister Park cluster (Cluster Lead Zoe Duffy) run by Midland Road Nursery School and Children's Centre, the cluster is made up of the following sites: Abbey Green, Farcliffe/Lilycroft, Frizinghall, Midland Road and Heaton.
- West Bradford cluster (Cluster lead Kulbir Bura) run by St Edmunds Nursery School and Children's Centre the cluster is made up of the following sites: Allerton, Crossley Hall, Thornton, Farnham/Grange, Lidget Green, Princeville and St Edmunds.
- Airedale and Wharfedale cluster (Cluster lead Lizzie Hughes) run by Strong Close Nursery School and Children's Centre the cluster is made up of the following sites: Baildon, Little Lane (Ilkley), Menston and Burley, Owlet, Bingley Rural, Hirst Wood, Strong Close and Trinity 5 Rise.

2.5 Children's Centre review and procurement for the three remaining clusters

Following a thorough procurement process for the contracts to manage the three remaining clusters, the Council awarded the BD5 cluster to the charity Barnardo's and the East Bradford Cluster to Action for Children Services Ltd.

- BD5 cluster (Cluster lead Deborah Buxton)
The cluster contains the following sites:
Burnett Fields Children Centre; Canterbury Centre's Children and Woodroyd Children's Centre
- East Bradford cluster (Cluster lead Susan Earnshaw)
The cluster contains the following sites:
Barkerend Children's Centre; Communityworks; Fagley Children's Centre; Gateway Children's Centre; Mortimer House Children's Centre; Parkland Children's Centre.

The Council did not receive a bid for Bradford South cluster that met the requirements that were set out in the tender. The Council has put in place arrangements to manage this cluster in-house.

- South Bradford cluster (Cluster lead Jenny Sneideris)
The cluster contains the following sites:
Bierley Children's Centre; Holme Wood Children's Centre; Reevy Hill Children's Centre; Tyersal Children's Centre; Victoria Hall Children's Centre; Woodside Children's Centre; Wyke Children's Centre.

Council staff have successfully been TUPEd across to Action For Children Services Ltd and Barnardo's as well as staff in the voluntary led centres. Staff from the voluntary led centres in the south have also TUPEd across to the council as part of the South Bradford cluster, and a cluster lead has very recently been appointed and

takes up post on 30 January 2017.

2.6 Cluster arrangements are a more cost-efficient way of securing children's centre services. New arrangements for BD5, East Bradford and South Bradford will deliver annual cost savings of £1.45m. The reconfiguration of children's centres also means that families continue to have access to a range of services across the district and that they should be delivered more consistently across each cluster.

2.7 Complementary offer

Nine of the original children's centres were de-designated centres within what is known as the complementary offer. This means that at these sites, children's centre services are delivered on a part-time basis, and so the sites have limited opening. These sites are:

Frizinghall, Thornton, Bingley Rural, Bingley Trinity 5 Rise, Menston and Burley, Little Lane Ilkley, Baildon, Haworth Treetops and Victoria Hall (Queensbury). Significant progress has been made towards achieving the required cost savings in respect of premises. Under the new cluster arrangements, nine centres in non-disadvantaged areas no longer have separate Ofsted children's centre registrations, but form part of wider cluster service planning. The sites continue to deliver children's centre services, but are no longer used for office accommodation.

Specific cost savings have been achieved in relation to the following de-designated centres:

- Thornton and Haworth – management of premises has transferred to the local primary school. Children's centre clusters now pay hourly room hire to the schools
- Ilkley (Little Lane) and Silsden (Daisy Chain) are both subject to Community Asset Transfer, with local community groups having taken on responsibility for managing the premises from 1st April 2016. Children's centre clusters now pay hourly room hire to the community groups
- Bingley Town (Trinity 5-Rise) will shortly transfer premises to the Diocese of the Church of England
- The Lease of dedicated space in Cottingley Cornerstone for Bingley Rural was terminated and different space in the centre is hired when required.

The Council's Estates Management Service are continuing to pursue alternative arrangements for Baildon and Menston which may be part of a Community Asset Transfer of Kirklands Community Centre. No further cost savings were required for Victoria Hall, Queensbury.

Rationalisation of service delivery across the clusters means there is reduced delivery of universal Stay and Play activities from the nine de-designated locations, but all families continue to have access to a range of universal services through the close integration of children's centre and health visitor work. These include:

- Ante-natal support for pregnant women and their partners to prepare for the birth and parenthood
- Birth visit including breast feeding support within the first month
- A home visit to assess maternal mood, promote attachment and consider home safety (3 – 4 months of age)
- Weaning advice

- Developmental movement and play session (6 months of age)
- Nursery nurse home visit (9-12 months)
- Early Language Development session (18 months)
- Two and a half year development review
- Access to a free early education place in the term after their child's third birthday
- Free Book Start packs
- Access to information through the Families Information Service

These universal services help identify families where children would benefit from additional support and underpin delivery of targeted family support, health and early learning interventions.

2.8 Ofsted inspections of children centres

The last inspection of a children's centre in Bradford was Woodroyd in June 2015. In September 2015 the then Under Secretary of State for Childcare and Education, Sam Gyimah MP, wrote to Her Majesty's Chief Inspector to suspend inspections of children's centres and announced that there would be a consultation in the autumn term 2015 on the future of children's centres and their accountability arrangements. There has to date, been no consultation and no further news about children's centres nationally or any new framework for Ofsted inspections.

2.9 Potential Capital Clawback

The DfE has a right to clawback a proportion of capital grants spent on children's centres where the space ceases to be used for a significant amount of delivery of early year's services to children and families in the centre.

To date there has been minimal clawback nationally, despite the closure of many children's centres across the country.

- In order to try and minimise any potential future clawback and reduce costs, the strategy in Bradford has been to, where possible, work with partners such as schools and community groups to take on the management of the children's centre space alongside other space in schools or community venues.
- Services continue to be run from all of the de-designated (complementary offer) centres (refer to paragraph 2.7 above) in order to try and avoid any potential clawback. Some of these services are run directly by the cluster; others are for example midwifery or health visitor clinics. There are also a number of self-run groups and external groups offering music, singing, dance and sporting activities for young children for a small fee, as well as financial /debt advice services which are well used by families.

Bradford has just submitted a set of financial returns to the DfE providing information about the use of these de-designated centres.

We will know in the next few months whether the DfE will invoke any capital clawback; based on current information nationally about clawback we cannot make any guarantees, and there is a potential risk, but are reasonably confident they will not. The Report to the Executive Committee 4th November 2014 included a description in the Risk Register of a potential long term risk of clawback if some buildings were not secured for future use. We have continued to work with providers and partners to make sure the centres are used to provide services to children and families.

There is no specific contingency if clawback is invoked but there is a £100k capital resource fund.

2.10 Integrated delivery model

Crucial to the delivery model for the new clusters has been the implementation of the Integrated Early Years Strategy 2015-18.

We have a young diverse population of young children with high rates of infant mortality, obesity, poor oral health and below average school readiness and educational achievement overall particularly in more deprived parts of the district. This strategy for children aged 0-7 years was developed over 2014/15 with all key partners and was published in September 2015. It links to the key strategic priorities in the District and Council Plan and also with key priorities for partners; specifically A Great start in life and Good schools and Better Health Better lives and also the Health and Wellbeing Strategy and Health Inequalities Action Plan, Children and Young People's Plan, 5 Year Forward Plan and Sustainable Transformation Plan (STP) and Clinical Commissioning Group plans for Maternal and Child Health.

The strategy builds on existing good practice in Early Years Services, the Integrated Care Pathway for midwifery, children centre and health visiting staff developed in 2014 and also the learning and joint working arising from the £49 million Big Lottery funded 10 year Better Start Bradford (BSB) Programme. This programme is based in three of the most deprived wards across the district and is focused on pregnant women and children under 3 years of age. The approach for the district and also for BSB is based on the evidence of what works to improve outcomes and reduce inequalities; with a whole system approach based across key priority areas of commissioning; co-ordinated family support, workforce planning, Improve the health and wellbeing of all children in the District and reduce inequalities and Children ready for school and schools ready for children.

3. Progress with Implementation

3.1 As a result of agreement amongst the key partners represented on the IEYS some key decisions have been made recently to the key accountabilities for the children's centre clusters. These were based on:

- a. A review undertaken in 2015 of the performance indicators (KPIs) for childrens centres. There were in excess of 70 indicators for childrens' centres, but most of these were output or quality measures.
- b. In April 2016, the Local Authority commissioned an ex Senior Ofsted HMI, to review its approach to children's centre performance management. This work involved review of SEFs and observation of four Annual Conversations with four recently established clusters. The review concluded that the multiplicity of KPIs had led to a loss of rigorous challenge on the performance in areas of work which make the most difference to outcomes for children: "*the impact of children's centre services on the children and families that need it most*"

3.2 The report suggested a way forward for performance management in Bradford:

- a move away from children’s centres being held accountable for all aspects of the work they engage in and deliver with partners
- the contribution they make to the delivery of integrated services for children and families locally; for example,
 - the extent to which centres know about, share information and address specific local issues such as high family mobility and high infant mortality
 - the contribution children’s centres make to safeguarding children and families
 - the contribution children’s centre make to tackling health and well-being inequalities and priorities
 - the contribution children’s centres make to adult learning and employability in their locality
 - the contribution children’s centres make towards the achievement of area wide improvement targets and priorities

3.3 The report made several recommendations for the Local Authority:

- Clearly define those aspects of partnership working that children’s centres are: a) expected to contribute to, and b) are responsible for driving and delivering. Adjust expectations, data, quality assurance and reporting requirements according to these new parameters.
- Ensure there is a clear and increased focus on contributing to and delivering activities that are related to early education and care and improving school readiness.
- Once the overarching performance framework and parameters have been agreed, engage into dialogue with centre leaders in order to:
 - Establish area wide performance targets and measures all centres will be expected to a) contribute to and b) deliver
 - agree locality specific impact and outcome measures for those groups of children and families that it had been agreed are most in need of help and support
 - ensure performance measures are outcome and impact driven and include specific quantitative targets and benchmarks wherever possible
- Ensure that each centre has a concise and sharply focused action and improvement plan with a review cycle that:
 - incorporates the agreed outcome and impact measures
 - includes benchmarks, and captures incremental improvements
 - timelines and milestones
 - designates responsibilities to named individuals.
- Consider how best to demonstrate the contribution children’s centres make towards the achievement of the priorities and objectives set out in the City of Bradford MDC Integrated Early Years Strategy 2015 – 18 and other relevant strategies and development plans.
- Consider how the impact and outcomes of children’s centre engagement with children and families can be tracked and demonstrated over the longer term. For example, by tracking children who have accessed early education and care or specific support such as speech and language development through

the children's centre as they move through the different phases of their education.

- 3.4 As a result of this work the IEYS have agreed a number of changes including the reduction of the key performance indicators for children's centre clusters to seven which are:
- % target of all 3 year olds not accessing early education are seen
 - All family support cases are underpinned by a signs of safety action plan
 - % target reduction in childhood obesity (in reception)
 - % target reduction in missing/decayed and filled (DMF) teeth in reception
 - Reducing smoking in pregnancy and beyond by increasing the % of mums – to-be to set a quit target date
 - % target increase in the take-up of eligible 2, 3 and 4 year-olds in funded early education places
 - Increase attainment in reception (measured by a Good Level of Development) and narrow the gap between the disadvantaged children and their peers.
- 3.5 In work and it is recognised that health visitors are the lead professional for all children aged 0-4 years through their mandated five contacts. Attendance at high quality early learning settings should support children to achieve their full potential and provide effective safeguarding. It has been agreed that childrens centres no longer need to make three contacts per year with each child but that other contacts by health professionals, early year's partners are included. However, registration and maintenance of an accurate record of children living in the cluster reach area remain of critical importance and that is why three of the KPIs focus on these areas, in addition the principle has been established that every contact counts in partnership
- i) Identification and assertive outreach to children who appear not to be seen by health or early learning partners (missing children)
 - ii) Take-up of early education places
 - iii) Robust tracking of children's development to identify risk of delay.
- 3.6 The work of each cluster is overseen by an Advisory Board comprising parents and key partners from relevant agencies and the local community. The move from 41 individual centres to seven clusters has enabled the number of Advisory Boards to reduce to seven. This in itself helps the boards to operate in a more coherent and strategic manner. Health visitors are currently restructuring to align with the seven clusters and each Advisory Board now has a Senior Lead Health Visitor. This structural change supports further integration of services and this is evidenced by the fact that Advisory Boards are now starting to produce Integrated Action plans in line with a pioneering partnership model developed by the Lister Park Cluster. Joint planning by local partners and parents enhances local implementation of the five objectives of the Integrated Early Years Strategy.
- i) Children ready for schools and schools ready for children
 - ii) Improve health and well-being for all children in the district and reduce inequalities
 - iii) Support and increase parents knowledge and skills
 - iv) Support development of high quality leadership together with a highly skilled and responsive workforce
 - v) Integrated working and system change

3.7 As commissioner, the Early Years' Service will oversee contract compliance and evidence of impact of the new clusters through the following arrangements:

- i) Quarterly monitoring contract delivery, including financial monitoring
- ii) Annual conversations with Children's Centre Managers and Chairs of Advisory Boards looking at evidence of the impact of services on outcomes for children including performance against the KPI's. These will be undertaken in April 2017

More generally the Early Years' Service will be adopting a sector-led approach to quality improvement in the clusters similar to that which is in place in schools. This will involve supporting staff working in children's centre services to provide robust peer to peer review, support and challenge.

4. FINANCIAL & RESOURCE APPRAISAL

The Council agreed in February 2014 to make budget savings of £2.416m from Children Centre budgets (£1.212m in 2014-15 and a further £1.204m in 2015-16). The School's Forum allocated £1.2m of "one-off" funding to support the saving in 2014-15 so that there was transition to support the way Children Centres services were Provided in the district. The Council increased the savings of £2.416m by a further £0.967m in February 2015 (£0.564m in 2015-16 and a further £0.403m in 2016-17). Therefore the total annual saving from the Children Centre services reconfiguration is £3.338m from 2017-18.

Note in paragraph 2.9 the potential for capital clawback from the DfE.

5. LEGAL APPRAISAL

None arising from this report

6. NOT FOR PUBLICATION DOCUMENTS

None.

7. OPTIONS

Not applicable.

8. RECOMMENDATIONS

8.1 That the information in this report be noted

9. APPENDICES

9.1 None.

10. BACKGROUND DOCUMENTS

DfE – Research brief: evaluation of children’s centres in England strands 1 to 5. (ECCE) July 2016

DfE– The value for money of children’s centre services (ECCE) Strand 5 Research brief July 2016

Csn (Children’s Services Network) Policy briefing Evaluation of children’s centres in England DfE research 1 August 2016

DfE – Sure Start children’s centres statutory guidance April 2013

Report of the Director of Children’s Services to the meeting of the Executive Committee to be held on 4th November 2014.

Report of the Chair of Children's Services Overview and Scrutiny Committee to the meeting of the Committee to be held on Tuesday 14 February 2017.

AK

Subject:

Subject: Children's Services Overview and Scrutiny Committee Work Programme 2016-17

Summary statement:

This report presents the Committee's Work Programme 2016-17

Cllr Dale Smith
Chair – Children's Services O&S Committee

Portfolio:
Education, Employment and Skills
Health & Wellbeing

Report Contact: Licia Woodhead
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1. SUMMARY

1.1 This report presents the Committee's Work Programme 2016-17.

2. BACKGROUND

2.1 Each Overview and Scrutiny Committee is required by the Constitution of the Council to prepare a work programme (Part 3E – Overview and Scrutiny Procedure Rules, Para 1.1).

3. REPORT ISSUES

3.1 **Appendix 1** of this report presents the Work Programme 2016-17.

3.2 Work planning cycle

Best practice published by the Centre for Public Scrutiny suggests that 'work programming should be a continuous process'. It is important to regularly review work programmes so that important or urgent issues that come up during the year are able to be scrutinised. In addition, at a time of limited resources, it should also be possible to remove projects which have become less relevant or timely. For this reason, it is proposed that the Committee's work programme be regularly reviewed by Members throughout the municipal year.

4. FINANCIAL & RESOURCE APPRAISAL

None

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

None

6. LEGAL APPRAISAL

None

7. NOT FOR PUBLICATION DOCUMENTS

None

8. RECOMMENDATIONS

8.1 That the Work Programme 2016-17 continues to be regularly reviewed during the year.

9. APPENDICES

9.1 Appendix 1 – Children's Services Overview and Scrutiny Committee Work Programme 2016-17



Democratic Services - Overview and Scrutiny

Childrens Services O&S Committee

Scrutiny Lead: Licia Woodhead tel - 43 2119

Work Programme 2016/17

Description

Report

Agenda

Tuesday, 14th March 2017 at City Hall, Bradford.

Chair's briefing 27/02/2017. Secretariat deadline 02/03/2017.

- 1) Workloads of Children's Social Care
- 2) Education Standards Report
- 3) Education Improvement Strategic Board
- 4) Children Missing Education - HMRC pilot

The Committee will receive a report on the workloads of Children's Social Care Services.

Jim Hopkinson

The Committee will receive a report on the validated results data.
The Committee will receive a report on the work of the Education Improvement Strategic Board

Judith Kirk
Judith Kirk

The Committee will receive a report on the outcome of the HMRC Children Missing Education benefits data sharing pilot.

Judith Kirk

Tuesday, 11th April 2017 at City Hall, Bradford.

Chair's briefing 27/03/2017. Secretariat deadline 30/03/2017.

- 1) Youth Offer
- 2) Capital allocations and school expansion programme 2017-18
- 3) Schools Forum Update
- 4) Resolution Tracking

The Committee will receive a progress report on the Youth Offer.

Ian Day / Heather Wilson

The Committee will receive an update report on Capital Allocations and the School Expansion Programme.

Ian Smart

The Committee will receive an update on the work of the Schools Forum.

Andrew Redding

A report will be presented giving details of progress against resolutions made by the Committee this municipal year

Licia Woodhead

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