

Report of the Strategic Director Children's Services to the meeting of Keighley Area Committee to be held on 14 December 2017

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Subject

Prevention and Early Help – a proposed new model to support families and communities for the future, including proposed changes to how we provide the children's centre core offer across the District.

Summary statement

The report highlights the progress the Council and partners have made in bringing together existing arrangements for early help and early years services.

The Council is facing unprecedented pressure on its budgets whilst the demand and costs for services are rising. Government cuts mean that the resources we will have to spend on Prevention and Early Help will reduce by £13.3m or more than one third, from £37.1m in 2016/17 to £23.8m in 2020. These cuts are in addition to the ones the Council has already had to make. It means that from 2010 to 2020, the overall funding the Council has available will have halved whilst demand and costs are increasing.

We will only ensure babies, children and young people have a great start and better life chances if we draw on the energy, experience and effort of the whole system, particularly the strengths and assets within families themselves and local communities.

The report outlines the need for proposed changes to how we deliver services in order to ensure we target resources at a time of increasing demand to avoid a detrimental impact on outcomes to children. We cannot continue to deliver services in the way we do now with this level of government cuts. The focus will be on a proposed partnership approach which is more targeted to improve outcomes and reduce inequalities for children and young people across the District.

On the 7 November 2017, Executive was asked to approve a period of consultation on a proposed new Prevention and Early Help delivery model. Keighley Area Committee is asked to consider and comment on the report as part of formal consultation.

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1. SUMMARY

- 1.1 This paper to Executive on the 7 November 2017 followed that presented to Executive on 11 July 2017. Executive agreed to a period of engagement with a range of stakeholders on proposed remodeling of the set of services under existing universal and preventative services to children, young people and families on an area footprint.
- 1.2 Executive agreed to receive a further report with specific options arising from the engagement activity which took place between 17 July 2017 and 20 August 2017.
- 1.3 On the 7 November 2017, Executive approved to formally consult on a new proposed model of delivery for babies, children and young people aged 0-19 (and up to 25 for disabled young people) commencing on 15 November 2017.
- 1.4 Prevention is about stopping problems emerging in the first place. Early Help is about preventing problems that are occurring from becoming worse. It is a statutory requirement of the Council and its partners to ensure effective Prevention and Early Help arrangements for babies, children, young people and families.
- 1.5 Our Prevention and Early Help arrangements have to tackle inequality in order to improve the long term prospects of families most in need. The way key services are proposed to be delivered is being transformed; this is due to the need to:
 - meet the Local Authority's and key partners' statutory requirements;
 - ensure better outcomes and reduce inequalities for babies, children, young people and families;
 - make the financial savings required by 2020/21.
- 1.6 Unprecedented reductions and changes in available Government funding means that we are required to deliver further significant financial savings by 2020/21. We cannot continue to deliver services in the way we do now with this level of Government cuts and with costs and demands rising.
- 1.7 In the face of rising costs, growing demand and national funding cuts, the Council has called on the government to ensure that their Autumn Budget recognises the pressures on children's services and the need to increase investment in early help.
- 1.8 Our submission to the budget identified that an additional minimum investment of £5m a year would be needed to meet rising costs for children's social care in Bradford and that additional resources for effective early interventions will deliver reductions in cost and demand pressures on services across the entire public sector.
- 1.9 The proposed preferred model would allow the Council and partners to expand delivery as and when additional resources become available. For example, an additional £1.6million would provide an increased level of Preventative and Public Health services which would match the key work support to individual children and families, We would expand our focus on conception to age 2, maternal mental health and school readiness. We would also increase the reach of evidenced-based programmes which are proven to improve outcomes and reduce inequalities for children and young people of all ages.
- 1.10 With an additional £5million, the Council and partners would plan to deliver:

- Additional Prevention and Early help services at all key stages but particularly across services supporting health, wellbeing and school readiness for young children;
- Additional Public Health nurses/practitioners so there is more in depth universal provision and support in all the schools for children aged 5-19 year olds;
- Expand intensive support to vulnerable groups, for example, support to young parents and parents with mental health, domestic violence and substance misuse problems;
- Expand community/family hubs in targeted areas.

1.11 We will only ensure babies, children and young people have a great start and improved life chances if we better target reduced resources and draw on and work together across the whole system of support, particularly the strengths and assets within families and local communities.

1.12 All teams and commissioned services would be expected to proactively support the collective effort of the People Can approach. People Can emerged out of Bradford Council's New Deal thinking and has involved people from the voluntary and community sector from the outset in its design.

1.13 People Can is an open invitation to everyone to take part, help others and make a difference:

- *Be Neighbourly* – carry out small, informal, everyday acts of kindness
- *Community action* – create a new group, activity or event with likeminded people
- *Volunteer* – devote some of your time to helping others
- *Raise money* – use your skills to raise funds for a community project.

1.14 Proposed preferred option. In light of the reduced budget, the proposed preferred model includes a combination of a small group of central services and four new Prevention and Early Help teams.

1.15 The proposed preferred model would create four new 0-19 Prevention and Early Help Teams which would target those wards/areas with the poorest outcomes and bring together in single area teams the delivery of:

- the children's centre core offer across the District;
- targeted key work with individual children and families (Families First);
- parenting support;
- early education and childcare quality and take up;
- education safeguarding and attendance;
- diversity and cohesion.

1.16 Based on our Families' Needs Assessment, it is proposed the four area based teams cover:

- Keighley/ShIPLEY combined
- East
- West
- South

1.17 The following services are proposed to continue to be delivered centrally:

- Early Help Gateway (incorporating Families Information Service);
- Oversight of education safeguarding
- Specialist behaviour support and inclusion;
- Short breaks for disabled children;
- Intensive family support;
- Youth offending services;
- Service support, for example administration, project management commissioning, quality, finance and performance management.

1.18 This proposed preferred model would cut out duplication and provide a 'whole family' approach so families do not receive a series of interventions from different services.

1.19 The proposed preferred model would also support the Council's previous intentions to procure Public Health 0-19 years children's services including Health Visiting, Family Nurse Partnership, School Nursing and Oral Health services and will be an opportunity to fully align services to the constituency footprint. This will also be based on consultation and needs as identified in the Service Reviews for Health Visiting and School Nursing in 2016.

1.20 Under the proposed preferred model, the Council would continue with commissioning intentions related to short breaks, Families First and other targeted services. A small commissioning fund would also be made available for each area to facilitate community involvement in delivery.

1.21 The proposed preferred model would also align with the Council's youth services and ward partnerships which will continue to be managed within Place Services.

1.22 In order to achieve the required savings the proposal preferred model would lead to a reduction in the region of 220-240 full time equivalents (including staff within the seven Children's Centre clusters) (which is 47%-51%) across the affected teams and services (this does not include staffing impacts relating to the retender of the Health Visiting and School Nursing/Oral Health Service).

1.23 The proposal means that we would move away from providing the children's centre core offer through the seven standalone children's centre teams/clusters to delivering the services through the proposed four 0-19 Prevention and Early Help Teams.

1.24 At this stage, there are no proposals to close any individual children's centre buildings.

1.25 We would continue to provide 0-19 services through a range of local sites including the existing children's centre buildings. We will work with communities and partners to develop existing buildings into multi-agency community and family hubs.

1.26 Based on analysis of the geographical spread and usage of children's centre buildings for on-site direct delivery to families across the District, it is also proposed that we align children's centre sites to the proposed four Prevention and Early Help area teams.

1.27 It is proposed that the following buildings are reconfigured as Outreach bases (which are proposed to deliver a minimum of 8 hours of activities per week with children and families):

- Hirst Wood;
- Highfield;
- Parkland;
- Farcliffe & Lilycroft;
- Princeville;
- Bierley;
- Tyersal;
- Wyke.

2. BACKGROUND – present arrangements and the need for change

- 2.1 Bradford has one of the youngest populations in the country. Our children and young people are our greatest asset and they will help us to achieve our aspirations to grow and develop the prosperity of the District. It is crucial our children have the best start in life and reach their potential as set out in the Marmot Review (2010).
- 2.2 National research, strategies and policies highlight the need to focus on prevention and early intervention in pregnancy and early childhood, for example, 1001 Critical Days Cross Party Children’s Report (2013) and Public Health England ‘Best Start in life and beyond’ (2016). This was also highlighted in the Service Reviews for Public Health 0-19 services in 2016.
- 2.3 In November 2016, the Early Intervention Foundation published, *‘The cost of late intervention’*. For Bradford District, it estimated that £165million per year (or £311 per person) is spent on late interventions with the largest costs associated with looked after children and responding to domestic violence.
- 2.4 A local Families Needs Assessment called *‘Overview of needs of families in Bradford and Airedale’* was undertaken in early 2017 which provided a baseline of local intelligence and data, covering a breadth of information on maternity, health, education and specialist services.
- 2.5 Bradford’s existing arrangements for supporting families and children through prevention and early intervention services have made significant improvements in many of the outcomes for children and young people over recent years. However, too many of the measures for key outcomes such as infant mortality, school readiness and educational attainment remain worse than regional and national measures.
- 2.6 Current mapping of key ward level outcomes and deprivation statistics in the Families’ Needs Assessment shows it is consistently the same wards that have the poorest outcomes and the most need for support (see **Appendix 1**).
- 2.7 This information needs to direct the targeting of services and earlier identification of those children and families at risk of the poorest outcomes.
- 2.8 **Appendix 2 and 3** of this report sets out the Council’s priorities in relation to Prevention and Early Help as well as identifying some of the key partnership boards and partners involved in this work. These demonstrate the District’s existing strong commitment to prevention particularly in the child’s first few years of life as part of our Prevention and Early Help offer.

2.9 The main outcomes (see **Appendix 4**) to be achieved under the proposed arrangements are:

- Children live in caring and resilient communities;
- Children learn and develop skills for life;
- Children are healthy and well and reach their potential.

2.10 In November 2016, an independent KPMG report was commissioned to investigate Children’s Services in the context of the changing financial and political climate, the benefits of investing in prevention and early help and the potential for service transformation.

2.11 The report identified five key priorities for Bradford’s partnership approach to improving outcomes for vulnerable children and families:

- a. Maternal health;
- b. Targeted and early parenting ability support (in light of analysis which highlighted that only three individual children’s centres were engaging over 80% of the population from their most deprived areas with 29 individual centres only reaching 50% or below);
- c. Addressing the toxic trio (local referrals related to parental mental ill health, domestic violence and substance misuse are increasing);
- d. Early education take-up and school attendance;
- e. Data-sharing and predictive intelligence capability.

2.12 The Families Needs Assessment report demonstrated that there are approximately 150,000 children aged 0-19 in the District and around 41,000 children aged 0-4. Of school age children, 28% of children aged under 16 live in poverty. We also know that children growing up in workless households are almost twice as likely as children in working families to fail at all stages of their education.

2.13 The tables below highlight headline data for the five Parliamentary constituencies. The Index of Multiple Deprivation (IMD) ranks every small area in England from 1 (most deprived area) to 32,844 (least deprived area). It is common to describe how relatively deprived a small area is by saying whether it falls among the most deprived 10 per cent, 20 per cent or 30 per cent of small areas in England.

2.14 This indicates that the needs of Keighley and Shipley together are comparable (in terms of both population and deprivation) to the remaining three constituencies individually. For example, in East, West and South over 50% of children aged 0-18 live the 10% most deprived areas whilst this is 24.8% for Keighley and 0% in Shipley. Keighley and Shipley combined make up 30% of the total 0-18 population.

Constituency	0-4 Populations						
	Pop	0-10% IMD	% 0-10% IMD	>10-30% IMD	% >10-30% IMD	0-30% IMD	% 0-30% IMD
Bradford East	10695	9776	91.4%	0	0.0%	9776	91.4%
Bradford South	8239	5199	63.1%	1994	24.2%	7193	87.3%
Bradford West	9771	5679	58.1%	4092	41.9%	9771	100.0%

Keighley	6413	1591	24.8%	2420	37.7%	4011	62.5%
Shipley	5721	0	0.0%	1188	20.8%	1188	20.8%

5-18 Populations							
Constituency	Pop	0-10% IMD	% 0-10% IMD	>10-30% IMD	% >10-30% IMD	0-30% IMD	% 0-30% IMD
Bradford East	26963	24557	91.1%	0	0.0%	24557	91.1%
Bradford South	20683	12625	61.0%	5215	25.2%	17840	86.3%
Bradford West	26204	14518	55.4%	11686	44.6%	26204	100.0%
Keighley	17328	4310	24.9%	6009	34.7%	10319	59.6%
Shipley	15037	0	0.0%	2806	18.7%	2806	18.7%

0-18		
Constituency	No in constituency	% of district total 0-18
Bradford East	37658	26
Bradford South	28922	20
Bradford West	35975	24
Keighley	23741	16
Shipley	20758	14

- 2.15 Amongst the 150,000 children and young people, some are much more at risk of poor outcomes such as infant mortality, school readiness, educational attainment, obesity, special educational needs and disability (SEND). Many of these children live in the more deprived parts of the District where poverty is more common, housing is of a poor standard and adverse childhood events (ACEs) are more common.
- 2.16 If we consider health inequalities, although improving within the District, we are still worse regionally and nationally across many of the key children's outcomes. In addition, there are significant differences in the rates of obesity, infant mortality and decayed, filled and missing teeth within some wards in deprived parts of the District compared to the District as a whole.
- 2.17 At present, there are 2,235 families engaged on the expanded Families First programme. There are four wards in the District with over 100 families on the programme (Tong, Eccleshill, Little Horton, Bowling and Barkerend).
- 2.18 In light of reducing resources, increasing demand and to avoid a detrimental effect on outcomes, we need to target and reach more of these families and cut out duplication and silos in the teams working with them.
- 2.19 In June 2017, the Bradford District Partnership commissioned Peopletoo to review local arrangements for early intervention and prevention across all ages. In September 2017, Peopletoo delivered a report that made a number of recommendations which endorsed the direction of travel for Prevention and Early Help. The report proposes a number of recommendations:

<p>'Think Family' and build up strength based approaches and conversations.</p>	<p><i>Under these proposals: We would continue to implement Signs of Safety (our assessment model which works with a family's strengths whilst being clear about any worries people may have about children).</i></p> <p><i>We would do everything we can to find all relevant extended family and people who have a natural connection to the children to help families help themselves.</i></p> <p><i>We would cut out duplication so the same family don't have multiple contacts from different teams.</i></p>
<p>Link across to the Public Health's Self Care and Prevention Programme.</p>	<p><i>We would join up with the Self-Care programme, particularly workforce development and seeking out opportunities for social investment and digital delivery.</i></p> <p><i>We would work together on a potential bid for social investment in social prescribing building on the pilot already underway.</i></p>
<p>Build partnership working at the ward levels</p>	<p><i>The proposed alignment with Parliamentary constituencies links up better with the ward and community level planning and delivery.</i></p> <p><i>We have identified the ten wards and lower level areas (known as Super Output Areas) with the poorest outcomes for children. It is proposed that these wards/areas will have a rolling programme of agreed prevention programmes.</i></p>
<p>Focus on the early and formative years of a child's life</p>	<p><i>A proposed central priority for Prevention and Early Help would be conception to age 2 and school readiness. We would draw heavily on learning and approaches within Better Start and Born in Bradford.</i></p> <p><i>This would be a priority for the proposed prevention programmes and the proposed Family Key Workers.</i></p>
<p>People Can – local volunteering and fundraising should be fostered</p>	<p><i>Proposed Prevention and Early Help Teams and commissioned services will be expected to provide opportunities for volunteering, apprenticeships and co-</i></p>

	<p><i>delivery of services within communities.</i></p> <p><i>We would work together with others to foster networks in areas</i></p> <p><i>A proposed Prevention Fund would be made available to support local ideas to improve outcomes.</i></p>
Coordinate Early Help, Self Care and Better Start workforce development to change our conversations with service users and communities	<i>We would build on Signs of Safety, self-care and conversations which motivate and support change.</i>
Join up and focus on online and digital delivery	<p><i>There are more opportunities for delivering parenting support and young people's support online.</i></p> <p><i>The proposed model would cut out duplication across IT systems.</i></p>

2.20 Within the Council, the key services which contribute to Prevention and Early Help are currently located and/or commissioned through Children's Specialist Services and Education, Employment and Skills, Public Health and the Place Department.

2.21 **Appendix 5** identifies the list of Children's Services (including children's centre) teams directly in scope within the proposed changes.

2.22 The proposed preferred model brings together those key services so they operate as seamlessly as possible across the 0-19 age range (and up to 25 for some disabled young people) within a 'whole family' approach. This would also mean families are supported by one lead person rather than succession of different teams.

2.23 This need for greater targeting is particularly important given the unprecedented reduction and changes in Government funding available means that we are required to deliver significant financial Council savings:

Service Area	2016-17 budget	2020-21 budget	Reduction
Targeted Early Help	£6.6M	£4.8M	£1.8M (27%)
Education, Employment & Skills	£16.1M	£9.8M	£6.3M (39%)
Public Health including school nursing, health visiting & oral health programmes	£14.4M	£9.2M	£5.2M (36%)
Total	£37.1M	£23.8	£13.3M

2.24 Drawing on the Needs Assessment and reports highlighted above, we need to draw on the full range of resources, expertise and insight of all partners and our

communities so we can better understand and work together to improve the life chances needs of children, young people and families across the district.

2.25 Furthermore, we will need to ensure that we maximise wider funding opportunities, for example, social investment and innovation/partnerships bids. We have successfully gained funding from Big Lottery, Social Innovation and Commissioning Better Outcomes.

2.26 The Council and partners have agreed that the future proposed model of delivery needs to work to the following partnership vision and principles:

2.27 ***Our vision as a District is to draw on the energy, experience and effort of the whole system so that babies, children and young people have a great start and improved life chances.***

To improve outcomes and reduce inequalities across children and young people, families will receive the right support at the earliest time. This will be through supporting good relationships within families and communities, confident universal and prevention services and more intensive support when needed to those families with the most complex needs. Through a proactive approach, we will reduce the demand for late and specialist services by supporting families based on the best available evidence of what works.

2.28 We will work together to the following principles:

2.29 **'People Can' ethos:**

- Find and support the naturally occurring networks around children and families;
- Join up support as close to where families live as possible;
- Facilitate support at universal and targeted levels from within communities themselves;
- Support greater self-care and resilience in communities and families to help them themselves, for example, increase co-delivery with service users and volunteers.

2.30 **Early support at the right time – build independence**

- Support which is easy for families to navigate and so they only have to tell their story once;
- More targeting of Prevention and Early Help to help families and children most at risk when problems first emerge;
- Building on our Families First approach - one family, one plan, one key worker so we help families to receive the right support at the right time when families need them;
- Be able 'to know and show' that help is offered when concerns are first identified so the need for late services is avoided;
- Prompt social work expertise is available for those professionals providing Prevention and Early Help.

2.31 **Evidence-based and innovative**

- Continually seeking opportunities for innovation, including social investment;
- Improving how we use technology to help families;
- Provide creative and effective workforce development for agencies and professionals;
- Proactively join up IT systems to cut out wasted time and costs;

- Use the evidence of what works for high impact on improving outcomes and reducing inequalities.

2.32 **Public Health 0-19 children's services:** this report confirms the Council's previous intentions to procure Public Health 0-19 children's services. These services will be based on the principles of the Healthy Child Programme (HCP), delivery of high impact areas and other key approaches described in detail in the Public Health England's *'Best start in life and beyond'* (2016) as well as the findings of the local 2016 Review of Health Visiting and School Nursing services.

2.33 Within the reduced budget for commissioning, the procured 0-19 children's Public Health service will retain a clear focus on supporting families to ensure every child has the best possible start in life. This includes providing the five mandated universal health checks and assessments for pregnant women and young children as described in the delivery of the high impact areas for 0-5 year olds and a more enhanced and targeted support to women who need it most based on learning from the Family Nurse Partnership approach. The service will also include the School Nursing Service and the delivery of the high impact areas for 5-19 year olds. This will prioritise health needs assessments and reviews of pupils in Reception and Year 6 as well as the delivery of the National Child Measurement Programme (NCMP), hearing screening and sign posting to screening and other services where necessary.

2.34 **Delivery of high impact areas within the Public Health 0-19 years children's services:** This will also include the high impact areas from conception, birth, early years and school age children:

- Transition to parenthood and the early weeks;
- Maternal mental health;
- Breastfeeding (initiation and duration);
- Healthy weight, healthy nutrition (to include physical activity);
- Managing minor illnesses and reducing hospital attendance/admissions;
- Health, wellbeing and development of the child aged two (two year old review integrated review) and support to be 'ready for school';
- Resilience and emotional wellbeing – links to Future in Minds;
- Keeping safe: Managing risk and reducing harm;
- Improving lifestyles;
- Maximising learning and achievement;
- Supporting complex and additional health and wellbeing needs;
- Seamless transition and preparation for adulthood

2.35 Local Authorities also have a statutory responsibility to provide or commission oral health improvement programmes they consider appropriate in their areas. Given that Bradford has a higher rate of children with decayed, filled and missing teeth regionally and nationally, the procurement will include a key focus on prevention and early intervention programmes such as fluoride varnish and supervised tooth brushing as well as delivery of the statutory screening and surveys. This is highlighted in the Bradford District Oral Health Strategy and Action Plan.

2.36 The proposed redesign of services, both internal and commissioned, gives opportunity for real innovation and flexibility to meet the needs of young people and families and further provides a driver for reducing overlap between services whilst enhancing the partnerships already in existence. At the same time, we will ensure we use the evidence of what works to focus on the approaches most likely to improve outcomes.

2.37 The proposed preferred model would ensure a continued focus on pregnancy and the early years through the delivery of the Integrated Early Years Strategy 0-7 years and the learning and evaluation of projects from Better Start Bradford alongside national and local research published from Born in Bradford. We have committed to keep the foundations required to support possible up-scaling of successful delivery from the Better Start Bradford programme.

2.38 The proposed changes will affect delivery in a number of key ways:

- The proposed Prevention and Early Help Teams and commissioned services will need to co-facilitate local delivery within communities;
- Despite innovative practice we will not be able to deliver the same level of activity presently provided across the District;
- More targeting and less duplication should mean we don't have a succession of involvements from different teams with the same families;
- Maintaining out reach bases mean that we can step up, build up community and family hubs over time and enhance support in all areas as and when needed;
- Clear access to additional support for universal services should also ensure vulnerable children and families in all areas are identified.

2.39 **SEND TRANSFORMATION (ages 0-25 years)**

2.40 On the 20 June 2017, Executive agreed to consult on a proposed new model to deliver special educational needs and/or disability (SEND) services. In light of the initial consultation, Executive will receive a further report in December 2017 seeking agreement for a further period of consultation on revised SEND transformation proposals.

2.41 This report makes proposals about further alignment of SEND services presently within Children's Specialist Services into the proposed SEND services. During both consultations we will seek views on:

- how we support more inclusion of children and young people with a disability in mainstream and Prevention and Early Help services;
- reducing social exclusion for children and young people with needs arising from learning disabilities and behaviours that challenge;
- how we would align Prevention, Early Help and SEND support at an area level.

2.42 **MESSAGES FROM ENGAGEMENT – AUGUST 2017**

2.43 Following the report to Executive in July 2017, the Council's Children's Services undertook a five week public engagement, from 17 July 2017 to 20 August 2017 on its proposal to remodel and redesign the Prevention and Early Help arrangements and services across an area footprint.

2.44 The Council and partners developed a plan to identify and reach key groups ensuring stakeholders were given the opportunity to share their views. This included:

- Parents and carers across the District;
- Children and young people;
- Partnership groups;
- Elected members;

- Private, voluntary and independent sector;
- Teams and services across the Council, VCS, NHS, Police etc;
- Education settings.

2.45 The Council promoted this engagement period through social media sites, as well as being published on Bradford Schools Online (BSO) and on the Council's Engagement and Consultation website. A large number of events took place during the summer across the District, parent forums, young people's sessions, play days in City Park, events at children centres, libraries, Police Summer Camps and member sessions.

2.46 The survey contained 16 questions overall, 10 of which were focussed around:

- our vision for Prevention and Early Help;
- identifying the right outcomes;
- services which are currently accessed;
- travelling to access services.

2.47 One further question was provided to allow people to make any other comments.

2.48 Summary of Findings

2.49 In total 615 people completed the survey (further analysis can be found on **Appendix 6**):

- 256 people (41.6%) took part through focus groups and submitted a paper copy, 359 (58.4%) took part online;
- Those aged 11 – 15 years were the largest group to take part in the engagement (271 / 47%), followed by those aged 16 – 24 years (180 / 31%) and 35 – 44 years (40 / 7%). The remaining 15% were made up of other respondent types;
- 50% of respondents who took part in the engagement online and through a paper version were white British, followed by 12% who were Mirpuri Pakistani;
- The majority of respondents were male (51% online/paper version);
- 5% of respondents who took part reported a disability.

2.50 The majority of respondents identified 'mental health – support for young people' as the most important area in providing support to families and this was reflected in the comments people made.

2.51 We identified that some young people struggled to understand the questions within the survey. We will ensure before we commence formal consultation that we will produce a children and young people's survey, to ensure the language and questions are clear. We will also ensure that there is extensive consultation with those supporting and caring for babies and younger children.

2.52 The feedback indicated that there is District support for the vision to move services to a locality model and to work in partnership with agencies to ensure the best possible outcomes for all children, young people and families.

3 OPTIONS AND PREFERRED MODEL AND STEPS TO 2020

3.1 The options outlined below have been developed following extensive working with partners over the last year. They incorporate the feedback from the stakeholder engagement and are based on the needs of babies, children and families and how we can best improve outcomes and reduce inequalities for children.

3.2 Four options are outlined below:

3.3 Option 1 – Remain with the same separate services/teams and spread the required budget reductions equally across the services/teams.

The Council currently provides and commissions a significant number of Prevention and Early Help services to children and families which work alongside wider partnership delivery. This could continue with the same and separate teams/services but with a significant reduction shared across key services or areas.

Pros:	Cons:
<ul style="list-style-type: none"> • Maintains a familiar model; • Maintains children’s centres as standalone centres; • Maintains work to date to align the seven children’s centre cluster, health visiting and school nursing; • Maintains mixed economy of providers. 	<ul style="list-style-type: none"> • Some teams and centres will not be viable individually with the required levels of savings; • Maintains the present duplication of agencies targeting the same families; • Not sufficiently targeted to highest needs; • Is not aligned to key partner agencies; • More distant from elected members/ward developments and does not align to Area Committees; • Would not provide management and back office efficiencies across multiple teams and services; • Does not support a ‘whole family’ approach; • Would not comply with EU legislation given the length and size of some of the present contracts.

3.4 Option 2 - Move to a centrally managed service delivering only the minimum mandatory (Healthy Child visits, assessed contact and short breaks) and targeted key working with individual families. (Potential 260-280 FTE reduction) (56%-60%).

This service would focus predominantly on higher risk families and work largely in families’ homes. There would be a significantly reduced number of community and group based programmes and buildings in areas.

Pros:	Cons:
<ul style="list-style-type: none"> • Saves money on buildings (subject to identifying alternative uses) in medium/long term to invest into workers; • Focuses on those families with children 	<ul style="list-style-type: none"> • Not in line with District and corporate vision – does not build community networking, prevention and resilience; • Reduces prevention activity and so

<p>with the poorest outcomes;</p> <ul style="list-style-type: none"> • Reduces management and back office costs. 	<p>demands at targeted and specialist levels likely to increase;</p> <ul style="list-style-type: none"> • More distant from families and communities and elected members; • Unlikely to meet statutory requirements for a sufficient children's centre offer; • Significantly reduces area based delivery sites.
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3.5 Option 3 – a 0-19 Prevention and Early Help Service providing mandatory and targeted prevention programmes and key working. The Council provides the core teams alongside a number of commissioned services (potential 220 – 240 FTE reduction) (47%-51%).

Under this option, it is proposed:

- We move from the separate services presently provided (including the seven Children's Centre clusters) and create a new Prevention and Early Help Service providing four area based teams alongside a small group of central services;
- Central teams would include service (administration, finance etc) support, Families First co-ordination, Early Help Gateway, overview of early education and childcare sufficiency, overview of education attendance/safeguarding and intensive family support.
- Area teams would particularly targeted those wards and neighbourhoods in which children have the poorest outcomes;
- Area 0-19 teams would incorporate delivery of the children's centre core offer across the District;
- Each team would include Prevention Co-ordinators and workers who will work with families and local community to deliver evidence based programmes;
- A 0-19 generic Family Key Worker post would be created with specialisms on early childhood development and working with young people within each team;
- A detailed Prevention and Early Help pathway would be developed for children and young people 0-19 years (or 0-25 years where appropriate);
- Build on the work of our multi-agency Early Help Panels which identify those families with the most complex needs;
- Public Health services will be re-commissioned as recommended from the local 2016 Service Reviews and following consultation arising from this report. Public Health will commission in accordance with the four geographical areas being proposed and will integrate with this proposed Prevention and Early Help model. The specification will therefore include detail of how this will be achieved and any co-location required with the proposed 0-19 teams;
- That responsibility for short breaks and specialist behaviour support would move or align from Specialist Services to the proposed SEND Services (subject to revised consultation);
- That responsibility for Assessed Contact would remain within Children's Specialist Services;
- The Council would continue with commissioning intentions related to short breaks, Families First and other targeted services;
- A commissioning fund would be made available for each area to facilitate community involvement in prevention delivery.

Pros:	Cons:
<ul style="list-style-type: none"> • Maintains preventative and targeted support and so should reduce demand for specialist services; • Reduces duplication; • One key worker/team reduces families being 'passed around' from services; • Strongly support a whole family approach; • Build on Families First approach; • Makes co-ordinated use of resources for whole community usage; • Realises savings; • Build up services around the model as and when additional funding becomes available; • Continues to provide children's centre core offer within integrated teams; • Provides clinical expertise and leadership through the integration of Health Visiting and school nursing services to the proposed teams; • Aligns Place/Area Committees, ward planning, youth services and Healthy Child Programme delivery in areas; • Aligns with Police boundaries; • Closer to families, communities & elected members; • Mixed economy of providers; • Supports integrated IT systems; • Builds hubs in local areas. 	<ul style="list-style-type: none"> • Need to ensure oversight of delivery across areas; • Need to ensure robust focus on early childhood support, particularly from conception to age two and school readiness; • Some reduction in mixed economy of providers; • Large scale system changes of processes and workforce.

The partnership framework (and two case examples) for delivery of this model is outlined in **Appendix 7a-c** and an outline of key functions for the proposed core 0-19 Prevention and Early Help Service is at **Appendix 8**.

The alignment of Children's Centres buildings to the proposed areas is at **Appendix 9**.

Option 4 - Tender out all Prevention and Early Help services under one specification covering the reduced total budget available for these services.

Pros:	Cons:
<ul style="list-style-type: none"> • A wide market has the potential to respond; • Commissioned service may bring additional resources to District; • Council holds a performance and quality assurance role; • Wider testing of innovative models of delivery. 	<ul style="list-style-type: none"> • Time and costs of procurement; • Too wide a mix of providers may bring about inconsistency; • There are complex workforce issues which need addressing as a result of the budget reductions which may be unattractive to the market; • Ends Council or schools role in

- 3.6 PREFERRED OPTION. Option 3 is the preferred model and approval is sought to commence formal consultation with all interested parties commencing on 15 November 2017 until 12 February 2018.**
- 3.7 Option 3 is preferred because it would both deliver the required financial savings and secure a model of delivery which would:
- Provide a mix of preventative and targeted support but with a higher degree of targeting;
 - Reduce duplication in work with families (so they do not experience a succession of interventions) and can respond to the needs of all the children in a family whatever their age;
 - Be as close to families as possible and so area based (as supported in the engagement findings);
 - Align as much as possible to the areas worked by Place, Police and other key services;
 - Provide clinical leadership through the health visiting and school nursing teams and integrate all Public Health 0-19 years services to this approach;
 - Deliver mandated pre-5 health visits, school health checks and co-location so wider family health issues can be addressed collectively;
 - Provide high quality and sufficient early childhood support to children under five and their families;
 - Maximise spending on people to work directly with children and families;
 - Make sure all back office and management is efficient and cut out duplication;
 - Reduce time and cost associated with running multiple IT systems;
 - Allow us to build up services around the model as and when additional funding becomes available.
- 3.8 Learning from previous area based delivery of children's services, we will ensure:
- Proactive workforce and elected member engagement and development;
 - Delivery is organised around a core common purpose and job profiles;
 - Strong and collective outcome and performance focus;
 - Clear reporting and responsibility for delivery so line management arrangements are clear and simple;
 - Shared practice standards, ICT systems and quality assurance;
 - Reinforce One Family One Plan so families are not 'passed around' workers;
 - Co-locate around hubs in areas;
 - Continued close working with social work services;
 - Specific practice champions and interests are identified so there is a breadth of experience within the 0-19 teams.
- 3.9 The Prevention and Early Help Outcomes Framework (see **Appendix 4**) and delivery of key evidence based programmes linked to improving these outcomes will ensure that the reduced services continue to collectively address the high impact areas.
- 3.10 We propose to monitor the delivery and performance through a multi-agency Joint Delivery Board focused on the agreed outcome areas and this will include a focus in reducing inequalities.

3.11 A co-ordinated offer of support and guidance to schools will reduce duplication and enable a step up targeted service to be provided to those who need this level of support. A joint approach with schools across Prevention and Early Help and Future in Minds will be adopted.

3.12 A proposed timeline of key milestones is provided below:

Date	Activity
07 November 2017	Executive decision
15 November 2017	Formal Consultation begins
12 February 2018	Formal Consultation closes
03 April 2018	Return to Executive
May 2018	Commence proposed re-structure/assimilations
October 2018	Proposed services commence

3.13 As the Council's preferred Option 3 proposes to make changes to provision which might impact children with SEND, the Council considers that these proposals are likely to lead to improvements in the standard, quality and or range of educational provision for SEND children as set out in the SEN Improvement Test in **Appendix 10**.

3.14 Public Health will proceed with the development of the proposed service model and service specification/s, based on the whole system model and will procure the service/s through a competitive tender process. The length of the contract and the procurement approach and timescales will be agreed with the CBMDC Commercial Team.

3.15 **Developing and supporting the workforce**

3.16 The proposal would create a significant reduction and change to the workforce. A substantial workforce reform programme across all areas would be required and this would need to be backed up with a workforce plan.

3.17 We would work with wider partners to ensure we assist employees to take up employment opportunities in other areas of public sector delivery.

3.18 It is proposed a Prevention and Early Help accreditation/passport scheme would be developed. This would cover the core knowledge and skills required by staff in key services. This would allow schools, teams and individual workers to self-assess their workforce strengths and gaps.

3.19 The proposed development and training offer would support teams/people to build up their accreditation over time and will incorporate key elements from across Prevention and Early Help, Future in Mind, the Self-Care programme and learning from Better Start Bradford.

4. **OTHER CONSIDERATIONS**

4.1 This proposal sits alongside wider cross-agency and system initiatives such as the Integrated Early Years Strategy, Signs of Safety implementation, the Integrated Care Pathway, self-care, European Social Fund/Lottery Stronger Families programme, B Positive Pathways, early work around joint commissioning and the Council's proposed transformation work on SEND. The proposed model incorporates our commitments to

the Department for Communities and Local Government under Families First.

5. FINANCIAL & RESOURCE APPRAISAL

- 5.1 The Council's Executive published a four year financial plan aligning resources with priorities from the Council Plan on the 6 December 2016 and ratified by full Council on the 23 February 2017. The plans included detailed proposals for consultation about spending in 2017-18 and 2018-19 and indicative spending totals for 2019-2020 and 2020-21 by Council Plan Outcomes.
- 5.2 Alongside core Council funding, services also receive income from a number of external sources. These include the Dedicated Schools Grant, the Families First payment by Results (Department for Communities and Local Government) and a grant from the Youth Justice Board. Unless stated, spending proposals relate to use of core Council funding.
- 5.3 The Council and partners will need to work closely to maximise funding to the district, for example, submitting partnerships bids and developing new funding through social investment.
- 5.4 The proposed model offers greater flexibility and sustainability to reflect the changing resource base of the Council and partners, assist in achieving efficiencies for the Council into 2020/21, maximise external funding and the benefits of integrated working with partners. The proposed model will also continue to maximise income through the Families First programme and any other opportunities that arise.
- 5.5 The proposed move to a new integrated area-based model (Option 3) would ensure that the services are being delivered within the agreed spending totals approved by the Council in February 2017.
- 5.6 As the proposal would be such a significant programme of change, additional dedicated support is going to be required from Human Resources, Workforce Development, Communications, Finance and Legal Services.
- 5.7 Proposed redundancies would be linked to the Council decision following consultation and if applicable the Council will be responsible for any redundancy cost for its own workforce affected by the proposals.

6. RISK MANAGEMENT AND GOVERNANCE ISSUES

- 6.1 It is proposed that this is a large programme of work across a number of service areas that requires delivery at a considerable pace. It would require significant, meaningful engagement and formal consultation with partners, schools, early year's settings, Children's Centre providers, the workforce and families currently accessing the services and prospective families and other interested parties.

7. LEGAL APPRAISAL

- 7.1 The Local Authority must ensure it complies with any duty to consult or requirements set down in legislation or statutory guidance.

- 7.2 The DfE Sure Start children's centre statutory guidance April 2013 provides that the Local Authority must ensure there is consultation with interested parties before any significant changes are made to children's centre provision in their area.
- 7.3 Consultation must take place with all interested parties when proposals are still at a formative stage, sufficient reasons must be put forward for the proposal to allow for intelligent consideration and response. Adequate time must also be given for consideration and to respond to the consultation and conscientious account must be taken of responses when a decision is made. Whilst all options do not have to be consulted upon they must be sufficiently clear to enable consultees to understand the proposals.
- 7.4 Consultation must be easily understandable by those most likely to be affected by the proposed changes. The language should not be technical and what is being proposed and the impact of the proposals must be in plain English.
- 7.5 The SEND Code of Practice 0-25 years January 2015 provides that when considering any reorganisation of special educational needs provision the Local Authority must make clear how they are satisfied that the proposed alternative arrangements are likely to lead to improvements in the standard, quality and/or range of educational provision for children with SEN.
- 7.6 The Local Authority must have regard to its public sector equality duties under section 149 of the Equality Act 2010 when exercising its functions and making any decisions. The Local Authority must carry out an Equalities Impact Assessment to enable intelligent consideration of the proposals. The Local Authority must have due regard to the information in the Equalities Impact Assessment in making the decision to commence consultation on these proposals.
- 7.7 If the proposals include significant changes to maintained schools the Council would need to follow a statutory process and publish statutory proposals.
- 7.8 The Children Act 1989 sets out the provision of services for children and their families. Section 17 places a duty on every local authority to safeguard and promote the welfare of children who are in need within their area and to promote the upbringing of such children by their families.
- 7.9 The Children Act 2004 as amended by the Apprenticeships, Skills, Children and Learning Act 2009 set statutory targets for children's services authorities for improving the effectiveness of safeguarding and promoting the welfare of children through promoting better inter-agency co-operation and improved information sharing. The 2009 Act also established Children's Trust Boards.
- 7.10 The Council has duties under the Childcare Act 2016:
- Section 1 – duty to improve well-being of young children & reduce inequalities between them;
 - Section 3 – to make arrangements so that early childhood services are integrated, accessible and benefit young children and their parents;
 - Section 5A – make arrangements for sufficient children's centres, so far as reasonably practicable to meet local need;
 - Section 6 - duty to secure sufficient childcare for working parents;
 - Section 12 - duty to provide information, advice and assistance to parents and

- prospective parents;
- Section 13 - duty to provide information, advice and training to childcare providers.

- 7.11 Early years providers have specific statutory requirements under the Childcare Act 2006 to contribute to the safeguarding of children and to comply with welfare requirements to promote good health and maintain records, policies and procedures.
- 7.12 Working Together to Safeguard Children (DfE, 2015) sets out the responsibilities that everyone including teachers, GPs, nurses, midwives, health visitors, early years professionals, youth workers, police, Accident and Emergency staff, paediatricians, voluntary and community workers and social workers has to safeguard and promote the welfare of children, provide early help and for keeping them safe.
- 7.13 The Education Act 1996 as amended requires all local authorities to make arrangements to enable them to establish the identities of children in their area who are not receiving a suitable education. The duty applies in relation to children of compulsory school age who are not on a school roll and who are not receiving a suitable education otherwise than being at school.
- 7.14 The Children and Families Act 2014 has further influenced and shaped service delivery. It aims to improve services for vulnerable children, children in need of care and support, children with special educational needs and disabilities and support families in balancing home and work life particularly where children are particularly very young. It underpins wider reforms to ensure that all children and young people succeed, no matter what their background.
- 7.15 The proposed changes are expected to involve staff transferring under the Transfer of Undertakings (Protection of Employment) Regulation 2006, ("TUPE") which will give rise to legal duties to consult and inform. If there is a change of employer following the changes then TUPE will apply. TUPE operates so that staff are protected from being dismissed by reason of there being a transfer of undertakings, unless there is an economic, technical or organisational reason entailing changes in the workforce and provides that staff transfer on existing terms and conditions. Different legislation protects the pensions of transferring employees.
- 7.16 Local authorities have duties outlined in the Health and Social Care Act (2012), which came into force in April 2013 when Public Health transferred to the Council, and this includes delivering public health children's services for 0-19 year olds and specific mandated and statutory functions including 5 health checks for young children, the National Child Measurement Programme and district wide Oral Health surveys.
- 7.17 Local Authorities statutory Public Health responsibilities also include a duty to improve Public Health, Section 31 of the 2012 Act requires local authorities to have regard to guidance from the Secretary of State when exercising their public health functions; in particular this power requires local authorities to have regard to the Department of Health's Public Health Outcomes Framework (PHOF).
- 7.18 *A Public Health outcomes framework for England* sets out the Government's overarching vision for public health, the desired outcomes and the indicators that will be used to measure improvements to and protection of health. *Improving outcomes and supporting transparency*, provides a summary technical specifications of public health indicators.

7.19 Section 237 of the 2012 Act also requires local authorities to comply with National Institute for Health and Care Excellence (NICE) recommendations to fund treatments under their public health functions.

7.20 Local Authorities also have responsibilities under this Act to set up a statutory Health and Wellbeing Board to oversee a Health and Wellbeing Strategy to improve health and wellbeing outcomes and reduce inequalities for the population across the district.

8 OTHER IMPLICATIONS

8.1 EQUALITY & DIVERSITY

8.1.1 The Local Authority must not discriminate directly or indirectly against any group or individual and is required to foster good relations.

8.1.2 An Equalities Impact Assessment for the proposed model is attached as **Appendix 11**. A Human Resources Equalities Impact Assessment is underway.

8.2 SUSTAINABILITY IMPLICATIONS

8.2.1 There are no direct sustainability implications arising from this report.

8.3 GREENHOUSE GAS EMISSIONS IMPACTS

8.3.1 The proposals would not impact on gas emissions.

8.4 COMMUNITY SAFETY IMPLICATIONS

8.4.1 Through working differently across services we would seek to minimise crime and anti-social behaviour and its impact on individual families and communities. This is a priority outcome area.

8.5 HUMAN RIGHTS ACT

8.5.1 There are no direct Human Rights implications arising from this report.

8.6 TRADE UNION

8.6.1 The Council will be issuing a letter under Section 188 Trade Union and Labour Relations (Consolidation) Act 1992 ("TULRCA") notifying the Trade Unions about the potential impact on the workforce in relation to the proposals outlined in this report

8.6.2 The regional Trade Unions were advised of the proposals outlined in the Executive report in a meeting on the 12 October 2017

8.6.3 The trade unions will be fully consulted on the proposals and meetings are scheduled with the Trade Unions on the proposals and their feedback will be incorporated into future reports to Executive.

8.7 WARD IMPLICATIONS

8.7.1 Ward Councillors were provided with open briefings throughout August. Ward. Further

consultation will be undertaken.

8.8 AREA COMMITTEE ACTION PLAN IMPLICATIONS (For reports to Area Committees only)

8.8.1 Following Executive approval to consult, reports are planned to go to each Area Committee.

8.8.2 The preferred proposed model intends to align with Place Services and other key partners. The proposed model also seeks to build and support a People Can approach.

9 NOT FOR PUBLICATION DOCUMENTS

KPMG Report: Transforming Early Years and Early Help Opportunities for 2020. This report is not for publication because it contains exempt information under Schedule 12A of the Local Government Act 1972 (information relating to the financial or business affairs of the Council/third party) and in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

10. OPTIONS

10.1 If the move to a new integrated area-based model (Option 3) is not supported then, in order to achieve a balanced budget going forward and make the required savings, alternative saving options would need to be identified and delivered.

11. RECOMMENDATIONS

- a. That the Area Committee notes formal consultation is underway from 15 November 2017 until 12 February 2018 with all interested parties as outlined in **Appendix 12**;
- b. Consider and comment on the report;
- c. Note that Executive will receive a further report in April 2018 following formal consultation.

12. APPENDICES

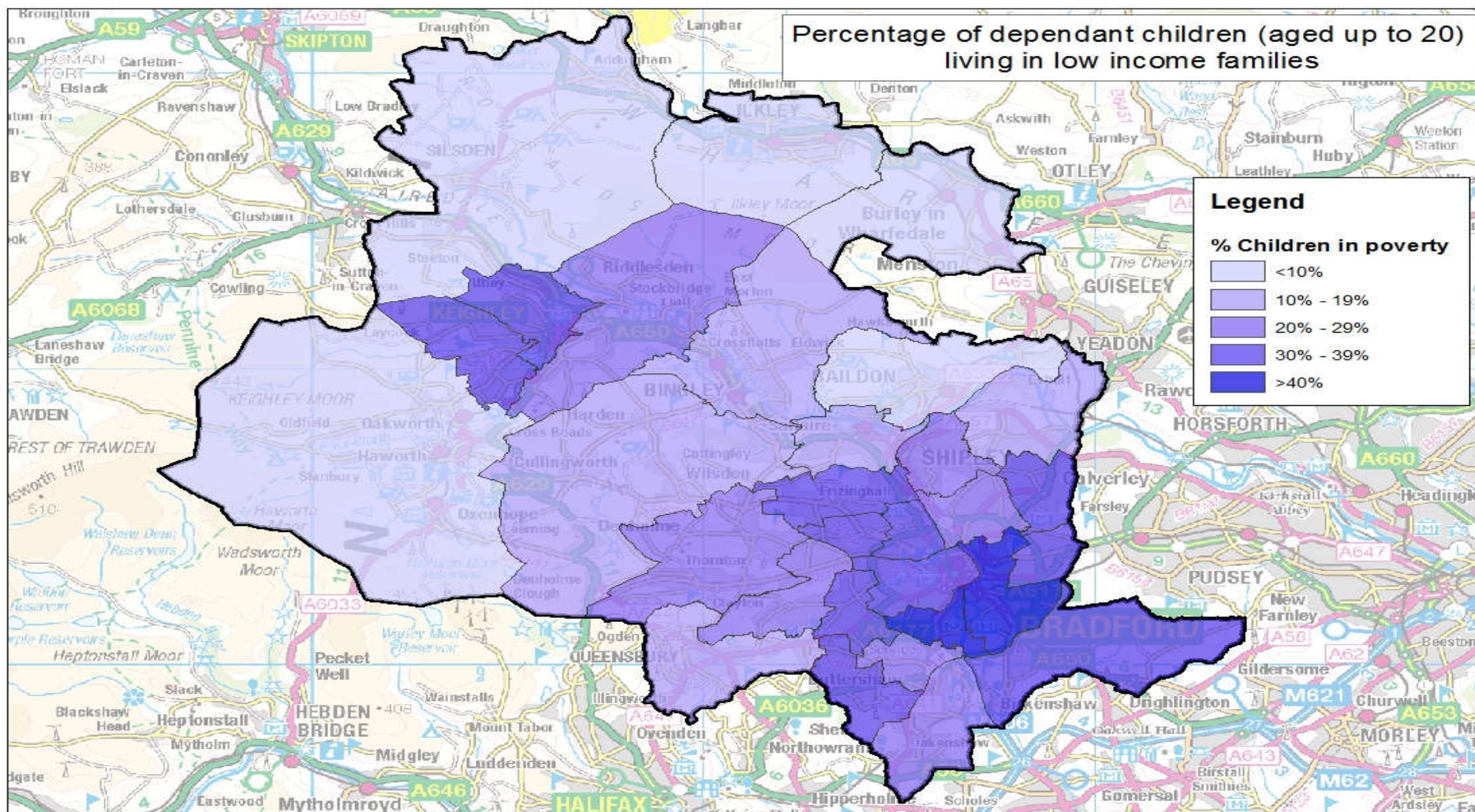
Appendix 1 – Families' Needs Assessment maps
Appendix 2 – District & Council Priorities
Appendix 3 – Working with our partners
Appendix 4 – Early Help Outcome Framework
Appendix 5 – Key services in scope for changing under the proposed model
Appendix 6 – Engagement summary
Appendix 7a-c – Proposed partnership delivery framework
Appendix 8 – Proposed Prevention and Early Help Service functions
Appendix 9 – Proposed changes to Children Centres
Appendix 10 – SEN Improvement Test
Appendix 11 – Equalities Impact Assessment
Appendix 12- Stakeholders for consultation

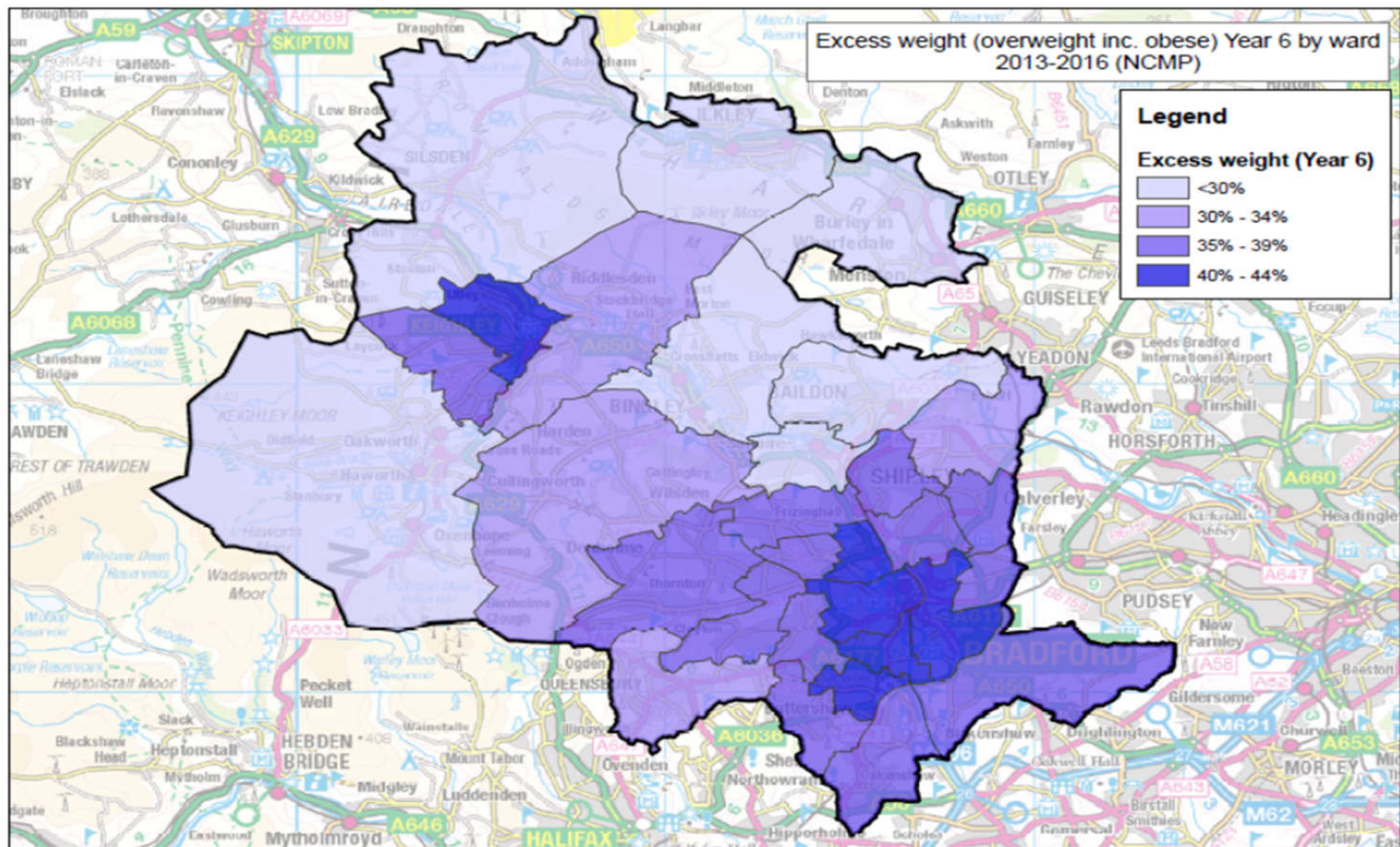
13. BACKGROUND DOCUMENTS

- Bradford District Plan 2016 - 2020
- Bradford Council Plan 2016 – 2020

- Bradford Children, Young People and Families Plan 2017-2020
- Integrated Early Years Strategy for children 0-7 years 2015-2018
- Bradford District Oral Health Strategy
- Bradford District Every Baby Matters Strategy and Action Plan
- Families Needs Assessment: An overview of the needs of families in Bradford and Airedale 2017.
- Fair Society Health Lives Marmot Review 2010
<http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review>
- 1001 Critical Days Report (2013) <http://www.1001criticaldays.co.uk/>
- Public Health England 'Best Start in life and beyond' Guidance (2016)
<https://www.gov.uk/government/publications/healthy-child-programme-0-to-19-health-visitor-and-school-nurse-commissioning>
- The effect of multiple adverse child hood events (ACEs) experiences on health Lancet Public [http://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(17\)30118-4/fulltext](http://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(17)30118-4/fulltext)
- Health Visiting and School Nursing Reviews: 2016 HSOSC Sept 2016 :
<https://bradford.moderngov.co.uk/documents/g6432/Public%20reports%20pack%2008th-Sep-2016%2016.30%20Health%20and%20Social%20Care%20Overview%20and%20Scrutiny%20Committee.pdf?T=10>

APPENDIX 1 - Key data from the Family Needs Assessment; An overview of needs of Families in Bradford and Airedale 2017





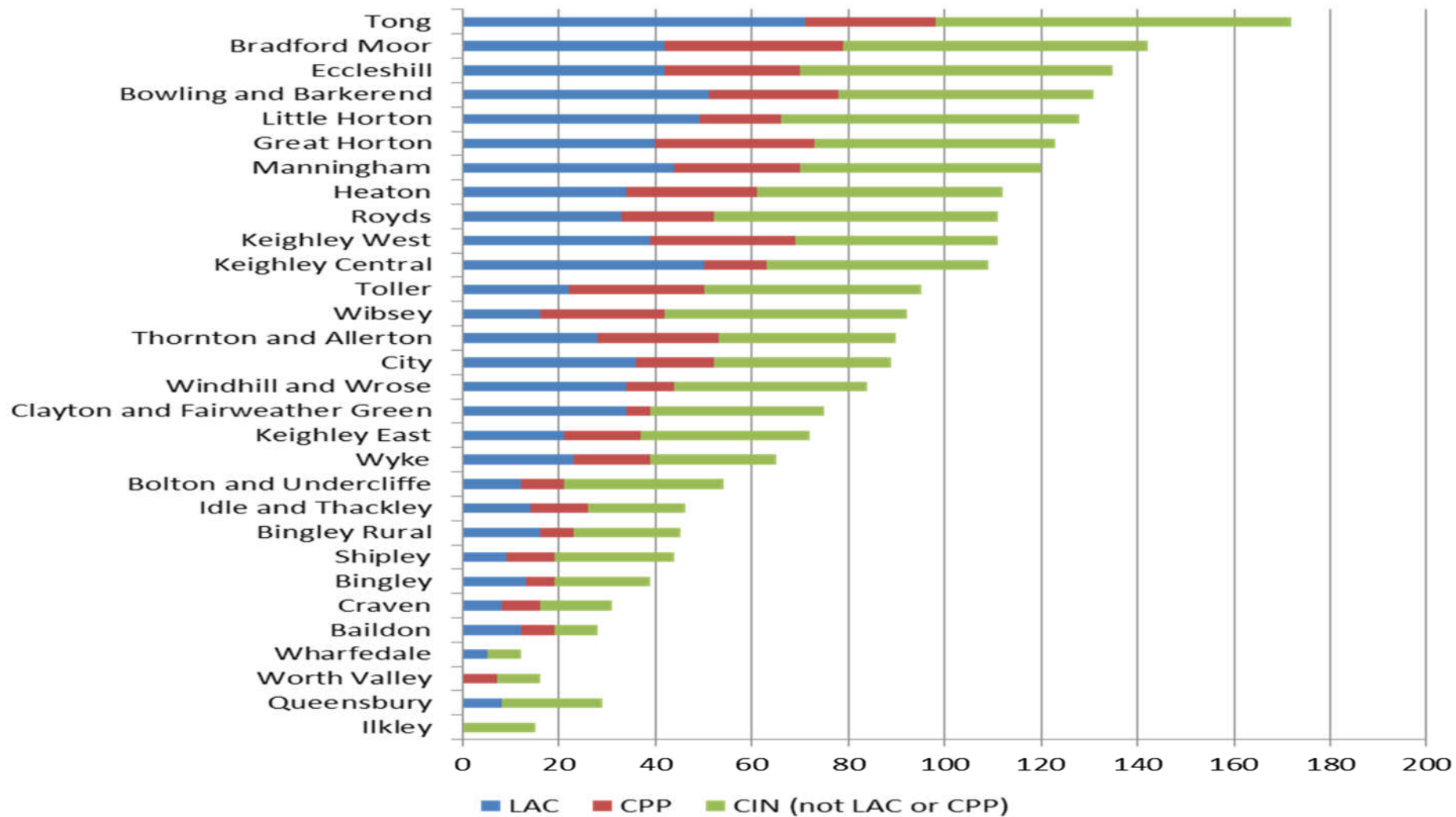
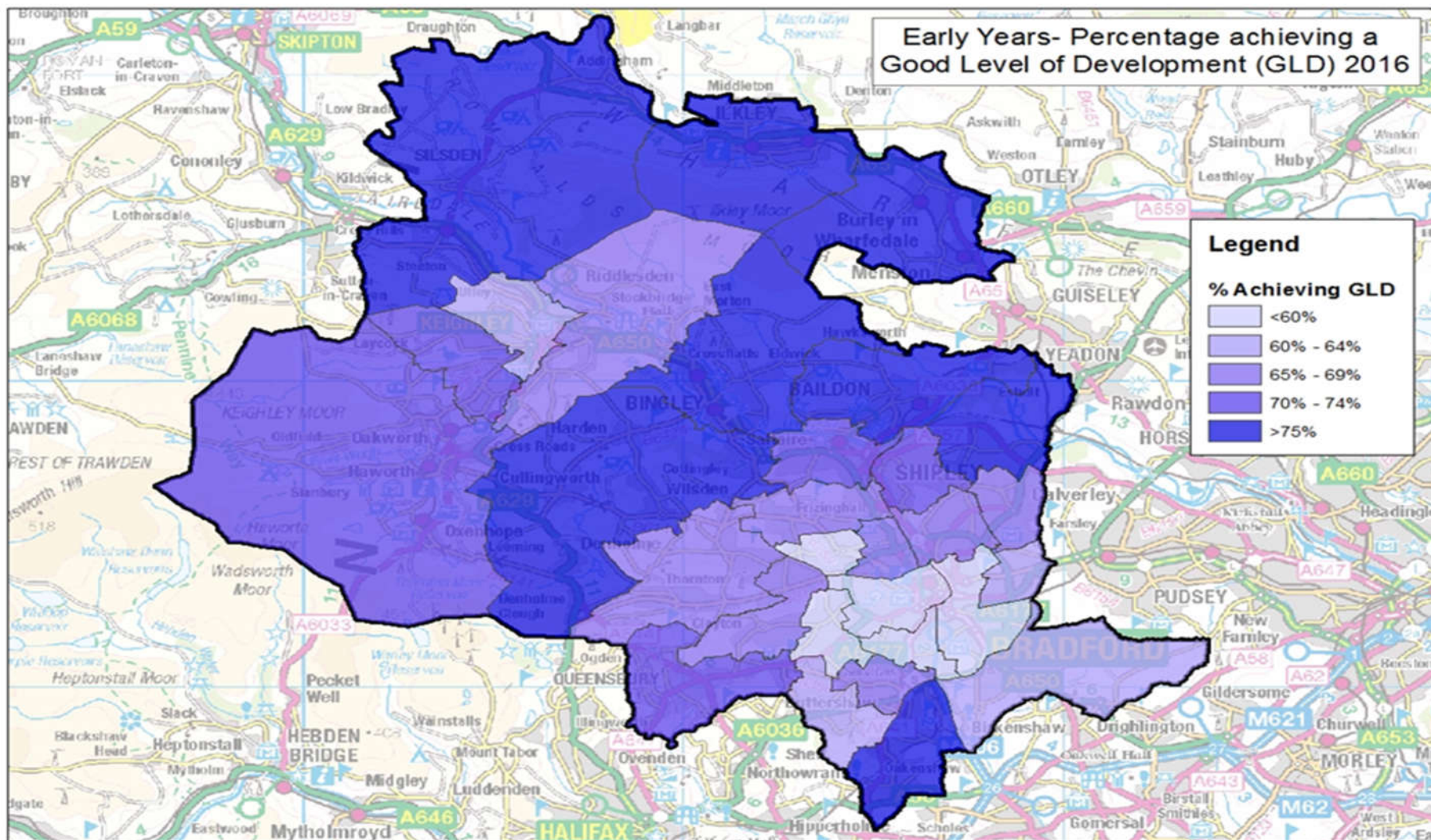


Table above shows contacts with Children by Children's Social Care 2016: LAC - Looked after Children, CPP - Child Protection Plan and CIN – Child in Need.

In the map below a lighter colour indicates a lower level of Good Level of Development (school readiness)



APPENDIX 2 - District and Council Priorities

Bradford District Plan 2016 – 2020

The Bradford District Plan sets out the long-term ambition for our district. It aims to draw on the resources and activity of local people, communities, businesses and organisations, across the district. Achieving this ambition and addressing the priorities will enable us to make Bradford a better place.

The proposal directly relates to the Council Plan 2016 – 2020 priorities:

- Better skills, more good jobs and a growing economy;
- A great start and good schools for all our children;
- Better health, better lives;
- Safe, clean and active communities;
- Decent homes that people can afford to live in.

Bradford Council Plan 2016 – 2020

The Council Plan sets out how we, as a Council will work with others to contribute to the priorities set out in the Bradford District Plan. Our actions are outlined below:

1. Better skills, more good jobs and a growing economy
 - Businesses starting up, growing and investing in Bradford District
 - Getting the right infrastructure
 - Letting everyone know Bradford is a great place to live, work and invest
 - A skilled and flexible workforce in our district
2. Decent homes that people can afford to live in
 - Increasing the number of homes to meet the rising demand for housing
 - Decent, safe homes that are appropriate for people's needs
 - Support for people in most housing need
3. A great start and good schools for all our children
 - Children starting school ready to learn
 - Children achieving well at school
 - Young people leaving school ready for life and work
4. Better health, better lives
 - Healthy lifestyles – focusing on prevention and early intervention
 - Creating choice and control
 - Joining up services
 - Safeguarding children and adults
5. Safe, clean and active communities
 - Supporting communities
 - Building safe communities
 - Help maintain an attractive and welcoming environment
6. A well-run council, using all our resources to deliver our priorities:
 - Use all our resources wisely
 - Work in partnership
 - Make sure we are well governed, accountable and legally compliant

Children, Young People and Families Plan 2017 – 2020

The proposal is a major part of delivering the shared partnership priorities of the Children, Young People and Families Plan 2017 – 2020;

- Ensuring that our children start school ready to learn;
- Accelerating education attainment and achievement;
- Ensuring our children and young people are ready for life and work;
- Safeguarding the most vulnerable and providing early support to families;
- Reducing health and social inequalities, including tackling child poverty, reducing obesity and improving oral health
- Listening to the voice of children, young people and families and working with them to shape services and promote active citizenship

The current Children and Families Plan 2017- 2020 for the District is also focused on ensuring children are ready for school, achieve their potential at school and are ready for life and work alongside ensuring robust safeguarding, reducing health and social inequalities and listening to the voice of the child.

Integrated Early Years Strategy, 2015-18

The Integrated Early Years Strategy (IEYS) 2015-2018 for children 0-7 years demonstrates the District wide commitment already in place by key partners working together to provide aligned services which promote prevention, early intervention and targeted support for children and families focused on improving six key outcomes and reduce inequalities for young children. The IEYS Strategy Group works closely the Better Start (10 year Big Lottery funded £49 million programme) which provides on-going research and learning into what works to improve outcomes for young children.

Future in Minds

This plan for the next three years has dedicated funding attached, and addresses the mental and emotional health needs of children and young people in Bradford. There are various work streams, including Early Help, Mental Health in Schools, and workforce development.

Health and Social Care Act (2012)

The Local authority has a statutory responsibility outlined in the Health and Social Care Act (2012) for delivering and commissioning public health services for children 5-19 years and since October 2015 also the responsibility for children's public health commissioning for 0-5 years.

The Local Authority is responsible through the above Act (2012) for improving the health and wellbeing of the population. Statutory Health and Wellbeing Boards and public health have a key role in the development of the statutory Joint Health and Wellbeing (HWB) Strategy which informs commissioning. This also includes delivering on key Public Health Outcomes as set in the Department of Health's Public Health Outcomes Framework.

APPENDIX 3 - Working with our Partners

Health and WellBeing Board

The Health and Wellbeing Board brings together leaders from the local health and care system, including the Council, the NHS and the Community and Voluntary sector. Our shared ambition is: To create a sustainable health and care economy that supports people to be healthy, well and independent. This includes the delivery of the Health Inequalities Action Plan and the Health and Wellbeing Strategy.

Our local Joint HWB Strategy 2014-2017 was based on the Marmot Review (2010) and features a strong focus on ensuring children have the best start in life and reach their potential. It also focused on improving inequalities as well as improving overall outcomes. The refreshed HWB strategy currently under development will include a focus on best start in life for the district's children.

The Bradford District Partnership (BDP)

Coordinates and supports the work of the partners (in the public, private and voluntary and community sectors) and partnerships across the district. These partners share responsibility for making sure that our shared direction established via the New Deal is delivered through the new District Plan 2016 – 20.

The Bradford District Partnership will ensure that the District Plan 2016 - 20 is delivered in the best way possible - and that all the partners work closely together to make things happen. In doing so it will champion the wellbeing and prosperity of all of the district's residents and ensure that they have the opportunity to realise their true potential.

Bradford Children's Trust

Bradford's Children's Trust recognises that stronger partnerships, greater integration of services and a shared purpose lead to better services for children, young people and families – especially the most vulnerable. The core principle of a shared commitment to improve the lives of children, young people and families – enshrined in the 'duty to co-operate' – remains as important as it ever was.

The vision of Bradford's Children's Trust is that every child and young person should be supported to have the best possible start in life, and be given active help and encouragement towards achieving the outcomes identified in the following themes:

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution
- Achieve economic well-being

Bradford Safeguarding Children Board

Bradford Safeguarding Children Board (BSCB) is a statutory body established under the Children Act 2004. It is independently chaired and consists of senior representatives of all the principal agencies and organisations working together to safeguard and promote the welfare of children and young people in the Bradford District. Its statutory objectives are to:

- Co-ordinate local work undertaken by all agencies and individuals to safeguard and promote the welfare of children and young people.
- Ensure the effectiveness of that work

Working Together to Safeguard Children (2015) sets out the responsibilities of the Council's and its key partners in regard to early help. Bradford Safeguarding Children Board has responsibility to monitor the effectiveness of the 'Early Help' being provided to children and families. Ofsted is required to inspect Early Help as part of their inspections of "services for children in need of help and protection, children looked after and care leavers".

Education Covenant

The approach to achieving the best for children, young people and families is driven by the Covenant's priorities. We have clear aspirations for Bradford's children and young people, but it is very clear that the solutions will be a partnership between the people of Bradford and the organisations which deliver services. The participation of young people in making these plans happen is critical.

The Council's offer:

- Keeping schools and education as a top priority
- Driving School Improvement
- Promoting learning from the very best
- Attracting, retaining and developing the best school leaders and teachers
- Providing school places by working together with government
- Helping to make sure children are ready for school
- Supporting children and young people to be ready for work and life
- Raising aspirations through cultural opportunities.

People Can

People Can has been initiated by a range of partners who are concerned about a range of challenges faced by the Bradford District and who want to do something positive about them. People Can emerged out of Bradford Council's New Deal thinking and has involved people from the voluntary and community sector from the outset in its design.

The start point of People Can Make a Difference is recognition of the fantastic voluntary work already being carried out in the Bradford District. People Can is an open invitation to everyone to take part, help others and make a difference.

People can make the difference in a number of ways:

- **Be Neighbourly** – carry out small, informal, everyday acts of kindness
- **Community action** – create a new group, activity or event with likeminded people
- **Volunteer** – devote some of your time to helping others
- **Raise money** – use your skills to raise funds for a community project.

Early education providers and schools

There are clear links between good quality early intervention and improvements in attendance and attainment at school and early education across the key stages of education. Schools play a key and valued role in the delivery of early help across the District. This will continue to be the case and the intention is that through the new arrangement schools can be provided with meaningful support, advice and problem solving approaches that help them in this role.

West Yorkshire Police

Ensuring that there is alignment to the new operating procedures for community policing. This will best utilise a significant amount of intelligence that the police service maintain through their daily interactions with the diverse range of our District. The police and community services being able to understand the main issues for families within communities better supports their abilities to tackle issues around vulnerable victims, managing public protection and reducing crime and anti-social behaviour.

Health Services

We will look at the strong links of all aspects of health working with partners who commission or deliver school nursing, health visiting, primary care, acute hospital services, community services, mental health services and other key services in order to move this programme of work forward.

Voluntary and Community Sector

Bradford has a valued partnership with Voluntary and Community Sectors. Strengthening and developing this partnership is a critical feature of ensuring a multi-layered response to address the needs of families and build resilience within communities.

Better Start Bradford

A Big Lottery funded partnership programme over ten years working with families in three wards – Bowling and Barkerend; Little Horton and Bradford Moor to help give children the best possible start in life.

Born in Bradford

Born in Bradford is one of the largest research studies in the World, tracking the lives of over 30,000 Bradfordians to find out what influences the health and wellbeing of families.

Signs of Safety

We will build on our partnership strengths such as the adoption of Signs of Safety as our assessment and planning tool and the strengths which emerged from our recent partnership Joint Targeted Area Inspection.

We have already adopted Signs of Safety when planning with families both at early help and within child protection conferences.

APPENDIX 4 – Prevention and Early Help Outcomes Framework 2017 – during consultation we will focus down on those outcomes most directly impacted by Prevention and Early Help.

Outcome 1 – Children live in caring and resilient communities
1.1 Children are safe
<p>a. Children are safe within the home</p> <ul style="list-style-type: none"> • Reduce incidents of Domestic Violence • Reduce numbers of looked after children • Reduce numbers of children subject to Child Protection Plans
<p>b. Children are safe within communities</p> <ul style="list-style-type: none"> • Reduction in ASBOs • Reduced road traffic accidents
1.2 Children live in resilient communities
<p>a. Improved social cohesion</p> <ul style="list-style-type: none"> • Percentage of people who agree that their local area is the place where people live together harmoniously
<p>b. Increased participation from communities</p> <ul style="list-style-type: none"> • Increasing numbers reported in ‘People Can’ projects • Increased participation from communities in the education covenant
1.3 Children experience positive relationships
<p>a. Children have improved relationships within the home</p> <ul style="list-style-type: none"> • Increased levels of positive attachment in the under 5s • Reduced call outs for domestic abuse by the police
<p>b. Children with complex needs have positive relationships</p> <ul style="list-style-type: none"> • Reduced number of children with complex needs living out of area • Increased community involvement through short breaks and/or Personal Budgets

Outcome 2 – Children learn and develop skills for life

2.1 Children achieve

a. Children achieve in school

- Foundation Stage Profile results improve to meet the national average (currently a Good level of development) AND gaps between our vulnerable groups and boys and girls and their peers nationally reduce (PHOF 1.02)
- KS1 results improve and narrowing of gap for vulnerable groups
- KS4 results improve and narrowing of gap for vulnerable groups
- Post 16 results improve and narrowing of gap for vulnerable groups

b. More children go onto higher education

- Increased number attending university and narrowing the gap for vulnerable groups

c. Young people go onto high quality employment

- Reduced unemployment figures
- Increased high level jobs figures
- 16-18 year olds not in education, employment or training (NEET) (PHOF 1.05)

2.2 Children learn in high quality environments

a. Schools are of high quality

- Increased numbers of schools with leadership graded good or better particularly in deprived areas

b. Early years provision is of high quality

- The proportion of early years settings achieving good or better outcomes in their Ofsted inspections increases to at least meet the national averages particularly in deprived areas

2.3 Children participate in learning experiences from 2-19

a. Children attend schools

- Improved attendance levels at all key stages including the take up of their place, if eligible, at early years settings for children of non-statutory school age ; to include pupil absence (PHOF 1.03) and other relevant indicators
- First time entrants to the justice system (PHOF 1.04)

b. Children participate in learning 16-18 in line with RPA

- Improved participation levels Post 16 year on year

c. Increased take up of places in pre-school learning (early education and childcare)

- Increased take up of eligible 2 year-olds for the universal offer and 3 and 4 year-olds for both the universal offer and the extended additional 15 hours (i.e. the '30' hours offer).

Outcome 3 – Children are healthy and well and reach their potential *

1.1

a. Fewer baby deaths in first year of life *

- Infant mortality rate reduces and at a faster rate in deprived areas (PHOF 4.01 & NHSOF 1.6i)
- More babies are breast fed at discharge and 6-8 weeks (PHOF 2.02)
- Reduced smoking for pregnant women at delivery and increased smoke free homes in infancy (PHOF 2.03)
- Improved attachment and bonding and maternal mental health (see Outcome 1.3)

b. Fewer children are obese or overweight and there is an increase in physical activity (could remove physical activity as obesity reduction means increased PA and better nutrition by definition)

- In reception aged 5-6 years (PHOF 2.06)
- At age 10-11 years (PHOF 2.06)

c. Children will improved oral health

- Decayed, missing, filled teeth (dmft) at age 5 figures improve and at faster rate in deprived areas (PHOF 4.02 & NHSOF 3.7i)

d. Children will be emotionally resilient and make good lifestyle choices

- Reduction in self harm admissions (PHOF 2.10)
- Anything else from Future in Minds dashboard approach for mental health – tbc
- Smoking prevalence 15 year olds (PHOF 2.09)
- Under 18 conceptions (PHOF 2.04)

e. Children will less often be admitted to hospital due to illness or accidents

- Rates of admissions to hospital for young children aged 0-4 years reduces
- Rates of admission due to accidents reduces (0-14 years and 15-24 years) reduces (PHOF 2.07)
- Killed and Seriously Injured on roads (KSIs for Children & Young People)

APPENDIX 5 - Key services in scope for the proposed 0-19 Prevention and Early Help Service (Children's Services and Children Centres)

Detailed consultation will be undertaken with affected teams and Trade Unions on proposed structures, job profiles and grading.

Education, Employment & Skills	
Early Childhood Services including the seven children's centre clusters	
Education Safeguarding	
Primary Achievement Team / Literacy / Moderation	
Children's Specialist Services – Targeted Early Help	
Targeted Early Help District-wide teams	
Targeted Early Help Cluster Teams x 5	
Youth Offending Team (<i>service support functions only</i>)	
Total Vacancies	13.3 x FTE
Total number of staff in scope (including the table below)	468.2 x FTE

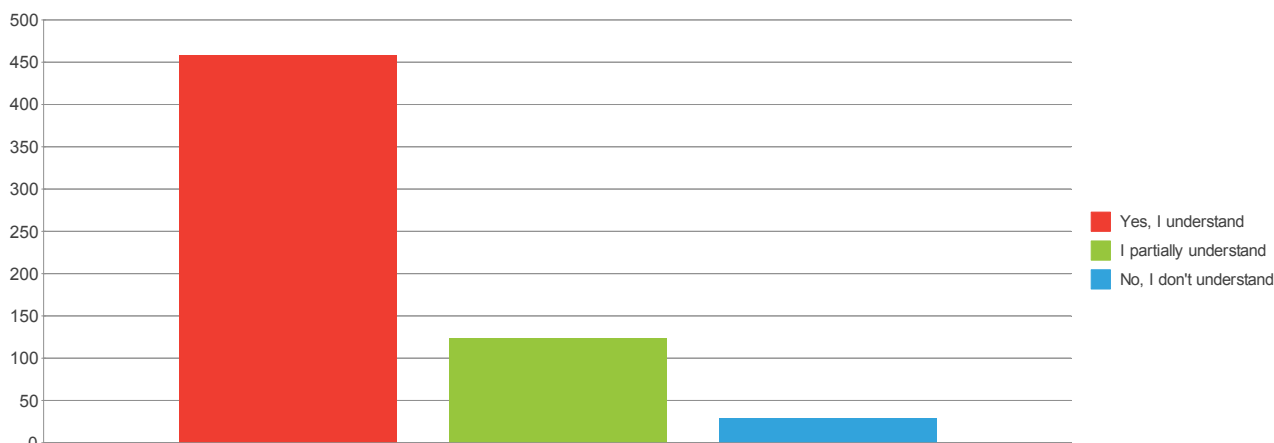
All the services below within Education, Employment & Skills include financial, administrative, performance, data and project posts. These service support posts are in scope:

Employment and Skills Service	
Commissioning Team	
Enterprise	
Funding and Sufficiency	
Skills House	
Skills for Work	
Kershaw House	
Disability Services	
Keighley Training Group	
Placements and Work Experience	
Music and Arts	
Music and Arts	
Achievement Service	
Admin Team	
Education Liaison Team	
Information Management Team	
LAC Virtual School	
Governor Service	
Curriculum ICT	
Broadband	
SEND & Behaviour	
SEND & Behaviour	
Education Psychology	
SEBD Team	
SEN Administration	
Communication & Learning	
SEN Team	
SEN Projects	
Business Management	
Sensory Service	
SEN Early Years Intervention	
Total Vacancies	11.8 x FTE
Total number of staff in scope (including the table below)	468.2 x FTE

APPENDIX 6 - Summary from Engagement

The Council's Children's Services undertook a five week public engagement, from 17 July 2017 to 20 August 2017. Below analysis outlines the responses to the questions:

Do you understand our Vision (what we plan to do)?



612 people answered the above question

Q2. Do you agree with our vision?	
Total responses	609 (6 people chose not to answer this question)
Yes, I agree	481
I partially agree	101
No, I don't agree	27

Q3. Have we identified the right outcomes that will ensure children and young people have the best start in life?	
Total responses	603 (12 people chose not to answer this question)
Yes	535
No	68

Q4. To what extent do you agree with the following parts of our vision to deliver services in local areas?					
	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
Services should target support at the most vulnerable families (611 responses)	44%	40%	12%	3%	2%
Early Help areas will help families access support in a more joined up way (612 responses)	42%	41%	14%	2%	1%
Early Help areas will improve services for families (611 responses)	41%	40%	15%	3%	1%
Early Help areas will help to ensure that communities have services that will meet the needs of the local population (610 responses)	41%	37%	17%	3%	1%

Q5. Do you agree that by developing Early Help we will provide better help for families?					
	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
Work with families to get positive solutions that will last and help stop family breakdown (609 responses)	48%	38%	11%	2%	1%
Have a 'whole system' approach, so agencies work together and are clear on the support they give. (605 responses)	41%	40%	16%	2%	1%
Build employees confidence and skills to support them in working in positive ways with families. (605 responses)	43%	39%	14%	3%	1%
Make sure that every pound counts so that we can afford services for children and families in the future. (605 responses)	51%	32%	13%	2%	2%

From the above table you can see that the majority of respondents selected 'strongly agree and / or agree' that by the Council and Partners developing Early Help it will provide better help for families.

Some of the comments from respondents are below:

"Ensure services are not duplicated and families are working in a holistic key worker approach";

"The earlier the involvement the faster solutions can be found";

"It would be more effective if Early Help workers all used the same recording systems"

Q6. How important are the following to you when you want to get services for children, young people and families in Bradford?					
	Most Important	Very Important	Important	Somewhat Important	Least Important
Clear information about what services are available (606 responses)	48%	32%	16%	4%	1%
Support in a crisis (608 responses)	51%	31%	13%	4%	1%
Services that I can access close to home (602 responses)	40%	33%	21%	5%	2%
Access to support and advice from trained professionals (602 responses)	42%	33%	18%	5%	2%
Free services (605 responses)	46%	29%	18%	5%	3%
Time of session (598 responses)	36%	27%	24%	10%	3%
Activities on offer (603 responses)	42%	28%	20%	7%	3%
Activities for all the family (603 responses)	40%	28%	20%	9%	4%

The majority of respondents believe that all of the above services for children, young people and families are very important. A common theme throughout the comments related to, access to services needs to be clearer, more signposting so families know what is available locally and across the District.

Q7. How important are the areas below in providing support to families?					
	Most Important	Very Important	Important	Somewhat Important	Least Important
Parenting support (587 responses)	50%	27%	17%	5%	2%
Family mediation (581 responses)	37%	32%	23%	6%	3%
Child development and play (583 responses)	41%	30%	23%	4%	1%
Managing children's behaviour (579 responses)	44%	34%	17%	4%	1%
Family relationships (587 responses)	45%	31%	19%	4%	1%
Practical support and coordinated work with health services (585)	40%	34%	21%	4%	1%
Support with accessing education (587)	47%	27%	21%	4%	1%
Mental health – support for young people (598)	60%	22%	13%	4%	1%

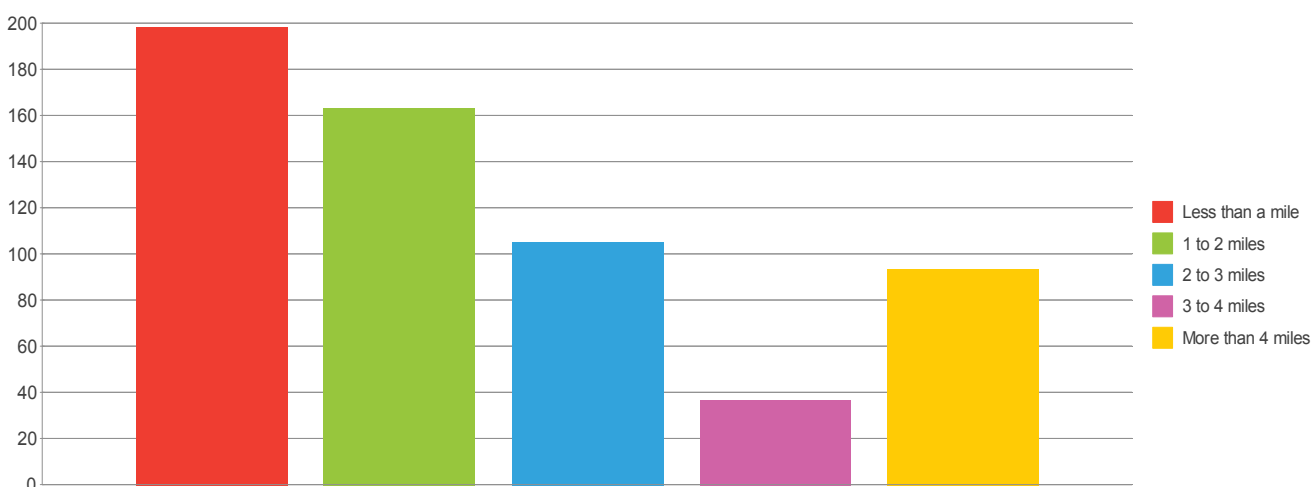
The majority of respondents identified 'mental health – support for young people' as the most important area in providing support to families and this was reflected in the comments people made. These included:

“Mental Health services are very difficult to access and are very important as problems can escalate quickly”.

“The rising number of children suffering with mental health issues is worrying”.

“Education and support for mental health for young people needs to be a priority”.

How far would you travel to access services?



596 responses to the above questions (19 people chose not to answer this question). The chart indicates that people would prefer to access services on a locality footprint, with 60% of the respondents identifying they would travel up to 2 miles to access services.

Q9. By what means?	
Total responses	587 (28 people chose not to respond to this question)
Public transport	35% (205)
Walk	33% (192)
Car	28% (167)
Taxi	3% (16)
Cycle	(1%) (7)

Q10. What services do you currently access and how often?							
	Everyday	Once a week	Every 2 weeks	Once a month	Every 6 months	Once a year	N/A
Children's Centres (473 responses)	11%	16%	4%	6%	3%	4%	56%
Voluntary organisations (472 responses)	9%	19%	6%	10%	5%	7%	45%
GP / Doctors (504 responses)	8%	6%	6%	19%	30%	16%	16%
Other health services (e.g. Health Visitor) (467 responses)	8%	8%	6%	10%	17%	12%	40%
Youth Service (566 responses)	16%	44%	7%	5%	2%	4%	23%

To ensure we reached as many stakeholders as possible from across the District we asked respondents for their postcode. This allowed us to identify those that access services and the areas which they live.

Out of 615 responses, 540 people provided us with their postcode (this included 7 people outside of the Bradford District. The results are below:



Number of responses by postcode:

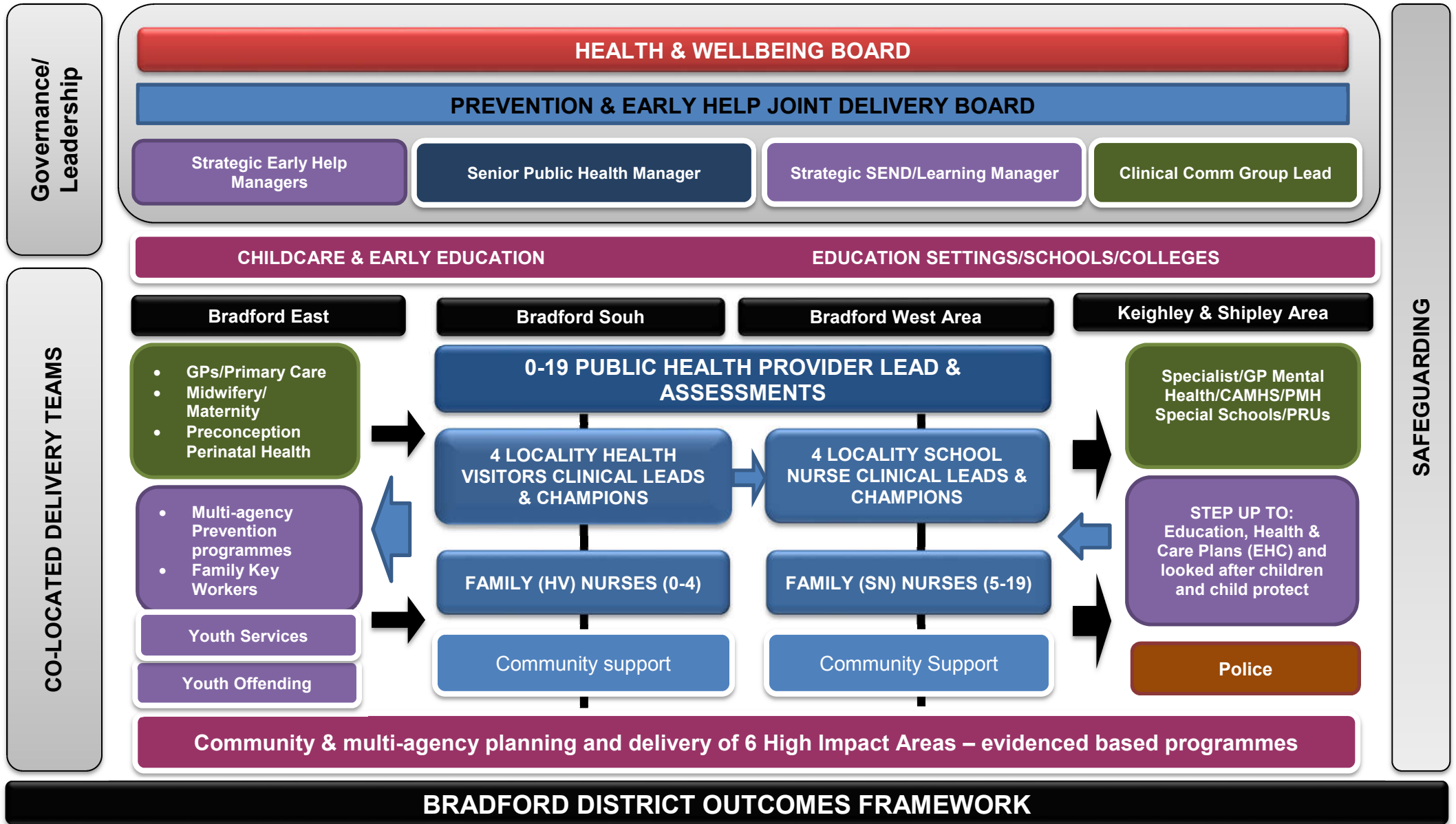
BD1	Bradford City Centre, Little Germany, Goitside, Longlands, Independent Quarter, West End, City Park	<10	BD13	Cullingworth, Clayton Heights Denholme, Queensbury, Thornton, School Green	<10
BD2	Eccleshill, Five Lane Ends, parts of Undercliffe, Fagley, Bolton Woods, Poplars Farm, Swain House, Ashbourne, High House, Grove House	72	BD14	Clayton	<10
BD3	Barkerend, Bradford Moor, Thornbury, Eastbrook, Pollard Park, parts of Laisterdyke, Undercliffe, Wapping	61	BD15	Allerton, Norr, Wilsden, Sandy Lane	<10
BD4	Bierley, East Bowling, East Bierley, Laisterdyke, Tong, Tong Street, Holme Wood, Dudley Hill, Tyersal, Swaine Green, Cutler Heights, Tong Village	15	BD16	Bingley, Cottingley, Eldwick, Harden	25
BD5	Bankfoot, Little Horton, West Bowling, Canterbury, Marshfields, Ripleyville,	50	BD17	Baildon, Shipley	<10
BD6	Buttershaw, Wibsey, Woodside, Westwood Park, Odsal, Staithgate, parts of Horton Bank Top (Cooperville)	<10	BD18	Saltaire, Shipley, Windhill, Wrose	14
BD7	Great Horton, Lidget Green, Scholemoor, Horton Bank Top, Horton Grange	<10	BD20	Cononley, Cross Hills, Glusburn, Kildwick, Silsden, Steeton, Sutton-in-Craven	17
BD8	Manningham, Girlington, White Abbey, Four Lane Ends, Whetley, Westbourne Green, West Park, Lower Grange, Rhodesway, Crossley Hall, Fairweather Green, Belle Vue	30	BD21	Hainworth, Keighley	103
BD9	Frizinghall, Heaton, Daisy Hill, Haworth Road Estate, Chellow Heights, Chellow Grange	15	BD22	Cowling, Haworth, Oakworth, Oxenhope, Cross Roads	51
BD10	Apperley Bridge, parts of Eccleshill, Greengates, Idle, Ravenscliffe, Thackley, Thorpe Edge	44	LS29	ILKLEY, Addingham, Ben Rhydding, Burley in Wharfedale, Ilkley, Menston	<10
BD12	Low Moor, Oakenshaw, Wyke, Lower Wyke, Delph Hill	<10	Outside the District		<10

Respondents were given the opportunity to make any additional comments, these are summarised below:

Communication:	<ul style="list-style-type: none"> • Better levels of communication and listening to what people need and want; • There needs to be more information provided / published in alternative languages; • Technical language on leaflets and survey has been difficult to understand. Questions are too intensive for our age group. • More face to face drop-in sessions
Working Practice	<ul style="list-style-type: none"> • Having a clear structure as to how services can be accessed; • Reduce duplication and identify what is working well • We need access to services in the local area • Closer working relationships with all local services, play groups, faith groups and youth services • Empower communities and families (skill them up to be able to assess and trouble shoot out of a crisis themselves with minimum external input. • All services access the same systems (Police, Council, Schools, GPs, Youth Service)

- | | |
|--|--|
| | <ul style="list-style-type: none">• More activities to expand young children's social experiences including those with disabilities• More youth clubs• More youth workers in schools |
|--|--|

APPENDIX 7a – Proposed Prevention and Early Help partnership delivery framework



Appendix 7b – Case studies under the proposed model

Scenario 1 - Sanam and Family

Sanam is a single parent with two children Azra aged 3 and Saeed aged 12. She separated from her husband due to emotional abuse and domestic violence on occasions. Saeed has started High School and there have been several violent episodes at school and at home one resulting in him kicking a hole in his bedroom door. Azra attends the local nursery and her overall social and emotional development is delayed.

Whole Family Approach of proposed Prevention and Early Help

The proposed whole family approach would ensure a holistic family based approach; the health visitor who is involved with Azra would be linked into the approach for Saeed so a whole family approach is taken. The school nurse and Pastoral support lead would work together with the family and involve the Primary Mental Health Link Worker if needed. A Signs of Safety based plan would be made and the school nurse would support Sanam attend the Domestic Abuse Recovery Together group enabling Sanam to gain confidence and move on with opportunities to develop her CV and search for jobs.

In addition, signposting to debt management support would be provided. Saeed would be linked into after school activities and start to attend school regularly. The health visitor works with the nursery and identifies interventions to help Azra to develop her language and communication skills and they are all fully aware of the challenges for Sanam. Azra also gets back on track in terms of her development before she starts school and Sanam joins a 8 week course in family support and then volunteers to advocate on behalf of local families where English is not their first language. She is now looking for part time work in this area.

Scenario 2 - Susan, Peter and Family

Susan and James have three boys aged 2, 6 and 10 years; James, David and Luke. Peter is unemployed and Susan has a low paid part time job. James has a government funded nursery place as his family are living on a low income. James struggles to play with other children, his language is very limited and he has had difficulties settling into nursery.

Family Approach of proposed Prevention and Early Help Team

The new family approach will ensure the whole family is involved. An integrated two year assessment is carried out between the health visitor and nursery key worker and the health visitor links with the area Prevention and Early Help Team and a whole family plan is agreed with the family. This identifies a lot of conflict between the parents and extended family. A key worker will work with the family with the aim of reducing family conflict, support activities to support James and improve his development including support with routines and play at home and ways to reduce family conflict. The key worker will liaise with the health visitor and nursery to ensure a joined up approach and that James makes good progress. His father, Peter is depressed and has been encouraged to seek support from his GP which he has followed up and he has now managed to find a part time job locally.

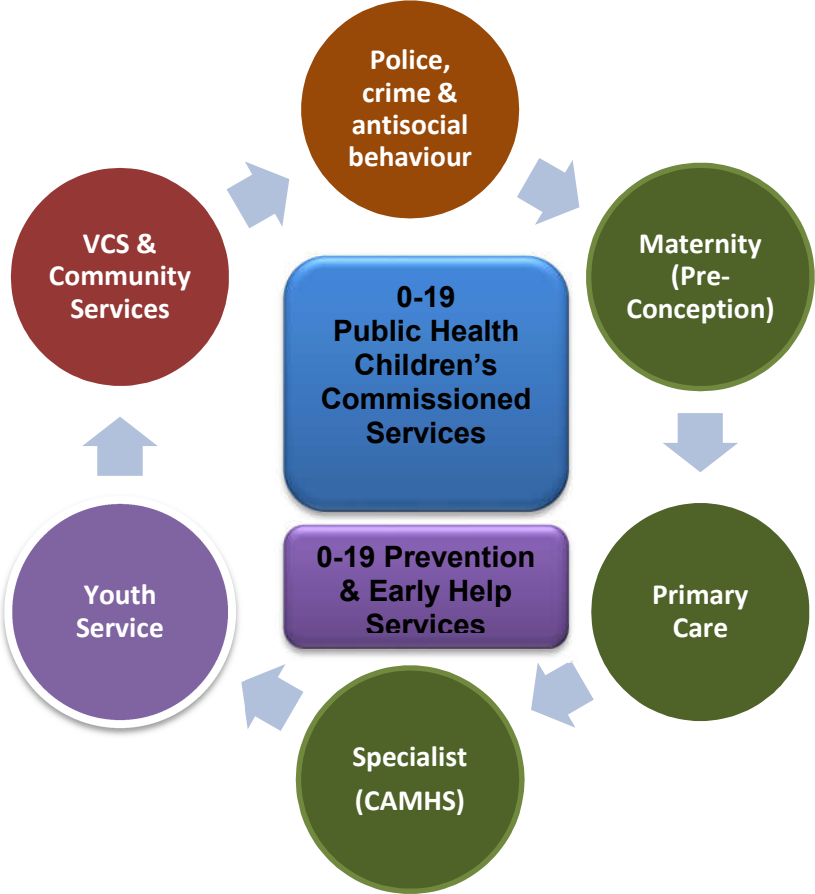
APPENDIX 7c – governance arrangements for the proposed Prevention and Early Help partnership framework

PREVENTION AND EARLY HELP DELIVERY BOARD focused on improving outcomes and reducing inequalities (see outcomes framework)

Public Health Teams will be aligned to Prevention and Early Help model and there will be clear pathways and referral mechanisms to family support and prevention interventions.

There will be an agreed menu of evidence based interventions across the District so referral from all services are easily accessible

There will be a clear alignment to other services such as Health, Police, maternity and specialist services, making referral and access much easier.

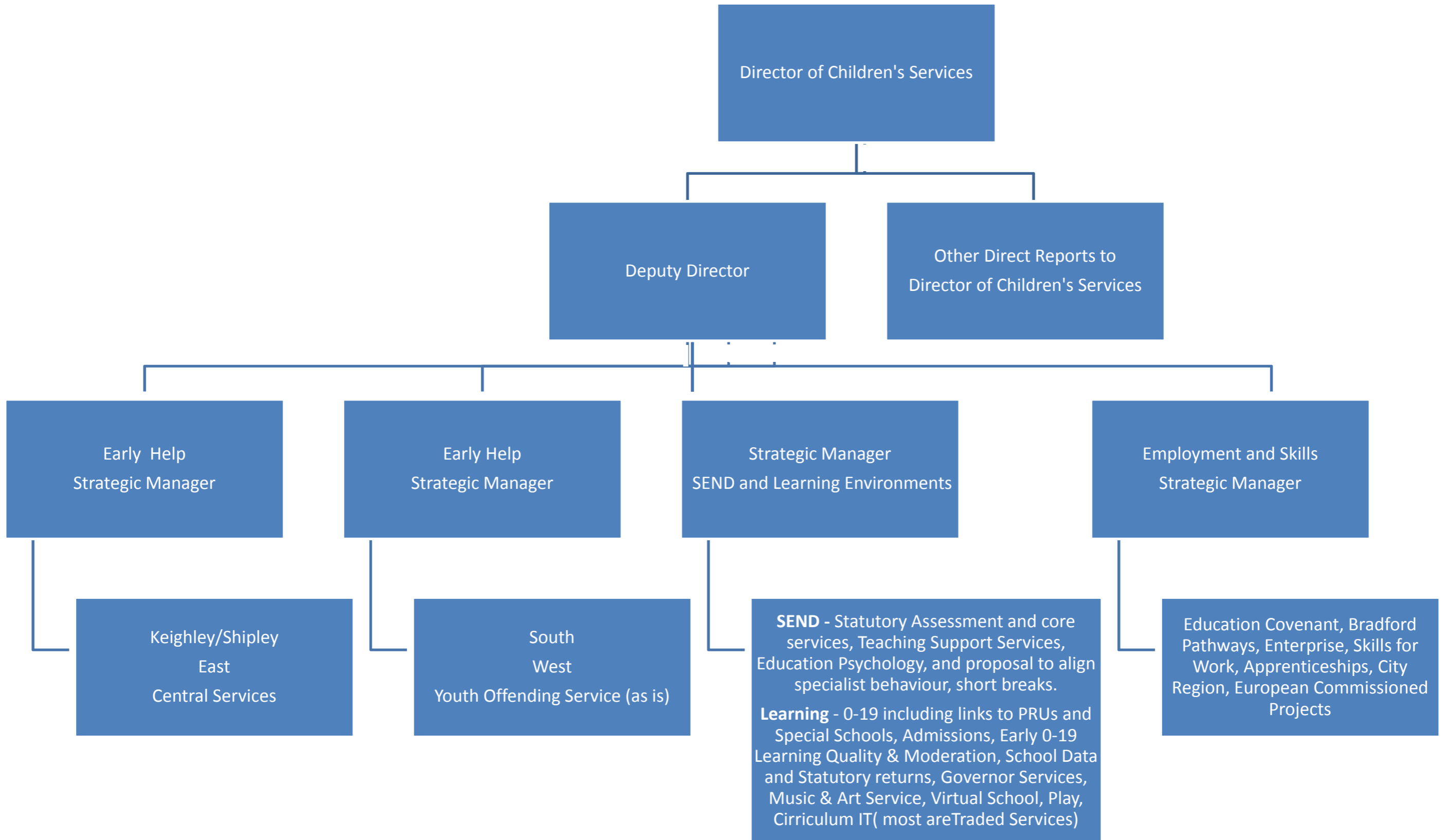


Public Health 0-19 services will be commissioned and aligned to the Prevention and Early Help model. This will include prioritisation according to the locality footprint and health needs.

There will be consistent focus on improving outcomes and reducing inequalities for the district for Children and young people age 0-19 across all services for the district.

The 0-19 public health services will be commissioned so that they are co-located and integrated with the Prevention & Early Help Teams

APPENDIX 8 – 0-19 Prevention and Early Help team - proposed functions which will be fully aligned with the commissioned Public Health 0-19 Children's services



**The teams and functions below will work together with communities, universal and commissioned services, for example, co-delivery of groups with schools, short breaks for disabled children and young people and commissioned key workers
Practice leads and champions will be identified**

<p>The proposed core functions in each of the four areas:</p>	<p>The following are proposed to retain a district-wide focus:</p>
<p>Area Leader:</p> <ul style="list-style-type: none"> • To champion and facilitate local partnerships to support delivery • To oversee, implement and report on an Area Outcome Plan • To lead the area teams and oversee delivery of high quality services • To ensure that children, young people and their families have a voice and influence in the area offer • Facilitate integration and co-location with aligned services • Have responsibility for maintaining specialist knowledge and experience in a defined areas of the prevention service, leading on this throughout the service: <ul style="list-style-type: none"> ○ Early childhood development & children’s centre core offer ○ Young people’s support ○ Commissioning 	<p>Early Education and Childcare Sufficiency Strategy:</p> <ul style="list-style-type: none"> • Meet childcare sufficiency duties including universal 2 year-old 15 hour offer and 30 hour offer for 3 and 4 year-olds and working in collaboration with School Admissions Team • Sufficiency strategy and planning and gap analysis • Market development and communications
<p>Prevention Planning Team:</p> <ul style="list-style-type: none"> • To work with partners and local communities to develop and implement a offer of evidence based programmes in response to needs • To ensure that the following areas are central to the offer: <ul style="list-style-type: none"> • Early childhood development and school readiness • Parenting skills through the age ranges • Health and wellbeing • Family and maternal health and mental health • Positive activities for young people • To facilitate co-delivery with volunteers and service users <p>A pot of funding will be made available in each area to support community involvement in delivery of prevention activities.</p>	<p>Service support:</p> <ul style="list-style-type: none"> • Data analysis and predicting/targeting needs • Performance overview/reports • Administration • Commissioning oversight • Financial monitoring • Task focused projects
<p>Public Health 0-19 services</p> <ul style="list-style-type: none"> • Statutory responsibility for delivering and commissioning public health services for children 5-19 years and responsibility for children’s public health commissioning for 0-5 years. Delivering on the Department of Health’s Public Health Outcomes Framework. • The functions under these will include: <ul style="list-style-type: none"> ○ Delivery of the five mandated health checks by Health Visiting teams universally to all women antenatal, at birth, 6 months, 1 year and at 2 years ○ Leading work with partners to deliver on the Healthy Child Programme and high impact areas for all children 0-19 years, providing clinical leadership to prevention teams and providing an enhanced service to women who are identified with issues such as post natal depression or child health problems ○ Delivering on the National Child Measurement Programme, hearing screening and signposting to screening and other services as appropriate ○ Identifying health needs through assessment of school age children at Reception, Year 6, Year 10 and transition so needs of children are identified and addressed early with signposting to and working with other key services as appropriate. • Local authorities also have a statutory responsibility to provide or commission oral health improvement programmes as considered appropriate. This will include: 	<p>Early Help Gateway (incorporating Families Information Service):</p> <ul style="list-style-type: none"> • Statutory duty to establish and maintain a service providing information, advice and assistance to families with children up to 20 years old (25 years for those with additional needs) regarding: Childcare and Early Education, Parent & Toddler Groups, activities for Children with Additional Needs, leisure activities for all ages and abilities and Family Support Services. • Signpost families to support agencies and make referrals on their behalf for issues including: children’s behaviour, financial difficulties, mental health and domestic violence • Respond to requests for support from the Corporate Contact Centre • Provide an email text service for families in English and also Polish, Slovak, Czech, Urdu & Punjabi

<ul style="list-style-type: none"> ○ Delivery of the fluoride varnish programme ○ Supervised tooth brushing in schools ○ Support epidemiology and Screening in schools. ● A specification will be developed which will ensure that these services are fully aligned to the new proposed functions and the locality footprint. 	
<p>Family Key Worker team:</p> <ul style="list-style-type: none"> ● Facilitate Early Help Panels ● Proactively identify families with complex support needs, for example, Families First Payment by Results and families affected by substance misuse, domestic abuse and parental mental health ● To supervise high quality case work with individual families ● To deliver Payment By Results targets across the area through improved family outcomes 	<p>Intensive Family Support:</p> <ul style="list-style-type: none"> ● Family Group Conferencing ● Preventing Repeat children removed by proceedings ● Preventing entry into care
<p>Early Education and Childcare Quality:</p> <ul style="list-style-type: none"> ● Ensuring the highest possible standards of childcare quality through a rigorous support and challenge approach with settings (Private, Independent and Voluntary providers) and childminders who are in receipt of early years funding where Ofsted judgments are Inadequate, Requires Improvement, Not Met and non-compliant and for other childcare providers (including out of school clubs) where Early Years Foundation Stage children are present to monitor quality and safeguarding. ● Deliver services to potential new childcare (child minders & group settings) providers from the registration process, ensuring their practice and facilities are of a high standard, to meet the welfare, early learning and development needs of children in the Early Years Foundations Stage. ● Maintain the partnership links to promote LA District trends and patterns to identify and promote the strategies to ensure all children receive a great start to improve outcomes at the end of EYFS. 	<p>Education Attendance and Safeguarding Leads:</p> <ul style="list-style-type: none"> ● Overview of educational attendance ● Predictive targeting to improve attendance ● Traded whole school work ● Safeguarding training & guidance to settings and schools ● Attendance penalty notices and legal action
<p>Early Education and Childcare Take-up:</p> <ul style="list-style-type: none"> ● Increasing the uptake of all eligible children for early education places via outreach directly with parents in the community, community groups and organisations and other key partners such as BSB, VCS organisations. ● Support children’s centres and other partners to increase the uptake of early education in their reach areas. ● Key link between Early Years in particular sufficiency, early years funding team, quality of early education/child care provision and partner organisations to ensure a smooth flow of two-way information about services / support for families. 	<p>Families First Payment by Results Lead:</p> <ul style="list-style-type: none"> ● ‘Think Family’ Workforce development ● Signs of Safety ● Oversight and delivery of Families First Outcome Plan ● Link to commissioned Key Workers service
<p style="text-align: center;">Diversity and cohesion</p> <p>Engage and support Asylum Seekers, Refugees, EU Migrant Workers and Roma families and families from the travelling community to access to education, to promote community cohesion and to offer support and guidance to schools. Focus on school attendance and reducing the numbers of children who are registered as missing education.</p>	

APPENDIX 9 – Proposed changes to children’s centres aligned to proposed Prevention and Early Help areas.

The proposal is for the children’s centre core offer to be delivered by 0-19 Prevention and Early Help teams managed by the Council. It is proposed that delivery will continue through the following sites. These sites will continue to ensure a geographical spread across each constituency and maintains delivery in those centres with present higher levels of activity. We would plan to maintain and support continued delivery of midwifery & health visiting services across the centres and develop community or family hubs over time.

A FULL (F) centre is expected to deliver around 25 hours of delivery per week for 48 weeks per year. An OUTREACH (O) centre is expected to deliver a minimum of 8 hours of activities with children and families per week.

Area	Sites
West	Midland Road (F) Abbey Green (F) St Edmunds (F) Farnham/Grange (F) Allerton (F) Crossley Hall (F) Heaton (F) Frizinghall (F) Thornton (O) Lilycroft/Farcliffe propose to change to Outreach base Princeville propose to change to Outreach base.
East	Barkerend (F) Mortimer House (F) Communityworks (F) Gateway (F) Fagley (F) Canterbury (F) Woodroyd (F) Burnett Fields (F) Parkland propose to change to Outreach base.
South	Holme Wood (F) Reevy Hill (F) Woodside (F) Lidget Green (F) Victoria Hall (O) Wyke propose to change to Outreach base. Tyersal propose to change to Outreach base. Bierley propose to change to Outreach base.

Shipley	Owlet (F) Strong Close (F) Bingley 2 (O) Bingley 1 (O) Baildon (O) Hirst Wood propose to change to Outreach base.
Keighley	Low Fold (F) Rainbow (F) Ilkley 1 (O) Ilkley 2 (O) Daisy Chain (O) Tree Tops (O) Highfield propose to change to Outreach base.

APPENDIX 10 – SEN Improvement Test

Objective	Evidence / Data
Improved access to education and associated services including the curriculum, wider school activities, facilities and equipment, with reference to the LA's Accessibility Strategy	<p>Area based activities which are close to children and families; we will continue to deliver the short breaks statement and activities to support disabled young people to access to local leisure.</p> <p>Local Hubs building expertise around disability issues will increase access for disabled children and childcare.</p>
Improved access to specialist staff, both education and other professionals, including any external support and / or outreach services.	We intend to ensure that there is a strong link with the proposals to transform SEND services which will include dedicated and specialist support to universal services particularly childcare and early education; this enhances the offer at a local level.
Improved access to suitable accommodation	<p>An element of the proposed Early Help model includes a commissioning pot which can be deployed to increase Children and Young People access where they need some additional support beyond reasonable adjustments.</p> <p>Children and Young People who need individualised packages of support should be signposted to the statutory single Education Health Care Plan Assessment processes.</p>
Improved supply of suitable places	The proposed Early Help model includes on-going capacity around childcare; access and quality, there will be links with workers and the proposed transformed SEND Services to increase accessibility for Children and Young People with disabilities.
Confirmation from the host school that they are willing to receive pupils with communication and interaction needs	N/A
Confirmation of specific transport arrangements	<p>An area based model will increase accessibility of services for Children, Young People and Families.</p> <p>For those Children and Young People with higher needs a referral to assessment for a personal budget may be required. A range of targeted inclusive activities for disabled children are also commissioned.</p>
Confirmation of how the proposals will be funded and the planning staffing arrangements put in place	The proposed Early Help model will be funded through Council base budget, this includes provision for short breaks, specialist behaviour and inclusion for disabled children and young people.

Appendix 11 – Equalities Impact Assessment

Department	Children's Services	Version no	0.2
Assessed by	Mark Anslow/Maureen Braden	Date created	10 August 2017
Approved by	Judith Kirk	Date approved	
Updated by		Date updated	14 September 2017
Final approval		Date signed off	

The Equality Act 2010 requires the Council to have due regard to the need to

- eliminate unlawful discrimination, harassment and victimisation;
- advance equality of opportunity between different groups; and
- foster good relations between different groups

Section 1: What is being assessed?

1.1 Name of proposal to be assessed.

A proposed remodelling of the Prevention and Early Help offer across the District.

1.2 Describe the proposal under assessment and what change it would result in if implemented.

Ensuring effective Prevention and Early Help arrangements for babies, children, young people and families is an essential responsibility and statutory requirement of the Council and its partners.

The way key services are delivered is being transformed; this is due to the need to:

- continue to meet statutory requirements
- ensuring good outcomes for children are supported
- as much resource as possible is deployed to work directly with children, families and communities
- make financial savings required by 2020/21.

Our proposed Prevention and Early Help arrangements have to tackle inequality in order to improve the long term prospects of families most in need.

In light of the reduced budget, the proposed model includes a combination of a small group of central services and four new Prevention and Early Help teams, based on the current Parliamentary constituencies.

The following services are proposed to continue to be delivered centrally:

- Early Help Gateway (incorporating Families Information Service);
- Oversight of education safeguarding
- specialist behaviour support and inclusion;
- short breaks;
- intensive family support;
- youth offending;

- service support, for example admin, finance and performance management

The proposed model will create new 0-19 Prevention and Early Help Teams which will target those wards/areas with the poorest outcome and bring together the delivery of:

- the children's centre core offer across the District;
- targeted key work with individual children and families (Families First);
- parenting support;
- early education and childcare quality and take up;
- education attendance;
- diversity and cohesion.

This will bring together a number of key partnerships, services and commissioning plans. Based on our Families' Needs Assessment, it is proposed the four teams cover:

- Keighley/ShIPLEY combined
- East
- West
- South

The proposed model will support the Council's previous intentions to procure Public Health children's services including Health Visiting, Family Nurse Partnership, School Nursing and Oral Health and will be an opportunity to align services to the constituency footprint. This will also be based on consultation and needs as identified in the Service Reviews for Health Visiting and School Nursing in 2016.

The proposed model also aligns with the Council's Youth Services and ward partnerships.

In order to achieve the required savings we expect this will lead to a reduction in the region of 220-240 (including all seven Children's Centre clusters) full time equivalents across the affected teams and services.

The proposal means that the children's centre core offer will be delivered through the 0-19 Prevention and Early Help Teams. It is also proposed that we align children's centre sites to the Parliamentary constituency boundaries and that the following buildings are reconfigured as Outreach bases (which are expected to deliver a minimum of 8 hours of activities per week with children and families):

- Hirst Wood;
- Highfield;
- Parkland;
- Farcliffe & Lilycroft;
- Princeville;
- Bierley;
- Tyersal;
- Wyke.

Section 2: What the impact of the proposal is likely to be

- 2.1 Will this proposal advance equality of opportunity for people who share a protected characteristic and/or foster good relations between people who share a protected characteristic and those that do not? If yes, please explain further.**

This proposal is intended to advance the equality of opportunity and a range of outcomes for babies, children, young people and families through universal services in all areas but with a higher level of targeting in those areas in which children experience the poorest outcomes.

In the top ten wards, which will be targeted with enhanced support in the proposed model, there is a strong relationship between deprivation and the poorest outcomes for children and young people.

Proposed area teams will ensure delivery across the district as a whole and will ensure that services are accessible to the needs of our diverse communities.

- 2.2 Will this proposal have a positive impact and help to eliminate discrimination and harassment against, or the victimisation of people who share a protected characteristic? If yes, please explain further.**

Essential statutory services will be maintained by the LA, as well as those that deliver support to the vulnerable and disadvantaged e.g. through universal and target services.

A model based across areas footprint will help to eliminate discrimination and harassment by fostering a greater understanding of each other's needs, and through early identification, assessment and intervention using specialists and high quality practitioners improve outcomes for children, young people and families.

- 2.3 Will this proposal potentially have a negative or disproportionate impact on people who share a protected characteristic? If yes, please explain further.**

The equality assessment carried out indicates that this proposal is likely to have no or a low impact, and so there is no disproportionate impact on any group who share protected characteristics. There is however a lot of change happening within the system as outlined above.

The changes are expected to lead to a reduction of the workforce in the region of 220-240 full-time equivalents. Final figures will be subject to consultation and subsequent grading of posts and assimilations within the proposed new structure.

The affected workforce will include a higher proportion of women and detailed analysis will also identify any other protected characteristics within the workforce, for example, age.

As the changes are implemented the impacts will be reviewed and measured against the Outcomes Framework.

2.4 Please indicate the level of negative impact on each of the protected characteristics?

(Please indicate high (H), medium (M), low (L), no effect (N) for each)

Protected Characteristics:	Impact (H, M, L, N)
Age	L
Disability	L
Gender reassignment	N
Race	L
Religion/Belief	N
Pregnancy and maternity	L
Sexual Orientation	N
Sex	M
Marriage and civil partnership	N
Additional Consideration:	
Low income/low wage	L

2.5 How could the disproportionate negative impacts be mitigated or eliminated?

(Note: Legislation and best practice require mitigations to be considered, but need only be put in place if it is possible.)

We used the information collected from our engagement process to determine whether there would be an impact on any of the equality groups. On-going analytical and evaluation work will be undertaken to ensure services are meeting demand and outcomes are being achieved.

In order to improve outcomes for those with the poorest outcomes we will need to target resources. As such, we will not be able to offer the same level of support in all areas.

Families with low incomes in all areas will be identified and offered support. Ethnic minority children and young people tend to be concentrated in the priority wards.

Each of the proposed Prevention and Early Help Teams will be required to develop a Area Needs Assessment and Offer which will outline how the offer is responding to outcomes for children in their area. This will incorporate and publicise the children's centre services to children under 5 and their families. We will continue to track and monitor the activities offered as already undertaken by children's centres. This will allow us to monitor changes and make adjustments to the offer over time.

For children and young people, our proposed One Family, One Worker, One Plan approach should provide support without a succession of interventions from different agencies.

It may be possible that some children and parents in less deprived areas may find it harder to access children's centre services. We will address this by ensuring that there is a range of sites and activities across all areas but these will be increased in targeted areas. We will also maintain strong relationships with childcare and schools in all areas so that vulnerable children and families in all areas can be provided with additional support when needed.

We are proposing continuation of a range of sites, both designated and outreach in all areas. This should allow for flexibility and stepping up support as and when needs indicates.

Close alignment with Youth Services, Places Services and health services will also allow us to adjust services when needs become apparent.

This document will be updated as we undertake more detailed analysis of impact on protected characteristics within the affected workforce.

Section 3: Dependencies from other proposals

3.1 Please consider which other services would need to know about your proposal and the impacts you have identified. Identify below which services you have consulted, and any consequent additional equality impacts that have been identified.

Partners engaged with to date include:

- Children, young people, families, parents, carers
- Education settings
- Health colleagues
- Police
- Public and Voluntary sector
- Community Partners
- Businesses
- Council employees
- Elected members

Information has been uploaded onto the Bradford Council Consultation and Engagement webpage, Local Offer site, Bradford Schools Online.

Information was distributed through Children Centre summer events, Libraries, Better Start Bradford parent events and group sessions organised by the Commissioner for Youth Provision and Police Summer Camps.

A summary of the messages from the engagement period is provided in the Executive report alongside an overview of stakeholders to the formal consultation and methods to be used.

A SEN Improvement Test has been completed.

We need to ensure we formally consult widely, for example, people with English as a second language, LGBT young people and fathers.

Section 4: What evidence you have used?

4.1 What evidence do you hold to back up this assessment?

A Families Needs Assessment has been completed.

This document included considerable analysis which provides a baseline of data covering a breadth of information from demographics, deprivation, maternity, health, education and social services and this analysis will underpin the development of the proposed model.

An overview of the affected workforce is in place. Detailed analysis of impact on the workforce is on-going and this assessment updated as appropriate.

Executive report and appendices discussed at the Council Executive on 11 July 2017 and on 7 November 2017 outline the analysis gathered.

4.2 Do you need further evidence?

An initial engagement on was run from 17 July 2017 to 20 August 2017 when a wide range of stakeholders were consulted. This analysis was reviewed and where necessary changes and amendments were made in light of feedback received. This analysis was fed into the Executive Report which will be discussed at the Council Executive on 7 November 2017. There was broad agreement to the proposed vision, outcomes and messages related to people's views about using and accessing services.

Section 5: Consultation Feedback

5.1 Results from any previous consultations prior to the proposal development.

Over 500 parents were surveyed in summer 2016. We asked for their views on Early Help. Main messages received were:

- One-to-one and group sessions with other parents are helpful;
- We want to be able to talk to someone who will listen to our needs. Get to know us and our children if you are supporting us;
- We really value and need 'hands on and practical support' as well as advice. Having a key worker is important as it helps us build a relationship;
- We need advice from people with good knowledge of the people and places where we can receive support in our local communities;
- Getting good advice on managing children's behaviour is really important for us. Easy to access support around behaviour is most helpful before problems become bigger;
- We want support in getting training and better skills;
- We need to know what help is on offer and where we go to get it. Some of us will need extra help to attend groups and services;
- Some services should be available at evenings and weekends for those in work (and don't forget dads);
- We're happy to get help at any time of the day or week, but prefer getting help at home or at a welcoming centre nearby;
- Local venues are important and they should have spaces for private conversations;

- A single point of contact is important so we don't feel like they have to repeat our story again and again.

5.2 The departmental feedback you provided on the previous consultation (as at 5.1).

The above feedback was incorporated within developments so far and also considered as part of the present proposals.

5.3 Feedback from current consultation following the proposal development (e.g. following approval by Executive for budget consultation).

The Council Executive is meeting on 7 November 2017 to consider the options and a preferred proposal. Following this meeting, and any amendments that are required to be made, a formal consultation period will begin running from 15 November – 12 February 2018.

5.4 Your departmental response to the feedback on the current consultation (as at 5.3) – include any changes made to the proposal as a result of the feedback.

Responses to be provided at the end of the formal consultation – February.

APPENDIX 12 – Summary of consultation stakeholders and interested parties and methods of consultation

Prevention and Early Help – Stakeholder Consultation Plan			
	Purpose	Type / Method	When / Frequency
<p>Parents and Carers across the District, including Parent and Carer Forums</p> <ul style="list-style-type: none"> • Communities of Interest • LGBT • New Arrivals • Future Parents • Gypsy and Travellers • Refugee and Homelessness • Faith Groups / Leads • Inclusion Groups • Young carer groups • Women’s Health Network <p>(Reach areas of the top 10 wards (ward officers), clusters)</p>	<p>To ensure wider reach during engagement / consultation / feedback</p> <p>Engage in scoping and design where directly affected</p>	<ul style="list-style-type: none"> - Focus Groups at Children Centres / Libraries - On-line survey - Engagement and Consultation - Council website - Local Offer website - Social media (Twitter / Facebook) / Stay Connected / Bradford App - Families Information Service - Citizen’s e-panel - Bradford Volunteering Centre - New Communities & Travellers 	<ul style="list-style-type: none"> • Initial engagement 18/07/17 to 20/08/17. • Formal consultation from 15/11/17 to 12/02/18 • Parents Forum (16/10/17, 29/11/17, 04/01/18, 09/01/18, 15/01/18, 16/01/18) • Public drop-in sessions (venues TBC): 05/12/17 (am), 12/12/17 (am), 23/01/17 (pm), 08/02/17 (pm) • Partner drop-in sessions (venues TBC): 05/12/17 (am), 12/12/17 (am), 23/01/17 (pm), 08/02/17 (pm)
<p>Children and Young People (including those with SEND)</p> <p>(LGBT, CYP Survey (Language), Youth Service, PALs, Young People’s Support Group)</p> <p>Youth Provision Sessions / Workshop</p>	<p>To ensure wider reach during engagement / consultation / feedback</p> <p>To gather current experience accessing services</p> <p>To engage and consult in scoping and design where directly / indirectly affected</p>	<ul style="list-style-type: none"> - Youth Service - Focus Groups - On-line survey - Social media (Twitter / Facebook) / Stay Connected / Bradford App - Colleges / University - Engagement and Consultation - Council website - Local Offer website 	<ul style="list-style-type: none"> • Engagement completed and analysis reviewed. • Formal consultation to begin on 15/11/17 to 12/02/18 • Model to be confirmed in February 2018 once analysis of feedback has been undertaken. • Youth workshops (TBC)

	Purpose	Type / Method	When / Frequency
<p>Elected Members, Local Ward Members, Executive, CMT, DMT Meetings, Area Committee Meetings Overview & Scrutiny, CCG Ward Level Meetings</p>	<p>To support initiation and on-going implementation across services and teams</p> <p>To keep informed of key information / changes and input into recommendations.</p> <p>Endorse and agree proposals.</p>	<ul style="list-style-type: none"> - Presentations, member briefings and updates - Engagement and Consultation Council website - Local Offer website - Parish and Town Councils - CNet 	<ul style="list-style-type: none"> • CMT on 18/10/17 • CMT/Pre-Exec on 24/10/17 • Council Executive on 07/11/17 • Keighley Area Committee – 14/12/17 • Shipley Area Committee – 13/12/17 • East Area Committee – 11/01/18 • South Area Committee – 30/11/17 • West Area Committee – 29/112017 • Overview & Scrutiny – (17/01/18) • Member drop-in sessions (venues TBC): 28/11/17, 12/12/17, 15/01/17, 01/02/17 • Town and Parish Council Mtg – 14/12/17
<p>Key Partnership Groups</p> <ul style="list-style-type: none"> - Children’s Trust Board - YOT Board - Safeguarding Board - Early Help Board - Early Years Strategic Group - Accountable Care Board - Self-Care Board - SEND & Behaviour Strategic Partnership - Bradford District Partnership - Health and Wellbeing Board - Futures in Mind - Safer and Stronger 	<p>To support initiation and on-going implementation across services and teams</p> <p>To keep informed of key information / changes and input into recommendations.</p> <p>Endorse and agree proposals.</p>	<ul style="list-style-type: none"> - Presentations, briefings and updates - Engagement and Consultation Council website - Local Offer website 	<ul style="list-style-type: none"> • Accountable Care Board – TBC • Safeguarding Board – (13/12/17) • Children’s Trust Board – (15/12/2017) • YOT Board – TBC • Self-Care Programme Board – TBC • Early Help Board – TBC • BDP – 07/12/17 • Health and Wellbeing Board – TBC • SEND Strategic Partnership – ASB (TBC) • Integrated Early Years Strategy Group (12/12/17)

<p>Partnership</p> <ul style="list-style-type: none"> - Domestic Violence Group - Better Start Bradford Board - Maternity Programme Board 			<ul style="list-style-type: none"> • Better Start Bradford Board (TBC)
<p>Voluntary Sector, Young Lives Health and Wellbeing Forum</p> <p>Private and Independent Sector</p>	<p>To support initiation and on-going implementation across key services and teams</p> <p>To keep informed of key information / changes and input into recommendations</p>	<ul style="list-style-type: none"> - Weekly briefings and newsletters - 'One off' newsletter for P&EH - Survey - Engagement and Consultation Council website - Social media (Twitter / Facebook / Stay Connected / Bradford App) 	<ul style="list-style-type: none"> • Young Lives Forum sessions (28/11/17 and 29/11/17)
<p>National Organisations</p> <ul style="list-style-type: none"> • DfE • GP Alliance • Ofsted • National Charities 	<p>To keep informed of key information / changes and input into recommendations</p>	<ul style="list-style-type: none"> - On-line survey - Social media (Twitter / Facebook) / Stay Connected / Bradford App - Engagement and Consultation Council website - Local Offer website 	<ul style="list-style-type: none"> • Maternity Programme Board – TBC • GP Alliance – TBC • Practice Managers - TBC
<p>Key teams and services:</p> <ul style="list-style-type: none"> • LA • Early Help Panels • Police • Health Visiting and School Nursing • VCS • Children's Centres clusters • Nursery Schools • Care Trust - CAHMS, Child Development Centres 	<p>To engage in scoping and design when directly affected.</p> <p>To keep informed of key information / changes and input into recommendations</p> <p>To deliver changes in practice on the ground</p>	<ul style="list-style-type: none"> - Web-based and newsletter updates - Updates through Management and staff meetings. - Drop-in sessions and briefings with those teams directly affected. - CMT Messages - BradNet - Online survey - Social media (Twitter / Facebook) / Stay Connected / Bradford App - Departmental Consultation Leads - Training and workforce development to targeted teams - Engagement and Consultation - Council website 	<ul style="list-style-type: none"> • Initial briefings to affected staff and colleagues on 30 October 2017 (venue to be confirmed). • Drop-in sessions for internal staff (venue TBC): 13/12/17, 14/12/17, 30/01/17, 01/02/17 <p>Early Help Panels</p> <ul style="list-style-type: none"> • West / Lister Lane – 22/11/17 • Airedale/Wharfedale – 19/01/18 • Keighley – 23/11/17 • Others TBC

		<ul style="list-style-type: none"> - Local Offer website - Departmental Consultation Leads (see service list) 	
Trade Unions	<p>To keep informed of key information / changes and input into recommendations</p> <p>To consult under Managing Workforce Change as and when required</p>	<ul style="list-style-type: none"> - Briefing through OJC Level 3 in the first instance - Regular monthly meetings with Unions to update on developments throughout programme. - Consultation under Workforce Changes as and when required - Engagement and Consultation Council website - Local Offer website 	<ul style="list-style-type: none"> • OJC Level 3 on 05/10/17 • Fortnightly OJC Level 3 meetings to be scheduled (dates to be confirmed)
<p>All staff from Nurseries, Primary and Secondary Schools, Academies, Supplementary Schools, MATs, Governors</p> <p>Letter to be issued to schools w/c 30 October 2017</p>	<p>To keep informed of key information / changes and input into recommendations through an engagement and consultation period.</p> <p>To engage and consult in scoping and design where directly / indirectly affected</p>	<ul style="list-style-type: none"> - Updates provided through the Headteacher briefings - Bradford Schools Online - Online survey - Social media (Twitter / Facebook) / Stay Connected / Bradford App - Engagement and Consultation Council website - Local Offer website 	<ul style="list-style-type: none"> • Initial engagement 18/07/17 – 20/08/17) • Formal consultation from 15/11/17 to 12/02/18 • Headteacher, Governors & other key briefings (21 and 27 November 2017) – • EH Cluster Managers – pastoral leads/CAF Leads • BPIP Meeting - TBC