

Report of the Strategic Director to the meeting of Children's Services Overview & Scrutiny Committee to be held on 14 February 2018.

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Subject: Progress report on children's centre clusters

Summary statement:

This report details progress made by children's centre clusters in respect of new key performance indicators which were introduced in 2017. The report also describes progress made in respect of the integration of children's centres and Health.

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1. SUMMARY

This report details progress made by children's centre clusters in respect of new key performance indicators which were introduced in 2017. The report also describes progress made in respect of the integration of children's centres and Health.

2. BACKGROUND

The role of children's centres

2.1 The core purpose of children's centres is to improve outcomes for young children and their families and reduce inequalities between families in greatest need and their peers in:

- child development and school readiness
- parenting aspirations and parenting skills, and
- child and family health and life chances.

Ofsted advises that local authorities should consider how they can use their network of children's centres to greatest effect through links with other services, including:

- midwifery, GPs and, health visitors. As a minimum it is expected that every children's centre should have access to a named health visitor. The health visitor should work with the children's centre leader and management team to ensure information is shared appropriately. Both should consider the role children's centres can play, particularly in delivering the 0-5 Healthy Child Programme.
- Jobcentre Plus to provide parents with access to employment support and advice;
- early education and childcare providers, including childminders and schools, to support families to access early education and childcare, including early education for disadvantaged two year olds; and
- social workers and troubled families co-ordinators to form part of a seamless package of support.

2.2 The last inspection of a children's centre in Bradford was Woodroyd in 2015. In September 2015 the then Under-Secretary of State for Childcare and Education, Sam Gyimah MP, suspended inspections of children's centres and announced there would be a consultation in autumn 2015 on the future of children's centres

and their accountability arrangements. There has to date been no consultation and no further news about Ofsted inspection arrangements.

Structural arrangements for children's centres in Bradford

- 2.3 In summer 2013, a review of children's centres across the Bradford district was carried out followed by statutory consultation. As a result of this work, delivery of children's centre services in Bradford changed from 41 standalone centres to seven clusters of centres, delivering total annual cost savings of £3.338m in 2017-8. Both models of delivery have sought to maximise the benefits of partnership work. In the 41 standalone centre model, 20 centres were managed by the Local Authority, 6 by nursery schools, 7 by primary schools and 8 by voluntary sector organisations. Under the cluster arrangements, two clusters are managed by the Local Authority (Keighley and South Bradford), three clusters are managed by nursery schools (Airedale & Wharfedale managed by Strong Close Nursery School, West Bradford managed by St Edmund's Nursery School and Lister Park managed by Midland Road Nursery School), and two clusters are managed by national charities (Action for Children – East Bradford, Barnardo's – BD5).
- 2.4 Implementation of the new model occurred in two stages: In July/September 2015, the Keighley, Airedale & Wharfedale, West Bradford and Lister Park clusters were established. In August 2016, following open procurement, the East, South and BD5 clusters were formed.
- 2.5 The Local Authority is currently consulting on further changes to children's centres as part of the wider Prevention and Early Help consultation (due to close 12 February 2018). The preferred proposed model involves delivering children's centre services through four 0-19 Prevention and Early Help area teams – East, West, South Bradford and Keighley/Shipley combined. In order to deliver the required savings of £13.3m, the timeline for implementation of the new model is October 2018. At this stage there are no proposals to close any individual children's centre buildings, although there are proposals to change the following centres to deliver a minimum of 8 hours of services per week –
- Bierley
 - Farcliffe/Lilycroft
 - Highfield
 - Hirst Wood
 - Parkland
 - Princeville
 - Tyersal

- Wyke

Key performance indicators

- 2.6 Ofsted's previous inspection framework refers to over 70 performance indicators for children's centres. Following review and advice from an ex Senior Ofsted HMI who was responsible for drawing up the children's centre inspection framework, the decision was taken, after consultation and discussions with clusters, and the Integrated Early Years Strategy group, to reduce the number of key performance indicators (KPIs) to seven from April 2017. The seven new KPIs reflect the key outcomes for improvement over the next 2-3 years, across the integrated agenda of early education, safeguarding/early intervention, and health.

Integrated Early Years Strategy Outcomes	Objectives	KPI measure and comments 2017-8
Co-ordinated Family-centred delivery	Coherent and system-wide approach to co-ordinated delivery (Early Help)	1) 3year olds not accessing early education: contact with 100% families, 95% of children not accessing early education are seen and supported. 2) All family support cases are underpinned by a robust Signs of Safety Action Plan (see 3.1.2)
Improve the health and well-being of all children in the district and reduce inequalities	Reduce childhood obesity and increase physical activity and health eating Improve oral health in the under 5's Reduce Smoking in pregnancy and beyond & promote smoke free homes	3) Reduce obesity in Reception: Target -10% 4) Reduce missing/decayed and filled teeth in Reception: Target - 10% (Appendix I) 5) Increase (%) mums-to-be setting a Quit Date following referral by midwives to children's centres: Target 25%
Children ready for school and schools ready for children	Increase take-up of eligible 2 year old places	6) Detailed local measures are in place for individual children's centre reach areas with an overall aim of 80% take-up

	Increase attainment in Reception and narrow gap between Free School Meals and non-Free School Meals children	7) Children in Bradford to match or exceed the national average Good Level of Development (which was 69% in 2016) by 2020, with a specific focus on children meeting the eligibility criteria for free school meals.
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2.7 The importance of integrated services in improving outcomes for young children

Close partnership working is critical for the transformation of outcomes for children in respect of health, early learning and family support. Each cluster has an Advisory Board of key partners who are tasked with developing and implementing local action plans to secure improved outcomes.

Health visitors are the lead practitioners for children aged 0-4; they see almost 100% of children through five mandated contacts from pre-birth to the two and a half year development review. Graduated additional support is also provided to families who need additional help in the early years. Because of this role, health visitors are uniquely well-placed to refer families for children's centre services. A large majority of referrals for children's centre services are from health visitors and significant investment has been made to build relationships and co-ordinate service delivery.

All families have access to a range of universal services through the close integration of children's centre, midwifery and health visitor work. A single joint pathway has been developed and refined over the past few years, which defines the universal services available through both health visiting and children's centre teams. Known as the ***"Integrated Care Pathway"***, services for children and families from pre-birth to five include:

- Ante-natal support for pregnant women and their partners to prepare for the birth and parenthood
- Birth visit including breast feeding support
- 6-8 week contact to assess baby's growth and maternal well-being
- 3-4 month contact to assess development, assess maternal mood, promote attachment and consider home safety

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

These universal services help identify families where children would benefit from additional support and underpin delivery of targeted family support, health and early learning interventions (Appendix I is the Children's Centre Registration & Referral form which lists the additional services available to families).

Significant savings have to be made by Public Health by 2020/21 of £5.2m a total reduction of 36%. Public Health will be re-commissioning their Health Visiting, School Nursing and Oral Health services in 2018 with the intention to award by November 2018 for a newly commissioned service to begin operations in March 2019. This new service will be integrated with the proposed new Prevention and Early Help service on a four locality model, currently under consultation. This should further embed integration of services for babies, children and young people across the District.

3. OTHER CONSIDERATIONS

PROGRESS – Key Performance Indicators and Partnership arrangements

3.1.1 Three Year Olds Missing Early Learning

Health Visiting Services see almost all children up to the age of 30 months. The majority of three year olds are then seen by early education providers once they start to access their early learning entitlement. Although there are often good reasons why children do not access the early learning entitlement at age three, there is concern that a very small minority of these children may be amongst the most vulnerable in the District. This KPI serves three purposes:

- To encourage uptake of the entitlement
- To help families to support their children's early learning at home

- To identify possible safeguarding concerns

The KPI has been set at seeing 95% of children not taking up the entitlement in recognition of the fact that Social Care or other agencies may have significant involvement with some of these families and children's centre contact may not be appropriate.

93% of three year old children benefited from a funded place in January 2017; this was an increase from 91% in 2016. This was equal to the national average but less than the Yorkshire and Humber figure of 96%. Autumn 2017 take up was 94%, however, summer term take up remains an issue usually around 88%. Lower uptake in the summer term is often due to a lack of vacant places at preferred providers or because children are due to start a school nursery place in September, and some parents do not want to access different provision for just one term. Summer term take up was less than 88% in Bradford East, South and West clusters.

It is not yet known whether children's centres are seeing 95% of three year olds not accessing their early learning entitlement as data is not yet available. Anecdotal information from children's centres is that work has highlighted high levels of mobility across the district.

3.1.2 Robust Signs of Safety action plans underpin family support casework

The Signs of Safety approach to child protection casework was developed in Australia in the 1990's and is increasingly widely used in North America and Western Europe. Its purpose is to enable practitioners across different disciplines to work collaboratively and in partnership with families and children. The tools are designed to help conduct risk assessments and produce action plans for increasing child safety, and to reduce risk and danger by identifying areas that need change while focusing on strengths, resources and networks that the family have.

The Signs of Safety approach has been rolled out across a range of multi-disciplinary staff working with children and families over the past two years. Children's centres have been an integral part of this rollout, particularly with the establishment of advanced practice leads in each cluster during 2017 and the realignment of all case work documentation to comply with the Signs of Safety framework. An audit of practice was undertaken in October/November 2017. This showed that whilst use of the approach is now widespread, further work is required around encouraging parental change through praise and unlocking the strength and resilience of family networks to be part of the solution for vulnerable children. It is anticipated that as a district, it may take at least

three years to fully embed the Signs of Safety framework, therefore, while more work is needed, the progress made so far by children's centres should be seen as positive.

3.1.3 Reduce Obesity in Reception

The target of a 10% decrease in the proportion of obese children at the end of the Reception year in 2015/8 compared to 2013/16 represents a step change. Healthy weight data is based on a three year rolling average of School Nursing measurements. 2014-7 data shows progress in all clusters, particularly in South and West Bradford and Lister Park.

Children's centre clusters have been focussing on delivering the HENRY (Health, Exercise and Nutrition for the Really Young) programme. This is a nine week course for parents which includes weaning and healthy eating. All clusters have invested in staff training and ensuring centres provide warm and inviting environments which encourage breast feeding by following Unicef's Baby Friendly Initiative guidance.

	(%) Children Obese in Reception Class				Target
	2011/14	2012/15	2013/16	2014/17	2015/18
Airedale & Wharfedale	20.5%	18.8%	18.6%	17.9%	16.7%
BD5	21.6%	20.5%	20.9%	20.8%	18.8%
East Bradford	21.3%	20.2%	20.2%	19.7%	18.1%
Keighley	22.5%	21.3%	21.7%	21.0%	19.6%
Lister Park	21.0%	19.6%	18.1%	17.2%	16.3%
South Bradford	25.9%	25.5%	24.7%	23.1%	22.2%
West Bradford	21.4%	21.0%	21.4%	19.9%	19.2%
District	22.0%	21.0%	20.8%	19.9%	18.7%

	Average number of missing/decayed and filled teeth in Reception		Target
	2014-15	2016-7	2018-19
Airedale & Wharfedale	0.51		0.46
BD5	2.17		1.95
East Bradford	1.99		1.79

Keighley	1.20		1.08
Lister Park	1.66		1.49
South Bradford	1.52		1.37
West Bradford	2.21		1.99
District	1.46		1.31

3.1.4 Reduce Missing/Decayed and Filled Teeth in Reception

A 10% decrease in the proportion of children with missing/decayed and filled teeth in the Reception year 2018-9 vs 2014-5 is also an ambitious step change target. Dental sampling is undertaken every two years and 2016-17 data will be available in the summer term 2018 and this will demonstrate the extent to which the clusters are on track. Bradford has levels of decay that are higher than the average for England. The higher levels of decay are spread across the wards of Bowling and Barkerend, Tong, Wibsey, Little Horton, Heaton, Toller, Manningham and Keighley Central. More targeted work to improve oral health and reduce inequalities needs to be provided in these areas.

Children's centres promote improved dental health through a variety of approaches:

- The HENRY Programme, which promotes good tooth cleaning and discourages long-term bottle use and sugary drinks and sweets consumption
- Fluoride varnish application sessions are co-ordinated via the children's centres. Public Health's Oral Health Team carry out the application for children aged two and offer support when children's centres are delivering various oral health events including National Smile Month.
- The majority of staff have been trained in oral health. Families who are receiving one-to-one support are routinely asked if they and their children are registered with a dentist and, if not, encouraged and supported to register

3.1.5 Increase Smoking Quit Rates

Smoking during pregnancy is associated with a range of poor outcomes for children, including low birth weight, still birth and sudden death in infancy. All clusters now have staff trained to support parents to stop smoking. Midwives routinely check the CO2 levels of expectant mums, and with their agreement, refer to support to stop smoking at the children's centres. The target for 2017-8 is for 25% of referrals to set a quit date. From limited data available, the previous level was 17%.

As this is a new process for most clusters, we only have data for South and West Bradford at present. In South Bradford between April to September 2017, 26 out of 120 referrals set a quit date (22%) and six went on to quit smoking. In the

same time period, 8 out of 32 referrals in West Bradford set a quit date (25%) and three went on to quit smoking. Despite considerable effort by children's centres to support smoking cessation, it seems that a significant number of expectant mums change their minds about accessing support and decline support or fail to attend appointments. One-to-one support from children's centres includes prescription of nicotine replacement patches and advice about smoke-free homes, which includes consideration of other possible smokers in the household.

3.1.6 Increase Take-up of Two Year Old Places

There is evidence that take-up of the two year old entitlement is having a positive impact on educational outcomes. The gap in GLD (Good Level of Development) between those taking up a 2 year place and the non-eligible children has closed from 17% in 2015 to 8% in 2017.

The percentage of children taking up a place has increased from 71% in Summer 2017 to 76% in Autumn 2017. The number of children NOT taking up a place has reduced from 1,268 in Summer 2017 to 1,051 in Autumn 2017. However there are still significant variations in take-up rates between children's centre reach areas (Appendix II). All children's centre clusters have active outreach programmes to promote take-up of the entitlement in target areas.

41% of eligible families are non-working whereas only 31% of children taking up a place are from non-working families. These are the most disadvantaged children, so targeted work is being undertaken by Families Information Service (FIS) and the children's centres to encourage these families to take up a place.

Almost 90% of the Central and Eastern European families who have received intensive brokerage to help them find and take-up a place have successfully done so since the spring term. This work is now being expanded to encompass Arabic-speaking families as this community is increasing in Bradford.

3.1.7 Improve Children Achieving "Good Level of Development" (GLD) in Reception

Children's centres contribute towards ambitious targets for improving children's early learning. This is measured by teacher assessments of children's early learning at the end of the Reception year. Children are teacher assessed in each aspect of the Early Years curriculum and are judged against national standards as to whether they are 'emerging' (working below the standard), 'expected' (working at the standard) or 'exceeding' (working above the standard). Teacher assessments are moderated annually to ensure accuracy.

The proportion of children achieving a Good Level of Development in Bradford was 68% in 2017, a 2% point improvement on 2016 and a 19% improvement since 2013. This is 3 percentage points behind the national average of 71%; which also increased by 3% in 2017. The table below shows that children in five of the seven clusters are close to or above the Bradford average of 68% GLD; improvements are needed, most notably in West and BD5 to help meet the national average by 2020. The gap between children in receipt of Free School Meals (FSM) and those not receiving FSM has opened by 1% from 11% in 2016 to 12% in 2017. However, this gap is narrower than the national picture of 18%.

(%) Children Achieving a Good Level of Development in Reception Year

Cluster	2016 GLD all	2016 GLD FSM	2017 GLD all	2017 GLD FSM
Airedale & Wharfedale	77%	54.1%	76.5%	59.3%
BD5	57.8%	56%	61.9%	50.8%
East Bradford	65.6%	61.6%	66.8%	60.8%
Keighley	68%	59.7%	69.3%	58.7%
Lister	66%	67.1%	67%	60.9%
South	64.9%	51.1%	67.3%	55.8%
West	59.1%	52.4%	60.3%	49.2%

Girls continue to outperform boys in Bradford with 75% of girls achieving a GLD compared to 60% of boys in 2017. The gap between girls and boys of 15% remains the same in 2017 as it was in 2016. Nationally the gender gap between girls and boys reduced to 13.7%.

The number of children in Reception classes who have received funded two year old early education has been increasing. In 2017 40% of the total number of children assessed at the end of Reception had received this offer and of these children 63% achieved a GLD. This is an increase of 16% since 2015 and has closed the gap with children who did not receive the offer from 17% in 2015 to 8% in 2017. It is, therefore, a priority to continue to increase the take-up of eligible 2 year-olds into high quality provision to improve their educational outcomes; childrens centres are vital partners in doing this. It is the intention of the Local Authority to continue the pilot work on tracking our eligible 2 year-olds including throughout their statutory education to evaluate the impact of the 2 year-old offer on improving educational outcomes.

In addition to promoting take-up of funded early education places, children's centres also play a key role in promoting early language development. Early language acquisition impacts on all aspects of young children's non-physical

development. It contributes to their ability to manage emotions and communicate feelings, to establish and maintain relationships, to think symbolically, and to learn to read and write. While the majority of young children acquire language effortlessly, a significant minority do not.

The UK prevalence rate for early language difficulties is between 5% and 8% of all children, and over 20% for those growing up in low-income households. The high prevalence among disadvantaged children is thought to contribute to the achievement gap that exists by the time children enter school and continues until they leave.

It is well known that language difficulties predict problems in literacy and reading comprehension, but less well known that they may be indicative of problems in children's behaviour and mental health as well. The evidence shows that children with poor vocabulary skills at age 5 are more likely to have reading difficulties as an adult, more likely to have mental health problems, and more likely to be unemployed (Early Intervention Foundation: "Language as a Child Wellbeing Indicator" September 2017). Children's centres play a key role in the early identification of potential language delay. The clusters offer the WellComm, speech and language programme to children at age 18 months. This programme identifies children's speech and language needs early and supports practitioners in identifying the right support to put into place in partnership with parents and carers.

Bradford South children's centres are currently piloting even earlier intervention in Holme Wood. Health Visitors see all children aged 9-12 months as one of their five mandated contacts. If they have concerns regarding potential speech and language delays, they refer to the children's centre cluster for early language assessment and support. If the pilot is successful, it is hoped to roll out across the District as part of the Integrated Care Pathway.

3.2 Integrated Working with Health

Significant progress has been made in terms of integrating health visiting and children's centres in 2017. Bradford District Care NHS Foundation Trust have restructured their commissioned Health Visiting Services to align with the children's centre clusters. Each cluster now has a lead Health Visitor, and there are regular joint team meetings to develop working relationships and support referrals by health visitors for children's centre services.

Development of the Integrated Care Pathway (ICP) is overseen by a steering group which is co-chaired by a senior member of the leadership and management team from Health Visiting Services and a children's centre cluster manager and supported by a number of active working groups, with representation from children's centres, Health Visiting, Midwifery and Better Start Bradford. The working groups are currently focussing on workforce

development, data sharing and communications issues. Following the recent launch of the Local Authority Children's Services Prevention & Early Help Consultation a review on how the work streams can best support newly established working groups is being undertaken to ensure the ICP Steering Group can offer its expertise and a coordinated approach.

All seven clusters have developed integrated action plans which address joint delivery of the Healthy Child Programme and achievement of the KPIs. The Local Authority undertakes annual reviews of children's centre performance ("Annual Conversations"). The 2018 Annual Conversations will be informed by a detailed review of the seven Integrated Action Plans by both Early Years and Public Health services in March 2018.

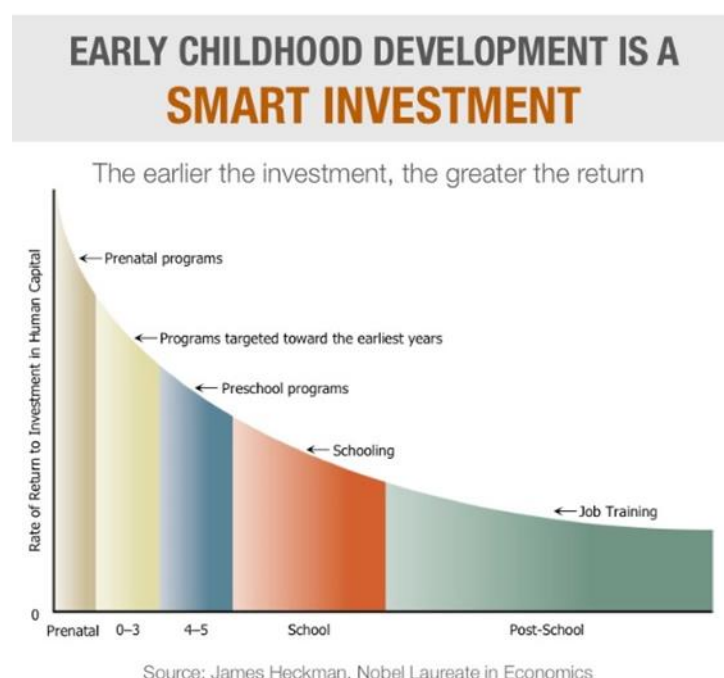
3.2 Family Support Partnerships

Last year Children's Centres family support teams received 2041 requests for service. 83% of requests were identified by the centres and their Health partners; there were also a small number of self-referrals (4%). The majority of other referrals were made through the Gateway and the Early Help hubs. Close partnership work with Social Care, Early Help, early education and childcare settings and schools are vital for ensuring support needs are identified and referrals are made at an early stage, when intervention can be most effective.

Of the 2041 service requests, 859 families were supported through a Family Support plan. 173 families went on to receive more intensive support via an extended plan, averaging 13 weeks. Children's centre family support workers work with families both in their homes and at centres and community venues.

3.3 Better Start Bradford

Children's centres are the major delivery vehicle for the Better Start Bradford programme; an opportunity to test out, and add to, the evidence base of 'what works' in improving child health and development outcomes. The intention is to scale up what works in improving outcomes across Bradford for all our young children and the learning is being integrated into the Prevention and Early Help proposals.



The Better Start Bradford programme is delivering in collaboration with children's centres because research tells us that the best time to invest scarce

resources to improve children's outcomes is in pre-conception, pregnancy and the first three years of life, as it is this time when the improvement in outcomes is greatest. Children's Centres have been an essential partner in reaching families with children under 4 years.

This collaboration has been particularly strong in delivering Better Start projects which are improving nutrition and communication and language development. The Better Start Bradford programme of activities is designed to sit alongside and enhance those activities delivered by children's centres.

4. FINANCIAL & RESOURCE APPRAISAL

- 4.1 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.
- 4.2 The Council is facing unprecedented pressure on its budgets whilst the demand and costs for services are rising. Changes in government funding means that from 2010 to 2020, the overall funding the Council has available will have halved whilst demand and costs are increasing; this 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.
- 4.3 The current consultation on Prevention and Early Help outlines 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.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

None arising from this report

6. LEGAL APPRAISAL

None arising from this report

7. OTHER IMPLICATIONS

None

7.1 EQUALITY & DIVERSITY

No implications arising

7.2 SUSTAINABILITY IMPLICATIONS

No implications arising

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

No implications arising

7.4 COMMUNITY SAFETY IMPLICATIONS

No implications arising

7.5 HUMAN RIGHTS ACT

No implications arising

7.6 TRADE UNION

No implications arising

7.7 WARD IMPLICATIONS

This report contains information which highlight differences in outcomes for children in different parts of the District. This information forms the basis for local action planning for children's centres

7.8 AREA COMMITTEE ACTION PLAN IMPLICATIONS

Not applicable

8. NOT FOR PUBLICATION DOCUMENTS

Not applicable

9. OPTIONS

Not applicable

10. RECOMMENDATIONS

10.1 That the information in this report be noted

- 10.2 That future overview and scrutiny of arrangements for securing improved outcomes including through children's centre services will be determined by the outcomes of the Prevention and Early Help consultation and final proposals put to the Council Executive in April 2018.

11. APPENDICES

APPENDIX 1: Children's centre registration form which lists additional services available to families over and above the Integrated Care Pathway

APPENDIX 2: Take-up of two year old early education places

12. BACKGROUND DOCUMENTS

Early Intervention Foundation: "Language as a Child Wellbeing Indicator"
September 2017

<http://www.eif.org.uk/publication/language-as-a-child-wellbeing-indicator/>