

# **Report of the Strategic Director Children's Services to the meeting of Executive to be held on 3 April 2018**

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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 and an update on Public Health 0-19 Children's Services.**

## **Summary statement**

This paper follows the Executive meeting held on 7 November 2017. At that meeting, members agreed:

- a. That in light of government cuts, local outcomes and increasing demand to accept Option 3 as the option for consultation;
- b. That the Strategic Director for Children's Services be authorised to commence formal consultation from 15 November 2017 until 12 February 2018;
- c. That Executive receives a further report in April 2018 following formal consultation.

The paper presented at the Executive meeting in November outlined the proposal to create a new 0-19 Prevention and Early Help service which would work across the District. This new service would bring together a range of existing services to form a new set of preventative arrangements for children, young people and families. By working in a more coordinated way with partners and communities, the new arrangements would deliver more effective and efficient ways of whole family and community based working.

The Council is facing unprecedented pressure and cuts on its budgets whilst the demand and costs for services are rising. Funding cuts will mean that the resources we will have to spend on Prevention and Early Help for children and young people 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. In 2013/14, the government gave Bradford a core grant of £183 million to fund local services across the district. By 2020, they will have cut that to zero. Every resident has been affected in one way or another, wherever they live.

The Council held extensive public consultation on a proposed preferred model between 15 November 2017 and 12 February 2018. Peopletoo were commissioned to provide an independent analysis of the consultation feedback.

This report sets out the Council's final Family Hub model taking on board some changes arising from the consultation feedback.

Executive is asked to approve this Family Hub model taking into account the analysis of the public consultation, changes made to increase front-line delivery and an updated Equalities Impact Assessment.

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## 1. SUMMARY

- 1.1 At the Executive meeting held on 7 November 2017, Members approved a 12 week formal consultation commencing on 15 November 2017 until 12 February 2018 on a preferred proposed prevention and early help delivery model. Executive agreed to receive a further report in April 2018 following the formal consultation.
- 1.2 This report focuses on:
- the outcome of the public consultation;
  - the proposal for a new 0-19 Prevention and Early Help Service including future delivery of a 'whole family' offer for babies, children, young people and families through Family Hubs.
- 1.3 The Council has considered, values, appreciates and has listened to feedback from consultation.
- 1.4 The proposed model new Family Hubs model, lead by four Area Partnerships and the four 0-19 area teams, will provide:
- Co-ordination and an information network across universal and targeted support in a cluster area;
  - Focused work which builds family relationships and improves children's outcomes (see Prevention and Early Help outcomes framework at Appendix 1);
  - Reduced family poverty and support social mobility;
  - Co-location of key teams, particularly with the 0-19 public health service.
- 1.5 We genuinely want and need to plan and deliver support at a district and local level which is based on the strengths and assets within families and their local communities.
- 1.6 We can collectively build up this model as and when additional investment becomes available. We believe this is the best model to minimise risk to those in crisis whilst managing to continue some prevention activity which requires our communities working with us and doing some of this themselves.

## REVISED PROPOSAL AND STEPS TO 2020

- 1.7 **It is recommended to progress with the preferred model as consulted but with the following changes which will provide 0-19 (25 for young people with SEND) Family Hubs:**
- Stronger focus on developing Family Hubs and closer working with schools, primary care groups and local communities in line with the direction set out by the Health and Wellbeing Board;
  - At the meeting on the 20 February 2018, Executive agreed an additional 500K per year for 2018/19 and 2019/20 to support transition into the proposed new model. This additional funding has all gone into increasing the number of Prevention Workers and Key Workers;

- Increase the proposed workforce from 197 FTE to 246.5 FTE by 49.5 FTE (Delivery framework and staffing structures can be found at Appendix 2);
  - Reductions in management and an increase in the number of posts working directly with families and communities;
  - Retain a dedicated service within Education Services focused on safeguarding and improving the education of vulnerable pupils;
  - Retain the focus on New Communities and Travellers (within Education Safeguarding);
  - Produce a detailed plan on the best collective use of buildings across the Council, key partners and communities so we can sustain as much funding into frontline workers by 2020/21 which would be subject to further consultation as required;
  - Farcliffe and Lilycroft Children Centre will remain unchanged (Overview of children centre buildings can be found at Appendix 3). We would implement proposals to redesignate seven of the proposed eight children's centre buildings to become outreach bases.
  - Ensure as many of the core delivery teams (for example, Prevention Workers and Family Key Workers) as possible will work on the same IT system (Early Help Module) by October 2018 and that there are strong linkages with key external systems. This support more timely information sharing and support to children and families.
- 1.8 We believe this is the strongest model to pull people together and make best use of our collective resources, reach those families who need the most support whilst working with communities and partners to maintain a broader offer across the district.
- 1.9 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. We need to co-deliver key universal groups in areas of high need with community partners, for example, Stay and Play and support volunteer and community-led delivery in wider areas. As we implement the proposed changes we will build on our community asset base to support some of these activities. We need to create the capacity and capability to do this in those communities where there are more gaps.
- 1.10 A broad consensus of local authorities and MPs from across the political spectrum, health professionals, charities and others have raised concerns about funding for social care.
- 1.11 The Council will continue to support the Local Government Association campaign on children's services and children and young people's mental health, Bright Futures. This campaign highlights:
- Child protection enquiries have increased nationally by 151% in 10 years
  - Children on child protection plans has increased by 23,000 over the same period
  - In 2016/17, approximately 90 children were coming into care each day creating the biggest annual increase in 7 years
  - Councils are facing a £2B gap for children's services by 2020
  - In 2015/16, children's services were forced to overspend £605M on children's services

1.12 Great Start and Good Schools is a transformational priority and 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 the whole system of support, particularly the strengths and assets within families and local communities.

## **2. BACKGROUND**

- 2.1 This report does not intend to revisit much of the information which is held in the report provided to Executive on 7 November 2017. At that Executive meeting it was agreed to carry out a public consultation between 15 November 2017 until 12 February 2018 on the preferred model, which would:
- deliver new 0-19 Prevention and Early Help Service targeting those communities/neighbourhoods with the poorest outcomes;
  - deliver the Children's Centre core offer to support school readiness, parenting skills and family health in early childhood;
  - ensure high levels of early education quality and take up;
  - support education and attendance as a priority;
  - ensure intensive support for those families in greatest need;
  - cut out duplication and provide a 'whole family' approach so families do not receive a series of interventions from different services.
- 2.2 The Council and partners have agreed that the future proposed model of delivery needs to work to the following partnership vision and principles:



### 3. MESSAGES FROM PUBLIC CONSULTATION

- 3.1 People too was commissioned to undertake and report on an independent analysis of consultation. The full report of the findings of the consultation is published alongside this report and can be found in Appendix 4.
- 3.2 The consultation gained the views of interested parties i.e residents, partners and affected teams through a variety of methods, including a consultation (completed both off and on-line) questionnaire, consultation events, focused group sessions with young people, presentations to key groups/committees/partnerships and both email and freepost facility for responses.
- 3.3 During consultation we were able to gain an extensive range of views on the proposed model. As expressed in our partnership vision, we must draw together the ‘total’ resources as a district and within communities going forward.
- 3.4 Responses included:
  - 1189 consultation questionnaires completed;

- 201 members of the public attended one of the consultation events;
  - Over 400 members of staff attended specific briefings;
  - 174 emails providing detailed responses;
  - An alternative model of delivery based on a Family Hub Model around schools;
  - “Save Bradford Children’s Centres” petition with 2,508 signatures;
  - 19 focus groups with young people involving a total of 115 young people.
  - Response from the Traveller Community.
- 3.5 Overall, responses received from young people were very supportive of the principles of the proposals, particularly the Family Key Worker approach and area-based working.
- 3.6 79% of respondents to the consultation questionnaire stated that they either “strongly disagree” or “disagree” with the overarching proposal to create an integrated Prevention and Early Help Service for 0-19-year olds (25 for young people with special educational needs and/or disabilities). However, a more detailed analysis highlights important factors in relation to this feedback:
- consultation evidence shows a marked difference between respondents to the questionnaire and those who attended events, with the former being more negative about proposals than the latter, where there would have been more opportunity for clarifications and questions;
  - that many respondents whose comments implied that they disagreed with the proposals, expressed comments that predominantly disagreed with the principle of budget reductions, rather than the model itself which was the primary subject of the question, and this will have impacted on this figure;
  - this figure changed within the last week of the consultation following from strong representation by those in support of Children’s Centres;
  - 61% were in favour of an approach that prioritises those more in need of support, though some clarification sought as to whether it will be solely focussed on the most deprived neighbourhoods rather than also supporting those with needs beyond geographical boundaries, such as mental health and domestic abuse;
  - more people disagree with the locality approach (44%) than agree (36%), whilst the key worker approach is equal between both agree and disagree at 41%.
- 3.7 The predominant reasons for concerns about the proposed model were:
- Support for some elements of the proposal but the fact that it is accompanied with a proposed 47-51% reduction in staffing resource to deliver was felt to be unrealistic;
  - That staff that remained would be expected to work across too wide an age range, diluting skills and experience and not providing families with the specialisms that they needed;
  - Impact of the changes on the Early Years agenda, and in particular the impact upon preparation for parenthood and the Children’s Centre offer.
- 3.8 Nursery Schools submitted an alternative proposal. This has been fully considered in the response to consultation set out below.

3.9 Proposals were presented to the five Area Committees and Children's Overview and Scrutiny. Responses and recommendations to the proposals from these meetings have been considered in the response to consultation and are set out below.

3.10 **The table below sets out the main findings from consultations and actions/changes arising from findings:**

## An Integrated 0-19 Prevention and Early Help Service (with 0-19 Public Health)

- strength-based ethos and practice
- People Can - working with and organising around the assets within families and communities

Consultation Findings	Action proposed to respond to consultation
<ul style="list-style-type: none"> <li>• Representations around both providing further detail but also co-designing the detailed offer around how the model will work with the proposed reduced staffing across what are perceived to be four wide locality areas.</li> <li>• Protect as many frontline posts as possible. Risk of increasing demand on acute services.</li> <li>• Work closely with communities to address the significant anxiety around the reduction in Early Years support, preparation for parenthood and the children's centres core offer.</li> <li>• The development of a detailed plan around children's centre buildings use and reduce reliance on buildings.</li> <li>• A range of positive ideas were shared around supporting People Can. They broadly reinforce the need for skills, time and space to genuinely draw communities into co-designing services particularly in areas of high deprivation.</li> </ul>	<ul style="list-style-type: none"> <li>• An additional 500K into Prevention and Early Help for 2018/19 and 2019/20 to aid transition to the new arrangements.</li> <li>• Increase in the proposed workforce from 197 to 246.5 FTEs with the majority of the increase from initial proposals in the Prevention Workers and Key Workers.</li> <li>• Changes in the number of management posts reducing from 21 FTEs to 18 FTEs.</li> <li>• We will ensure we are able to pick up needs outside of specific areas through keeping a priority on domestic violence, mental health etc and by providing an Early Help Gateway (inc Families Information and SEND Local Offer) for public and professionals, on-line offer, early help panels and consultation and advice through the 0-19 Family Hub Teams.</li> <li>• We will retain a dedicated service within Education Services focussed on safeguarding and vulnerable pupils.</li> <li>• We will retain a dedicated focus on New Communities and Travellers within Education Safeguarding (for example, Access Team funded by the High Needs Block).</li> <li>• Produce a detailed plan on the best collective use of buildings across the Council, key partners and communities so we can sustain as much funding into frontline workers by 2020/21. We would undertake consultation with interested parties if required prior to implementing any changes.</li> <li>• Continue to work with the VCS assembly and key partners on ensuring an asset based approach and co-design of detailed support in local areas.</li> <li>• Workforce development will build skills in asset planning and community involvement.</li> <li>• Maintain co-delivery with community partners of key universal groups in areas of high need, for example Stay and Play and support volunteer and community-led delivery in wider areas.</li> </ul>

	<ul style="list-style-type: none"> <li>• Four area partnerships and Area Outcome Plans will steer the focus of asset mapping and community planning aligned to the established schools and GP/Primary Care clusters.</li> <li>○ The new recommissioned Public Health 0-19 children's service will have an area based leadership model which will be fully integrated with the 0-19 Family Hub teams.</li> </ul>
<b>Continue to provide District-wide:</b>	
<ul style="list-style-type: none"> <li>• <b>Early Help Gateway for public and professionals</b></li> <li>• <b>Focus on education safeguarding and children missing education.</b></li> <li>• <b>Specialist Behaviour &amp; Inclusion &amp; Short Breaks for disabled children and young people</b></li> <li>• <b>Intensive Family Support (and Family Group Conferences) for children on the edge of care.</b></li> </ul>	

Consultation Findings	Action proposed to respond to consultation
<ul style="list-style-type: none"> <li>• Detail (and co-design) of a targeted approach and meeting needs which transcend geographical and social boundaries.</li> <li>• Services should be available as and when need arises, particularly outside of wards with the highest needs. Some groups are transient and cut across wards.</li> <li>• Ensuring a 0-19 service will prioritise its resource to the key points in a family's life pathway when they are most likely to need the support, for example in the Early Years or at adolescence. Support around social isolation and new to parenthood regardless of where a parent lives. Avoid stigmatising services as just for 'problem' families.</li> <li>• More detail on how the Customer Contact Centre, Families Information Service, Early Help Gateway and MASH would be co-ordinated.</li> <li>• Improving networking and join up with services supporting disabled children and their families.</li> </ul>	<ul style="list-style-type: none"> <li>• We will ensure close integration and delivery of functions across Early Help Gateway, SEND Local Offer, Multi-Agency Safeguarding Hub (MASH), Families Information Service and Customer Contact Centre so that families are linked to the right level of support in a timely way. This will reduce agencies 'passing' families around.</li> <li>• As the area teams develop we will increase areas based access to support / local knowledge and closer working across school and GP/Primary Care clusters and school based parenting support workers.</li> <li>• We will ensure we are able to pick up needs outside of specific areas through keeping a priority on domestic violence, mental health etc and by providing an Early Help Gateway (inc Families Information and SEND Local Offer) for public and professionals, an on-line support offer, early help panels and consultation and advice through the 0-19 Family Hub Teams.</li> <li>• The Family Hubs will work closely with SEND teams and Parent's Forum to support early help around behaviours that challenge, social inclusion and access to leisure, sleep clinics and targeted parenting support for disabled children and their families.</li> </ul>

**Four area based teams replacing separate standalone children's centres, Education Social Work, early help cluster teams.  
More intelligent targeting those areas where children experience more adverse circumstances.**

<b>Consultation Findings</b>	<b>Action proposed to respond to consultation</b>
<ul style="list-style-type: none"> <li>The need to ensure that area teams work closely with the Voluntary and Community Sector to deliver the core offer through Family Hubs within communities.</li> <li>Maintain a focus on supporting family resilience and develop the new Service as Family Hubs.</li> <li>The four areas are large and there will be a need to co-produce the services around schools as centres of universal support in communities.</li> <li>The further development of the People Can concept, picking up the constructive suggestions submitted as part of this consultation.</li> </ul>	<ul style="list-style-type: none"> <li>Maintain co-delivery with community partners of key universal groups in areas of high need, for example Stay and play and support volunteer and community-led delivery in wider areas.</li> <li>We will deliver area based plans and partnership and focused down at a school cluster level for asset mapping and co-producing community timetables.</li> <li>Increase predictive and targeted work and 'team around the schools' where most domestic violence is occurring and most referrals to social care.</li> <li>Prevention Teams will lead on mapping and community timetabling drawing on the total resource in areas and clusters.</li> </ul>

**The delivery of evidence based programmes.**

**Priority focus on children's centre core offer and parenting support across the ages and stages.**

<b>Consultation Findings</b>	<b>Action proposed to respond to consultation</b>
<ul style="list-style-type: none"> <li>Securing a children's centre core offer and groups in communities which build up trust and confidence, particularly in more deprived areas. Concern that more children may fall through the net.</li> <li>Support around social isolation and new to parenthood regardless of where a parent lives. Avoid stigmatising services as just for 'problem' families.</li> <li>Be aware of how distance to travel to services may hinder access. Maintain a mix of delivery sites which provide privacy when needed.</li> <li>Need to focus on a delivery offer which builds on schools, voluntary sector and draws money from buildings into workforce.</li> <li>Need to work closely with communities in developing the revised offer particularly where centres are moving to outreach.</li> </ul>	<ul style="list-style-type: none"> <li>Prevention Workers and Seniors in each area will lead co-planning and co-delivery.</li> <li>Family Key Workers will be able to support programmes with an appropriate adjustment to caseloads.</li> <li>We have incorporated the previously proposed Access and Take Up posts into the Prevention Worker role and each area will have targets regarding childcare take up.</li> <li>Area Partnerships will undertake the functions of required Advisory Groups overseeing that the children's centre core offer is secured.</li> <li>Initiate cluster based mapping and planning and align more closely to the established school and GP/Primary Care clusters. Continue to work with VCS assembly and Neighbourhoods as we develop community timetables linked to Primary Care and school based clusters.</li> <li>Co-plan and co-deliver the broad evidenced-based offer around in areas and clusters.</li> </ul>

**Each area will have a team of 0-19 Family Key Workers – these will work closely with Stronger Families and commissioned Key Workers commissioned through the voluntary sector.**

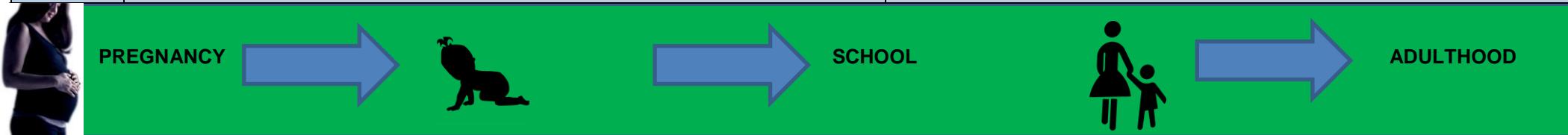
Consultation Findings	Action proposed to respond to consultation
<ul style="list-style-type: none"> <li>• Practitioners to make sure that they themselves are well informed in order to inform families and maximising the use of social media as a way of keeping this information “live”.</li> <li>• Key workers need services to connect families too, respect issues about individuals within a family. Need to provide alternative worker if relationships breakdown.</li> <li>• Key Worker role, clarifying that this role is not about being a specialist in every discipline but a one, trusted point of contact that can broker for wider support.</li> <li>• Transition arrangements to enable time for new expertise to be built up. Takes time to build up broader experiences alongside training.</li> <li>• Assure against high caseloads which would prevent intensive work and relationship building.</li> <li>• Strengthening links across services supporting disabled children and their families, particularly around early support on behaviours that challenge and inclusion.</li> </ul>	<ul style="list-style-type: none"> <li>• Within the Family Hubs, each Secondary School and Primary School cluster will be given designated first point of contact.</li> <li>• Family Hubs will provide co-ordination and an information network across universal and targeted support in a cluster area</li> <li>• We are developing a practice development on-line tool for workers/managers to map their experience and skills and areas for development (passport). This will also be tailored to form a self-assessment tool for organisations, for example schools. A multi-agency Working Group has developed a draft passport which identified the following elements for wider discussion: <ul style="list-style-type: none"> <li>○ Getting the basics right</li> <li>○ Building strong relationships and networks to help families help themselves</li> <li>○ Preventing adverse childhood experiences by supporting attachments and parenting across the age range (from pre-birth and beyond).</li> <li>○ Working across the ages and stages of children (physical, emotional &amp; language development)</li> <li>○ Family income, steps to work and money matters</li> <li>○ Young people's well-being, choices and risks</li> <li>○ Working with community assets</li> </ul> </li> </ul>

- 3.11 Taking into account key evidenced-based guidelines and our local consultation feedback, we will now work closely with the key partners set out below to co-plan and co-deliver the following outline Family Hub offer.
- 3.12 We will work with the cross-agency initiatives such as Signs of Safety implementation, the Integrated Care Pathway, Self-Care programme, European Social Fund/Lottery Stronger Families programme, Families First, Neighbourhood and youth services, B Positive Pathways and the Council's proposed transformation of SEND teaching support services.
- 3.13 This model builds upon and expands on our Families First approach. It will be the key arrangement through which we will reach families who need the most support and demonstrate our impact (payments by results) for those children and families.
- 3.14 This model focuses on how we can draw on the energy and experience across and within our communities as we co-design support. This means an approach which is hopeful and draws on what already exists and is best and most valued in families and communities:



## Family Hubs core service offer – Signs of Safety assessment and plans

<b>LEVEL 4 - Specialist Services</b> -Timely step up and step down – Signs of Safety - Intensive Family Support/Family Group Conference – children close to care – preventing repeat removals	
<b>LEVEL 3 Targeted &amp; Family Key Work</b>	<ul style="list-style-type: none"> <li>Families First/Stronger Families outcomes through Family Key Work</li> <li>Advice and consultation to Lead workers in universal services</li> <li>Domestic Abuse Recovery Together &amp; Freedom</li> <li>Parents in treatment for substance misuse (pilot)</li> <li>Intensive support to build attachment (at risk of entry to care)</li> </ul>
<b>LEVEL 2 Prevention &amp; parenting programmes</b>	<ul style="list-style-type: none"> <li>HAPPY focused on overweight women during and after pregnancy)</li> <li>Incredible Years &amp; Ante-Natal and Welcome to the World Family Links – work across Better Start &amp; Family Links (parenting)</li> <li>Bonding and attachment/language/social emotional – pre-birth to 2 home learning model</li> <li>Awareness and signpost and facilitate access to early education</li> <li>HENRY (parenting programme – Champions, group or 1to1)</li> <li>Breastfeeding – UNICEF accreditation, breastfeeding champions and peer support</li> <li>Home Safety checks (linked to 6-8 week)</li> <li>1:1 support for mothers/parents – universal groups (e.g Stays &amp; Plays) in targeted areas – mix of providers</li> <li>Community-based welfare/benefits advice and parenting workshops</li> </ul>
<b>LEVEL 1 universal health checks &amp; early education</b>	<ul style="list-style-type: none"> <li><b>Ante-natal</b> face-to-face visit during pregnancy</li> <li><b>New birth</b> face-to-face visit focused on breastfeeding, immunisations, healthy start. Assessment of attachment.</li> <li><b>6-8 week</b> face-to-face assessment – weigh/measure/maternal mood, breastfeeding and family well-being</li> <li><b>3-4 month</b> face-to-face visit maternal mood, family well-being &amp; safety, immunisations, attachment.</li> <li><b>1-year</b> face-to-face assessment of physical, social and emotional needs using Ages &amp; Stages. Monitoring growth, attachment, vaccination and imms check. Health promotion and Oral health advice.</li> <li><b>2-2.25 year</b> integrated assessment using Ages &amp; Stages (social, emotional and language). Link with childcare setting. Parenting, sleep and toilet training and behaviour management. Physical growth, development hearing, vision. Signpost to early education.</li> </ul>



3.15 We will also ensure delivery, through a commissioned service, of the following oral health activity:

- Training for pregnant women who are free for dental treatment
- Brushing for life campaign- delivery of free tooth brushing packs
- Fluoride Varnish Programme
- Tooth brushing in schools
- Screening surveys

3.16 To implement the proposed model, an indicative timeline is below:

Date	Activity
03 April 2018	Report to be presented to Executive
May 2018	Commence proposed re-structure/assimilations
May 2018	Issue tender documents for 0-19 public health service
June 2018	Initiate Area Partnerships and outcomes dashboard (draw together with local clusters)
End June 2018	Confirm transitional arrangements for summer 2018
June to September	Asset mapping & drafting community (cluster) timetables
September 2018	Assimilations completed
October 2018	Proposed Family Hub services commence
1 April 2019	New 0-19 public health service go-live

#### **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.
- 4.2 The proposed model incorporates our commitments to the Department for Communities and Local Government under the Families First programme.

#### **5. FINANCIAL & RESOURCE APPRAISAL**

- 5.1 In 2013/14, the government gave Bradford a core grant of £183 million to fund local services across the district. By 2020, they will have cut that to zero.
- 5.2 On 20 February 2018, Council's Executive agreed an amended budget and, in response to the high levels of consultation feedback, proposed a £1m transitional increase into Prevention and Early Help over two years subject to an appropriate detailed business case. This money will only be made available should the

consultation result in a change in delivery model. If the proposed change does not go ahead then the additional monies will return to the Transition and Risk Reserve.

- 5.3 Council intends to reduce reliance on buildings and release further funding into the front-line workforce, any development and change to buildings will be reported to Executive. We would undertake consultation with interested parties if required prior to implementing any changes.
- 5.4 Alongside core Council funding, services also receive income from a number of external sources. These include the Dedicated Schools Grant, Family First Programme Grant Funding and Youth Justice Board grant funding. Unless stated, spending proposals relate to use of core Council funding. 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.
- 5.5 As the proposal would be such a significant programme of change, additional dedicated support is provided from Human Resources, Workforce Development, Communications, Finance, Asset Management and Legal Services. The Council has set aside one off resource of £500,000 to fund enabler support.

## **6. RISK MANAGEMENT AND GOVERNANCE ISSUES**

- 6.1 This is a large programme of work across a number of service areas that requires delivery at a considerable pace. It requires significant, meaningful on-going engagement and communication with partners, schools, early year's settings, the workforce and families currently accessing the services and prospective families and other interested parties.
- 6.2 Similarly, under the direction of the Health and Wellbeing Board, partners will work together to ensure an all ages approach to prevention and early help and will track and mitigate risks over time. This again will take an asset based approach focused on the assets which already exist, solution finding and responding to risks across the system as a whole.
- 6.3 The procurement of Public Health 0-19 children's services is underway with a view to having the new service in place by April 2019. For this whole approach to work it is essential this procurement is completed in a timely manner and any delays to this process need to be minimised. Work is underway to ensure the approach planned is clear and robust. An engagement event was held with potential suppliers and interested stakeholders in February 2018 and two further events will be held in March and April 2018.

## **7. LEGAL APPRAISAL**

- 7.1 The report dated 7 November 2017, set out the Local Authority's duty to consult or requirements set down in legislation or statutory guidance. For example, the Department for Education 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.
- 7.2 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.

- 7.3 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.
- 7.4 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.
- 7.5 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.
- 7.6 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.
- 7.7 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.
- 7.8 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.
- 7.9 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.
- 7.10 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.

- 7.11 In the case of those staff working in the children's clusters run by Barnardos and Action for Children, those staff who fall within the ambit of the Transfer of Undertakings (Protection of Employment) Regulations 2006 ("TUPE"), will transfer to the Council's employment on their existing terms and conditions. Those staff who work in community nursery schools are in law employees of the Council and therefore TUPE will not apply, as there is no change of employer. Accordingly it will be necessary to discuss appropriate arrangements with the governing bodies concerned. Appropriate employment procedures will be followed in relation to proposed reductions in the workforce.
- 7.12 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.
- 7.13 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).
- 7.14 *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.
- 7.15 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.
- 7.16 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 extensive consultation has been undertaken. Officers have worked through key teams, partnerships and networks to ensure all interested parties were made aware of the multiple opportunities to contribute their views and responses.

8.1.3 An updated Equalities Impact Assessment and SEN Improvement Test for the proposed model is attached as **Appendices 5 and 6**. An updated Workforce Equalities Impact Assessment is also in place.

## **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, such as Police and Neighbourhood Services we would seek to reduce 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 On 30 October 2017, the Council issued 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 trade unions were fully consulted on the proposals and fortnightly meetings have been undertaken with the Trade Unions. We will continue to engage closely with Trade Unions and affected staff through all stages of implementation. The feedback from the trade union consultation meetings is attached at Appendix 7.

## **8.7 WARD IMPLICATIONS**

8.7.1 Ward Councillors were provided with open briefings throughout the public consultation.

## **9 NOT FOR PUBLICATION DOCUMENTS**

None.

## **10. OPTIONS**

10.1 This report seeks approval to implement the proposed Family Hub model for prevention and early help for babies, children, young people and families.

## **11. RECOMMENDATIONS**

11.1 That the Executive, approves the Family Hub model of co-produced service delivery for prevention and early help and to the implementation of this model as per the timeline set out in this report;

11.2 That Executive agrees to the Strategic Director of Children's, in consultation with the

Portfolio Holder, producing a detailed plan on the best collective use of buildings across the Council, key partners and communities so we can sustain as much funding into frontline workers by 2020/21 which would be subject to further consultation as required.

## 12. APPENDICES

Appendices	Document
Appendix 1	Prevention and Early Help outcomes framework
Appendix 2	0-19 Family Hub partnership framework, core structures and functions
Appendix 3	Changes to Children's Centres sites
Appendix 4	Peopletoo consultation report
Appendix 5	Updated Equalities Impact Assessment
Appendix 6	SEN Improvement Test
Appendix 7	Trade Union feedback

### **13. BACKGROUND DOCUMENTS**

- Report of Strategic Director to Executive dated 7 November 2017
- Bradford District Plan 2016 - 2020
- Bradford Council Plan 2016 – 2020
- Bradford Children, Young People and Families Plan 2017-2020
- Children's Commissioner. Family Hubs: a discussion paper (October 2016)
- 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-2016.30%20Health%20and%20Social%20Care%20Overview%20and%20Scrutiny%20Committee.pdf?T=10>

## Appendix 1 - Prevention & Early Help - Outcomes Framework – Children, Young People & Families

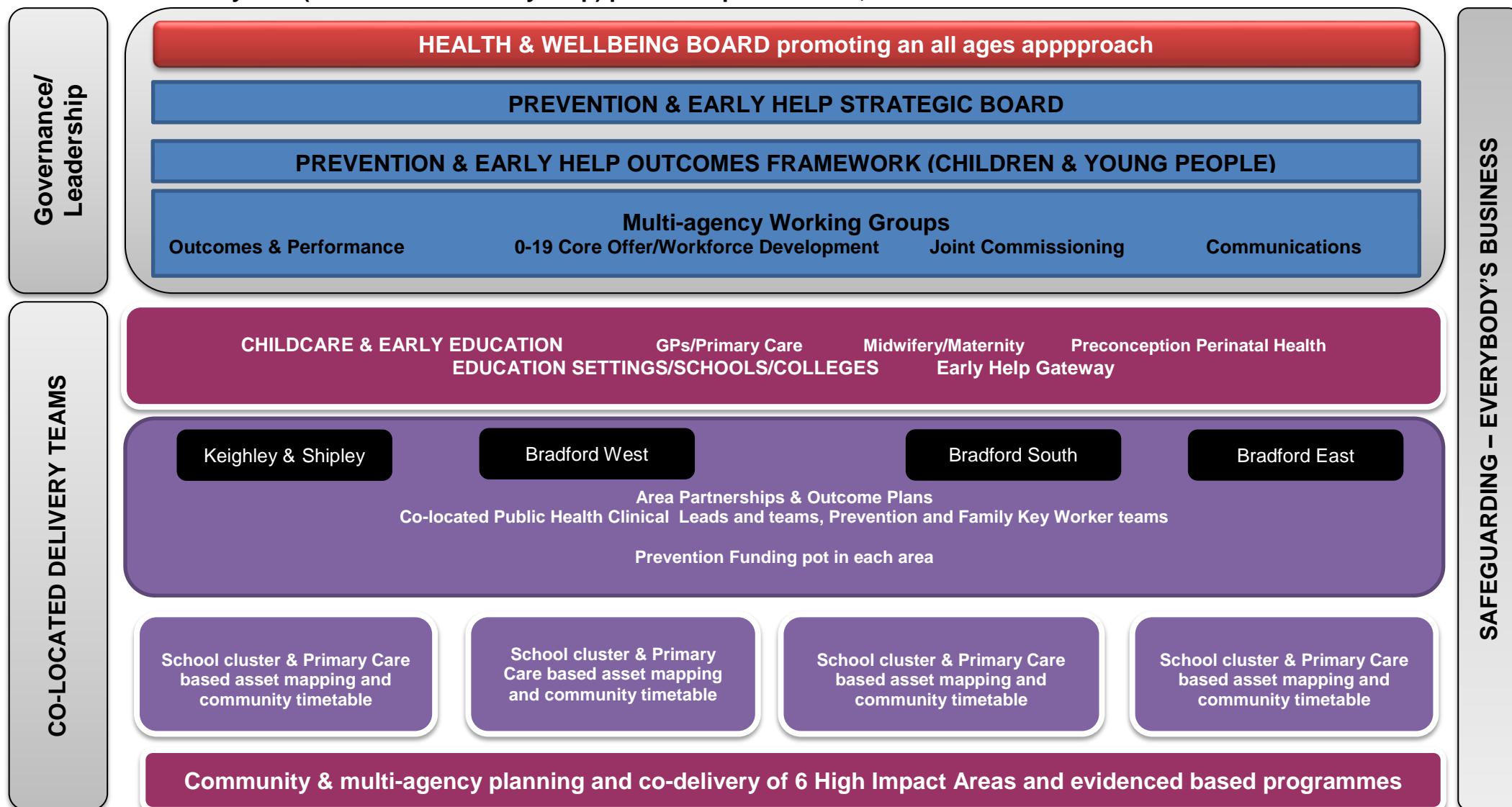
*This will form the basis of a district-wide and area dashboards*

High Level Outcomes	
1. Children live in caring and resilient communities	
2. Children are able to learn and develop skills for life	
3. Children are healthy and well and reach their potential	
<b>Outcome 1 – Children live in caring and resilient communities</b>	
<b>1.1 Children are safe</b>	<b>Data source &amp; baseline</b>
<b>a. Children are safe within the home</b> <ul style="list-style-type: none"> <li>Reduce repeat incidents of Domestic Violence/child to parent violence (links to FF outcomes)</li> <li>Reduce LAC numbers</li> <li>Reduce CP numbers or numbers of children requiring child protection assessments (links to FF outcomes)</li> </ul>	Police DV notifications, Children's Social Care. Safeguarding Board & Families First dataset.  Local dataset Road Safety, national Child Health profile.
<b>b. Children are safe within communities</b> <ul style="list-style-type: none"> <li>Reduction in number of incidents of Youth ASB reported/number of Youth ASB interventions served</li> <li>Reduce first time entrants (links to YOT)</li> <li>Reductions in children &amp; young people missing from home and education</li> </ul>	YOT & Families First dataset.  Local data and PH Outcomes framework.
<b>1.2 Children live in resilient communities</b>	
<b>a. Improved social cohesion</b> <ul style="list-style-type: none"> <li>Percentage of people who agree that their local area is the place where people live together harmoniously</li> </ul>	District Plan. Also links to perceptions of crime.
<b>b. Increased participation from communities</b> <ul style="list-style-type: none"> <li>Increasing numbers reported in 'People Can' projects</li> <li>Increased participation from communities in the education covenant, volunteering and/or co-delivery of preventative activity</li> </ul>	Local dataset to be collated.
<b>c. Increased prosperity in communities</b> <ul style="list-style-type: none"> <li>Reduction in the number of children and young people living in workless households/households earning specified amounts. (links to Families First outcomes)</li> </ul>	Child Poverty Strategy
<b>1.3 Children experience positive relationships</b>	
<b>a. Children have improved relationships within the home</b> <ul style="list-style-type: none"> <li>Increased levels of positive attachment in the under 5s</li> <li>Parenting confidence and capacity across the age range</li> <li>Maternal health and well-being (pre and peri-natal)</li> </ul>	PHOF 2.05ii  Tracking within agreed programmes – outcome star.  ASQ-SE at 2.5 years

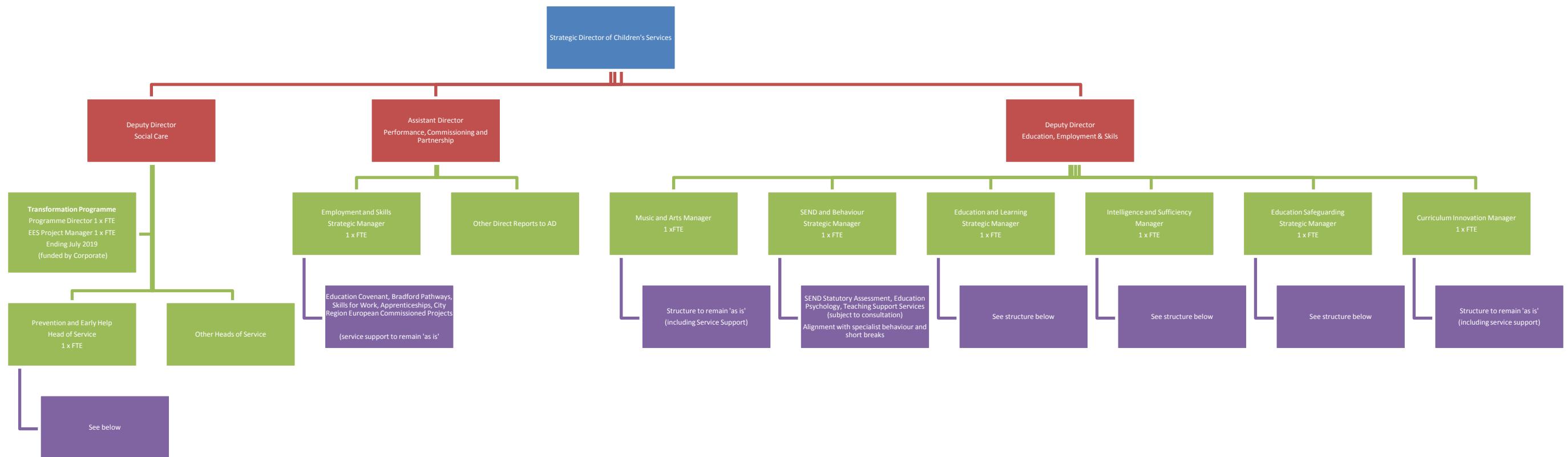
	<b>Links to midwifery &amp; public health assessments of maternal well-being.</b>
b. Children with complex needs have positive relationships <ul style="list-style-type: none"><li>• Numbers of children accessing short breaks.</li></ul>	Local data
<b>Outcome 2 – Children learn and develop skills for life</b>	
<b>2.1 Children achieve</b>	
a. Children achieve in school <ul style="list-style-type: none"><li>• 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). Focus on language, social and emotional domains</li></ul>	School readiness from PHOF dataset  EYFS – need to specify expectations regarding 2-year assessments and home learning prior to age 2.
b. More children go onto higher education <ul style="list-style-type: none"><li>• Increased number attending university and narrowing the gap for vulnerable groups (links to Employment &amp; Skills)</li></ul>	Employment & Skills
c. Children go onto high quality employment <ul style="list-style-type: none"><li>• Increased high level jobs figures</li><li>• Reduced number of 16-18 year olds not in education, employment or training (NEET) (PHOF 1.05) (links to Employment &amp; Skills)</li></ul>	Employment & Skills
<b>2.2 Children learn in high quality environments</b>	
a. Early years provision is of high quality <ul style="list-style-type: none"><li>• 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.</li></ul>	Local dataset.
<b>2.3 Children participate in learning experiences from 2-19</b>	
a. Children attend schools <ul style="list-style-type: none"><li>• Improved attendance levels at all key stages.</li></ul>	Local dataset.
b. Children participate in learning 16-18 in line with RPA <ul style="list-style-type: none"><li>• Improved participation levels Post 16 year on year 9 (links to joint work with Employment &amp; Skills)</li></ul>	Employment & Skills
c. Increased take up of places in pre-school learning (early education and childcare) <ul style="list-style-type: none"><li>• 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).</li></ul>	Local dataset.

<b>Outcome 3 – Children are healthy and well and reach their potential</b>	
<b>3.1</b>	
<b>a. Fewer baby deaths in first year of life *</b>	<b>PHOF data &amp; Child Health Profile.</b>
<ul style="list-style-type: none"> <li>• Infant mortality rate reduces and at a faster rate in deprived areas (PHOF 4.01 &amp; NHSOF 1.6i)</li> <li>• More babies are breast fed at discharge and 6-8 weeks (PHOF 2.02)</li> <li>• Reduced smoking for pregnant women at delivery and increased smoke free homes in infancy (PHOF 2.03)</li> <li>• Improved attachment and bonding and maternal mental health (see Outcome 1.3)</li> </ul>	
<b>b. Fewer children are obese or overweight</b>	<b>PHOF data &amp; Child Health Profile.</b>
<ul style="list-style-type: none"> <li>• In reception aged 5-6 years (PHOF 2.06)</li> <li>• At age 10-11 years (PHOF 2.06)</li> </ul>	
<b>c. Children will improved oral health</b>	<b>PHOF data &amp; Child Health Profile.</b> DMFT figures - every 3 or 4 years. Supplement this indicator with hospital admissions for dental caries in 0-4 year olds
<b>d. Children will be emotionally resilient and make good lifestyle choices</b>	<b>PHOF data &amp; Child Health Profile.</b> There is data around hospital admissions for mental health conditions in 0-17yr olds.  Referrals to CAMHS? Or GP prescribing? Or improved access to support services.
<b>e. Children will less often be admitted to hospital due to illness or accidents</b>	<b>PHOF data &amp; Child Health Profile.</b>  <b>Local dataset Road Safety, national Child Health profile.</b>

## APPENDIX 2 – Family Hub (Prevention and Early Help) partnership framework, core structure and functions



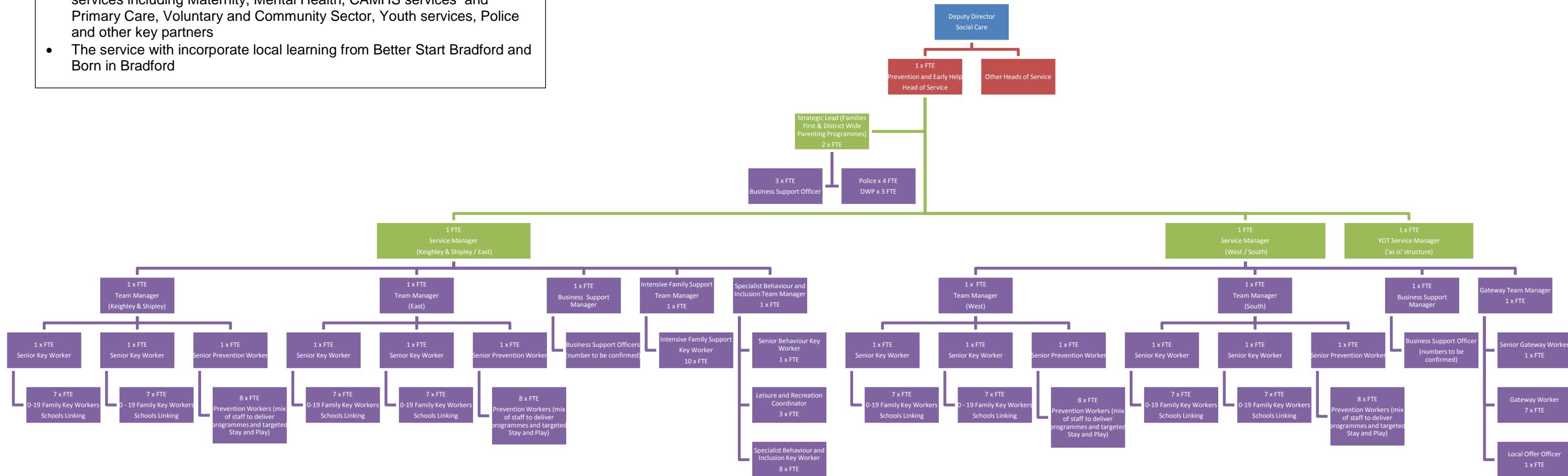
## Proposed Departmental Management Structure



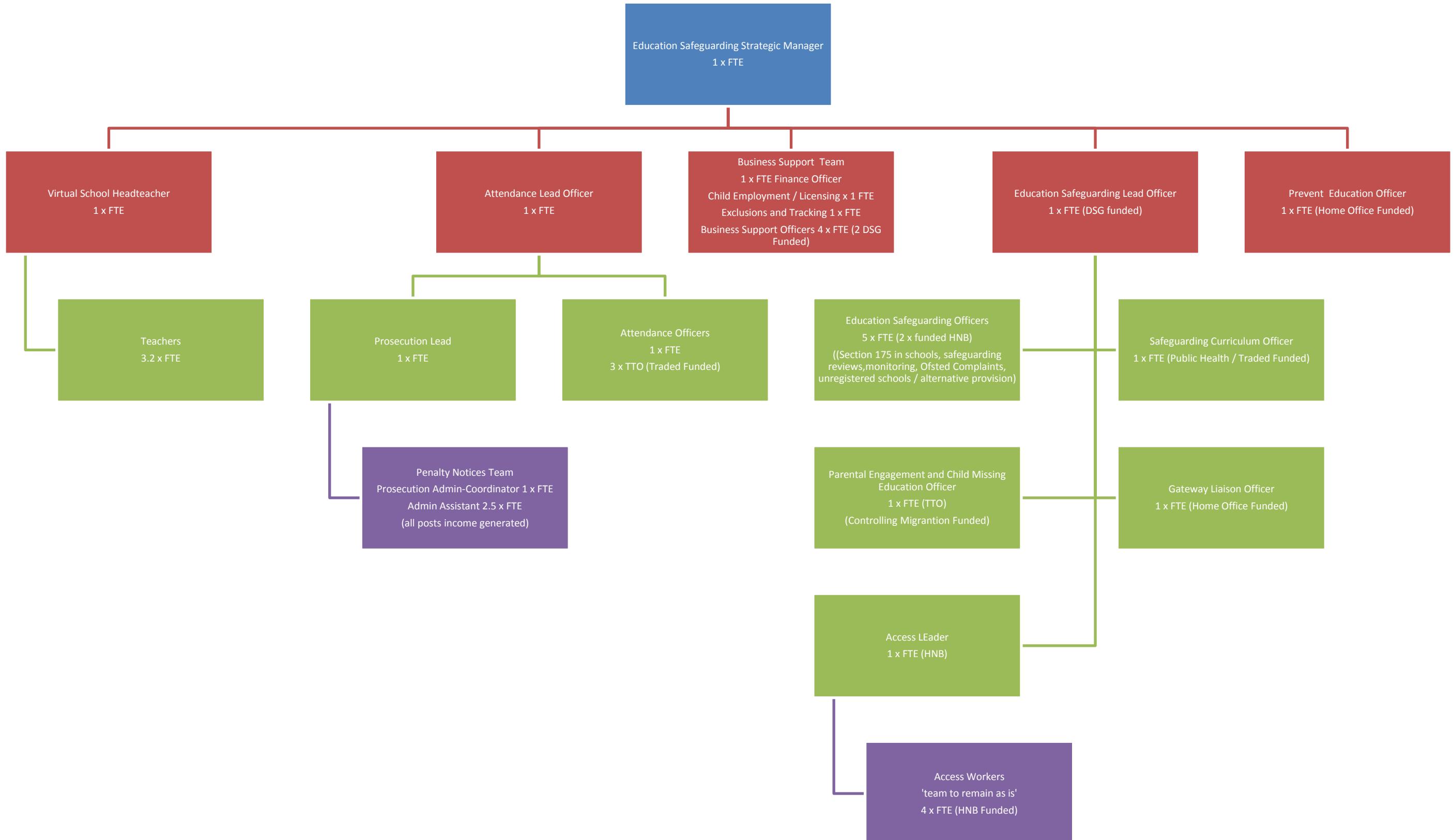
## Proposed Prevention and Early Help Family Hubs Structure

- The Public Health 0-19 Children's Service will be integrated with Prevention and Early Help (PEH) teams based on the 4 locality model
- The mandated visits will be delivered universally to all pregnant mothers and families with young children identifying risks and issues at an early stage
- Public Health nurses will be part of the service (qualified Health Visitors and School Nurses) working with an appropriate skill mix of staff within the service
- There will be a clinical leadership team which leads in all 4 localities for all children 0-19 and 0-25 for SEND children working with the PEH teams
- This approach will provide Champions for the high impact areas -There will be targeted interventions to those who need it most with clear pathways to the Prevention and Early Help teams, Social care, NHS services including Maternity, Mental Health, CAMHS services and Primary Care, Voluntary and Community Sector, Youth services, Police and other key partners
- The service will incorporate local learning from Better Start Bradford and Born in Bradford

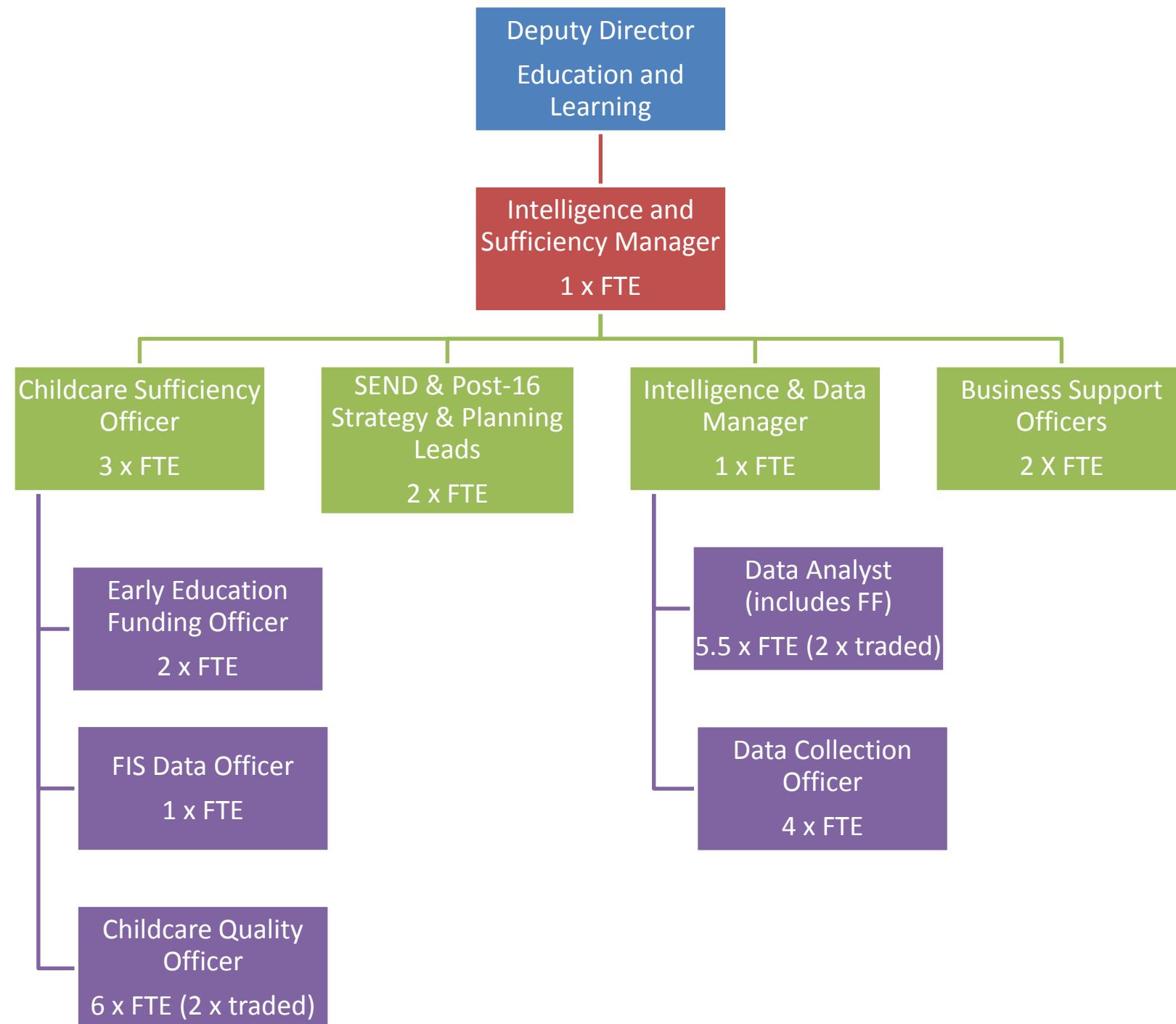
- Service/Team Champions/ Specialism to be agreed
- Additional Family Key Workers also commissioned from VCS (presently provide approx. 20 FTE Key Workers)
- Play Team within traded services as proposed



## Proposed Education Safeguarding Structure



## Proposed Intelligence and Sufficiency



- 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
- Service support to be integrated within teams – some dedicated posts for priority and statutory business support areas

The core functions in each of the four areas:

**Strategic & Service Managers:**

- To champion and facilitate area partnerships which focus and drive Family Hub delivery
- To ensure high quality district-wide and commissioned services
- To oversee, implement and report on Area Outcome Plans supporting district-wide improvements in outcomes
- To lead the area teams and assure the 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, co-location, co-design and co-delivery with aligned services
- To model and support a People Can ethos
- Responsibility for maintaining specialist knowledge and experience in a defined areas of the service, leading on this throughout the service:
  - Early childhood development & children's centre core offer
  - Young people's support
  - Commissioning

The following would provide a district-wide focus:

**Intelligence & Sufficiency (childcare, SEN and post-16):**

- Data analysis and predicting/targeting needs to focus service delivery
- Performance overview/reports
- 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
- SEND sufficiency and statutory consultations
- Sufficiency strategy and planning and gap analysis
- Market development and communications arising from Sufficiency Assessments
- Maintain profile of childcare across the district
- Task focused projects

**Early Education and Childcare Quality:**

- 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.
- Early Education Funding.

**Family Hubs Prevention Planning Teams:**

- To work with partners and local communities to develop and implement a community timetable of evidence based programmes in response to needs (aligned to school and Primary Care clusters)
- Monitor and ensure impact, accessibility and engagement from across targeted community groups
- To ensure that the following areas are central to the offer:
  - 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
- 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
- Targeted activities in communities with lower take up of childcare – focus on pre-birth to 2 home learning

A pot of funding will be made available in each area to support community involvement in delivery of prevention activities.

**Early Help Gateway (incorporating SEND Local Offer and Families Information Service):**

- **Joint protocol across Multi-Agency Safeguarding Hub (MASH), Gateway and Customer Contact Centre**
- 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
- SEND Local Offer
- Timely response to requests for support in line with agreed threshold guidance
- Ensuring all relevant families are linked to Families First
- Signpost families to support and make referrals on their behalf for issues including if needed: children's behaviour, financial difficulties, mental health and domestic violence
- Respond to requests for support from the Corporate Contact Centre (which they have not been able to advise and signpost)
- Provide an email text service for families in English and also Polish, Slovak, Czech, Urdu & Punjabi
- Intention is to build area based pathways to support to minimise call on gateway when possible

**Family Hubs - Public Health 0-19 services**

**Education Safeguarding:**

<ul style="list-style-type: none"> <li>Statutory responsibility for delivering and commissioning public health services for children 0-19 years. Delivering on the Public Health Outcomes Framework.</li> <li>The functions under these will include: <ul style="list-style-type: none"> <li>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</li> <li>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</li> <li>Delivering on the National Child Measurement Programme, hearing screening and signposting to screening and other services as appropriate</li> <li>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.</li> </ul> </li> <li>Oral health improvement as appropriate: <ul style="list-style-type: none"> <li>Delivery of the fluoride varnish programme</li> <li>Supervised tooth brushing in schools</li> <li>Support epidemiology and Screening in schools.</li> </ul> </li> <li>A specification will be developed which will ensure that these services are integrated to the new proposed functions and the area footprint.</li> </ul>	<ul style="list-style-type: none"> <li>Overview and targeted interventions/support and challenge regarding safeguarding in schools, educational attendance, children missing education and elective home education</li> <li>Predictive targeting to improve attendance in areas</li> <li>Traded whole school work in support of pupil attendance and well-being</li> <li>Safeguarding training &amp; guidance to settings and schools</li> <li>Attendance penalty notices and legal action</li> <li>Local authority's duties in regard to exclusions</li> <li>Child employment and entertainment licensing</li> <li>Engage and support Asylum Seekers, Refugees, EU Migrant Workers and Roma families and families from the traveller community to access to education and to offer support and guidance to schools.(Home Office and DSG funded)</li> <li>PREVENT education (externally funded).</li> </ul>
<p><b>Family Hubs Key Workers &amp; Seniors (Families First Council and VCS)(links to Stronger Families programmes):</b></p> <ul style="list-style-type: none"> <li>Facilitate advice, guidance and support to local services and assure Early Help Panels (as close as possible to school clusters). Provide a Lead to each Locality Achievement Partnership and High School)</li> <li>Timely response to requests to support and family-lead Signs of Safety plans</li> <li>Proactively target and engage families with complex support needs, for example, Families First Payment by Results and families affected by substance misuse, domestic abuse and parental mental health based on data</li> <li>To provide and supervise high quality case work with individual families</li> <li>To deliver Payment By Results targets across the area through improved family outcomes</li> <li>Co-deliver targeted parenting groups as and when agreed as part of area team and caseload planning</li> </ul>	<p><b>Intensive Family Support Team:</b></p> <ul style="list-style-type: none"> <li>Family Group Conferencing</li> <li>Preventing repeat children removed by care proceedings</li> <li>Preventing entry into care</li> <li>Intensive home based support to children on child protection plans</li> </ul>
<p><b>Families First Lead programme:</b></p> <ul style="list-style-type: none"> <li>'Think Family' Workforce development</li> <li>Signs of Safety lead</li> <li>Oversight and delivery of Families First Outcome Plan</li> <li>Link to commissioned Key Workers service</li> <li>Links to Stronger Families</li> </ul>	
<p><b>Short Breaks, inclusion and Specialist Behaviour – support early help around behaviours that challenge, social inclusion, sleep and targeted parenting support.</b></p>	

## **APPENDIX 3 – changes to Children’s Centres aligned to the proposed Prevention and Early Help model.**

An important consultation message was the Council, working closely with partners and communities should ensure efficient use of buildings in order to maximise funding to frontline delivery. Statutory guidance on Children’s Centres confirms that the focus should be on delivery of a service offer and not necessarily a focus on buildings.

Consultation will take place with partners and communities prior to any proposed changes to children’s centre buildings in the future. Detailed plans relating to the use of the building will:

- maximise use of wider locations in communities;
- ensure a geographical spread of delivery sites across each constituency;
- support continued delivery of midwifery & health visiting services across the centres and develop family hubs;
- seek to reduce reliance on buildings and release as much money as possible into front line workers.

<b>Area</b>	<b>Sites</b>	<b>Outcome following consultation</b>
West	<b>Farcliffe and Lilycroft Children’s Centre</b>	Well used centre in large part due to cluster teams and childcare on-site – potential for more co-location. <b>Maintain present designation at this stage.</b>
	<b>Princeville Children’s Centre</b>	Implement proposed change to outreach base.
East	<b>Parkland Children’s Centre</b>	Implement proposed change to outreach base.
South	<b>Wyke Children’s Centre</b>	Implement proposed change to outreach base.
	<b>Tyersal Children’s Centre</b>	Implement proposed change to outreach base.
	<b>Bierley ‘The Shed’ Children’s Centre</b>	Implement proposed move to outreach base.
Shipley	<b>Hirst Wood Children’s Centre</b>	Implement proposed change to outreach base.
Keighley	<b>Highfield Children’s Centre</b>	Implement proposed change to outreach base.

## Appendix 4



# **City of Bradford Metropolitan District Council Evaluation of Prevention and Early Help Consultation February 2018**

[www.peopletoo.co.uk](http://www.peopletoo.co.uk)

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## 1. Introduction and Context

Building on our work with the Council and its partners to undertake a review of Prevention and Early Intervention in Bradford in 2017, Peopletoo were asked by the Council to submit a proposal to undertake an analysis of the Prevention and Early Help consultation that was undertaken by Children's Services between November 2017 and February 2018.

The consultation gained the views of residents, partners and affected teams through a variety of methods, including an online questionnaire, consultation events, and both email and freepost facility, and ended on the 12<sup>th</sup> February 2018.

This report represents an overview analysis of the findings of the consultation.

Peopletoo would like to thank the City of Bradford Metropolitan District Council for the opportunity to undertake this work.

## 2. Executive Summary

The consultation on proposals for a change to the way that Bradford MDC delivers its Prevention and Early Help Offer for children, young people and their families elicited a significant response from the public, partner agencies and staff. In summary, there were 1189 responses to the consultation questionnaire, over 200 members of the public attending one or more of public consultation sessions, in addition to a large number of staff and partners attending events or discussing the proposals at existing meetings.

The Youth Service also undertook a series of events with young people which delivered the consultation questions as part of a discussion based on case study scenarios. In total there were 19 focus groups with young people involving a total of 115 young people.

There were also over 174 responses via email, with a number attaching detailed responses in the form of reports and implying consultation events organised outside of the Council process which will have engaged many more. The responses also included an alternative model of delivery based on a Family Hub Model around schools, a "Save Bradford Children's Centres" petition with 2,508 signatures, and representation from the Traveller Community.

Overall, responses received from young people were very supportive of the principles of the proposals, with particular reference to the Key Worker approach and the locality way of working. Where there were concerns, these were predominantly from professionals and partners around the resource capacity to deliver the model, and from parents who had concerns about losing Children's Centre provision. There was concern about the impact of a reduction in services within the proposals given that Bradford has a growing population of young people which may increase the need for services and lead to some needs being missed.

Of note is that 79% of respondents to the consultation questionnaire stated that they either "strongly disagree" or "disagree" with the key, overarching proposal to create an integrated Prevention and Early Help Service for 0-19-year olds (25 for young people with special educational needs and/or disabilities), and the level and nature of the concerns were consistent across events and other responses. However, a more detailed analysis highlights three important factors:

- Firstly, an analysis of consultation evidence provided also shows a marked difference between respondents to the questionnaire and those who attended events, with the former being more negative about proposals than the latter, where there would have been more opportunity for clarifications and questions.
- Secondly, that many respondents whose comments implied that they disagreed with the proposals, expressed comments that predominantly disagreed with the principle of budget reductions, rather than the model itself which was the primary subject of the question, and this will have impacted on this figure.
- Finally, there was a significant change in this figure within the last week of the consultation, which coincided with a strong representation by those in support of Children's Centres in this final stage. Before this, 60% of overall respondents strongly agreed or agreed with the proposals.

The predominant reasons for concerns about the proposed model itself were threefold:

- Firstly, that whilst there was support for some elements of the proposal, the fact that it is accompanied with a proposed 47-51% reduction in staffing resource to deliver was felt to be unrealistic.
- Secondly, that those staff that remained would be expected to work across too wide an age range, diluting the skills and experience that they may have with a particular age group and not providing families with the specialisms that they needed.
- Finally, the impact of the changes on the Early Years agenda, and in particular the impact upon the Children's Centre offer.

The ratios in relation to a number of the elements that support the proposed model are more mixed.

For example, 61% are in favour of an approach that prioritises those more in need of support, though some clarification is sought about what this means in practice and whether it will be solely focussed on the most deprived neighbourhoods only rather than also supporting those with needs that know no geographical or social boundaries, such as mental health, domestic abuse and the challenges that adolescence can bring.

More people disagree with the locality approach (44%) than agree (36%), whilst the key worker approach is equal between both agree and disagree at 41%.

This therefore suggests that there is much more balanced view about the key elements of the proposed approach, and that it is the three key concerns about the overall change to a 0-19 service driving the 79% that disagree with the overall vision, notwithstanding the point above about some using this initial question to express dissatisfaction about budget reductions.

There was also support for the People Can concept, with a number of suggestions as to how this could be implemented and demonstrating a strong understanding of what it was trying to do.

Some comments were also made about the consultation process, with suggestions that not enough detailed information was given about the proposals to be able to fully comment, that some of the venues where consultation events were held were not accessible enough, and that consultation documentation should have been provided in other languages.

It is the conclusion of this evaluation that, notwithstanding these comments, City of Bradford City MDC has made a significant effort to consult as openly and transparently as possible, through various methods and promoted regularly through social media, and this is reflected in the considerable response. Whilst the proposals do not contain all the detail that will be required to deliver them at this stage, it should be remembered that this consultation was designed to gain people's views on the principles of the proposed change, and that the Council is committed to continuous "co -design" any further detail.

However, going forward, it is clear that staff, partners and the public have used the opportunity that this consultation has given them to give some clear messages to the Council which it needs to consider should it progress with its overall vision proposed vision, proposed model of delivery and priority functions for delivery as set out in the November Executive Report. These stakeholders should now be offered the opportunity to co-design this detail in such a way that makes the best use of a continued reduction in resource that ultimately lies outside of the Council's control.

In summary, key areas for further consideration for the Council and key partners as a result of this consultation are:

- The need to continue to communicate the financial position that has been imposed upon the Council which requires them to try to mitigate reductions in service to use what resource remains in the most effective way. In other words, that the Council is not choosing to make reductions to Prevention and Early Help but must find the most impactful way of using its reduced resource.
- The further co-design and detail as to how the model can work on the proposed reduced staffing across what are perceived to be wide locality areas.
- The further co-design and detail as to what a targeted approach looks like, and how the need to focus on areas that social research tells us are more likely to create need is balanced with the fact that some needs transcend geographical and social boundaries.
- The further co-design and detail of the Key Worker role, clarifying that this role is not about being a specialist in every discipline but a one, trusted point of contact that can broker for specialist support.

- Notwithstanding this, the detail of how the Key Worker role would be assisted to develop the required knowledge across the age range, and what transitional arrangements to enable time for new expertise to be built up.
- How the overall strategy for a 0-19 service will prioritise its resource to the key points in a family's life pathway when they are most likely to need the support, for example in the Early Years or at adolescence, without disregarding the fact that needs can occur at any time.
- How to work with the local communities to address the significant anxiety around the reduction in Early Years support delivered by Children's Centres.
- The approach to providing families with quality, up to date information, including it as a key element of any practitioner's role to make sure that they themselves are well informed in order to inform families, and maximising the use of social media as a way of keeping this information "live".
- The need to ensure that locality teams work closely with the Voluntary and Community Sector and key partners to create an overall Prevention and Early Help Offer within communities and maximise the total area resource.
- The further development of the People Can concept, picking up the constructive suggestions submitted as part of this consultation.
- The development of a strategy around buildings and their use, which takes account of other community venues and seeks the best delivery venues that will maximise accessibility and uptake by the public. This should also take account of other proposals in other parts of the council and in health services to develop other hubs and ensure any developments are co-ordinated.

### **3. Summary of Proposals**

This consultation focussed on a proposed new way of delivering Prevention and Early Help in Children's Services within the context of budget pressures, whereby the resources that the Council will have to spend on areas covered by this consultation will reduce by £13.3m or more than one third, from £37.1m in 2016/17 to £23.8m in 2020.

Delivery of the proposed new Prevention and Early Help model would include a combination of a small group of central services and four new Prevention and Early Help teams. The proposed four new 0-19 Prevention and Early Help teams would target those areas with the poorest outcomes within the four areas of Keighley and Shipley (combined), and then East, West and South of the City.

Each proposed new area team would deliver:

- The children's centre core offer to children under 5 and their families
- Targeted key work with individual children and families (Families First)
- Parenting support
- Quality and take up of early education and free childcare
- Education attendance
- Diversity and cohesion

The following services would be delivered centrally:

- The Early Help Gateway, a single point of contact for advice on Prevention and Early Help (incorporating Families Information Service).
- Oversight of education safeguarding including children missing from education.

- Specialist behaviour support and inclusion for children with additional needs.
- Short breaks for disabled children.
- Intensive family support to prevent children coming into care.
- Youth offending services.
- Service support, for example admin, finance and performance management.

The proposed model also includes the Council's plans to recommission health visiting, school nursing and oral health services and for these services to be fully joined up and integrated with the proposed four area Prevention and Early Help teams. These services would include both universal and targeted services focused on the Healthy Child programme which will include high impact areas and the mandated health checks for children and families.

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

The proposal means that the children's centre core offer would be delivered through the proposed four 0-19 Prevention and Early Help teams rather than the existing model of delivery through the separate and standalone teams. Services for babies, children and young people would continue to be delivered through a range of local sites including the existing children's centre buildings. There were no proposals to close any individual children's centre buildings. It was proposed that the following buildings become outreach bases. These would still be expected to deliver a minimum of 8 hours of activities per week with babies, children and families:

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

#### Short Breaks and Specialist Behaviour Support for Disabled Children

The proposals would see responsibility for short breaks and specialist behaviour support for disabled children move from Specialist Services to the proposed

SEND Services. The proposals would also see responsibility for assessed contact (for children subject to care proceedings) remaining within Children's Specialist Services. The Council would continue with plans to buy in services related to short breaks, Families First key workers and other targeted services.

#### 4. Summary of Consultation Activity

This section reports upon the volume of response by method and the split of responses / attendees at events by the capacity / context where known in which people responded.

<b>Method</b>	<b>Total Number Attending / Responding</b>	<b>% Ratio of Responses / Attendees</b>
Consultation Events	102 events including: 27 Public Sessions 32 Staff / Elected Member Sessions 15 Partner Sessions 19 Sessions with Young People facilitated by the Youth Service involving 115 young people 28 presentations to Partnership / Board Meetings including Area Committees 174 responses by email	201 members of the public attended a public session, of which 25 identified as young people. 40 partners attended a partners' session. Over 400 staff at staff sessions and 12 elected members
Online Questionnaire	1189 respondents	Not all those that completed the questionnaire answered this question; those that did could tick all categories that applied: 376 Parent / Carer (65%) 239 Staff (25.6%) 97 Education Professional (10.4%) 82 Health Professional (8.8%) 40 Voluntary and Community Sector (4.2%) 36 Children and Young People (3.8%) 4 Elected Members (0.4%) 57 Other (6.1%)
Petition	Petition entitled "Save Bradford Children's Centres" with a total of 2508 signatures submitted by Bradford Families Against Children's Services Cuts	It is not possible to establish the age ratio of respondents. However, whilst the majority of the 235 hard copy signatures have a Bradford postcode, it is apparent

		from the 2,073 online signatures that a significant proportion of these live outside of Bradford – 53% outside of Bradford with a further 19.6% unknown.
Submission from the Traveller Community	Copy of a letter signed by 9 members of the Traveller Community in which they questioned why dedicated consultation activity was not undertaken with them and in which they shared their views on the proposal.	It is not possible to establish the age ratio of respondents.

## 5. Feedback about the Consultation Process and Requests for Clarification and Further Information

### The Consultation Process

Several comments across the various mediums of consultation used commented upon the consultation process itself. The majority of these questioned how information and feedback from the consultations would be shared with attendees, with some asking if the presentations would be shared online, and one group requesting to see an interim/progress report on the consultation findings. There was a concern raised that the purpose of the consultations may not have been communicated clearly enough to some specific groups – for example parents who attend Children’s Centres, Children’s Centre staff and the Traveller community - potentially leading to their disengagement from the process. It was also suggested that some of the venues for the consultation events were not easily accessible for the public, and that the methods used were not available in a range of languages.

There was a wide range of comments and questions relating to the extent to which local partners - the voluntary sector, police, education and health – either had been or will be involved in the design and operation of the proposed model to date. Several of those who attended consultation events felt that there were further opportunities to involve these organisations in the co-design of an Early Help model that had not been maximised so far.

In response to this feedback, the Council arranged additional and attended further meetings, in order to ensure a wide and accessible reach. These were targeted at community groups, ensuring crèches were available to support parents, and ensuring that translators were available where necessary.

A session facilitated by the Youth Service was well received by young people, as it explained the concept of Early Help including via a case study to enable the young people to have a clear understanding about the proposals.

### The desire to co-design and requests for clarification and operational detail

Within responses to both the online questionnaire and from consultation events, there were a number of references to the requirement of further information to support an informed response to the proposals subject to consultation.

These focussed predominantly on requiring a more detailed, practical explanation about how the proposed model will work in practice, as well as further clarification around what evidence there is to suggest that the proposed model will achieve its aims.

Some suggested that this meant that the approach to consultation was not as open and transparent as it should be, that the online questionnaire asked leading questions with a view to eliciting a desired response, and that this implied that decisions had already been made.

There were also requests for further information about the rationale and decision-making process applied by the Council when deciding which Children's Centres would have reduced hours. There was uncertainty about the levels of support which would be provided within this proposal in areas outside of the 10 wards which would receive targeted support. Furthermore, some attendees expressed concerns that the proposals appear to include a reduction in the hours of support provided by Children's Centres in some of the most deprived areas of Bradford (with specific suggestions that the areas of Bierley, Tyersal, and Royds ward would need the full 25 hours of provision).

Further clarifications required included:

- Why the 'Low Income' category in the Equalities Impact Assessment is described as low risk
- The evidence that suggests that the Council is best placed to provide all services
- Clarity around which programmes / services the Council won't be delivering anymore
- How locality working will affect current systems in place where lead practitioners for safeguarding share concerns or seek advice for possible referrals
- When the changes come into effect
- Where staff will be based
- What the Council means by 'prevention' and the 'core offer'
- 

It is the conclusion of this independent evaluation that that the next stages of development and engagement should clarify the rationale for the level of detail given, emphasising that, depending on the responses from key stakeholders and the public, the Council is committed to a process of "co-design".

A number of responses suggested a desire to co-design the detail to any further developments of proposals. One group of respondents articulated this as follows: "A co-design of prevention and early help services – one that looks at all the available resource (financial, people, assets) and works out how it can be best be used and the potential for increased partnership and collaboration. We are aware of initial discussions and together with other forums of the District Assembly will be keen to progress any genuine partnership opportunity and approach that seeks to:

- Explore different ways of working and build on all the assets in the community
- Involves the community from the outset and can allow services to be shaped by them.
- Is determined to ensure there is appropriate resourcing for alternative models
- Has realistic expectations of what communities can "take on" and the support that will be needed to facilitate this

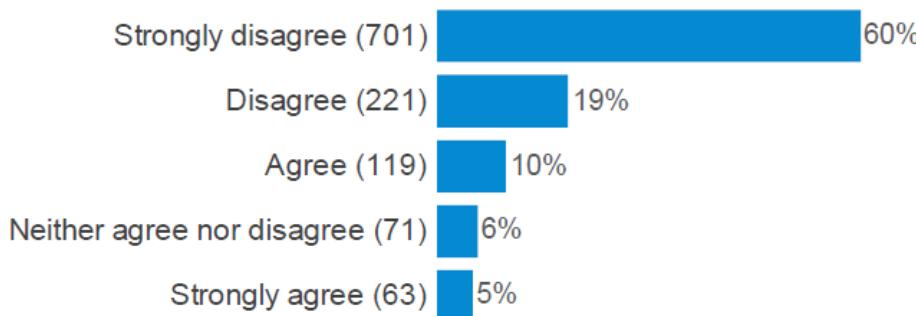
- Takes account of the resource and time commitment to developing and maintaining partnership working”.

## 6. Summary of the Key Findings

The following findings are a collation of responses via all methods used but using the questions in the online questionnaire as a structure.

### 6.1 To what extent do you agree or disagree with Bradford Council’s overall proposal to create an integrated Prevention and Early Help Service for 0 – 19-year olds (25 for young people with special educational needs and/or disabilities)?

**Consultation Questionnaire Result:**



**79% of respondents to this question in the consultation questionnaire stated that they either “disagree” or “strongly disagree” with this overall proposal.**

### Summary of Responses Across Consultation Methods

#### Support for Proposal

- Overwhelmingly, respondents via all methods of consultation supported the concept of Prevention and Early Help; no respondents felt that Prevention and Early Help should not be invested in.
- Those that supported the overall proposal to create an integrated Prevention and Early Help Service for 0-19-year olds highlighted the potential for reduced duplication of service and the potential for better co-ordination of health and social care services.
- A number of responses were satisfied that the proposals supported the “Think Family” approach that recognised that families have children across age ranges, and that a whole family approach enabled the family’s needs to be seen as a whole rather than separately for each family member. The proposal was also seen as a more seamless pathway of services through childhood rather than a series of age defined transitions.

- Some respondents recognised the need to deliver value for money, and that these proposals supported this given budget restraints.
- Whilst supporting the proposals in principle, some respondents felt it was important to ensure that the service offer was complemented by a maximisation of what the Voluntary and Community Sector has to offer to ensure further integration and best use of resources.
- Further “agreements in principle” were caveated with a desire to see a degree of prioritisation within the model. For example, whilst the service is proposed to be 0-19, many respondents were keen to see an emphasis on Early Years due to the impact (both positive and negative) of a child’s experience at this age. One respondent was keen to include “pre-birth” within the age range.
- Some responses supported the model of integration including health visitors completely integrated into area-based Prevention and Early Help teams. There was a challenge to this elsewhere, however, in that the current benefits of the attachment of Health Visitors to GPs would need to be preserved.
- One response from the Voluntary and Community Sector supported the 0-19 principle but suggested a more defined emphasis on various age ranges within this.

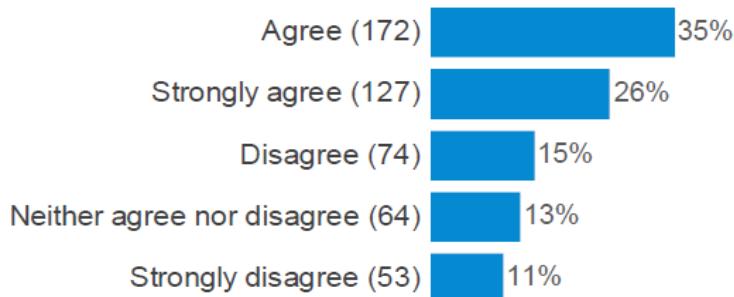
### Concerns Raised

- The predominant concern that was raised across the various consultation methods was about how deliverable the service would be given the proposed reduction in staffing. There was a concern about this creating high caseloads across a large geographic area that would mean less quality time with families that need support.
- Responses highlighted a strong commitment to Early Help and Prevention but concern that the proposals were perceived as a further reduction and dilution of service delivery, and that there would be an impact on the demand for more acute services. A number of respondents were satisfied with the current model and did not want this to change.
- There was considerable concern that the age range of the service would lead to a dilution of Early Years work in particular, given the importance of this in setting children up for positive outcomes in later life.
- In particular, there were a number of comments in this section expressing concern about the reduction in Children’s Centre delivery. Many stated that Children’s Centres were seen as vital parts of the community and the benefits that families had gained from universal access, such as stay and play, cook and eat, baby massage. There was a concern at losing these.
- There was a concern about the impact of the changes given the increasing population of children and young people in Bradford.
- There were a number of concerns regarding the wide age range of the service, and whether a practitioner would have the required skills and experience to work across the age range. Some questioned how families would be supported during the transition to the new service arrangements.
- A number of respondents perceived the “key worker” role to mean that one worker would be expected to deliver all interventions, and that families would no longer have access to a range of specialist services when required, and this caused concern.
- One respondent preferred the service to emphasise “Family Support” rather than “Prevention” as it was felt that not only did this describe the offer more accurately but was also sounded more user friendly.

- One group of respondents had a concern that the remodelling of Local Authority services is taking place in isolation and without a “Whole System Approach”. It was felt that re-modelling in isolation would continue to perpetuate inefficiencies and that only a whole system approach to remodelling would achieve the best outcomes for children, young people and families.

## **6.2 How much do you agree or disagree with the following statement? “It is important to target our resources to those more vulnerable children, young people and families with the poorest outcomes”.**

### **Consultation Questionnaire Result:**



**61% of respondents to this question in the consultation questionnaire stated that they “agree” or “strongly agree” with this proposal.**

### **Summary of Responses Across Consultation Methods**

#### Support for Proposal

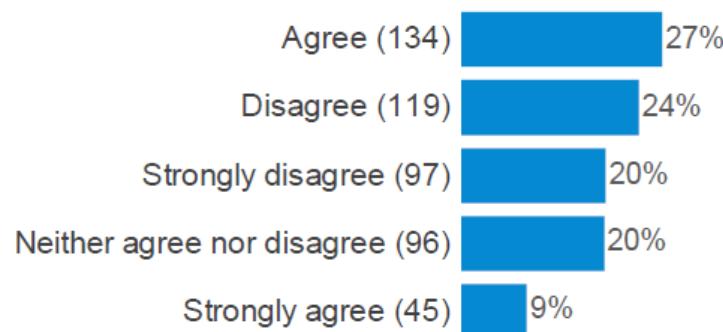
- Respondents who agreed with this proposal did so on the basis that it made the best use of resources and focussed support on families most in need.
- Where there was support in principle for taking a targeted approach, this was caveated with a desire to see an effective approach to the provision of information and advice that families could access when required, to prevent an escalation of need.
- Further “agreements in principle” stated a need to still provide a degree of “universalism” in order to identify families whose needs may otherwise not be known – generally there was a question about how the identification of families needing support would work, particularly those that did not fall more typically within the definition of “vulnerable”.

## Concerns Raised

- Many of those that disagreed with this proposal did so on the basis that they felt that services should be available to all as and when they needed them.
- One respondent suggested a more balanced approach should be taken that also supported universally available ‘first rung’ engagement activities that facilitate greater family resilience.
- Linked to this, a large number of respondents were concerned about how the needs of children, young people and their families outside of the target wards would be met. For example, it was stated that families from all backgrounds can become vulnerable to issues that require early help, such as mental health and domestic abuse, but that the proposals stated a focus on wards with the poorest outcomes. Furthermore, some communities with particular needs may be either transient or live across a range of wards, and there was a perceived risk if these communities’ needs were not addressed as a whole (examples given included the gypsy / traveller and Eastern European communities).
- One group of respondents expressed a concern that they perceived targeted support to remain with what felt like a universal “Early Help” service and felt that this risked diluting the clarity about what targeted support was, and that the threshold for targeted support should be both clearer and closer to the cusp of social care thresholds to be sure that it was impacting on those most in need.
- There were a number of comments in this section expressing concern about the reduction in Children’s Centre delivery and the impact that this would have on being able to identify such families or to provide support to new parents at a potentially vulnerable stage in life regardless of socio – economic status.
- Overall, there were concerns about children “slipping through the net” through a targeted approach.
- There was a concern that services would become stigmatised as for “problem families” if the focus of the service was not articulated carefully.
- There was a concern that the proposals for the Early Help Gateway to be integrated with Family Information Service were not detailed and hence unclear how this fits into Children’s Services’ ‘front door’. As FIS’s current role is predominantly to direct the two-year-old offer and a universal service, this is felt to be quite different from the function of the Gateway role.

**6.3 It is proposed that some services will continue to be delivered centrally but the majority would be based within local communities (services close to families and the community). Do you agree with the Council's proposals to deliver services across four areas (Keighley/Shipley combined, East, West and South)?**

**Consultation Questionnaire Result:**



**44% respondents to this question in the consultation questionnaire stated that they “disagree” or “strongly disagree” with this proposal 36% of respondents to this question stated that they “agree” or “strongly agree” with this proposal.**

**Summary of Responses**

**Summary of Responses Across Consultation Methods**

**Support for Proposal**

- Young people supported the idea of having services delivered locally but also favoured a wide variety of venues being used where young people may prefer a degree of neutrality or privacy.
- Where locality working was supported, this was on the basis of key workers being able to develop a detailed knowledge of both the needs and resources available within that locality.
- Linked to this, key workers with locally based knowledge would be able to identify where there is duplication or gaps in provision, and be able to act accordingly.
- One group of respondents agreed in principle with the idea of Locality Working but questioned how this would link with social care.

- It was felt that this model would benefit from including community development as an element, focussing on building community resilience.
- A couple of groups supported the proposal but suggested a review of partners' / community buildings and assets in Bradford. They suggested a detailed strategy be developed around buildings and their use, which takes account of other community venues and seeks the best delivery venues that will maximise accessibility and uptake by the public.
- One group supported the proposal in principle but suggested that clear referral pathways are established and understood by all in the new teams and integrated into existing pathways e.g. Integrated Care Pathway.
- Support in principle also included the suggestion that full integration of services in a locality will require 'day-to-day' integration, rather than occasional joint board meetings/integration solely at the senior level.

### Concerns Raised

- Where there was agreement in principle to the proposal to deliver many services within local communities, this was caveated with a desire to know how local these services would actually be, with a concern about how far some families would be able or willing to travel to access services.
- Linked to this, some perceived locality working to mean that all services would be delivered from one locality hub, making access to such services harder for families. Many respondents expressed a desire to see Children's Centres be used as a hub local to their area, or, at the very least, services delivered on an outreach basis.
- Some respondents felt that the opportunity to involve schools more as part of a locality model had yet to be explored within the proposals. One response included an alternative model based on schools and school clusters being the focal point of a Family Hub Model.
- Some respondents highlighted that there are differing needs within these localities which need to be factored in to how services were delivered.
- Respondents who disagreed with this approach felt that the locality areas were too big when combined with the proposed reduction in staffing, and the impact that this would have on the capacity to support families within these areas, particularly when factoring in the increased travel time for key workers. Some alluded to a locality model having been tried before and not worked.
- For similar reasons, a number of respondents disagreed with Keighley and Shipley being classed as one locality due to the size of this footprint.
- There was a concern about how more transient families or communities would be supported as they moved areas.

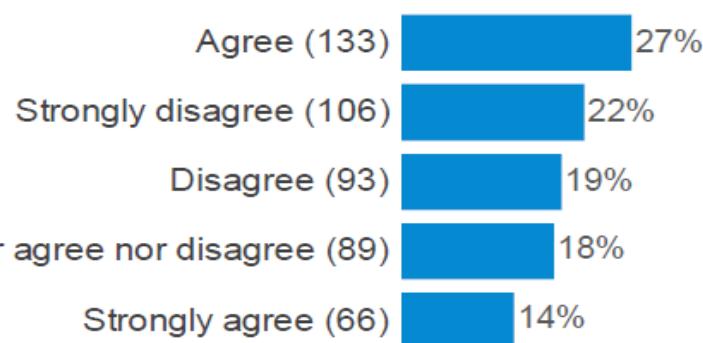
## 6.4 Do you agree that joining up services (which are currently delivered separately) to provide one key worker per family who can co-ordinate and provide the support is a better model of approach?

### Consultation Questionnaire Result:

41% respondents to this question in the consultation questionnaire stated that they “disagree” or “strongly disagree” with this proposal whilst 41% of respondents to this question stated that they “agree” or “strongly agree”.

### Summary of Responses Across Consultation Methods

#### Support for Proposal



- Young people particularly supported this proposal as it reduced the amount of times that they would be asked the same questions. One young person stated “Too many specialists scare people. Too many plans are confusing for everyone, no - one knows what’s happening and workers are trying to do different things with the same person”.
- Where there was other agreement to this proposal, the common benefit that was perceived was the better co-ordination of services through one worker rather than having to deal with a range of different services alone. Many respondents cited the Common Assessment process, Children’s Centres and Health Visiting Services as examples of this approach that this approach could be built upon.
- Other benefits included the capacity to build a trusting relationship with a family and to be able to see the family’s needs as a whole.

- One young person expressed the benefit of having a key worker who could connect them with activities that they would not have otherwise known about.

### Concerns Raised

- Some of the concerns raised related to a perception of a Key Worker role to be that this would be the only professional working with the family, and that they would not have the required skills and expertise to be able to address every issue. Some comments referenced similar concerns to those raised about the move to a 0-19 service in general – namely that a key worker would not necessarily have the skills or knowledge to work across the age range.
- It was also stated that whilst key workers could be trained in other subject areas, true expertise takes longer to develop.
- There was a concern about continuity of support for families should a key worker leave or be on a period of sickness absence, exacerbated by the reduction in overall staffing; a couple of respondents suggested that a second key worker be attached to a family at a subsidiary level or as a “buddy” would be beneficial so that any necessary handover would be smoother.
- Some respondents agreed in principle on the understanding that:
  - Key workers were suitably trained and that effective supervision was in place
  - Young people were keen to preserve the right to privacy of an individual within the family should be respected within the context of a “whole family” approach
  - Sufficient community services remained for the key worker to be able to connect families to
  - The expectations of families were addressed e.g. that the key worker was not expected to be an expert in every area but act as a broker for specialist support
  - Where there was relationship breakdown between the key worker and the family, that the family were able to request a change or at the very least a second opinion

## **6.5 Please give us your comments on how can we make sure the proposed teams / services encourage and support the People Can approach:**

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

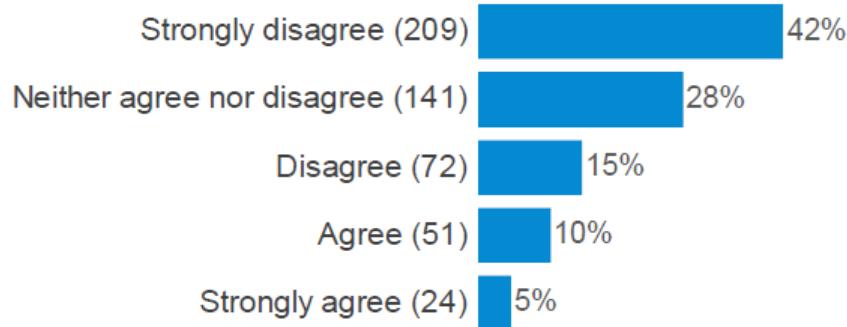
### **Summary of Responses Across Consultation Methods**

- Suggestions for the key ways of promoting the People Can approach included:
  - Promotion via Community Events.
  - Promotion via existing community and faith groups that already deliver the concept in practice if not under the banner of “People Can”.
  - The identification of key, passionate individuals from communities who can be a voice, be proactive, bridge gaps and engage those around them. However, care must be taken that they do not become saturated with expectation or become the only focal point, as by equal measure some of these individuals can be divisive within their communities.
  - Identifying “community mentors” and opportunities for positive peer relationships who can support families with particular needs. Young people suggested the use of wider family or helpful adults to support them when they needed help or someone to talk to outside of their immediate family. They extended this concept to include linking parents up with other parents who have experienced and overcome similar challenges (e.g. the first stages of parenting, adolescent behaviour). One young person described this as “pairing up” families.
  - Develop capacity building strategies to support parent led initiatives in areas that are seeing a reduced / no service.
  - Celebration of successful examples.
  - Encouraging those who are unable to commit time to pooling resources such as tools and equipment that the community could borrow.
  - Promoting volunteering as a means of gaining work experience for young people or those who are unemployed as a gateway into work, or those who are socially isolated as a way of connecting to their community. Young people also saw volunteering as a way of them gaining independence and self - esteem.
  - Making better use of community buildings where People Can activities can be delivered from.
  - The use of social media to create peer support and community action.
- There was a concern that the People Can approach was a way of attempting to replace paid workers with volunteers, and that this raised issues around quality of delivery, safe practice, consistency, and infrastructure to support volunteers.

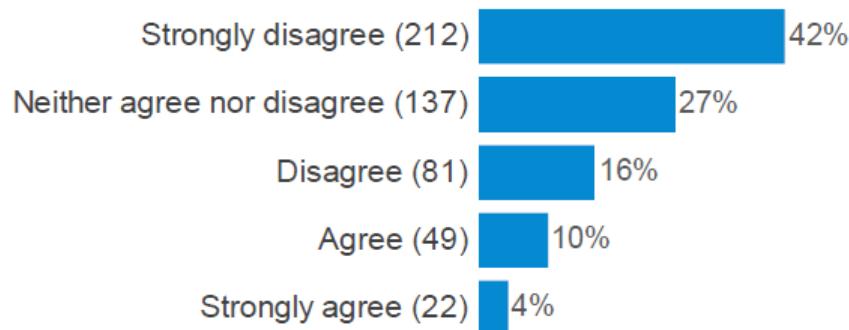
- There was more support for People Can where the neighbourliness and community action elements of it were understood.
- Some respondents felt that the People Can concept would be more successful in some areas than others based on the level of community spirit or community action that already existed.
- A number of respondents agreed with the People Can approach but emphasised that it would need time to be embedded, and that it should be given time to become so and not pulled within a couple of years and then be seen as another initiative that has “failed”. This makes it harder to attempt to do something similar in the future.
- One group of respondents supported the People Can concept but stated that a level of investment is needed to drive it, particularly in areas where it may be slow to gain momentum, especially if these are areas that particularly need it.

**6.6 Based on analysis of the geographical spread and usage of Children Centres, it is proposed that eight buildings will become Outreach bases (which are proposed to deliver a minimum of eight hours of activities per week with children and families), do you agree with the proposal to reconfigure these Children Centres?**

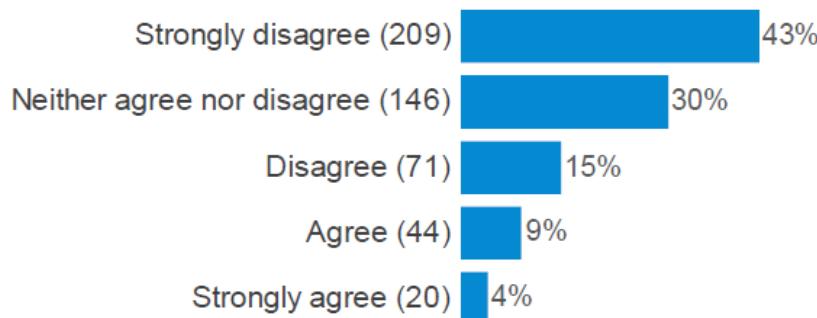
### Hirst Wood



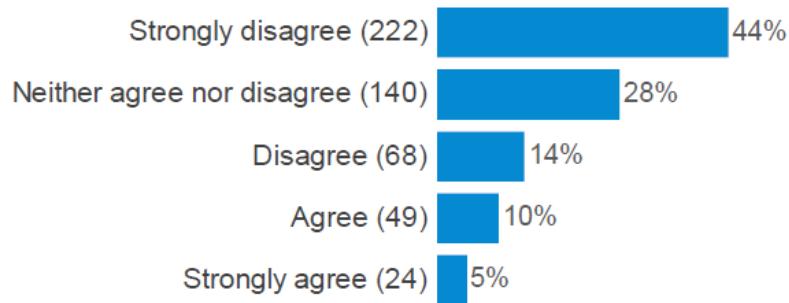
## **Highfield**



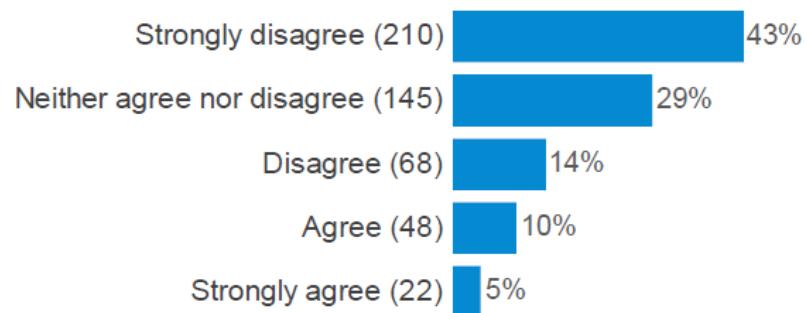
## **Parkland**



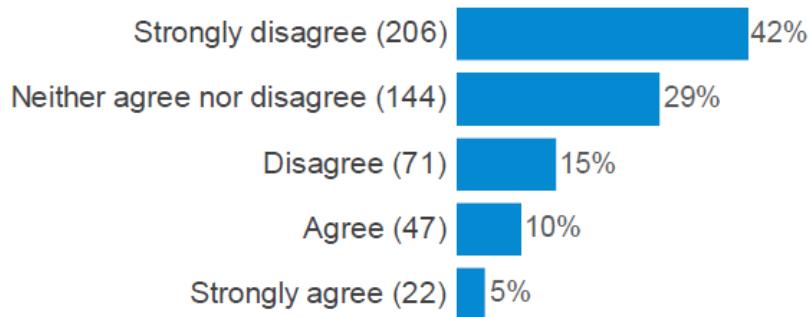
## **Farcliffe and Lilycroft**



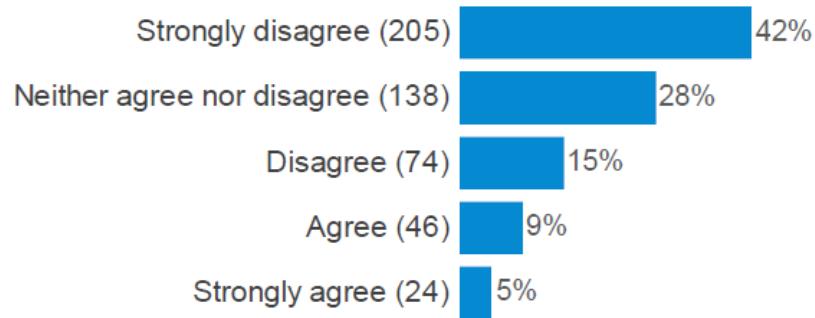
## **Princeville**



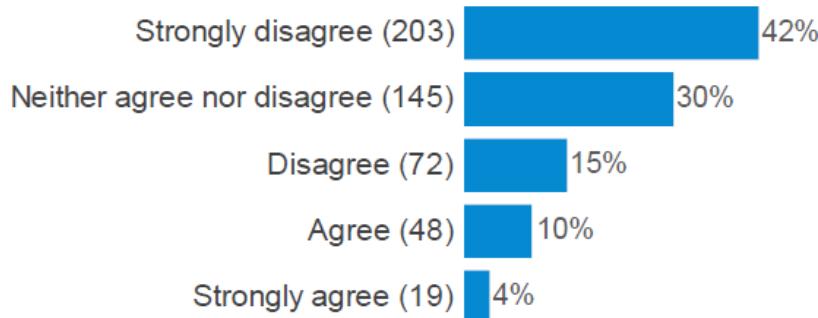
## Bierley



## Tyersal



## Wyke



### Summary of Responses in General Across Consultation Methods

#### Support for Proposal

- Support for this proposal was based upon a value for money approach where some centres were not as well used as others or where there was duplication of activity in communities or other venues / services that could be used.
- Some respondents saw an opportunity for the outreach centres to be used at other times of the week by other services (for example health services and community groups). Some examples were given where this already happens e.g. health visiting and school nursing.
- Furthermore, it was felt that there were opportunities for the greater usage by schools where centres were based on school sites and the 2-year-old offer was being delivered.
- Similarly, an agreement in principle was based on key workers actively engaging with the Voluntary and Community sector to make best use of buildings and provide support to people outside of the centres' opening hours.
- Some respondents suggested that not all services should be centre based and that this proposal supported the concept of the Children's Centre / Early Years offer being service need rather than building focussed, and hence could be delivered across different venues. Some respondents suggested that greater collaboration between schools and Children's Centres would also support this approach and create a more joined up approach. One stated that "Focus on a service delivery model should be responsive to community need and can be delivered flexibly to meet the need of families and not restricted to delivery from core buildings".
- One stated that this proposal could go further and reduce the costs of building management and maintenance with a focus on maximising opportunities for capacity building within the community by supporting community venues.

## Concerns Raised

Many respondents expressed concern about the reduction of the Children's Centre offer. Key reasons for this included:

- The impact on long term outcomes for children and families
- The impact on support for new parents
- The impact on positive relationships built with the community
- The loss of a hub in the community
- Accessibility to other centres for families with limited or no transport
- Underuse of buildings and facilities
- Access for schools to support for families where centres are based on school sites

Other concerns included:

- 8 hours' opening for all of these centres was felt to be an arbitrary number and based on usage rather than an individual communities' needs.
- In line with this, there was a request that the rationale for these centres in particular to become outreach centres to be made known.
- There was a suggestion that the Quality Support Officer Team remain within the central structure rather than allocated to localities, allowing them to continue to have strong links with other central services such as the Sufficiency Team, Early Years Officers, Families Information Service and Early Education Fund Officers.

## **Comments Relating to Particular Centres**

(please note that some of these comments are contradictory)

- "Farcliffe is a community hub and is well used".
- "Farcliffe is our second busiest centre. It is centrally located and accessible. It is very unclear how this was chosen".
- "I am very surprised that Farcliffe is on the list when I've visited its always so busy".
- "Highfield is a deprived area, parents need this resource".
- "Highfield should be a hub for the Keighley area".
- "Highfield is a community venue and is well used by that community so think would be difficult for parents to travel to Rainbow"
- "Having worked at Highfield I know how many 'walk in' family support cases come into Highfield and the help that they need and this is daily".
- "I agree with Highfield as the centre is not accessed by many local families. Local families attend sessions within other community venues and local schools. The running costs of this building are high and the centre does not meet the needs of local families".

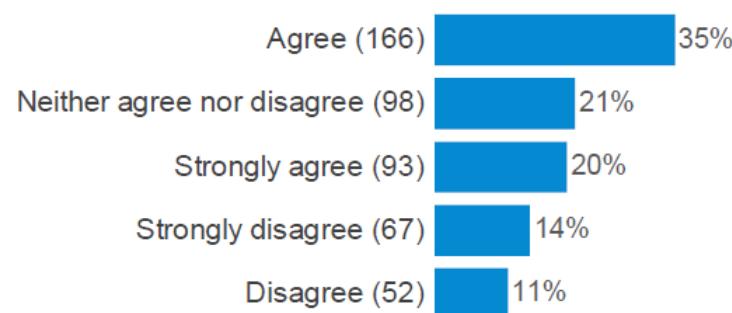
- “Hirst Wood Children's Centre is and am concerned that this is the only centre available for families from the Shipley area”.
- “Parkland is in the middle of Thorpe Edge estate and has a massive potential to become a central resource for families”
- “Parkland is in a highly deprived area and this centre is very important to the families that can access. To remove or shorten then work at this centre or any centre in a deprived area will see more parents accessing social care and children that are not accessing early years education”.
- “Parkland is a very busy children's centre”
- “Princeville children centre ran some amazing courses and catered a lot to vulnerable families; don't know why they have picked this centre”
- “Princeville Children's Centre is in an underprivileged neighbourhood. Parents and children need this centre to stay open. They use the facilities regularly and consistently”.
- “Wyke is a distinct community and people do not travel as much to the other centres.”

#### **Comments more generally about the use of Children's Centres**

- Many parents spoke passionately about the support that they had received from Children's Centres and were concerned about losing the positive relationship that they had built up with staff teams.
- The “Stay and Play” sessions within Children's Centres were particularly well regarded in terms of supporting positive play for children and providing peer support for parents.
- It was stated that significant investment has been made to build relationships and co-ordinate service delivery and that the Integrated Care Pathway must remain at the heart of Children's Centre delivery.
- There were several suggestions around how the Council could make better use of its assets and resources, with many of these comments focussing on the use of Children's Centres and whether the cost of maintaining them could be better used to invest in services in the community via other, existing venues and front-line staff. Some stated that there is a large amount of unused space in some Children's Centres and that this space could be put to better use or rented out to both save and generate income for the Council.
- However, in terms of actual usage as Children's Centres, some also noted that those Children's Centres that have had reduced services within the current core offer are not used by communities effectively due to the part time nature of support service being available to children and families.

**6.7 Do you believe we should join up the services that work with and support disabled children and Special Education Needs at home and in the community (for example short breaks) with those services which support those children in and around schools?**

**Consultation Questionnaire Result:**



55% respondents to this question stated that they “agree” or “strongly agree” with this proposal whilst 15% of respondents to this question stated that they “disagree” or “strongly disagree”.

**Summary of Responses Across Consultation Methods**

Support for Proposal

- Many respondents felt that this proposal would improve continuity and care planning by taking a more holistic approach, and that this would make services clearer and more accessible to parents and carers.
- Other comments in support of this proposal included the potential to speed up diagnosis and access to services.
- The proposal was seen as a way of pooling resources and expertise.

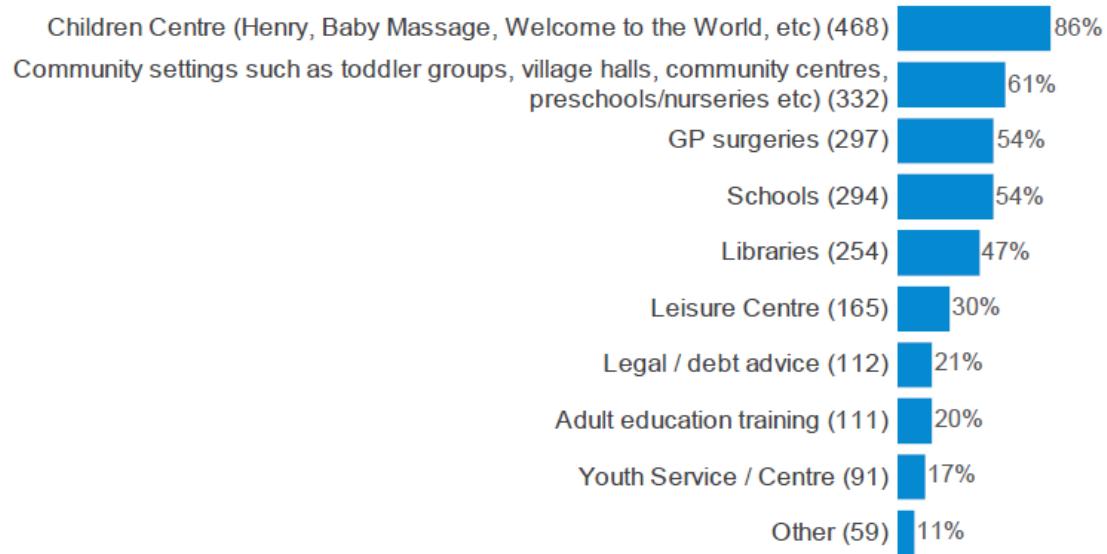
## Concerns Raised

- Where there were concerns, these focussed on whether such a merger would mean a dilution of services and loss of specialist support if there was also a reduction in resource.
- Some of the concerns focussed around the particular vulnerability of this group of children and young people and urged that decisions about service provision remained focussed on the best outcomes for them rather than a cost efficiency exercise.
- Some respondents referenced the distinction between children with disabilities and those with Special Educational Needs and believed the need of each to be very different – they did not perceive the proposals to make this distinction.
- Some respondents questioned whether this was a model that had been used and been evidenced as successful elsewhere.
- There was a concern that the age range of the service was too wide, and that this would stretch the knowledge and expertise of practitioners too widely.
- Some respondents suggested that services were already stretched and this would only be exacerbated by any further reduction in resource.
- Some respondents emphasised the need to ensure that children and young people with SEND or disabilities had access to mainstream activities to ensure a good quality of life and a degree of independence.
- One respondent suggested that available resources should be focussed on the Under 5s as there was otherwise less provision for them, with schools being a major resource that supports the 5+ age range.
- However, other respondent challenged this view, stating that this assumes that the school is sufficiently trained in supporting children with disabilities.

## 7. Sources of Support and Information

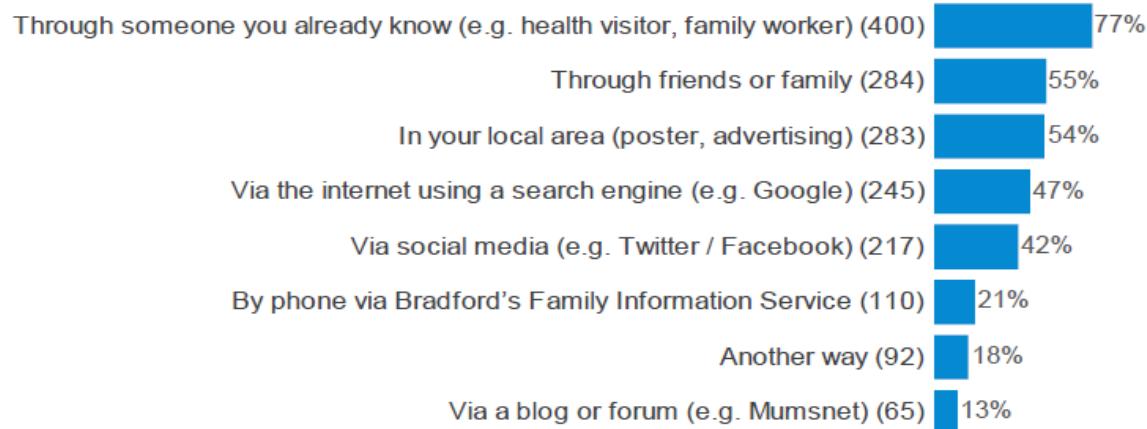
### 7.1 Do you or have you used any of the following places to obtain / receive support for children and young people?

#### Consultation Questionnaire Result:



## 7.2 How do you find out what services are available for children and families?

### Consultation Questionnaire Result:

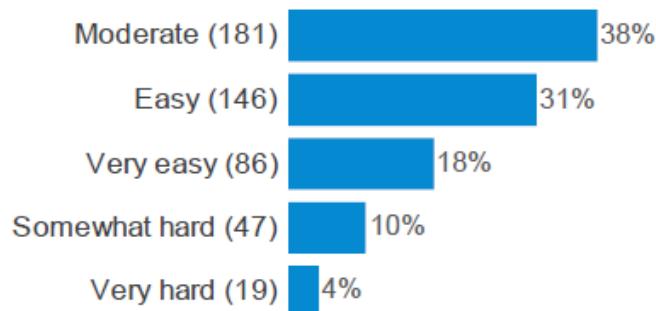


### Summary of Responses

- As can be seen from the graph above, word of mouth and the connections that people already had were by far the most prevalent ways that people found out about information.
- Within the comments section to this answer, Children's Centres came out strongly as a source of information.
- Interestingly, more people “googled” for information (47%) or used social media (215) than went direct to the Families Information Service (21%).

### 7.3 How easy or difficult was it to find the information you needed?

#### Consultation Questionnaire Result:



#### Summary

As can be seen from the graph above, 49% of respondents found information within the either “easy” or “very easy”, with a further 38% describing it as “moderate”. The “moderate” to “very easy” ranges therefore equate to 87% of respondents.

The comments accompanying this section seemed to have been placed by those who had had more difficulty accessing information. Key points included:

- Some respondents found the Council website difficult to navigate; others stated that the benefit of live feeds such as via social media than standard web-based information that was not always updated. Social media came out strongly as a preferred method of finding out information, though with the caveat that not everybody has access to this.
- Some respondents had not had a positive experience when asking some practitioners for information – the practitioner either did not know this information or offer to find out, or it turned out to be incorrect.
- Overall, whilst word of mouth appeared to be the most effective method of finding out information, those that had found information in this way felt rather fortunate to have done so, and felt that this information should have been more obviously available. Some felt that the proposed move towards a locality model was an opportunity for practitioners to become experts in what is available in their local area and be the focal point for people to access this.

## **8. Please let us have your comments on the proposals to create an integrated Prevention and Early Help 0-19 (up to 25 with Special Educational Needs/ Disabilities) service as set out in the Executive Report**

This section summarises the comments given to the final question in the consultation, which enabled respondents to record any final comments. A number of these are largely the same as contained in an earlier question and have hence been summarised here.

### **Summary of Comments Across Consultation Methods**

#### Support for Proposals

- There were a number of agreements in principle to the proposals but concerns about the impact of the decrease in staffing to deliver them.
- A number of respondents agreed with the “whole family” approach.
- There was support for services to work together more collaboratively, to pool resources and expertise and wrap a more integrated service around a family.
- One respondent used this section to suggest that the proposal to reduce some Children’s Centre provision to outreach was a positive step that could be taken further, suggesting that support to early years would be even more accessible to families if it were delivered via existing community organisations and not just relying on Children’s Centres, which work for some but not for all, and create a perceived reliance on one service of support, and, just as importantly, a pre-occupation with where this service is situated. A “mixed economy” of service provision “two could work together to deliver a range of services that complement one another”.
- Some respondents suggested that schools had a greater role to play in becoming community hubs for families.
- Specific suggestions included introducing a small charge/subscription fee for the use of services, making better use of libraries (which were described as crucial for a child’s development) by making them more ‘community-focussed’, and community-asset transfers. One group also reiterated the proposal highlighted previously of moving some services into schools.

#### Concerns Raised

- A number of respondents perceived that the primary purpose of the proposals was to save money rather than create a more effective model for Early Help, and disagreed in principle to any reductions in Early Help resource, particularly in Early Years.
- There were concerns about the impact of reducing the resources to deliver Early Help on increased demand in acute services.
- There were concerns about whether practitioners had the skills and knowledge to work across such a wide age range.

- Some expressed a concern that the essential elements of the positive work that had been undertaken would not be sustained within the new model and that these proposals would effectively start from a blank page (at least this was how it was perceived). Linked to this, some felt that the proposals did not acknowledge strongly enough the partnership working that already existed that could be built upon.
- Some respondents queried the difference between the budget reductions of 35% and staffing reductions of 51%, stating that this suggests a disproportionate focus on staffing reductions. In addition, further comments suggested that savings could be made by reducing management and consultation costs – questioning how the Council justifies a 61% cut in practitioners compared to a 51% cut in management.

## 9. Alternative Models of Delivery and Suggestions

As part of the responses to the Prevention and Early Help consultation, an alternative proposal was submitted on behalf of a number of Nursery Schools. In brief it can be described as:

### **Family Hub Model**

- Frontline delivery through 20 Family Hubs based on clusters of health visitors, nursery school and settings, primary, secondary, and special schools.
- Each school would have a named Family Key Worker from their Family Hub.
- Hubs to be loosely based on the 17 current LAPs (Local Achievement Partnerships) where these are working well. Schools not currently in LAPs to be linked to their nearest Hub. In areas with fewer children or less need there will be a higher number of schools in each Hub. In areas with a high level of need, there may be 2 Hubs within one LAP, or a slightly larger Hub team.
- Staff would be line managed by the Local Authority with strong links to Children's Social Care.
- Health visitors, school nurses and oral health workers would be co-located within Family Hubs when service is re-commissioned in 2018.
- Family Hubs would be based in existing children's centres, or in other buildings such as schools where existing centres are too costly or not in the right place.
- Some children's centres may close, as there are likely to be less costly or more convenient places to deliver services.

### **Partnership Asset Review**

A couple of groups of respondents also suggested a partnership review of partners' building and assets. It stated:

"The proposals lack a business case around buildings in terms of:

- The viability and practicality of the outreach centres: there is no demonstrable consideration of learning from the previous round of restructure
- Keeping all the centres open in the light of the significant budget reduction
- Developing family and community hubs: there is an assumption that unused capacity can be used for other community capacity. The business case for this is not tested and may vary from locality to locality. In some areas this may be viable but in others there is already sufficient community space available and increased competition could challenge existing locations' business models.

- Exploring other options for delivery including use of other community buildings and assets.

**There needs to be a detailed strategy developed around buildings and their use, which takes account of other community venues and seeks the best delivery venues that will maximise accessibility and uptake by the public. It also needs to take account of other proposals in other parts of the council and in health services to develop other hubs and ensure any developments are co-ordinated”.**

## **10. Appendices**

Appendix 1 – The Context In Which People Responded to the Consultation Questionnaire

## **Appendix 5 – Equalities Impact Assessment**

<b>Department</b>	Children's Services	<b>Version no</b>	0.2
<b>Assessed by</b>	Mark Anslow/Maureen Braden	<b>Date created</b>	10 August 2017
<b>Approved by</b>	Judith Kirk	<b>Date approved</b>	
<b>Updated by</b>	Maureen Braden	<b>Date updated</b>	12 March 2018
<b>Final approval</b>		<b>Date signed off</b>	

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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 services including Health Visiting, School Nursing and Oral Health and will be an opportunity to integrate 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 and also with other key NHS services such as Child and Adolescent Mental Health Services (CAMHS), maternity services and Primary Care.

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 and 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 or experience more adverse childhood experiences.

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. Through co-location and integrated with the 0-19 public health workforce we will make best use of available resources to identify and support vulnerable children and families at the earliest stage possible.

**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 are subject to 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)

<b>Protected Characteristics:</b>	<b>Impact</b> (H, M, L, N)
Age	L
Disability	L
Gender reassignment	N
Race	L
Religion/Belief	N
Pregnancy and maternity	M
Sexual Orientation	N
Sex	M
Marriage and civil partnership	N
<b>Additional Consideration:</b>	
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.

Having a Public Health 0-19 children's service which provides a universal service to all families antenatal and at birth will ensure that any vulnerable and at risk families and children are identified early and signposted accordingly.

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 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. There will still be a universal service offered to all women who are pregnant or had a baby which will be offered in the home. We will continue to provide an Early Help Gateway and Early Helps so requests for support can easily be made for a family in any part of the district.

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 is updated as we undertake more detailed analysis of impact on protected characteristics within the affected workforce.

As a result of consultation feedback, the following changes have been made to the preferred model:

- Executive have agreed an additional 500K per year for 2018/19 and 2019/20 to support transition into the new model.
- increase the proposed workforce from 197 FTE to 246.5 FTE (see Appendix 2);
- reductions in management and an increase in the number of posts working directly with families and communities, responses received from young people were very supportive of principles, in particular to the Key Worker approach;
- retain a dedicated service within Education Services focused on safeguarding and vulnerable pupils;
- we will retain the New Communities and Travellers Team (within Education Safeguarding);
- detailed plan on best use of buildings;
- stronger focus on developing Family Hubs and closer working with schools, primary care groups and local communities;
- implement proposals to redesignate seven of the proposed eight children's centre buildings to become outreach bases. Farcliffe and Lilycroft Children Centre will remain unchanged (Overview of children centre buildings can be found at Appendix 3).
- we will ensure as many of the core delivery teams (for example, Prevention and Key Workers) as possible will work on the same IT system (Early Help Module) by October 2018.

## **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.**

The stakeholder consultation plan as set out in Appendix 12 of the report to Executive dated 7 November 2017 was fully implemented.

Responses included:

- 1189 consultation questionnaires completed;
- 201 members of the public attended one of the consultation events;
- Over 400 members of staff attended specific briefings;
- 174 emails providing detailed responses;
- An alternative model of delivery based on a Family Hub Model around schools;
- “Save Bradford Children’s Centres” petition with 2,508 signatures;
- 19 focus groups with young people involving a total of 115 young people.
- Response from the Traveller Community.

The full consultation report is published as part of this report.

A SEN Improvement Test has been updated

## **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.

The full consultation report is published as part of this report. The report has lead to changes as set out above.

### **4.2 Do you need further evidence?**

An initial engagement 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. Formal consultation was then undertaken on a preferred proposed model.

The full consultation report is published as part of this report. The consultation lead to changes as set out above.

## **Section 5: Consultation Feedback**

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

- 5.1.1 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.
- 5.1.2 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.
- 5.1.3 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.
- 5.1.4 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.
- 5.1.5 One further question was provided to allow people to make any other comments.

### **Summary of Findings**

- 5.1.6 In total 615 people completed the survey (further analysis can be found in the Executive Report dated 7 November 2017):
- 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.

- 5.1.7 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.
- 5.1.8 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.
- 5.1.9 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.

**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. An analysis was also provided in the report to Executive dated 7 November 2017.

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

To ensure a transparent analysis of the feedback following consultation, the Council commissioned Peopletoo to undertake this piece of work. Peopletoo analysed all the views of residents, partners and affected teams through a variety of methods, including an online questionnaire, consultation events and both email and freepost facility.

Consultation commenced on 12 November 2017 and ended on 12 February 2018.

The full consultation report is published as part of this report. The report lead to the changes to the proposed model as set out above.

Overall, responses received from young people were very supportive of the principles of the proposals, with particular reference to the Key Worker approach and the locality way of working. Where there were concerns, these were predominantly from professionals and partners around the resource capacity to deliver the model, and from parents who had concerns about losing Children’s Centre provision.

79% of respondents to the consultation questionnaire stated that they either “strongly disagree” or “disagree” with the key overarching proposal to create an integrated Prevention and Early Help Service for 0-19 year olds (up to 25 for SEND) and the level and nature of the concerns were consistent across events and other responses. However, a more detailed analysis highlights factors which include:

- An analysis of consultation evidence provided to Peopletoo showed a marked difference between respondents to the questionnaire and those that attended events, with the former being more negative about proposals than the latter, where there would have been more opportunity for clarification and questions
- Many respondents whose comments implied that they disagreed with the proposals, expressed comments that predominately disagreed with the principle

of budget reductions, rather than the model itself which was the primary subject of the question, and this will have impacted on the figure;

- Finally, there was a significant change in this figure in the last week of the consultation, which coincided with a strong representation by those in support of Children's Centres in this final stage. Before this, 60% of overall respondents strongly agreed or agreed with the proposals.

Predominant reason for concerns about the proposed model itself are:

- That whilst there was support for some elements of the proposal, the fact it is accompanied with a proposed 47-51% reduction in staffing resource to deliver was felt to be unrealistic;
- Working across a wide age range was diluting skills and experience of staff and not providing families with the specialisms that they needed;
- The impact of the changes on the EY agenda, in particular the Children's Centre Core Offer

61% are in favour of an approach that prioritises those more in need of support.

More people disagree with the locality approach (44%) than agree (36%), whilst the key worker approach is equal between both agree and disagree at 41%. This therefore suggests that there is much more balanced view about the key elements of the proposed approach and that it is the three key concerns (above) about the overall change to a 0-19 service driving the 79% that disagree with the overall vision, notwithstanding the point above about some using this initial question to express dissatisfaction about budget reductions.

**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.**

See 3.10 in the main report which sets out the main findings from consultations and actions/changes arising from these findings.

## Appendix 6 - 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. We will increase communication and joint working with the range of professionals that can form a 'team around the child'.</p> <p>Further consultation with interested parties and communities would be required to develop and implement a detailed plan to be in place to take account of community venues and seek the best delivery which will maximise accessibility and uptake by the public. This would ensure increased 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.	<p>We intend to ensure that there is a strong link with the proposals to transform SEND teaching support services which will include dedicated and specialist support to universal services particularly childcare and early education; this enhances the offer at a local level.</p> <p>These proposals will, therefore, lead to improved access to education and associated services including the curriculum, and wider school activities, while providing improved facilities and equipment.</p>
Improved access to suitable accommodation	<p>An element of the proposed Prevention and 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 individualised short breaks inclusion support and/or statutory single Education Health Care Plan Assessment processes.</p>
Improved supply of suitable places	<p>The proposed Prevention and Early Help model includes on-going capacity around childcare; access and quality, there will be links with workers and the proposed transformed SEND teaching support services to increase accessibility for Children and Young People with disabilities.</p> <p>This will mean services are closer to the communities which they serve, there will be a much clearer pathway for any referrals, there will be better communications and shared systems between services so they can join their offer up for children, young people and families and make them more efficient and seamless. We intended to co-design timetables of community support</p>

	aligned as close as possible to school clusters.
Confirmation from the host school that they are willing to receive pupils with communication and interaction needs	N/A
Confirmation of specific transport arrangements	An area based model, particularly working closely with school clusters will increase accessibility of services for Children, Young People and Families.  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 is also commissioned.
Confirmation of how the proposals will be funded and the planning staffing arrangements put in place	The proposed Prevention and 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 7 - Consultation with Trade Unions in respect of Prevention & Early Help Proposals**

### **Budget line detail**

Prevention and Early Help – detailed proposals form part of the Executive report Doc AC -7th November 2017

Early Years - From 2017 part of the Dedicated Schools Grant will be removed. Plans are being formulated to develop a coherent and targeted suite of early years' services including early help, family centres and early years' including Children's Centres.

<b><u>Trade Union Feedback</u></b>	<b><u>Management Response</u></b>
<b><u>7.12.17 - Level 1</u></b> Unite - need to update figures on spreadsheet to avoid confusion	<b><u>7.12.17 - Level 1</u></b> - Separate S188 declared for this proposal in Nov 17 - detail of this to be discussed at Level 2 in afternoon of 7.12.17.
Trade Unions asked for details on the structure and implications for staff; clarity on the budget (£3m on the attached) – what is the budget reduction (including the Public Health element). They also commented on the comms and consultation around the proposals; people are finding it difficult to log on – can we make this easier for people to access?	Need to cross reference with Health & Wellbeing due to link with budget lines.  Management will update.  Management have provided further detail on the structure and staff numbers at the Level 2 Meeting held on the 7 December and the Level 3 Meeting held on the 14 December. However, we agreed with Unions this would go to staff after Christmas; week commencing of 2 January 2018.  Clarity on the budget is available in the report presented to Executive on the 7 November.  Action has been taken to make sure the website is accessible and an easy read version of the booklet has been produced.
<b><u>Joint Level 3 - 14/12/17</u></b> A query was raised in relation to the caseloads of workers at present and whether this will increase/decrease."	It was agreed that current caseload information will be shared with Union colleagues.
A query was raised in relation to assimilation rights for staff.	HR advised that this would be looked at nearer the time but it would be in line with managing workforce change but due to the vast number of varying posts; it would be done in conjunction with Union colleagues
<b><u>Level 2 - 21/12/17</u></b>	

NEU had requested the JD's in draft form; for the 0-25 Key Worker role specifically and asked if these were available.	Management asked for views from Union colleagues on the forthcoming meeting with staff and it was felt that Unions had not received enough detail and therefore they were not in a position to be able to answer queries from staff or support them sufficiently. It was agreed that the meeting would be postponed and re-arranged for the New Year.
Unison noted a general concern about whether the target would be met in terms of the savings. For example, the 50% reduction in referrals and whether that would happen and if not, would the Early Help referrals transfer to Children's Social Care, who are already struggling with workloads. This is also impacted by whether the Council is receiving the right funding.	Management confirmed these were being worked on and would be available shortly.
<b><u>Joint Level 3 - 18.01.18</u></b>  Unison sought response to request for caseload information.  Unison asked if this information could be expanded to include Family and Children's Centres.	HR advised that it is currently due to on 12 February but due to the extent of the proposals; this may be reviewed depending on staff feedback. The consultation is about the proposed structure and not about individual posts. There needs to be a balance on moving forward on the proposals but maintaining good working relationships with staff.
Unison asked if a preliminary grade could be given.	HR advised a clear grade would need to be given following initial comments on profiles by the 12 February.
Unison had been asked by a member of the range of grades so staff can see what they may have rights to.	If comments received back on job profiles can set up a grading panel quickly including the 3 outstanding but dependent on comments they may need looking at again.
Unison queried the business case; where the teams in scope and number of occupied and proposed posts are listed – what are the proportion of staff to grades (raised in Level 2 on 11 January). Could	Management advised could put posts in there.

we have post numbers by name.	
Chair asked if there had been many questions about the job profiles.	Management advised that there had been little that required any change to job profiles.
Unison requested that if the staff consultation was to be extended could a new date be set today.	Management advised the proposal would go to Executive in April and we are asking People Too to analyse feedback and do a report so that it is independent. We would have to look at timescales for going to Executive. Mark Anslow advised that this linked to the SEND consultation too and we would have to close the consultation with the public and staff on the model but that we can continue to consult with staff on proposed structures and job profiles. Chair noted there was some confusion with both consultations and staff not sure which consultation they were in scope for. Management agreed to provide an overview of information given to date to go to teams and TUs.
NASUWT noted in the last set of minutes the SEND consultation was due to finish on 12 February but 2 events have been arranged after that.	Management advised that following Executive the two consultations were brought into alignment. Public consultation on P & EH will end on 12 February. SEND will run until 28 February. Both SEND & P & EH will be reported back to Executive on the 3 April 2018.
Unison asked in terms of the public consultation, how many sessions had been attended. There seem to be 2/3 different processes mixed up; the Prevention and Early Help model, LAC numbers going up, CP numbers going up and referrals increasing. Management are trying to save £13m but there is a £200m shortfall in social care and we don't have enough information.	Management took on board the comments. Simultaneous processes have caused confusion and recognised the need to make it clear there were 2 consultations. Staff in scope for both consultations had been provided but it was noted Management needed to clarify matters for staff misinformed.  It was agreed to send individual e-mails may cause more concern so agreed to send a briefing using the two slides from the staff briefing presentation which clearly state which teams are in scope along with a note sharing when the consultation close, when structures would be shared and if anyone is unsure of their position to speak to their line manager.  Management agreed to provide an overview of information given to date to go to teams and TUs.
Unison felt that a lot of time and money had been given to advertise the Early Help proposals but for SEND there didn't appear to be the same input.	HR noted SEND did have staff briefings before Christmas which were well attended and it was clear about which staff were in scope. Structures were not available for today. SEND proposed structure and job profiles will be presented by 1 February for comment by the end of February.
Unison asked when the structure would be shared.	Management advised this would be shared at the Level 3 meeting on the 1 February.  Management will present the following draft structures and profiles by the 1 February for comments by the end of February: <ul style="list-style-type: none"><li>• Learning Environments including traded service teams and targets</li><li>• Service support across EES</li><li>• SEND</li></ul>
Unison asked when the SEND consultation would close.	Management confirmed 28 February.

Unison noted some education staff want to know if they have a future role, e.g. Education Safeguarding reduction in staff. Which posts will be going?	Management felt staff should be able to recognise their post. HR noted TU's were taking about people but Management are talking about structures and functions. If staff have a document to say the Family Information Service they would know there were in scope.  Management agreed to provide an overview of information given to date to go to teams and TUs.
NAHT asked if the title on the job profiles would make it clear.	Management advised there are some singular job profiles which may not be clear and some staff think their service is indispensable so will not affect them, e.g. Employment/Licencing roles are a statutory responsibility and staff may not think this is scope but it is.
Unison advised they could not access the shared drive and it was easier to e-mail.	Management noted that all TU's should have been given passwords to access SharePoint. Will follow this up to ensure all can access.
NASUWT raised the issue of Faith Tutors and what will happen to them as they are on teachers terms and conditions.  NEU also added Teaching and Learning Consultants as they are not a traded service but it is expected they will be and they are worried.	Management advised that posts for accessing education such as those mentioned are proposed to go to the traded learning environment.  Management will present the following draft structures and profiles by the 1 February for comments by the end of February: Learning Environments including traded service teams and targets
Unison asked if that meant that they will still be employed by the Council on teachers terms and conditions.	Management will present the following draft structures and profiles by the 1 February for comments by the end of February: Learning Environments including traded service teams and targets.
NEU noted the Teaching and Learning Consultants were expected to be 100% traded from a position on 0% traded. How much income is needed.	Management advised an officer had worked with teams and structures to be tabled on 1 February will have the detail.
NEU asked if the trading amount was not met who would bridge the gap – the Council or would we lose staff.	Management advised that teams were not spinning out into separate organisations; they will still be Council staff.
NASUWT asked how many Teaching and Learning Consultants were on the structure.  NEU thought there were 2 part time and NASUWT noted there were 7 Faith Tutors.	Management to confirm.
Unison asked how the public	Management advised these had picked up with really good turnouts at some sessions; 35 at Carlisle Business Centre

consultations had gone.	and 23 at Shipley Library.  The survey had 560 responses to date.
Unison asked if these had been done in different languages and how we were communicating with communities with different languages.	Management advised translators had been at some sessions and if we are aware of a need for this, translators will be made available. BSL, audio and easy read have been published on-line.
Unison asked if the survey had been done in other languages.	Management advised it hadn't but hard copies were available and staff could complete with the public on a 1:1 basis if needed. The Youth Service were also doing this with young people.
Unison asked about the independent report.	Management confirmed this would be done by People Too and will look at how staff work, what they feel works, how we could improve services, etc.
Unison asked if they were local.	Management advised they were and that they had undertaken the BDP Review into Early Help.
Unison noted the consultation focussed on Early Help and Prevention but in terms of future work what was the direction with, e.g. mental health, dental health.	Management advised there would be 1 plan for 1 person and would include early years but also talk about access to other services, e.g. domestic violence. There would be a good range in conversations.
Unison asked where the Community Play and Development Team would sit and there role.	Management advised this would be in the Learning Environment but would go into the traded service section. Judith Kirk will be sending a communication to all traded services teams.
Unison asked about the Prevention Co-ordinators – at Level 3 which is the same level as the Prevention Worker – should it be higher.	Management will look at this but not always as it depends on their experience and this will need to be considered as part of the grading process.
Unison noted that the post sits alongside these at Level 3 but says a professional qualification is needed. Some staff will not have a qualification but will have been doing the role for 20 years.	HR noted that during the assimilation process Management would look at qualifications but also experience and if staff have been doing the job for a considerable period this will be considered. Staff will not be disadvantaged. The usual assimilation principles will apply.
Unison asked for the rationale for the Access and Take Up Workers (8 posts).	Management advised this had been received as a FAQ and information would be provided.
Unison noted that Management were going to the Early Help model and there will be a cost to run some of the programmes with, for example, the VCS.	Management advised a multi-agency group has been mapping all programmes across the 7 clusters and evidence and the next step will be to look at what has been delivered well.  Management noted there are a large array of programmes and we will look at what works. We don't think we will put new programmes in place but would have a pool of staff trained to go and staff assimilated would be able to deliver.

<p>Have these costs been taken into consideration. Has this been thought through and what programmes will be in place.</p> <p>Unison noted that every pound spent can save money in referrals but is that cost effective and will you deliver this. What are the training needs.</p>	
<p>Unison asked about thresholds and how Management would decide which families to target. There has to be a corporate responsibility for what will happen.</p>	<p>Management advised if there were less programmes then less families would be targeted. This isn't something we want to do but we believe it is the least worst option. This takes out the money but we will mitigate the impact.</p>
<p>Unison noted that Bradford has a young population and are referrals going up because of the young population growth.</p>	<p>Management noted this was because of growth but also because of the increase in poverty. We have to do this because of the money we have and we believe this is the best way to do this. There are question about the impact on the front door but we understand this and it is really difficult.</p>
<p>Unison queried the 3 Nursery Schools which staff were TUPE'd to in August 2015 and this will finish in August 2018. What will happen to those staff; are they in scope.</p>	<p>HR advised that these staff were not TUPE'd to the three clusters, they are still Council employees – the management of the staff was devolved to the Governing Body of those schools. In August 2018 they will come back into scope as the funding comes from the Children's Centre budget and staff have been included in the figures.</p> <p>Chair noted that staff spoke at Overview and Scrutiny and were confused about their status so this needs to be clarified and included in the briefing to staff in scope.</p> <p>Management agreed to provide an overview of information given to date to go to teams and TUs.</p>
<p>Unison asked if they could engage with these staff or would it have to wait until August 2018.</p> <p>Unison asked if they could have names of staff in scope.</p>	<p>Management advised this could be done now but through the leadership of the school.</p> <p>Staff briefings have been done for nursery school clusters. What we need to be clear about is that posts are funded through the Children's Centres budget.</p> <p>Management will provide when we have identified who we are paying for from the affected budget.</p>
<p>Unison asked if the consultation can be extended to end of February.</p>	<p>Management advised the 3 job profiles would be sent on Monday and the public Prevention and Early Help consultation would close on the 12 February but we can continue discussions regarding proposed structures and draft profiles. The remaining structures will be brought to the meeting on 1 February.</p> <p>Management will present the remaining draft structures and profiles by the 1 February for comments by the end of</p>

	<p>February:</p> <ul style="list-style-type: none"> <li>• Learning Environments including traded service teams and targets</li> <li>• Service support across EES</li> <li>• SEND</li> </ul>
Unison asked for more detail on what we will and will not be providing.	Management to respond.
<b><u>Level 2 - 11/01/18</u></b>	
NEU asked for a copy of the outstanding JD for the Sufficiency Officer following the presentation last week.	Management to follow up. UPDATE - draft profile released on 23.01.18
UNISON asked if current workload information has been shared.  UNISON expanded that if staff want to consider where they would want to work they would need to know what is there in the first place and consider issues such as case loads, etc.	Management advised this hadn't and would feed into the consultation. Any actions from Joint Level 3 will also be picked up too.
NEU requested that staff have their contracts checked to make sure their start date or continuous service and pensions information is correct. It is also important to ensure that current JD's reflect accurately the staff are doing during the consultation period. We are asking managers to check with their staff.  Unison agreed that some staff are picking up extra work and have been doing this a long time and it is not in their JD. Noted that a lot of JD's are out of date and it is unfair to staff if they are doing a job to help the service.  NASUWT agreed the pension contributions need to be checked whilst in the employment of the Council as it is	

more difficult to do this after they have left the Council.	
Unison requested clarity on what will no longer be happening in the proposed model so they can consult with members.	Management to log with Mark Anslow to ensure Managers confident this is in order. Managers would be unable to check every current JD but if staff feel there is a genuine issue then they need to take this up with their manager to look into. UPDATE - managers were asked before Christmas to ensure ESS/MSS information was updated. Mark Anslow to reinforce.
Unison asked for clarity on when the rest of the structure will be circulated on Central Services and for more information on the proposed learning environment.	Management to respond.
NASUWT asked about Faith Tutors who are on Teachers Terms and Conditions and are a traded service. How will the proposals affect them; it has not been explained what this will mean.	Management to check when this will be released and update. UPDATE - agreed at Joint L3 that these would be available by the 1 February. Central Services Manager draft profile was released on 23.01.18
UNISON had a query on the 'Key Elements from Proposed Area Based Model – Structure Report to OJC Level 3'. On page 3 and 4 it lists the posts in present teams in scope and gives the number of occupied and proposed posts, e.g. Practitioners - 72 FTE (band 4 – SO1) to 28 FTE. Asked for a breakdown of how many Band 4, SO1, etc. are being kept..	Management to respond. UPDATE - this will be confirmed as part of draft structures for Learning Environments to be shared by 1 February 2018.
UNISON concerned around Education Safeguarding element; what will not be done and what has to be done as a statutory duty.	Management to respond. UPDATE - this was provided to TU's and uploaded to SharePoint on 23.01.18
UNISON had Admin staff asking lots of questions about what it means from them but there is no detail.	Management noted concern and will respond. UPDATE - it is proposed that oversight for both educational safeguarding and attendance will be incorporated within the early help gateway. This will include oversight of children missing education, home education and fixed penalty. the overview of data etc. will then inform targeting of work by the area teams.
UNISON had a general observation; having looked at the work of North Yorkshire, some of the areas identified the priority of families. What will the priorities be in families that we will target,	Management to respond. UPDATE - given scale of savings we need a collective review of service support. This has been clarified in consultation update across P&EH and SEND. A draft Service Support structure and job profiles will be provided by the 1 February 2018.

e.g. issues like poverty, numbers of disadvantaged children, number of children in trouble with the Police, number of NEET's, number of children with mental health issues. North Yorkshire do have figures and it would be good to have those for Bradford.	
UNISON noted in the Child Death Overview Panel report that 69 children had died in Bradford and had gone to Panel. These figures will include cot death, smoking cessation, etc. but this figure could go higher.	Management noted the comments and will respond. UPDATE - the Executive report refers to the Families Needs Assessment - detailed data is provided and analysed in this document - 10 wards for highlights for larger groups with poorer outcomes. The report also outlines the elements of services to be delivered by the proposed teams. they will continue to prioritise workless families, school attendance and those affected by DV, substance misuse and parental mental health. The re-commissioned public health service and new proposed team would focus together on delivery of the High Impact Areas as outlined in the report. we will continue to deliver the mandated HV checks.
UNISON noted conversations were happening with Barnardos and Action for Children but asked if these staff would be TUPE'd back into the Council and if so, would that affect the 54% figure of potential job cuts.	Management noted the comments.
<b><u>Level 2 - 25/01/18</u></b>  Re 4C2 – NEU raised the issue of Faith Tutors and Teaching and Learning Consultants and the proposal they move to a traded service and they don't know what this means for them.	Management's understanding was that the figures had been factored into calculations but will check. UPDATE - yes, both were included in the FTE/headcount of affected teams.
NASUWT according to figures there at 6 FTE Faith Tutors and 1.5 FTE Teaching and Learning Consultations – are they being grouped together.	Management advised that the funding streams had been looked at. Diversity and Cohesion as a function is not fully traded but is moving in that direction.
NEU asked what would happen if the funding target was not met.	Management to look at this and advise.
NEU asked how far down the road will it be for that to happen. Do Management have a figure for how much schools will pay.	As they move to a traded service there will be income generation targets (full cost recovery). If the service is on a trajectory to meet the target then that is positive and we will support the service to meet the target. If they don't start to make progress to achieving the target the matter will be brought back here for a discussion along with HR.
NASUWT noted the Faith Tutors and Teaching and Learning Consultants were	Costs will include the cost of running the service. Management will review progress and if service are not far enough along the journey or there is no interest in the service it will be discussed further.

on teachers terms and conditions and previous discussions held agreed to keep them on these conditions but staff feel that it is being raised again and they don't know what is happening.	
Unison advised staff were not aware of the proposed changes and thought this was new in the restructure and that it had not been brought here. Surprised by the shortfall and potential job losses.	<p>Management were not aware of any proposals to change their terms and conditions.</p> <p>It is worth noting that if staff move to a traded service it will be a different way of working and we will look at providing training and support for marketing/sales, etc. Staff will not be expected to go into this model without the necessary support.</p>
NASUWT asked if any work had been done with schools to see if they were prepared to buy in as they also have to do more with their money.	Management felt that wasn't the case but will look at next week in Level 3. Will be looking at skills moving forward. We do not envisage job losses as it is not part of the process.
ATL felt schools would buy in for Faith Tutors but why would schools buy into EHE and travel.	Management advised there have been conversations with schools re the SEND work. Would need to check re other services but would have thought this had happened to make sure that they can cover the costs. Management believed the service was marketable.
Unison asked for information on what are statutory functions and what is not so can identify what functions are being removed. Are services for travellers statutory.	Management advised that some of these services offer best practice and a centre of excellence for travellers. EHE and education safeguarding are a part of that core function. There is guidance on EHE but there is no statutory function but the bottom line is that we have to safeguard children.
Unison noted their concerns that some families may slip through the net and there needs to be corporate responsibility.	<p>Management advised that there are no statutory rights for the LA regarding EHE and the only reason the Council can intervene is if there is a safeguarding issue. It would be irresponsible if we did not have this on the agenda though; if there is a peak in EHE we need to follow up and we wouldn't say we would do because it's not statutory.</p> <p>Statutory services are Admissions and making sure every child has a school place. When it comes to other strands like the Traveller Service and Diversity and Cohesion they are not statutory but it is good practice so are included in the mix. The Play Service is traded and not statutory but again is valued. It is a fine balance between what we need to do and also good practice.</p>
Unison noted that an alternative proposal had been received; have the unions had sight of this.	Management met with the VCS yesterday and they have looked at the cumulative budget cut including the Youth Service. The savings to be made are £13.3m but the actual figures is greater given other proposals in the system. The depths we are going to are more than we would choose to do but getting the right frontline workers in is the challenge we have. One partner has submitted an alternative proposal as part of the consultation and we will be considering that.
NASUWT advised that although it had	Management advised this had only just been received and when the consultation closes on the 12 February it will be

<p>been agreed no permanent appointments would be made during this period it had been noted that a permanent Visual Impairment Teacher had been appointed permanent and remainder of team were on temporary contracts.</p> <p>Unison also noted that 5 permanent appointments had been made in the Gateway (3 started in post and 2 starting in February).</p>	<p>looked at then. This will come through in the feedback and will be shared with you to aid decision making going forward.</p> <p>A session is taking place tomorrow to look at where we are up to, including what is emerging and can update at Level 3 next week.</p>
<b><u>Joint Level 3 - 01/02/18</u></b>	
Unison asked if the Lead Achievement Officer was the Headteacher.	Management confirmed that this post will hold the functions of the required Headteacher for the Virtual School. The proposal is to remove the post for Deputy Head and have 3 teachers
Unison asked how many staff currently in the LAC Virtual School?	3.2 FTE (exactly the same as previously). There is an interim arrangement with the Deputy Head until October 1st. The view is that the Head of Virtual Service should be managing that with the interface with front-line staff. No change in numbers.
Trading Services, as well as directly supporting the teams under the proposed Commercial Services Manager, the wider teams with trading targets would also be supported, for example, Education Psychology. UNISON asked if this had been factored in.	Management responded that they would look at the target and have that trajectory. If we think there is no revenue coming in and there is no sustainability for a specific service then will bring it back to the TU's.
UNISON asked if any of these were statutory services?	Governor Advice and Support– statutory duty towards Governance. We need to make sure we have Governor advice and guidance and could be potentially bought
UNISON asked if there would be any job losses within the structure?	. Management said that with the Achievement Officers, the numbers are like for like and likewise for the Admissions Officer. There is a change in designation with the Virtual School. 2.5 in the Governor Advice, Guidance & Support.
UNISON asked regarding the School Achievement Officers – have we only got 4 people to deal with this?	When management looked at the proportion there was a fine balance. If we find that we need to increase by keeping a commissioning post, we can commission a Headteacher to do some commissioning work. Safeguarding the jobs we have, but keeping robust
UNISON asked how we will work with Academies?	Part of it will be the Learning Environment Manager and Deputy Director (EES) post. We have some robust conversations about Academies taken at Deputy Director (EES) level.
UNISON asked if we were in a position to become fully traded?	Management said that as it stands at the moment would say yes. Many LA's don't have play teams. We need to look at them. The proposed Lead Officer for Commercial Services will support teams and in the interim an officer has

	been released to provide support for 2-days per week.
UNITE asked about number of job losses across service support functions?	Management confirmed that we had still not got the full details from Barnardos and Action for Children. Executive report outlined, 106.3 ftes at £2.9M (but not yet with Barnardos & Action for Children figures) <ul style="list-style-type: none"><li>• YOT admin (6.4fte) - propose remain 'as is'</li><li>• 13.2 fte at £590K 'as is' funded by Curriculum &amp; Employment Skills – not service support</li><li>• Proposed is 67ftes at £1.86M</li></ul>
UNISON asked about the meeting with staff next week and would we know who these staff were?	Management said they had sent out a summary which re-stated which teams were in scope and shared staff names. Management had asked that staff who were unsure if they were in scope should speak to their Managers.
UNISON asked if it was possible that members of staff could sit in two structures? It was unclear.	Management agreed to have a conversation in relation to this outside of this meeting.
UNITE asked if VR would be offered to staff?	Management said that there were no VR's within this structure, but can't be sure which staff we want in the future – post April 5th then we can look at VR's. HR said that there were lots of calculations to be done, but will ensure that this is managed in a certain way and impact on services.
UNISON – Early Years Team managing Early Years funding – are they somewhere else?	Management replied that we have incorporated Finance within the job profile for Business Support Officers. There will be a Business Support Officer post and then a Business Support Manager post. We need to look at creating apprenticeships opportunities if vacancies arrive and following all assimilations.
<b><u>Level 2 - 08/02/18</u></b>  Unison raised concerns about the consultations being mixed up and asked if some communication could be circulated to separate it out. Felt the restructure needed to be slowed down as staff are struggling to understand.  Staff don't understand where they are.  NEU also had concerns from staff about not understanding how they were affected so had not been asking questions, e.g. traded services, children's centres.	Management advised SEN and Behaviour are part of the assessment and achievement services. Early Help is about meeting needs early on. These are the two strands and across the top of this are the enabling and business functions. It is proposed the Faith Tutors move to a traded service and sit in that arm and staff are aware of this. Some work has been done around working to a traded service model.
Unison noted staff were at the briefing today who thought they were in scope and they were not. Meetings are also	Management advised that meetings are put in with as much notice as possible but also when trying to respond to specific issues swiftly.

arranged at short notice.	
NEU raised concerns from the Manager of the New Communities and Travellers Team. There are 1.5 Teaching and Learning Consultations listed when there are 2.5 and the Manager and another member of staff are not on the list. When the end of the consultation is reach we need to be sure that the groups/staff are correct for assimilation – if this went ahead today it wouldn't be right.	Management advised that when the list was produced the Manager wasn't in post so wouldn't be on the list; this would also be the case for the Diversity and Cohesion Manager. It was a snapshot at that time and will need to be worked on as we move forward.
Unison noted the same position for Governor Services – list 2.5 staff and there is a Manager and 4 staff.  Unison noted the response but felt time was running out. Unison noted the same position for Governor Services – list 2.5 staff and there is a Manager and 4 staff.  Unison noted the response but felt time was running out.	Management noted that in terms of co-ordination of the FTE lists we have to make sure it is right and it is Managers' responsibilities to make sure it is.
NEU asked for information on who was entitled to which post as no information available.	
Unison noted Social Care staff were going to managers to see if they were in scope – if don't have any planned job profiles how will they know.  Concerned with the drip feed of information and surprises such as the Faith Tutors which TU's weren't aware of. How do Management know which families	Management felt there were two clear issues. Irrespective of cuts, there are serious decisions to be made about risk. The other side is making the most of the financial envelope available.

<p>to target and what the thresholds will be? Research in Sheffield and Huddersfield has shown a link between budgets and support to families. Need a separation between SEN and EH.</p> <p>Where did the £13.3m figure come from?</p>	
<p>Unison advised if Management go to the EH model, yes this will lead to savings but need evidence of the programmes to be in place and that information isn't there.</p> <p>The crux is what will you deliver and what won't be. Understand what Management are doing but what will you deliver with 50% less staff.</p>	<p>Management noted if you have 10 staff for 2 strands; 1 manager and 4 staff each – can't join those teams to give more. There will be a targeted service and preventative work but not for as many people.</p>
<p>Unison noted that staff cannot do the same job if they can't deliver. Cases won't be less but there will be less staff – how will this work. What won't you be doing?</p> <p>NASUWT agreed that if you are consulting we need to know what staff will be doing in the future.</p> <p>Unison noted the comments would be captured but wanted an answer to the question.</p>	<p>Management advised that we cannot provide what we have done previously and noted the comments.</p>
<p>Unison asked in terms of the SEN proposals that members are raising concerns on workloads and the number of staff presented is incorrect.</p>	
<p>NEU noted that if members don't get information then we can say that we won't close the consultation. The business</p>	<p>Management said that if there are a cut in numbers we will work through the finite number of cases staff take on. If the Portage Team can work with 30 families, other families will not receive the support they did and that will be the harsh reality.</p>

<p>case is simple and we don't have the detail. For example the Portage Team are proposed to reduce from 6 to 3 with a workload of 143 cases – how will that be managed.</p> <p>NASUWT asked which families we would no longer support and who would you help. How can you decide when it may not be a need now?</p> <p>NEU noted that those 143 cases may need a visit and you may offer less but will those families be signposted elsewhere.</p> <p>Unison said this will be based on the premise that there is somewhere to signpost families to. It goes back to the earlier request of what will be needed in each area and who will take responsibility when it goes wrong. The structure is not wrong but the consultations are being mixed up.</p> <p>NEU said that at the point the consultation closes you might say you can't cut the Portage workers. It's having that final sum.</p>	
<p>Unison asked why the cut is £13.3m – why can't half of this be taken from the £24m reserves. Unison asked why the cut is £13.3m – why can't half of this be taken from the £24m reserves.</p>	<p>Management advised these challenges need to go through to Council. That cut was what Children's were given and we have had to work with that. We are also concerned re the numbers, however, with the new model staff will work to the family footprint so there is mitigation but there will be a reduction. If we can cut management posts we will but we have to fit in the envelope given and there is no approval for any more funding.</p>
<p>Unison noted the public consultation would close on 12 February and asked if there was opportunity to extend the consultation. Why does the structure</p>	<p>Management advised that savings have to be in place by 2020/21. If looking at protected salaries and the fulls savings of the structure wouldn't come in until September 2020. If there is a delay and the position remains as it is, there is the potential that cuts may have to go deeper to meet target savings.</p>

have to be in place by October?	
Unison asked why the two consultations were together.	Management advised that if it had gone to plan the SEN arrangements would have been implemented by now but following representation from the Deaf Society the proposals were reconsidered so has brought these two together.
Unison felt that the SEN proposals could go through but the EH proposals would take longer as would also need to work with HR on how assimilation would work.	
Unison asked if the EH proposals could move to January so that SEN could be dealt with first.	Management advised the SEN proposals are set against the HNB and not core funding but would still have the issue of not making savings.
Unison asked if it could be put back 2 months.	Management advised it wouldn't be until September given the summer term. It would wipe out any teachers terms and conditions and any form of consultation would be put back by around 6 months and if still working to the £13.3m savings would have deeper cuts from not meeting the window.
NEU asked for information from Mark Anslow line by line on the pool staff will be put into and what posts will be available. If there is a costed model this information should be available.	Management agreed to pick up with Mark Anslow and Julie Cowell and ask Mark to attend Level 2 next week.
Unison want clearer information and ideas of who we will be targeting so that can ask questions. Some of the information is vague saying 1- workers but how many people will they deal with, what programmes will run. If there are 1,400 cases – how many children is that.	
NASUWT asked what would happen to traded services if they didn't meet the target.	This would be reviewed. A support structure is in place to support them to meet the target. We have good practice in the Music Service and they have been working with teams. We have to move to a marketable service and indications are that it is a good service to sell but if there is no client base this will be reviewed but we believe they can operate effectively.

<p>NEU noted that schools are not necessarily the clients but families are and need to look at the misnomer that families will pay and get into the detail.</p> <p>Unison noted the law of unintended consequences that a service can be cut if not trading and the knock on effects make this in danger of making into pounds, shilling and pence and families don't operate in that way.</p>	<p>Management do not want to do this and would want to expand service and all agree with that but the budget is what the budget is.</p>
<p>Unison felt if we got the model right but doing over the future as a 5-10 year programme and slow down the process.</p> <p>It was felt that the model needed more time to see if it would work and it felt rushed.</p>	
<p><b><u>Level 2 - 15/02/18</u></b></p> <p>Unison raised the question of the 1,400 families – how many children are there in those families as that will impact on workloads.</p>	<p>Management advised that this could be provided; will need to ask the children's centre cluster for some of the information so will provide as soon as possible.</p>
<p>Unison also asked what programmes will be presented and what training will be available for those programmes. No information on what the cost efficiency is, what areas will be targeted, e.g. obesity, early education, poverty.</p>	<p>This is a work in progress. Looked at the work across the children's centres, VCS, Better Start, etc. to see what programmes there are. There is a long list which needs to be matched to the evidence and then will make recommendations. This should be available in the next month.</p>
<p>NEU agreed the need to see the current and proposed programmes and how many hours a programme, like Henry, would take. If we know the hours we could see how many FTE posts would be</p>	<p>Management advised the actual content may be some time away. There is a long list of current delivery. There is also the question whether it is good to have so many programmes.</p>

<p>needed.</p> <p>Unison agreed that if there are 10,000 hours but staff can only deliver 8,000 there will be a problem and staff need to know what this will look like for them.</p> <p>NEU noted it would be helpful to know what is likely to be cut. Children's centres concerned programmes will be cut and we can't offer any advice on what is happening.</p>	
<p>If there is one worker for one family concern is that if reducing the service some families will fall through the net and concerned re impact of that. The proposal is trying to encourage communities to take up the shortfall but programmes need to be put in place first and then roll out the work. This is rolling out the programme before we know what will be in place.</p>	<p>The Chair said it would be disingenuous to say that we would provide the same service. There are risks and with better ways of working the consequence will be a targeted resource and it is hard quantify that given the budget reductions.</p>
<p>Unison had evidence of work in North Yorkshire and York around thresholds.</p>	<p>The Chair advised that this information was available in Bradford and we know what we want to do for our children. Going forward the challenge will be delivering that ambition. The Chair has spoken to a number of people, including the Children's Commissioner, about how we get investment into Bradford.</p>
<p>Unison said the problem was understanding. The idea of the Hubs and their depth is good but would like to see the structure in place and then this time next year make the cuts and work on that.</p>	<p>The Chair advised this was part of the challenge. We are proposing to move to a new way of working. There have been 1,200 responses to the consultation. Last year we did get some investment put in and Bradford does have a low spend on Children's when compared regionally.</p>
<p>NEU noted it would be different if there was a proposal on the table and a plan behind it but there isn't. Colleagues don't know what it will deliver.</p>	<p>Management advised they were looking at the detail of evidence and usage. Also looking at total resource and talking to schools and the VCS to try and co develop programmes.</p>
<p>Unison asked that the detail is looked at first and then the work is taken forward. Need something going out in the next briefing to say that this is what is</p>	<p>The Chair agreed and need to say that we have been challenged to deliver this and if there are 1,400 families what that will mean for them.</p> <p>Management to action this.</p>

happening now; we are looking at this and will be consulting about what we will be providing.	
<p>Unison advised the biggest worry was that less staff will be in the structure but they think they will do the same things and they won't but what will they be doing. Feel that we should see where the model is going and feel it will work but need to take time and not rush into this.</p> <p>Unison advised of a letter from the Region to the Leader regarding this.</p>	Management noted.
<b><u>Joint Level 3 – 15.2.18</u></b>	Management to action.
Unison asked whether some of the admin functions within the central services structures would be looked at and whether these would be looked at team by team and to be localised into localities.	Management confirmed that a lot of feedback has been received and these will be taken into consideration.
Unions asked whether there would be a delay to the consultation in order for feedback to be taken into account and for any new proposals from Management to be presented and for these to be considered.	<p>Management advised that the consultation would still close on 28 February but they would look at any alternative proposals put forward by staff/Managers. An update will also go out to staff to provide them with the most up to date position which will also include the timeline, any recent FAQ's and next steps.</p> <p>MA advised that a lot of questions had been received and that there were particular areas to be looked at including a proposal put forward by Children's Centres.</p>
Unions asked that when models are being looked at and staffing implemented; to	Management to note/action.

ensure that any H&S factors are taken into account to make the service safe and viable.	It was noted that staff are being offered additional training/CPD to increase their skill sets.
Unison asked whether there would be any targets against the work related to Traded Services	MA advised that this was outlined in the presentation given to staff at recent briefings.
Unions raised that some information being presented is misleading for staff i.e. post reductions and that the information is not up to date. Unions mentioned that it is difficult to support members if the staff no's/names are missing.	HR advised that they have provided an up to date staffing list to the Programme Team.  JK apologised for any errors and for any mis-communication.  A request has also been made to all Managers to ensure that ESS/MSS is fully up to date.
Unison asked what functions would be undertaken by the SEND, Place Planning, Post 16, Project role.	The role will mainly focus on the specialist and sufficiency of places.
Unison raised a concern regarding a post currently within SEN which is not showing on any of the structures.	JH to raise with JK directly in 1:1 meeting next week
<b><u>Joint Level 3 – 23.2.18</u></b>	Meetings have now been held with Legal Services. The FAQ for the Public consultation has now closed and is also closed on the website. PeopleToo are working on the questionnaires which 1,200 questionnaires were received and over 100 face to face sessions. The draft PeopleToo report will be available next week. The staff consultation has been extended to 07 March 2018. The consultation will close for comment on 07 March and draft proposals will be tabled at the TU meeting on 15 March. A report will also outline any changes and also indicate statutory roles.
It was agreed that YOT admin would not be part of the EH consultation.	MA to notify YOT staff.
Management tabled a document on comments/responses on structures and job profiles which will be used in place of the FAQ.	Management and Unions went through the document and discussed around the table. An updated copy will also be sent out with the minute