

## **Appendix A: Review Findings and Preferred Model for Early Years Service**

### **Section 1. Current Services**

Ofsted inspections of children's centres are currently on hold nationally whilst a new inspection framework is agreed. In data released by Ofsted for April-September 2015, 87% of Lincolnshire's children's centres were rated good or outstanding compared to 56% across the East Midlands and 67% nationally. In 2015/16, two children's centres in Lincolnshire were inspected by Ofsted. North Kesteven North achieved a good grading in all areas. East Lindsey North achieved good with outstanding features for leadership and management. Key strengths highlighted by Ofsted:

- Exceptional communication and partnership working with a wide range of agencies, particularly health and social care, has resulted in the majority of families with the most pressing needs accessing services and receiving care and support.
- Strong focus on improving school readiness that is reflected in many aspects of the centre's work. As a result of attending well organised and highly enjoyable activities children make good progress in developing important skills including their communication and social skills.
- Parents contribute exceptionally well to decision-making at the centre.
- Arrangements to monitor the performance of the centre and to ensure it is held to account are rigorous.

A robust peer review process is in place for children's centres, a mixed staff team, including a Health Visitor spend two days observing sessions, talking to parents and partners and reviewing evidence. In 2015/16 peer reviews were conducted in all 7 districts:

- 100% were graded good in Access to Services
- 100% were graded good in Quality & Impact
- 86% were graded good or outstanding in Leadership and Management.

### **Current Model**

Current contract management information and feedback from engagement with professionals has highlighted some strengths and weaknesses of the current early years model:

- The quality of PEEP and PEEP Plus sessions is excellent. Quality inspections in 2015/16 report 59.33% were outstanding, 40% good and 0.66% required improvement. Attendance at sessions is mixed across the county with an average of only c60% (March 2016) having more than 6 different families attending. Current commissioning has been quite rigid in prescribing the type and numbers of sessions to be delivered in each locality. Greater flexibility is needed so each locality can run sessions according to local need e.g. more sessions for certain ages, use different venues, offer some less structured sessions focussed on moving families into evidence based sessions. Being responsive to local need will improve attendance.
- Participation and engagement services largely rely on health providing up to date birth lists and identifying vulnerable families to contact. Health Visitors are already in contact with families and need to do more to encourage families to attend children's centres. Health Visitors should know when women are pregnant and again could help them to access support from children's centres antenatally so that they can build networks before giving birth. Participation and engagement services are good at contacting families they know about and supporting them to attend introductory sessions. More vulnerable families seem to engage excellently with a less structured approach but transitioning them into more evidence based sessions is often a challenge- particularly as they form a

relationship with one professional and don't want to move on. The process for engaging families in children's centres needs to begin antenatally and a wider variety of structured and non-structured sessions need to be made available from different venues, but delivered by the same teams, to encourage a better transition from non-structured to evidence based early years services. Likewise bi-lingual support is good at engaging Black or Minority Ethnic (BME) families in groups and building strong networks within BME communities but there needs to be a greater focus on wider community cohesion and integration into the early years services that are available for all families.

- Skills development services are working well across the county, between January and April 2016, 166 volunteers were maintained across the county, 53 volunteers were supported into further learning, 24 volunteers were supported into paid work and 228 parents were recruited onto adult learning courses or apprenticeships.
- 1,250 parents completed adult learning courses in 2015/16 as coordinated through the Council's Learning and Development Team with a 98% satisfaction rating. Feedback suggests that there are a plethora of courses that parents could access outside of any funding that is currently provided. It is felt that skills development needs to be the key focus for parents that are not in education, employment or training with enhanced support to access more formal accredited adult learning which is already available.
- The quality of crèche services is viewed as high, but the block contracting sessions does not always prove the best value for money. Sometimes there are few children that need to attend a crèche whilst their parent/carer is taking part in skills development. It is felt that areas of the County that spot purchase support e.g. from existing childcare providers, are able to manage the budget for services on a needs only basis which provides better value for money.

#### **Summary:**

- The high quality offer available in Lincolnshire's children's centres is evident and this has a positive impact on supporting children's development, however, there is more work needed to support vulnerable families to access services. The first priority is to support more families, particularly vulnerable families to start accessing services. Making families aware during pregnancy of the support available and helping them to access this support and meet their peers early on, should increase initial engagement at sessions. Secondly, once families start using services the priority is retaining their engagement and helping them and their children to progress well and so there needs to be a good variety of high quality services on offer to retain engagement and these services should be delivered by consistent teams of people that families know and trust.

## **Section 2. Review Findings**

Set out below are a variety of findings of the review to date relating to early years services. Findings relating to children's health services will be set out in the related report to the Council's Executive Committee in October 2016.

### **Statutory Duties**

A report on statutory duties, national and local policy around services is available and has been considered in modelling services.

### **Children's Centres**

A Sure Start children's centre is defined as a place or a group of places:

- which is managed by or on behalf of, or under arrangements with, the local authority with a view to securing that early childhood services in the local authority's area are made available in an integrated way;
- through which early childhood services are made available (either by providing the services on site, or by providing advice and assistance on gaining access to services elsewhere); and

- at which activities for young children are provided.

It follows from the statutory definition of a children's centre that children's centres are as much about making appropriate and integrated services available, as it is about providing premises in particular geographical areas.

Early childhood services are defined as:

- early years provision (early education and childcare);
- social services functions of the local authority relating to young children, parents and prospective parents;
- health services relating to young children, parents and prospective parents;
- training and employment services to assist parents or prospective parents; and
- information and advice services for parents and prospective parents.

A children's centre should make available universal and targeted early childhood services either by providing the services at the centre itself or by providing advice and assistance to parents (mothers and fathers) and prospective parents in accessing services provided elsewhere. Local authorities must ensure that children's centres provide some activities for young children on site.

- Duty on local authorities to improve the well-being of young children in their area and reduce inequalities between them.
- Duty on local authorities to make arrangements to secure that early childhood services in their area are provided in an integrated manner in order to facilitate access and maximise the benefits of those services to young children and their parents.
- Duty on commissioners of local health services and Jobcentre Plus (as 'relevant partners') to work together with local authorities in their arrangements for improving the well-being of young children and securing integrated early childhood services.
- Arrangements to be made by local authorities so that there are sufficient children's centres, so far as reasonably practicable, to meet local need.
- Duty on local authorities to ensure each children's centre is within the remit of an advisory board, its make up and purpose.
- Duty on local authorities to ensure there is consultation before any significant changes are made to children's centre provision in their area.
- Duty on local authorities, local commissioners of health services and Jobcentre Plus to consider whether the early childhood services they provide should be provided through children's centres in the area.
- Duties on local authorities after receiving a report from Ofsted following the inspection of a children's centre. This includes preparing and publishing a written statement (an Action Plan) setting out the action to be taken in response to the report.

**Summary:**

- New service models must comply with children's centres statutory duties as well as the new OfSTED framework, which has not yet been released.
- Under the proposed new early years service model there are no arrangements being made for the provision of a new children's centre and no changes that would result in a relevant children's centre ceasing to be a children's centre. The range and nature of services provided through children's centre will not change significantly although they will be re-focused and commissioning arrangements will alter.

**Needs Summary**

An analysis of data and trends was undertaken in April 2015. A full detailed report is available on request including data source references, but below are some key highlights:

## **Profile of Children and Young People in Lincolnshire**

- 22% of Lincolnshire's population (157,862/731,516) are estimated to be aged between 0 and 19 and this is projected to increase by 7.09% by 2025 with biggest increases of around 10% in Boston and North Kesteven. The 5-11 age group is projected to increase the most (13.6% increase by 2025).
- Approximately 11.71% of people in Lincolnshire (84,863/724,453) live within the 20% most deprived areas nationally. This is significantly lower than both the England (20.44%) and East Midlands (16.98%) averages. Lincoln and East Lindsey districts have the highest percentage of people living in the 20% most deprived areas nationally. There are 29 Lower Super Output Areas (LSOAs) in Lincolnshire that are in the top 10% most deprived nationally.
- Across Lincolnshire 16.53% of children aged under 16 are living in low income households. This is lower than the national average for England (19.2%). Lincoln City district has the highest district percentage of children living in low income families with 23.50% aged under 16s. Ingoldmells ward in East Lindsey has the highest ward percentage of under 16s living in low income families with 49.6%. There are a further 12 wards with greater than 30% of all children living in low income families.
- Overall in Lincolnshire 3.2% of households have one or more dependent children whilst there are no adults in employment living in the household. This is better than the 4.2% average for England.
- Overall in Lincolnshire 4.2% of households have one or more dependent children where at least one adult living in the household has a long-term health problem or disability. This is better than the 4.6% average for England.
- At the time of the last national census, there were 32,804 lone parent families in Lincolnshire.
- Across Lincolnshire in 2015, there were 8% of pupils with English as a second language. Boston was the district with the highest number of pupils with English as a second language with 27%. Central ward in Boston has the highest number of pupils with English as a second language with 65%.
- In 2015 11% of school pupils in Lincolnshire were Black Minority Ethnic (BME). The district with the highest number in Lincolnshire is Boston with 27%. Whilst Central ward in Boston, with 61%, and several other wards in Boston had high percentages of BME pupils, Abbey ward in Lincoln had the highest actual number of BME pupils in one ward with 530.
- Overall, there are 3% of pupils in Lincolnshire with a Special Educational Needs (SEN) Statement.
- As at 31<sup>st</sup> May 2015, Fenside ward in Boston had the greatest number of Children in Protection. East Lindsey district had the highest number of children in need as well as open Team Around the Child assessments.

## **Children's Centres**

- In 2014/15, 90% of the population of 0 to 5s were registered with a children's centre, this is 10% higher than in 2013/14. Across Lincolnshire, almost 62% of those registered had sustained contact (3 or more attendances) during 2014/15, which was a 7% increase from 2013/14. As at 30 June 2015, 94.8% of the estimated under 5 population in Lincolnshire were registered with a children's centre.
- Across Lincolnshire in 2014/15, 97% of those children who were open to the Children's Social Care or Targeted teams were registered with children's centres. Of those registered, 73% actually engaged with services in 2014/15.
- Overall 39.1% of children with disabled parents in Lincolnshire were registered with a children's centre as at 30 June 2015.
- Overall 5.5% of pregnant teenagers and teenage parents in Lincolnshire were registered at children's centres as at 30 June 2015.

- There is generally a greater representation of children in areas of higher deprivation who are open to social care attending children's centres (38.7%) compared to general attendance of all children in areas of higher deprivation (22.82%).
- Overall in 2014, 67% of children who started school were assessed as having achieved a good level of development. This is higher than the national average of 60%. Across Lincolnshire, 57.5% of children living in the 30% most deprived areas nationally achieved a good level of development, compared to 70.3% of those living in the rest of the county. Looking just at the attainment of those children who actually attended children's centres in Lincolnshire, 69% achieved a good level of development, compared to approximately 63% of those who didn't attend children's centres.
- For all districts, the percentage of children achieving a good level of development was higher for those who attended children centres compared the percentages of those who didn't. Particularly in West Lindsey where 9.69% more achieved a good level of development if they attended children's centres than those who didn't. Swineshead in Boston, Spilsby and Tattershall in East Lindsey, Witham Family Centre in Lincoln, Waddington Redwood and Billinghamay in North Kesteven and Grantham Belton Lane and South Witham in South Kesteven all had greater than 15% higher achievement rates of a good level of development in their areas compared to those who didn't attend children's centres.

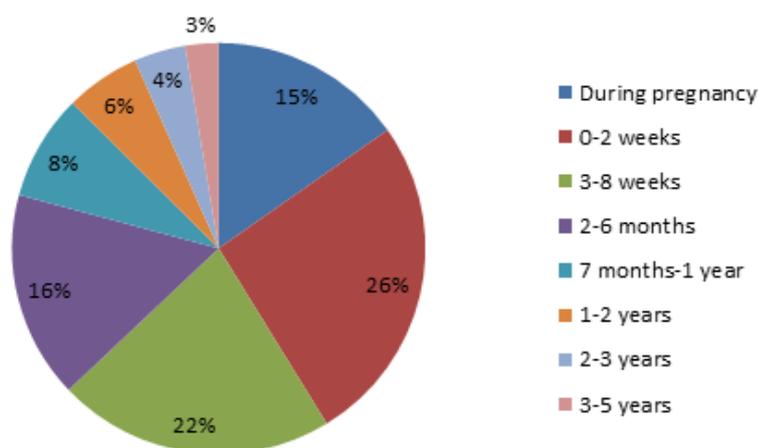
#### **Summary:**

- Lincolnshire's 0-19 population is increasing and this must be considered in the capacity available to deliver services.
- Generally fewer children in Lincolnshire live in deprived areas, low income families or where there is no employed adult in the home, compared to the national average, but there are pockets of significant deprivation in the county where more targeted support may be needed.
- In some parts of the county there are high numbers of children where English is their second language and supporting these children and their families to access services will need specific consideration.
- Registration at children's centres is high but could be improved for some key vulnerable groups. General sustained attendance at children's centres could be improved, again particularly for some key vulnerable groups, although those known to social care or targeted teams have a better attendance compared to the general population in deprived areas. Data is showing that children that attend children's centre services have a better level of development by the time they start school compared to those that don't attend.

#### **Engagement Results**

Between October and December 2015, public and professionals were engaged to understand their views of the services being reviewed. In total, more than 1,200 responses were received to questionnaires. Engagement events were also run with current providers, the wider provider market, Children's Services Team Managers, Children's Services locality staff, schools and pupils. Shadowing of services was also undertaken.

- The stage parents/carers and professionals think the most support is needed:



During the early years of childhood (0-5) parents/carers and professionals felt families needed the most support during pregnancy up to 1 year (87%), of which 63% was only up until 8 weeks.

- 90% of respondents attend a children's centre occasionally or frequently. The main reasons stated by those respondents who attended a children's centre once and didn't return were that it wasn't local, they didn't like the groups, they didn't find it very welcoming, they returned to work or the times were not convenient for them attend. The top reasons stated by those who have never been to a children's centre were not knowing anybody, days or times being inconvenient, feeling like they wouldn't fit in, not offering activities they are interested in and the child being in a setting or attending other preferred activities.
- Only 28% of respondents said that they would like other sessions to be available through children's centres, these included; drop-in sessions, weighing clinics, bottle feeding support, music, singing and dancing sessions, more of the same sessions as are currently available, mental health support (both antenatal and postnatal), new mums sessions and young parents groups.
- Of the 27% of respondents who said that we could make it easier for them to attend children's centres, suggestions included; a wider variety of times to choose from, broader age groups (so both children can attend), better advertising/publicity, more planning around what the community already offers, make the activities closer to home (for example in community venues) and run more of the most popular activities.
- Respondents feel the most important things about going to a children's centre for parents/carers and children are taking part in activities that help child development, socialising and making friends (both parents and children) and learning through play.
- 74% said they would be willing to pay for additional children's centre sessions depending on cost, value for money and ways of paying (such as pay as you go and not upfront). For those who said they would not, the primary reason was affordability.
- The responses indicate that the greatest number of people either drive (over 50%) or walk (over 40%) to children's centres. Only 2.1% of responses indicate that people use public transport to travel there, while the remainder cycle or take taxis.
- Almost 60% of respondents currently travel less than 2 miles to a children's centre, however almost 40% said they would be willing to travel 3-5 miles, 27% 6-10 miles and 7% more than 10 miles.
- Respondents would prefer to go to children's centres to take part in activities (78%). However they were nearly equally willing to go to more local community venues, nurseries/schools and parent and toddler groups.

**Summary:**

- Families need the most support with and for their children in early childhood during pregnancy and through the first year.
- There are still some barriers to some families accessing children's centres which making changes to services can address e.g. tailoring sessions to need such as maternal mental health, using outreach venues. Children's centres are important to parents to help child development and to create peer networks. Many families would pay for sessions within reason although this may be a barrier for some families. Most people drive or walk to children's centres (60% less than 2 miles) currently. Most people would be willing to travel further within reason. People prefer to go to children's centres to access activities but they would be willing to go to other venues if services were put on there.

**Evidence****Focus on the first 1001 Critical Days**

Local engagement feedback from parents/carers and professionals cites very early childhood (0-1) as the key time when families want and need the most support. Evidence is also clear that good parenting during the first 1001 days of a child's life can have a significant positive impact on later life chances. As such, in designing service models this has been a key focus.

**Evidence summary:**

- From birth to age 18 months, connections in the brain are created at a rate of one million per second. The earliest experiences shape a baby's brain development, and have a lifelong impact on that baby's mental and emotional health. Ensuring that the brain achieves its optimum development and nurturing during this peak period of growth is vitally important, and enables babies to achieve the best start in life.
- A foetus or baby exposed to toxic stress can have their responses to stress (cortisol) distorted in later life. This early stress can come from the mother suffering from symptoms of depression or anxiety, having a bad relationship with her partner, or an external trauma such as bereavement.
- International studies show that when a baby's development falls behind the norm during the first year of life, it is then much more likely to fall even further behind in subsequent years, than to catch up with those who have had a better start.
- Attachment is the bond between a baby and its caregiver/s. There is longstanding evidence that a baby's social and emotional development is strongly affected by the quality of their attachment.
- Babies are disproportionately vulnerable to abuse and neglect. In England they are seven times more likely to be killed than older children. Around 26% of babies (198,000) in the UK are estimated to be living within complex family situations, of heightened risk where there are problems such as substance misuse, mental illness or domestic violence. 36% of serious case reviews involve a baby under one.
- At least one loving, sensitive and responsive relationship with an adult caregiver teaches the baby to believe that the world is a good place and reduces the risk of them facing disruptive issues in later life.
- Every child deserves an equal opportunity to lead a healthy and fulfilling life, and with the right kind of early intervention, there is every opportunity for secure parent infant attachments to be developed.

**Antenatal Education**

Antenatal Education was a recurrent theme in all focus groups run with professionals who strongly felt a universal offer is needed in Lincolnshire that is delivered in an integrated way with midwifery, health visiting and early years services to aid the prevention of poor

parenting practice, increase general understanding about the importance of attachment and play at to identify early where people may be likely to struggle and need extra support. There is some solid evidence of the positive impact of antenatal education in helping to manage and reduce maternal anxiety and depression during pregnancy and early childhood, leading to improved coping, greater partner support and a better birth experience.

Evidence summary:

- Improved maternal mental health (National Childbirth Trust, 2010)
- Increased mental preparation for childbirth among pregnant women (Koehn, 2008)
- Decreased use of epidural anaesthesia during childbirth (Ferguson, Davis & Brown, 2013)
- An increased likelihood of arriving at the hospital in active labour (Ferguson, Davis and Brown, 2013)
- Increased breastfeeding initiation and continuation (Schrader-McMillan, Barlow & Redshaw, 2009)
- Greater satisfaction with the couple and parent-infant relationships after birth (National Childbirth Trust, 2010)
- (The University of Warwick (Schrader McMillan et al. 2009):
  - Antenatal education has a role to play in improving knowledge of and preparation for parenthood.
  - Participation in antenatal preparation courses is associated with higher satisfaction with the birth experience.
  - Antenatal preparation courses can lead mothers and fathers to adopt a range of healthy behaviours that affect pregnancy, birth and early parenthood (as well as their own health), such as eating more healthily, cutting down or stopping smoking and taking more exercise.
  - Group-based programmes have high levels of consumer satisfaction, partly because they offer parents the opportunity to develop supportive social networks with their peers.

**Implications for the new early years service:**

- Families and professionals have told us how important they feel it is to provide good universal support and enhanced targeted support during very early childhood because of the positive impact it can have on the rest of a child's and families lives. Evidence backs this up.

### Section 3. Preferred Model Early Years Service

Age	Universal	Targeted	Specialist	Changes
Antenatal to Age 5	<ul style="list-style-type: none"> <li>Antenatal education from 30 weeks pregnant- integrated delivery by Health Visiting, Midwifery and Early Years service.</li> <li>Early Years service delivered from children's centres or outreach from antenatal 35+ weeks.</li> </ul>	<ul style="list-style-type: none"> <li>n/a via children's health</li> </ul>	<ul style="list-style-type: none"> <li>n/a via children's health</li> </ul>	<ul style="list-style-type: none"> <li>Introduction of universal antenatal education classes.</li> <li>More availability of Early Years service during the late antenatal period in preparation for parenthood.</li> </ul>
	<ul style="list-style-type: none"> <li>Early Years service delivered at children's centres or outreach.</li> <li>More sessions for children up to age 1.</li> <li>Toddler sessions aimed at up to age 3 (up to age 5 allowed) with focus on 'ready to learn'.</li> <li>Mixed sessions for families with babies and toddlers.</li> <li>Opportunities to run additional chargeable sessions.</li> </ul>	<ul style="list-style-type: none"> <li>Early Years services for targeted groups as needed in children's centres, outreach or in home e.g. teenage parents.</li> <li>Skills development programmes delivered in children's centres or outreach for targeted families.</li> <li>Crèche services for parents engaged in skills development sessions.</li> </ul>	<ul style="list-style-type: none"> <li>Early Years service for targeted groups as needed in children's centres, outreach or in home e.g. teenage parents.</li> <li>Skills development programmes delivered in children's centres or outreach for targeted families.</li> <li>Crèche services for parents engaged in skills development sessions.</li> </ul>	<ul style="list-style-type: none"> <li>Health Visitors will lead on participation and engagement in children's centres, particularly vulnerable groups.</li> <li>Antenatal Education delivered in children's centres should increase families' awareness of children's centres as key venues of support post birth.</li> <li>Higher volume of services for children aged 0-1.</li> <li>More flexibility for outreach and targeted sessions to families based on need.</li> <li>Greater focus on targeted skills development and accessing existing adult learning opportunities.</li> </ul>
	<ul style="list-style-type: none"> <li>BME inclusion support to encourage families from BME backgrounds to engage in existing services.</li> </ul>	<ul style="list-style-type: none"> <li>Support eligible BME families to take up 2 year old child care funding.</li> <li>Support early years service with any targeted groups/home visits which may include BME families requiring translation support.</li> <li>Translation support to understand processes such as Team Around the Child, Child in Need and Child Protection.</li> </ul>	<ul style="list-style-type: none"> <li>Support eligible BME families to take up 2 year old child care funding.</li> <li>Support early years service with any targeted groups/home visits which may include BME families requiring translation support.</li> <li>Translation support to understand processes such as Team Around the Child, Child in Need and Child Protection.</li> </ul>	<ul style="list-style-type: none"> <li>Greater focus on accessing existing children's centre services and supporting community cohesion.</li> <li>Greater integration with early years service.</li> </ul>

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