

### Children's Services Commissioned Best Start Lincolnshire Early Years Services Review

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## 1. Introduction

Lincolnshire County Council's Children's Services is the lead commissioner for the following Best Start Lincolnshire services:

- Early Years and Family Service
- Inclusion Service for ethnic minority communities

These services provide support for children aged 0 to 5 years and their families, primarily delivered in Lincolnshire's children's centres. The combined annual value of the Best Start Lincolnshire services is £1,936,712 per annum.

A commissioning review of the Best Start Lincolnshire services commenced in August 2020. The review considered local and national policy requirements, local need (both pre and during Covid-19), feedback from service users/professionals, the performance of the relevant services, comparisons against other local authorities and the supplier market. This Commissioning Plan provides the overview of the key findings in relation to any future commissioning of the Best Start Lincolnshire services.

It is important to note that most children currently in their early years will not remember a time before the Covid-19 pandemic, and all will have been impacted in some way. Making sure the right support is available for these children and their families into the future is vital.

### **Aim of the Commissioning Plan**

To inform decision makers of:

- The key findings of the review.
- The recommended model for Best Start Lincolnshire services from April 2023 onwards.
- The funding requirements for the recommended model and any cost efficiencies.
- The recommended approach for recommissioning Best Start Lincolnshire services.

## 2. Current Commissioning Arrangements

Existing commissioning arrangements for the services in scope of the review are as follows:

- **Best Start Lincolnshire: Early Years and Family Service:** delivered by Early Years Alliance (EYA), trading as Pre-school Learning Alliance. The current annual value of the contract is £1,871,712.
- **Best Start Lincolnshire: Inclusion Service for ethnic minority communities:** delivered by PAB Languages Ltd. The current annual value of the contract is £65,000.

Both services are commissioned via a contract for services following an open competitive tender process. The contracts commenced 1<sup>st</sup> July 2017 and were due to cease 30<sup>th</sup> June 2022. Both contracts have been extended to 31<sup>st</sup> March 2023 by an exception to the Council's Contract and Procurement Procedure Rules (CPPRs) because of delays to the review caused by the Covid-19 pandemic. There is an option to extend both Best Start Lincolnshire contracts for a further 3 months to the maximum agreed exception period of 30<sup>th</sup> June 2023.

### 3. Commissioned Early Years Services Review Findings

#### 3.1 Policy Background, Statutory Duties and Local Priorities

##### Legislation

**Appendix A** provides detail of how the Best Start Lincolnshire Services align to and support national and local policy, strategies, and priorities.

The Council has no explicit statutory duty to provide the Best Start Lincolnshire services, but the services support the Local Authority's statutory responsibilities under **Section 3(2) of the Childcare Act 2006** to make arrangements to secure integrated early childhood services and maximise the benefit of those services to parents, prospective parents and young children.

In addition to Section 3 there are several other Sections of the Childcare Act 2006 linked to the provision of children's centres and are outlined below:

- **Section 1:** Duty on local authorities to improve the well-being of young children in their area and reduce inequalities between them.
- **Section 2:** Explanation of the meaning of early childhood services.
- **Section 3:** 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.
- **Section 5A:** Arrangements to be made by local authorities so that there are sufficient children's centres, so far as reasonably practicable, to meet local need.
- **Section 5C:** Duty on local authorities to ensure each children's centre is within the remit of an advisory board, its makeup and purpose.
- **Section 5D:** Duty on local authorities to ensure there is consultation before any significant changes are made to children's centre provision in their area.

##### Local Priorities

- **The Council's Corporate Plan** –these services support *The Opportunity to enjoy life to the full; Thriving Environments and Good-value Council Services*.
- **The Better Births Project** launched the Maternity Hubs within children's centres in 2017 and a more combined focus of maternity services and early years services is expected to be further embedded in the future.
- **The Children's Health Service 0-19** was insourced into the Council in October 2017 and includes the delivery of health visiting services for children from birth to the end of their reception year, and their families. The Service delivers the **Healthy Child Programme (HCP)**, which is a nationally mandated programme. A recent first phase of a national Public Health review of the HCP has highlighted the need for a greater emphasis on evidence-based and targeted support, as well as addressing vulnerability and reducing inequalities in health, with multi-agency working at the heart of community resilience and improving outcomes for children.
- The Council's **Children's Services principles** which underpin how services are commissioned and delivered include strong protective universal services accessible to all with a range of early help available, so children have the best start in life and families have extra help when they need it.

- The Council's **Early Years Peer Challenge Review** undertaken in November 2019 highlighted some areas for improvement including:
  - Strengthen shared accountability and governance across the system to develop and deliver the Early Childhood Strategy.
  - Engage with those outside of Children's Services and develop a shared understanding of vision, goals, and key terminology such as early childhood, school readiness, home learning environment.
  - Re-balance the focus for early years delivery between children's centres and the wider community.
  - Develop a plan to build capacity of the early years' workforce across the partnership, maximising skills, and experience.
- Lincolnshire's development of its **Early Childhood Strategy** provides a strong basis to further improve outcomes for children *from pregnancy to the end of the foundation stage*. The Strategy sets the primary aim to increase the Good Level of Development (GLD) of children across Lincolnshire and to improve outcomes.
- The Council's **Early Help Strategy 2021-23** provides a strong basis to foster a collaborative approach for every professional working with or engaging with children and families, regardless of their organisation, status, or position as a shared responsibility to deliver Early Help and support families to access the appropriate services. "Putting Children First" and "Working Together with Families to Enhance Children's Present and Future Lives".
- **Adult Skills and Family Learning Service** is a Council-led service to support parents/carers within Lincolnshire to access learning and support to eventually get them back into employment. Consideration has been given within the review of the Best Start Lincolnshire: Early Years and Family Service to the duplication between the skills element offer within that service and the Adult Skills and Family Learning Service offer.
- **A wider review of emotional wellbeing and mental health services** is currently taking place. Consideration has been given within the review of the Best Start Lincolnshire services to how parents/carers can be better supported to understand, support, and normalise their child's emotional development and/or behaviours at key developmental stages.
- **A review of commissioned services to support children with disabilities** is currently being undertaken, which includes an Early Support Learning Provision (ESLP) for children up to the age of 5 years with disabilities delivered within local children's centres. Consideration has been given within the review of the Best Start Lincolnshire services to the interdependencies with the ESLP in order to determine how the relevant services can work together in order to provide a more inclusive offer for all children up to the age of 5 years with disabilities within children's centres and the wider community.
- **A review of a commissioned Portage Service** is also currently being undertaken. The service provides home visiting support for children aged 0 to 5 years with SEND, and their families, where there is a learning difficulty, developmental delay or physical difficulty impacting on the child's educational development. Consideration has also been given within the review of the Best Start Lincolnshire services to the interdependencies with the Portage Service to determine how the services can work together to ensure there are inclusive evidence-based group sessions for children in their early years with SEND within children's centres and the wider community.

- **Family Hubs** is a government funded initiative to support local authorities to develop and launch Family Hubs to provide high-quality, joined-up, whole family support services within local communities. Hubs deliver services from conception, through a child's early years, until they reach the age of 19 (or 25 SEND). In November 2021, the Council on behalf of the East Midland Regional Improvement and Innovation Alliance received funding from the Department for Education to support the roll out of the Family Hub Model. The funding received in November 2021 is to enable each local authority in the region to undertake a feasibility assessment of the opportunities of moving towards a Family Hub model could bring to all children and families. Lincolnshire is already in a good position to build upon its successful children's centre offer and maternity hubs across the County, and the Family Hubs model also fits with Lincolnshire's Early Childhood and Early Help strategies.

#### Summary of Key Findings

- The Council does not have an explicit statutory duty to commission or provide the Best Start Lincolnshire services, however, the services do support the Council in its statutory duty to make arrangements to secure integrated early childhood services for children aged 0-5 years and their families.
- Services for children and families in Lincolnshire were cited as Outstanding by Ofsted in 2019.
- The Joint Local Area SEND Inspection (2018) identified the partnership working between midwifery, health visiting and early years workers in the co-delivery of free universal antenatal education as a strength within Lincolnshire. The partnership working between specialist early years teachers and commissioned early years providers was also identified as a strength.
- There is a clear commitment across all local priorities in ensuring children and their families are supported from pregnancy to the end of their early years foundation stage to secure the best possible start in life for children. Any future Best Start Lincolnshire services need to have strong partnership working between other early years services to ensure a coordinated and inclusive offer for all Lincolnshire young children including those with protected characteristics and/or health inequalities.
- Future commissioning of the Best Start Lincolnshire services needs to be aligned to national and local priorities and work flexibly with the Council as local priorities develop and embed.

### 3.2 Evidence Summary

**Appendix B** provides further detail for this section.

- The Early Intervention Foundation in November 2021 published *Growing up in the Covid-19 pandemic: An evidence review of the impact of pandemic life on physical development in the early years (international and UK)*. Early findings were:
  - Decrease of physical activity and positive attitudes towards physical activity during the pandemic (although no UK evidence could be found for under 5s).
  - Food security had worsened across the globe and the UK.
  - Increase in unhealthy meals and snacking during the pandemic with reports of increased obesity (although no UK evidence could be found).

- Results were inconclusive with both positive and negative findings with regards to breastfeeding and as such further investigation was required.
- Evidence was limited but did suggest that oral health for infants declined due to the pandemic.
- Evidence indicates a significant drop in vaccinations due to the pandemic and a lack of parental knowledge and difficulty in accessing vaccination appointments.
- Results were contradictory with some highlighting positive changes to sleep with other noting negative changes, although no UK evidence could be found.

### **Supporting Antenatal and Postnatal Concerns**

- Evidence is clear that good parenting during the first 1001 days of a child's life can have a significant positive impact on their life chances and there is longstanding evidence that a baby's social and emotional development is strongly affected by the quality of their attachment with its caregiver.
- There is evidence that antenatal education can help to manage and reduce maternal mental ill health during pregnancy and early childhood, leading to improved coping, greater partner support and a better birth experience.

### **Supporting Children in their Early Years**

- Improving coordinated multi-agency support for children, parents, and families during crucial periods of a child's development, including prevention and early intervention support, can contribute significantly to improving children's life chances.
- The **Evaluation of Children's Centre in England (ECCE) report**, July 2016 (Department for Education) highlights the key findings from a six-year study from 2009 to 2015 looking at the impact evidence from children's centres across England. This included parent-child relationships, parental stress and the home learning environment, some key findings from this study included:
  - Using children's centre services either in a more directed way at baseline (limited or heavily), rather than inconsistently, predicted improved mental health outcomes for mothers later on.
  - Mothers who attended centres that were expanding services (in combination with no cuts to services) also showed improved mental health compared to mothers attending centres that had experienced budget cuts and were reducing services.
  - Early health and developmental problems at baseline (mean age 14 months) predicted poorer outcomes at age 3 plus.
  - Greater financial disadvantage and lower maternal education level predicted poorer behavioural and cognitive outcomes.
  - Offering a greater number of named programmes for families at a children's centre predicted better outcomes for selected child behaviour and family outcomes. These are all outcomes that involve parent-child interactions.
- The **Best Beginnings in the Early Years** report, Children's Commissioner for England, July 2020, highlights that every baby needs a loving, nurturing relationship with parents/carers, a safe home free from stress and adversity, the right help to develop good language and other cognitive skills, support to manage behaviour and regulate their emotions and good physical and mental health and access to health care in order

to have the right foundations for a healthy and happy life. The report highlighted those children who do less well at five are:

- Five times as likely to end up being excluded by the end of primary school (82% more likely after accounting for local demographics).
- Twice as likely to have had contact with Children's social care at age eleven (46% more likely after accounting for demographics).
- Three times more likely to be struggling with reading at eleven, even once demographics are accounted for.
- Four times more likely to be struggling with writing at eleven (three times more likely after accounting for demographics).
- The **State of the Nation: Understanding Public Attitudes to the Early Years**, November 2020 (Ipsos MORI on behalf of the Royal Foundation) sets out the key findings from research and national surveys on attitudes in the UK towards bringing up children from conception to 5 years. This identified that the majority of parents do not see early childhood years as an important time for development and a key link between parental mental health and the subsequent long-term development of children.
- An evidence review undertaken by the World Health Organization (WHO) in 2020 (**Improving early childhood development**), highlighted four key elements to improve early childhood development and secure outcomes:
  - Responsive Caregiving: All infants and children should receive responsive care during the first 3 years of life; parents and other caregivers should be supported to provide responsive care.
  - Promote Early Learning: All infants and children should have early learning activities with their parents and other caregivers during the first 3 years of life; parents and other caregivers should be supported to engage in early learning with their infants and children.
  - Integrate Caregiving and Nutrition Interventions: Support for responsive care and early learning should be included as part of interventions for optimal nutrition of infants and young children.
  - Support Maternal Mental Health: Psychosocial interventions to support maternal mental health should be integrated into early childhood health and development services.

### **Early Intervention Foundation (EIF)**

- An evidence review undertaken in 2014 (**Getting It Right for Families**) highlighted effective integrated approaches to supporting parent child interactions within early years can reduce duplication and improve the support available to families. In addition, there was some evidence to suggest that an integrated approach can improve children's cognitive development, physical health, behaviour, and parent/family relationships. The several positive effects and benefits of integrated early years services included:
  - Enhanced communication between services which led to better cooperation and implementation.
  - Services were more responsive and had better accessibility and user engagement.
  - It reduced duplication and were more cost effective.



- An evidence-based programme review undertaken in 2016 (**Foundations for Life: What Works to Support Parent Child Interaction in the Early Years**) highlighted that young children thrive in environments that are predictable and responsive to their needs. Where environments are negative, unpredictable, or overwhelming it is vital that parents/carers have access to support that is of high quality and well-matched to their needs. An evidence-base review of 75 early years programmes within the UK found that 17 programmes were likely to be effective on improving children's outcomes, if carefully commissioned to meet local needs. Although there was no one programme that was recommended, the evidence was strongest for programmes that target based on early signals of risk in child development and programmes which focused on children's behavioural development also tended to have better evidence of effectiveness. Recommendations for commissioners included:
  - Developing clear and consistent approaches to assessing risk across the early years system in relation to child development and the most effective responses and interventions. This included the importance of identifying children aged 3 years not making the transition from aggressive behaviours to more sophisticated methods of negotiation and impulse control.
  - Supporting the development of a culture of evidence use and building the evidence base, including investing in skills development and sharing promising practice and innovation.
- Research undertaken on **Closing the Word Gap: learning from five areas who have gained ground, 2020** found six common themes which improved the word gap:
  - *Theme 1: Partnerships and integrated working*
  - *Theme 2: Early identification and intervention*
  - *Theme 3: A focus on the family*
  - *Theme 4: Getting it right for 2-year-olds*
  - *Theme 5: High-quality provision in early years settings*
  - *Theme 6: A skilled workforce*
- The EIF's spending review evidence, **the Case for Early Intervention to Support Levelling Up and Covid Recovery (2021)**, identified six key early intervention approaches to support levelling up from Covid and to improve early intervention and these were:
  - Intensive home visiting between birth and two years was shown to reduce income related learning gaps.
  - Supporting children's early language development was shown to improve children's early language and preliteracy skills.
  - Supporting first-time parents, which included co-parenting classes during pregnancy and after birth was shown to improve child behaviour at ages 3 and 7.
  - Parenting support was shown to improve the parent-child relationship, reduce parental use of negative discipline, and reduce child conduct problems at home and at school.

### **Evidence-based programmes**

- **Early Talk Boost:** for children with delayed language, targeted at children between the ages of 3 and 4 years. Delivered in children's centres or other early years settings by

early years practitioners, aiming to improve children's core language skills, as well as academic attainment and social/emotional difficulties in the long term. Children taking part have been identified by early years practitioners as having delayed language (not an identified special educational need), which may include English as an additional language. EIF highlights there is preliminary evidence of improving child outcomes, including enhancing school achievement, improving auditory language skills and improving expressive language skills, but evidence is limited as there have not been any randomised controlled trials conducted. Indicated by EIF as having a low cost to set up and deliver when compared with other interventions (estimated unit cost of £100 or lower, 2019).

- **Empowering Families, Empowering Communities (EPEC):** for families with children aged 0-16 years to improve parents/carers confidence and provide them with strategies to help improve interactions with their child and reduce negative child behaviour. "Baby and Us" is particularly focused at parents/carers with children aged 0 to 2 years, and there are other tailored offers for parents/carers of children with ASD/ADHD, parents/carers, and children at risk, as well as supporting parent/carers where there is a parental mental health concern. Rated by the EIF as having statistically significant impact on at least one child outcome and estimated as being low cost to set up and delivery when compared to other evidence-based programmes (an indicative unit cost of £100 or lower, 2016).
- **Family Foundations:** for couples expecting their first child, which can be delivered alongside standard childbirth classes. Parents attend five sessions prior to the baby's birth and a further four additional sessions when baby is between four and six months old. Parents learn strategies for working together effectively as co-parents in managing their child's care and responding to his or her needs. Evidence from two randomised controlled trials showed improved relationship satisfaction and functioning amongst participants. Parents were reported to experience significantly less overall parenting stress and less depression and anxiety compared to those not participating in the programme. Most consistent impacts for children included improved attachment-related behaviours, improved behaviour at age 3 and improved prosocial behaviour at school at age 7. Rated by the EIF as having a long-term positive impact through multiple high-quality evaluations and estimated as being low cost to set up and deliver when compared to other evidence-based programmes (an indicative unit cost of £100 or lower, 2016).
- **Incredible Years:** for parents/carers of pre-school children. "Incredible Years Toddler" is focused on parents/carers with children aged 2 to 3 years and "Incredible Years Preschool" at parents/carers with children aged 3 to 6 years. Both provide parents/carers with strategies to interact with their child and better understand their child's behaviour at key developmental milestones. The preschool programme is ranked by EIF as a having long-term child outcomes lasting over a year whereas the toddler programme was ranked as only showing preliminary outcomes which have not been robustly tested. Both programmes are estimated as medium to low cost to set up and deliver when compared to other evidence-based programmes (an indicative unit cost of £100 to £499, 2016).
- **Parents as First Teachers (PAFT):** for parents with a child aged three or under, aimed at developing family resilience and promoting positive parenting behaviours that will continue after the family's engagement in the programme has ended. Frequency and

duration are determined by family's needs and although primarily a home visiting programme it can also be delivered in children's centres. Practitioners also facilitate parent-child interaction through age-appropriate talk, play and reading activities. EIF indicates that the programme has at least one rigorous conducted randomised control trial that demonstrates a significant positive impact on at least one child outcome. Evidence suggests that positive outcomes for children include improved receptive language, expressive language, and vocabulary as well as improved child self-help skills and developmental milestones. Estimated by EIF as being a medium to high cost to set up and deliver when compared with other interventions (an indicative unit cost of £1,000 to £2,000, 2021).

- **Peers Early Education Partnership (PEEP) Learning Together Programme:** for parents with a child between birth to five years and teaches parents age specific skills for supporting their child's early learning and social and emotional development. The programme aims to improve child development and all sessions include talk time, songs, and rhymes, sharing books and stories and things for families to try at home. The EIF indicates that the programme has some evidence of improving a child's outcomes such as improving self-esteem (maternal acceptance), improving verbal comprehension, vocabulary, writing and numeracy, although there is no evidence from rigorously conducted randomised control trials. In addition, five independent research studies undertaken by the universities of Oxford and Warwick, highlighted that the programme:
  - Successfully reaches isolated families and engages them in their children's learning.
  - Helps parents become more aware of their children's development and how to foster it.
  - Helps children develop good foundation for literacy and strong self-esteem.
  - Enables practitioners to unlock parents' potential rather than focus on their problems.

#### **Summary of Key Findings**

- There is a strong link between maternal health and infant health. Emotional development is strongly affected by the quality of attachment with a child's care giver.
- Antenatal education can help to manage and reduce maternal mental ill health during pregnancy and early childhood.
- The first two years of a child's life have a profound impact on their future development and long-term outcomes.
- Not enough parents know that early childhood is an important time for development and the key link between parental mental health and the subsequent long-term development of children.
- All babies need access to a nurturing relationship with parents/carers, a safe home free from stress and adversity, the right help to develop good language and other cognitive skills, support to manage behaviour and regulate their emotions and good physical and mental health and access to health care.
- Children doing less well at age 5 are more likely to be excluded from school, have had contact with Children's social care and struggle to read and write.

- Early childhood development and outcomes can be improved by responsive caregiving, early learning, supporting mother’s mental health, and integrating care giving and nutritional interventions.
- Integrated working between professionals has many benefits including reducing the word gap for children, improving cognitive development, improving physical health, improving behaviour, supporting parent/child interactions and reducing duplication and costs.
- Key early intervention approaches to support levelling up from Covid include intensive home visiting to reduce income related learning gaps, supporting early language development, supporting first time parents including co-parenting classes, providing parental support.
- There are a several interventions for children in their early years that can evidence improved outcomes.

### 3.3 Needs Summary

#### Lincolnshire Early Years Population

- There are c. 7,500 births in Lincolnshire each year (JSNA Early Years, 2019).
- There are c. 47,466 children aged 0 to 5 in Lincolnshire (ONS population estimate mid-2020). A decrease of c. 3% since 2016 and projections show that this is likely to decrease by a further 2% by 2025 (Lincolnshire Population Projection Tool, 2018).
- GP registration estimates of children aged 0-5 (January 2022) are c.36,066.
- 12% of Lincolnshire’s population live within the 20% most deprived areas of England, with 19 Lower Super Output Areas (LSOAs) within the 10% most deprived nationally (IMD 2015).
- There are currently 39,273 children aged 0-5 registered at children’s centre (January 2022) representing 83% of the ONS population estimate and 109% of GP registered estimate. 55% of the GP registered population attended a children’s centre between October-December 2021.
- Of those registered with a children’s centre 71% identified as white British and 19% identified as all other ethnic groups combined. 10% did not provide a response.
- The Best Start Lincolnshire inclusion service for ethnic minority communities was commissioned in Boston, South Holland, and Lincoln. Since 2017 the number of ethnic minority children aged 0 to 5 years in Lincolnshire has increased by 20.8% with increases seen in North and South Kesteven as well as Boston, South Holland, and Lincoln. The table below shows the percentage increase in each Children’s Services locality:

Locality	BME Population Aged 0 to 5 years 2016	BME Population Aged 0 5 years 2019
Boston	2,505	3,525 <b>(+40%)</b>
South Holland	1,922	2,517 <b>(+30%)</b>
Lincoln	2,056	2,530 <b>(+23%)</b>
West Lindsey	903	890 <b>(-1.4%)</b>

North Kesteven	867	1,390 <b>(+37.6%)</b>
South Kesteven	1,985	2,262 <b>(+13.9%)</b>
East Lindsey	1,377	920 <b>(-33.1%)</b>
<b>Total</b>	<b>11,615</b>	<b>14,034</b> <b>(+20.8%)</b>

- 14.3% of pupils in Lincolnshire are from ethnic minority groups and 10.3% have English as a second language. Boston, South Holland, Lincoln, West Lindsey, North Kesteven and South Kesteven have all seen rises in their percentage of pupils from ethnic minority groups compared to 2016. Boston continues to have the highest percentage of ethnic minority pupils (2019 School Census).

Locality	% BME Pupils 2016	% BME Pupils 2019
Boston	27%	34.12% <b>(+7.12%)</b>
South Holland	16%	20.56% <b>(+4.56%)</b>
Lincoln	15%	19.6% <b>(+4.16%)</b>
West Lindsey	7%	7.3% <b>(+0.3%)</b>
North Kesteven	5%	8.56% <b>(+3.56%)</b>
South Kesteven	10%	11.8% <b>(+1.8%)</b>
East Lindsey	6%	5.53% <b>(-0.47%)</b>
<b>Total</b>		<b>Avg +3%</b>

### Early Health

- Health Visitors provide a strong universal offer to families from birth and as at 2020/21: (NHS Fingertips, Child and Maternal Mental Health – Early Years Profile)
  - 90.6% of Primary Birth Visits were delivered within 10 to 14 days.
  - 90.4% of 6–8-week visits were delivered on time.
  - 46.5% of children received a 12-month review and 81.7% of children received a 2-2 ½ year review

The pandemic impacted on some families taking up some universal checks as well as some workforce challenges which meant checks were targeted at vulnerable families. However, local Health Visitor service delivery data reports that between July to September 2021, the percentage of children who received a 12-month review was 81.9%.

- In 2020/21 63.5% infants were breastfed from birth in Lincolnshire (below England average of 67.4%). With 41.1% of infants totally or partially breastfed at 6-8 weeks (current statistical method) (slightly worse than the England average of 47.6%). (NHS Fingertips, Child and Maternal Mental Health – Pregnancy and Birth profile). 74% sustained breastfeeding between Primary Birth Visit and 6–8-week checks.

- Immunisation rates for some childhood vaccinations in Lincolnshire in 2020/21 fell below the threshold of 95% of the target population (90.5% for MMR for one dose at 2 years old: 92.9% for Dtap/IVP/Hib at 2 years old and 94% for children in care immunisations) (NHS Fingertips, Child and Maternal Mental Health – Child Health profile).
- The latest data (2018/19) for children aged 0-4 showed 2.5% attended A&E this is a lower rate than regional and national averages.
- 15.8% of women were smoking at time of pregnancy in Lincolnshire (2020/21) which is higher than the regional average of 12.6%.

### Early Learning and Education

- As at Summer 2019, 82% of eligible 2-year-olds were accessing their Early Years Entitlement (EYE) to free early education. Covid-19 significantly impacted on young children accessing their entitlement as this reduced to 78% as of Summer 2020 (69% nationally) and further reduced to 63% in Summer 2021 (62% nationally).
- As at Summer 2019, 95% of all 3 and 4-year-olds were accessing their EYE (94% nationally). During Covid-19 this reduced to 91% in Summer 2020 (93% nationally) and further reduced to 90% in Summer 2021 (90% nationally).
- Lincolnshire is just below the national average in Good Level of Development (GLD) for all children in the Early Years Foundation Stage, including children eligible for Free School Meals and SEN, and is below the statistical neighbours' average for most of the comparators (Early Years Outcome Dashboard, 2019).

		2016	2017	2018	2019
<b>GLD Foundation Stage FSM Eligible Children</b>	<b>England</b>	54%	56%	56.6%	57%
	<b>East Midlands</b>	52%	52%	54%	55%
	<b>Statistical Neighbours</b>	52.6%	52.8%	54.2%	53%
	Lincolnshire	54.1%	52.8%	52.4%	56%
<b>GLD Foundation Stage All Other Children</b>	<b>England</b>	72%	73%	73.8%	74%
	<b>East Midlands</b>	67.6%	68.8%	69.8%	70.3%
	<b>Statistical Neighbours</b>	71.8%	72.6%	73.1%	74%
	Lincolnshire	73.3%	72.6%	72.1%	72%
<b>GLD Foundation Stage SEN Pupils without EHCP</b>	<b>England</b>	26%	27%	28%	29%
	<b>East Midlands</b>	26%	26%	26%	26%
	<b>Statistical Neighbours</b>	26.56%	26%	26%	26.89%
	Lincolnshire	27%	25%	24%	25%
<b>GLD Foundation Stage SEN Pupils with an EHCP</b>	<b>England</b>	4%	4%	5%	5%
	<b>East Midlands</b>	4%	3%	4%	4%
	<b>Statistical Neighbours</b>	7.25%	5.4%	4.56%	4.11%
	Lincolnshire	6%	Not available	5%	2%

*\*Performance: red- worse than comparators, amber- on a par with comparators, green- better than comparators.*

- According to health profiles for child development (undertaken as part of Health Visitors' mandated checks), more 2 to 2½ year olds in Lincolnshire are achieving a good

level of development when compared to regional colleagues (82.1% compared to 79.9% regionally) and are on par with the national average (82.9%). (Public Health England: Child Development Profiles 2020/21).

- 79.2% of agencies leading a Team Around Child (TAC) were for children and young people aged 5 to 11+ years; 20.8% for children pre-birth or early years.

### **Special Educational Needs and/or Disability**

- As of December 2021, 91.9% of children aged 0-5 with SEND were registered with a children's centre with 58% attending- a correlation was drawn with higher attendance at centres where Early Support Learning Provision for children with a disability is provided by KIDS.
- Nationally there has been an increase in CYP with an Education Health and Care Plan (EHCP) and the increase in Lincolnshire has been higher than other areas. Between January 2018 and January 2021 EHCP numbers increased by 37% (4,560 to 6,236). One of the largest increases was for children under 5 (+94%).
- Approx. 54% (81/151) of the children in receipt of Early Years Inclusion Funding were awarded the lower (emerging one) band and 64% (144/225) were awarded the slightly increased (emerging 2) band. (Early Years Inclusion Funding Data 2020)
- The most common areas of need for children accessing inclusion funding were:
  - Communication and Interaction (74%)
  - Emotional, Behavioural and Mental Health (8%)
  - Cognition and Learning (8%)
  - Sensory and Physical (7.5%)
- An IMPOWER review in partnership with the Council to review SEND and high-needs support was undertaken in 2020. This review found that there were significant opportunities to intervene earlier; in up to 69% of cases, children's needs could have prevented, reduced, or delayed, in many cases avoiding the need for an EHCP.
- There is a high demand for Portage support for children aged 0-5 with SEND where there is a learning difficulty, developmental delay or physical difficulty that is impacting on the child's educational development, with c. 49% increase in referrals as at the end of July 2021 (282) compared to July 2020 (189).
- Approximately 40% of referrals to the commissioned Autism and Learning Difficulty Service, which supports children in mainstream schools, were for children transitioning from early years into primary.

### **Summary of Key Findings**

- The Lincolnshire early years population is decreasing, however, of this population there is a significant rise in children with an EHCP.
- Of Lincolnshire's population 12% live in the 20% most deprived areas in the county.
- There has been a 20% increase in children in their early years from ethnic minorities since 2017, there has been an increase across most areas of the county.
- Children's centre registration is very high, including for children with SEND, but attendance is not as high, even pre-pandemic.
- Health Visitors see high numbers of children in the early days and months but checks at 12 months and 2-2 ½ years need to be higher. The pandemic has significantly impacted this with many parents opting out of assessments (as at 2020/21 46.5% of

children received a 12-month review and 81.7% of children received a 2-2 ½ year review, NHS Fingertips, Child and Maternal Mental Health – Early Years Profile). Local Health Visitor service delivery data reports between July and September 2021, 81.9% of children received a 12-month review.

- Immunisation rates have reduced, and breastfeeding rates are below the England average.
- Lincolnshire continues to have more pregnant women smoking at time of delivery than regional and national comparators.
- Although Covid-19 has had an impact, Lincolnshire has more children accessing their Early Years Entitlement at 2-years and is in line with the national average for eligible 3- and 4-year-olds.
- Lincolnshire is below the regional and national average averages for GLD of foundation stage pupils. Although the Health Visitor 2-2 ½ check indicates more Lincolnshire children are achieving a good level of development when compared to regional colleagues and are on par with the national average. There is a disparity between the Early Years Outcome data and the Public Health England profiles for child development.
- The increase in children aged 0-5 with SEND is evident in rising referrals to services such as Portage and higher requests for school transition support for children that are autistic or have learning difficulties. As evidenced from the IMPOWER review, earlier support for families with young children may prevent, reduce, or delay the need for an EHCP.

### **3.4 Performance of Current Commissioned Services**

Performance information on the Best Start Lincolnshire services is provided below. Both services are currently rated Good for performance and have received positive feedback from service users.

#### **Best Start Lincolnshire: Early Years and Family Service**

The Best Start Lincolnshire: Early Years and Family Service comprises of two elements.

The first is early childhood activities across Lincolnshire that support children's early development and their parents/carers positive parenting skills/techniques. Delivery encompasses play-based sessions mainly run from children's centre buildings focused on different areas of child development to provide tailored support where needed, such as communication themed sessions.

The second is skills development for parent/carers with vulnerable children aged 0-19 (0-25 with SEND). This element includes access to a skills development worker who supports parent/carers in their pathway to employment by signposting to available courses and volunteering opportunities across the County as well as co-delivering with other professionals such as the Department for Work and Pensions (DWP) to deliver employment readiness courses (e.g., Opening Doors to Employment Course). In addition, a creche provision is available to help facilitate parents/carers to access skills development activities if another childcare cannot be accessed.



Service delivery is embedded across 48 designated children’s centres in Lincolnshire, including two additional sites and 24 outreach sites. Families need to be registered with their local children’s centre to access the Service.

Staff working in the Service are co-located within children’s centres to ensure robust partnership working with Early Years, Health Visitors and Midwifery in both planning and delivering activity.

Covid-19 restrictions significantly impacted on service delivery, with a strong focus on virtual delivery and/or outdoor face-to-face delivery, in accordance with Covid guidelines, during times when it was not possible to deliver indoor face-to-face sessions.

Service Performance: 2020/2021 and pre-Covid comparisons where available:

- The service had c. two years and seven months of delivery prior to the pandemic.
- Pre-Covid-19 the number of sessions delivered was rising particularly for vulnerable children and in outreach venues widening the reach of services. The pandemic significantly impacted on the number of sessions delivered; in 2020/21 there was a 72% decrease in universal sessions, 21% decrease in vulnerable sessions and 61% decrease in outreach venues.

Session Type	July 2017 to March 2018		18/19 FY		19/20 FY		20/21 FY	
	Number	Quarter Avg	Number	Quarter Avg	Number	Quarter Avg	Number	Quarter Avg
Universal sessions	4,342	1,447	18,855 (+225%)	4,714	17,532 (-7%)	4,383	4,968 (-72%)	1,242
Vulnerable sessions	88	29	339 (+193%)	85	1,167 (+244%)	292	929 (-21%)	232
Outreach sessions	0	0	250 (+250%)	62	330 (+32%)	82	129 (-61%)	32
<b>Total</b>	<b>4,430</b>	<b>1,107</b>	<b>19,444 (+77%)</b>	<b>4,861</b>	<b>19,029 (-2%)</b>	<b>4,757</b>	<b>6,026 (-68%)</b>	<b>1,506</b>

- Performance reporting between July and December 2021 showed that 45% of attendees at outreach sessions had not attended a session in a children’s centre building.
- In 2020/21 there was a 95% reduction in antenatal top tips sessions delivered compared to the previous year again impacted by the pandemic. Positively though, 127 Early Days sessions (developed in 2020 to support new mums with low mood during the pandemic) were delivered during the 2020/21 financial year in partnership with Midwifery and Health Visitors.
- The total number of children and families accessing sessions (including virtual sessions) was also significantly impacted due to Covid-19 (NB: children may be included more than once):

Attendance Type	July 2017 to March 2018		18/19 FY		19/20 FY		20/21 FY	
	Number	Quarter Avg	Number	Quarter Avg	Number	Quarter Avg	Number	Quarter Avg
Families	73,423	24,474	112,338 (+14.7)	28,084	112,387 (+0.04%)	28,096	13,272 (-88%)	3,318
All children aged 0 to 5	84,877	28,292	130,304 (+15%)	32,576	130,041 (-2%)	32,510	13,272 (-90%)	3,318
Vulnerable children aged 0 to 5	1,783	594	4,865 (+105%)	1,216	5,680 (+14%)	1,420	1,221 (-78%)	305

- In 2020/21 An average of 53% vulnerable children aged 0-5 known to Children's Services attended sessions (an increase of 6% compared to the previous financial year).
- 3,965 KIT calls were made between July 2020 and March 2021 (new reporting measure) to vulnerable families, with 348 families signposted on to other services (130 (37%) were signposted to Health Visitors via the Council's Children's Health Service 0-19 Single Point of Access).
- Children's development is monitored through their attendance at early years sessions. The service (with permission) tracks the development of two cohorts of children using Tapestry; vulnerable children who are open to services (Class One) and those whose development, through their attendance at early years sessions, has been identified as being below their expected development for their age (Class Two). The percentage of children making progress within both cohorts of children has decreased since 2018/19 (when tracking of children started):

Tapestry Data Breakdown	18/19 FY	19/20 FY	20/21 FY	18/19 FY	19/20 FY	20/21 FY
	Class One Children			Class Two Children		
% Making progress	84%	77% (-7%)	78% (+1%)	85.5%	84% (-1.5%)	76% (-8%)
% Not making progress	2.5%	2% (-0.5%)	5% (+3%)	3%	9% (+6%)	6.5% (-3.5%)
% Not attending regularly enough for development to be tracked.	13.5%	21% (+8.5%)	17% (-4%)	11.5%	7% (-4.5%)	17.5% (+10.5%)

- Stakeholder feedback collated by the Service between December 2020 and May 2021 showed that an average of 92% of families who provided feedback following face-to-face sessions said the sessions benefited their child and family. The sessions that families said benefitted them the most were Learning Together Babies, outdoor Toddler Play, Stay and Play and Learning through Play. *"My 6-month-old son really enjoys attending these groups. It offers him a variety in activities, different sensory play compared to what he can do at home, and it's lovely to watch him looking and trying to engage with other children and adults."*

- 100% of families who attended Wellbeing Walks and provided feedback said these benefitted their child and family. *“It was great for me and my baby to meet other mums in the park as she was born before the first lockdown and she has never seen another baby before.. She was babbling away to the other babies, and it was great to chat with other mums...”*
- 52% of families said they were happy with virtual sessions delivered when face-to-face sessions were not possible due to Covid-19 restrictions in place at the time.
- The demand for creche provision has been low with 33 creches provided since the start of the contract to September 2021 with only 67 children attending the provision (an average of 2 children per creche provision).

#### Skills Development Service Offer:

- Referrals for skills development reduced by 53% in 2020/21 compared to the previous year but those parents/carers that then enrolled onto courses reduced at a lesser rate. The table below provides a summary of referrals received since the start of the contract:

Data Type	Skills Development Service Offer			
	July 2017 to March 2018	2018/19 FY	2019/20 FY	2020/21 FY
Number of new referrals received	135	501	321 (-36%)	151 (-53%)
Number of parents/carers enrolled onto learning*	90	230	227 (-1.3%)	173 (-24%)
Number of parents/carers secured employment*	17	46	43 (-6.5%)	16 (-63%)
Avg % of parents/carers who achieved outcome** on their pathway to employment	73%	70%	75.9% (+5.9%)	71.5% (-4.4%)

\*Can include parents/carers being supported from previous financial years

\*\*An outcome is based upon achievement of their goals when they joined the skills development programme, e.g., enrolment onto training or securing employment.

- Since the start of the contract 64.9% of those referred enrolled onto learning and 11% secured employment.
- The number of parents/carers who were supported sit on advisory boards reduced in 2020/21 by 39% and no volunteers or parent champions were recruited due to Covid-19 lockdowns and restrictions that were in place.

Data Type	Advisory Boards/Volunteering			
	July 2017 to March 2018	2018/19 FY	2019/20 FY	2020/21 FY
Number of parents/carers on advisory boards	26	46	59 (+28%)	36 (-38%)
Number of new volunteers/ parent champions recruited	33 volunteers  2 parent champions	3 volunteers  1 parent champion	11 volunteers  0 parent champion	0 volunteers  0 parent champion (same)

- 1 existing parent champion secured employment (similar to previous years).

### Summary of Key Findings

- Service delivery was significantly impacted by the Covid-19 pandemic due to the closure of children's centres and restrictions in place around face-to-face delivery. Pre-pandemic the number of sessions had been increasing, significantly for vulnerable families. Face-to-face delivery within children's centres has now fully resumed.
- Evidence shows outreach sessions have a positive impact on engaging those that have not accessed a children's centre building. Currently 45% of parents/carers are attending outreach sessions rather than sessions within their local children's centre.
- The percentage of vulnerable families accessing children's centres fell significantly during the pandemic as expected. Despite Covid-19, development of Class One children (open to Children's Services) being tracked by the Service has remained solid during the 2020/21 financial year when compared to the previous financial year, with a high percentage of children open to Children's Services meeting or exceeding their milestones.
- The Service is well regarded by parents/carers who access it. Only 52% of parents/carers said they were happy with virtual sessions. Where outdoor sessions were offered in accordance with Covid-19 restrictions, these were highly valued by those parents/carers who accessed them.
- A relatively high number of parents/carers referred for skills development support actually enrolled onto learning and met their outcome goals but a low percentage secured employment.

### **Best Start Lincolnshire: Inclusion Service for ethnic minority communities**

The Best Start Lincolnshire: BME Inclusion Service supports ethnic minority families with children aged 0 to five years to access the Best Start Lincolnshire: Early Years and Family Service and offers translation support.

The Service currently covers three Lincolnshire districts; Boston, South Holland, and Lincoln. Services include multinational groups within children's centres, home visits and attendance at key meetings such as ESCO (Early Support and Care Coordination), housing, etc. In addition, the Service provides 16 translations per quarter of documents for families that will support them to engage within their community. Six core languages supported by the Service are Romanian, Russian, Lithuanian, Latvian, Polish and Bulgarian.

Families need to be registered with their local children’s centre within the areas where the Service is supporting to access the Service. Referrals for support are triaged by the Council’s Early Years Practitioners which means very few referrals are rejected by the Service.

Service Performance: 12 months April 2020 to March 2021, including pre-Covid comparisons where available:

- As set out earlier in the Commissioning Plan, the BME population in Lincolnshire is estimated to have increased.
- The table below demonstrates there has been a growth in the number ethnic minority families registered and engaging with children’s centres across all areas since November 2018 including those where the Inclusion Service does not cover (green= covered, red= not covered). Indications are that overall children’s centres are engaging ethnic minority families successfully. The pandemic significantly impacted on engagement with children’s centres in 2020, due to restrictions in place at the time, although engagement in 2021, in the majority of areas apart from Boston and South Holland increased to above pre-pandemic numbers. However, indications are, from children’s centre reporting as at the end of January 2022, that the number of ethnic minority families engaging in Boston and South Holland has now risen to 961 (above pre-pandemic comparisons).

Area	Number of BME families registered with children’s centres				Number of BME families engaging in all children’s centre services			
	2018	2019	2020	2021	2018	2019	2020	2021
Boston & South Holland	2,890	2,973 (+2.8%)	2,952 (similar)	2,952 (same)	845	934 (+9.5%)	165 (-82.3%)	778 (+371%) (-16.7%, 2019)
Lincoln	454	754 (+66%)	1,073 (+42%)	1,489 (+39%)	241	309 (+28.2%)	93 (-70%)	434 (+367%) (+40.4%, 2019)
West Lindsey	298	323 (+8%)	328 (similar)	412 (+25.6%)	119	123 (+3.4%)	15 (-88%)	140 (+833.3%) (+13.8%, 2019)
North & South Kesteven	569	837 (+47%)	1,077 (+28%)	1,374 (+28%)	258	309 (+19.8%)	65 (-79%)	421 (+548%) (+36.2%, 2019)
East Lindsey	323	375 (+16%)	460 (+19.3%)	549 (+19.3%)	132	145 (+9.8%)	52 (-64%)	208 (+300%) (+43.4%, 2019)
Total	4,534	5,262 (+16%)	5,890 (+12%)	6,776 (+15%)	1,595	1,820 (+14%)	390 (-78.6%)	1,981 (+408%) (+8.8%, 2019)

(Sources: Synergy November 2018, November 2019, November 2020 and November 2021 Hard to Reach Reports).

- The inclusion Service received 62 referrals (+25% compared to previous financial year); referrals are from a wide range of professionals including Social Care, Early Help, Health Visitors, ESCO. Parents/carers can also self-refer.
- 2,846 contacts made with 317 families. (+607% compared to previous financial year linked to telephone contact increase during the pandemic).
- Between April 2021 and December 2021 an average of 21% of children sustained attendance in the Inclusion Service (new performing reporting metric). Sustained attendance isn't always positive as the service should be transitioning families to the Early Years and Family Service.
- 108 units (e.g., documents, posters, leaflets, etc) were translated into the six different assigned languages.
- Approximately 65 multinational groups were co-delivered with the Best Start Lincolnshire: Early Years and Family Service, attended by approximately 109 families and 155 children (may include double counting as attendance is counted from both services).
- 90% of parents/carers who provided feedback felt the service had improved their confidence.
- 80% of parents/carers who provided feedback felt able to access support without ongoing assistance from the Service.
- During the pandemic additional translation support was offered to ethnic minority families via Social Care. This resulted in an additional 68% of translation support (on top of their normal offer) for some very vulnerable families during this very challenging time.
- The service has successfully engaged with vulnerable and hard to reach families. On average 92.9% of vulnerable ethnic minority children aged 0-5 accessed the Inclusion Service (new performance reporting and includes children open to services as well as children living in 0-30% IMD areas).
- The service supported a bespoke antenatal education class for a group of Russian families and worked with EDAN to support mums to implement their safety plans and understand the implications on the early years children. The service also supported a family with a child in their early years and limited English to support a primary age sibling to access education by explaining the education system and its importance and then helping with the school application and access to uniform.

#### **Summary of Key Findings**

- The Service is highly valued by those who access it and is noted to have made a difference to their confidence.
- Despite the impact of Covid-19 on many suppliers, the Service continued to meet the demand from service users (which significantly increased during compared to previous years).
- The Service shows positive impact for ethnic minority families with the majority moving on to integrate within their community and provision without the need for support.
- The number of ethnic minority families engaging in the universal offer within children's centres is increasing which is very positive as the Early Years and Family Service must be inclusive and meet the needs of children and families from all

backgrounds. There is not a notable difference in access for areas where the service doesn't run compared to where it does.

- Although the pandemic significantly impacted on engagement with children's centres in 2020 due to restrictions in place at the time, engagement in 2020/21 in the majority of areas apart from Boston and South Holland was above pre-pandemic numbers. Indications are from children's centre reporting as at the end of January 2022, however, the number of ethnic minority families engaging in children's centres in Boston and South Holland has now risen above pre-pandemic numbers.
- The service has been successful in bespoke work with vulnerable and hard to reach families.

### 3.5 Stakeholder Engagement Analysis

Stakeholder engagement identified that numerous parties felt the need for the skills development part of the Best Start Lincolnshire Early Year and Family Service had changed because the support existed elsewhere. This was explored further.

#### 3.5.1 Stakeholder Feedback for both Best Start Lincolnshire Services

Stakeholder feedback was collated in various ways from online services, case mapping, service observation visits and engagement sessions run with professionals. Overall, this considered feedback from parents/carers and a wide range of professionals working with families of children in their early years including Health Visitors, early help, early years, social care and SEND.

A high-level summary for each of the Best Start Lincolnshire services can be found below:

Service	Feedback	What needed to happen
<b>Best Start Lincolnshire: Early Years and Family Service</b>	<ul style="list-style-type: none"> <li>• Session delivery to children and families was highly valued by parents/carers accessing them and the professionals' signposting families to them.</li> <li>• Parents/carers valued the home learning ideas and virtual session delivery during Covid-19 lockdowns. Most parents/carers and professionals, however felt that children and families benefitted the most from the face-to-face sessions.</li> <li>• Most parents/carers who accessed the outdoor face-to-face sessions highly valued these.</li> <li>• 100% of parents/carers who accessed learning through play (evidence-based programme – PEEP) and growing talk sessions</li> </ul>	<ul style="list-style-type: none"> <li>• Core focus to remain on face-to-face session delivery in any future provision within children's centres, with greater use of outreach and outdoor venues.</li> <li>• Sessions to be targeted at particular age groups as well as sessions that allow parents/carers to bring children within multiple age ranges up to the age of 5 years.</li> <li>• Home-learning ideas to be embedded as a key element of session delivery in the future model.</li> <li>• Bespoke 1:1 support including KIT calls to be retained within the future model.</li> <li>• More evidence-based programmes and/or evidence-based practices to be used</li> </ul>

	<p>provided positive feedback on these sessions.</p> <ul style="list-style-type: none"> <li>• Not all parents/carers were aware of the face-to-face sessions available to them in their local community.</li> <li>• Professionals felt more needed to be done to target children aged 0 to three years and to better support new parents/carers during the first year of their child’s life.</li> <li>• Some parents/carers saw it as a barrier not to be able to bring different age groups of children to a session, even though there were sessions available that enabled parents/carers to bring children within multiple age ranges up to the age of 5 years.</li> <li>• During Covid-19 a booking system was introduced when session delivery could recommence within children’s centres which was negatively received by a number of parents/carers. Although this was perceived as a positive by the supplier as it enabled better planning of activities to meet the needs of children attending.</li> <li>• Most parents/carers who had access to KIT calls found these useful.</li> <li>• The partnership working between midwifery, Health Visiting, the Council’s early years practitioners and the early years and family service was perceived positively by all relevant professionals.</li> <li>• There is limited partnership working with skilled workers/services to better support children with SEND, and their families.</li> <li>• Ensuring a locality-based approach to meeting the needs of families within their local communities was seen as a</li> </ul>	<p>within any future session delivery.</p> <ul style="list-style-type: none"> <li>• Strengthen pathways between relevant early years services to ensure families can seamlessly “step in” and “step out” of services and all services are aware of the offer available families within their local community.</li> <li>• Greater partnership working and sharing of expertise with the wider SEND early years workforce to ensure a more inclusive offer is available to children with SEND, and their families, within their local children’s centres and wider community venues.</li> <li>• To reduce duplication with the Council’s Adult Skills and Family Learning Service.</li> </ul>
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	<p>positive by all relevant professionals.</p> <ul style="list-style-type: none"> <li>• Skills element of the service offer was seen as a duplication of the Council's Adult Skills and Family Service offer by a wide range of professionals.</li> </ul>	
<p><b>Best Start Lincolnshire: Inclusion Service for ethnic minority communities</b></p>	<ul style="list-style-type: none"> <li>• Parents/carers who accessed the service and professionals considered it to be of excellent quality.</li> <li>• Parents/carers most valued support to access groups (run by the Best Start Lincolnshire: Early Years and Family Service in conjunction with PAB), as well as support with housing and benefits, ante-natal support, securing early years entitlement funding and nursery provision.</li> <li>• Professionals felt there was a different offer across the County for ethnic minority families which needs re-looking at given changes to local demographics.</li> <li>• Professionals felt that the need for translation support is increasing throughout the County.</li> </ul>	<ul style="list-style-type: none"> <li>• To ensure any future model continues to focus on an inclusion and support element with a focus on empowering families to access provision.</li> <li>• A countywide offer for ethnic minority communities with children in their early years up to the age of five years to ensure an equitable offer across the county.</li> </ul>

### Summary of Key Findings

- Both services are highly regarded by parents/carers.
- Families liked accessing services outdoors and in wider community venues in addition to most of the sessions being in local children's centres.
- Targeting services based on local needs was important.
- Evidence based early learning sessions were highly rated in all feedback.
- Using a booking system wasn't flexible enough for families although helped planning for the provider.
- Professionals felt the skills development offer was a duplication of other available services.
- Joint working between professionals e.g., early years, Health Visitors and Midwives was highly valued but could be strengthened for children with SEND.
- A stronger focus on inclusion is needed and being able to meet the needs of children from diverse backgrounds and with additional needs including SEND.
- The need for support for ethnic minority families is felt to be increasing but the offer isn't the same across the county, with demand for translation support also increasing.

The Council has a corporately commissioned translation service and more needs to be done to encourage the better use of this.

### **3.5.2 Adult Skills and Family Learning Service Duplication**

Since the skills development offer was commissioned through the Best Start Lincolnshire: Early Years and Family Service, the Education Skills Funding Agency (ESFA) funding and capacity of the Adult Skills and Family Learning Service has increased.

The Council's Adult Skills and Family Learning Service offer supports the economic wellbeing of Lincolnshire families and is funded through the Education Skills Funding Agency (ESFA): £2,000,000 per annum. The funding is used to employ tutors to deliver family learning courses in schools and for local education providers to deliver adult learning courses. Funding for childcare places is also available to help families access services.

Currently Early Years Educators within the commissioned Best Start Lincolnshire: Early Years and Family Service will signpost parents/carers to the Skills Development Officers (SDOs) within the commissioned skills service as well as invite SDOs to attend a session to talk to parents/carers. Vulnerable parents/carers can also be signposted to the SDOs via Health Visitors and Early Help as well as access support directly from the SDOs. SDOs will work with the parent/carers to understand their needs and signpost parents/carers to the courses available via the Adult Skills and Family Learning Service.

Engagement and pathways mapping with the Council's Adults Skills and Family Learning Service has been undertaken as part of the review of the commissioned skills development offer within the Best Start Lincolnshire: Early Years and Family Service. Further detail can be found in **Appendix C**. Duplication between the commissioned skills development offer and the Adult Skills and Family Learning Service has been identified. However, key differences between the services have also been identified:

- SDOs will signpost/support parents/carers to access the provision already available to them, whereas officers within the Adult Skills and Family Learning Service broker the course provision and will identify any gaps in provision and design and broker new courses in response to any identified unmet needs.
- The Adult Skills and Family Learning Service create all of their own marketing/promotional material on the courses that are available through their service offer, including any new courses brokered. They also maintain and manage a web-based platform that all available courses are advertised and booked through. Whereas SDOs update and maintain noticeboards within the children's centres which, apart from information on the support available through them, are updated with information on courses and marketing/promotional material already available. SDOs do not create any marketing or promotional material in relation to courses already available, nor do they manage the booking of courses.
- Officers within the Adult Skills and Family Learning Service broker and maintain relationships with the course providers, as well as support the quality assurance of course provision provided through the contracted adult learning providers. The SDOs within the commissioned skills development service offer do not commission courses, manage course providers nor do they quality assure adult learning course provision.

Duplication between the Adult Skills and Family Learning Service and the commissioned skills development service includes:

- Both services work with vulnerable parents/carers, however the Adult Skills and Family Learning Service offer is available to all adults aged 19+ in Lincolnshire.
- Both services signposts to courses available; the commissioned skills development offer, however, only signposts to courses already available which include courses available via the Adult Skills and Family Learning Service.
- Both services offer advice/guidance on courses available, although the Adult Skills and Family Learning Service can also arrange or create courses where there are any unmet needs identified. SDOs can support vulnerable parents/carers to raise queries if required, or request information on their behalf, although all professionals working with vulnerable parents/carers should be able to support them to access the information they need if they require help to access it.
- Commissioned SDOs support parents/carers with action planning to help identify which course might be right for them; this support is also available via the Adult Skills and Family Learning Service if parents/carers contact them directly.
- Once enrolled on courses, commissioned SDOs can offer parents/carers advice/guidance where possible, support parents/carers to access the courses or signpost parents/carers to other opportunities upon completion of a course; this support is also available via the course tutors employed by the training providers commissioned by the Adult Skills and Family Learning Service where required.
- Both services offer support for childcare where this is an identified need in order for the parent/carer to access skills and learning opportunities; the Adults Skills and Family Learning Service can provide the opportunity for parents/carers to apply for funding to support children to access existing early years provision, e.g., nurseries or pre-school for the parent/carer to access learning.

Between August 2020 and July 2021, the Adult Skills and Family Learning Service supported 5,535 unique learners (262 were via direct delivery of Family Learning), of which 98% completed their course(s) and 88.95% achieved a. qualification. The overall attendance rate was 94.9% and the average course retention rate was 97.6%. In addition, between August 2021 and January 2022, the Adult Skills and Family Learning Service have supported 2,525 unique learners (372 were via direct delivery of Family Learning) some of which have not completed their learning; therefore, qualification rates and full data will not be finalised until the end of this academic year.

The volume of service users is significantly higher than the commissioned skills development service, with the number of new referrals for the commissioned skills development service in 2020/21 was equivalent to approximately 2.7% of the overall unique learners supported through the Adult Skills and Family Learning Service (some of whom will have been signposted by SDOs to the Adult Skills and Family Learning Service and therefore will already be accounted for within the number of learners).

#### **Summary of Key Findings**

- There is duplication between the commissioned skills development offer within the Best Start Lincolnshire: Early Years and Family Service and the Council's internal Adult Skills and Family Learning Service. However, the skills development offer will only

signpost/support parents/carers to access the provision already available, whereas the Adult Skills and Family Learning Service broker the provision and will identify any gaps in provision and design and broker new courses in response to any identified unmet needs.

- Skills Development Officers within the commissioned skills development offer signpost vulnerable parents/carers supported by the service to the Council's Adult Skills and Family Learning Service, many of whom will already have been signposted via the Early Years and Family Service, Health Visitors or Early Help, adding an extra layer of handover for vulnerable parents/carers.
- The Adult Skills and Family Learning Service has a high percentage of learners that achieve a qualification and is also working with much higher volumes of service users.
- The Adult Skills and Family Learning Service have confirmed they have capacity to directly support more parents/carers, including vulnerable groups and directly promote their offer within children's centres, if the skills development offer commissioned in the Early Years and Family Service ceased.
- Findings from the pathway mapping undertaken with the Adult Skills and Family Learning Service has identified that there would be no gaps in provision if a skills development offer was not included within any future commissioned Early Years and Family Service model.

### 3.5.3 Case Mapping

A case mapping exercise was undertaken as part of the review with the skills development element of the Best Start Lincolnshire: Early Years and Family Service. The mapping involved 10 cases in total which included referrals from a range of different professionals. Below is an overall summary of the case mapping but further detail is available if requested:

#### Summary of Key Findings

- Positive feedback from families and professionals on support provided by skills development. In particular, the knowledge of the skills staff was appreciated by service users, including their knowledge of local services.
- Examples of positive multi-agency working to support the child and their family, but this was beyond the remit of the skills development offer, e.g., a parent was experiencing housing issues and the relationship with the local Council had broken down, The Skills Development Officer supported the parent through mediation between the parent and the local Council to resolve the housing issue.
- Better representation of the child's voice throughout the support provided is needed as well as better capturing the voice of parent/carers. Although the service is aimed at working with families, there was no evidence of children's voice and how the skills development support provided had positively impacted on the family holistically.
- Evidence of inappropriate referrals being accepted, with 40% of the referrals for building confidence and self-esteem and emotional or family support being provided instead of support for pathway to employment. In these instances, the family should have been referred to the Council's Early Help team for support.
- Assessment tools to track progress were limited and therefore evidence of impact was qualitative rather than quantitative.

- Although parents/carers gave good feedback they often stopped all communication once they had achieved their goal making it difficult for the Service to demonstrate long-term impact post support.
- Evidence of signposting to other existing services and courses that are also signposted to by the Council's Adult and Family Learning Service, as the service lacked the internal facilities or skills to support.

### 3.6 Examples of practice in other Authorities

A number of other authorities were contacted to establish their arrangements for providing early years services within children's centres. Many local authorities have undesignated their children's centre sites and reduced their centre portfolio or repurposed their centres to offer alternative services, e.g., integrated health services or vulnerable parenting provision. The landscape of children's centres may also change nationally in the upcoming months and years due to the current Family Hub initiative. Due to Covid-19 the response from local authorities was limited and therefore a desktop analysis of current arrangements and local authority data was also undertaken, with the findings summarised below. None of the authorities had a specific inclusion service to support ethnic minority communities with children in their early years up to the age of five years but where translation or other support was provided this is included below.

- **Cumbria:** has 33 centres with delivery commissioned across three different contracts for services with Family Action, Action for Children and Barnardo's, which all three offer their service as a 0-19 service and are planning to move towards family hub models. Delivery varies across each of the providers, with clear evidence-based programmes utilised. Translation support was available for ethnic minority communities.
- **Cornwall:** has 33 in-house Family Hubs which offer services to families pre-birth to 25 years. Translation support was available for ethnic minority communities.
- **Derbyshire:** has 21 in-house centres, and operate on a hub and spoke model, meaning one centre in an area is the main operation base and the remaining centres only open as needed to deliver services, with a varied offer of delivery including sessions for children with SEND. Telephone-based translation support was available for ethnic minority communities.
- **Norfolk:** has 8 children's centres which are commissioned through a Contract for Services with Action for Children, which offer a wide range of evidence-based programmes for the families of children aged 0-5 years. An interpreting service is available to professionals which includes a Language Line (telephone interpreters) which is accessible free of charge to all early years providers (funded through the Council's Early Years Team). Norfolk County Council also accesses interpreting and translation services through its partnership with an interpreting and translation service.
- **Northamptonshire:** has 38 children centres delivered by the Libraries and Information Service and links in with delivery from their StrongStart team. Delivery varied depending on each provider, but clear evidence-based programmes were offered and in-house family support by their StrongStart team. A translation framework is in place to provide translation and interpretation support.

- **North Lincolnshire:** has 12 in-house children's centres. They operate on a hub and spoke model with 5 centres being classed as their main sites. Their centres are linked into their Early Help provision, and they utilise the 12 sites as their targeted provision with universal sessions delivered from alternative community venues. A translation hotline is available that offers translation services.
- **Nottinghamshire:** has 34 in-house children's centres with delivery consisting of multiple evidence-based programmes. Translation support is available.
- **Staffordshire:** a total of 11 in-house children's centres. There is a reliance on free Google translate for any translation needs.
- **Suffolk:** has a 38 children's centres called Health and Children's Centres due to the strong link between their centres and health delivery by both midwifery and health visiting, in particular the individual health visiting teams are aligned to a particular children's centre group. Translation services are available for both languages and British Sign Language (BSL).
- **Worcestershire:** has 28 children's centres delivered by schools or early years settings, such as nurseries. There is at least one children's centre in each district that is run by Parenting and Family Support providers who Worcestershire County Council commission to deliver groups and support to parents and families. Activities such as stay and play groups, baby massage and breastfeeding support groups continue to be delivered across Worcestershire and are often run by trained volunteers or independent groups.

#### Summary of Key Findings

- Models vary across the different local authorities as statutory guidance states what needs to be delivered but not the method to do so, therefore there is no one consistent model.
- Several local authorities have insourced or provided their early years children's centre services in-house, for some of these local authorities their Good Level of Development (GLD) of foundation stage children eligible for free school meals (FSM) is higher than national and statistical neighbour averages, for example North Lincolnshire and Staffordshire.
- However, where services are commissioned out or delivered by other partners GLD of foundation stage children with SEN is better than national and statistical neighbour averages, for example Worcestershire and Norfolk.
- None of the local authorities had a bespoke inclusion service to support ethnic minority communities with young children although most of the local authorities had translation support that families and professional could access.
- A common theme across several of the local authorities is a strong focus on partnership working between early years services, early help and health visiting.

#### 4. Current Commissioned Early Years Services Funding

The current combined funding for the commissioned Best Start Lincolnshire services is £1,936,712 per annum. £1,871,712 per annum is allocated to the Early Years and Family Service and £65,000 for the inclusion service to support ethnic minority communities. The allocation of this funding for each of the services is summarised below. £20,000 of the current funding is from the 2-Year Old Trajectory Funding which contributes to the overall value of

the Best Start Lincolnshire: Early Years and Family Service contract.

Best Start Lincolnshire: Early Years and Family Service

Salary costs account for approximately 76% of the overall allocated funding with the remaining 24% attributed to management fees, corporate overheads and other non-salary costs.

<b>Early Years and Family Service</b>	
<b>Description</b>	<b>Annual Allocated Funding</b>
Salary costs for all staff (inclusive of National Insurance and pension costs)	£1,420,000
Management fees and corporate overheads	£327,547
Non-salary & other costs (e.g., travel, training, IT)	£124,165
<b>Total Cost</b>	<b>£1,871,712</b>

Actual contract expenditure on the existing Best Start Lincolnshire: Early Years and Family Service contract was impacted by vacancies and Covid-19, any underspend was recovered by the Council. Equally in previous years any underspend relating to staff turnover was recovered or re-invested.

Best Start Lincolnshire inclusion service for ethnic minority communities

Salary costs account for approximately 81.5% of the overall allocated funding with the remaining 18.5% attributed to management fees, corporate overheads, and other non-salary costs.

<b><u>Inclusion Service for ethnic minority communities</u></b>	
<b>Description</b>	<b>Annual Allocated Funding</b>
Salary Costs for all staff (inclusive of on costs – Tax/NI/Pension)	£53,000
Management fees and corporate overheads	£5,500
Non-salary & other costs (e.g., premises charges, travel, training, IT).	£6,500
<b>Total Cost</b>	<b>£65,000</b>

The Service has consistently fully spent against the current contract. On occasions the supplier has incurred a small overspend against the contract associated with staffing costs which have been met by the supplier.

**5. Recommended Model**

The recommended model is summarised below, with **Appendix D** providing further detail.

**Early Years and Family Service**

The Early Years and Family Service should continue to focus on providing high-quality educational sessions for children aged 0-5 years and their parents/carers across all 48 designated children’s centre sites (plus the additional 2 sites) and identified outreach

community-based locations (including outdoor locations). There will be a core menu of universal sessions available for children and families with a more bespoke session offer tailored to the needs within each Children's Services quadrant. There will also continue to be sessions targeted at vulnerable groups of families, especially where families may require support to access services or may require additional support to be their child's first educator. Sessions will primarily be face-to-face, with some virtual webinars offered where these are most beneficial to families. Sessions will continue to be available Monday to Saturday to allow for parents/carers different working patterns.

The Service should continue to work collaboratively with the Council's Early Years Teams, including continuing to be co-located within children's centres. There will be a strong emphasis of continued partnership working with the Council's Children's Health 0-19 Service and midwifery services to ensure co-delivery of sessions from the antenatal period, as well as the inclusion service for ethnic minority communities. In addition, there will be robust partnership working with early years SEND and children with disabilities services, e.g., Portage and ESLP, to provide a fully inclusive early years offer for all Lincolnshire children in their early years and their families within their local communities.

The Service will be expected to ensure clearly defined roles and responsibilities of its staff and provide innovative solutions to support the needs of Lincolnshire children aged 0 to 5 years and their families within local communities. In addition, the Service will also be better aligned to local priorities and will be expected to work flexibly with the Council and adapt its offer accordingly as relevant local priorities for the Council further develop and embed, e.g. Early Childhood Strategy, Family Hubs. The Service will also be expected to work in partnership with the Council to help develop pathways with other in-house and commissioned services to ensure young children and their parents/carers access the right support, at the right time and by the right professional.

There will no longer be a commissioned Skills Development Service offer within the future model as there is high quality provision already available to families through the Council's Adult Skills and Family Learning Service. The creche provision for families accessing skills or advisory boards will also no longer be available as take up of this has been extremely low and the Adults Skills and Family Learning Service can provide the opportunity for parents/carers to apply for funding to support children to access existing early years provision, e.g., nurseries or pre-school for the parent/carer to access learning.

#### Universal Session Delivery

Universal sessions should continue to be available from antenatal to age 5 years (early years), with a stronger emphasis on sessions targeted at children up to the age of 3 years. There will be a strong emphasis on supporting parents/carers to be their child's first educator as well supporting parents/carers to understand and normalise their child's behaviours at key developmental stages. A more varied programme of evidence-based sessions will be available.

Sessions will have the ability to be flexible to meet the needs of families within each Children's Services locality but will be aligned to the three prime areas of the Early Years Foundation Stage Curriculum: Communication and Language, Physical Development and Personal, Social



and Emotional Development and will also be aligned to relevant Public Health Outcomes to ensure key messages are shared and support the direct link of good health to good levels of development.

There will continue to be mixed age group sessions available to enable families with more than one child up to the age of 5 years to access provision and a “Readiness for School” programme will also be available during the Spring Term to help parents/carers to support their child transition into primary.

Existing session provision will be accessible for children with additional needs and/or disabilities and tailored sessions will also be available for families to attend and gain further support and track their child’s development via Tapestry where appropriate.

#### Targeted Session Delivery

In addition to continuing to offer sessions targeted at supporting vulnerable families, there will be a greater emphasis on utilising more evidence-based programmes to better support the early childhood development of vulnerable children and support their parents/carers to be their first educators.

There will continue to be robust partnership working with the Council’s Early Years Teams to track both vulnerable children and children identified below age and stage to offer tailored support and guidance to families to improve that child’s early life chances.

#### **Inclusion Service to Support Ethnic Minority Communities**

Lincolnshire’s population is becoming increasingly diverse and there is evidence that families from ethnic minority communities already access the Early Years and Family Service which must continue to be inclusive and meet the needs of all families regardless of their background. The inclusion service offer for ethnic minority communities with children in their early years aged up to 5 years should continue but with a refined focus. However, this should be an equitable countywide offer and not just focussed on three areas.

The service will work with a range of professionals to identify vulnerable (open to services and/or as identified by an early years professional) and hard to reach families/communities (not engaging in the Early Years and Family Service offer) and support them through direct engagement to access either bespoke or universal activities in children’s centres and the community. This will include ensuring a presence within relevant children’s centres when midwifery and health visiting services are being delivered to support ethnic minority families early and promote the services available to them.

The Service will co-deliver groups with the Best Start Lincolnshire: Early Years and Family Service with a key focus on supporting ethnic minority families with understanding their child’s development and empowering parents/carers to be their child’s first educator. This will include supporting parents/carers to better support their children through key educational transitions, including transition to primary.

There will continue to be a key focus on supporting Romanian, Russian, Lithuanian, Latvian, Polish and Bulgarian families. However, the Service will be expected to provide further

provision within the scope of the contract, where required, to include support for asylum-seeking families with children in their early years that move into Lincolnshire and require support to integrate within their new community.

Referrals to the Service will continue to be triaged via the Council’s Early Years Practitioners.

### Home Visits

The Service will continue to offer home visits to ethnic minority families with children in their early years up to the age of 5 years who require more bespoke and intensive support to better support them to access provision available within their local children’s centre or wider community venues. Home visit support will be time-limited (maximum of 6 months) In order to empower parents/carers to access provision within their local communities.

### Translation Support

Translation support will continue to be provided as part of the Service offer when working with ethnic minority families to better support them to access services within their local communities. This will include translation support of documents, letters, leaflets associated with the early years offer available within local children’s centres and/or other community venues. However, referrals to provide sole translation support for Social Care Teams and meetings such as Children in Need (CIN), Child Protection (CP), Team around the Child (TAC), etc. will no longer be accepted as the Council already has a corporate translation contract in place to support such translation requests. Where the Service is already supporting an ethnic minority family to engage in the community, and it is a requirement for the Service to support the family to attend a Social Care meeting in these circumstances the Service will provide translation support within the meeting where appropriate.

## **Funding Recommendations for the Future Best Start Lincolnshire Services**

The table below outlines the overall funding required to fund the recommended options outlined above from April 2023 onwards.

<b>Service</b>	<b>Current full FY Commitment per annum</b>	<b>Proposed full FY Commitment per annum for recommended option</b>
<b>Best Start Lincolnshire: Early Years and Family Service</b>	£1,871,712	£1,594,712 (Excluding VAT) £1,913,654.4 (Including VAT)
<b>Best Start Lincolnshire: inclusion service for ethnic minority communities</b>	£65,000	£130,000 (Excluding VAT) £156,000 (Including VAT)
<b>Total</b>	<b>£1,936,712</b>	<b>£1,724,712 (Excluding VAT)</b> <b>£2,069,654.40 (Including VAT)</b>
<b>Reduced level of investment per annum</b>		<b>£212,000</b>

It is recommended that a skills development offer is no longer part of any future commissioned Best Start Lincolnshire: Early Years and Family Service offer and the allocated funding for the current commissioning skills development offer is approximately £277,000.

However, the recommendation is to increase the inclusion service offer for ethnic minority communities to ensure a fully inclusive countywide offer and therefore this will require additional staffing resource. To ensure sufficient staffing resource for any future ethnic minority inclusion service provision there will be a requirement to increase the staffing resource. This will therefore require additional funding for any future commissioned service.

The approximate cost of ethnic minority community support workers is £23,000 and co-ordination is approx. £26,000 per annum (inclusive of National Insurance and pension costs). Therefore, to increase the delivery staff, whilst also still allowing for some co-ordination/project management support, it is anticipated that an additional investment of £65,000 would be required for a future Best Start Lincolnshire: inclusion service for ethnic minority communities. This would still allow for an overall efficiency saving for the Council against the current Best Start Lincolnshire services funding of £212,000 per annum. It has been confirmed by the Interim Head of Service for Early Years that the £20,000 contribution from the 2-year-old Trajectory Funding can continue and therefore there will not be impact on this efficiency saving.

Whilst staffing models for commissioned contracts would be at the discretion of the successful supplier(s), it is anticipated that there would be a reduction in FTE in a future Best Start Lincolnshire: Early Years and Family Service, associated with the change in the skills development service offer. The minimum FTE requirement for a Best Start Lincolnshire: inclusion service for ethnic minority communities across the County would increase.

## **6. Options Analysis**

### **6.1. Options Overview, Criteria and Approach**

#### **a) Do Nothing**

The contractual arrangements for services in scope of this review are due to expire on 31<sup>st</sup> March 2023, therefore it is not a viable option to do nothing and allow those contracts to expire unless no future service delivery is required.

#### **b) Decommissioning**

The Best Start Lincolnshire services support the Council in fulfilling statutory duties as covered in the Section 3.1. Decommissioning both services would be likely to result in significant gaps in provision and put more pressure on existing services. There would be no benefits to children and families in Lincolnshire of de-commissioning the services and further work would be needed to ensure statutory duties were being met to make arrangements for the delivery of integrated early childhood services. De-commissioning could result in vulnerable families and their children not being supported which could negatively impact on their future outcomes and likely result in them requiring more costly specialist provision in the future.

**c) Influencing**

There is no requirement for any organisation, other than the Council, to commission or provide these services. Commercial aspects of the services cannot be delivered without funding, and it is not feasible to think that the services could be delivered through influence/partnership alone. This is not a realistic option for consideration.

**d) Insourcing**

It is legally possible for the Council to consider insourcing the Best Start Lincolnshire services into the Council and integrating these into the Early Years Hub. However, there would be some implications under Transfer of Undertakings (Protection of Employment) (TUPE). Staff could be employed on their existing terms and conditions, but the Council would have to offer access to the Local Government Pension Scheme (LGPS) which could make it more expensive to employ them. This would result in less funding available for the delivery of the services and would also limit the Council's ability to outsource services again in the future because many potential suppliers may be put off bidding if they need to offer a comparable pension scheme to LGPS for transferring employees.

The existing suppliers already work well with the Council's locality teams and so the benefits of integration if these services were to be insourced are fairly limited. The Council would not be able to achieve significantly more savings by providing the services in-house. The Council is not an expert in providing its own services for ethnic minority communities and will be reliant on the expertise of transferring staff to provide the support needed. Therefore, this is not a recommended option due to the risks identified below.

**Benefits:**

- Greater budget control,
- Greater control and ability to influence the in-house offer.
- Greater oversight of operational delivery and service performance.
- More scope to integrate with other services, such as the Early Years Hub and Early Help.

**Risks:**

- There is a strong early years market of providers and this could result in the destabilisation of the market.
- TUPE implications and costs associated with voluntary sector staff and then moving onto Local Government Terms and Conditions creating reduced value for money. Increased costs are likely due to needing to give transferring employees' access to LGPS which will mean future outsourcing options are restricted.
- Potential reduction in workforce if staff chose not to TUPE. Although the Council does have its own early years teams, the capacity of these teams is limited and therefore would not have the capacity to deliver these services without additional recruitment.

- Recruiting to new services can be difficult. There is no guarantee that any in-housed services will be ready to launch with a full staffing complement that are sufficiently upskilled to deliver the service(s). Given that there are two services that in-sourcing could be given consideration to this put even more vulnerable CYP and their families at risk of not receiving the right support quickly enough.
- There is likely to be a public perception that the services are aligned to social care services which may impact on engagement (most likely of vulnerable families). Anecdotally, vulnerable families report that they like to engage with non-Social Care providers for these services.

#### **e) Procurement**

The current Best Start Lincolnshire services were commissioned through a single open competitive tender process with two lots, with bids received from four different organisations for the Early Years and Family Service and one organisation for the BME Inclusion Service and therefore the market has already been tested. Market research suggests there are likely to be providers that would be interested in delivering the Best Start Lincolnshire services.

The evidence demonstrates that the Best Start Lincolnshire Services support the Council in its statutory obligations in relation to children's centre provision and by undertaking the further re-procurement of the Best Start Lincolnshire Services will ensure that the Council continues to meet its statutory obligations and also ensure greater integration and partnership working with in-house, commissioned and other relevant services to ensure a more inclusive countywide offer for all children in their early years and their families.

The review of the Best Start Lincolnshire: Early Years and Family Service has identified duplication of provision between the Skills Development offer and the Council's Adult Skills and Learning Service and has recommended that a skills development offer is no longer part of a future commissioned Best Start Lincolnshire: Early Years and Family Service. There are also no anticipated TUPE implications for the Council as most of the roles and responsibilities of the Council staff within the Adult Skills and Learning Service are different to the roles and responsibilities of the Skills Development Officers within the current Early Years and Family Service.

The removal of the creche provision that is currently available to support families to access skills and learning opportunities is also not anticipated to leave a gap in provision for parents/carers. The take up of this provision has been extremely low over the lifetime of the contract and the Council's Adult and Learning Skills Service can also provide the opportunity for parents/carers to apply for funding for childcare costs to support parents/carers to attend skills and learning opportunities, where appropriate to do so.

It is recommended that the Best Start Lincolnshire Services are commissioned for three years from 1<sup>st</sup> April 2023 to 31<sup>st</sup> March 2026, with the option to extend for

up to a further two years to 31<sup>st</sup> March 2028. It is also recommended that the services are commissioned through one open competitive tender with two lots, providing organisations with the option to bid for either one or both lots.

Consideration has been given to procuring both Best Start Lincolnshire services under one lot, however, this approach will considerably limit the market and the market has been untested as procurement was previously via two lots, with no bids received for both lots.

Benefits:

- The services would be provided by organisations that can demonstrate they are experienced in providing early years support, including support for ethnic minority communities.
- Stimulate market competition to promote innovation and value for money.
- There is potential to broaden the provider marketplace in Lincolnshire.
- External providers may be able to attract additional funding streams to a service that the Council cannot access.
- Would continue to ensure a continued key focus on supporting young children and their families and a key focus on aligning the services to national and local priorities and public health outcomes.
- Would ensure even more young children and their families get access to the right support at the right time.
- Would ensure the appropriate skillset and expertise is available to deliver the services.

Risks:

- The successful bidder(s) may not have the infrastructure in place to deliver the service.
- Potential redundancy costs for current Best Start Lincolnshire: Early Years and Family Service supplier in relation to skills development staff as these staff are not anticipated to be in scope for TUPE.
- Potential loss of staffing expertise if staff chose not to TUPE should a new supplier(s) be successful in their bid(s).

## 7. Recommended Option(s)

**The recommended commissioning option is 6.1e:**

To re-procure the Best Start Lincolnshire Services (Early Years and Family Service and an inclusion service to support ethnic minority communities) from 1<sup>st</sup> April 2023 for three years initially, with an option to extend up to a further two years.

### 7.1. Council Funding Implications

Recurrent funding for the Best Start Lincolnshire services, with some level of efficiency savings identified, will enable the Council to continue to receive a good return on its investment by

ensuring young children’s needs are met sooner, thus reducing the reliance on more specialist services in the future, and associated costs.

## 7.2. Impact Assessment

The Council must engage with such persons as appear to them to be affected by changes to the current commissioning arrangements. The recommendation is to re-commission the Best Start Lincolnshire services building on existing practice. There is a recommendation not to include a skills development offer within a future commissioned Early Years and Family Service offer due to the duplication of provision already available to Lincolnshire parents/carers but it is anticipated that there will be no persons negatively impacted on, as there are no gaps in provision identified.

**Appendix E** provides the current draft Equality Impact Analysis (EIA), which will be further developed should this be required following decision-making processes.

## 8. Appendices

Appendix	Title	Attachment
Appendix A	Legislation, policies and priorities	Embedded Below
Appendix B	Evidence Summary	Embedded Below
Appendix C	Skills Service Mapping	Embedded Below
Appendix D	Best Start Lincolnshire Services Recommended Model	Embedded Below
Appendix E	Equality Impact Analysis (EIA)	Embedded Below

## Appendix A – Policy Background, Statutory Duties and Local Priorities

### Legislation

The Council has no explicit statutory duty to provide the Best Start Lincolnshire services, but the services support the Local Authority's statutory responsibilities under **Section 3(2) of the Childcare Act 2006** in relation to making arrangements to secure integrated early childhood services and maximising the benefit of those services to parents, prospective parents and young children.

In addition to Section 3 there are several other Sections of the Childcare Act 2006 linked to the provision of Children's Centres and are outlined below:

- **Section 1:** Duty on local authorities to improve the well-being of young children in their area and reduce inequalities between them.
- **Section 2:** Explanation of the meaning of early childhood services.
- **Section 3:** 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.
- **Section 5A:** Arrangements to be made by local authorities so that there are sufficient children's centres, so far as reasonably practicable, to meet local need.
- **Section 5C:** Duty on local authorities to ensure each children's centre is within the remit of an advisory board, its makeup and purpose.
- **Section 5D:** Duty on local authorities to ensure there is consultation before any significant changes are made to children's centre provision in their area.

In addition, the services support the Local Authority's statutory responsibilities in relation to:

- **the Children Act 1989 and 2004, Section 2.3i:** the Children's Commissioner must monitor the implementation in England of the United Nations Convention on the Rights of the Child (UNCRC). Article 31 of the UNCRC states that children have the right to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts.
- **the Children and Families Act 2014, Part 3, Section 19(d):** Local Authorities must support the child and his or her parent, or the young person, in order to facilitate the development of the child or young person and to help him or her achieve the best possible educational and other outcomes.
- **the Education Act 1996, 2002 and 2011: Part 1:** Duty for Local Authorities to provide free of charge Early Years provision.

### National Strategy/Guidance and Priorities include:

- The **Marmot Report (2010)** on health inequalities highlighted that development begins before birth and that the health of the baby is significantly affected by the health and well-being of the mother. It states that one of the most effective evidence-based strategies for reducing health inequalities would require action to give every child the best start in life. Key findings included:
  - People living in the poorest neighbourhoods in England will on average die seven years earlier than people living in the richest neighbourhoods.



- People living in poorer areas not only die sooner but spend more of their lives with disability - an average total difference of 17 years.
- The lower one's social and economic status, the poorer one's health is likely to be.
- Health inequalities arise from a complex interaction of many factors - housing, income, education, social isolation, disability - all of which are strongly affected by one's economic and social status.
- Health inequalities are largely preventable. Not only is there a strong social justice case for addressing health inequalities, but there is also a pressing economic case. It is estimated that the annual cost of health inequalities is between £36 billion to £40 billion through lost taxes, welfare payments and costs to the NHS.

A framework for action with 6 key policy objectives were:

- Giving every child the best start in life.
  - Enabling all children, young people and adults to maximize their capabilities and have control over their lives.
  - Creating fair employment and good work for all.
  - Ensuring a healthy standard of living for all.
  - Creating and developing sustainable places and communities.
  - Strengthening the role and impact of ill-health prevention.
- **Promoting the health and wellbeing of Looked After Children, 2015** provides statutory guidance for local authorities, CCGs and NHSE. This guidance outlines the roles for local authorities including:
    - Ensuring the undertaking of a health assessment by a registered medical practitioner.
    - Looked after children have an up-to-date health plan based upon the report of their health assessment.
    - Prompt notifications by the local authority to CCGs when changes are made to placements or emergencies.
    - Service cannot be refused or not provided due to the length of placement and the right for children to access provision.
    - All parties must cooperate when commissioning health services for children.
    - JSNAs and JHWSs should take into account the health needs of looked after children.
    - Agreed local mechanisms that comply with NHS England's guidance in relation to secondary health care when making placement decisions.
  - The **Early Intervention Foundation (2016)** highlights that parents and care givers lay the foundations for emotional regulation, communication, and problem solving as well as strengthening their self-esteem. Young children thrive in environments that are predictable and responsive to their needs. Children can struggle, however, where environments are neglectful, unpredictable or overwhelming. It is important therefore that the health and wellbeing of parents and carers is considered when looking to improve outcomes for young children, and not just during pregnancy.
  - The **National Maternity Transformation Programme, 2016** which supports the Better Birth Lincolnshire department that are furthering the development of the current model to ensure future resources are utilised to best meet the needs of families, with

particular attention to cost effectiveness, by embedding the principles and practice of the community maternity hubs in areas of highest need to help reduce inequalities.

- The ***Unlocking Talent: A Plan for Social Mobility (2017) Unlocking Talent Fulfilling Potential; Ambition 1: Close the 'word gap' in the early years*** highlights that a good early years education is the cornerstone of improving social mobility and these key years are the opportunity to make sure that all children develop the strong cognitive, social and emotional foundations on which future success is built.
- The ***1001 critical days, 2020*** manifesto highlights the period between conception and a child's second birthday as a critical time. During this time of rapid growth, babies' brains are shaped by their experiences, particularly the interactions they have with their parents and other caregivers. What happens during this time lays the foundations for future development. Pregnancy and the birth of a baby is a critical 'window of opportunity' when parents are especially receptive to offers of advice and support.

Some of the key things they review heard from parents were: -

- The lack of information readily available on where to obtain support within their community and information available in a useable and easy to access manner.
- Workload of professionals within support services impacted on their ability to access help and sometimes resulted in them not receiving the support they needed.
- In some instances, there was not a clear plan of support that was shared with the parent and a lack of joined up working with clear roles and responsibilities for the professionals involved.

The next steps for the review are to widely encourage the take up of The Best Start for Life initiative which has 6 clear aims: -

- Seamless support for families across services and professionals.
  - Welcoming Hubs for families where they can access Start for Life services.
  - Information for families when they need it via digital, virtual and telephone.
  - Empowered Start for Life workforce with flexible and adaptable skill set to meet need.
  - Continuous improvements of the Start for Life initiative to ensure outcomes are achieved.
  - Leadership for change which ensures adoption and accountability at a local and national level.
- Public Health England's **Healthy Child Programme 0-19, 2021 refresh** highlights that setting the foundations for health and wellbeing during pregnancy and in the early years is crucial to ensuring every child is given the best start in life. The Healthy Child Programme brings together health, education and other main partners to deliver an effective programme for prevention and support and provides a framework to support collaborative working and integrated delivery. Aims include:
    - Helping parents/carers to develop and sustain a strong bond with children.
    - Supporting parents/carers in keeping children healthy and safe and reaching their full potential.
    - Supporting resilience and positive maternal and family mental health.

- Making sure children are prepared for and supported in all childcare, early years and education settings and are especially supported to be “ready to learn” at two and “ready for school” by five.

Being ready for school is assessed as every child reaching a level of development which enables them to:

- Communicate their needs and have good vocabulary.
- Become independent in eating, getting dressed and going to the toilet.
- Take turns, sit still and listen and play.
- Socialise with peers, form friendships and separate from parent(s).
- Have good physical health, including dental health.
- Be well nourished and within the healthy weight for height age.
- Have protection against vaccine-preventable infectious diseases, having received all childhood immunisations.

The first phase of the Public Health review of the Healthy Child Programme was published in March 2021 and although there is no change to the mandated health and development checks, there is a stronger emphasis on evidence-based and targeted support. In addition, there is a greater emphasis on addressing vulnerability and reducing inequalities in health and focusing on local solutions with multi-agency working at the heart of community resilience and improving outcomes for children.

- The ***Early Years Foundation Stage (EYFS) Curriculum, 2021*** highlights that a child deserves the best possible start in life and the support that enables them to fulfil their potential. Children develop quickly in the early years and a child’s experiences between birth and age five have a major impact on their future life chances. A secure, safe and happy childhood is important in its own right. Good parenting and high-quality early learning together provide the foundation children need to make the most of their abilities and talents as they grow up.

### **Ofsted**

- Children's Services is inspected by Ofsted in specific requirements and an inspection undertaken in 2019 of children's social care services rated services for children and families in Lincolnshire as outstanding. The inspection Framework assesses the following area in relation to children's emotional wellbeing and behavioural concerns:
  - Children in care and care leavers are in good physical and mental health or are being helped to improve their health. Their health needs are identified and met.
  - Care leavers develop the skills and confidence they need to maximise their chances of successful maturity to adulthood, including parenthood. Care leavers have trusted relationships with carers and staff from the local authority and develop supportive relationships within the community, including with family and friends. They receive the right level of practical, emotional, and financial support until they are at least 21 and, when necessary, until they are 25.
  - Children, young people, and families are offered help when needs and/or concerns are first identified. The early help improves the child's situation and supports sustainable progress.

- Assessments and plans are dynamic and change in the light of emerging issues and risks. Assessments (including early help assessments) are timely and proportionate to risk. They are informed by research and by the historical context and significant events for each child. They result in direct help for families if needed and are focused on achieving sustainable progress for children.
- Children in care and care leavers are protected or helped to keep themselves safe from bullying, homophobic behaviour, and other forms of discrimination.
- Children and young people make good educational progress at school or other provision since being in care.
- Children and young people who do not attend school have prompt access to suitable good-quality registered alternative provision.
- The **Joint local area SEND inspection in Lincolnshire** conducted by Ofsted and the Care Quality Commission (CQC) in 2018 to judge the effectiveness of the local area of Lincolnshire in implementing the disability and special educational needs reforms (as set out in the Children's and Families Act 2014). The inspection focused on the effectiveness of the local area in:
  - Identifying CYP's special educational needs and/or disabilities.
  - Assessing and meeting the needs of CYP who have special educational needs and/or disabilities.
  - Improving outcomes for CYP who have special educational needs and/or disabilities.

In relation to early years the following were identified as a strength:

- Partnership working between midwives, health visitors and early years workers in the co-delivery of free universal antenatal education.
- The partnership working between specialist early years teachers and commissioned early years providers.

### **Local Priorities**

- The **Council's Corporate Plan** – sets out what the Council wants to achieve for local residents and communities. The Corporate Plan underpins a "One Council" approach, ensuring all services are working towards shared goals and help different areas of the Council to work together more effectively. The Council's vision for *Working for a Better Future* includes the Council leading the way with others to support people and communities in the coming years to have:
  - High aspirations for their lives and their communities. This includes championing educational excellence, so every child has a high-quality education to succeed in life.
  - The opportunity to enjoy life to the full. This includes promoting safe and secure homes to help those who look after others, aspire for all children to have a caring home, give children the best possible start and provide opportunities for a fulfilling life.
  - Thriving environments. This includes making sure families can live safely and have access to great choice and high quality education.
  - Good-value Council Services. This includes innovative services making best use of technology to meet the needs of our customers; effective and efficient partnerships operate across Lincolnshire and are responsible to emerging

opportunities; people's needs are met in a timely, responsive and efficient way; high- quality public services are delivered in a cost effective way.

- The **Better Births project** launched the Maternity Hubs within Children's Centres in 2017 and a recent dual funded post between the Early Years hub and Better Births will see a more combined focus of maternity services and Early Years services in future.
- The **Children's Health Service 0-19** was insourced into the Council in October 2017 and includes the delivery of a health visiting service for children from birth to the end of their reception year and their families. This review also included any impact or findings from the national Public Health review of the Healthy Child Programme, which considered the current mandated health and development checks provided by Health Visitors to children aged 0-5.

Six high impact areas for Health Visitors which also align to Early Years are:

- Supporting transition to parenthood
  - Supporting maternal and family mental health
  - Supporting breastfeeding
  - Supporting healthy weight and nutrition
  - Improving health literacy, managing minor illnesses, and reducing accidents
  - Supporting health, wellbeing, and development, ready to learn and narrowing the gap.
- The **Time Project** is an 18-month trial project that begun on 1<sup>st</sup> July 2019 and is targeted to two areas of high levels of child removal or repeat removals, these were Gainsborough and Grantham. The project looks to support women who have had or are at risk of repeat child removal through intensive one to one support to support the mother's life chances and reduce the risk of future of their children being removed. Following on from the success of the pilot, the Council has now recruited four permanent TIME project workers (one per quadrant) to continue the project across the County.
  - The Council's **Early Years Peer Challenge Review** undertaken in November 2019 and areas highlighted for improvement. Some of the key recommendations included:
    - Engage with those outside Children's Service and develop a shared understanding of vision, goals, and key terminology such as early childhood, school readiness, home learning environment.
    - Re-balance the focus for Early Years delivery between the children's centre and the wider community assets.
    - Develop a plan to build capacity of the early years' workforce across the partnership, maximising skills, and experience Lincolnshire's review of commissioned behaviour outreach support services as part of a wider **mental health, emotional wellbeing, and behaviour outreach support services** review.
  - Lincolnshire's development of its **Early Childhood Strategy** provides a strong basis to further improve outcomes for children to the end of their foundation stage. The Strategy sets out the primary aim to increase the Good Level of Development (GLD) of all children across Lincolnshire and to improve Lincolnshire's outcomes when compared to statistical neighbours. The five key steps/milestones within the Strategy are:
    - Step 1: Parents access effective antenatal and postnatal care as set out within the Better Births strategy.
    - Step 2: Each child to attend all mandated health checks as set out in the healthy child programme.

- Step 3: Parents and their children access quality, age appropriate and learning experiences at the earliest opportunity that best meet their needs.
- Step 4: All children take up their three- and four-year-old early years entitlement in high quality early years provision.
- Step 5: Parents and professionals work together to ensure transition arrangements meet the needs of the child to better prepare children for school and to make the most out of the reception year.
- Lincolnshire's refreshed **Early Help Strategy 2021-23** is a collaborative approach for every professional working with or engaging with children and families, regardless of organisation, status or position. The vision of the Early Help system in Lincolnshire is "putting children first and working together with families to enhance children's present and future lives". This includes:
  - Children, young people and families will be helped to make changes for themselves, seen as a positive solution to the challenges they face, are able to get the right service at the right time and are understood as a whole family.
  - Supported by skilled professionals that understand and apply Relationship Based Practice, are restorative in approach and are well training and supported.
  - Enabled and equipped by clear governance that puts children and families at the heart of planning and delivery with a clear framework and set of tools which builds on family's strengths.

The approach of the Early Help system in Lincolnshire is to provide support to families to prevent needs from escalating by ensuring:

- Children have the best start in life.
- Children learn and achieve.
- CYP and their families are healthy and resilient.
- CYP have safe and supportive families, relationships and networks.
- CYP and their families receive the right support at the right time by the right professional for the right duration.
- The **Adult Skills and Family Learning Service** is an internal adult skills service to support parents within Lincolnshire to access learning and support to eventually get them back into employment. The aim of the service is to support economic wellbeing of families within Lincolnshire which will have a further impact on their children's wellbeing. The service has been running for several years and is funded by the Education Skills Funding Agency (ESFA) - £2,000,000 per annum. The funding enables the service to employ tutors to deliver family learning courses in schools and commission around 90% of their funding to local education providers to provide adult learning courses. In addition, they can support families to access services by offering funding for childcare places and are Ofsted inspected.
- Lincolnshire's **wider mental health, emotional wellbeing and behaviour support services** review is currently taking place to understand the impact relevant services are currently having on Lincolnshire CYP in order to recommend the most appropriate provision for CYP to better support their mental health, emotional wellbeing and/or behavioural concerns in the future.
- Lincolnshire's **review of commissioned services to support children with disabilities** is currently being undertaken to understand the impact of the provision is currently having on children with disabilities and to recommend the most appropriate provision in the future. The current provision includes an Early Support Learning Provision (ESLP) for

children up to the age of 5 years with disabilities delivered within local children's centres.

- Lincolnshire's **review of a commissioned Portage Service** is currently being undertaken to understand the impact of the provision is currently having on children with SEND and/or developmental delay and to recommend the most appropriate provision in the future. This service provides home visiting support for children aged 0 to 5 years with SEND, and their families, where there is a learning difficulty, developmental delay or physical difficulty impacting on the child's educational development.
- Lincolnshire's **Family Hubs** is a government funded initiative to support local authorities to develop and launch Family Hubs to provide high-quality, joined-up, whole family support services within local communities. Hubs deliver services from conception, through a child's early years, until they reach the age of 19 (or 25 SEND). In November 2021, the Council on behalf of the East Midland Regional Improvement and Innovation Alliance received funding from the Department for Education to support the roll out of the Family Hub Model. The funding received in November 2021 is to enable each local authority in the region to undertake a feasibility assessment of the opportunities of moving towards a Family Hub model could bring to all children and families. Lincolnshire is already in a good position to build upon its successful children's centre offer and maternity hubs across the County, and the Family Hubs model also fits with Lincolnshire's Early Childhood and Early Help strategies. Any future provision will need to adapt to possible new ways of working and this consideration will be made within recommendations.
- The Council's **Children's Services principles which underpin how services are commissioned and delivered** are:
  - **Early Help:** Strong protective universal services accessible to all with a range of early help available so children have the best start in life and families have extra help when they need it.
  - **Safeguarding:** A shared responsibility to ensure children are safe at home, school and in their community.
  - **Aspiration:** Children are able to thrive and cope with life challenges.
  - **Learning and Achievement:** All children being the best they can be with targeted interventions to close the gap so vulnerable children achieve as well as their peers.
  - **Best use of Resources:** Integrated commissioning with a focus on best value, improved outcomes and community engagement.

## Appendix B – Evidence Summary

### Supporting Antenatal and Postnatal Concerns

- Evidence is clear that good parenting during the first 1001 days of a child's life can have a significant positive impact on their life chances and there is longstanding evidence that a baby's social and emotional development is strongly affected by the quality of their attachment with its caregiver. For example, the **1001 critical days, 2020** manifesto highlights the period between conception and a child's second birthday as a critical time. During this time of rapid growth, babies' brains are shaped by their experiences, particularly the interactions they have with their parents and other caregivers. What happens during this time lays the foundations for future development. Pregnancy and the birth of a baby is a critical 'window of opportunity' when parents are especially receptive to offers of advice and support.
- **The University of Warwick (Shrader, McMillan et al, 2009)** review of research on the effectiveness of antenatal education highlighted that antenatal preparation for parenthood courses, including group based support, can support women with low-level depression and anxiety. In addition, focused and participative antenatal education can help reduce maternal anxiety, leading to improved coping, greater partner support and a better birth experience. Antenatal preparation courses can support parents to adopt a range of healthy behaviours that affect pregnancy, birth and early parenthood and group-based programmes had a higher level of satisfaction, partly due to group-based programmes providing the opportunity for parents/carers to develop social networks with their peers.

### Supporting Children in their Early Years

- Improving coordinated multi-agency support for children, parents, and families during crucial periods of a child's development, including prevention and early intervention support, can contribute significantly to improving children's life chances. As highlighted in the **Munro Review of Child Protection: final report – a child-centred system**, 2011 (Department for Education): “preventative services can do more to reduce abuse and neglect than reactive services”.  
The **Evaluation of Children's Centre in England (ECCE) report**, July 2016 (Department for Education) highlights the key findings from a six-year study from 2009 to 2015 looking at the impact evidence from children's centres across England. The evaluation focused on five strands which included: survey of children's centre leaders; longitudinal survey of families accessing children's centres; investigation of children's centre service delivery and reach; impact analysis of the effects of children's centres on child, mother and family outcomes and value for money analysis. Some findings from strand 3 were:
  - Over 90% of staff highlighted top five services that were key to delivery, these were stay and play, evidence-based programmes, early learning and childcare, developing and supporting volunteers and breastfeeding support.
  - Key evidence-based programmes used were Incredible Years (further details provided below), Triple P (parenting programme) and Family Nurse Partnership (a home-visiting programme for young mothers expecting their first child, delivered by trained nurses or midwives).



- Four further aspects of delivery placed as highly important by management staff were the ability to talk informally to other professionals such as health visitors, staff ability to call professionals when conducting referrals, workers visiting the home and the accessibility of the centre.

Some findings from strand 4 regarding outcomes included parent-child relationships, parental stress and the home learning environment, some key findings were:

- Using children's centre services either in a more directed way at baseline (limited or heavily), rather than inconsistently, predicted improved mental health outcomes for mothers later on.
  - Mothers who attended centres that were expanding services (in combination with no cuts to services) also showed improved mental health compared to mothers attending centres that had experienced budget cuts and were reducing services.
  - Early health and developmental problems at baseline (mean age 14 months) predicted poorer outcomes at age 3 plus.
  - Greater financial disadvantage and lower maternal education level predicted poorer behavioural and cognitive outcomes.
  - Offering a greater number of named programmes for families at a children's centre predicted better outcomes for selected child behaviour and family outcomes. These are all outcomes that involve parent-child interactions.
- The **Best Beginnings in the Early Years** report, Children's Commissioner for England, July 2020, highlights that every baby needs a loving, nurturing relationship with parents/carers, a safe home free from stress and adversity, the right help to develop good language and other cognitive skills, support to manage behaviour and regulate their emotions and good physical and mental health and access to health care in order to have the right foundations for a healthy and happy life. The report included information on Children's Centre delivery and stated that children who do less well at five are:
    - Five times as likely to end up being excluded by the end of primary school (82% more likely after accounting for local demographics).
    - Twice as likely to have had contact with Children's Social Care at age eleven (46% more likely after accounting for demographics).
    - Three times more likely to be struggling with reading at eleven, even once demographics are accounted for.
    - Four times more likely to be struggling with writing at eleven (three times more likely after accounting for demographics).
  - The **State of the Nation: Understanding Public Attitudes to the Early Years**, November 2020 (Ipsos MORI on behalf of the Royal Foundation) sets out the key findings from research and national surveys on attitudes in the UK towards bringing up children from conception to 5 years. This identified that the majority of parents do not see early childhood years as an important time for development and a key link between parental mental health and the subsequent long-term development of children. Three emerging themes were:
    - The importance of promoting education and dissemination of evidence on the primacy of the early years to parents, parents of the future and the whole of society.

- The need to cultivate and sustain more support networks for parents to enhance their mental health and wellbeing.
- Encouraging society as a whole to be more supportive of parents, carers and families in the early years.

Some other key findings included:

- Recognition of the importance of the early years is far from universal.
- Parents of a 0 to 5-year-old: just 31% stated that this is the most important developmental period.
- 7 in 10 parents of 0 to 5-year-olds (69%) are not aligned with the scientific consensus that the conception to age 5 period is crucial in providing the foundation of health and happiness.
- The London School of Economics and the Centre for Mental Health estimate that nearly three quarters (72%) of the cost associated with poor maternal health is related to adverse impacts on the child rather than the mother.
- There is strong evidence linking parental mental health and the long-term development of children.
- An evidence review undertaken by the World Health Organization (WHO) in 2020 (**Improving early childhood development**), highlighted four key elements to improve early childhood development and secure outcomes:
  - Responsive Caregiving: All infants and children should receive responsive care during the first 3 years of life; parents and other caregivers should be supported to provide responsive care.
  - Promote Early Learning: All infants and children should have early learning activities with their parents and other caregivers during the first 3 years of life; parents and other caregivers should be supported to engage in early learning with their infants and children.
  - Integrate Caregiving and Nutrition Interventions: Support for responsive care and early learning should be included as part of interventions for optimal nutrition of infants and young children.
  - Support Maternal Mental Health: Psychosocial interventions to support maternal mental health should be integrated into early childhood health and development services.

### **Early Intervention Foundation (EIF)**

- An evidence review undertaken in 2014 (**Getting It Right for Families**) highlighted effective integrated approaches to supporting parent child interactions within early years can reduce duplication and improve the support available to families. In addition, there was some evidence to suggest that an integrated approach can improve children's cognitive development, physical health, behaviour, and parent/family relationships. The several positive effects and benefits of integrated early years services included:
  - Enhanced communication between services which led to better cooperation and implementation.
  - Services were more responsive and had better accessibility and user engagement.
  - It reduced duplication and were more cost effective.

Qualitative studies on integration show several positive effects including enhanced communication between services leading to better cooperation and implementation. Integrated services are more responsive with greater accessibility and user engagement. Integration also reduces duplication and is more cost-effective. There is some evidence that integration improves outcomes for children in terms of increased cognitive development, better physical health and behaviour and improvements in parenting and family relations. Findings from local areas suggest a strong consensus that integration improves outcomes for children and families although there is a lack of quantitative evidence on the difference that integration can make to outcomes.

- An evidence-based programme review undertaken in 2016 (**Foundations for Life: What Works to Support Parent Child Interaction in the Early Years**) highlighted that young children thrive in environments that are predictable and responsive to their needs. Where environments are negative, unpredictable, or overwhelming it is vital that parents/carers have access to support that is of high quality and well-matched to their needs. An evidence-base review of 75 early years programmes within the UK found that 17 programmes were likely to be effective on improving children's outcomes, if carefully commissioned to meet local needs. Although there was no one programme that was recommended, the evidence was strongest for programmes that target based on early signals of risk in child development and programmes which focused on children's behavioural development also tended to have better evidence of effectiveness. Recommendations for commissioners included:
  - Developing clear and consistent approaches to assessing risk across the early years system in relation to child development and the most effective responses and interventions. This included the importance of identifying children aged 3 years not making the transition from aggressive behaviours to more sophisticated methods of negotiation and impulse control.
  - Supporting the development of a culture of evidence use and building the evidence base, including investing in skills development, and sharing promising practice and innovation.
- Research undertaken on **Closing the Word Gap: learning from five areas who have gained ground, 2020** based upon five case studies from local authorities that had been successful in reducing the word gap between their disadvantaged children and their peers. In some cases this word gap could be identified from 18 months old and they found six common themes which improved the word gap:
  - *Theme 1: Partnerships and integrated working:* evidence of joined-up working on language and communication, with professionals from different services collaborating on initiatives and making joint decisions about children. The professionals were clearly accustomed to working closely together and had good relationships.
  - *Theme 2: Early identification and intervention:* evidence that the mandated Healthy Child Programme reviews were working well and identifying children in need of additional help with their language at age 2 or often even earlier. Health visitors were not working alone: family hub or children's centre staff and practitioners in early years settings used assessment well to spot needs and track children's progress. Work undertaken to upskill practitioners in early years settings to deliver communication and language interventions, and to work with

families, reduced those needing to be referred to a speech & language therapist, because their speech and language needs were lower-level and could be met by well-trained settings and well-supported parents.

- *Theme 3: A focus on the family:* evidence of a retained focus on early years speech and language in their various arrangements for children’s centre/family hub/early help services. Most had developed interesting family-focused early language initiatives, from home learning to help from a team of dedicated early communication support workers.
- *Theme 4: Getting it right for 2-year-old:* evidence that the local authorities had consistently higher take-up of funded places for 2-year-olds than the national average, and an above-average percentage of these children in good or outstanding provision. The national evaluation of the pilot of the 2-year-old offer found that the children who took part had improved language outcomes, where the provision was high-quality.
- *Theme 5: High-quality provision in early years settings:* evidence that there was an above-average proportion of funded 3- and 4-year-olds in good or outstanding provision.
- *Theme 6: A skilled workforce:* evidence of having a legacy of skilled practitioners as a result of previous well-embedded training programmes, such as Every Child a Talker. As well as continued professional development in speech and language, using evidence-based methods: not one-off courses, but sustained opportunities for learning through coaching, use of video, reflection, action research and peer-to-peer support.
- The EIF's spending review evidence, **the Case for Early Intervention to Support Levelling Up and Covid Recovery (2021)**, identified six key early intervention approaches to support levelling up from Covid and to improve early intervention and these were:
  - Intensive home visiting between birth and two years was shown to reduce income related learning gaps.
  - Supporting children’s early language development was shown to improve children’s early language and preliteracy skills.
  - Supporting first-time parents, which included co-parenting classes during pregnancy and after birth was shown to improve child behaviour at ages 3 and 7.
  - Parenting support was shown to improve the parent–child relationship, reduce parental use of negative discipline, and reduce child conduct problems at home and at school.

### **Evidence-based programmes**

- **EIF Foundations for Life: What works to support parent-child interaction in the early years** report (2016) measured the impact of different early years programmes using a ranking method to determine effectiveness:
  - Those ranked as a 4 had received a minimum of two high-quality evaluations and proved that there were long-term outcomes for a child lasting a year or longer.
  - Those ranked as a 3 had at least one high-quality evaluation and at least one outcome has seen a positive impact.

- Those ranked as a 2 have some evidence from a preliminary review and can show some significant positive impact on at least one impact although this is relative and not been formally evaluated.
- Those ranked as NL2 do not currently show the level of impact.
- Those ranked as NE have been proven from high-quality evaluations to not show any impact.

In addition, programmes were rated based on their cost based on the indicative costs of all of the inputs required to run and set up each of the programmes. This is not the market price of an intervention, but is based on programme costs such as training requirements and staff time on a scale of 1 to 5, where 1 indicates the least resource-intensive programme and 5 the most resource-intensive based on EIF estimates when compared to other interventions reviewed by EIF:

- Cost rating of 5: high cost to set up and deliver. Indicative unit cost range of £2,000 or higher.
  - Cost rating of 4: medium-high cost to set up and deliver. Indicative unit cost range of £1,000 to £2,000.
  - Cost rating of 3: medium cost to set up and deliver. Indicative unit cost range of £500 to £999.
  - Cost rating of 2: medium-low cost to set up and deliver. Indicative unit cost range of £100 to £499.
  - Cost rating of 1: low cost to set up and deliver. Indicating unit cost range of £100 or lower.
- **Early Talk Boost:** for children with delayed language, targeted at children between the ages of 3 and 4 years. Delivered in children’s centres or other early years settings by early years practitioners, aiming to improve children’s core language skills, as well as academic attainment and social/emotional difficulties in the long term. Children taking part have been identified by early years practitioners as having delayed language (not an identified special educational need), which may include English as an additional language. EIF highlights there is preliminary evidence of improving child outcomes, including enhancing school achievement, improving auditory language skills and improving expressive language skills, but evidence is limited as there have not been any randomised controlled trials conducted. Indicated by EIF has having a low cost to set up and deliver when compared with other interventions (estimated unit cost of £100 or lower, 2019).  
Evidence rating: 2: Cost Rating 1. Child outcomes: enhancing school achievement and employment.
  - **Empowering Families, Empowering Communities (EPEC):** for families with children aged 0-16 years to improve parents/carers confidence and provide them with strategies to help improve interactions with their child and reduce negative child behaviour. “Baby and Us” is particularly focused at parents/carers with children aged 0 to 2 years, and there are other tailored offers for parents/carers of children with ASD/ADHD, parents/carers and children at risk, as well as supporting parent/carers where there is a parental mental health concern. Rated by the EIF as having statistically significant impact on at least one child outcome and estimated as being low cost to set up and delivery when compared to other evidence-based programmes (an indicative unit cost of £100 or lower, 2016).

Evidence rating: 3; Cost Rating: 1. Child outcomes: preventing crime, violence and antisocial behaviour.

- **Family Foundations:** for couples expecting their first child, which can be delivered alongside standard childbirth classes. Parents attend five sessions prior to the baby's birth and a further four additional sessions when baby is between four and six months old. Parents learn strategies for working together effectively as co-parents in managing their child's care and responding to his or her needs. Evidence from two randomised controlled trials showed improved relationship satisfaction and functioning amongst participants. Parents were reported to experience significantly less overall parenting stress and less depression and anxiety compared to those not participating in the programme. Most consistent impacts for children included improved attachment-related behaviours, improved behaviour at age 3 and improved prosocial behaviour at school at age 7. Rated by the EIF as having a long-term positive impact through multiple high-quality evaluations and estimated as being low cost to set up and deliver when compared to other evidence-based programmes (an indicative unit cost of £100 or lower, 2016).

Evidence rating: 4; Cost rating: 1. Child outcomes: supporting children's mental health and wellbeing; enhancing school achievement and employment; preventing crime, violence and antisocial behaviour.

- **Incredible Years:** for parents/carers of pre-school children. "Incredible Years Toddler" is focused at parents/carers with children aged 2 to 3 years and "Incredible Years Preschool" at parents/carers with children aged 3 to 6 years. Both provide parents/carers with strategies to interact with their child and better understand their child's behaviour at key developmental milestones. The preschool programme is ranked by EIF as a having long-term child outcomes lasting over a year whereas the toddler programme was ranked as only showing preliminary outcomes which have not been robustly tested. Both programmes are estimated as medium to low cost to set up and deliver when compared to other evidence-based programmes (an indicative unit cost of £100 to £499, 2016).

Incredible Years Toddler – Evidence rating: 2+; Cost rating: 2. Child outcomes: preventing crime, violence and antisocial behaviour.

Incredible Years Preschool – Evidence rating 3+; Cost rating: 2. Child outcomes: enhancing school achievement and employment; preventing crime, violence and antisocial behaviour.

- **Parents as First Teachers (PAFT):** for parents with a child aged three or under, aimed at developing family resilience and promoting positive parenting behaviours that will continue after the family's engagement in the programme has ended. Frequency and duration is determined by family's needs and although primarily a home visiting programme it can also be delivered in children's centres. Practitioners also facilitate parent-child interaction through age-appropriate talk, play and reading activities. EIF indicates that the programme has at least one rigorous conducted randomised control trial that demonstrates a significant positive impact on at least one child outcome. Evidence suggests that positive outcomes for children include improved receptive language, expressive language, and vocabulary as well as improved child self-help skills and developmental milestones. Estimated by EIF as being a medium to high cost to set up and deliver when compared with other interventions (an indicative unit cost of £1,000 to £2,000, 2021).

Evidence rating: 3+; Cost rating: 4. Child outcomes: preventing child maltreatment; enhancing school achievement and employment; preventing crime, violence and antisocial behaviour; preventing obesity and promoting healthy physical development.

- **Peers Early Education Partnership (PEEP) Learning Together Programme:** for parents with a child between birth to five years and teaches parents age specific skills for supporting their child's early learning and social and emotional development. The programme aims to improve child development and all sessions include talk time, songs and rhymes, sharing books and stories and things for families to try at home. The EIF indicates that the programme has some evidence of improving a child's outcomes such as improving self-esteem (maternal acceptance), improving verbal comprehension, vocabulary, writing and numeracy, although there is no evidence from rigorously conducted randomised control trials. In addition, five independent research studies undertaken by the universities of Oxford and Warwick, highlighted that the programme:
  - Successfully reaches isolated families and engages them in their children's learning.
  - Helps parents become more aware of their children's development and how to foster it.
  - Helps children develop good foundation for literacy and strong self-esteem.
  - Enables practitioners to unlock parents' potential rather than focus on their problems.

Evidence rating: 2+; Cost rating: 1. Child outcomes: supporting children's mental health and wellbeing; enhancing school achievement and employment.

## Appendix C - Adult Skills and Family Learning Service Pathway mapping against Commissioned Skills Development Service Offer

### Statutory duty in relation to Skills

**Section 3(2) of the Childcare Act 2006** (linked to the provision of children's centres) in relating to supporting families' economic wellbeing through:

- Links with Jobcentre Plus to encourage families to improve skills, employment prospects and financial situation.
- Links with local skills and training providers, voluntary organisations and volunteering, debt advice and other services to support families.
- Arrangements made at the centre to assist families on gaining access to employment support and advice.
- Duty to secure sufficient childcare, as far as is reasonably practicable, for working parents and parents who are studying or training for employment.

*“Providing services “through” a children’s centre does not mean that services should actually be delivered in a children’s centre, or that children’s centres should be given any greater weight as potential service locations than other settings.”*

### Adult Skills and Family Learning Service

The Council's Adult Skills and Family Learning Service supports Lincolnshire parents/carers from aged 19+ years, including vulnerable groups, to access learning and support to help parents/carers get back into employment. The aim of the Service is to support the economic wellbeing of Lincolnshire families and is funded through the Education Skills Funding Agency (ESFA): £2,000,000 per annum. The funding enables the Service to commission tutors to deliver family learning courses in schools, with c. 90% of their funding allocated to the commissioning of local education providers to deliver adult learning courses. In addition, they can support families to access services by offering funding for childcare places and are Ofsted inspected.

Since the skills development offer was commissioned through the Best Start Lincolnshire: Early Years and Family Service in 2017, the ESFA funding and capacity of the Adult Skills and Family Learning Service has increased.

### Skills Development Offer within the Best Start Lincolnshire: Early Years and Family Service

The Skills Development offer within the current Best Start Lincolnshire: Early Years and Family Service contract supports vulnerable parents/carers with children aged 0-19 years (0-25 SEND) only who are on a pathway to employment through a caseload model. Skills Development Officers are employed by the supplier of the contract and work with parents/carers to define an action plan and signpost parents/carers to appropriate courses or other services to support them on their pathway.

Courses that parents/carers are signposted to include those that are offered through the Council's Adult Skills and Family Learning Service.



Mapping against the Adult Skills and Family Learning Service Pathway

Adult Skills and Family Learning Service Pathway	Duplication with Commissioned Skills Development Offer Pathway	Difference
<p>Service available to all adults in Lincolnshire aged 19+, including vulnerable groups.</p>	<p><b>Yes:</b> Skills Development Officers (SDOs) work with vulnerable parents/carers of children and young people aged 0 to 19 years (25 SEND).</p>	<p>SDOs can support young parents under the age of 19 years. However, the number of young parents under the age of 19 supported through a pathway of employment by the commissioned SDOs has been minimal over the lifetime of the contract. In addition, the Raising of the Participation Age (RPA) Duty includes all young parents and young people up to the age of 18 years and the Council already has a range of services in place to support vulnerable groups of young people, including young parents, which includes a team to support young people not in education, employment or training (NEET). Young parents are also able to access support via their Health Visitor, Early Help, school or college.</p>
<p>Signposting to relevant courses available through a member of the skills team.</p>	<p><b>Yes:</b> commissioned skills offer signpost to courses already available through the Council's skills team.</p>	<p>Whilst there is no difference to signposting to relevant courses; the SDOs only signpost to courses already available, which include courses available via the Adult Skills and Family Learning Service. Whereas the Adult Skills and Family Learning Service will also broker the course provision, which is provided by contracted adult learning</p>

		providers and will identify any gaps in provision and will broker courses to meet those gaps in provision.
Course provision provided by one of the skills team's contracted adult learning providers. Family Learning courses are provided by employed tutors.	<b>No</b>	SDOs do not commission adult learning providers but signpost/ support access to provision that is already available.
All courses promoted via web-based platform.	<b>Partial:</b> SDOs signpost to where courses are promoted.	Although SDOs promote the offer that is available through them and signpost to where courses are promoted, they do not directly promote courses via web-based platform.
Learner/service need identified: course designed and developed in response to identified need or standard adult only course (part of annual programme identified).	<b>Partial:</b> SDOs can support parents/carers to identify what their learning needs are and signpost/support access to existing provision available.	SDOs do not design or create new courses but support/ signpost parents/carers to access courses/provision already available to them.
Marketing/promotion of courses via the Council's Social Media platforms, posters, leaflets, mailing systems, newsletters, word of mouth from staff. Marketing/promotion includes course, venue, dates, times, contact details.	<b>Partial:</b> SDOs promote the support that is available through them. SDOs signpost to existing marketing/promotion materials available on the courses available and will signpost parents/carers to where they can access courses.	Although SDOs will promote the service available through them, they do not arrange/develop any promotion/marketing of courses. SDOs signpost parents/carers to existing marketing/ promotion materials available. Through the right marketing/promotion to all professionals working with vulnerable families, vulnerable families should be able to be directly signposted/supported to access the information available to them. This could include the Adult Skills and Family Learning Service directly marketing/ promoting the

		provision available via the children's centres and through children's centre social media accounts which parents/carers have access to.
Learner directly contacts team member provided on advert. Learner can ask questions/ further info and learner can also ask about support available for childcare/ transport.	<b>Partial:</b> SDOs can hold vulnerable parents/carers on a caseload and support them to raise queries regarding courses if required or signpost parents/carers to where they can get further info from.	SDOs can hold caseloads of vulnerable parents/carers. However, all professionals working with vulnerable parents/carers should support them to access other services/ support where required. This includes directly signposting parents/carers to the support available via the Adults Skills and Family Learning Service. Parents/carers accessing courses are also able to access support via the contracted adult learning providers' course tutors who do hold them on their course caseload.
Information provided to learner via email/telephone/ leaflets and possible initial assessment can be undertaken where necessary.	<b>Yes:</b> SDOs can request information on behalf of the parent/carer if required and pass this information on to the parent/carer. SDOs can also revisit action plan with parents/carers to help identify whether course(s) are right for them.	SDOs can also provide advice on other issues such as housing, mental health, finances, etc. This is often through signposting to alternative services; however, support is also available through the Council's Early Help teams and wider support within children's centres. It should be the responsibility of all professionals working with vulnerable families to support them to access other services where this is an identified need.
Learner books onto course via email/phone/website or	<b>Partial:</b> SDOs can revisit action plan with parents/ carers to identify/signpost	SDOs do not directly book parents/carers onto courses but can support

decides not to continue. Further information, advice, guidance can be provided where learner decides not to continue with booking.	to further information, advice, guidance if learner decides not to continue with booking.	them to book onto courses but would signpost parents/carers for further advice/guidance where this was needed. Advice/guidance, and support with booking onto courses available directly via the Adult Skills and Family Learning Service without the need for signposting to them.
Booking confirmed and learner enrolled by provider/website. Learner will be allocated a tutor.	<b>No</b>	SDOs do not book/enrol or confirm a booking to learner, nor does SDOs allocate learners to a course tutor. The contracted adult learning providers will allocate learners to a course tutor.
Learner arrives at venue/online course.	<b>No</b>	SDOs can support parents/ carers to arrive at/access course if required. However, support is also available via contracted adult learning providers' course tutors.
Learner starts course, completes and achieves. Learner is monitored/ supported via tutor. Allocated tutor will be able to offer further support/guidance if needed.	<b>Partial:</b> SDOs can offer parents/carers advice/ guidance where possible.	SDOs are not course tutors. Whilst SDOs can offer parents/ carers advice/guidance where possible, direct support is available to parents/carers via the contracted adult learning providers' course tutors.
If a learner decides to withdraw, support/signposting to appropriate agency or another appropriate course will be provided by tutor.	<b>Yes:</b> SDOs can signpost parents/carers to other support/courses.	SDOs are not course tutors. Whilst SDOs can signpost parents/carers to other appropriate support courses, direct support is available to parents/carers via the contracted adult learning providers' course tutors.
Learner completes and achieves course.	<b>Yes:</b> SDOs can signpost parents/carers to other	SDOs are not course tutors. Whilst SDOs can signpost parents/carers to

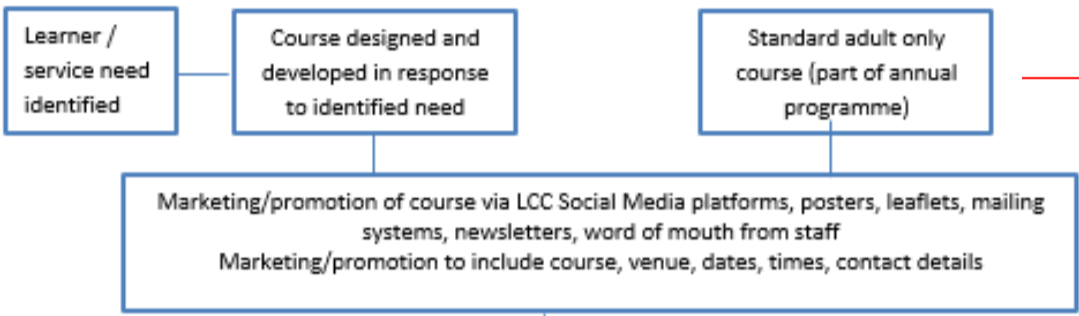
Progression opportunities are advised by the course tutor.	possible progression opportunities.	other appropriate support/courses; direct support is available via the contracted adult learning providers' course tutors.
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\*KEY – Boxes and wording in red are differences between the internal skills service and the commissioned skills service.



**Adult Skills and Family Learning Service Pathway**

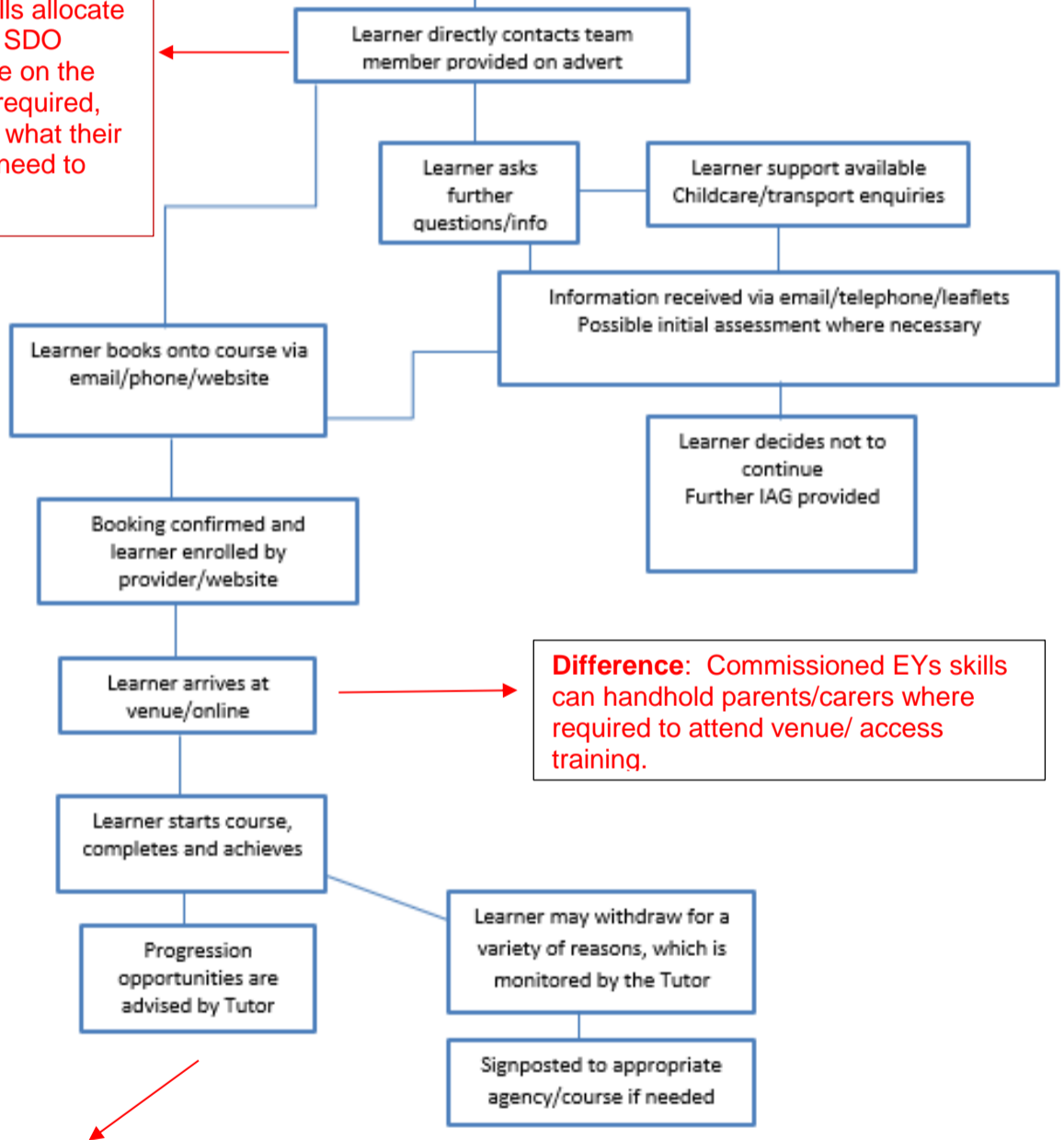
- Service is available for all adults in Lincolnshire aged 19+
- Service will be provided by one of our contracted adult learning providers or directly delivered by a member of the team.
- All courses are promoted on our [Zaspire](#) website



(Commissioned EYs Skills service only work with vulnerable groups but can work with young parents/carers under the age of 19).

**Difference:** Commissioned EYs Skills signpost to existing courses and do not arrange or create new ones.

**Difference:** Commissioned EYs Skills allocate a parent/carer to an SDO caseload. SDO supports throughout the time they are on the caseload and provides guidance as required, especially where parents are unsure what their pathway needs to be and what they need to access.



**Difference:** Commissioned EYs skills can handhold parents/carers where required to attend venue/ access training.

**NB:** although the internal team do not hold caseloads, parents/carers when on a course will be allocated a tutor who will be able to offer further support/guidance if needed.

**Difference (general):** Commissioned EYs Skills also provide advice on other issues such as housing, MH, finances etc. This is often through signposting to alternative services. Although this support is available through Early Help and wider support within CCs.

**Appendix D – Proposed Best Start Lincolnshire Services Model Overview**

Council-led early years services, Health Visiting, Midwifery, other relevant commissioned early years services, parents/carers, children	Age	Universal	Targeted	Changes	Safeguarding, Early Help, Social Care, SEND, early years education settings
	Antenatal	<ul style="list-style-type: none"> <li>• Co-delivery of antenatal education from 17+ weeks pregnant with Health Visiting and Midwifery.</li> <li>• Sessions delivered from children’s centres or other outreach venues.</li> </ul>	<ul style="list-style-type: none"> <li>• Targeted sessions suitable for families from 17+ weeks pregnant will be identified in partnership with Health Visiting.</li> </ul>	<ul style="list-style-type: none"> <li>• Co-delivery of antenatal education from 17+ weeks to bring in line with support provided by Early Help and Social Care.</li> <li>• Stronger partnership working with Health Visiting, Midwifery, and the Council’s Early Years Teams to identify Early Years sessions suitable for targeted families from 17+ weeks pregnant.</li> </ul>	
		<ul style="list-style-type: none"> <li>• Partnership working with Health Visiting and Midwifery in order to support the promotion of services to ethnic minority communities and provide inclusion support in order to encourage ethnic minority families to engage in the antenatal education offer.</li> </ul>	<ul style="list-style-type: none"> <li>• Partnership working with Health Visiting and Midwifery in order to support the promotion of services to ethnic minority communities and provide inclusion support in order to encourage ethnic minority families to engage in the antenatal education offer.</li> </ul>	<ul style="list-style-type: none"> <li>• Countywide offer dependent on need within localities.</li> </ul>	
0-5 years	<ul style="list-style-type: none"> <li>• Early childhood services delivered from Children’s Centres and community venues based on need within the local community.</li> <li>• “Early Days” groups for new parents/carers identified with low mood delivered in partnership with Health Visiting and Midwifery.</li> <li>• More sessions focusing on early childhood targeted at children aged 0 to 3 years.</li> </ul>	<ul style="list-style-type: none"> <li>• Early childhood services offer for targeted groups of families (1:1 and group offer) as needed in children’s centres and wider outreach venues.</li> <li>• Utilising a range of evidence-based programmes (or elements of) to support targeted groups of families.</li> <li>• Tracking of identified children with developmental delay in order to provide/arrange</li> </ul>	<ul style="list-style-type: none"> <li>• Greater partnership working and joint delivery with the wider early years workforce to ensure a more joined up offer and seamless pathways between services.</li> <li>• Greater use of community venues for the delivery of early childhood services.</li> <li>• Higher volume of sessions for children aged 0 to 3 years.</li> <li>• Improved evidence-based offer.</li> </ul>		

		<ul style="list-style-type: none"> <li>• Toddler sessions aimed at up to age 3 (up to age 5 allowed) with key focus on “ready to learn”.</li> <li>• Co-delivery with the Council’s Early Years staff of a school readiness programme targeted at children aged 3 to 5 years.</li> <li>• Mixed sessions for families with babies and toddlers.</li> <li>• Session delivery to better align to relevant local priorities and Public Health outcomes with the ability to be flexible as local priorities embed and develop.</li> <li>• Partnership working with other early years services (commissioned and Council-led) that support families with children with additional needs, e.g. Early Support Learning Provision (ESLP), Portage, Early Years Specialist Teachers to ensure a universal offer that meets the needs of children with additional needs and/or disabilities.</li> <li>• Coordinated delivery with the ESLP offer to provide families accessing the ESLP sessions with the opportunity to also access the universal early childhood sessions.</li> </ul>	<p>tailored support for the children and their families.</p> <ul style="list-style-type: none"> <li>• Targeted offer for children with additional needs and/or disabilities to help support families access the universal offer.</li> <li>• Partnership working with other early years services (commissioned and Council-led) that support families with children with additional needs and/or disabilities, e.g. Early Support Learning Provision (ESLP), Portage, Early Years Specialist Teachers to ensure targeted offer meets the needs of children with additional needs and/or disabilities.</li> <li>• Booking system for targeted sessions to ensure activities are planned around the needs of the children attending.</li> </ul>	<ul style="list-style-type: none"> <li>• More flexibility for staffing and delivery of sessions based on needs of the local community.</li> <li>• Greater emphasis on working with early years services that support children with additional needs and/or disabilities to ensure a more inclusive offer across the County.</li> <li>• Booking system for targeted sessions to ensure activities are planned around the needs of the children attending.</li> <li>• Reduced duplication between Council-led and commissioned early years services through greater partnership working.</li> <li>• Skills development offer no longer part of a commissioned service offer due to duplication of provision with the Council’s Adult Skills and Learning offer.</li> <li>• Crèche provision for parents/carers engaged in skills development sessions no longer part of a commissioned service offer as skills development offer will not be included.</li> <li>• Greater alignment with local and national priorities, including Public Health outcomes.</li> <li>• Greater flexibility within the service offer to adapt the offer as local priorities embed in order to continue to meet the needs of local communities.</li> </ul>	
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		<ul style="list-style-type: none"> <li>• Close partnership working with the Early Years and Family Service and the Council-led Early Years services in order to help promote the services available to ethnic minority families within their local children’s centre and wider community.</li> <li>• Co-delivery of groups with Early Years and Family Service targeted at supporting ethnic minority families with understanding of their child’s development and empowering them to access the Early Years and Family Service offer.</li> <li>• Co-delivery of multi-national groups with the Early Years and Family Service.</li> <li>• Countywide offer dependent on need within individual localities.</li> </ul>	<ul style="list-style-type: none"> <li>• Partnership working with a range of professionals to identify and support vulnerable and hard to reach ethnic minority families to access the universal offer within their local children’s centre or wider community.</li> <li>• Support for vulnerable or hard to reach ethnic minority families to take up their two- and three-year-old early years entitlement funding.</li> <li>• Support for asylum-seeking families with children in their early years to help support families to integrate into the community and access the local children’s centre or wider outreach early years offer within their local community.</li> <li>• Weekly or bi-weekly drop-in sessions for vulnerable or hard to reach families to provide practical support in order to access the early years provision within their local community.</li> <li>• Translation support for vulnerable or hard to reach families to understand processes such as Team Around the Child, Child in Need, Child Protection.</li> </ul>	<ul style="list-style-type: none"> <li>• Countywide offer based on need within localities.</li> <li>• Key focus on identifying and supporting vulnerable and hard to reach ethnic minority families to access the universal offer within their local children’s centre or wider community.</li> <li>• Drop-in sessions to provide practical support to vulnerable or hard to reach ethnic minority families in order to support them to access the early years offer within their local communities.</li> <li>• Greater presence within local children’s centres meaning less capacity for home-based support.</li> <li>• Time-limited home visiting support.</li> <li>• Greater partnership working with the wider early years workforce to ensure seamless pathways to early years provision for ethnic minority families.</li> <li>• Support for asylum-seeking families with children in their early years to help support families to integrate into the community and access the local children’s centre or wider outreach early years offer within their local community.</li> <li>• Translation support focussed on supporting vulnerable and hard to reach ethnic minority families to access early years services within</li> </ul>	
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			<ul style="list-style-type: none"> <li>• Time limited (up to a maximum of 6-months) home visiting support where further targeted support is identified as a need in order to support the family to access provision within their local community. Referral for home-based support will be via the Council's Early Years Practitioners.</li> <li>• Strong partnership working with a wide range of key early years professionals to ensure families are accessing the right support, at the right time and by the right professional.</li> </ul>	<p>their local communities (where already supporting families).</p> <ul style="list-style-type: none"> <li>• Sole translation requests to provide translation support for Social Care Teams and meetings will no longer be accepted as the Council already has a corporate translation contract in place to support such requests. Unless circumstances where Service is already supporting a vulnerable or hard to reach ethnic minority family and the Service is required to attend with the family then translation support may be provided within the meeting, where appropriate.</li> </ul>	
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Early Years and Family Service	
Ethnic minority inclusion service	

## Equality Impact Analysis to enable informed decisions

### The purpose of this document is to: -

- I. help decision makers fulfil their duties under the Equality Act 2010 and
- II. for you to evidence the positive and adverse impacts of the proposed change on people with protected characteristics and ways to mitigate or eliminate any adverse impacts.

### Using this form

This form must be updated and reviewed as your evidence on a proposal for a project/service change/policy/commissioning of a service or decommissioning of a service evolves taking into account any consultation feedback, significant changes to the proposals and data to support impacts of proposed changes. The key findings of the most up to date version of the Equality Impact Analysis must be explained in the report to the decision maker and the Equality Impact Analysis must be attached to the decision making report.

**\*\*Please make sure you read the information below so that you understand what is required under the Equality Act 2010\*\***

### Equality Act 2010

The Equality Act 2010 applies to both our workforce and our customers. Under the Equality Act 2010, decision makers are under a personal duty, to have due (that is proportionate) regard to the need to protect and promote the interests of persons with protected characteristics.

### Protected characteristics

The protected characteristics under the Act are: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; sexual orientation.

### Section 149 of the Equality Act 2010

Section 149 requires a public authority to have due regard to the need to:

- Eliminate discrimination, harassment, victimisation, and any other conduct that is prohibited by/or under the Act
- Advance equality of opportunity between persons who share relevant protected characteristics and persons who do not share those characteristics
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The purpose of Section 149 is to get decision makers to consider the impact their decisions may or will have on those with protected characteristics and by evidencing the impacts on people with protected characteristics decision makers should be able to demonstrate 'due regard'.

### **Decision makers duty under the Act**

Having had careful regard to the Equality Impact Analysis, and also the consultation responses, decision makers are under a personal duty to have due regard to the need to protect and promote the interests of persons with protected characteristics (see above) and to:-

- (i) consider and analyse how the decision is likely to affect those with protected characteristics, in practical terms,
- (ii) remove any unlawful discrimination, harassment, victimisation and other prohibited conduct,
- (iii) consider whether practical steps should be taken to mitigate or avoid any adverse consequences that the decision is likely to have, for persons with protected characteristics and, indeed, to consider whether the decision should not be taken at all, in the interests of persons with protected characteristics,
- (iv) consider whether steps should be taken to advance equality, foster good relations and generally promote the interests of persons with protected characteristics, either by varying the recommended decision or by taking some other decision. |

## **Conducting an Impact Analysis**

The Equality Impact Analysis is a process to identify the impact or likely impact a project, proposed service change, commissioning, decommissioning or policy will have on people with protected characteristics listed above. It should be considered at the beginning of the decision making process.

### **The Lead Officer responsibility**

This is the person writing the report for the decision maker. It is the responsibility of the Lead Officer to make sure that the Equality Impact Analysis is robust and proportionate to the decision being taken.

### **Summary of findings**

You must provide a clear and concise summary of the key findings of this Equality Impact Analysis in the decision making report and attach this Equality Impact Analysis to the report. |

## Impact – definition

An impact is an intentional or unintentional lasting consequence or significant change to people's lives brought about by an action or series of actions.

### How much detail to include?

The Equality Impact Analysis should be proportionate to the impact of proposed change. In deciding this asking simple questions “Who might be affected by this decision?” “Which protected characteristics might be affected?” and “How might they be affected?” will help you consider the extent to which you already have evidence, information and data, and where there are gaps that you will need to explore. Ensure the source and date of any existing data is referenced.

You must consider both obvious and any less obvious impacts. Engaging with people with the protected characteristics will help you to identify less obvious impacts as these groups share their perspectives with you.

A given proposal may have a positive impact on one or more protected characteristics and have an adverse impact on others. You must capture these differences in this form to help decision makers to arrive at a view as to where the balance of advantage or disadvantage lies. If an adverse impact is unavoidable then it must be clearly justified and recorded as such, with an explanation as to why no steps can be taken to avoid the impact. Consequences must be included.

**Proposals for more than one option** If more than one option is being proposed you must ensure that the Equality Impact Analysis covers all options. Depending on the circumstances, it may be more appropriate to complete an Equality Impact Analysis for each option.

**The information you provide in this form must be sufficient to allow the decision maker to fulfil their role as above. You must include the latest version of the Equality Impact Analysis with the report to the decision maker. Please be aware that the information in this form must be able to stand up to legal challenge.**

## Background Information

<b>Title of the policy / project / service being considered</b>	Commissioned Early Years Services Review – Best Start Lincolnshire Services (Early Years and Family Service & BME Inclusion Service).	<b>Person / people completing analysis</b>	Melissa Cullingham Sara Gregory
<b>Service Area</b>	Children's Strategic Commissioning Services – Children's Services	<b>Lead Officer</b>	Charlotte Gray
<b>Who is the decision maker?</b>	Lincolnshire County Council/Executive	<b>How was the Equality Impact Analysis undertaken?</b>	Through review and previous and current stakeholder engagement
<b>Date of meeting when decision will be made</b>	22/02/2022	<b>Version control</b>	V0.4
<b>Is this proposed change to an existing policy/service/project or is it new?</b>	Existing policy/service/project	<b>LCC directly delivered, commissioned, re-commissioned or de-commissioned?</b>	Re-commissioned
<b>Describe the proposed change</b>	Re-commissioning Best Start Lincolnshire: Early Years and Family Service and an inclusion service for ethnic minority communities following a review to inform improvements to the existing services. The proposed model for the Best Start Lincolnshire: Early Years and Family Service does not include the continuation of a skills development offer (and associated crèche provision) for vulnerable parents/carers of children aged 0 to 19 years as this has been identified as a duplication of provision as the Council already has an Adult Skills and Family Learning Service which is available to all Lincolnshire parents/carers.		

### **Evidencing the impacts**

In this section you will explain the difference that proposed changes are likely to make on people with protected characteristics. To help you do this first consider the impacts the proposed changes may have on people without protected characteristics before then considering the impacts the proposed changes may have on people with protected characteristics.

You must evidence here who will benefit and how they will benefit. If there are no benefits that you can identify please state 'No perceived benefit' under the relevant protected characteristic. You can add sub categories under the protected characteristics to make clear the impacts. For example under Age you may have considered the impact on 0-5 year olds or people aged 65 and over, under Race you may have considered Eastern European migrants, under Sex you may have considered specific impacts on men.

### **Data to support impacts of proposed changes**

When considering the equality impact of a decision it is important to know who the people are that will be affected by any change.

#### Population data and the Joint Strategic Needs Assessment

The Lincolnshire Research Observatory (LRO) holds a range of population data by the protected characteristics. This can help put a decision into context. Visit the LRO website and its population theme page by following this link: <http://www.research-lincs.org.uk> If you cannot find what you are looking for, or need more information, please contact the LRO team. You will also find information about the Joint Strategic Needs Assessment on the LRO website.

#### Workforce profiles

You can obtain information by many of the protected characteristics for the Council's workforce and comparisons with the labour market on the [Council's website](#). As of 1<sup>st</sup> April 2015, managers can obtain workforce profile data by the protected characteristics for their specific areas using Agresso.

## Positive impacts

The proposed change may have the following positive impacts on persons with protected characteristics – If no positive impact, please state 'no positive impact'.

### Age

Perceived positive impact for young children (0 to 5 years) and their families as:

- Stronger partnership working between the Early Years and Family Service and the wider early years workforce will ensure a more joined up offer and seamless pathways between services, supporting more families to access the right support, at the right time and by the right professional. In addition, greater use of community venues for the delivery of childhood services and an increased focus on sessions for children aged 0 to 3 years, with greater alignment to local priorities and public health outcomes will mean that even more young children will be supported at key developmental milestones and are ready to learn.
- There is evidence that families from ethnic minority communities are accessing the Early Years and Family Service which must continue to be an inclusive service to meet the needs of all families regardless of their background. Changing the Inclusion offer for ethnic minority communities with children aged 0-5 years to a targeted offer for vulnerable young children and their families from ethnic minority communities will ensure those ethnic minority children and their families who need the support to access the universal early years provision within their local communities will get the support they need to access it.
- Increasing the capacity of the Inclusion Service for ethnic minority communities will ensure a targeted countywide and equitable offer for all vulnerable ethnic minority families with children aged 0-5 years.
- There will be a greater emphasis on the Early Years and Family Service working in partnership with other early years services supporting children with additional needs and/or disabilities (Council-led and commissioned) to ensure a more inclusive offer for young children and their families within their local communities.
- There will be greater flexibility within the Early Years and Family Service offer to adapt the offer as local priorities embed in order to continue to meet the needs of local communities.
- There will be a broader range of evidence-based sessions to support vulnerable groups of young children and their families in order to ensure more vulnerable groups of children are supported at key developmental milestones and are ready to learn.

The Council already has an Adult Skills and Family Learning Service in Lincolnshire that supports all adults aged 19+, including vulnerable groups. The current commissioned skills development offer only works with vulnerable parents/carers with children aged 0 to 19 years who are on a pathway to employment, and signpost parents/carers to the skills development support available to them, including the Adult Skills and Family Learning Service. Perceived positive impact for parents/carers aged 19+ with children aged 0 to 19 years who are on a pathway to employment will ensure just one point of access for skills development and learning support via the Council's Adult Skills and Family Learning Service, thus reducing the additional layer for families having to go through in order to access Adult Skills and Family Learning Service support. Early Years Educators within the



	current Best Start Lincolnshire Early Years and Family Service, Health Visitors, Early Help and other professionals working with vulnerable families in local children's centres will be able to signpost vulnerable parents/carers directly to the Adult Skills and Family Learning Service.]
<b>Disability</b>	Perceived positive impact for young children with additional needs and/or disabilities as stronger partnership working between the Early Years and Family Service and other relevant early years services (Council-led and commissioned) will ensure a more inclusive offer for young children and their families within their local communities.
<b>Gender reassignment</b>	No perceived positive impact as there are no changes proposed to the current delivery model that will impact on this protected characteristic.
<b>Marriage and civil partnership</b>	No perceived positive impact as there are no changes proposed to the current delivery model that will impact on this protected characteristic.
<b>Pregnancy and maternity</b>	Perceived positive impact as stronger partnership working between the Early Years and Family Service and Health Visiting/ Midwifery/Council-led early years teams and co-delivery of antenatal education from 17+ weeks pregnant will ensure even more expectant families will have access to support within their local communities sooner, including vulnerable groups of expectant families. Perceived positive impact for ethnic minority families as stronger partnership working with the Early Years and Family Service, Health Visitors and Midwifery in order to ensure the early identification and support for vulnerable and hard to reach ethnic minority families, so that they are supported sooner to access the universal offer available to them within their local children's centre and local community.
<b>Race</b>	Perceived positive impact for ethnic minority communities with children aged 0-5 years as: - <ul style="list-style-type: none"> <li>• There is evidence that families from ethnic minority communities are accessing the Early Years and Family Service which must continue to be an inclusive service to meet the needs of all families regardless of their background. Changing the Inclusion offer for ethnic minority communities with children aged 0-5 years to a targeted offer for vulnerable young children and their families from ethnic minority communities will ensure those ethnic minority children and their families who need the support to access the universal early years provision within their local communities will get the support they need to access it.</li> <li>• Increasing the capacity of the Inclusion Service for ethnic minority communities will ensure a targeted countywide and equitable offer for all vulnerable ethnic minority families with children aged 0-5 years.</li> <li>• Will ensure support for asylum-seeking families with children aged 0 to 5 years that move into Lincolnshire and require support to integrate within their new community where required.</li> </ul>

<b>Religion or belief</b>	No perceived positive impact as there are no changes proposed to the current delivery model that will impact on this protected characteristic.
<b>Sex</b>	No perceived positive impact as there are no changes proposed to the current delivery model that will impact on this protected characteristic.
<b>Sexual orientation</b>	No perceived positive impact as there are no changes proposed to the current delivery model that will impact on this protected characteristic.

**If you have identified positive impacts for other groups not specifically covered by the protected characteristics in the Equality Act 2010 you can include them here if it will help the decision maker to make an informed decision.**

N/A

**Adverse/negative impacts**

You must evidence how people with protected characteristics will be adversely impacted and any proposed mitigation to reduce or eliminate adverse impacts. An adverse impact causes disadvantage or exclusion. If such an impact is identified please state how, as far as possible, it is justified; eliminated; minimised or counter balanced by other measures.

If there are no adverse impacts that you can identify please state 'No perceived adverse impact' under the relevant protected characteristic. |

**Negative impacts of the proposed change and practical steps to mitigate or avoid any adverse consequences on people with protected characteristics are detailed below. If you have not identified any mitigating action to reduce an adverse impact please state '*No mitigating action identified*'. |**

No perceived negative impact for young children aged 0 to 5 years, or their parents/carers, as there are no changes to the model that will impact negatively on this age group.

No perceived negative impact for parents/carers who are open to services (vulnerable groups) with children aged 0 to 19 years (25 SEND) who currently access support from the Skills Development Service offer within the current commissioned Early Years and Family Service. Mapping of pathways with the Council's Adult Skills and Family Learning Service has identified that there would be no gap in provision for parents/carers as the current commissioned Skills Development Service offer signposts parents/carers to the offer already available through the Council's Adult Skills and Family Learning Service. The Council's Adult Skills and Family Learning Service offer is available to all adults in Lincolnshire aged 19+, including vulnerable groups and brokers a wide range of courses from adult learning training providers across the County and the service has confirmed they have sufficient capacity to meet the demand from parents/carers in Lincolnshire. The Adult Skills and Family Learning Service can directly promote available courses to parents/carers and also all professionals working with vulnerable parents/carers, e.g. Health Visitors, Early Years Educators and Early Help, should all be able to directly signpost vulnerable parents/carers to the Adult Skills and Family Learning Service.

No perceived negative impact for parents/carers who require support with transport to courses/adult learning opportunities as this support is already available via the Council's Adult Skills and Family Learning Service.

No perceived negative impact for parents/carers wishing to access creche provision in order to access courses/adult learning opportunities as the take up of this provision via the commissioned Early Years and Family Service skills development offer has been limited over the lifetime of the contract. In addition, parents/carers who wish to access childcare provision can already apply for funding to support with childcare (where appropriate) via the Adult Skills and Family Learning Service.

Skills Development Officers (SDOs) within the current commissioned Skills Development Service can hold caseloads of vulnerable parents/carers, however, this is primarily associated with signposting parents/carers to existing opportunities. In addition, where parents/carers need support in accessing a course or with the course content itself, support is already available to parents/carers via the course tutors within the contracted adult learning providers contracted via the Council's Adult Skills and Family Learning Service.

No perceived negative impact for vulnerable parents/carers requiring advice on housing, mental health, finance, etc to vulnerable parents/carers on their caseload as vulnerable parents/carers will continue to be able to access this support via the Council's Early Help teams and the wider support available to Lincolnshire residents, which Skills Development Officers would have signposted parents/carers to.

No perceived negative impact for vulnerable parents/carers wishing to book onto courses as courses are already advertised via the Adult Skills and Family Learning Service and should a parent/carer require support with accessing/booking onto an adult learning course, support is already available to the parent/carer via the Service directly. Currently the skills development offer within the commissioned Early Years and Family Service do not operate a booking system for courses nor do they advertise courses or market courses available, they signpost parents/carers to where the courses are advertised and how parents/carers can book onto them.

	<p>No perceived negative impact for parents/carers who wish support to access another courses after completing an appropriate course as this support is already available via the Council's Adult Skills and Family Learning Service, and is also available via the course tutors who are employed by the contracted adult learning providers.</p> <p>The commissioned Skills Development Service offer within the Early Years and Family Service can work with vulnerable young parents under the age of 19. However, there is no perceived negative impact for young parents under the age of 19. The number of young parents supported through a pathway of employment by the commissioned service offer has been minimal over the lifetime of the contract. The Raising of the Participation Age (RPA) Duty includes young parents and all young people up to the age of 18 years have to participate in either full time study in a school, college or training provider or full time work or volunteering (combined with part-time education or training) or an apprenticeship or traineeship or a re-engagement programme (if they have been absent from the education system). The Council already has a range of services in place to support vulnerable groups of young people, including young parents, which includes a team to support young people not in education, employment or training (NEET). Young parents will also continue to be able to access support via their Health Visitor, Early Help, school or college.</p>
Disability	<p>No perceived negative impact for young children with additional needs aged 0 to 5 years, or their parents/carers, as there are no changes to the model that will impact negatively on this age group.</p> <p>No perceived negative impact for parents/carers with a disability who are open to services (vulnerable groups) with children aged 0 to 19 years (25 SEND) who currently access support from the Skills Development Service offer within the current commissioned Early Years and Family Service. Mapping of pathways with the Council's Adult Skills and Family Learning Service has identified that there would be no gap in provision for parents/carers as the current commissioned Skills Development Service offer signposts parents/carers to the offer already available through the Council's Adult Skills and Family Learning Service. The Council's Adult Skills and Family Learning Service offer is available to all adults in Lincolnshire aged 19+, including support for learners with disabilities or learning difficulties and brokers a wide range of courses from adult learning training providers across the County and the service has confirmed they have sufficient capacity to meet the demand from parents/carers in Lincolnshire. The Adult Skills and Family Learning Service can directly promote available courses to parents/carers and also all professionals working with vulnerable parents/carers, e.g. Health Visitors, Early Years Educators and Early Help, should all be able to directly signpost vulnerable parents/carers to the Adult Skills and Family Learning Service.</p> <p>No perceived negative impact for parents/carers with a disability who require support with transport to courses/adult learning opportunities as this support is already available via the Council's Adult Skills and Family Learning Service.</p> <p>No perceived negative impact for parents/carers with a disability wishing to access creche provision in order to access courses/adult learning opportunities as the take up of this provision via the commissioned Early Years</p>

	<p>and Family Service skills development offer has been limited over the lifetime of the contract. In addition, parents/carers who wish to access childcare provision can already apply for funding to support with childcare (where appropriate) via the Adult Skills and Family Learning Service.</p> <p>No perceived negative impact for parents/carers of children aged 0 to 19 years (25 SEND and/or Care Leaver) with a disability requiring advice on housing, mental health, finance, etc can continue to be able to access this support via the Council's Early Help teams and the wider support available to Lincolnshire residents, which Skills Development Officers would have signposted parents/carers to.</p> <p>No perceived negative impact for parents/carers with a disability or learning difficulty wishing to book onto courses as courses are already advertised via the Adult Skills and Family Learning Service and support for adults with a disability or learning disability is already available via the Service directly. Currently the skills development offer within the commissioned Early Years and Family Service do not operate a booking system for courses nor do they advertise courses or market courses available, they signpost parents/carers to where the courses are advertised and how parents/carers can book onto them.</p> <p>No perceived negative impact for parents/carers with a disability who wish support to access another courses after completing an appropriate course as this support is already available via the Council's Adult Skills and Family Learning Service, and is also available via the course tutors who are employed by the contracted adult learning providers.</p> <p>The commissioned Skills Development Service offer within the Early Years and Family Service can work with vulnerable young parents under the age of 19. However, there is no perceived negative impact for young parents under the age of 19 with a disability. The number of young parents supported through a pathway of employment by the commissioned service offer has been minimal over the lifetime of the contract. The Raising of the Participation Age (RPA) Duty includes young parents and all young people up to the age of 18 years have to participate in either full time study in a school, college or training provider or full time work or volunteering (combined with part-time education or training) or an apprenticeship or traineeship or a re-engagement programme (if they have been absent from the education system). The Council already has a range of services in place to support vulnerable groups of young people, including young parents, which includes a team to support young people not in education, employment or training (NEET). Young parents will also continue to be able to access support via their Health Visitor, Early Help, school or college. No perceived negative impact.</p>
<b>Gender reassignment</b>	No perceived negative impact.

<b>Marriage and civil partnership</b>	No perceived negative impact.
<b>Pregnancy and maternity</b>	No perceived negative impact.
<b>Race</b>	No perceived negative impact.
<b>Religion or belief</b>	No perceived negative impact.
<b>Sex</b>	No perceived negative impact.
<b>Sexual orientation</b>	No perceived negative impact.

**If you have identified negative impacts for other groups not specifically covered by the protected characteristics under the Equality Act 2010 you can include them here if it will help the decision maker to make an informed decision.**

N/A



### **Stakeholders**

Stake holders are people or groups who may be directly affected (primary stakeholders) and indirectly affected (secondary stakeholders)

You must evidence here who you involved in gathering your evidence about benefits, adverse impacts and practical steps to mitigate or avoid any adverse consequences. You must be confident that any engagement was meaningful. The Community engagement team can help you to do this and you can contact them at [engagement@lincolnshire.gov.uk](mailto:engagement@lincolnshire.gov.uk)

State clearly what (if any) consultation or engagement activity took place by stating who you involved when compiling this EIA under the protected characteristics. Include organisations you invited and organisations who attended, the date(s) they were involved and method of involvement i.e. Equality Impact Analysis workshop/email/telephone conversation/meeting/consultation. State clearly the objectives of the EIA consultation and findings from the EIA consultation under each of the protected characteristics. If you have not covered any of the protected characteristics please state the reasons why they were not consulted/engaged.

### **Objective(s) of the EIA consultation/engagement activity**

To help inform the review of the Best Start Lincolnshire services in order to make recommended changes/improvements that better meet the needs young children, their families and the professionals working with them.

**Who was involved in the EIA consultation/engagement activity? Detail any findings identified by the protected characteristic**

<p><b>Age</b></p>	<p>Where possible stakeholder engagement was undertaken to help inform the review but due to the Covid-19 pandemic this was limited. In view of this stakeholder engagement activity has been undertaken via a range of different methods which included: service observation visits undertaken by the assigned commissioning officer which included gaining feedback from a number of parents/carers accessing the provision when visits were undertaken; surveys designed by both the provider and LCC submitted to families via Survey Monkey across the 2020-21 and 2021-22 financial year; service user feedback submitted to commissioning; professional stakeholder feedback from task and finish groups as part of the review process; engagement with the Council's Adult Skills and Family Learning Service representatives and feedback from a wide range of representatives across the Council's Children's Services through the Review Board. Overall, this took into account feedback from parents/carers of young children aged 0-5 years, as well as where possible young children themselves, early years education providers, wider early years professionals working with young children and other strategic partners.</p> <p>All engagements that have been taken into consideration to date took place between April 2019 and June 2021.</p>
<p><b>Disability</b></p>	<p>As above.</p>
<p><b>Gender reassignment</b></p>	<p>As above.</p>
<p><b>Marriage and civil partnership</b></p>	<p>As above.</p>
<p><b>Pregnancy and maternity</b></p>	<p>As above.</p>

<b>Race</b>	As above.
<b>Religion or belief</b>	As above.
<b>Sex</b>	As above.
<b>Sexual orientation</b>	As above.
<p><b>Are you confident that everyone who should have been involved in producing this version of the Equality Impact Analysis has been involved in a meaningful way?</b></p> <p>The purpose is to make sure you have got the perspective of all the protected characteristics.</p>	Yes – all engagement has taken into account feedback from the current review and previous engagement which has included feedback from a wide range of stakeholders, including service users and non-service users. The EIA will be updated following any further engagement that may take place during the democratic reporting process.
<p><b>Once the changes have been implemented how will you undertake evaluation of the benefits and how effective the actions to reduce adverse impacts have been?</b></p>	A post-project review will be conducted to identify any benefits already achieved. Any new service will be subject to contract management. This will involve tracking performing indicators and other information designed to monitor the effectiveness of delivery in meeting people’s needs, including feedback and views of service users.

**Further Details**

**Are you handling personal data?**

No

If yes, please give details.

**Actions required**

Include any actions identified in this analysis for on-going monitoring of impacts.

**Action**

**Lead officer**

**Timescale**

Version	Description	Created/amended by	Date created/amended	Approved by	Date approved
0.4	EIA Best Start Lincolnshire services review	Melissa Cullingham and Sara Gregory	01.02.2022		