

Delivering children's centre services

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Foreword

Children's centre services are a pivotal part of the early help offer from councils across the country. Whether they're provided from children's centre buildings, co-located with other services in the community, or provided by outreach workers, they allow families to access the help they need to handle those early challenges, help to tackle inequalities, and give children a healthy start.

Provision has moved on from the early days of Sure Start centres. As council budgets have reduced and the needs of families have changed, councils have had to look for new ways to provide services and make sure that children and families are getting the support they need in the most appropriate way, within the resources available. Many councils have had to take the tough decision to close some of their children's centre sites, often to the concern of local communities who are understandably worried about what this means for provision.

There is no one-size-fits-all approach when it comes to early childhood services. Through consultation and engagement with residents and other public, voluntary and community sector services, we can often find new and better ways to get the right services to the right people, at the right time. For some areas and for some residents, that may be through providing services in dedicated centres; for others, working with local schools, libraries and other community venues might be more appropriate; while in other cases, outreach services will be most helpful.

Councils know their communities best, and are using that knowledge to restructure services around the needs of their residents. To do so while simultaneously cutting costs is no easy task. Better partnership working, bold and innovative thinking and careful use of data are all ways to help the process along, and can all be seen within the case studies in this document. All of this is vital if essential links between services are to be maintained, to avoid children and families falling through the gaps.

It would be disingenuous to pretend services had not been affected by budget cuts and increasing demand; however as you will see through these case studies, councils are still finding ways to make a huge impact on people's lives even in difficult circumstances. I applaud councils for continuing to champion the needs of local children and families, and would encourage other authorities to send in their own examples so that we can learn from each other to improve services going forward.

Councillor Richard Watts

Chair, LGA Children and Young People Board

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Introduction

Children's centres were introduced by the Childcare Act 2006, which placed a duty on local authorities to improve the wellbeing of children from birth to age five in their area and reduce inequalities between them. The Act requires that, as far as possible, 'sufficient' children's centres are provided to meet local need, and that relevant partners work together to make sure services that support young children and their families are integrated.

The financial context for councils has changed significantly in the intervening years. By the end of this decade, English councils will have had to deal with £16 billion of reductions to government grant funding, and 168 councils will not receive any revenue support grant from April 2019.

There have also been major policy changes, including:

- the Early Years Foundation Stage (EYFS) curriculum became statutory in 2008, setting standards in learning and welfare for any provider caring for children from birth to five years old
- responsibility for 0-5 public health transferred to councils on 1 October 2015
- 15 hours free childcare for three and four year olds was introduced in 2010, extended to 30 hours for children of working parents in 2017
- free childcare hours for disadvantaged children were introduced in 2014
- government funding for the Early Intervention Grant has reduced by almost £500 million since 2013 and is projected to drop by a further £183 million by 2020.

The impact of the recession that began in 2008, changes to welfare support and difficulties accessing social and affordable housing have contributed to greater need for family support and advice, while a range of factors has led to the number of children starting on child protection plans each year almost doubling over the last decade.

Funding reductions, increasing demand and a changing policy landscape mean that councils have had to review their children's centres and the services provided within them to find new, better and more efficient ways of providing services. This has included expanding support to entire families including parents and older children, acknowledging the context in which children grow up and the importance of holistic support.

The case studies within this document outline the approaches taken by eight councils across England, demonstrating just some of the different ways in which councils are tackling the challenge.

Bradford

Bradford Council completed the restructuring of children's centres into seven geographical clusters in August 2016. As well as making significant cost savings, this has led to greater integration with health services. A review of key performance indicators has helped to focus all providers on the strategic priorities, which align to the council plan and the children's services plan.

The challenge

The decision to restructure children's centres in Bradford came about through a requirement to deliver £2.4 million a year in cost savings. It also presented an opportunity to address some key issues:

- a fragmented and expensive approach to joining up services for babies, young children and families
- 41 individual children's centres, each with separate management and governance arrangements
- potential duplication of effort/contact by health visitors and children's centres.

Bradford Council developed proposals to reduce the number of full-service delivery children's centres from 41 down to 32, along with nine part-time delivery sites. There was a broad acceptance that services for the most disadvantaged areas should be prioritised. Two models were considered: a 'hub and spoke' approach, twinning disadvantaged areas with their better-off neighbours; and a cluster approach, delivering services across a broader geographic area. Extensive consultation with partners and parents took place.

The cluster approach emerged as the preferred model as it would provide more scope for economies of scale. The next decision was whether the 41 original centres should be grouped into seven, 11 or 12 clusters based on natural community boundaries. The seven-cluster model was found to provide greater economies of scale in terms of management costs, admin costs and use of buildings. It was felt to be more future-proof in the case of further budget reductions, due to these economies of scale; it also linked in better with other children's services in the local areas.

The Bradford model

The public consultation highlighted strong demand for universal services in all areas. Families in the less disadvantaged areas, where children's centres were re-designated as part-time delivery sites, were unhappy at the prospect of losing some of the universal 'play and stay' activities in their communities. However, they understood the need to make cost savings and to focus on targeted services and the most disadvantaged families.

An exercise was undertaken to define a core level of universal services which would be available for all families. Known locally as the 'integrated care pathway', this describes the services families can expect to receive from midwives, health visitors, children's centres and early learning providers. This has been an important piece of work for the delivery of, and understanding of, children's centre cluster services. The need for additional resources to deliver more targeted work beyond the integrated care pathway was ultimately assessed on the basis of data regarding health

and education outcomes for children, which again highlighted the need for more services in the most disadvantaged areas.

Bradford now has a network of seven clusters of children's centres. Bradford Council chose to retain management of one cluster in order to retain the skill sets required to deliver and performance-manage service delivery elsewhere. Three clusters are led by good or outstanding nursery schools following a limited competition procurement exercise. Three others went out for external procurement: two are now delivered by external providers (Barnardo's and Action for Children Services Ltd). There was no successful tender for the third cluster and as a result it was brought in-house to the council.

The impact

The restructuring of children's centres forms an integral part of Bradford's Integrated Early Years Strategy 2015-2018, which is overseen by a multi-agency partnership board and aims to consolidate integration of services and boost progress in early learning, health and family resilience outcomes. The procurement process involved partners from the voluntary and community sector, health, schools and specialist services, which enhanced the mutual understanding of the different views of a shared agenda. The involvement of Barnardo's and Action for Children has brought new thinking and additional opportunities to explore best practice.

A wholesale review of key performance indicators (KPIs) reduced them from over 70 KPIs aligned to the most recent Ofsted framework to just seven, which reflect the absolute priorities for the district in line with the Integrated Early Years Strategy. Susan Moreau, Early Years Manager – Performance and Sufficiency, said: "Although it is still rather early to see results, as the new KPIs only came into effect in April 2017, the change has led to far greater focus of effort and enhanced joint local planning with partners."

The restructure has brought about considerable integration between children's centres and health visiting as well as the development of early help. Health visiting services are now realigned to match the cluster areas and each cluster has a lead health visitor. There is co-production of local plans by children's centres and health visitors to address the new KPIs. Integrated cluster action plans are being developed with health and early learning partners.

Bradford has also delivered on the cost-saving requirement: the total saved in the first year following the restructuring of children's centres was over £3.3 million.

Lessons learned

- Re-organisation can be used as an opportunity to integrate services (and potentially introduce joint budgets) for the benefit of children and families, looking beyond traditional children's centre or early years services and looking at services from a family perspective. It can shift the focus away from buildings to how services can be jointly delivered.
- The overhaul of KPIs has galvanised action. Advisory boards are now much clearer about their roles; this has fostered joint local action planning with a sharper focus on outcomes for children.

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Blackpool

Blackpool Council is working with its partners to extend children's centre services through a new infrastructure of community hubs. They will offer a broad range of services, activities and support, moving beyond the pre-school age group and aligned with the clinical commissioning group (CCG) neighbourhood model and place-based policing.

The Blackpool model

Blackpool has nine children's centres. Two are directly managed by Blackpool Council; the other seven are delivered by schools and academies on its behalf. The council is working closely with its public and voluntary sector partners to re-model children's centres as one-stop community hubs, making more services available in local communities.

The new model will build on the strengths of the existing offer and expand it to support older children, their parents, families and the wider community. At the moment, children's centres are open from 8.00am-6.00pm on weekdays. The new hubs will open until 9.00pm and during the day at weekends, which will be possible because of the involvement of a broader range of agencies.

Councillor Graham Cain, Cabinet Secretary at Blackpool Council, said: "Some local authorities are closing or reducing their children's centres but we are going the opposite way. We want to utilise our buildings more effectively as community hubs. This will only be possible through widening our offer of co-location and integrated services, particularly with the police, in line with place-based policing, and with health, through the

CCG neighbourhood model. We are also aware that as children start school, families miss the access to community services they have through children's centres."

Extended opening hours

The new model is being trialled in one of Blackpool's children's centres. It has involved moving teams around so that service providers who already operated in the evenings and at weekends are based in the building. Once that is in place, it becomes possible to attract more service delivery during the extended opening hours. As part of the hub development, a consultation was undertaken in 2017 which included a survey for residents and partners in the trial area, along with a focus group for GPs. These findings are being used to shape the offer and opening times of the hub.

Support offered during the evening will include emotional wellbeing and mental health drop-ins for young people, general community drop-ins with advice on benefits and housing, tenancy training for young care leavers, cooking sessions and skills/employability courses. Much of this was previously available during the day and will continue to be offered at different times, but it will be easier for people in education or at work to access the range of support on offer.

New services have been introduced such as the 'Inner Strength' therapeutic programme for perpetrators of domestic abuse, delivered in partnership with the police service. This is an evidence-based programme designed to raise self-awareness and resilience and provide alternative coping strategies for perpetrators, ultimately reducing the number of domestic abuse incidents.

There are plans to increase the range of activities for older children and provide services for older people in partnership with the CCG, such as coffee mornings and meet-ups, with a focus on intergenerational activities to address isolation. Progress towards the community hub model is being overseen by a strategic board with representatives from the CCG, Blackpool Teaching Hospitals, Lancashire Constabulary, the council's early help service and children's services, leisure, property services and the NSPCC.

Councillor Cain said: "We realise that having services in good, family-friendly accessible buildings is important, and this is why we are trialling extended opening hours to improve the level of provision across Blackpool. The community hubs will continue to fulfil a vital role for our residents. Increased access to the facilities will have a positive impact on the lives of families, young people and the wider community."

Costs and outcomes

From 2014/15, Blackpool children's centre budgets have been set using deprivation data and a selection of other data to ensure that centres with the greatest need receive more funding. Each centre has a base budget; extra funding is based on a formula which takes into consideration the number of children living in deprived areas, living in poverty, in workless households and with a child protection or child in need plan.

Through the Blackpool children's centre outcomes framework, introduced in 2015, children's centre leaders, in conjunction with their advisory boards, set targets based on specific target groups and a suite of 21 outcomes. The framework targets disadvantaged and vulnerable families within the universal offer. Outcomes are monitored quarterly and annually. An alignment with Troubled Families outcomes across all early help partners is in development through Blackpool children's centres.

Blackpool Better Start

Blackpool is one of five areas involved in the Big Lottery Fund 'Better Start' initiative, which aims to improve life chances through the use of preventative approaches during pregnancy and the first three years. Children's centres are the key delivery arm for all the Better Start initiatives. Blackpool Better Start, a partnership led by the NSPCC, is benefiting from £45 million investment over seven years.

Evidence-based initiatives being introduced through Better Start are addressing issues such as substance misuse, home safety, family relationships and parents under pressure. There is also a strong focus on reaching out to dads. The project is funding a network of part-time community connectors, many of them local parents, to reach out to families not currently using children's centre services.

Lessons learned

- Getting the right buy-in from the right partners is essential, as is strong support from across the council.
- The impact of the co-location of partners is starting to be seen. For example, a six-month pilot which saw the mandatory birth registration service located in the trial community hub has substantially increased participation by parents in the hub's activities.

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Bristol

Bristol City Council is remodelling its children's centres to save £1.5 million a year on top of £3.5 million saved in the past three years. Despite this challenging financial context, the city offers a popular and well-evidenced service. Children's centres deliver a strong integrated offer of early education, health and family support.

The Bristol model

Children's centres in Bristol sit firmly within the early education framework, with all 22 centres based on school sites. The vast majority are still managed by maintained nursery or primary schools. Where schools have converted to academies, children's centres have been taken back in-house by the council. Sally Jaeckle, Head of Early Years Services, said: "The strong link with education provides strong pedagogical leadership along with economies of scale in terms of leadership and management costs. It also supports seamless transition from nursery to school, with children who are confident learners and positive about starting school."

Bristol's children's centres also offer childcare, health and family support services. Partnership work with health is strong and plans are underway to co-locate health visitors at children's centres. An integrated progress check for all two-year-olds has been developed. "We are going city-wide on a truly integrated approach, inviting the families of all two-year-olds into the children's centres to meet their health visitor and linked children's centre practitioner. Parents have told us they prefer this to an assessment at home, while health visitors feel the data is much more reliable."

The Early Years team recognises the importance of providing a universal offer of children's centre services. There is evidence that even the city's most marginalised families see them as safe and welcoming environments where they can access a range of services. The principle is proportionate universalism: funding is allocated per child according to their postcode. The 10 per cent most disadvantaged get significant extra funding (although individual families would not know that). The ambition is for a service that is non-stigmatising, accessible and meaningful for families.

Almost 25,000 families with under-fives are registered with the children's centres. Eighty-two per cent of families participate in children's centre services, rising to 87 per cent in areas of greatest need. These figures have risen in recent years.

Quality improvement

Children's centres play a key role in quality improvement across Bristol's early years sector. Each centre has a lead teacher who monitors the quality of provision in schools and settings in their reach area and reports back to the council, highlighting strengths and identifying any need for additional support, as part of a structured conversation.

Bristol's National Early Years Teaching School works in partnership with the Early Years service to recruit sector experts according to the city's priorities (for example early communication and language, early maths, family support and disability/SEN). These experts are funded from the quality improvement strand of the dedicated schools

grant (DSG) and deployed to improve practice in settings where this need is identified. This has had an impressive impact on the Ofsted ratings. All the city's maintained and voluntary early years settings are now 'good' or 'excellent' along with 97 per cent of childminders and private providers – an overall improvement of 30 per cent in just three years.

Demonstrating impact

In 2017, Bristol's Early Years team developed proposals on a requirement to save an extra £1.5 million each year from the children's centre budget. No centres will close, due to the economies of scale delivered through the integrated early education element, as all receive DSG funding. The new model designates four lead children's centres which will coordinate service delivery in their areas. Individual centres will not need a management lead, which is where the cost savings will be made.

The annual children's centres budget is £3.5 million (aside from the DSG and 30-hours funding). As most centres are managed by nursery schools, they benefit from the nursery school supplement currently provided in the DSG. The team is working to evidence the role of nursery schools in improving social mobility and children's outcomes in order to maintain this funding.

Profile data and Ofsted data are used to evidence service impact. Outcomes are improving at the end of the Early Years Foundation Stage: 68 per cent of children achieved a good level of development in 2017, up two per cent in one year. The gap between those in the 30 per cent most disadvantaged areas and their peers has narrowed by five per cent in four years, to 13 per cent.

The Bristol Boys Achievement Project is seeking to improve educational outcomes for boys, specifically those from low-income households and some black, Asian and minority ethnic (BAME) groups. Early years teachers and practitioners are working with families and communities to explore strategies to support increased engagement and

improved attainment. This has already helped to narrow the gender achievement gap by four per cent in just one year.

Sally Jaeckle said: "Data is very important in fighting our case. We try to focus on outcomes rather than outputs, and we are currently looking at how we can provide more evidence of the impact of integrated services on outcomes for families as well as children.

"If we can improve the quality of early years provision, improvement in outcomes will follow. Close working between health and education brings coherence and is the only way our services can be of the high quality our families deserve."

Lessons learned

- Co-creating the model with health helps to create a sustainable future for children's centres – pooling resources, co-locating staff and aligning services to avoid gaps and duplication.
- Strong partnership with other agencies brings coherence, is cost-effective and makes services more accessible.
- Families from the most marginalised communities find children's centres the safest place to access services when there is a universal, non-stigmatising offer.

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East Riding of Yorkshire

Children's centres are at the heart of East Riding of Yorkshire's early intervention for children and families, with 18 centres covering 930 square miles. They host a range of services and provide 'hot desks' for professionals from centralised teams, enabling them to work in each community.

The delivery model

Children's centres in East Riding of Yorkshire provide universal and targeted support, reaching a large majority of families (87 per cent) and with a track record of engaging the most disadvantaged (80 per cent). This support has been extended to cover children and families up to their ninth birthday.

The centres offer an integrated pathway of support, with midwives and health visitors as key partners. Annette Wray, Strategic Lead for Children's Centres, said: "All partners recognise that from conception to the age of two is the key time to tackle the roots of disadvantage, so this is the focus for our service delivery. Data is captured at each point along the pathway. Children who are not seen are contacted by the relevant service to offer support."

Working very closely with children's social services, children's centre staff can now provide more intensive support for families where concerns have been identified, including one-to-one support at home in the early mornings, evenings and weekends, to keep children safe and respond to needs identified within early help or statutory assessments. This has reduced the number of children going into care and helped to prevent placement breakdown for children in foster care.

Performance monitoring has been revised to reflect changes to the service and to accurately reflect the work undertaken. This will provide confidence at a strategic level that the work remains relevant, achieves the desired outcomes and provides good value for money. Quarterly performance meetings with centre leaders, to review progress towards targets and pick up areas of good practice, are helping to drive the service forward.

Council support

East Riding of Yorkshire Council values the early intervention work delivered through children's centres and has continued to resource them. Councillors play an active role on the local advisory boards. Regular reports are discussed by the overview and scrutiny committee for children and young people.

With support from the centres, a significant number of children have avoided being subject to a child in need or child protection plan. The amount of time that children do spend on plans has reduced, making savings in other children's services budgets. The centres work with approximately 4,000 children on a family support plan each year.

Through closer working between children's centres and social workers, child in need cases have become more focused. They are either escalated to the child protection team more quickly or effective interventions are put in place by the centre family coordinators, speeding up progress. Using the skills of family coordinators working alongside more expensive support has reduced the cost of supporting each case. As centres work with high numbers of cases, the value of that work was quickly demonstrated.

Working with health

With research showing that a child's first 1,001 days are critical to achieving the best outcomes across their life course, work has been refocused to provide more support through the antenatal period and in the first two years. Annette Wray said: "It was clear that we had a shared vision with midwives for offering early support, as soon as the need was identified, to give each baby the best start. Care pathways were developed showing the support that could be offered for a family. This has resulted in an 80 per cent increase in referrals from midwives to children's centres for support during pregnancy, enabling families to be better prepared for the early days after birth."

The centres are proud of their achievements in helping families eligible for two-year-old funding to secure a place that is right for their child, resulting in almost all families taking up the offer. "Slowly, by a few percentage points each year, the achievement gap for the more vulnerable children who have received their two-year-old funded place is being narrowed."

Joint working with public health has resulted in the centres being commissioned to deliver two key priorities:

- an infant feeding project to increase breastfeeding rates, increase the number of peer supporters and encourage good practice at the centres is underway
- a healthy families initiative is helping families in the most deprived areas to develop healthier lifestyles through cooking skills, healthier food choices and increased activity, delivered through fun activities for the whole family.

There is regular consultation with parents. Information gathered through consultation with young children is also shared and reviewed. Performance data is shared regularly among all the partners to re-shape services as needed, to meet demand and respond to each community's specific needs.

Annette Wray said: "The key to effective service delivery has been partnership working with schools, health and voluntary sector colleagues who know their locality and families well. East Riding of Yorkshire is passionate about still offering a service for all, as well as a targeted response for those who need it. There is widespread support from councillors, many of whom are representatives on their local advisory board. They know the issues facing their communities and can help shape the support that is offered."

Lessons learned

- Savings can be made across all parts of children's services through an effective early intervention strategy, of which the work of children's centres is a key strand.
- Keeping a balance of core/universal and targeted services is essential for identifying families who need lower-level support to stop concerns from escalating.
- Increasing the work with families before birth and in the early days/weeks of a child's life is a cost-effective way to offer early help.

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Essex County Council places a strong focus on reaching the families most in need. Children's centre services are provided through family hubs, local delivery sites and community outreach. Families with children of any age can access support, and innovative partnership work with health services has been achieved.

The Essex model

Essex County Council and NHS West Essex Clinical Commissioning Group (CCG) have transformed the delivery of children's community services in the past two years. Essex no longer has 'children's centres' but family hubs, one in each of the 12 districts, delivering 50 hours of support each week. In addition there are 25 smaller delivery sites (20-30 hours of support) and a range of local outreach sites such as libraries and community buildings. Services are provided by healthy family teams which include health visitors, children's centre practitioners and school nurses.

In west Essex the service is jointly commissioned with West Essex CCG and includes children's nursing, paediatrics, therapies and specialist services. West Essex is the first place in England to take this approach.

Family hub services are available to families with children of any age, and in particular up to the transition point to secondary school. This change came about in response to families with older children asking for 'whole family' support. In west Essex this support includes specialist paediatric provision delivered through the family hubs – an accessible option

for families where a child has specific complex needs.

The hubs sit prominently within an early help approach. Practitioners also go out to work with families wherever they are – at home, soft play areas, supermarkets and cafes. Chris Martin, Director of Strategic Commissioning and Policy at Essex County Council, said: "Our new approach is not buildings-based but being out in the community and matching the capabilities of families with the right type of support."

Service transformation

The review of children's centres was triggered by factors including budget pressures, a desire for closer partnership working and an ambition to reach more families. While most children in Essex are 'school ready', the county-wide data masked some specific areas where young children were faring very poorly. There was also anecdotal evidence from headteachers that some children were far behind their peers in basic skills, interpersonal skills and communication abilities, despite a system of well-resourced support being in place.

Chris Martin said: "Our services were aimed at the families in most need but they were not visiting the children's centres, coming to parenting programmes or using all the support that health visitors could offer. While they respected the professionals, the people they called upon for support were friends and family." There was a clear need to move away from the buildings-based, programme-oriented model.

Essex County Council and West Essex CCG conducted extensive consultation with families through interviews, questionnaires and group discussions. Ethnographic research was commissioned from a specialist company which worked closely with families to get an insight into their capabilities, needs and challenges. This led to interesting insights, for example that children's centre provision needed to make more sense to families in terms of offering timely practical and pragmatic support, as opposed to a range of programmes.

Families also struggled to access support: the model required them to attend the centres rather than being able to access support in other locations, and it still operated largely on a weekday, 9.00am-5.00pm timetable. Some families recognised that they could benefit from children's centre support but could not access it during those hours. The research also reinforced the importance of peer support as an effective way of helping with specific issues, such as breastfeeding problems.

Costs and outcomes

In 2017, Essex County Council and West Essex CCG commissioned Virgin Care and Barnardo's to deliver the Essex Child and Family Wellbeing Service. This brought together children's centres, the family nurse partnership and healthy schools programme into one joined-up, county-wide team (along with specialist paediatric services in west Essex). The procurement combined 16 separate contracts into one single joint contract. It covers services with a previous annual council budget of £40 million which are now provided for £37 million, saving £3 million a year.

Where there were previously 194 key performance indicators there are now 23 universal and five specialist outcome measures to provide a trajectory of how the providers are performing. Outcomes were co-produced and are being refined with the providers during the first year. The reconfigured healthy family teams began work in October 2017. Chris Martin said: "What we have now is a better model

for parents and a more outcomes-focused approach. Our aim is to move away from the traditional commissioner/provider model towards a genuine partnership approach."

The initial contract is for 10 years. Jessica Ford, Head of Children and Maternity Commissioning at West Essex CCG, said: "In order to demonstrate that we are serious about transformation, we needed to commit to it longer term. We may not see the full benefits of this model until some of these children are parents themselves – it has the potential to deliver a life-long impact."

Lessons learned

- Find ways to have rich, meaningful conversations with families, in particular those not accessing support – and be prepared for those insights to be unexpected and disruptive.
- Find a way of galvanising your system around some common principles and a simple vision developed with families and practitioners. If everyone is operating with the same principles and vision in mind, that in itself can be transformational for families.
- Develop strong relationships between influential leaders across your local system, and in particular between councils and CCGs, to ensure that families receive truly integrated support. Investing time and effort in these relationships before the transformation programme begins is fundamental to leading the culture change required to ensure successful delivery.

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Leeds

Leeds City Council has maintained a network of 56 children's centres as part of its commitment to supporting families and children. Core funding for the centres has reduced by about 25 per cent in recent years, but creative thinking and an integrated approach to service delivery means that no centres have closed.

The Leeds model

Leeds City Council takes a systemic approach to its delivery model for children's services, with joint strategic planning across the council, health and with other partners. There are 25 cluster areas, usually organised around schools, bringing services together to focus on local issues and challenges. Clusters include children's social work, schools, police, the youth service, children's centres, health, housing services, the voluntary sector and local councillors.

Children and young people are a strategic priority. Leeds City Council runs a 'Child Friendly Leeds' initiative to encourage the public, voluntary and business sectors to work together to make Leeds a great city to grow up in: www.leeds.gov.uk/childfriendlyleeds

The 56 children's centres in Leeds have a critical role in the children's services infrastructure. They are important in delivering the Leeds Best Start Plan, a broad preventative programme from pregnancy to two years which aims to ensure a good start for every baby, with early

identification of vulnerable families (often through the birth visit by a health visitor) and targeted support. The model offers a restorative approach to working with families to achieve the best outcomes for children. A family support service offer is available for 0-5 year olds, with additional support if there are any problems.

Children's centres are designed as a space for families to feel welcome and get the advice and support they need, from the maintained services and a range of voluntary sector partners. Services work around families in an integrated way. Most of the centres are situated alongside schools or nurseries, one is in a GP practice. This ensures they have good footfall and are seen as part of the community. The aim is to ensure that all families can access the healthy child programme, core children's centre offer and early years foundation services.

Costs and outcomes

In 2016, Leeds City Council's scrutiny committee conducted an inquiry into children's centres. It concluded that while significant budget pressures remain, further budget reductions should be avoided if possible. This will ensure that important outcomes continue to be met, including:

- an increase in direct face-to-face contact with health visitors and family support workers from 0-2 years (98.5 per cent of families, increased by 28 per cent from 2012 to 2017)

- a reduction in the number of children identified as obese at the end of reception (8.8 per cent, reduced by one per cent)
- a decrease in the number of under-fives becoming looked after (245 children in 2017, reduced by 200 since 2012).

These outcomes are recorded through a city-wide 'early start dashboard' which evaluates outcomes in relation to national and local targets. Andrea Richardson, Head of Service – Learning for Life, said: “The early start dashboard has been really important in helping us to pick up the trends and shifts in behaviour. For example, obesity rates for under-fives are beginning to decline in Leeds, against the national trend.”

The overall budget for children's centres in Leeds is about £6 million but funding streams have changed in recent years, as has the population (growth has now plateaued) and national drivers. The core local authority budget for the centres has decreased by about 25 per cent in the last five years. Within that the council buys in a range of commissioned services such as counselling and debt management advice. Public health is a key partner in providing family services and has contributed significant funding. Further funding comes from the clinical commissioning groups. This health partner investment is the result of a shared strategic vision and joint planning.

Children's centres have solid support from across the council. “There is a strong political drive and commitment to this agenda. While Leeds is Labour-led, the sustained investment in children's centres shows strong cross-party support. It really makes a difference to have local councillors supporting this.”

Evidence-based services

Services on offer in children's centres were developed from a review of the national evidence base. There is a universal offer of support, with a 'Preparation for birth and beyond' programme available for any first-time parents, and a more specific training

programme for families with more complex issues. Play-and-stay sessions are available in every area of the city.

Support for breastfeeding is available in all communities, as is HENRY (health exercise and nutrition for the really young) training, which has a strong clinical foundation. This is popular with parents and a good way to begin conversations around healthy eating and lifestyles. Leeds recently introduced the Best Beginnings 'Baby Buddy' mobile phone app, which takes families through the stages of pregnancy with information and links to videos and resources.

Andrea Richardson said: “The essence of the success of our children's centres is an integrated approach which involves care, schools, health and voluntary sector services. This partnership work has developed into a service that is unique to Leeds and responsive to our population. Our children's centres are community-based, local and a brand that professionals and parents know. They are places where families can seek support and services and they deliver good impacts in terms of outcomes for children and families.”

Lessons learned

- Work closely and strategically with political leaders, health, the voluntary sector and school partners.
- Focus on the journey and the experience of the child and family: keep them at the heart of service planning.
- Identify the key shared outcomes, and measure change and progress over time to identify if services are making a difference.

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North East Lincolnshire

North East Lincolnshire has adopted a 'Creating Strong Communities' model to change the way practitioners and partners work together to safeguard vulnerable children and families. As part of this approach, children's centres have been redesigned as family hubs, with close partnership working at their core.

Creating strong communities

North East Lincolnshire is a small unitary authority area with a relatively high number of individuals and families requiring intensive support. The council won funding towards developing a new model and integrated approach from the Department for Education children's social care innovation fund. The result, Creating Strong Communities, is an invest-to-save model which aims to reduce demand for statutory provision over time.

There was strong support for this whole-system and culture change from councillors, who opted to increase investment in social care against a backdrop of significant budget cuts. Steve Kay, Director of Prevention and Early Help, said: "Elected members wanted to maintain a commitment to children's centres. They saw an opportunity for us to build on this work within communities and use resources more effectively." Following consultation with families and stakeholders, children's centres were re-shaped into family hubs in 2015. There are five geographical cluster areas, each with a main family hub and a smaller outreach hub.

The Department for Education published a full evaluation of North East Lincolnshire's progress with Creating Strong Communities in 2017.¹

¹ Creating Strong Communities in North East Lincolnshire (Department for Education): <https://www.gov.uk/government/publications/creating-strong-communities-in-north-east-lincolnshire>

Family hubs

The new model involves much closer working by the agencies delivering child and family services, all of which have signed up to a multi-agency integrated approach based on collaboration, coordination and joint prioritisation. Family hubs have a critical role, providing:

- integrated services with multi-agency, multi-disciplinary teams in each cluster who know their community and understand its needs
- targeted services based on local need, with the aim of building resilient families
- multi-agency joint decision making at weekly allocation meetings in each cluster, deciding how best to support individual families.

The hubs offer services across the 0-19 age range. A broad range of agencies now work with or in them including the community and voluntary sector, youth offending, maternity, health visiting, school nursing and social work. Parents said they valued having a range of services in one location. Developing good links with schools has been critical in extending support to older children.

The changes have been underpinned by systems development including a revised family support pathway, a single assessment and a multi-agency allocation meeting chaired by family hub managers. There is now a greater sense of joint ownership of the children and families agenda – including by families themselves.

Councillor Ros James, Portfolio Holder for Children and Young People, said: "We have always been clear that we needed to develop and build upon the work of our children's

centre model, which was valued within our communities. The move towards family hubs, with an inter-agency focus on prevention, was the next logical step.”

Further innovation

Early intervention policing teams are based in family hubs in two of the areas of highest demand. This began in 2017 and is at an early stage but looks promising. Police are present at the multi-agency meetings and can use the information to re-frame how they operate in these areas.

North East Lincolnshire is one of four trial areas for an NSPCC partnership project looking at developing a place-based approach to tackling multiple adversity, which is a five to 10-year commitment. Steve Kay said: “This is about a place-based approach across the system. The challenges come thick and fast in terms of resource allocation and it is ever more crucial to work, plan and deliver provision together.”

Outcome-focused alliances

Outcomes-based accountability is at the heart of the model and provides the outcomes focus by asking the critical questions: how much, how well and what difference. A borough-wide, whole-system outcomes framework has been developed and the shaping of governance, budgets and commissioning is based on this framework.

Since Creating Strong Communities was introduced in April 2015, it has driven impressive improvements:

- reduced service re-referrals by 75 per cent
- reduced child protection plans by 50 per cent
- reduced referrals by 37 per cent
- reduced children in need numbers by 18 per cent
- prevented 15 children each year from becoming looked after children
- improved staff retention.

In September 2017, Ofsted inspectors assessed children’s services in North East Lincolnshire as ‘good’, which was seen as a validation of the new approach. Family hubs were mentioned as an example of good early help practice. The Ofsted report noted: ‘Ambitious plans to tackle endemic deprivation and associated social problems are well advanced. They demonstrate an awareness of deep-rooted problems in local communities and an understanding of the need to tackle these jointly with other agencies.’

Steve Kay sees effective partnership working as the only solution to the demand challenges being faced by councils. “Traditional, organisation-focused solutions are history. In the current environment it has to be about whole-system place and outcome-focused alliances. We now have the same framework for practice right across health, police, the council and the voluntary sector; we are developing a common language and a consistent approach to children and families, working with them rather than simply doing things for them. It is a fundamental shift.”

Lessons learned

- Weekly allocation meetings enable partners to share information and expertise, ensuring timely and appropriate support for families.
- A clear vision and ambition for the family hub service has helped to embed the changes in practice.
- Achieving the necessary coherence and clarity across an entire system, or local authority area, will take time, offer significant challenges and must be tackled together.

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Wiltshire

Children's centre services in Wiltshire were rationalised in 2016 following a service review. Wiltshire Council now commissions two voluntary sector organisations to run 17 dedicated children's centres based in the areas of highest need, along with provision of services in community locations such as church halls and libraries.

The Wiltshire model

Wiltshire has 17 children's centres delivered in four geographical clusters by two providers. Children's centre services in the east, west and south of the county are delivered by the children's charity Spurgeons, while services in the north are delivered by local charity The RISE Trust.

Children's centre provision was rationalised in 2010 and 2015. By 2010, the gradual evolution of provision had led to 30 centres run by 20 different providers. At that point, the number of providers was reduced to four. However, there was still some division caused by differences in the way each provider ran services. These contracts came to an end in 2016; at the same time, Wiltshire Council's £4 million children's centre budget was being reduced by 10 per cent. These factors led the council to conduct a full service review.

A public consultation was launched, based around a proposal to reduce the number of dedicated children's centres and increase community provision. Lucy-Anne Bryant, Lead Commissioner, explained: "When we were preparing to go out to tender this time we were quite certain that the system would run better with fewer providers, so we proposed a cluster model, dividing the county into four. This would

also make services coterminous with social care providers, making relationships and information-sharing easier."

Forty-four information events were held across the county and 738 people responded to an online survey. This helped to shape the new model, which now sees services delivered in 17 dedicated children's centres (down from 30) in the areas of highest need. In other areas services are delivered from a range of community settings, such as village halls and libraries, at flexible times to meet local need.

Improved outcomes

The new contracts set out the requirement to ensure close partnership working (particularly with health visiting and early years services) in a range of accessible community venues. There is also more one-to-one provision delivered to families at home. Many of the vacated children's centre buildings are now used to provide childcare spaces, which is helping to meet the needs of two-year-old disadvantaged children eligible for free early education and to address growing demand due to the introduction of 30 hours free childcare.

The new system is working well, with much greater collaboration between the two providers – for example they recently began to use the same referral form. Lucy-Anne Bryant said: "We made significant cost savings but there is still strong support for children's centres in Wiltshire and we retain a healthy budget. We believe that the first 1,001 days of life are crucial and you can only make a difference for the most disadvantaged families by working with them face-to-face. The triangle

of support between children's centres, social workers and childcare settings is growing stronger all the time in Wiltshire, and that is making a real difference to families."

The work is generally open access but it is now targeted at the more disadvantaged areas in Wiltshire and specifically for families who are open to social care, families entitled to free childcare for two-year-olds, refugees, families affected by domestic abuse, prison, substance abuse or learning disabilities, and breastfeeding mums. In terms of take-up, there is evidence from the two providers that they are working with most of the families who are open to social care, whereas previously it was a smaller proportion.

Partnership working

Wiltshire Council has set up an Early Years Partnership Board, which brings together all the services for 0-5s in order to:

- develop a better strategic view of the challenges
- drive forward the changes needed to develop an integrated approach and improve outcomes for children.

One key ambition is to demonstrate a narrowing of the achievement gap and increased attainment for children at school linked to the use of children's centre provision at an earlier age. This work is progressing well. Wiltshire's outcome measure for good level of development (GLD) was 71 per cent in 2017 (the England average was 70.7 per cent).

Work is underway to strengthen links with primary schools to ensure they understand what children's centres can offer families. Each centre runs a forum once a term for local nursery settings and schools and these are increasingly well attended by primary schools. Recent meetings with headteachers have helped to increase mutual understanding. Although this is not happening everywhere yet, momentum is growing and in some areas it is already working really well.

In the east of Wiltshire, work is also underway to strengthen links with GP surgeries. The hope is that by working with GPs to encourage families to visit their local children's centre, families will get appropriate support and will make fewer visits to the GP and other health services in the future. There are plans to expand this work across the county. Overall, it is early days with Wiltshire's new approach, but the signs are good and the team hopes to be able to demonstrate improvement in the coming months.

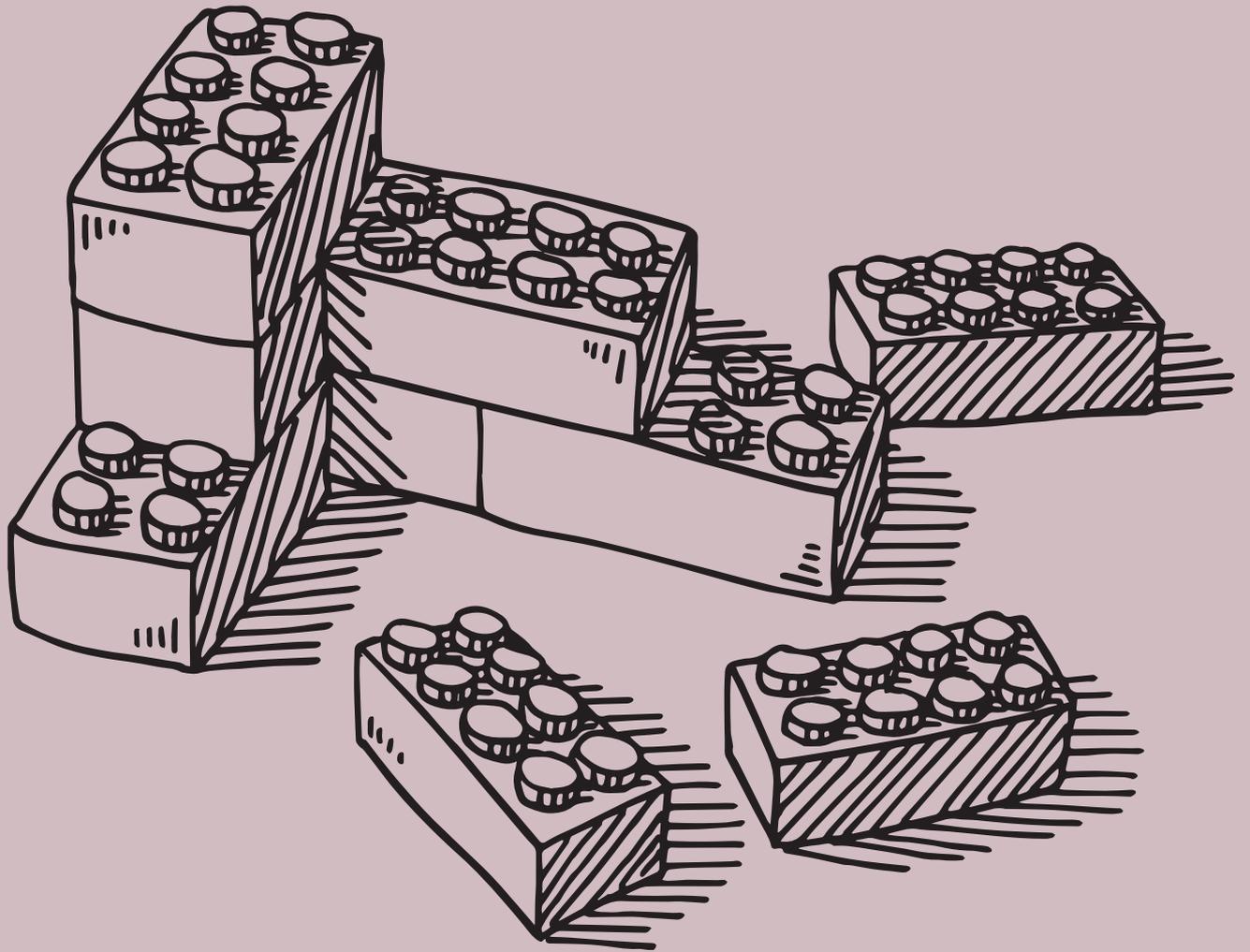
Lessons learned

- The clustering of children's centres and making them coterminous with social care makes joint working easier.
- Stipulate an expectation that providers will work together to ensure information is shared appropriately and that the service works primarily for families.
- Work with primary headteachers to ensure shared priorities for young children.

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