

# Early years review Phase 1 report - DRAFT

9 October 2013

# Executive summary

Early years represents the best early intervention opportunity across the public sector to improve outcomes for local residents and reduce the financial burden on the state. The early years system in Barnet is the complex result of many years of incremental change. In reviewing this system in its totality it is apparent that whilst there are many strengths – including a dedicated and passionate work force – that success is often despite rather than because of the system. As such this report makes a wide range of recommendations covering the following areas:

- A joined-up Barnet early years system.
- A sustained focus on doing what works.
- A family approach with higher risk groups.
- Simplifying the system for parents and partners.
- Consolidation of support for early years settings.
- A further shift in the balance from universal to targeted services.
- Developing the workforce and strengthening volunteer programmes.
- Developing a sustainable funding solution for nursery schools.
- Ensure there is sufficient childcare in Barnet.

# Objectives of the early years review

The early years review is intended to help the council and its partners identify how it can improve Barnet's early years provision.

The key objectives of the review are;

1. Understand early years provision in Barnet.
2. Identify best practice.
3. Develop recommendations for improvement.

These link to hypotheses on system effectiveness, childcare provision, partnership working and integration and employment.

# Early years outcomes

The priority outcomes we want to improve through the early years review are:

- Improved school readiness for all children in Barnet.
- Improved health outcomes for all children in Barnet.
- Improved identification and support for the most vulnerable.
- Sufficiency of high quality childcare places for children in Barnet.
- Reduction in the number of adults held back from returning to work because of childcare constraints.

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- 1. Current early years provision in Barnet**
2. Challenges for early years and family services
3. Childcare
4. Children's centres and family support
5. Early Identification and Support
6. Recommendations

# What does Early Years support look like in Barnet?

The following areas are being covered in this report;

## A. Childcare

- 1. Free eligibility for 3&4 year olds (£15m, Dedicated Schools Grant - DSG)
- 2. Free eligibility for 2 year olds (£3.2m, DSG)
- Early Years Vulnerable (£200k, DSG)
- Support offered to childcare (including support that sits in family services, schools and education and SEN)

## B. Children's Centres and family services

- Children's Centres (£4.3m, majority LA funded)
- Early Intervention and prevention contracts (e.g. parenting programmes and community coaches)
- Health Visitors and Community Midwives
- Family focus and troubled families

**The next page gives an overall picture of early years, and related support.**

# Financial Overview – 2013/14

**Children's Centres £4.3m**

Funding for CC  
(from family services & EI)  
£4m

Teachers in  
Children's Centre's  
£300k

**2 Year Old Funding £3.9m**

Capacity Building  
£600k

Payment to  
Providers  
£2.6m

Capital Funding  
£385k

EYVC  
£285k

**3&4 Year old  
funding (DSG)  
£15m**

Maintained  
Nursery Schools  
£1.2m

Maintained school  
nursery classes  
£6.9m

Nursery Schools  
transitional funding  
£900k

PVI's, Children's  
Centres and academies  
£6.1m

**Approximate  
Total Spend:  
£32m+**

**Other Services  
£7.4m+**

Family Nurse  
Partnership  
£150k

Health Visitors  
£3.8m

Job Centre  
Plus  
N/A

Community  
Midwives  
£1.5m

Family Focus  
team  
£1.5m

Public Health  
£275k

Parenting  
Programmes  
hard to reach  
£40k

Community  
Coaches  
£160k

**Childcare support  
£0.9m**

Childminding team  
£115k

Early Years Standards Team  
£400k

Raising Standards  
£110k

Pre-school  
inclusion team  
£190k

2 Year old offer  
Support  
£75k

Registrations support  
£30k

FYI Service

Key:

Green = DSG funded

Blue = LA funded

Purple = Partner funded (or part funded)

# Childcare places

The table below shows the number of known childcare placements across the borough by type of provider.

Type of Provision	Registered places	% of total known places in Barnet
Day nursery and sessional pre-school	4,648	28%
Independent sector nursery schools	1,165	7%
Maintained sector nursery classes	3,931	23%
Nursery schools	252	1.5%
Registered childminders	1,869	11.5%
Out of school childcare	4,838	29%



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# Children and Young People's Plan

The Children and Young People's Plan 2013 – 2016 sets out a vision that 'every child in Barnet has a great start in life, with the security and safety to grow in a nurturing environment'. The early years priorities in the plan are:

- Engage families early to ensure children have happy lives at home.
- Provide high quality health services for mothers and young children.
- Ensure children in need of support are identified early and appropriately supported in their early years.

# Pre-school children in Barnet demographics

This table shows that significant growth in the population of 0-4 year olds is expected in the next ten years.

However, the forecast for massive growth in the South and West is countered by a projected fall in the East and Central areas.

The wards within Barnet who will see the largest growth in 0 – 4 year olds are;

1. Colindale
2. Golders Green
3. West Hendon

Ward	Population 0 – 4 years 2013	Population 0 – 4 years 2018	% change at 2018	Population 0 – 4 years 2023	% change at 2023
<b>East Planning Area</b>					
Brunswick Park	989	951	-3.8%	867	-8.8%
East Barnet	1,180	1,132	-4.1%	1,027	-9.2%
Woodhouse	1,183	1,177	-0.1%	1,090	-7.4%
Coppetts	1,144	1,098	-4.0%	994	-9.5%
East Finchley	1,069	1,062	-0.1%	979	-7.8%
<b>East</b>	5,565	5,420	-2.6%	4,957	-8.5%
<b>South Planning Area</b>					
Garden Suburb	1,150	1,126	-2.1%	1,023	-9.1%
Childs Hill	1,432	1,396	-2.5%	1,303	-6.7%
Golders Green	1,681	2,419	+30.5%	2,856	+15.3%
Hendon	1,422	1,387	-2.5%	1,268	-8.5%
West Hendon	1,363	1,458	+6.5%	1,546	+5.6%
Finchley Church End	1,035	1,026	-0.1%	946	-7.7%
<b>South</b>	8,083	8,812	+8.2%	8,942	+1.5%
<b>Central Planning Area</b>					
High Barnet	930	910	-2.1%	825	-9.3%
Underhill	1,019	1,039	+1.9%	972	-6.4%
Oakleigh	1,008	972	-3.5%	873	-10%
Totteridge	1,127	1,193	+5.5%	1,147	-3.8%
West Finchley	1,090	1,064	-2.3%	981	-7.8%
<b>Central</b>	5,174	5,178	+0.1%	4,798	-7.3%
<b>West Planning Area</b>					
Burnt Oak	1,482	1,505	+1.5%	1,413	-6.1%
Colindale	1,837	2,918	+37%	3,456	+15.5%
Edgware	1,335	1,280	-4.1%	1,168	-8.7%
Hale	1,347	1,245	-7.5%	1,151	-7.5%
Mill Hill	1,251	1,279	+2.2%	1,333	+4.0%
<b>West</b>	7,252	8,227	+11.9%	8,521	+3.4%

# Changing policy

It is important throughout the Early Years Review to put any decisions in the context of central government policy. The government have recently released *More Great Childcare (Jan 13)* and *More Affordable Childcare (July 13)*. The following proposals are of significance to Barnet council;

1. Ofsted becoming the sole arbiter of quality
2. Reform of early years qualifications
3. DfE continuing to explore the option of childminder agencies
4. Tools to stimulate the market such as:
  - Small amounts of funding to set up as a childminder (£250) or childcare setting (£500)
  - Making it easier for schools to develop nurseries
  - Potentially easing planning legislation for childcare settings

# Improving outcomes for the more deprived

The table below outlines the percentage of children in Barnet who reached a good level of development at the end of the EYFS.

- With initial reports indicating that a good level of development nationally maybe around the 51-53%, it points to Barnet having a good comparison to the national average.
- However, it points to a significantly gap between FSM and non FSM of 17.4 percentage points, illustrating a significant gap in the level of development of those from more deprived backgrounds.

% achieving a good level of development	%
<b>All children</b>	<b>60.1</b>
Boys	53.4
Girls	67
<b>Free school meals (FSM)</b>	<b>45.7</b>
Free school meals BOYS	39.5
Free school meals GIRLS	53.0
<b>Non free school meals (non FSM)</b>	<b>63.1</b>
Non free school meals BOYS	56.6
Non free school meals GIRLS	69.6

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# Childcare – statutory duties

As part of the Childcare Act 2006, Local Authorities have the following statutory duties;

Title of Duty	Function
Duty to secure sufficient childcare for working parents	To require local authorities to ensure childcare is available to enable parents to take up work, education or training
Duty to secure prescribed early years provision free of charge	To ensure that all 3 & 4 year olds can access high quality free nursery education
Duty to access childcare provision	To ensure local authorities undertaken an assessment of childcare provision in their area (CSA)
Duty to provide information, advice and training to childcare providers	Ensure local authorities give childcare providers the necessary support to help deliver sustainable and affordable high quality childcare.

# Childcare – national context

The government is currently undertaking a review of childcare and has recently released a number of policy documents and consultations.

**More Great Childcare** (January 2013) proposed:

- Reforming early years qualifications, introducing new Early Years Educators and Early Years Teachers.
- Strengthening the inspection regime, making Ofsted the sole arbiter of quality.
- Introducing new Childminder Agencies, to increase the number of childminders and improve the training and support they can access

The second stage consultation closed at the end of September 2013.

**More Affordable Childcare** (July 2013) sets out proposals to:

- Help families to meet the costs of childcare.
- Increase the amount of affordable provision.
- Give parents the right information so they can make informed choices about childcare.

Firmer recommendations will be made in **spring 2014**.



# More Affordable Childcare - proposals

- **Tax-free childcare** for working families up to a cap of £6,000
- Commitment to **continuing funding for 3 and 4 year olds** and **expanding 2 year old offer** to 40 per cent from September 2014
- Ensuring local authorities are '**champions**' for **disadvantaged children** and their families
- Local authorities can no longer add local eligibility criteria for the 2, 3 & 4 year old offer
- Push focus of local authority resource on offering **information, advice and training** for those rated as 'inadequate' and 'requires improvement'
- *Local authorities will still have a power to provide information and advice and training for high quality providers if they wish to*
- *Potential to look at a **national single funding formula** for early education programme '**in time**'*
- *A small pot of money to be made available to **support new childcare businesses** - £250 for childminders and £500 to start a nursery or after school club*
- *Making **better use of schools** – looking at ways in which we can help make it easier for out-of-hours provision*
- To remove delays and unnecessary processes for schools setting up onsite childcare, we are abolishing the duty on maintained schools in England to consult when offering out of school hours facilities

# Childcare – changes to LBB role

In recent *Early Education and childcare statutory guidance for local authority*, local authorities have to do the following;

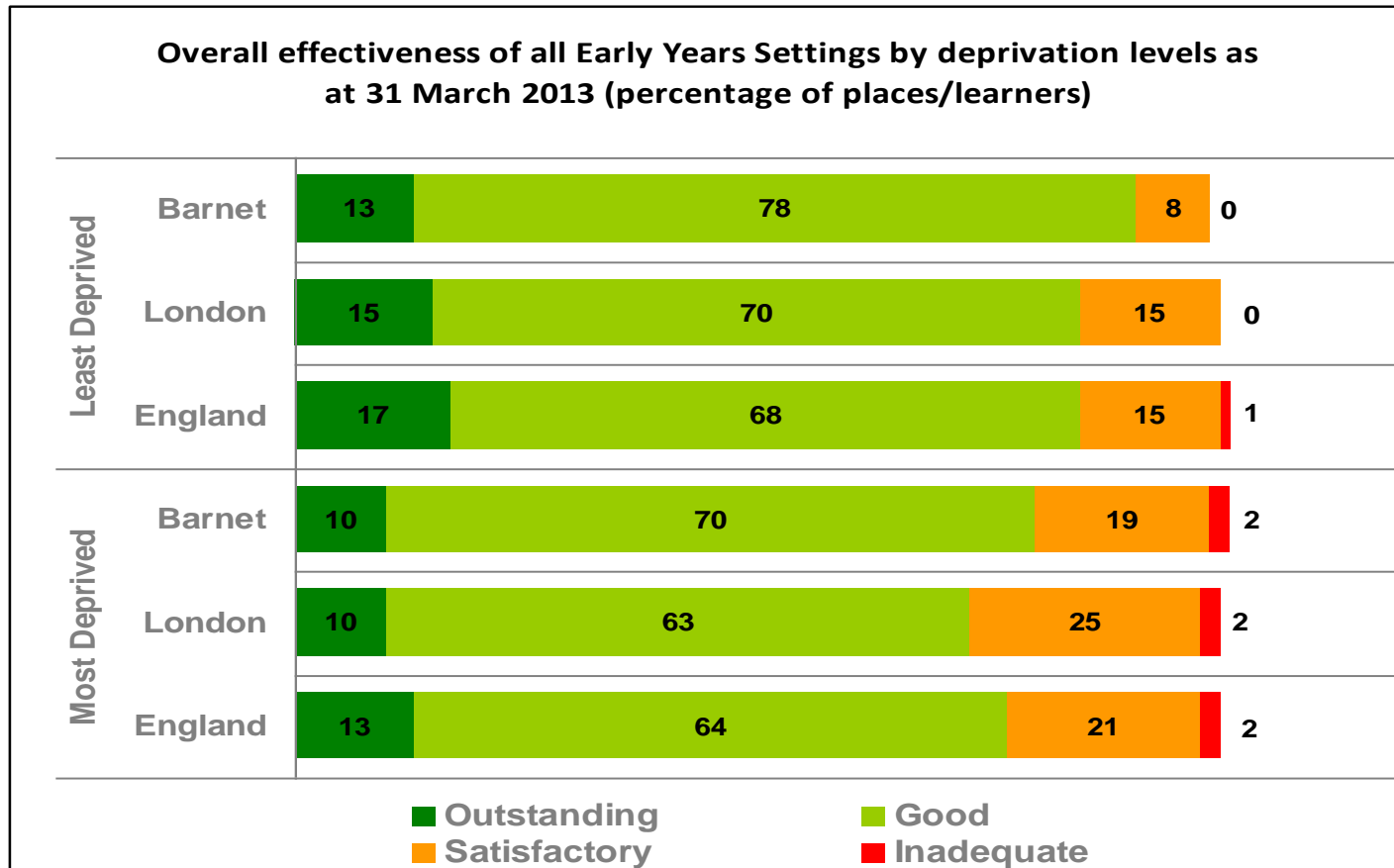
- Base their decision whether to fund a provider to deliver early education places solely on the provider's Ofsted inspection judgement, and not undertake a separate assessment of the quality of the provider.
- Fund places for two-, three- and four-year old children attending any provider rated 'good' or 'outstanding' by Ofsted.
- Fund places for three- and four-year-old children attending any provider rated 'satisfactory/requires improvement'.
- Only fund two-year-old children in 'satisfactory/requires improvement' providers where there is not sufficient accessible 'good' or 'outstanding' provision.
- Fund new providers registered with Ofsted until their first full Ofsted inspection judgement is published.
- Secure alternative provision and withdraw funding, as soon as is practicable, for children who are already receiving their funded entitlement at a provider when it is rated 'inadequate' by Ofsted.

Ofsted Changes;

- A new framework for Ofsted changes means that 'satisfactory' is now 'requires improvement'.

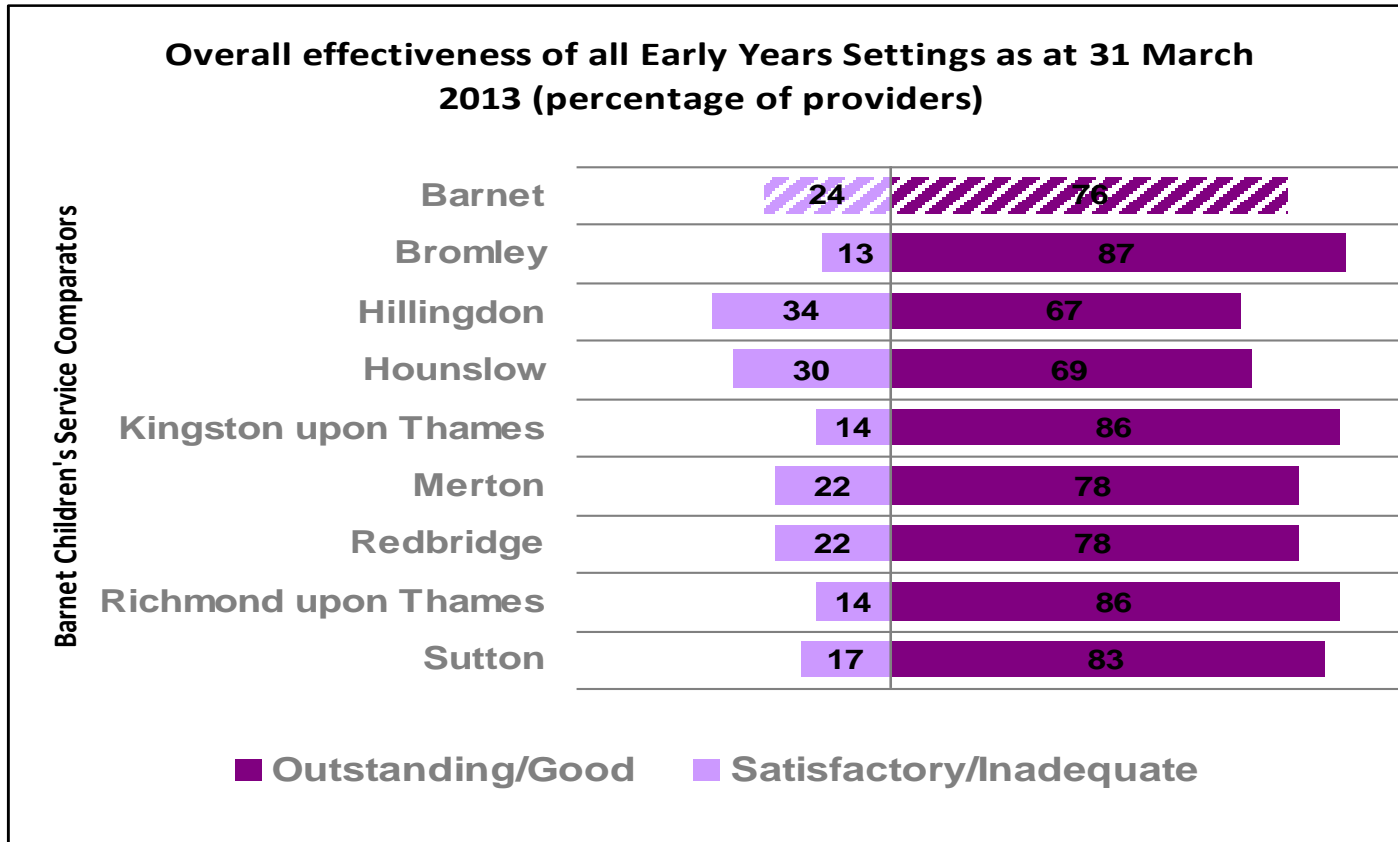
# Childcare quality in Barnet - benchmarking

The graph below outlines how in both the least and most deprived areas **Barnet performs better than the average** across both London and England.



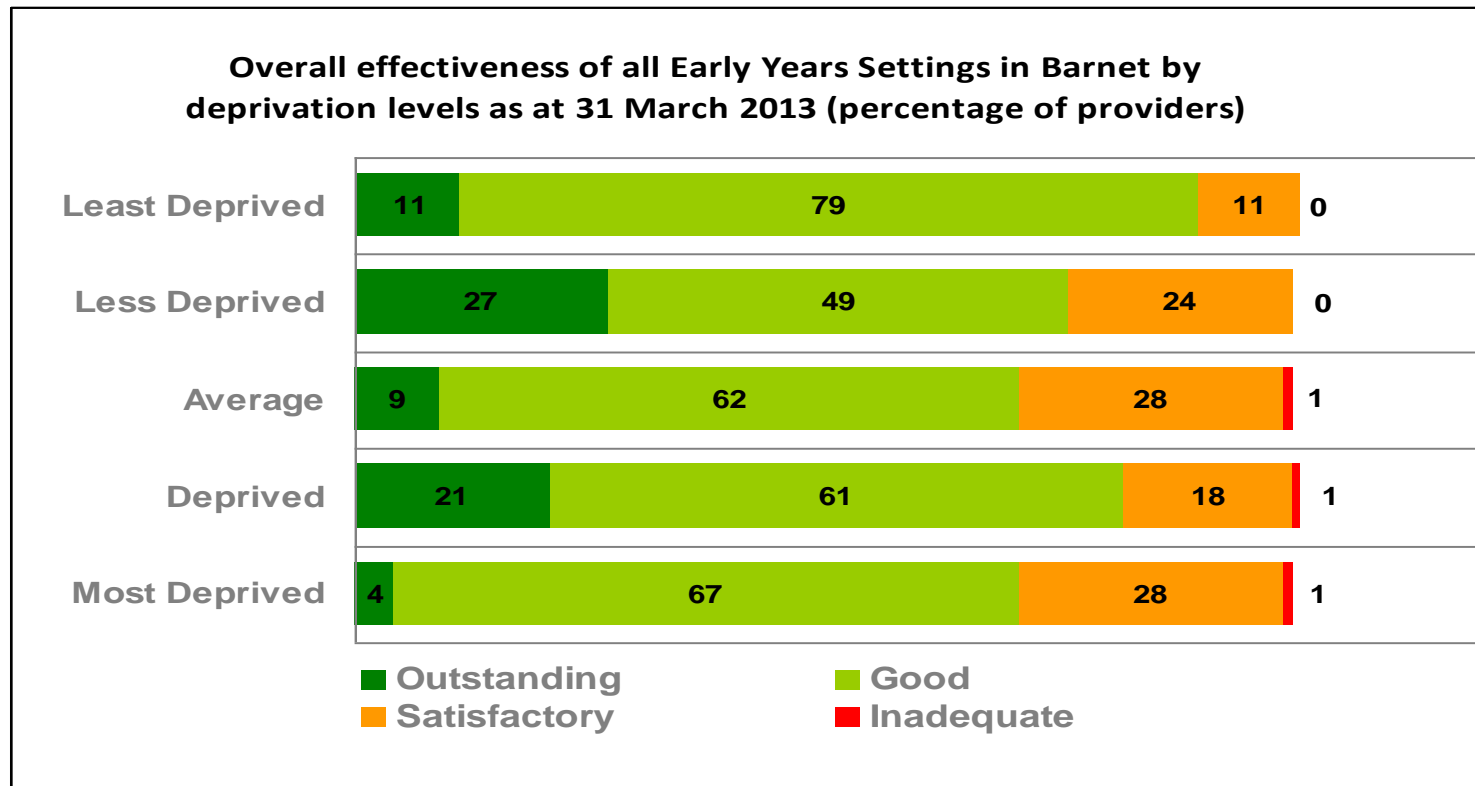
# Childcare quality in Barnet – statistical neighbours

When compared to statistical neighbours Barnet ranks poorly for the proportion of Early Years settings deemed satisfactory / inadequate / needs improvement (24%).



# Childcare quality in Barnet – deprivation

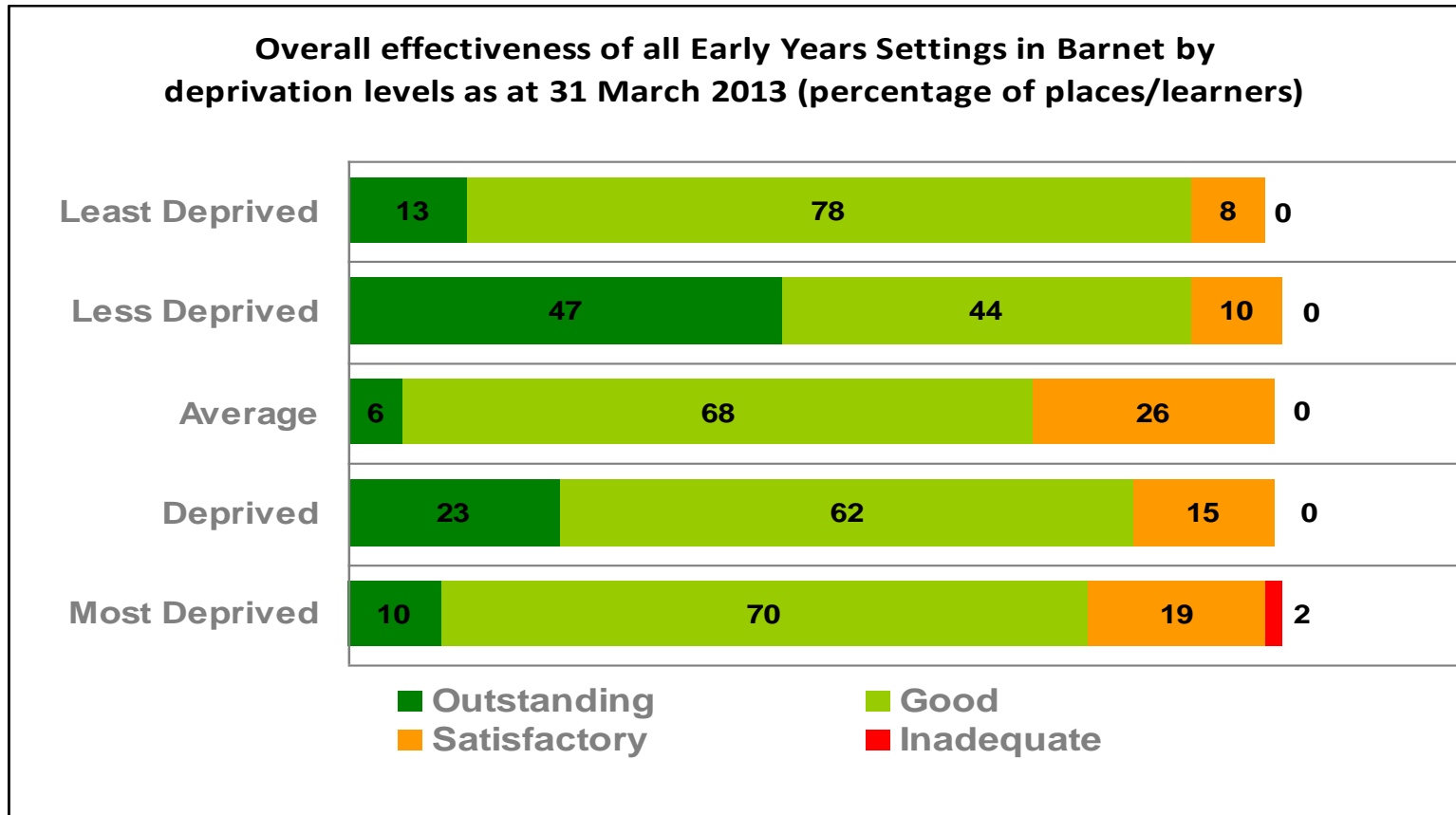
In the least deprived areas only 11 percent of providers are satisfactory / inadequate, whereas in the most deprived areas this is 29 percent, showing a **gap of 18 percentage points**.



Though quality is worst in our most deprived wards, there is **not a clear correlation between quality and deprivation**.

# Childcare quality in Barnet – deprivation

The providers judged by Ofsted to be delivering quality below good offer fewer places. The graph below shows the distribution by proportion of places and the gap between least and most deprived is less at **11 percentage points**. Again, there is **not a clear correlation between quality and deprivation**.



# Childminders

## Overview

A registered childminder is someone who works in their home caring for children aged 0 - 8 years for more than 2 hours a day for pay or reward. They are registered and inspected by Ofsted, and can care for a maximum of 6 children at any one time. In order to become registered they must demonstrate their understanding and ability to deliver the Early Years Foundation Stage (EYFS) and are inspected every 3 years to ensure they maintain standards.

## Numbers of registered childminders in Barnet

There are currently 391 registered childminders in Barnet and numbers have been steady at around 380 - 390 for about the last 5 years.

## Childminding support team

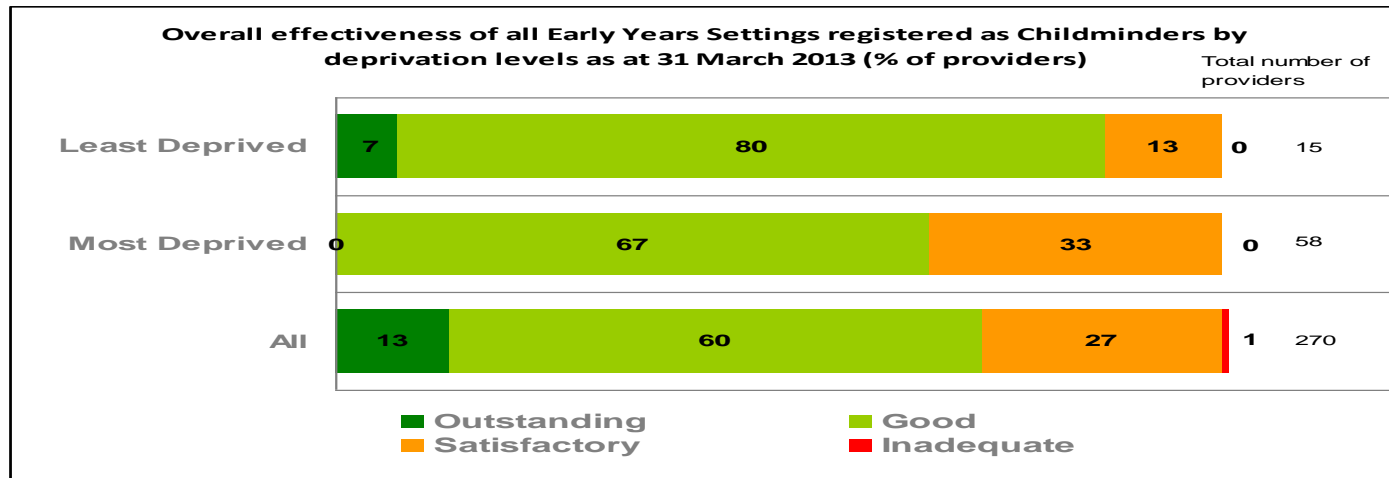
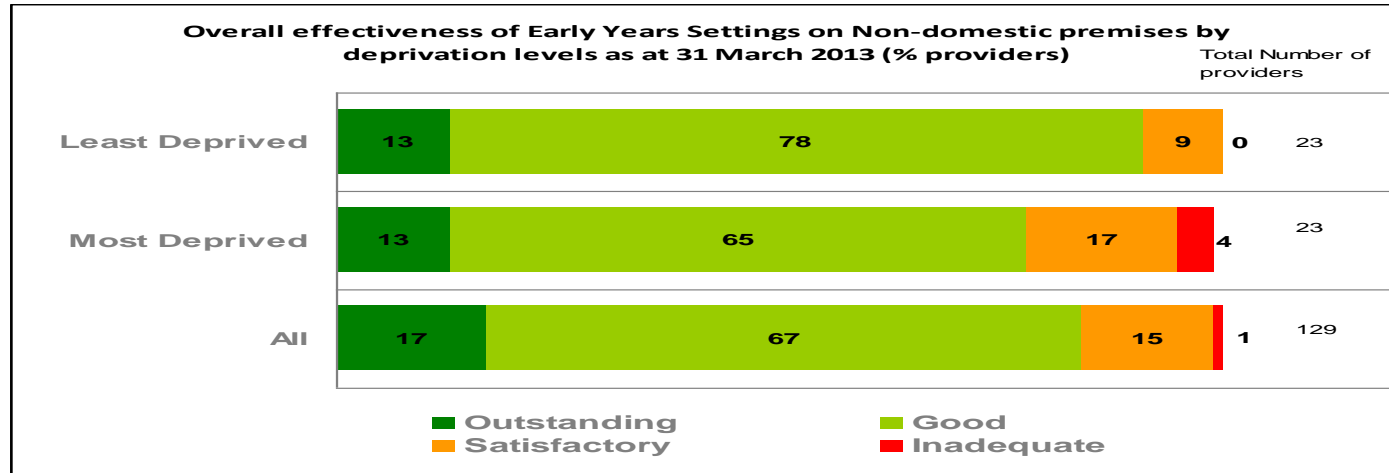
The team have had some form of contact with 68% of childminders, and 40% are actively engaged. There are around 125 childminders who have chosen not to have any contact with the team.

There is clear evidence that the childminders who actively engage with their Childminding Development Officer achieve higher grades at their Ofsted Inspection than those who do not.

Of those childminders in deprived areas, of the 23 engaged, 14 have had a good Ofsted rating and only 2 Satisfactory and below.

# Quality of provision: Non-domestic v Childminders

The two tables below demonstrate the distribution of Ofsted ratings for childminders and childcare on non-domestic premises. It demonstrates that significantly more childminders are in 'Satisfactory / Requires Improvement' than non-domestic childcare (11 percent age points).





# Satisfaction with childcare

- Only one in ten parents surveyed through the recent childcare market research were unsatisfied with childcare provision in Barnet. For those who were unsatisfied, the primary reasons given were:

Reason	Percentage (multiple answers were permissable)
Childcare is too expensive	56%
Inconvenient times/not flexible	21%
Inconvenient location	10%
Poor quality of care	10%
Other	44.5%

# Childcare fees

There is significant variance in childcare fees as would be expected across Barnet:

Age	Fee Details								
	Hour			Session			Day		
	Highest Recorded	Lowest Recorded	Most Frequent	Highest Recorded	Lowest Recorded	Most Frequent	Highest Recorded	Lowest Recorded	Most Frequent
Under 2 years	£15.00	£3.50	£6.00	£64.00	£12.00	£25.00	£80.00	£30.00	£50.00
2 years	£8.00	£3.50	£6.00	£64.00	£3.00	£20.00	£76.00	£18.50	£50.00
3 – 4 years	£13.90	£3.50	£6.00	£62.00	£1.00	£30.00	£76.00	£5.20	£50.00

This compares to the following rates paid by the local authority:

Age	LBB funded 15 hours per week – per hour	Average cost cited by parents - per hour
2	£6.00	£6.00
3/4	£4.40 (average)	£6.00

# Expansion of Free Early Education for two year olds (FEE2)

## Context

The FEE2 offers eligible children up to 15 hours per week of high quality early years education. To qualify for a free place families must be a Barnet resident and fit the eligibility criteria.

- **Phase one:** From 1 September 2013, local authorities have to fund the 20% most deprived two year olds with 15 hours of quality childcare provision per week.
- **Phase two:** From 1 September 2014 the entitlement will then extend to fund the 40% most deprived two year olds.

## Current position

As at 1 October 2013 there are 121 providers offering the FEE2 with 509 places currently being accessed. An earlier analysis showed that places were split as follows:

- 13% children in outstanding providers
- 72% children in good providers
- 14% children in satisfactory providers

62% of respondents to the recent parents survey with at least one child aged 0-2 years stated that they were **not aware** of the FEE2 offer.

## Next Steps

An action plan is being implemented to develop more awareness around the FEE2 scheme and provide further information across the borough.

# Free eligibility for 3&4 year old offer

- All three and four year olds are eligible for up to 15 hours of free early education for up to 38 weeks per year.
- We have 205 providers delivering free early education for 3 and 4 year olds (FEE 3&4 offer). This includes maintained nursery schools/classes; private, voluntary & independent nurseries; children's centres and childminders.
- 48% of parents are currently accessing a FEE 3&4 place.
- The recent parents survey showed that 78% of parents with at least one child aged 0 – 4 years were aware of the existence of the FEE 3&4 offer. Awareness was lowest in the South planning area of the borough.

# Nursery schools - background

- Barnet has four maintained nursery schools (Hampden Way, Moss Hall, St Margaret's and Brookhill) that have traditionally been funded by the local authority as nursery schools alongside the private, voluntary and independent nurseries.
- The Early Years' Single Funding Formula (EYSFF) in Barnet changed in April 2013 by bringing in a single rate for three and four year olds calculated on the participation rates of the establishment (per child per hour) rather than by place. A full consultation was undertaken with representation from nursery schools, schools and other nurseries from across the borough. The result was a transparent arrangement for all childcare providers including nursery schools.
- The funding received by maintained nursery schools has been significantly higher (per child per hour) than other private, voluntary, independent settings or schools for some time. Under the reformed school funding system, these nursery schools would receive a total budget reduction of around £800,000 per annum.

# Nursery schools – funding from 2013

- In October 2012, Barnet's Schools Forum agreed to fund these four maintained nursery schools at a total of £2,000,349 from Dedicated Schools Grant (DSG) for a transition period during **2013-14**.
- The Barnet Schools Forum is considering a further transitional year in which the nursery budgets are maintained at the same rate in **2014-15**. An initial review of the budget will be undertaken at the Schools Forum meeting on 4 October with a final decision on the budget in January / February 2014.
- The standard funding arrangement under the Early Years Single Funding Formula is unsustainable for these four nursery schools.
- Sustainable options are being identified through a collaborative approach working alongside the nursery school head teachers.

# Welfare reform - background

The data did not show:

- What steps have been taken by parents to arrange suitable childcare and also what their childcare needs are e.g. times/days/ location.
- What type of work parents are trying to access – which will have an effect on their childcare needs.
- Whether or not the skills of effected parents match the skills required for available jobs.
- Is suitable childcare the only barrier or is it a combination of factors (i.e. lack of skills/jobs)?

# Supporting families with vulnerable children affected by the cap

## ***Objective:***

- Identify families with vulnerable children due to be affected by the benefit cap and ensure they (**understand what is**) **are given** the right, joined-up support

## ***Where we are now:***

- An Information sharing agreement is in place which allows us to share data between the Benefit Cap task force and both the Children in Need and the Troubled Family / Family Focus teams.
- Welfare rights advisers have been seeing people in children's centres to provide welfare support.
- Children's centres have now been drafted in to help us engage with families with children under 5 who to date have not engaged with the task force

## ***Where next:***

- While legality of sharing data is overcome, resource to extract, match and share this data has been an issue and will continue to be challenging.
- Accessing data about closed cases has proved to be more difficult – while there's no data sharing barrier, resource is an issue.



# Actions to remove the childcare barrier

## ***Objective:***

- Remove any real or perceived childcare issues presented by parents affected by the cap as a barrier to work

## ***Where we are now :***

- Job Centre+ (JCP) identified 146 parents impacted by the benefits cap citing childcare as a barrier, of which 79 had children under school age and 15 had under 2's (no free childcare eligibility).
- Childcare matching events have been held which were well publicised to people affected by the cap (via letter sent to every household) but these were poorly attended by those affected.
- A questionnaire aimed at developing a greater understanding of the childcare barriers has been trialled with the task force.
- JCP officers have been trained in using the Family Information Service (FYI) and encouraged to use it to remove the childcare barrier when talking to customers
- The task force has identified 13-15 cases requiring support / information about childcare and have referred these to FYI

## ***Where next:***

- The task force has had fewer people citing childcare as a barrier to work than we first thought (5-10% rather than 30-35%) – need to do more to understand why
- Still need to get to the bottom of what the real issue is here – JCP's view on this is different to our experience.

# Childcare in Barnet – summary of issues

1. The quality of provision for the most deprived is weaker.
2. The quality of provision offered by childminders is more likely to be weak than that of other providers.
3. Changes will be required to align to changes in national policy.
4. Demand will soon significantly outstrip supply in some areas.
5. There is significant growth in the population of 0-4s from some minority ethnic groups.
6. Knowledge of the 2 year old offer is still limited and the scheme will significantly expand next year.

# LBB support to childcare providers

The currently offers support to childcare providers through a variety of internal and external teams:

Team	Resources	Role
<b>Early Years Standards Team / Narrowing the Gap</b>	1 EYST lead, 1 NTG lead 3 ATs (2FTE), 1 EY standards consultant, 1 EY training coordinator	<ul style="list-style-type: none"> <li>- Offers guidance, support and training across all early years settings to raise quality and improve educational attainment.</li> <li>- Statutory moderation of EYFS profile across all maintained and independent schools.</li> </ul>
<b>Pre-school inclusion team</b>	4.5 – 5 FTE (1 team leader, 8 staff) – commissioned from Oakleigh School – <i>cost tbc</i>	<ul style="list-style-type: none"> <li>- Promote early intervention and inclusive learning environments</li> </ul>
<b>Barnet Pre-school learning alliance</b>	£306k (33 month Raising standards contract)	<ul style="list-style-type: none"> <li>- Guidance on policies, procedures, safeguarding and welfare requirements for Private, Voluntary and Independent settings</li> </ul>
<b>Children's Centre</b>	Part of core offer	<ul style="list-style-type: none"> <li>- Should offer CM groups at all centres and have clear links to local settings</li> </ul>
<b>Childminding team</b>	1 Senior CM co-ordinator 2 CM Network development officers	<ul style="list-style-type: none"> <li>- Provides support and training for CM inc. around support with Ofsted, professional development, quality assurance scheme</li> </ul>
<b>Ofsted Registration</b>	0.7 FTE	<ul style="list-style-type: none"> <li>- Support childcare providers looking to register with Ofsted, ensure ready to set up</li> </ul>
<b>Nursery Schools</b>	TBC	<ul style="list-style-type: none"> <li>- Offer support to a range of settings but not currently clearly commissioned to do so</li> </ul>
<b>FYI? Service</b>	4FTE (although covered by temps currently and staff multi – skilled across contact centre)	<ul style="list-style-type: none"> <li>- Offers information to public, mainly through signposting and encouraging self-support</li> </ul>
<b>FEE 2, 3 &amp; 4 support &amp; EYVF support</b>	3FTE 1 Project Coordinator and 2 Brokerage posts to support FEE2	<ul style="list-style-type: none"> <li>- QA of schemes (no longer)</li> <li>- Support around 2 year old offer development</li> <li>- Provide bespoke brokerage for EYVF scheme for parents and providers alongside social care.</li> </ul>

# LBB support to childcare providers (2)

	Type of setting supported			
Childcare support	PVI's (Private, Voluntary, Independent)	Maintained Sector	Children's Centre's	Child-minders
Standards team (including. NTG)	X	X	X	
BPSLA (Raising standards)	X			
Pre-school Inclusion team	X			X
Childminding team				X
FEE support	X	X	X	X
Ofsted registration	X			
Children's Centres				X
Nursery schools	X			

# Childcare settings views of professionals

A wide range of support is offered for childcare from a variety of teams. Whilst the teams work fairly well together, the fragmented nature of support is an issue.

Type of other professional	Very effective working relationship	Quite effective working relationship	Quite poor working relationship	Very poor working relationship	There is no contact
Community mid-wives	7.5%	2.5%	1%	1%	88%
Health Visitor	13%	11%	6.5%	5%	64.5%
Children's Centre workers	27%	21%	8.5%	3%	41.5%
GP's	5%	12%	5%	3.5%	74.5%
Social Workers	23%	27%	6%	5%	39%
Family focus workers	16%	12%	6%	3%	63%
Barnet pre-school inclusion team	43%	12%	3%	0	42%
Barnet early years standards team	37%	12%	4%	1.5%	45.5%
Speech and Language therapist	37%	17%	7.5%	6%	32.5%

# LBB support offered to childcare - findings

- A wide range of support is offered for childcare from a variety of teams. Whilst the teams work fairly well together, the fragmented nature of support is an issue.
- A more coherent approach to support childcare settings could reduce duplication, improve the ability to target resources and improve accountability.
- The system is confusing for providers to understand and navigate and a more coherent approach would simplify the system for the settings.
- The settings supported varies from team to team, with some inconsistency between what support is offered to PVI's, Childminders and schools.
- A closer relationship between various teams and children's centres would be beneficial, as would a consistent role and approach for children's centres in their support role.
- Although the pre-school inclusion team have not been considered through the Early Years Review they need to be taken into account as part of a subsequent evaluation of options.
- Statutory changes, making Ofsted the only arbiter of quality, will mean the quality assurance process for the 2 year old offer (and 3&4 year old offer) needs to change – this hasn't been planned strategically at present.
- Generally, there is a need for clearer recording of the outcomes from the work supported by the teams.

# Childminder / childcare agency pilot

## Background and purpose

The Government are proposing the introduction of childminder agencies from September 2014. The Government foresees individual childminders joining an Ofsted registered agency and paying that agency a fee for its services - providing information, 1:1 guidance, registration with Ofsted, training, quality assurance and reduce the admin burden.

The agency would be responsible for the quality standards for care and learning of its childminders and would receive the Ofsted grading not the individual childminder. Participation in the new model would be on a voluntary basis, having the choice to remain independent and be inspected by Ofsted.

## Current timescales

- Late 2013/early 2014 - evaluation of work to date on testing agency model including the appetite for agencies in different areas; business models and support structures and the inspection model for agencies.
- September 2014 - agencies are able to register with Ofsted.

## Role of the council

Given that there are a significant number of childminders that are still not 'good' or 'outstanding' and agency could be helpful tool for improving quality – if the right individuals were to participate. Once further evidence is available it would be sensible for the council to assess how much effort it is worth expending to support the development of an agency in Barnet and how this should be progressed.

# National research on childcare

The majority of national research on childcare emphasises the importance of staff with higher levels of qualification (graduates) on the quality of childcare.

A recent report produced by the IPPR entitled *Early Developments – Bridging the gap between evidence and policy* has stressed the importance of high quality childcare for child development.

Evidence shows that graduates improve the quality of provision and outcomes for children, especially those with childcare qualifications – they also boost the quality of care of less qualified colleagues.

Moreover, the positive impact of high-quality is more pronounced for those children who are at risk of starting school ‘behind’ their peers: those with less-educated parents, from lower income, or for whom English is a 2<sup>nd</sup> language

Research as part of the Tickell Review emphasises that although there has been improvements in quality, there has to be a greater emphasis on the role of parents and carers in children’s learning.



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# Children's centres and family support

The focus in this section is the role of children's centres and other related services, and how they might be developed into a more coherent, efficient and effective service

- 13 Children's Centre's across the borough.
- Cost of £4.3m.
- 8 delivered by schools, 4 delivered by local authorities and 1 delivered by a voluntary sector organisation.
- The 13 children's centre's are all individually registered for Ofsted purposes.
- Each centre has it's own 'reach area' of families it should be working with defined by geography.

Other services include;

- Health Visitors
- Community Midwives
- Family Nurse Partnership
- Parenting Programmes
- Community Coaches
- Fyi? service

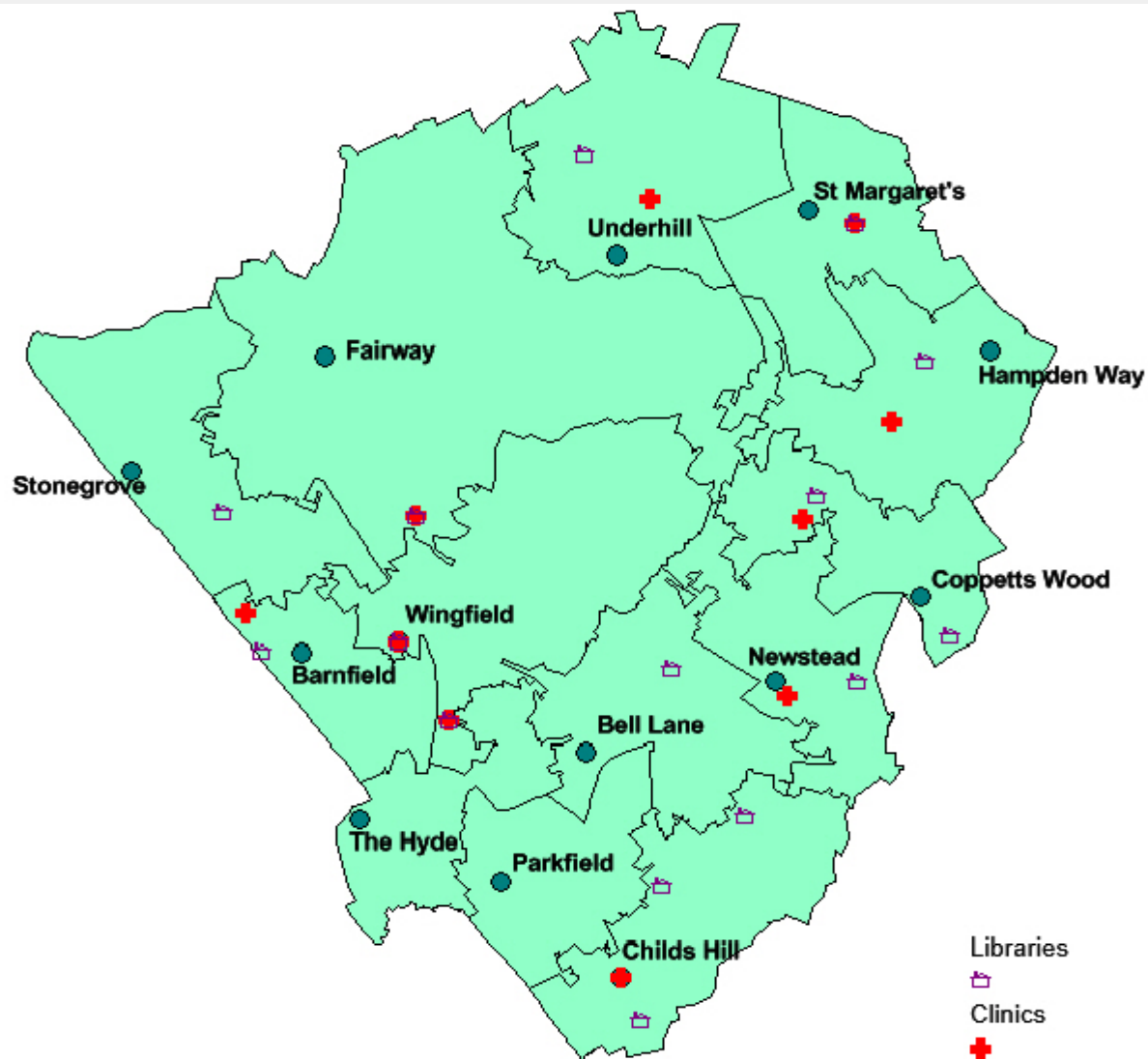
# Children's centre – statutory duties

Local authorities should:

- Ensure a network of children's centres.
- Reasonable travel distance.
- With health and employment services, consider how best to ensure families can access services.
- Target children and families at risk of poor outcomes.
- Demonstrate all children and families can be reached effectively.
- Opening times meet needs.

There is a presumption against the closure of children's centres.

# Children's centre reach map



# Children's centres – Hemsall's review (1)

LBB commissioned a research organisation (Hemsall's) in November 2012 to undertake an evaluation of children's centres. The findings of the review are summarised below:

## 1. What impact do Children's centres in Barnet have on the journey of children and families?

- Activities and services offered at children's centres can be regarded as 'gateway' services; they may (and frequently do) lead to participation in other activities and services – 56% of those surveyed first accessed the stay and play service.
- 82 per cent of respondents said they had experienced positive outcomes from using Children's Centre's
- 49 per cent thought that parenting advice and support had a positive impact at children's centres

## 2. To what extent do children's centres effectively offer value for money?

- There is a need to improve data to support value for money (VFM) assessments
- A number of children's centres in Barnet are achieving real value for money in a number of service categories by recouping costs or generating a small per user incomes for activities.
- The evaluation identified potential to improve coordination of services and partnership working between key stakeholders and improved data sharing could support more effective targeting of resources

## 3. How can Barnet's Children's Centres offer value for money and achieve the greatest impact?

- There is a need to re-focus local performance targets on outcomes, linked to national research identifying where greatest impact can be achieved.
- A cluster model of delivery may be more efficient, allowing for flexible deployment of staff.
- Potential to strengthen links with partner organisations and review and streamline data sharing protocols.
- Value for money assessment should be developed as a routine evaluation of services delivered in children's centres, based on a cost per user

# Children's centre – Hemsall's review (2)

Recommendations of Hemsall's report:

- Performance targets should fully make the move to **focus on outcomes** and not outputs. Children's Centre managers should be involved in setting performance targets.
- Monitor take-up of services by groups identified as being '**in greatest need**'.
- **Re-consider service delivery** in centres where families are not living in areas of relative deprivation.
- Review the **catchment areas** and cross-border flows.
- Review the potential for a **cluster model** of delivery.
- Review **service delivery and data-sharing** protocols across the borough.
- Introduce a standardised **value for money assessment**.

# Children's Centres – new Ofsted inspections

Under the current inspection framework there are four possible judgements:

- Outstanding
- Good
- Requires improvement (replaces satisfactory)
- Inadequate

Judgements will be made on the following areas:

- Access to services by young children and their families
- Quality and Impact of Practice and Services
- Effectiveness of leadership, governance and management
- Overall effectiveness of centre

There is now a much greater emphasis on children's centres knowing the families within their reach area including their vulnerable or targeted groups and families. To be "good" or above centres must be able to demonstrate they know at least 80% of their families and that 65% of their targeted families are registered with the centre.

# Ofsted – children’s centre results

- Our first three inspections under the new framework all resulted in a ‘requires improvement’ judgement.
- Five of the remaining centres have not been inspected before and so are therefore at risk of immediate inspection.
- A clear and robust action plan is in place to deal with the most important improvement points raised in the first inspections. These include:
  - Intensive support on data analysis for each reach area.
  - Training sessions.
  - Mock inspections with an ex-Ofsted consultant.
  - Intensive support from the early years standards team.
  - Meetings with representatives of all advisory boards.
- The Hyde Children’s Centre currently has significant performance issues and we have procured specialist support to drive improvement at this centre.



# Children's centres – reach areas background

- The reach area of a children's centre maps out the **local households that should be supported**.
- There have been a **number of revisions** to these areas since the initial development of the Sure Start programme.
- During **Phase 1 and 2** (2006-08) Barnet had 13 centres covering a relatively small part of the Borough **focusing on the most deprived areas**. Each had a reach area of approx 1km in diameter.
- During **phase 3 a further 8 children's centres** were opened in less deprived areas - largely based in local libraries or community centres. This offered a network giving full borough coverage.
- In 2011 Barnet **downgraded the phase 3 centres to linked sites** attached to the original phase 1 and 2 centres, each delivering 10 hours of activity.
- To ensure the network continued to provide full borough coverage the **reach areas were redesigned**, taking into account the number of under 5s and the number of LSOAs, including the number of LSOAs with a deprivation score of 30% or less.
- These revised reach areas are geographically quite large and many now have **families living more than 1 bus journey away from the centre**.

# Children's centres – reach areas developments

- A significant proportion of families access a centre that is closest to them but is not their “reach” centre. As currently configured in Barnet, parents can attend any centre but if targeted family support work is required families are referred back to their “reach” centre.
- Recent Ofsted Inspections, and the Hemsall's evaluation have highlighted that the current reach arrangements make it difficult for centres to engage with the required 65% targeted families. This is due to the size of the reach area, the high number of families using centres not within their defined “reach” and the number of hours of delivery expected from the phase 3 sites in more affluent areas of the borough.
- Children's centre managers have voiced their concern that the current reach areas hinder their ability to engage with targeted and vulnerable families.
- Families understandably find it difficult to understand that their most local centre is not in fact their allocated centre for family support. They may be engaging with their local centre for universal services (e.g. stay and play) however if the centre identifies that the family may require more 1:1 family support the family has to be referred to another centre and the family then need to build a relationship with new staff.
- The socio-economics of Barnet have changed. This has resulted in anomalies such as a centre with no deprived LSOAs even though its immediate neighbourhood is deprived.

# Healthy children's centres

- The public health team are currently commencing a programme to achieve public health outcomes through the children's centres. This includes:
  - **Mother and baby's health and wellbeing before, during pregnancy and beyond** - parenting programme, volunteer led parenting for domiciliary support, training, tooth brushing programme and fluoride varnish for oral health
  - **Nutrition/physical activity** – training, healthy eating/cooking workshops, resource development and provision, physical activity sessions, health and Wellbeing coordinator
  - **Breastfeeding** - peer supporters (3) paid on a session basis (£7.50 /hour)
  - **Smoking Cessation / family planning / drugs and alcohol** – support to women smoking in pregnancy, targeted work with fathers who smoke, training of early years and health professionals.
- This programme is a good example of commissioning through established delivery vehicles rather than further complicating the early years web of services.

# Health visiting and the family nurse partnership

- Closely aligned to this work is public health's review of school nursing, health visiting services, and the family nurse partnership in Barnet and Harrow. This will include:
  - Health Needs Assessment –demographic and geographical analysis
  - Stakeholder Analysis
  - Review of Service
  - Workforce Analysis
  - Options Appraisal
- The review will help understand any gaps in the current workforce and identify any risks to and probabilities of achieving expected trajectories.
- The review will help us develop an implementation approach to the recommendations in this report.

# Other services

A range of other services are offered in regard to wider family support. These include;

- Parenting programmes for hard to reach families
- Parenting programmes offered by family focus
- Community coaches
- Safer families service

# Practitioner feedback

Focus groups with a range of early years practitioners in Barnet highlighted the following issues:

- Children's Centre's could be improved by a **more joined up** approach, especially overcoming the issues of reach areas and sharing expertise and skills.
- **Outreach work** was seen as very important for getting to most vulnerable. Opportunities to focus more on the 120 toddler groups run by volunteers across Barnet and improved interaction between pre-schools / nurseries and Children's Centre
- Improved referrals. Changes could include a more effective and co-ordinated approach to **working with GP's** and improved relationships with **private nurseries**.
- Importance of **promoting the Common Assessment Framework** – needs wider understanding and use to improve early intervention
- Need improved **information sharing**, especially with health. Improved data means it is easier to target the most vulnerable or those who do not access to services.
- Biggest improvement in relationships required are with **mental health and housing** – need to improved mechanism / referrals / support

# Evidence review – children’s centre effectiveness

- A balance between universal and targeted services needs to be developed – ‘services targeted at the poor risk being poor services’ - Need to offer distinct and **finely tuned services to particular groups**.(*Innovation Unit Report*)
- All centres should develop a **volunteer force** – employing a **volunteer co-ordinator** (*Parliamentary report*)
- Jobcentre Plus must be a key partner for Sure Start Children’s Centres with **JCP advisors delivering sessions** in key centres (*Parliamentary Report*)
- A future model of children’s centres must be co-constructed by local people and offer more **mutual self-help**, helping people to find there own solutions (Innovation Unit) - **Participatory planning processes** and the participation of stakeholders are features of successful collaborations (*C4EO*)
- Important to explore the opportunity for **income from services**, yet be careful not to put people off (*Innovation Unit*)
- Service integration is best understood as an ecological ‘integrated Children’s System’ that is **centred on the child and their family**’ (*Effective practice in integrating early years services*)

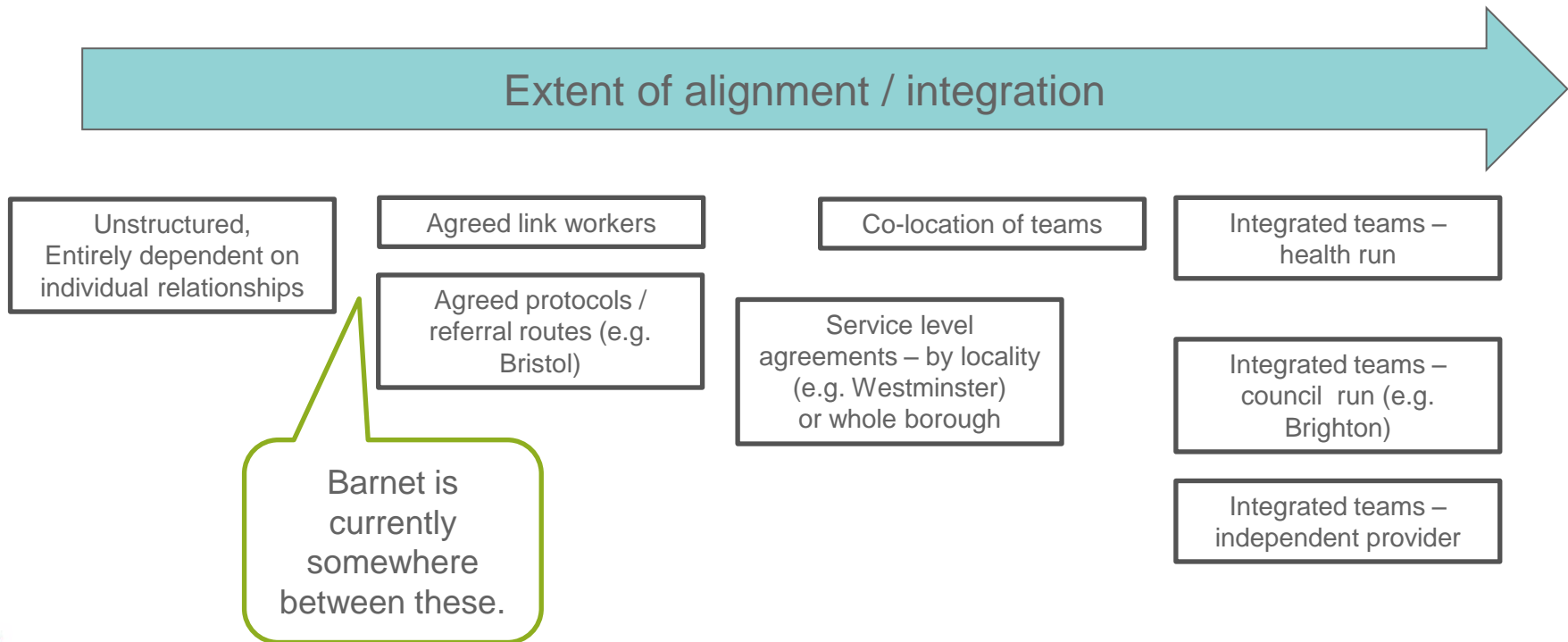
# Evidence review – health

- There is a national lack of support for **perinatal mental health** – the Wave Trust estimate 750 families struggling with this in the average local authority area.
- All **perinatal services should be delivered under one roof** with midwifery, health visiting and Children's Centre services all being accessed from Children's Centre's (Parliamentary Report).
- The effectiveness of the **integrated model** in Brighton is demonstrated through outstanding Ofsted scores for health for all their children's centres (under the old framework).
- Frank Fields review into early years stressed that CC should look at **developing birth registrations, naming ceremonies** and other benefits advice in Centres.
- The **importance of health visitors** in identifying risk factors, promoting infant mental health (emotional wellbeing); assesses young children's social and emotional development, support parental psychological health and parenting capacity. (Wave 2)



# Integration with health

There are a range of options for how early years services can be configured with differing levels of alignment / integration :



# Health led model – Brighton case study

Brighton and Hove developed an integrated health led model from the outset of Children's Centres. Health Visitors, along with other children's health professionals, were seconded into the council under a section 75 agreement.

In the Brighton model;

- Health visitors are the lead professionals for CAFs
- HVs supervise Early Years Visitors (council outreach) – all families are known, no referrals or duplication
- Support is based on the HV 4 levels of support (e.g. universal, universal plus, universal plus partners)

Success:

- Effective identification and targeting of families for Universal Partnership and Partnership Plus Services
- High breast-feeding rates
- Reducing the number of looked after children and child protection numbers

*Ofsted report on one CC – “well...The health led model plays a fundamental role in streamlining services and integrating provision...Highly effective intervention by the centres health partners has made an impressive impact on children's welfare and family well-being”*

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# Early identification and support - national research

- **Influencing social and emotional capability** becomes harder and more expensive later on in someone's life.
- Early intervention should be more widely adopted to make '**massive savings** in public expenditure'
- Recommends a focus on **antenatal education / preparation** for parenthood and 0-3 social development, health and well-being boards should create **integrated early intervention approaches**.

*(Graham Allen Review)*

- The early years are crucial - by the age of 3 a babies brain is 80 per cent formed.
- GP's, midwives, health visitors, hospital services children's centres and PVI nurseries offer **fragmented support** which is neither well understood nor easily accessed by all of those who might benefit from it most.
- Local and central government should give **more prominence to the earliest years** in life, from pregnancy to age 5 and that funding moves to early years and weighted toward the **disadvantaged children** as we build the **evidence base** of effective programmes.

*(Frank Fields Review)*

# The potential for prevention – Barnet evidence

- In August 2013 a sample of 81 randomly selected CP, LAC, and TF cases were reviewed to identify the proportion of cases that could have been prevented, and how the escalation of need could have been averted
- In total, 48 practitioners were interviewed as part of this review.
- The review found the following:

Type of case	Percentage preventable	Parental factors			
		DV	Drug abuse	Alcohol abuse	Mental health
Troubled families	<b>77%</b>	54%	23%	23%	31%
Child protection	<b>29%</b>	64%	49%	47%	45%
Looked after children	<b>14%</b>	62%	67%	48%	67%

- A significant number of LAC cases were where one or more siblings of the child had already been taken into care and practitioners felt it was inevitable that subsequent children would also. Over time, if we intervene early there may be greater potential as these cyclical incidents are avoided.
- A similar exercise recently run by Bexley found that 39% of looked after children's cases were very likely to have been avoided and 39% might have been through an improved whole family approach.

# Adult services working with parents

The case review work was followed up by interviews with the lead service providers who support people with mental health issues, drug and alcohol abuse and domestic violence. These included; Westminster Drug Project (WDP), Safer Families Team (DV) and Barnet Community Alcohol Team.

- The providers are predominantly **adult focused and not family focused** – this is how they have been commissioned.
- Where attempts have been made to **look more holistically** at the family (e.g. parenting courses run by WDP), these have **often stalled** or had limited impact due to resource constraints.
- The majority of services would refer all / most cases where a child was involved (0-18) to **safeguarding** as the first point of call. However, where cases do not meet the social care threshold workers have a very **limited awareness** of other family services (including children's centres) and so there is often little support provided with parenting. Domestic Violence, through the Safer Families Team, was the only service with clear links to children's centres and early years services.
- The numbers accessing services with young children was fairly low, estimating **around 5 per cent of clients** (this, for example, equates to 15-20 clients per year for the Westminster Drug Project)
- It was felt **targeted parenting support** would be the most suitable intervention - parents would feel comfortable attending such sessions.
- The adult mental health service identified a short term opportunity to quickly develop a bespoke parenting programme for adult service users with young families and co-deliver this with children's centres.

# Early Intervention work in Barnet

Below are just a few examples of good early intervention work in Barnet. As part of Phase 2, learning from the successful elements of Barnet's early intervention work will be used to develop a new model of delivery.

## **Parenting programmes for hard to reach families (EIP contract)**

As detailed in the slide on family support, there are a range of parenting programmes offered to support families, preventing them from reaching a higher level of need.

## **Community coaches (EIP contract)**

Homestart Barnet provided a service that is citizen-led and designed to enable people too effectively navigate the support available to them and support themselves out of disadvantage.

## **'Team around the setting' – MAST team.**

The MAST (Multi-agency Safeguarding Team) work on having a 'team around the setting'. These teams will work around a setting, for example, a school and co-ordinate the support to those identified as vulnerable within the school.

## **Coppett's Wood case study**

Coppett's Wood Children's Centre have developed a number of case studies which demonstrate the impact of early intervention and the savings that have come from that work.

# Evidence review highlights – early identification

- **Risk factors during pregnancy** (including factors as maternal stress, diet and alcohol or drug misuse) should trigger targeted services (for example training on the social and emotional development of children, talking therapies) (Wave Trust).
- By **fully integrating health staff** and children's centres, Brighton use midwives and health visitors to quickly identify high risk families and use the professional status and trust of these staff to encourage take-up of additional support such as parenting programmes.
- Croydon have invested in **relationships with local community organisations** on priority estates to build trust and increase the take-up of parenting support amongst high risk families.
- The importance of **health visitors** in identifying risk factors, promoting infant mental health (emotional wellbeing); assesses young children's social and emotional development, support parental psychological health and parenting capacity. (Wave Trust)



# Evidence review highlights – supporting vulnerable families

- There is evidence that a **combined family approach** to intervention through an ‘Integrated Children’s System’ is effective (*C4EO’s effective practice in integrating early years services*)
- **Children’s centres should re-focus** on their original purpose – to identify, reach and provide targeted help to the most disadvantaged families. Councils should aim to make children’s centres a hub of the local community – maintaining universal services but aiming to target where the most impact can be had. (*Frank Fields review*)
- The **Greater Manchester community budgets** pilot is investing an extra £38m pa in early intervention with a projected net ROI after 5 years. Their “cautious” Cost Benefit Analysis suggests a cost-benefit ratio of 1:4. Some of the more interesting aspects to their approach include **regular screening** of all children through a multi-agency eight stage assessment process; a programme of **evidence-based interventions**; a shared **outcomes framework** and a CAF pathway from pre-birth to 48 months.

# Early years evidence review

The early years review has included a literature review and investigation of best practice that has spanned the following sources:

- Early Intervention Notes July 2013 (contained in email – password access only)
- Prevention and Early Intervention in Children's Services – Social Research Unit at Dartington - [here](#)
- Children Count Survey Tool – Social Research Unit at Dartington [here](#)
- Investing in Children (overview) – Social Research Unit at Dartington - [here](#)
- Early Intervention – Grasping the nettle – C4EO - [here](#)
- Integration Early Years – C4EO - [here](#)
- Conception to age 2 - [here](#)
- Early Years Framework Evidence Briefing - [here](#)
- Intervention or prevention? The leadership response to performance risk - [here](#)
- Early intervention: Good Parents, Great Kids, Better Citizen's - [here](#)
- Child and Maternal Health Intelligence Network – [here](#)
- DfE - Evaluation of children's centres in England: Strand 3 – [here](#)
- Best practice for a Sure Start Children's Centre – The Way Forward for Children's Centres - [here](#).
- Early Intervention Evidence – Coventry City Council - [here](#)
- Other examples of best practice (evidence) - [here](#)
- Bexley benchmarking - [here](#)
- Bright futures: local children, local approaches – LGA best practice - [here](#)
- 21<sup>st</sup> century children's centres – [here](#)
- Family and foundation years – evidence pack - [here](#)

Also, further discussions with Brighton & Hove, Bristol, Westminster, Croydon, Newham, Central London Community Healthcare NHS Trust, Early Intervention Foundation.

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# Summary of recommendations

- A joined-up Barnet early years system.
- A sustained focus on doing what works.
- A family approach with higher risk groups.
- Simplifying the system for parents and partners.
- Consolidation of support for early years settings .
- A further shift in the balance from universal to targeted services.
- Developing the workforce and strengthening volunteer programmes.
- Developing a sustainable funding solution for nursery schools.
- Ensure there is sufficient childcare in Barnet.

# A joined-up Barnet early years system (1)

- Though the current configuration of children's centres is not ideal, they are the best hubs we have to provide services across the borough.
- A **single approach to the management of children's centres** is needed. This would create one service operating through a hub and spoke system that shares resources, ideas, learning and data. This should be consistent but recognise the need for local approaches to local issues and the targeting of resources where they are most needed.
- Quickly introduce a more **formal partnership and collaboration agreement** between the children's centres that will allow families to be supported by any local centre, information to be shared and practitioners to work across more than one centre. Retain the widespread local delivery of services but work to identify how resources can be most effectively managed across the borough. Allow centres to focus on engagement with targeted families **reduce the minimum hours** of delivery from the **phase 3 hubs** from 10 to 4 hours p.w.
- Conduct an **options appraisal** to determine the most appropriate structure to deliver a joined up Barnet service. This should also consider how to develop consistency in how key workers are supported to relate to families whether children's centre outreach & family workers, family focus workers or volunteers (including community coaches) and identify how they can be micro-commissioners of early intervention programmes including parenting courses.

# A joined-up Barnet early years system (2)

- Further **integration / closer working with health** is needed to better identify high risk families and ensure they get the support that they need.
- Our priority should be to further **integrate services into children's centres** – especially health visitors, community midwives and mental health services.
- Put in place **partnership agreements** between health visitors and children's centres.
- Ensure that the children's centre options appraisal identifies the best model to **fully integrate health visitors with children's centres** when commissioning responsibility returns to the local authority in April 2015. This model should include a link worker attached to each GP surgery and a simplified referral route for GPs.
- Investigate how **families moving into the borough** with children under five can be referred onto health visitors / children's centres when registering with GPs.
- Our focus needs to extend beyond structures and processes to examine how to change **relationships and behaviours**.

# A sustained focus on doing what works

We need to develop a culture that is focused on evidence based improvement. Though this sounds woolly in practice this could mean:

- **Quarterly or termly reviews** with all partners to learn and improve. These will agree any activity to be stopped, trialled or expanded. Learning will be documented and made available to practitioners in an easily accessible format.
- Ensure effective use of **local and national evaluation** in determining commissioning / activity programmes.
- Reviewing **performance and contract management processes** to ensure they drive a focus on the delivery of outcomes.
- Reviewing administrative tasks and **data recording** to make them as efficient as possible – recording only what we need to improve, measure outcomes or meet statutory requirements.

# A family approach with higher risk groups

- Ensure all adult services supporting higher risk parents understand how to **work effectively with the Multi-Agency Safeguarding Hub (MASH)** and that the MASH understands what early years and family support services are on offer for 'green' or 'blue' cases (e.g. not a safeguarding risk).
- Development of **'link' officers** between family support / early years and adult social care and public health services (this could be achieved through the MASH)
- **Map out family services / early years support** services and provide to health, adult social care and public health services to counter the current lack of clarity.
- Develop a **shared training plan** between adult social care and public health services to improve the ability of practitioners to identify issues early on.
- Follow up the case review exercise with some more thorough **multi-agency reviews** of a smaller number of cases to see what other lessons can be learned.
- Review links with **housing**.
- Work with adult social care and public health to **review commissioning plans** and identify how the achievement of whole family outcomes can be incentivised.



# Simplifying the system for parents and partners

- Ensure all GPs have **named link workers** for children's centres, health visitors and community midwives.
- Review the **role and approach of FYi** to ensure it meets the most pressing needs of parents and partners. This needs to include the lessons learned from the benefits cap taskforce and the research recently undertaken with parents.
- Investigate the potential for FYi to provide a **single appointments system** / contact number for children's centres and health visitors (and option to extend further – e.g. for community midwives).

# Consolidation of early years settings support

- Conduct an **options approval** to evaluate the different ways in which we could develop a more coherent approach to support childcare settings to reduce duplication, improve the ability to target resources and improve accountability.
- Develop a consistent **outcomes framework** and review what is recorded to ensure that each team can report against this.
- This needs to include consideration of how the pre-school inclusion team fit with these services.

# A further shift in the balance from universal to targeted services

- We have to and want to **continue to provide universal** services but the **balance** of spend is not clear. As we develop options appraisals for children's centres, health visitors and support to settings we need to be clear on which services are targeted at which groups and that the **balance is appropriate**.
- Services need to be better targeted towards the clients of services for those **parental factors** most likely to result in a social care intervention – mental health, drug & alcohol abuse and domestic violence. Analysis of **community profile data** also needs to drive service planning and delivery
- A **clear pathway** should be developed to ensure that when **risk factors during pregnancy** are identified (e.g. high maternal stress, alcohol or drug misuse) that GPs and midwives should trigger targeted services (for example parenting classes, training on the social and emotional development of children, talking therapies).

# Developing the workforce and strengthening volunteer programmes

- Review the **skills required** to effectively work with vulnerable families and conduct an audit to identify any gaps.
- As other recommendations are implemented, develop a culture of learning, stretching and innovation through communications, management approach, knowledge management etc.
- Ensure that the **performance management** and **supervision** of practitioners focuses on the delivery of outcomes.
- Develop an **early years volunteer programme** focused on outreach, community relations and family support.

# Developing a sustainable funding solution for nursery schools

- Continue to recommend to the Barnet Schools Forum a further transitional year in which the nursery budgets are maintained at the same rate for **2014-15**. An initial review of the budget will be undertaken at the Schools Forum meeting on 4 October with a final decision on the budget in January / February 2014.
- Continue to conduct an options appraisal to find a sustainable longer term approach through a collaborative approach working alongside the nursery school head teachers.

# Ensure there is sufficient childcare in Barnet

- Increase both provider and parent **understanding of the free entitlements**.
- Engage in **market development** activities to:
  - **Increase supply** in the identified priority areas (South and West planning areas).
  - **Re-brand childminders**.
  - Encourage providers to offer **more flexible provision** with extended hours to meet the needs of working parents.
  - Overcome **specific cultural barriers** highlighted by a number of BME groups accessing childcare by ensuring children's centres are aware of their local target groups and have developed an approach to support them to access appropriate services.