

# APPENDIX A- EARLY YEARS' REVIEW: PHASE 2 - STRATEGIC OUTLINE CASE

## 1. INTRODUCTION AND BACKGROUND

### 1.1 Summary

Barnet's Children & Young People's plan sets out our vision for Barnet to be 'the most Family Friendly borough in London by 2020.' This means making Barnet an even better place to live for all our families and our strategy to achieve this is to focus on developing families' resilience. Resilience, evidence tells us, is critical to achieving best outcomes for children and young people.

The early years in particular are a crucial time for children and families to develop resilience. It is a time of opportunity for the development of cognitive skills, as well as social and emotional development, which provide the bedrock for future learning and development. Giving the right support during this period is crucial if Barnet is to realise its vision of safe, healthy and resilient children and families.

Since the last review of our Early Years services in 2014, there have been a number of changes. The recent Childcare Act 2016 sets out that eligible 3 and 4 year olds of working parents will now be eligible for 30 hours of free childcare, an increase from the current 15 hours. The qualifying criteria is reserved to regulations and the new duty on the Secretary of State is not yet in force, however it is clear that Government policy is to provide further support to working parents. This is in addition to the 40% most disadvantaged 2 year olds now being entitled to 15 hours of free early education. These changes will mean a significantly increased investment in the universal early years offer.

Alongside this, health visitors and school nurses are instrumental in delivering the universal Healthy Child Programme; working with all parents to assess the support they need and develop appropriate programmes to help give the child the best possible start in life. The transfer of responsibility to local authorities for public health commissioning also provides an opportunity to look at commissioning more integrated services in the early years.

These changes, together with the need to find further savings in line with the Medium Term Financial Strategy, mean that we have to look again at how best to provide Early Years' services that will deliver the Family Friendly Barnet vision but which is also sustainable in the long term. The Early Years' Review: Phase 2 project is being established to further develop the model established in phase 1 in light of these strategic changes and challenges.

The project has the following objectives:

- To deliver the best outcomes possible for children and families in the early years with the resources available.
- To enable vulnerable families with children under five years old to build their resilience, reducing need for more costly later interventions.
- To provide integrated services so that they are joined up around the needs of families and feel seamless to users.
- To support meeting the duty to provide sufficient, high quality childcare for eligible 2, 3 and 4 year olds.

- To develop a sustainable model for Early Years' services.

## **1.2 National Context**

The early years continues to play a prominent role in Government strategy and the summary of the national context below shows some of the key recent changes to national policy and strategy.

### Importance of the early years

The importance of early intervention and prevention, especially in the first five years of life, has been emphasised in a number of reviews commissioned by central Government over recent years, including: the Allen Review on Early Intervention<sup>1</sup>; Frank Field's Review of Poverty and Life Chances<sup>2</sup>, and; Tickell's Early Years Foundation Stage Review<sup>3</sup>. The evidence from these is clear that the early years of childhood development present us with the best early intervention opportunity across the public sector to improve outcomes for local residents and reduce the financial burden on the state.

### Children's centres

The statutory duty regarding children's centres provision, as set out in the Apprenticeship, Skills, Children and Learning Act 2009, and underpinned by the Children Act 1989 and the Education and Inspection Act 1996, is that local authorities must have sufficient children's centres to meet the needs of young children and parents living in the area, particularly those in greatest need of support.

The statutory guidance for children's centres sets out that their core purpose is to improve outcomes for young children and their families and reduce inequalities between families in greatest need and their peers in:

- Child development and school readiness;
- Parenting aspirations and parenting skills; and
- Child and family health and life chances

### Health Visitors and The Healthy Child Programme 0 - 19

The Healthy Child Programme aims to bring together health, education and other main partners to deliver an effective programme for prevention and support. With the 0 – 5 element led through health visitors and 5 -19 led by school nursing services, 'The universal reach of the Healthy Child Programme provides an invaluable opportunity from early in a child's life to identify families that are in need of additional support and children who are at risk of poor outcomes.'<sup>4</sup> By working with, and supporting families during the crucial early years of a child's life, health visitors can have a profound impact on the lifelong health and wellbeing of young children and their families.

### Life Chances Strategy

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<sup>1</sup> Graham Allen MP, Early Intervention: The Next Steps, Cabinet Office, January 2011

<sup>2</sup> Frank Field MP, The Foundation Years: Preventing Poor Children Becoming Poor Adults, Cabinet Office, December 2010

<sup>3</sup> Dame Clare Tickell, The Early Years: Foundations for Life, Health and Learning, Dept of Education March 2011

<sup>4</sup> Best Start in Life and beyond: Improving Public Health Outcomes For Children, Young People And Families, Public Health England, January 2016

In January 2016, the Prime Minister announced that the Government would be developing a Life Chances Strategy and there is currently an Education Committee inquiry running, gathering evidence around the early years and life chances strategy. The Prime Minister's speech about the Life Chances Strategy emphasised the importance of building resilience in the early years in reducing child poverty and improving life chances, indicating the increased focus on targeting services in the early years.

### Troubled Families

The Troubled Families initiative, launched in 2012, is aimed at helping the hardest to reach families by getting parents into work, ending truancy and cutting anti-social behaviour. In the first phase of the programme 120,000 families were supported. The government has pledged to work with a further 400,000 families over the course of the Parliament and has expanded the programme to also help children under five and families experiencing debt, drug and alcohol addiction, domestic violence and mental and physical health problems. This expansion to include families with children under five in the Troubled Families Programme, suggests that the national focus of Early Years' services, and particularly children's centres, will move increasingly towards the targeted from the universal.

### Early Education and Childcare

The statutory duty for local authorities is that they must:

- Secure sufficient childcare for working parents.
- Secure prescribed early years provision free of charge, ensuring eligible 2 year olds and all 3 and 4 year olds can access high quality free nursery education.
- Undertake an assessment of childcare provision in their area.
- Provide information, advice and training to childcare providers.

The recent Childcare Act 2016 set out that qualifying 3 and 4 year olds of working parents will now be eligible for 30 hours of free childcare, an increase from the current 15 hours. This is in addition to the 40% most disadvantaged 2 year olds now being entitled to 15 hours of free early education. These changes, once brought in, will mean a significantly increased investment in the universal early years offer and will also mean an even greater pressure to find additional early years and childcare places in Barnet. The detail of how the Secretary of State will meet the new duty will be set out in regulations, however this could include a duty on local authorities to secure sufficient childcare free of charge in their local areas.

### Integrated services

Under the Childcare Act 2006, local authorities also have a duty to ensure that early childhood services are provided in an integrated way in order to improve access and maximise benefits to young children and their parents. National policy has long emphasised the importance of integrated support coordinated around the needs of the child and family. Key policy reports of recent years, such as the Graham Allen review of Early Intervention, Eileen Munro's reports on child protection, and the Special Educational Need and Disability (SEND) Green Paper (DfE, 2011) have all made the case for a holistic, integrated service for children and young people. The transfer of Public Health commissioning responsibilities, including the commissioning of health visiting and the Family Nurse Partnership, has provided an opportunity to explore a more integrated commissioning model for early years.

### 1.3 Barnet Context

#### The vision for children and young people in Barnet

The vision set out in the Children and Young People's Plan 2016-20 is that:

'Barnet is the most Family Friendly borough in London by 2020. Children, Young People and their families are safe, healthy, resilient, knowledgeable, responsible, informed and listened to.'

This means making Barnet an even better place to live for all families - whether a couple with dependent children, a single-parent family, a foster family, a blended family or any other kind of family. In family-friendly Barnet, families and children are able to:

- Keep themselves safe
- Achieve their best
- Be active and healthy
- Have their say

The strategy to achieve this is to focus on developing families' resilience, which evidence tells us is pivotal to delivering the best outcomes for children and young people. Through developing families' resilience we can also reduce demand for higher cost statutory interventions. (The term resilience is used to describe a situation when good outcomes occur for individuals or families in the face of adversity. An approach based on resilience involves looking for strengths and opportunities that can be built on, rather than for issues or problems to treat. )

#### The importance of developing resilience in the early years

There is an established national body of evidence showing that the early years are a crucial time for children's development and for building resilience. The brain is far more impressionable (neuroscientists use the term plastic) in early life than in maturity. This plasticity has both a positive and a negative side. On the positive side, it means that young children's brains are more open to learning and enriching influences. On the negative side, it also means that young children's brains are more vulnerable to developmental problems should their environment prove especially impoverished or un-nurturing. While it is never too late for children to benefit from an enriched learning environment, a key opportunity is lost if their development is not fully supported when they are very young.

The foundations for virtually every aspect of human development – physical, intellectual and emotional – are laid in early childhood. What happens during these early years (starting in the womb) has lifelong effects on many aspects of health and well-being – from obesity, heart disease and mental health, to educational achievement and economic status. (Marmot 2010)

The early years are also a time of first relationships. A warm and loving relationship with a sensitive and predictable care giver creates the context in which children develop positive expectations about themselves and others and develop resilience.

Warm, authoritative and responsive parenting is usually crucial in building resilience. Parents who develop open, participative communication, problem-centred coping, confidence and flexibility tend to manage stress well and help their families to do the same.' (Hill et al, 2007)

Unfortunately the first five years can also represent a period of heightened risk for some families. Even in the happiest of circumstances the arrival of a new baby increases the family's level of stress. Where families are already coping with adversities, such as economic hardships, parental mental health problems, substance misuse, or domestic violence, it is likely the stress they experience is much higher. The research literature tells us that if this stress is too high, or chronic, the child will be at substantially greater risk of social, emotional and physical problems as he or she becomes older.

While almost all parents want to do the best they can for their child, many find this very difficult, especially when there is interplay in the family between such factors as poverty, mental ill health (including postnatal depression), addiction and violence. (Allen Review)

However, the research also tells us that with the right pathways or processes, exposure to risk or adversity provides an opportunity to develop resilience.

In children and young people, resilience refers to: 'developing well despite risk status or exposure to adversity' (Masten & Powell, 2003). Resilience is not a personality trait; children become more or less resilient depending on the opportunities they are given (Research in Practice, Promoting Resilience in Children, Young People & families)

#### **1.4 The previous review**

Between June 2013 and October 2014, a review of the Early Years' Service was carried out. The review covered all services that worked with children aged 0-5, with the aim of improving delivery and securing £0.7m of savings as part of the Medium Term Financial Strategy (MTFS).

The CELS Committee agreed in October 2014 that a locality model would be implemented for early years, with three clusters of Children's Centres. This would also deliver the £700k of savings through a consolidation of the Early Years' Team and reduced opening hours in three centres. It was also agreed that there would be full integration of health visitors and children's centres in the medium term.

#### **1.5 Current model**

A locality model for early years was implemented in September 2015. The model has brought together the 13 individual Children's Centres into three localities to provide a universal offer for all families along with targeted services such as family support and parenting support/programmes for vulnerable children and families.

For the council led services there has been a restructure, so that there is now integrated leadership, management and service delivery. In practice this means the council services have come together and in each locality a range of services and activities is delivered across the area.

The school led Children's Centres are committed to being part of the locality model and each area has a locality manager that works to ensure partnership working including planning and quality assurance of Children's Centre services.

## Health Visiting

Health visitors are instrumental in delivering the Healthy Child Programme, working with all parents to assess the support they need and develop appropriate programmes to help give the child the best possible start in life. Health visitors support and educate families from pregnancy through to a child's fifth birthday. Common tasks include:

- New birth visits which include advice on feeding, weaning and dental health.
- Physical and developmental checks.
- Providing families with specific support on subjects such as post natal depression.
- Offering parenting support and advice on family health and minor illnesses.

Through their near universal coverage and high levels of professional training, health visitors are adept at identifying vulnerable families and working with them to identify the additional support they need to receive. The type of support can include:

- Referring families to specialists, such as speech and language therapists.
- Arranging access to children's centre services.
- Organising practical support - for example working with a nursery nurse on the importance of play.

The current contract for health visiting is with the Central London Community NHS Trust and runs until the end of March 2017.

### **1.6 Needs analysis**

A detailed needs analysis can be found at Appendix 1. The needs analysis has been structured around the five key outcomes of the Early Years' strategy. Key findings include:

#### Barnet's 0-5 population:

Between 2012-2040, there is predicted to be an overall decrease in the 0-5 population in Barnet over the period. But in both Colindale and Golders Green, the 0-5 population will see significant growth. It is also worth noting that large scale re-generation projects happening in Colindale and West Hendon, mean projections are likely to change.

#### Increased resilience of the most vulnerable families:

Barnet is a relatively affluent borough but with areas of persistent deprivation. These are mainly concentrated in the West of the borough, but with pockets distributed elsewhere. Colindale, which is expected to see one of the highest rates of population growth for 0-5s, is one of the most deprived wards, as well as one of the most diverse with a high number of BAME children.

Initiation of early help for children and families (through CAF) does not tend to vary geographically. The West of the borough, despite having the lowest number of children aged 0-5, has the highest number of Children in Need accessing social care services. Across the borough the primary concern leading to referrals to social care is domestic violence, followed by substance misuse and mental health issues.

Across all 3 localities in Barnet, 1 and 2 year olds are the biggest users of children's centres. Children's centres have high levels of registration, attendance and sustained attendance by targeted families' children however the level of data available for usage is limited.

#### School readiness for all children in Barnet:

Barnet performs well in term of educational attainment compared to London and national LAs. Within the borough there are some disparities in terms of attainment, with children in the Central/ East localities being more likely to reach a higher GLD (Good level of Development) than those in the West.

#### Positive health outcomes for all children in Barnet:

Whilst the data on the key health outcomes for children and young people in Barnet has some significant gaps, both the incidence of dental cavities and the rate of immunisations have been flagged as areas where Barnet is performing worse than local and national LAs. In Barnet there has been a particular issue with recruitment and retention of health visitors which has had some impact of the outcomes of this service.

#### Increased take up of free early education and childcare:

The take up of the free entitlement to early education (FEE2) for the 40% most disadvantaged two year olds has continued to be a challenge in Barnet. Latest figures (May 2016) suggest Barnet has one of the lowest percentage of eligible children in provision compared to statistical neighbours, with 51% accessing provision. Barnet is also amongst the lowest in terms of provision when compared to LAs at a regional and national level. At a ward level, Burnt Oak and Colindale have the lowest uptake rate for FEE2 places, partly due to a shortage of places. These are two of the most deprived wards with the highest population of: parents on out of work benefits, and; lone parents. Barnet performs better for take up of 3 and 4 year olds, with 82% of those eligible accessing the free entitlement.

Poor uptake is partly due to a shortage of places, with the Childcare Sufficiency Statement reporting gaps in provision of places for 2, 3 and 4 year olds. The largest shortfall of places for 2 year olds is in Golders Green, and for 3 and 4 year olds, Colindale. This shortfall should be viewed in the context of the projected growth in the number of children aged 0-5 in these wards over the next few years and beyond.

The introduction of 30 hours of free childcare for 3 and 4 year old children in working families will increase pressure on places. There are 10,598 children aged 3-4 in Barnet. Estimates suggest that 56.8% of these would be eligible for the additional 15 hours of childcare, meaning there would be 6,021 eligible children in Barnet. In terms of the gap between supply and demand, estimations based on data from the insight team suggest a total of 942 places will need to be created in Barnet in response.

Projections suggest the greatest increase in demand for FEE2-4 places will be in the west of the borough, in particular Burnt Oak, Hale, Edgware and Colindale, where there is already some evidence of shortfall of places.

#### To support parents and carers with young children to return to work:

For reducing the number of adults with young children who want to return to work but are unable to, the West locality has the highest proportion of families with children under 5 who are on Out Of Work benefits.

## 2. SCOPE

### 2.1 Services in scope

Early Years cover the 0-5 age range, including some antenatal services. The key services that are in scope for this project are:

- Health Visitors
- Family Nurse Partnership
- School Nursing Services
- Children’s Centres
- Early Education and Childcare:
  - For the 40% most disadvantaged 2 year olds
  - For all 3 and 4 year olds
- Community midwives
- Other health services for under 5s (eg healthy eating, dental health)

There are also a number of other services provided by the Voluntary and Community Sector that provide support to children and families in the early years, such as Homestart and the partnership with these will need to be considered as part of the review

### 2.2 Financial baseline

Overall, there is a significant investment in the Early Years as the table below shows. When the Children’s Centre and early years’ health budgets are combined with childcare funding, LBB has a budget of approximately £29.65m. However of this, only the Children’s Centre Budget is not ring-fenced, although the health-related budgets will have their ring-fence removed from April 2018.

<b>Budget Area</b>	<b>16/17 Budget (£m)</b>	<b>Ring-Fenced</b>
Children’s Centres	£3.632m	No
Health Visiting	£4.272m	Yes - Until 2018
Breast Feeding	£0.115m	Yes - Until 2018
Family Nurse Partnership	£0.350m	Yes - Until 2018
Dental Health	£0.059m	Yes - Until 2018
2 Year old places	£4.005m	Yes (DSG)
3 and 4 year old places	£16.190m	Yes (DSG)
School Nursing Services	£1.030m	Yes – Until 2018
<b>Total</b>	<b>£29.653m</b>	
<b>Total not ring-fenced currently</b>	<b>£3.632m</b>	Includes Public Health funding of £375k
<b>Total not ring-fenced after 2017</b>	<b>£9.458m</b>	



Other activity is also taking place in support of the 0-5 group, for example, young children will benefit from work to tackle obesity. And midwifery activity is directly targeted at these families.

Of the Children’s Centre budget, the £3.6m is distributed across Barnet’s children’s centres (both school and in house) as follows:

<b>Children’s Centre</b>	<b>16/17 Budget (£m)</b>	<b>Children’s Centre</b>	<b>16/17 Budget (£m)</b>
Newstead	623k	Underhill	236k
Childs Hill, Parkfield & Hyde	770k	Hampden Way	179k
Barnfield	261k	Fairway	225k
Coppets Wood	250k	Bell Lane	201k
Wingfield & Stongrove	555k	St. Mary's Rent	63k
		Childs Hill Rent	30k
<b>TOTAL</b>	<b>£3,393k</b>		

85 % of the Children’s Centre budget is spent on staff costs, with over three quarters of the budget (76% or £2.6m) supporting over 70 FTE posts working directly on the frontline. Building costs are relatively low, with approximately 4% spent on rent as the table below shows:

<b>Staff &amp; Rental budget</b>	<b>16/17 Budget</b>
All Staff	<b>2,560k</b>
Children’s Centres	1,583
Childcare	669
Central team	308
Rent	<b>146k</b>
(of which £93k is rent for CCs devolved to schools)	
<b>Total Staff &amp; Rent</b>	<b>3,053k</b>

The current context necessarily means all activities must be informed by and support the need to make planned savings, and a new Early Years’ model will need to deliver the savings as planned.

## RATIONALE

### 3.1 Drivers for Change

#### Improving outcomes for children and families through enabling them to develop resilience

The key consideration in this review will be using the resources available in the most effective way to improve outcomes for children and families in the early years. Based on the outcomes set out in Children and Young People's Plan and the strategy to support families to develop their resilience, the outcomes that the review will focus on improving are:

- Increased resilience of the most vulnerable families.
- School readiness for all children in Barnet.
- Positive health outcomes for all children in Barnet.
- Increased take up of free early education and childcare.
- To support parents and carers with young children to return to work.

As part of the review, measures will be defined for each of these outcomes.

Enabling children and families to develop their resilience in the early years will also reduce the demand for later interventions, reducing the cost to local authorities.

#### Financial sustainability

In November 2015 the Children, Education, Libraries and Safeguarding Committee agreed a savings programme in order to meet the target saving required for 2016-20, which had increased to £14.5m from £9.9m previously. This agreed savings programme then informed the Council's Medium Term Financial Strategy, which was agreed by the Policy and Resources Committee on 16 December 2015.

Included in this savings programme was a saving of £800,000 from the Early Years' budget. This is primarily the Children's Centre budget and represents about a 22% cut in total funding (0.8m from £3.6m). When combined with the £700,000 savings achieved by Children's Centres during the first round of the MFTS, it represents a total reduction in Children Centre funding of around £1.5m.

The current context necessarily means all activities must be informed by and support the need to make planned savings, and a new Early Years' model will need to deliver the savings as planned.

#### National policy changes increasing demand for childcare

There was already significant pressure on early education and childcare provision in Barnet due to the additional demand created through the 40% most disadvantaged two years olds becoming entitled to 15 hours of free early education. The entitlement to an additional 15 hours of free childcare for all three and four year olds with working parents will significantly exacerbate this gap between supply and demand. To meet the duty to provide sufficient childcare will require a number of different solutions and this Early Years' Review must consider these potential solutions.

#### Reduced need for universal children's centres provision for three and four year olds

As three and four year olds with working parents will be entitled to an additional 15 hours per week of free childcare and will therefore be accessing 30 hours a week of early years provision, there will be a reduced need for universal children's centres provision for this age group.

Health visitors also work with all parents to assess the support they need and develop appropriate programmes to help give the child the best possible start in life. They deliver 5 universal checks as part of the Healthy Child Programme.

#### Integrating early year's services

There is evidence that integrated services are better for families. The previous review recommended that health visitors and early year's services integrate. Responsibility for the commissioning of health visiting transferred to local authorities in 2015 and this has provided an opportunity to explore commissioning a more integrated service.

### **3.2 Core Objectives for an early years' model**

Considering the drivers set out above and the wider context, the Project Board has established a core set of objectives for a model for Early Years' services. Our intention is to use these objectives as an overarching set of design principles to guide and shape our exploration of future delivery options for Early Years services. They will act as a basis for more detailed criteria against which options will be assessed. These are:

- To deliver the best outcomes possible for children and families in the early years with the resources available.
- To enable vulnerable families with children under five years old to build their resilience, reducing need for more costly later interventions.
- To provide integrated services so that they are joined up around the needs of families and feel seamless to users.
- To support meeting the duty to provide sufficient, high quality childcare for eligible 2, 3 and 4 year olds.
- To deliver the savings as set out in the Medium Term Financial Strategy (MTFS).

### **3.3 What are other local authorities doing?**

Whilst recognising the importance of the early years in improving outcomes for children and families, all local authorities face the same challenge of needing to make savings and reducing demand for expensive late interventions. Research has been undertaken into the changes that other local authorities have been making. Below is a summary of the key findings.

#### Other Councils

There has been an increase in the use of clustering and multiple site models, with programmes and services being delivered from a range of local venues such as libraries, schools and community centres. There has been a decrease in the number of traditional standalone centres.

There has also been an increase in the targeted work to meet the more acute needs of some disadvantaged families, with some creating a targeted 0 - 19 service, alongside a reduction in the open access 'universal' services. Local authorities that were implementing this approach expressed some concern that this would potentially make centres more stigmatised, reducing opportunities for identifying problems early.

Income generation from within Children's Centres is minimal. Some have started to introduce a small charge for their universal 'fun activities', however experience from some authorities shows that the administration of the charging system can cost more to administer than the income received.

LA	Budget reduction	Impact on CCs	Details
<b>Northants</b>	30% budget reduction for Children's Services	30% closure of Children's Centres (from 50 to 35)	<ul style="list-style-type: none"> <li>£3m is required, to be achieved by building closure &amp; efficiencies in staffing</li> <li>Also 30% reduction in budget for targeted work</li> <li>Universal services are now provided within libraries which form part of a CIC</li> <li>Concern that Level 2 families are being lost in the new design</li> </ul>
<b>Hants</b>	60% budget reduction for Family Support Service (incl. Early Help hubs, Youth Support service & CCs)	Closing 80% of CCs (54 down to 11)	<ul style="list-style-type: none"> <li>£8.5m savings required</li> <li>Proposing service redesign, a new Family Support Service bringing together Children's Centres, Early Help Hubs, Youth Support Services and Supporting Troubled Families.</li> <li>Will cease open access universal activities, will focus mainly on level 3 families</li> <li>May continue to offer some universal classes e.g. stay and play but at a charge</li> </ul>
<b>B'ham</b>	37% budget reduction for early years	Model TBC	<ul style="list-style-type: none"> <li>Anticipated model will see more floating support and tacking children's services onto places that already exist and are already used by children and families such as nurseries and health centres rather than standalone buildings.</li> </ul>
<b>West Berks</b>	25% budget reduction	Closing 30% of CCs (6 family wellbeing hubs from 13 CCs) BUT 3 handed back to schools	<ul style="list-style-type: none"> <li>Extending age range of support from 0-5 years to 0-19 years</li> <li>Emphasis on targeted support, however may still continue to deliver some of the universal activities but at a charge</li> </ul>
<b>Oxon</b>	40% decrease in whole Early Intervention budget	Closing 60% (44 centres down to 18)	<ul style="list-style-type: none"> <li>Plan to reduce centres</li> <li>Very active campaign group 'Save Oxfordshire's Children's Centres'</li> <li>£1m 'transitional' funding to help communities take on the running of children's centres post-2017</li> </ul>
<b>Harrow</b>	Savings of £1.189m to be made from Early Intervention and Children's Centres - 35% reduction in Harrow's children's centres' budgets	Reduction in number of Children's Centres	<ul style="list-style-type: none"> <li>Approval in Feb 2015 to move to a Hub and spoke model</li> <li>Retain 2 Children's Centres that fulfil the statutory definition of Children's Centres. Operate 8 "delivery sites" that will continue to offer access to some of the early childhood services on behalf of the 2 children's centres.</li> <li>Current arrangements - 5 Children's Centres, with 11 'delivery points'</li> </ul>
<b>Haringey</b>	Savings of £1.44 million to be made from EY budget (11% of 13/14 budget)	Reduce number of designated children's centres from 16 to 9. Widen focus from 0-5 to 0-19	<ul style="list-style-type: none"> <li>Widen focus of children's centre services from 0-5 to 0-19</li> <li>Establish five children's centre planning areas,</li> <li>Close seven designated children's centres</li> <li>Establish new Children's Centre Advisory Boards (CCAB) for each children centre planning area</li> </ul>
<b>Enfield</b>	Total budget £4.2 million annual budget (including commissioning) with approximately £900,000 cuts required 2015 - 2016 (21% reduction)	Reduce number of children's centres from 12 to 5 in a hub and spoke model and exploring third party alternatives	<ul style="list-style-type: none"> <li>Currently 12 centres with 24 delivery sites.</li> <li>Plan to have five standalone Children's Centres in hub and spoke model</li> <li>Management by a single coordinator for each Hub and Spoke Centre.</li> <li>Wider use of community venues whilst also using existing sites, to ensure our services are where they are most needed.</li> <li>delivery of high quality services based on outstanding practice elsewhere</li> </ul>

### **3.4 Key considerations for an evolving model for early years**

Reflecting on the changes made through the 2014 Early Years Review, and the emerging demands around increasing investment in childcare, as well as additional savings required, there are a number of considerations to shape our evolving model of early years. These are interconnected rather than discreet, for example remodelling the universal children's centres offer and using some children's centres buildings to provide childcare cannot be considered in isolation from each other. The following sections outline these key considerations, which will be explored further in the development of the draft Outline Business Case (OBC), which will set out a range of options for consultation.

These considerations are:

- Embedding a resilience model for early years, targeted at vulnerable families.
- Increased integration of Early Years' services
- Remodelled universal offer
- Using buildings differently

#### **(1) Embedding a resilience model for early years, targeted at vulnerable families**

As set out earlier, building resilience is central to the Children's and Young People's Plan and the early years are a crucial period for building resilience. An objective for any new model for early years will be to embed a resilience model for early years across all services. This will require working with stakeholders from across Early Years' services to develop a resilience practice model.

A more targeted service to enable vulnerable children and families to develop their resilience is key to reducing demand into more costly later interventions. Currently there are separate service for 0-5 year olds and 5 -19 years olds.

Options for a targeted service will include:

- An integrated targeted service providing family support to enable families with 0-5 year olds to develop resilience.
- An integrated targeted service providing family support to enable families with 0-19 year olds to develop resilience.

#### **(2) Increased integration of Early Years' services**

It was recommended in the previous review that health visiting and children's centres services should be integrated in the medium term. There have been some areas of progress on implementing a more integrated model, for example in developing integrated health and early years' reviews for 2-2½ year old children. However, this needs to go further if there is to be a truly joined up service for users. The children's centres are currently structured into three localities, whereas health visitors are currently located in seven bases, and therefore these structures do not align.

Integration options that will be explored in a draft outline business case will be:

- Aligning staffing structures for different services into the three localities implemented in the previous review.

- Co-locating the early years’ staff into hubs based on the localities model.
- Employing all early years’ staff, including health visitors, in the same organisation.
- A targeted 0-19 service, integrated across services.

### (3) Remodelled universal offer

Many other local authorities are consulting on what their universal offer should be. The Government’s increasing investment into childcare provision, with the 40% most disadvantaged 2 year olds entitled to 15 hours and all 3 and 4 year olds of working parents to become entitled to 30 hours, alongside the universal Health Child Programme, means that the role of children’s centres in providing a universal service needs to be considered. Options that we want to explore in the outline business case will be:

- Remodelling the universal children’s centres offer, with health visitors and early education/childcare forming the core universal offer, reflecting the changing childcare landscape.
- Children’s centre universal offer focusing on 0-2 age range where evidence is that the biggest impact is made.
- Some universal services being provided by the community/volunteers or paid for by service users.

### (4) Using buildings differently

There are currently 13 children’s centres in Barnet. If there is a change to the level of universal children’s centres provision then it would provide an opportunity to use some of the buildings for other purposes, such as early education and childcare provision. Options to be explored further in a draft outline business case will be:

- Some buildings, which are currently being use for children’s centres provision, could be used for a different purpose, including providing early education and childcare places for 2, 3 and 4 year olds.

## 3.5 Potential benefits

The initial benefits to be realised from this project are set out in the table below. These benefits will be unpacked in the outline business case to form a set of criteria against which to assess the options. At this stage they are derived from the key outcomes agreed for the project and further work will take place with Stakeholders over the coming weeks and months to refine them.

Type	Description of the benefit	Who benefits	Benefit value	Year benefit will start to be realised	Benefit Owner	How will the benefit be measured	*Baseline value (£, % etc) and date
Non-Financial	<b>Improves resilience of vulnerable families by providing a more integrated service that is fully joined up around their needs.</b>	<ul style="list-style-type: none"> <li>• Families</li> <li>• Partners</li> <li>• Council</li> <li>• Staff</li> </ul>	tbc	tbc	Tbc	tbc	tbc
Non-cashable	<b>More resilient families reduce cost to LBB and partners through lower demand for higher cost interventions</b>	<ul style="list-style-type: none"> <li>• Families</li> <li>• Partners</li> <li>• Council</li> </ul>	tbc	tbc	Tbc	tbc	tbc

Non-Financial	Increased availability and take up of childcare, enabling more parents to return to work.	<ul style="list-style-type: none"> <li>Families</li> <li>Local Economy</li> </ul>	tbc	tbc	Tbc	tbc	tbc
Non-Financial	Enable LBB to meet its statutory duty to provide sufficient high quality childcare.	<ul style="list-style-type: none"> <li>Council</li> <li>Families</li> </ul>	tbc	tbc	Tbc	tbc	tbc
Non-Financial	The Early Years' service is more sustainable and therefore better positioned to improve outcomes for children and families in the early years with the resources available	<ul style="list-style-type: none"> <li>Families</li> <li>Staff</li> </ul>	tbc	tbc	Tbc	tbc	tbc
cashable	Reduced cost of Early Years' services, in line with savings set out in MTFS	<ul style="list-style-type: none"> <li>Council</li> </ul>	tbc	tbc	Tbc	tbc	tbc
* Note the value and date that the baseline value was obtained, For example 67%							

#### 4. PROJECT APPROACH & DEFINITION

##### 4.1 Stakeholder Engagement & Consultation

###### Stakeholders

Stakeholder engagement will be one of the priorities of the project. Working with those most impacted by any changes – users and providers – is going to be essential if we are to get a remodelled service that is fit for purpose and which children and families want to use. Only then can we deliver the resilience outcomes we want and achieve our vision for Barnet.

###### Consultation

Although we would want to carry out a full public consultation anyway, there is a legal for us to do so should we make any material change to the provision of Children's Centres. As part of the Draft Outline Business Case in September, we will bring detailed proposals for a public consultation. The initial work around stakeholders is attached at Appendix 3 and our initial Equalities Impact Assessment is at Appendix 2.

## 4.2 Risk

The project Board has carried out an initial risk analysis. The top three are identified below.

Ref	Risk Description	Date Raised	Likelihood	Impact	Action / Mitigation
EY001	There is a risk that the DfE review of Children's Centres will make recommendations that are incompatible with the EY strategy.	26/4/16	Low	High	Until it reports, no mitigation possible. Action is to monitor DfE closely. Date for review still not known but expected in 2016.
EY002	Failure to engage with the Delivery Unit and partners could result in a new model not being deliverable.	4/4/16	Low	Med	The recent changes to the leadership of the DU mean that engagement has significantly and quickly improved.
EY003	There is a risk that any consultation is deemed insufficient leading to a significant public backlash.	4/4/16	Med	High	The most vocal of stakeholders during the previous review were Head teachers. Fully engaging with them and recognising this in the comms plan will be crucial. A full stakeholder analysis and engagement strategy will be carried out and implemented, led by the Head of the Early Years' Service.

## 4.3 Deliverables

The project will follow the Council's internal governance model and project management methodology. This will revolve around iteratively building the business case for a new model for Early Years' provision. Specifically, the project will deliver the following, which will set out the commissioning model for Early Years' provision for the MTFs period, up to 2019/20:

- A Strategic Outline Case
- An Outline Business Case
- A Full Business Case - which will include a service specification, Target Operating Model and pathway for implementation.

## 4.4 Legal references

There are various specific and overarching statutory duties that are relevant to this project. In relation to Children's Centres, the Childcare Act 2006 places a statutory duty on the Council to provide sufficient children's centres and to consult on significant changes in service provision in relation to the operation of Children's Centres. The Council must also take account of the statutory guidance for Sure Start Children's Centres. Section 1 of the Childcare Act 2006 also



contains a general duty on local authorities to improve the well-being of young children in their area and reduce inequalities between young children. Well-being is defined as including physical, mental health and emotional well-being, protection from harm and neglect, education, training and recreation and the contribution made by them to society.

The Childcare Act places a duty on the Council to secure sufficient childcare provision, so far as is reasonably practicable, so as to meet the needs of parents who are working, wish to commence work or to undertake education or training, which could assist them in obtaining work. As set out in this report, certain childcare must be provided to eligible children free of charge. The Childcare Act 2016 received royal assent in March 2016 and places a duty on the Secretary of State to secure 30 hours of childcare for eligible children of working parents. The legislation is not yet in force and regulations will determine how this duty will be met, which could include placing duties on local authorities to deliver this duty.

The Council has a number of public health duties, including the duty to commission public health services for children aged 0-5 years. This includes a requirement to provide or make arrangements to secure the provision of a universal health visitor review to be offered to pregnant women and children at four prescribed ages up to the age of 2.5 years. The relevant regulations require the Secretary of State to conduct a review of provision to determine whether it is necessary to continue to mandate certain requirements in relation to universal health visiting services. This review must be conducted by 30 March 2017.

## **5. NEXT STEPS**

The next steps in the project are:

- Continue and expand our Stakeholder engagement
- Develop the options in more detail
- Carry out more detailed financial and other analysis (eg impact of changes in other authorities)
- Build the options' assessment criteria
- Prepare consultation documents as part of a Draft Outline Business Case

The recommendations to Committee are:

- That the Children, Education, Libraries and Safeguarding Committee note the content of the report and approve the strategic outline case.
- That the Children, Education, Libraries and Safeguarding Committee delegate authority to the Commissioning Director of Children and Young People to prepare a draft outline business case, with options for consultation, and report back to a future meeting of this committee.

## **APPENDICES**

1. Detailed Needs Analysis
2. Initial Stakeholder Engagement Plan
3. Initial Equalities Impact Assessment

## APPENDIX 1 – Detailed Needs Analysis

### Early Years – Needs Assessment

#### 1. Introduction

This needs assessment informs the options analysis for phase 2 of the early years review. The assessment describes the population of children under the age of 5 and their families in Barnet. It identifies current and existing provision that impacts on early childhood outcomes as well as identifying gaps, barriers and unmet needs in current service provision.

The report is structured around the key objectives of the early years' service in Barnet identified in phase 1 of the early years review. These include:

- Identification of and support for the most vulnerable families.
- School readiness for all children in Barnet.
- Positive health outcomes for all children in Barnet.
- Sufficiency of high quality childcare places for children in Barnet.
- Reduce the number of adults with young children who want to return to work but are unable to.

Analysis has been done at a variety of scales; at borough level, at ward level, at a Lower Super Output Area (LSOA) level, at a locality level. In terms of Early Years, the locality model refers to the way Children's Centres are organised geographically, with 3 localities; East/ Central, West and South (see Fig. 18).

#### 2. Barnet's 0-5 population

##### 2.1. Population and Population Growth

In 2015, it was estimated that there were 32,305 children aged between 0-5 years old. Figure 1 shows how this is broken down by single year of age and gender. The largest 'single year of age' group is 3 year olds, followed by 4 year olds. Within each single year of age, there are a higher proportion of males than females.

Gender	Age 0	Age 1	Age 2	Age 3	Age 4	Age 5
Male	2714	2705	2767	2889	2799	2712
Female	2542	2538	2502	2728	2731	2678
All Persons	5255	5243	5269	5616	5531	5390

Figure 1:

Geographically, the wards with the highest number of 0-4 year olds are Colindale with 2,005; Golders Green with 1,712; Hendon with 1,626 and Childs Hill with 1,499. High Barnet (917) and Underhill (964) have the lowest numbers of 0-4 year olds.

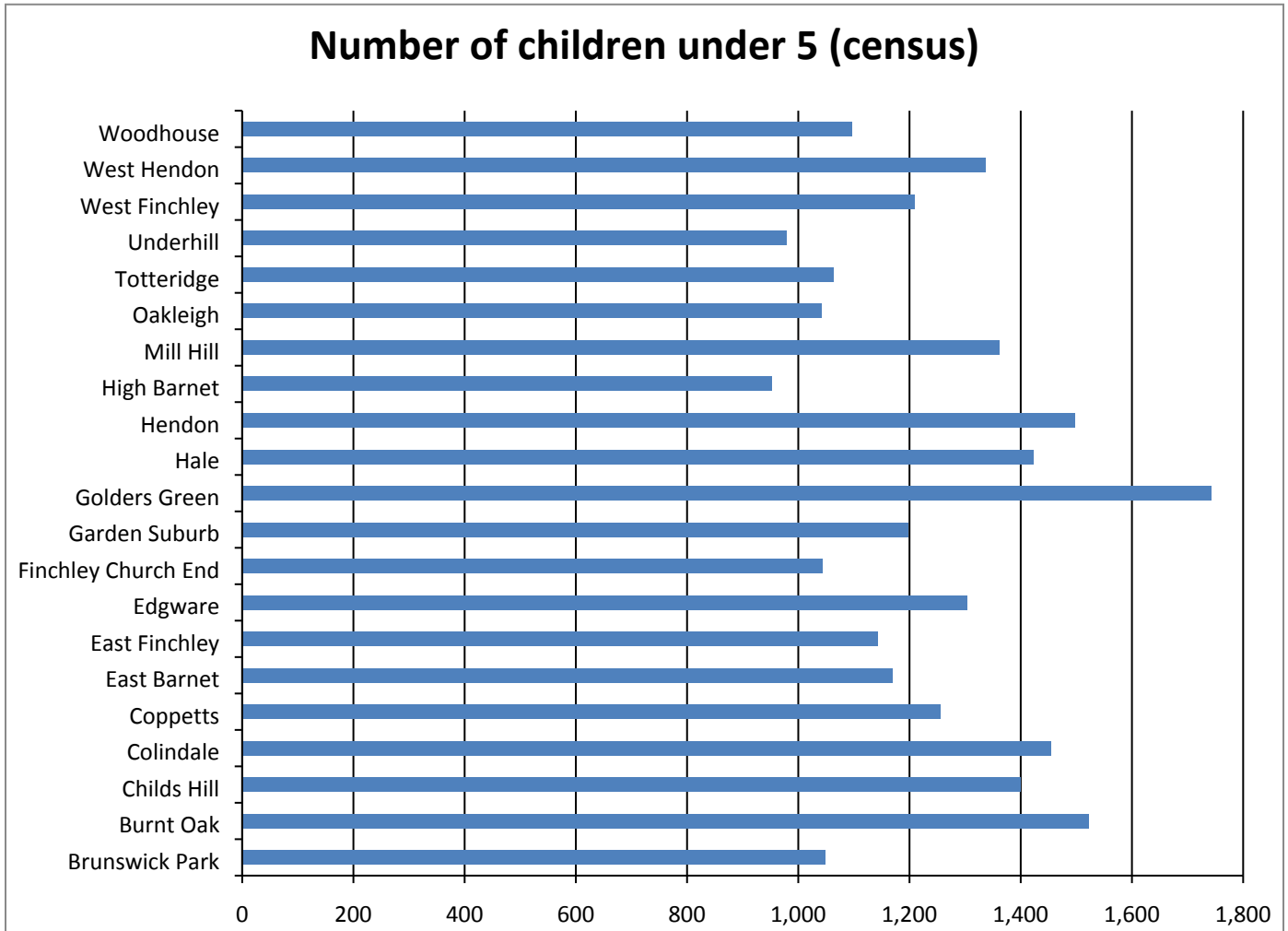


Figure 2:

Broken down by single year of age, the figures below show that around 40% of all of the under 5 population are 0 or 1.

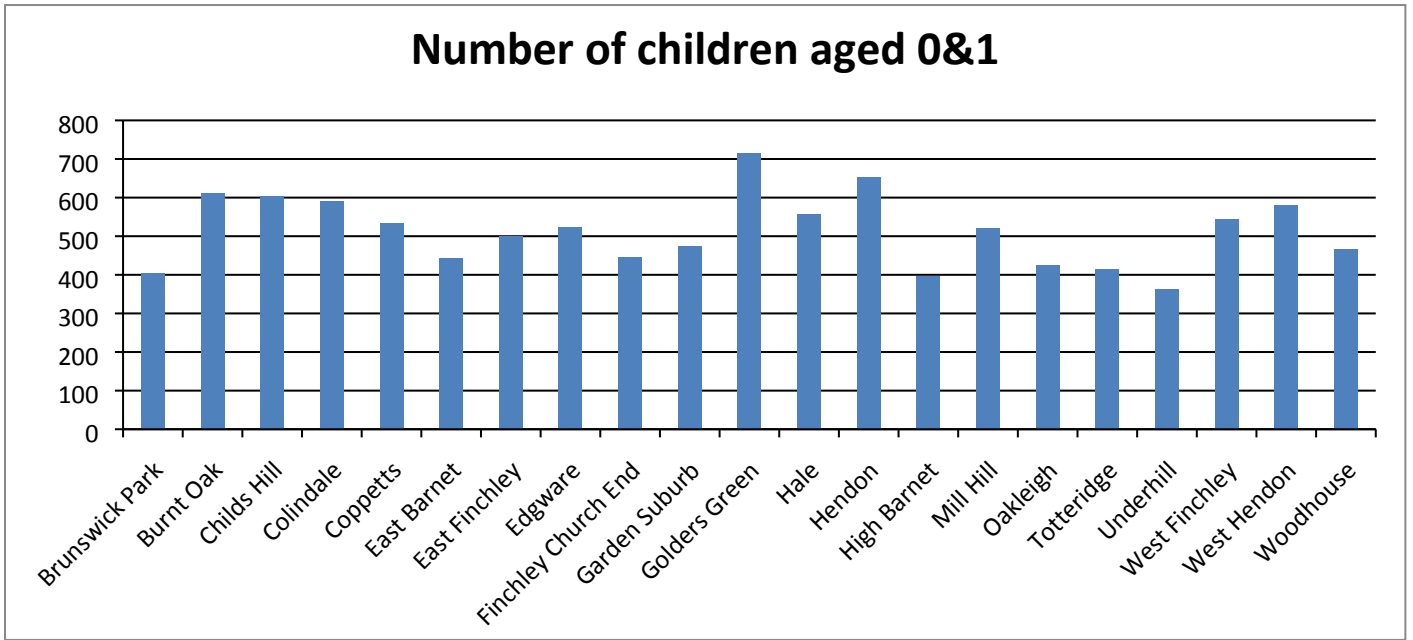


Figure 3

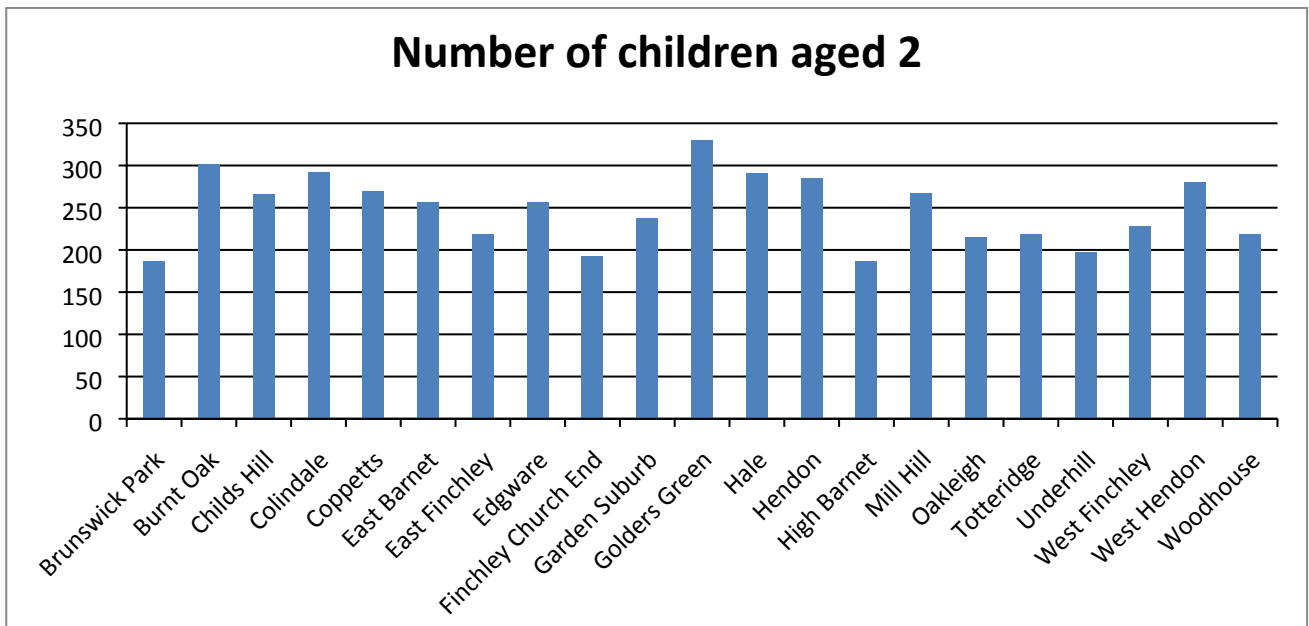


Figure 4

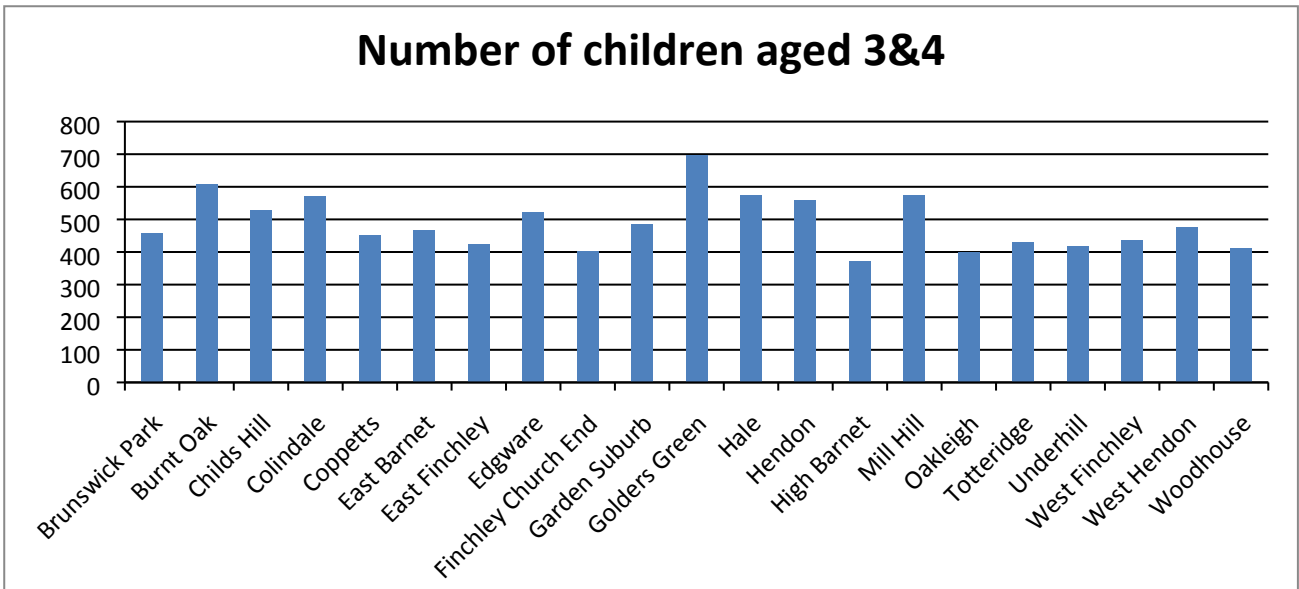


Figure 5

Looking at a locality level, East/ Central locality has the largest number of children aged under 5 with the West locality having the fewest.

By locality	Aged 0 & 1	Aged 2	Aged 3 & 4	Aged under 5
East Central	4,530	2,329	4,402	11,261
South	3,465	1,782	3,294	8,541
West	3,103	1,474	2,930	7,507
<b>Total Barnet</b>	<b>11,098</b>	<b>5,585</b>	<b>10,626</b>	<b>27,309</b>

Figure 6

Latest GLA population projections (April 2016) predict that for the period from 2012 to 2040, there will be a net decrease in children aged 0-5 years from 32,176 to 29,493, a decrease of 8.34%.

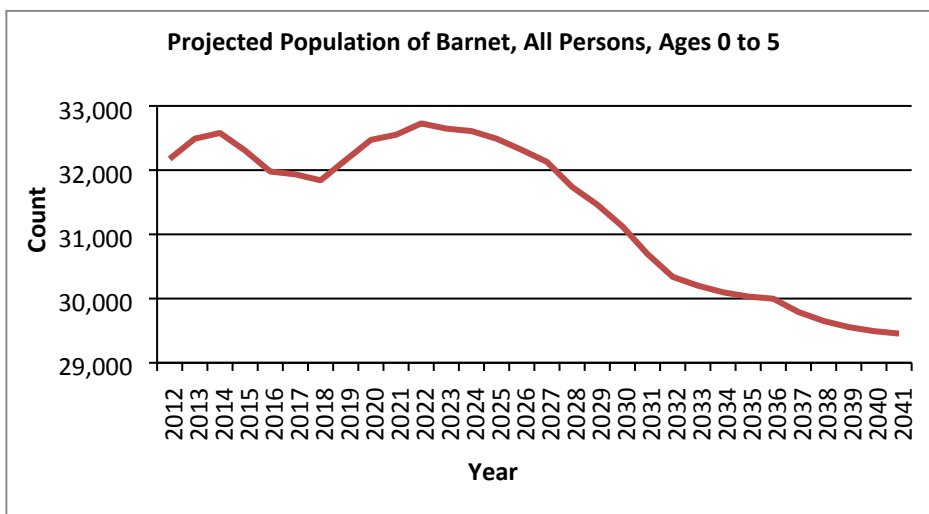


Figure 7

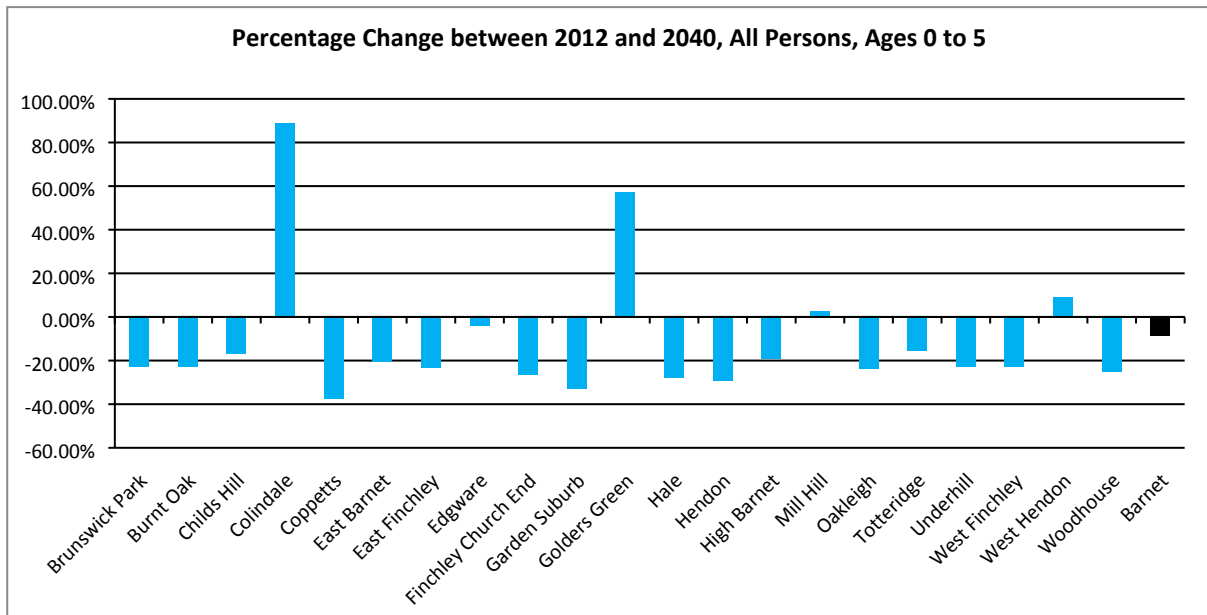


Figure 8

Whilst there is a decrease in 0-5 population over the whole period from 2012-2040, within this there are variations. Between 2012 and 2015, population growth for children aged 0-5 in Barnet has been at a rate of 0.4%. At a ward level this growth has been concentrated in Burnt Oak (7.5%), Childs Hill (5.5%), Colindale (19.4%), East Finchley (4.3%), Edgware (8.6%) and West Hendon (3.4%), with all other wards seeing a decrease in the number of 0-5s.

Population is predicted to fall between 2015-2018 but then increase from 2018-2022 meaning that in the ten year period (2015 to 2025) there is a small net population increase of 0.57%. However, this small population increase across the borough as a whole masks some significant variation between wards. Colindale is expected to have a 90% increase in children aged between 0-5 years old, and Golders Green is expected to see an increase of 39%. Mill Hill (20%) and to a lesser extent West Hendon (5%) are also expected to see small population increases with all other wards seeing an overall population decrease from their 2015 levels.

Between 2025 and 2035 there is expected to be an overall 7.6% decrease in the 0-5 population across the borough, however again ward level data shows this decrease is not uniform, with Golders Green (24%) and to a lesser extent West Hendon (1%) seeing an increase in 0-5s.

In summary:

- Predicted to be a decrease in 0-5 population in Barnet over the period 2012-2040.
- Whilst overall trend in the borough is decline in 0-5 population, Colindale (88.6%) and Golders Green (57.1%) are exceptions seeing significant increases in 0-5 population.
- Effects of large scale re-generation, particularly in Colindale and West Hendon, may mean projections are unreliable.

### 3. Identification and support of most vulnerable families

#### 3.1. Locality needs i.e. who / where are our most vulnerable families

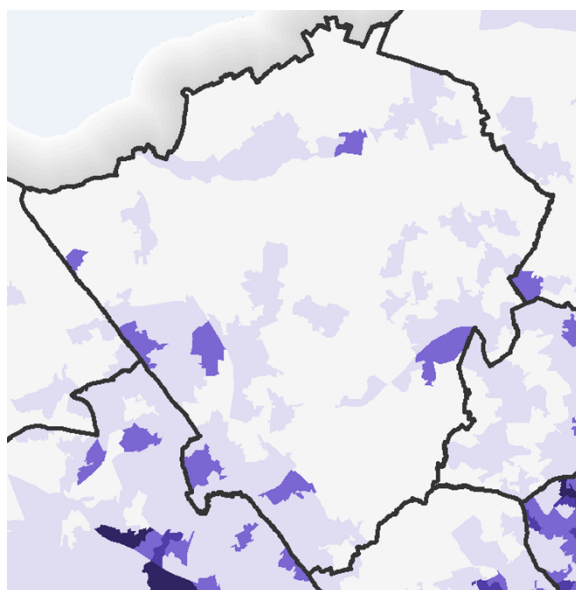
It is estimated that third of all children in the UK live in poverty. Child poverty touches all areas of a child's life, from the home they live in to their health, educational attainment, involvement in crime and social exclusion and is the most significant general indicator of risk.

### 3.1.1. Deprivation 0-5 years

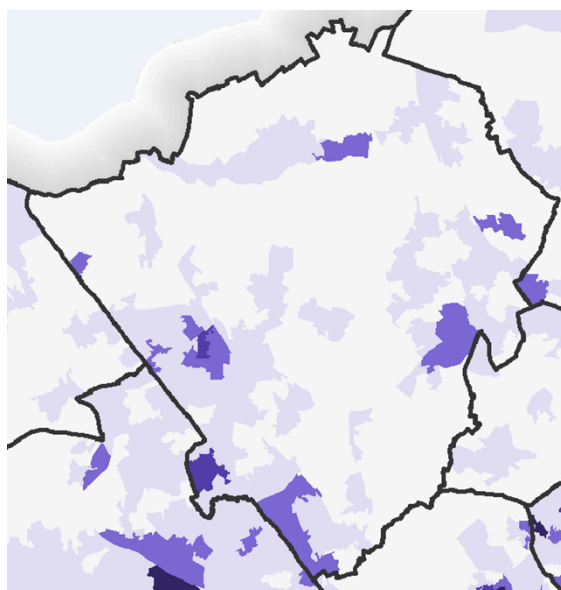
To date, the Index of Multiple Deprivation (IMD 2010) has been the primary source for measuring deprivation in England and Wales. The 2010 update to the Index of Multiple Deprivation, ranks Barnet 176th out of the 326 local authorities in England and Wales for deprivation – just slightly below the average. This is 48 places higher than 2007 (128th) suggesting that deprivation has increased over this period compared to other local authorities.

Relative to other London boroughs, Barnet is ranked 25th out of 33 local authorities and nearly all of the LSOAs in Barnet have become less deprived relative to the rest of London since 2007. Figure 4 maps IMD scores across the borough in 2010 and 2015 showing that patterns of poverty have seen some changes with the western border of the borough in the South seeing an increase in poverty as well as some increase in pockets of poverty to the North and East of the borough.

**IMD 2010**



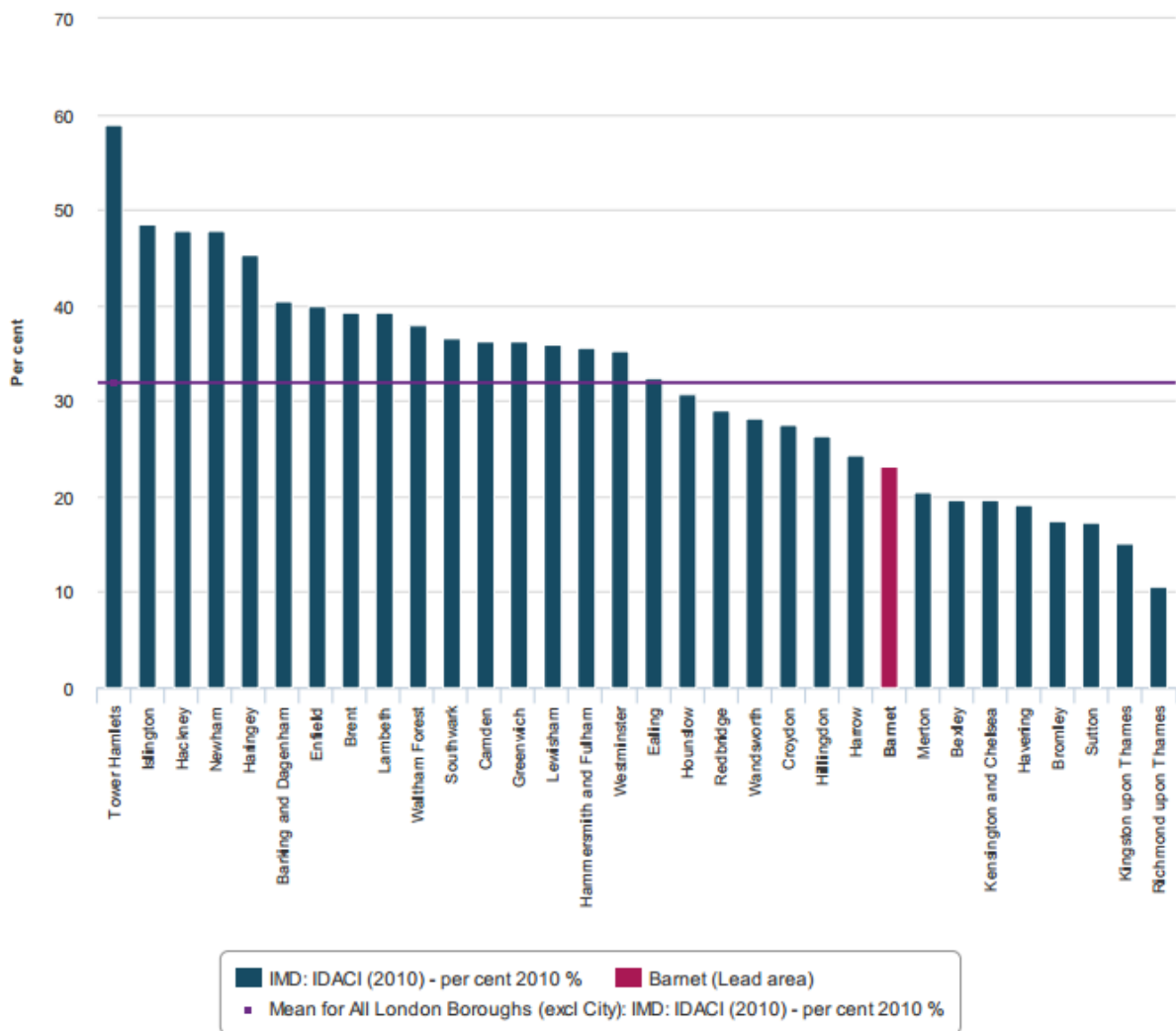
**IMD 2015**



Local Authorities, including Barnet, are moving towards more nuanced measures of child poverty. The Income Deprivation Affecting Children Index (IDACI), which is a specific subset of the income Deprivation Domain relating to child poverty factors, provides a more accurate picture of the proportion of children under the age of 16 in an area living in low income households. Under IDACI, families are classed as income-deprived if they are in receipt of income support, income based jobseekers allowance or pension credit, or child tax credit with an equivalised income (excluding housing benefits) below 60% of the national median before housing costs.

Latest IDACI figures (2010) suggest that in Barnet 23.17% of children under the age of 16 are living in families that are income deprived. This is below the London average of 31.96% which is shown in Figure 5.

**IMD - Income Deprivation Affecting Children Index (IDACI) (2010) - per cent (%) (2010) for Barnet & All London Boroughs (excl City)**



Source:  
Communities and Local Government

Figure 10

Looking at IDACI at an LSOA level, data suggests that 14% of children in Barnet are living in the 33 most deprived LSOAs. These are defined as LSOAs which are in the lowest 20% for IDACI.

In summary, Burnt Oak and Colindale are the wards with the largest number of deprived LSOAs with both IMD and IDACI indicating that the most deprived communities are concentrated in the West of the Borough. It is worth noting that these areas of highest deprivation are areas in which large scale regeneration projects are underway which may mean patterns change over time.

There are notable pockets of poverty in other parts of the borough notably in Underhill, Golders Green, East Finchley and Child's Hill. Most significant for this analysis is that Colindale and Golders Green are both predicted to see the biggest increase in numbers of 0-5 year olds over the next 10-20 years meaning that this could mean more children living in areas of deprivation, although some of this may be mitigated by large scale regeneration.

Locality	Aged 0	Aged 2	Aged 3	Aged
----------	--------	--------	--------	------



	<b>&amp; 1</b>		<b>&amp; 4</b>	<b>under 5</b>
East Central	517	264	494	1,275
South	476	227	404	1,107
West	1,023	467	904	2,394
<b>Total</b>	<b>2,016</b>	<b>958</b>	<b>1,802</b>	<b>4,776</b>

Figure 11: Number in deprived LSOAs

Looking across localities the West has the highest number of children living in deprived LSOAs despite having the lowest number of children aged 0-5. 43% of the children living in deprived LSOAs in the West locality are aged 0 or 1.

#### 1.1.1. Free-school meals

Another way of assessing child poverty is looking at the number of children receiving free school meals (FSM). FSM are a statutory benefit available to school aged children from families who receive other qualifying benefits and who have been through the relevant registration process. There are currently 510 children aged 0-5 years old in maintained schools who are eligible for Free School Meals. It must be noted, however, that this offer is currently universal to all children in reception classes. We do not hold information on the number of children in PVI's who are eligible for FSM.

#### 1.1.2. Lone parents

Research shows that lone parent families are at higher risk of deprivation. There are currently 2,965 lone parent families in the most deprived wards in Barnet (IMD), which makes up around 30% of the total lone parent population in Barnet. In total there are 10,026 lone parent families with children under five living in Barnet.

Whilst there are high concentrations of lone parents in Barnet's deprived LSOAs, it should be noted that there are also high concentrations of lone parents in the Borough's more affluent LSOAs.

#### 1.1.3. Ethnicity 0-5 years

Barnet has 24 LSOAs with relatively high estimated number of Black, Asian and Minority Ethnic children under five (over 90 households per LSOA).

The West locality contains 17 of the LSOAs with high concentration of Black, Asian and Minority Ethnic households with children under five. It should be noted that there are high numbers of Black, Asian and Minority Ethnic children in the wards of Burnt Oak and Colindale, which have pockets of deprivation. The Central/East locality has only two LSOAs with high number of Black, Asian and Minority Ethnic households with children under five, however, these are not deprived LSOAs.

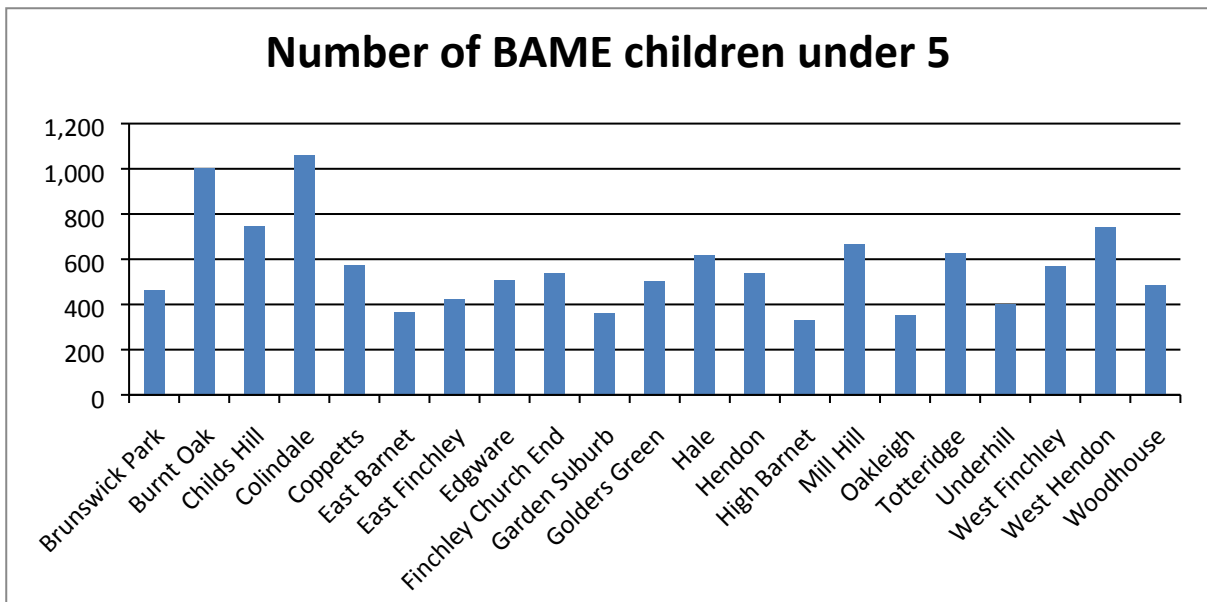


Figure 13: Number of BAME children under 5

Looking at children under 5 whose first language is not English, Burnt Oak, Childs Hill, Colindale and Golders Green all have a large number of children where English is their second language. Again, these are wards that have pockets of deprivation.

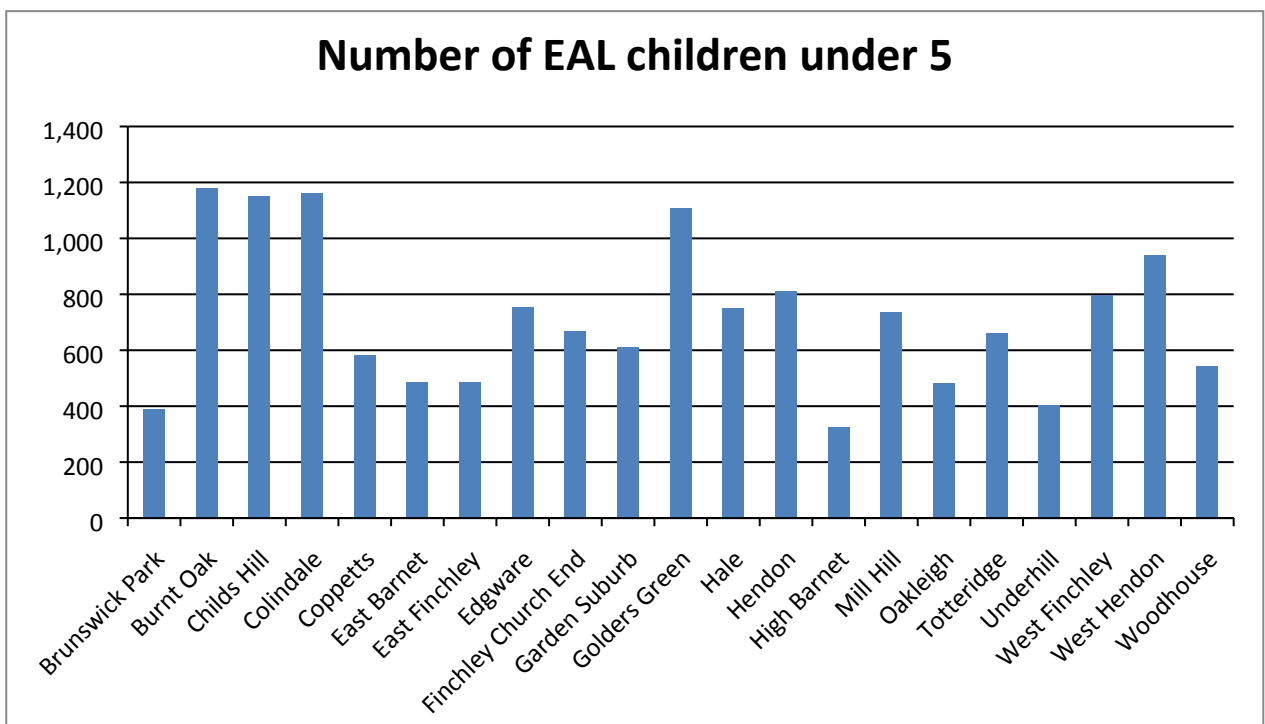


Figure 14

### 1.1.1. CAF initiation

A CAF is a nationally recognized framework for holistically assessing children with additional needs, at an early stage before their needs increase.

Looking at the number of CAF initiations helps to give us an idea of the number of children and families that need extra support from early help services but who do not currently meet the threshold for statutory services.

Over the past 5 years, the total inflow of CAFs across Barnet has increased meaning that more families are receiving early help. The professionals most likely to raise CAFs for the under 5 demographic are Midwives, Health Visitors and Family Support workers based in Children's Centres. Current data does not show a relationship between level of deprivation and the number of CAFs initiated.

The CAF growth model was developed in 2015 when the most recent full-year data available was from 2014/15. It has been used to set expectations across the partnership. As at March 2016 there were 836 CAFs open, exceeding the 670 target we had initially set. Work has taken place to ensure that CAFs are closed appropriately and not left open if they are not being actively worked, and so the higher number of CAFs is due to increased numbers of new CAFs each month (92 new CAF assessments completed in March 2016) rather than just an increase over time as more CAFs get created. In terms of CAF initiation, schools are the main initiator of CAFs. Data for 2015/16 is below, showing above expectation growth for all areas except health which we have identified as an area for focus in 2016/17.

Analysis has been undertaken to assess Barnet's rate of CAF initiation, including comparison against statistical neighbours and local authorities as a whole. The conclusion of this analysis is that Barnet is currently initiating fewer CAFs than statistical neighbours and local authorities as a whole. Estimates show that Barnet should be initiating 1120 CAFs per year across the partnership by 2020 (for all children aged 0-16).

The total historic CAFs initiated up to 31 March 2014 for Barnet, Richmond and Barking & Dagenham is included for information:

Setting	Barking & Dagenham	% of Total	Richmond	% of Total	Barnet	% of Total
Local Authority Teams	1187	27%	1184	73%	534	28%
Schools	1176	27%	325	20%	869	46%
Children's Centres	933	22%	0	0%	232	12%
Health	537	12%	99	6%	152	8%
Voluntary Sector	493	11%	22	1%	103	5%
<b>Total</b>	<b>4326</b>	<b>100%</b>	<b>1630</b>	<b>100%</b>	<b>1890</b>	<b>100%</b>

Figure15

Therefore, Health and Children's Centres are projected to initiate 28% of all CAFs by 2020 in line with the population and our strategic principal to intervene as early as possible in the life of the child.

Setting	2013/14 Baseline	2015/16 CAFs	2016/17 CAFs	2017/18 CAFs	2018/19 CAFs	2019/20 CAFs	% of total
Local Authority Teams	160	198	236	274	312	350	31%
Schools	250	270	290	310	330	350	31%
Children's Centres	50	72	94	116	138	160	14%
Health	10	40	70	100	130	160	14%
Voluntary Sector	5	24	43	62	81	100	9%
<b>Total</b>	<b>474</b>	<b>520</b>	<b>670</b>	<b>820</b>	<b>970</b>	<b>1120</b>	<b>100%</b>

Figure 16

1.1.2. Children In Need (CIN) and Children Subject of a Child Protection Plan (CP) aged 0-5 years

The tables below demonstrate that there is a higher number of under-fives on a child protection plan in the West locality, despite this locality currently containing the smallest number of under-fives overall. CIN plans by locality excluding disability show 160 CIN plans in total (Central/East: 64 CIN plans South: 33 CIN Plans West: 63 CIN plans).

Primary concerns leading to CIN and CP plans are identified in the charts below.

**Under 5's on Child Protection Plans**

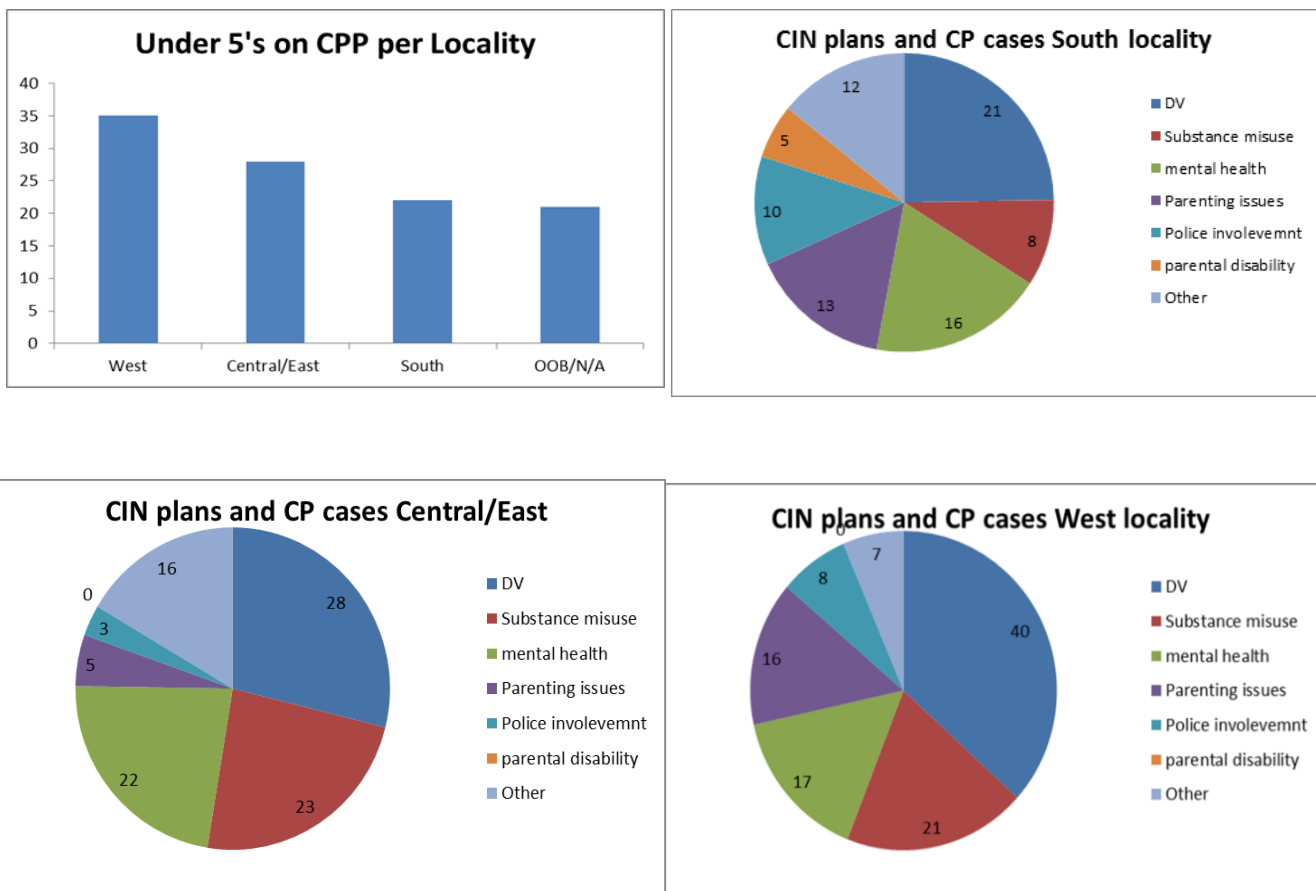


Figure 17: Source: ICS October 31st 2014, under-fives on a Child Protection Plan

In all three localities domestic violence (DV) is the primary reason for the initiation of CIN plans. In the Central/ East and West localities the second most prevalent reason for CIN plan initiation is substance misuse, and in the South locality it is mental health.

**1.2. Current offer/ support for vulnerable families**

1.2.1. Attendance at children's centres for targeted LSOAs

The Council currently provides services for children aged 0-5 at Children's Centres. Children's Centres aim to improve outcomes for families with children under five, ensuring that all children are properly prepared for school. Services are delivered, either by or through Children's Centres and include both Universal and Specialist services for families in greatest need - families living in deprived areas; workless families; those with low levels of English; and those experiencing the 'toxic trio' of domestic

violence, mental health issues and/or substance misuse.

There are 13 Children’s Centres in Barnet organised across 3 localities; East/ Central Locality, West Locality and South Locality.

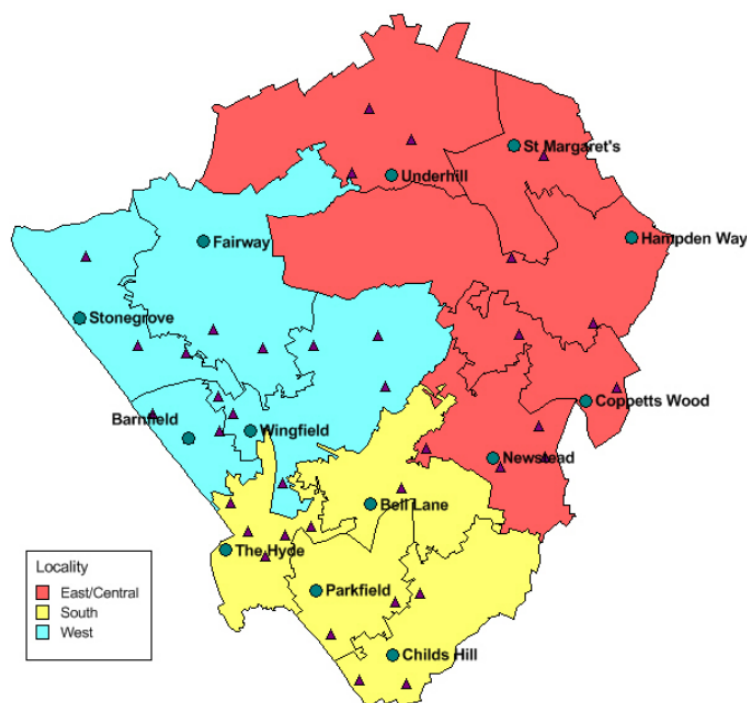


Figure 18

Across all 13 CCs in Barnet, there is a target for 80% of families to be registered. Using Census data from 2011 baseline, 16,676 out of 19,963 (84%) of families registered, with 19,860 out of 27,309 (73%) of children under 5 registered (using GLA 2013).

The target for families using services at Children’s centres is 60% (Attendance Data). 14,869 out of 19,963 (74%) of families using services (Census 2011 baseline), with 16,700 out of 27,309 (61%) of children under 5 using services (using GLA 2013).

Looking at attendance at each centre over a 1 year period (Feb 2015 – Feb 2016), 8,692 children attended CCs. Barfield has the largest number of children attending followed by Newstead and the Hyde. Across all of the children’s centres, 1 and 2 year olds are the biggest users (52%) with 3 and 4 year olds making up only 29% of users.

Children’s Centre	Age						Total
	0	1	2	3	4	5	
Barnfield	230	225	253	212	110		1030
Bell Lane	107	185	155	121	45	1	614
Childs Hill	80	134	123	55	35		427

Coppetts Wood	103	151	138	99	53		544
Fairway	72	139	158	109	62		540
Hampden Way	74	144	130	115	48	2	513
Newstead	218	208	177	110	64		777
OutSide	80	156	191	129	79	1	636
Parkfield	107	136	121	84	41		489
St Margarets	82	147	152	109	57		547
Stonegrove	89	134	124	87	53		487
The Hyde	217	217	205	124	60		823
Underhill	89	172	128	128	79		596
Wingfield	114	174	170	143	68		669
Grand Total	1662	2322	2225	1625	854	4	<b>8692</b>

Figure 19

CCs also have a target for attendance by families in IMD-deprived ‘Target LSOAs’, with a target of 65%. 2,820 out of 3,162 (89%) (Census 2011 baseline) of families in target LSOAs are using services and 3,194 out of 4,281 (75%) (using GLA 2013) of children under 5 in target LSOAs are using services.

<b>Families in IMD-deprived Target LSOAs sustained attendance (attending more than 3 times)</b>	<b>Baseline</b>	<b>Families with sustained attendance</b>	<b>%</b>
<b>West</b>	1175	710	60
<b>East Central</b>	841	498	59
<b>South</b>	800	537	67

Figure 20

### 1.3. Summarise key issues/ challenges

- Whilst Barnet is a relatively affluent borough there are some areas of persistent deprivation, measures of multiple deprivation indicate that pockets of high deprivation are mainly concentrated in the West of the borough, with pockets elsewhere in the borough.
- Colindale, where population of 0-5s is predicted to grow most significantly has one of the highest levels of deprivation, as well as a high number of BAME children.
- For children aged 0-5 CAF initiation is mainly by Midwives, with Children’s Centre predicted to play a greater role in initiating in the future. Analysis suggests Barnet is under initiating CAFs currently.
- The West of the borough, despite having the lowest number of children aged 0-5, has the highest number of Children in Need (accessing social care services). Across the borough

the primary concern leading to referrals to social care is domestic violence, followed by substance misuse and mental health issues.

- Across all 3 localities in Barnet 1 and 2 year olds are the biggest user of children’s centres
- Children’s centres are doing well in terms of registration, attendance and sustained attendance by targeted families children however data available is not detailed.

## 2. School readiness for all children in Barnet

### 2.1. Locality needs, where are there gaps how are we doing compared to other LAs

#### 2.1.1. Analysis of EYFS profile results incl. attainment gaps

The quality of a child’s early experience is vital for their future success. It is shaped by many interrelated factors, notably the effects of socio-economic status, the impact of high-quality early education and care and the influence of ‘good parenting’. High-quality early education is crucial in countering the effects of socio-economic disadvantage.

For the purpose of this report ‘school readiness’ is defined as children meeting the expectations in the prime areas of learning and development set out in Early Years Foundation Stage (EYFS) outcomes.

Overall, attainment of good level of development (GLD) in Barnet is above the national average, including the development of children in receipt of free school meals (FSM) and SEN pupil attainment.

EYFS characteristics	Barnet	National Average (DfE) <sup>5</sup>
No of children at EYFS	4,723	N/A
No of children achieving a GLD	65.4%	60%
No of children whose first language is English achieving a GLD	71.6%	63%
No of children whose first language is other than English achieving a GLD	60.2%	53%
No of children with SEN achieving a GLD	21.2%	19%
FSM	52%	45%
Term of Birth (summer babies achieving GLD)	55.2%	49%

Figure 21

However, attainment varies by locality. A higher percentage of children within the Central/East locality achieved a GLD (68.1%) with 65% attaining above the national average, whilst in the West locality, GLD attainment is lower (60.1%) but is in line with the national average.

<sup>5</sup> Early years foundation stage profile attainment by pupil characteristics, England 2014, DfE, Statistical First Release

## 2.2. Current offer to address attainment gap

## 2.3. Summarise key issues/ challenges

- Overall Barnet performs well in term of educational attainment compared to London and national LAs
- Within the borough there is some disparities in terms of attainment with children in the Central/ East localities being more likely to reach a higher GLD than those in the West.

## 3. Positive health outcomes for all children in Barnet

### 3.1. Locality needs, how is Barnet performing against key health indicators

#### 3.1.1. Birth weight - % of babies with low birth weight

In terms of number of children born with a low birth rate, Barnet's performance is slightly below the London and national average with 2.5% of term babies born with low birth weight compared to England average 2.9%.

#### 3.1.2. Overweight - % children over/under weight

Figures that are available for childhood obesity suggest that Barnet does slightly better than other LAs, 8.7% of 4-5 year old children are obese compared to England average of 9.1%.

#### 3.1.3. Breastfeeding - % mothers initiating breastfeeding & who continue to breastfeed at 6-8 wks

In 2013/14, breastfeeding initiation in Barnet was the 11th highest among all 326 English LAs and 9th highest among 33 London Boroughs. The proportion of all mothers who breastfeed their babies in the first 48 hours after delivery in Barnet (89.3%) was better than the national average (73.9%) during the same period. Figures are not available for how many mother continue breastfeeding.

#### 3.1.4. 0-5 emergency admissions & reasons for admission

In 2015/16 there were 763 emergency admissions for children aged 0-5, this is compared to England average of 540.

#### 3.1.5. Immunisation rates

The NHS routine childhood immunisations provide cover against a number of infectious diseases. The NHS immunisation statistics for 2013/14 show that Barnet rates for MenC (12 months), DTap/ IPV/ Hib (24 months) and MMR1 (5 years) are better than the corresponding rates for England; however, other childhood immunisation rates in Barnet are worse than the national rates.



Chimat data (2013/14) shows that Barnet's rate of population vaccination coverage MMR for two doses (5 years old) is worse than national and London rates (79.9%)

The target for % of children aged 0-5 receiving necessary immunisations is 90%, but Barnet is below this both for Dtap/IPV/ Hib- (86.50%).

### 3.1.6. Oral Health

Overall, levels of oral diseases in children in Barnet are low compared to their neighbouring Boroughs. One of the public health outcome framework indicators, overall success of health and wellbeing, is the level of tooth decay in children aged 5 years,<sup>6</sup> which is lower in Barnet compared to the average levels for London and England and several other local authorities in London (Figure 5-11).

In addition, the percentage of children with one or more obviously decayed, missing (due to decay) and filled teeth in Barnet (25.0%) is similar to the national average (27.9%) but lower than the London region (32.9%).

Moreover, the prevalence of early childhood (dental) cavities (ECC) involving three year old children in Barnet (6.1%) is higher than the national average (3.9%), which suggests a need for early and targeted oral health improvement interventions to reduce the ECC levels at an early stage.

Hospital admissions for extraction of one or more decayed primary or permanent teeth in children aged less than 15 years is lower in Barnet compared to the London region but higher than the national average (Figure 5-12). However, child dental decay is the top cause for non-emergency hospital admissions in Barnet, which involved 349 children aged 0-19 years and the majority (67%) involved 5-14 years olds in 2012/13, which is currently the most up to date data available.

Furthermore, statistics about access to the dental service show that the dental access rate in children (under 18 years) in Barnet is slightly above the London regional rate but is below the national rate (Figure 5-13).

Latest data on oral health of 5 year olds, released in May 16, showing that overall, 75.2% of five-year-old children in England whose parents gave consent for participation in this survey had no experience of obvious dental decay. Whereas for Barnet the figure is 68.4%

### 3.2. Key issues/ biggest challenge

- Data on the key health outcomes for children and young people in Barnet has some significant gaps.
- Both the incidence of dental cavities and the rate of immunisations have been flagged as areas where Barnet is performing worse than local and national LAs
- In Barnet there has been a particular issue with recruitment and retention of health visitors which has had some impact of the outcomes of this service

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<sup>6</sup>Public Health England (Oct 2014) [Barnet Dental Health Profile. Dental health of five-year-old children 2012.](#)

## 4. Sufficiency of high quality childcare places for children in Barnet

### 4.1. Locality needs

#### 4.1.1. Analysis of childcare sufficiency across the borough through the Childcare Sufficiency Assessment (CSA) – including

Following the Children and Families Act 2014 all local authorities are under a statutory duty to report annually on how they are meeting their duty to secure sufficient childcare. The Childcare Sufficiency Assessment (CSA) uses both qualitative and quantitative methodologies to explore childcare sufficiency in Barnet.

The demand for childcare in Barnet is growing, and around 60% of all parents surveyed in our latest Childcare Sufficiency Assessment said that they had used some form of childcare in the past twelve months, compared to 79% of parents across England.

In terms of the type of childcare available, there is a wide range of provision in the borough, and currently there are 849 domestic and non-domestic childcare settings available. Childminders are the most commonly used form of childcare in Barnet, followed by the Private, Voluntary and Independent (PVI) sector. Although the borough is mostly affluent with a relatively sufficient number of childcare providers, there are pockets of deprivation where childcare is not being accessed, either because it is not seen as a being a significant part of early childhood development due to ideological or cultural reasons, or there is a genuine shortfall in places due to a rapidly increasing population of 0-4 year olds.

According to the Tribal database, the number of childcare providers in the Borough has increased by 52% in 2015, from 408 to 849 since the 2013 CSA. Out of this, there are 342 childminders, 395 settings in the PVI sector, 65 settings in the maintained sector, and 41 out of school care providers.

There has also been a growth in the places available for childcare; in 2014 there were 8924 childcare places in Barnet. In 2015 this figure grew by almost 45% to 12444 childcare places.

The table below lists the type of childcare currently available by provider type:

Total Provider Type	Total number of providers	% of providers	Total number of places	% of places
Childminders	342	40%	1270	10%
Independent Sector	59	7%	1717	14%
Private & Voluntary Sector	336	40%	4389	35%
Maintained Sector	71	8%	3113	25%
Out of School Care	41	5%	1955	16%
Total	849	100%	12444	100%

The majority of childcare places are provided by the PVI sector, with day nurseries and sessional preschools offering a greater number of places. This is followed by the maintained sector.

The highest take up of places has been in Burnt Oak due to the large proportion of under 5s in the ward, however there is a clear shortfall in 3 and 4 year old places in Colindale where the population of 0-4 year olds makes up 7% of the total 0-4 population in Barnet. The largest shortfall for two year old places is in Golders Green, which has a large Jewish population and anecdotal evidence suggests that this is a group which appears to be particularly reluctant to take up the 2 year old offer due to cultural and religious reasons. One to one parent sessions in Golders Green found that parents felt any nursery provision for their children would have to be Jewish.

Burnt Oak and Colindale remain in the bottom 20% according to the IMD, and have the lowest number of eligible 2 year olds accessing the free entitlement to early education due to a shortage of places and some underlying engagement issues with Jewish families in the Golders Green area due to cultural reasons.

The largest population of 0-4 year olds is in Burnt Oak, Colindale, and Golders Green, with population projections suggesting that Colindale in particular to will see a large increase in its 0-5 population over the next three years due to current regeneration work. It is estimated that around 5,420 affordable housing units will be created; adding pressure to a community which has already has an existing shortage of childcare.

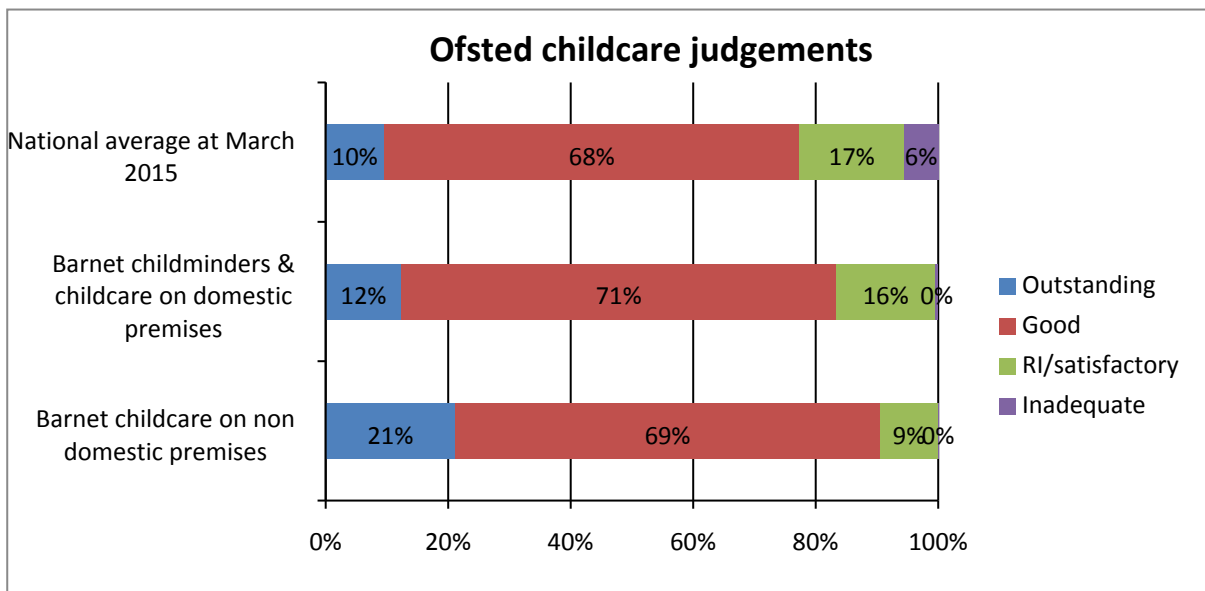
A detailed analysis of supply and demand by ward can be seen below:

Ward	Number of known childcare places	Shortfall in impending 30 hours FEE ¾ places	Shortfall in FEE2 places
Brunswick Park	246	51	-23
Burnt Oak	672	128	95
Childs Hill	120	125	38
Colindale	322	167	32
Coppetts	404	75	4
East Barnet	477	60	16
East Finchley	276	59	-8
Edware	262	95	30
Finchley Church End	318	66	1
Garden Suburb	48	75	21
Golders Green	179	155	119
Hale	574	71	34
Hendon	386	110	13
High Barnet	375	41	-29
Mill Hill	314	95	-6
Totteridge	191	75	-1
Underhill	356	57	0

West Finchley	277	79	23
West Hendon	281	114	24
Woodhouse	340	67	27
<b>Total places</b>	<b>12444</b>	<b>1373</b>	<b>337</b>

The most recent data revealed that Barnet has only achieved 82% take up for all 3 and 4 year olds accessing the free entitlement, compared to 96% of 3 and 4 year olds nationally. Take up for two year olds accessing free entitlement is 53%, compared to 58% of eligible two year olds nationally.

Nationally, Barnet is performing above average in terms of good and outstanding childcare providers, which currently stands at 78%. In Barnet, 90% of childcare providers on non-domestic premises are good or outstanding, compared to 85% nationally; whilst 83% of childminders and childcare providers on domestic premises are good or outstanding.

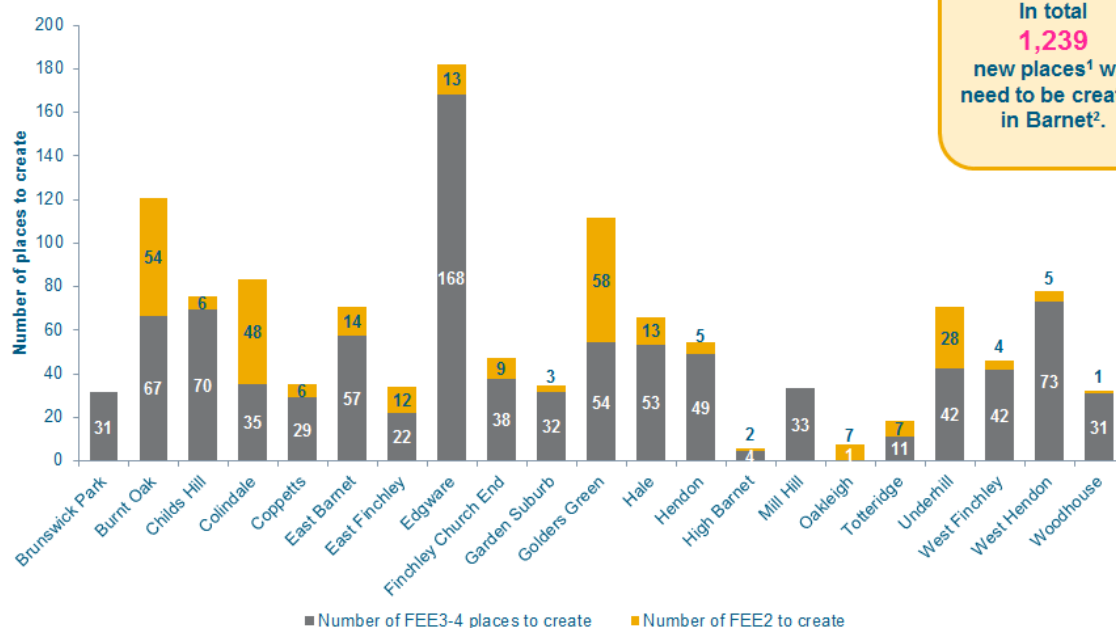


In summary, Barnet provision of childcare places has seen a rapid increase over the last two years.

Analysis has been done around the current supply and demand of childcare provision in the borough.

## What is the difference between supply and demand in wards?

The graph shows the number of additional places that will need to be created in response to the increase uptake of childcare as a result of the FEE3-4 policy change and the FEE2 offer<sup>1</sup>.



### 4.2. Key issues/ biggest challenge

- The demand for childcare is growing with places also rapidly increasing to try and meet this need.
- Currently child minders are the most used type of childcare, followed by the PVI sector.
- The largest shortfall of places for 2 year olds is in Golders Green with Colindale having a shortfall of places for 3 and 4 year olds both of these wards are predicted to see the greatest overall growth in children aged 0-5.
- Burnt Oak and Colindale, two of the most deprived wards have the lowest uptake rate for FEE2 places, partly due to shortage of places.
- Barnet is performing slightly below national average for take up of FEE 2 places but more significantly worse for take up of 3 and 4 year old places

#### 4.2.1. Meeting growing demand for FEE 2, 3 and 4 places

- The number of childcare places required by 3-4 year olds will increase by approximately 1,085 – 1,178 after the FEE3-4 policy change.
- The greatest increase in FEE2-4 places used will be in the west of the borough, with the greatest increases being in Burnt Oak, Hale, Edgware and Colindale.
- According to data on current childcare providers, the wards in which the most new places should be created will be Edgware, Burnt Oak and Golders Green.
- The greatest demand for new places will be in schools.

- According to data on current childcare providers, every ward will contain some underutilised providers after the FEE3-4 policy change.
- The key factor in parents' decisions not to use childminders appears to be misconceptions about the childminding profession.

## 5. Reduce the number of adults with young children who want to return to work but are unable to

### 5.1. Locality needs – who/ where are parents out of work

#### 5.1.1. Parents of 0-5 yr olds from households where someone is out of work

Community profile data shows 16% of families in Barnet with children under 5 are on Out of Work (OOW) benefits. West locality has the highest % with 19% families on OOW benefits.

<b>By locality</b>	<b>Number of families with children under 5</b>	<b>Number of children in families on OOW benefits</b>
East Central	8,485	1,305
South	6,022	820
West	5,456	1,050
<b>Total Barnet</b>	<b>19,963</b>	<b>3,175</b>

**APPENDIX 2 – Initial Equalities Impact Assessments - Residents & Staff**

**Initial Equality Analysis (EIA)  
Resident/Service User**

<b>1. Details of function, policy, procedure or service:</b>	
Title of what is being assessed: <b>Early Years' Review (Phase 2)</b>	
Is it a new or revised function, policy, procedure or service? <b>Service</b>	
Department and Section: <b>Family Services</b>	
Date assessment completed: <b>20/06/2016</b>	
<b>2. Names and roles of people completing this assessment:</b>	
Lead officer	Ben Thomas

**How are the following equality strands affected?** *Please detail the effect on each equality strand, and any mitigating action you have taken / required. Please include any relevant data. If you do not have relevant data please explain why / plans to capture data*

<b>Equality Strand</b>	<b>Affected?</b>	<b>Explain how affected</b>	<b>Indicate what action has been taken / or is planned to mitigate impact?</b>
<b>1. Age</b>	<b>Unknown</b>	Data for children and young people shows:  In 2015 there is an estimated 32,305 children under the age of five in Barnet.  The service provides services to children between the age of 0-5, their parents and pregnant women.	The key mitigation is the involvement of heads of service and staff in the development of options and full business case to ensure that needs of all children and young people are considered.  Consultation with professionals and parents to ensure that key concerns in the Equalities Impact Assessments are identified and considered.
<b>2. Disability</b>	<b>Unknown</b>	Data for children and young people shows:  It is estimated that 1% of the population 0-18 has a disability, this would equate to around 320 children aged between 0-5.	The key mitigation is the involvement of heads of service and staff in the development of options and full business case to ensure that needs of all children and young people are considered.  Consultation with

			professionals and parents to ensure that the needs are highlighted in the Equalities Impact Assessments and key concerns are identified and considered.
3. Gender reassignment	<b>Unknown</b>	Data is unavailable at this point. The protected characteristics will be taken into account at a later stage if data becomes available.  In the absence of data no impact on this protected characteristic can be considered.	None at this time.
4. Pregnancy and maternity	<b>Unknown</b>	Data is unavailable at this point. The protected characteristics will be taken into account at a later stage if data becomes available.  In the absence of data no impact on this protected characteristic can be considered.	
5. Race / Ethnicity	<b>Unknown</b>	Census 2011 data for children (0-5) combined with EY census and mid-2013 estimates suggest that:  BAME: 45% White: 55%  Data also suggests that 57% (15,008) of children 0-5 have English as an additional language (EAL).	The key mitigation is the involvement of heads of service and staff in the development of options and full business case to ensure that needs of all children and young people are considered.  Consultation with professionals and parents to ensure that key concerns in the Equalities Impact Assessments are identified and considered.
6. Religion or belief	<b>Unknown</b>	Data is unavailable at this point. The protected characteristics will be taken into account at a later stage if data becomes available.  In the absence of data no impact on this protected characteristic can	The key mitigation is the involvement of heads of service and staff in the development of options and full business case to ensure that needs of all children and young people are considered.  Consultation with



		be considered.	professionals and parents to ensure that key concerns in the Equalities Impact Assessments are identified and considered.
7. Gender / sex	<b>Unknown</b>	Data for children (0-5) people shows that out of the 32,305 children in Barnet:  Female 49% Male 51%	The key mitigation is the involvement of heads of service and staff in the development of options and full business case to ensure that needs of all children and young people are considered.  Consultation with professionals and parents to ensure that key concerns in the Equalities Impact Assessments are identified and considered.
8. Sexual orientation	<b>Unknown</b>	Data is unavailable at this point. The protected characteristics will be taken into account at a later stage if data becomes available. It is estimated that ^6% of the UK adult population identify as LGBT.  In the absence of data no impact on this protected characteristic can be considered.	None at this time.  Barnet propose to treat children fairly irrespective of sexual orientation. Evidence suggests that sexual orientation in young people can be a key factor in health and well-being of the young person
9. Marital Status	<b>Unknown</b>	There are 10,026 lone parent families with children under five living in Barnet  Given the age range of the client base 0 – 5. The impact on this protected characteristic is anticipated to be negligible.  Data is unavailable at this point. The protected characteristics will be taken into account at a later stage if data becomes available.	None at this time.
10. Other key	<b>Unknown</b>	<b>Low income families</b> According to the 'Children in	The key mitigation is the involvement of heads of

groups?		<p>Low-Income Families Local Measure' (2012 HMRC) 19.2% of children in England under 16 years were estimated to be living in low-income families, in Barnet the figure is 17.4%.</p> <p><b>Families on out of work benefits</b></p>	<p>service and staff in the development of options and full business case to ensure that needs of all children and young people are considered.</p> <p>Consultation with professionals and parents to ensure that key concerns in the Equalities Impact Assessments are identified and considered.</p>
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**5. Please outline what data sources, measures and methods could be designed to monitor the impact of the new policy or service, the achievement of intended outcomes and the identification of any unintended or adverse impact?**

*Include how frequently monitoring could be conducted and who will be made aware of the analysis and outcomes*

To deliver the aims of the strategy, outcomes that are common across all early years services are needed.

- Increased resilience of the most vulnerable families.
  - o Increase number of CAFs for under 5s
  - o Increase % of CAFs for under 5s with successful outcome
  - o Reduction in referrals and repeat referrals for under 5s to Social Care
- School readiness for all children in Barnet.
  - o Early Years Foundation Stage results
  - o Narrowing of the gap in the EYFS results
- Positive health outcomes for all children in Barnet.
  - o A reduction in obesity at age 4-5
  - o An increase in initiation and continuation of breastfeeding
  - o Smoking rates of parents/carers with under 5s
  - o Immunisation rates for under 5s
- Increased take up of free early education and childcare.
  - o % of 2 year olds eligible for free early education taking up a place
  - o % of 3 and 4 year olds eligible for free early education taking up a place
- To support parents and carers with young children to return to work.
  - o % of parents/carers with under 5s that are in work, education or training.

This Equalities Impact Assessment will be kept under review and updated as part of the development of the outline business case for the Early Years review (phase 2) and as proposals develop. The options appraisal process will give due regard to ensuring that the needs of those with protected characteristics are taken into account throughout the process.

**6. Initial Assessment of Overall Impact**

Positive Impact  <input type="checkbox"/>	Negative Impact or <b>Impact Not Known<sup>7</sup></b>  <input type="checkbox"/>	No Impact  <input type="checkbox"/>
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**7. Scale of Impact**

Positive impact:  Minimal <input type="checkbox"/> Significant <input type="checkbox"/>	Negative Impact or <b>Impact Not Known</b>  Minimal <input type="checkbox"/> Significant <input type="checkbox"/>	
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**8. Outcome**

No change to decision  X	Adjustment needed to decision  <input type="checkbox"/>	Continue with decision <i>(despite adverse impact / missed opportunity)</i>  <input type="checkbox"/>	If significant negative impact - Stop / rethink  <input type="checkbox"/>
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**9. Please give a full explanation for how the initial assessment and outcome was decided. .**

Through the second phase of the review of the Early Years’ service, the council is seeking :

- To deliver the best outcomes possible for children and families in the early years with the resources available.
- To enable vulnerable families with children under five years old to build their resilience, reducing need for more costly later interventions.
- To provide integrated services so that they are joined up around the needs of families and feel seamless to users.
- To support meeting the duty to provide sufficient, high quality childcare for eligible 2, 3 and 4 year olds.

And reflect priorities in the Corporate Plan 2015-20 to:

- Build resilience in the client group and their parents
- Promote early intervention and prevention
- The outcome of the review is anticipated to have a neutral impact on service users

<sup>7</sup> ‘Impact Not Known’ – tick this box if there is no up-to-date data or information to show the effects or outcomes of the function, policy, procedure or service on all of the equality strands.

At this stage of the project (early Assessment phase) the re-designed service is a work in progress and the shape is not yet known and therefore it is not possible to fully assess the impact (LBB processes cannot be completed unless model known). The EIA includes relevant data about children and their parents/carers. Given what is known at the moment and the objectives of the project, it is anticipated that any impact will be at least neutral and hopefully positive as the Early Years' service will be designed to improve access to and the delivery of services.

Post decision by Committee in July 2016 further analysis will inform the development of the potential alternative delivery models and the EIA for residents and service users will be reviewed and updated.

## Initial Employee Equality Impact Analysis (EIA)

<b>3. Delivery Unit/Function and/or Service: Family Services</b>	
Date assessment completed: 20/06/2016	
Title of project/proposal/policy change/Alternative Delivery model/organisation change being assessed: Early Years Review (Phase 2) – Strategic Outline Case	
2. This EIA is being undertaken because it is:	
<input type="checkbox"/> A result of organisation change <input checked="" type="checkbox"/> Part of a project proposal or Barnet Transformation programme 2016 – 2020 <input type="checkbox"/> Other please specify:–	
3. Names and roles of officers completing this assessment:	
Lead officer	Ben Thomas
Stakeholder groups	Project Working Group
Representative from internal stakeholders (please specify)	
Representative from external stakeholders (please specify)	
Delivery Unit Equalities Network rep	Lindsey Hyde
Commissioning Equalities rep (where appropriate)	Ben Thomas
HR rep (for employment related issues)	Sharni Kent

### 4. Employee Profile for the Proposal

The potential impact for employees is not known at this stage of the project. As the project proposals are developed further the impact for employees will be considered and an employee equalities impact assessment will be carried out. On-going communication and engagement with employees as the project progresses will involve employees in the process of shaping and influencing the project and its outcomes.

#### Source of employee data, HR.

Protected Characteristic		Barnet Workforce		Delivery Unit	
		No.	%	No.	%
<b>Gender</b>	Female	1402	67%	540	82%
	Male	682	33%	117	18%
<b>Age/Date of Birth</b>	<b>1994-1997</b>	247	12%	109	16%
	<b>1993-1986</b>	439	21%	152	23%
	<b>1985-1976</b>	537	26%	170	26%

Protected Characteristic		Barnet Workforce		Delivery Unit	
		No.	%	No.	%
	<b>1975-1966</b>	812	39%	219	33%
	<b>1965-1951</b>	49	2%	8	1%
	<b>1950-1941</b>	3	0%	2	0%
	<b>1940 and earlier</b>	3	0%	2	0%
<b>Ethnicity</b>	<b>White</b>	<b>1164</b>	<b>56%</b>	<b>355</b>	<b>54%</b>
	British	914	44%	273	41%
	Irish	55	3%	17	3%
	Other White	195	9%	65	10%
	<b>Mixed</b>	<b>57</b>	<b>3%</b>	<b>21</b>	<b>3%</b>
	White and Black Caribbean		0%		0%
	White and Black African	12	1%	5	1%
	White and Asian	12	1%	5	1%
	Other Mixed	14	1%	5	1%
		19	1%	6	1%
		57	3%	21	3%
	<b>Asian and Asian British</b>	<b>197</b>	<b>9%</b>	<b>75</b>	<b>11%</b>
	Indian	135	6%	49	7%
	Pakistani	16	1%	7	1%
	Bangladeshi	23	1%	9	1%
	Other Asian	23	1%	10	2%
	<b>Black or Black British</b>	<b>371</b>	<b>18%</b>	<b>104</b>	<b>16%</b>
	Caribbean	122	6%	50	8%
	African	219	10%	46	7%
	Other Black	30	1%	8	1%
	<b>Chinese or Other Ethnic Group</b>	<b>28</b>	<b>1%</b>	<b>9</b>	<b>1%</b>
	Chinese	11	1%	4	1%
	Other Ethnic Group	17	1%	5	1%
<b>Disability</b>	<b>Physical co-ordination</b> (such as manual dexterity, muscular control, cerebral palsy)				
			0%		0%
	<b>Hearing</b> (such as: deaf, partially deaf or hard of hearing)	8	0%	6	1%
	<b>Vision</b> (such as blind or fractional/partial sight. Do not include people who wear	5	0%	3	0%

Protected Characteristic		Barnet Workforce		Delivery Unit	
		No.	%	No.	%
	glasses/contact lenses)				
	<b>Speech</b> (such as impairments that can cause communication problems)	1	0%	0	0%
	<b>Reduced physical capacity</b> (such as inability to lift, carry or otherwise move everyday objects, debilitating pain and lack of strength, breath, energy or stamina, asthma, angina or diabetes)	13	1%	3	0%
	<b>Severe disfigurement</b>	0	0%	0	0%
	<b>Learning difficulties</b> (such as dyslexia)	19	1%	6	1%
	<b>Mental illness</b> (substantial and lasting more than a year)	9	0%	2	0%
	<b>Mobility</b> (such as wheelchair user, artificial lower limb(s), walking aids, rheumatism or arthritis)	3	0%	1	0%
<b>Gender Identity</b>	<b>Transsexual/Transgender</b> (people whose gender identity is different from the gender they were assigned at birth)	4	0%	2	0%
<b>Pregnancy and Maternity</b>	Pregnant	1	0%	0	0%
	Maternity Leave (current)	22	1%	10	2%
	Maternity Leave (in last 12 months)	59	3%	35	5%
<b>Religion or Belief</b>	Christian	916	44%	284	43%
	Buddhist	11	1%	3	0%
	Hindu	107	5%	35	5%

Protected Characteristic		Barnet Workforce		Delivery Unit	
		No.	%	No.	%
	Jewish	8	0%	6	1%
	Muslim	51	2%	22	3%
	Sikh	105	5%	31	5%
	Other religions	8	0%	3	0%
	No religion	63	3%	19	3%
	Not stated	63	3%	16	2%
<b>Sexual Orientation</b>	Heterosexual	1348	64%	443	67%
	Bisexual	14	1%	3	0%
	Lesbian /Gay	34	2%	7	1%
<b>Marriage and Civil partnership</b>	Married	730	35%	227	34%
	Single	654	31%	193	29%
	Widowed	17	1%	3	0%
	Divorced	81	4%	29	4%
	In Civil partnership	15	1%	4	1%

**5. How are the equality strands affected?** Please detail the positive/negative or neutral effect on each equality strand, and any mitigating action you have taken / required. Please include any relevant data and source. If you do not have relevant data please explain why and when you will capture the data.

Equality Strand	Affected?	Explain how affected	Indicate any action planned or taken to mitigate negative impact?
<b>11. Age</b>	Yes <input type="checkbox"/> / No <input type="checkbox"/>  <b>Unknown</b>	<p>The age of the DU workforce is generally in line with LBB workforce in general.</p> <p>Date for the DU works force shows that there is a slightly larger proportion of workers aged 18-21 compared to LBB workforce as a whole.</p> <p>Data shows there are fewer employees between the ages 40-49 in the DU compared to the whole Barnet workforce.</p>	<p>As the project proposals are developed further the impact for employees will be considered and an employee equalities impact assessment will be carried out.</p> <p>On-going communication and engagement with employees as the project progresses will involve employees in the process of shaping and influencing the project and its outcomes.</p>



<p><b>12. Disability</b></p>	<p>Yes <input type="checkbox"/> / No <input type="checkbox"/></p> <p><b>Unknown</b></p>	<p>The number of employees in the DU with a disability is generally in line with LBB workforce in general.</p>	<p>As the project proposals are developed further the impact for employees will be considered and an employee equalities impact assessment will be carried out.</p> <p>On-going communication and engagement with employees as the project progresses will involve employees in the process of shaping and influencing the project and its outcomes.</p>
<p><b>13. Gender reassignment</b></p>	<p>Yes <input type="checkbox"/> / No <input type="checkbox"/></p> <p><b>Unknown</b></p>	<p>The number of employees in the DU who have undergone gender re-assignment is generally in line with LBB workforce in general.</p>	<p>As the project proposals are developed further the impact for employees will be considered and an employee equalities impact assessment will be carried out.</p> <p>On-going communication and engagement with employees as the project progresses will involve employees in the process of shaping and influencing the project and its outcomes.</p>
<p><b>14. Pregnancy and maternity</b></p>	<p>Yes <input type="checkbox"/> / No <input type="checkbox"/></p> <p><b>Unknown</b></p>	<p>Data shows the number of employees in the DU who have been on Maternity leave in the last 12 months is slightly greater than in the LBB workforce in general.</p>	<p>As the project proposals are developed further the impact for employees will be considered and an employee equalities impact assessment will be carried out.</p> <p>On-going communication and engagement with employees as the project progresses will involve employees in the process of shaping and influencing the project and its outcomes.</p>
<p><b>15. Race / Ethnicity</b></p>	<p>Yes <input type="checkbox"/> / No <input type="checkbox"/></p> <p><b>Unknown</b></p>	<p>There are relatively small differences in the ethnicity of employees in the DU</p>	<p>As the project proposals are developed further the impact for employees will be</p>

		<p>compared to LBB workforce in general.</p> <p>There are slightly fewer white British (41%) employees in the DU compared to workforce as a whole (44%).</p> <p>There are slightly more Asian/ Asian British (11%) employees in the DU compared to workforce as a whole (9%).</p> <p>There are slightly fewer white Black African (7%) employees in the DU compared to workforce as a whole (10%).</p>	<p>considered and an employee equalities impact assessment will be carried out.</p> <p>On-going communication and engagement with employees as the project progresses will involve employees in the process of shaping and influencing the project and its outcomes.</p>
16. Religion or belief	<p>Yes <input type="checkbox"/> / No <input type="checkbox"/></p> <p><b>Unknown</b></p>	<p>The number of employees in the DU from specific religions/ beliefs is generally in line with LBB workforce in general.</p>	<p>As the project proposals are developed further the impact for employees will be considered and an employee equalities impact assessment will be carried out.</p> <p>On-going communication and engagement with employees as the project progresses will involve employees in the process of shaping and influencing the project and its outcomes.</p>
17. Gender / sex	<p>Yes <input type="checkbox"/> / No <input type="checkbox"/></p> <p><b>Unknown</b></p>	<p>The number of female (82%) employees in the DU is higher than LBB workforce in general (67%).</p>	<p>As the project proposals are developed further the impact for employees will be considered and an employee equalities impact assessment will be carried out.</p> <p>On-going communication and engagement with employees as the project progresses will involve employees in the process of shaping and</p>

			influencing the project and its outcomes.
<b>18.</b> Sexual orientation	Yes <input type="checkbox"/> / No <input type="checkbox"/>  <b>Unknown</b>	The number of employees in the DU who are heterosexual (67%) is slightly greater than in LBB workforce in general (64%).	As the project proposals are developed further the impact for employees will be considered and an employee equalities impact assessment will be carried out.  On-going communication and engagement with employees as the project progresses will involve employees in the process of shaping and influencing the project and its outcomes.
<b>19.</b> Marital Status	Yes <input type="checkbox"/> / No <input type="checkbox"/>  <b>Unknown</b>	The marital status of employees in the DU is generally in line with LBB workforce in general.	As the project proposals are developed further the impact for employees will be considered and an employee equalities impact assessment will be carried out.  On-going communication and engagement with employees as the project progresses will involve employees in the process of shaping and influencing the project and its outcomes.
<b>20.</b> Other key groups?	Yes <input type="checkbox"/> / No <input type="checkbox"/>  <b>Unknown</b>	Unknown	

6. Overall impact and Scale		
Positive impact:  Minimal <input type="checkbox"/> Significant <input type="checkbox"/>	Negative Impact or <b>Impact Not Known</b>  Minimal <input type="checkbox"/> Significant <input type="checkbox"/>	

7. Outcome			
No change to decision    <input type="checkbox"/>	Adjustment needed to decision    <input type="checkbox"/>	Continue with decision <i>(despite adverse impact            / missed opportunity)</i>   <input type="checkbox"/>	If significant negative impact - Stop / rethink    <input type="checkbox"/>

8. Please give full explanation for how the overall assessment and outcome was decided
<p>HR data provided from CORE HR (March 2016).</p> <p>This is an initial analysis of the EIA for the Early Years Review (phase 2) project and provides baseline figures. As the project develops the EIA will need to be re-assessed.</p> <p>A Service Users EIA profile has also been completed.</p> <p>The equality data above is the information available which details the protected characteristics of staff within the Family Services cohort.</p> <p>Children’s, Education, Libraries and Safeguarding Committee will determine which options the council should explore and at this stage a detailed EIA will be undertaken on the staffing implications of the whole service;</p> <p>The councils overall workforce is;</p> <ul style="list-style-type: none"> <li>• 67% female</li> <li>• 41% are over 40 years of age.</li> </ul> <p>Initial analysis of the Family Services equality data indicates;</p> <ul style="list-style-type: none"> <li>• 82% of the workforce is female</li> <li>• 34% are over 40 years of age.</li> </ul>

Given the current make-up of the workforce, whichever delivery model is recommended/ decided upon from the eventual options available, female employees will be impacted to a greater extent than males. So it will be important to bear this in mind and consider the equality impacts on both genders and all other protected characteristics as required by Barnet's equality policies and the requirements of the Public Sector Equality Duty. Mitigations for any such impacts will be drawn up at a later stage in direct relation to the proposals which are developed.

It is essential that the Managing Change Policy is followed and in a legally compliant manner, including with consideration of all aspects of the Equality Act 2010 and other relevant legislation.

Overall, at this stage of the project the revised shape of the Early Years' service is not known and therefore it is not possible to assess the impact (in line with the LBB processes this cannot be completed until the Full Business Case is developed when the new model is known).

## Consultation and Engagement Plan

### Early Years Review: Phase 2

Author:	Christina Tudor
Service:	Commissioning Group – Children and Young People
Date:	20 <sup>th</sup> June 2016
Version:	V0.1

### Introduction

Barnet Council is committed to involving local people in shaping their area and the services they receive. Consultation and engagement is one of the key ways the council interacts with and involves local communities and residents, providing them with opportunities to:

- gain greater awareness and understanding of what the council does
- to voice their views and know how they can get involved
- to have their views fed into the democratic decision making process

This plan aims to provide an effective consultation and engagement programme to help inform how the Council will deliver Early Years Services to children and families in the medium and longer term. The plan aligns to the standards and key guiding principles set out in the council's Consultation and Engagement Strategy and supports the council's Corporate Plan priority 'to improve the satisfaction of residents and businesses with the London Borough of Barnet as a place to live, work and study; promote responsible growth, development and success across the borough'.

### Consultation and engagement objectives

Early Years is a critical time for children and families. Getting the right support in place to help build and maintain the resilience we have identified in Barnet’s Children and Young Peoples’ Plan is a key priority. But it will only be the ‘right’ support if we bring service users and our partners with us. We have a lot of data about our residents and clients, but through consultation and engagement, we want to make the data come to life and fully understand what it means to be a family with young children in Barnet. This way, we are more likely to develop a service that better meets their needs, which is more likely to have a positive impact. Engaging with our partners and community stakeholders is equally important. If we are to remodel a sustainable Early Years’ Service then we can’t do it alone. Working with other organisations will be essential to the effective delivery and targeting of our support and understanding how we can best do that will only come through a full engagement and consultation with those we will rely on: the voluntary and community sector, private providers, other public sector organisations.

## Delivery of messages

At this stage in the project, we are still at a very high level. We have no specific options on which to consult. The table below reflects the wide range of interests and the fact that there will be different methods and approaches at different times of the project. Our core principles in the consultation will be:

- Open and honest and clear about scope and what can and can’t be influenced
- Tailored approaches to meet the different needs of our stakeholders
- Relevant and meaningful
- Gives opportunity for feedback and questions

## Stakeholders

Key target audiences and areas for consultation	Consultation Methods	Methods of promoting the consultation
Service Users – segmented by service used, eg: <ul style="list-style-type: none"> <li>• Children’s centres</li> <li>• Sessional users</li> <li>• Health visitor clients</li> </ul> (These will be the families of under 5s rather than	Methods will vary according to the group we’re trying to reach and the phase the project is in. But it is expected that we will run:	We will work with staff and community groups and other frontline providers to identify the best way to communicate with users and eligible non-users.

Key target audiences and areas for consultation	Consultation Methods	Methods of promoting the consultation
the children themselves)	<ul style="list-style-type: none"> <li>• Workshops</li> <li>• Conferences</li> <li>• Focus Groups</li> <li>• Online survey</li> <li>• 1:1 meetings</li> </ul> <p>As well as establishing a stakeholder group to provide ongoing advice to the project board.</p>	<p>Likely routes include:</p> <ul style="list-style-type: none"> <li>• Engage Barnet</li> <li>• Barnet First Insert</li> <li>• Community Barnet Newsletter</li> <li>• Posters</li> </ul> <p>As well as target presentations and briefings to key stakeholder groups, notably staff and community groups.</p>
Eligible Non-Users – segmented by geography (what else?)		
Childcare providers across the sector types		
Schools (Headteachers) <ul style="list-style-type: none"> <li>• Those running Children’s Centres</li> <li>• Non Childrens Centre schools</li> </ul>		
Voluntary sector eg: <ul style="list-style-type: none"> <li>• Homestart</li> </ul>		
Barnet Council: <ul style="list-style-type: none"> <li>• Directly affect staff</li> <li>• Other staff</li> <li>• Members</li> </ul>		



## Outline of consultation approach

### Phase 1:

This focus is on consulting with members, notably the Children, Education, Libraries and Safeguarding Committee about the broad proposal to have a Phase 2 Early Years Review and to highlight some of the possible options that could be considered. At this stage it is about getting the political support to begin the work in earnest through a Strategic Outline Case submitted to CELS in July.

### Phase 2:

This phase is about developing a Draft Outline Business Case and the focus here will be to coalesce the different ideas into coherent and more defined options. Consultation is likely to be limited to engaging with experts to test the validity of the various ideas and get initial reactions from potential deliverers to them. Consultation is likely to be low key to avoid misinformation from negatively impacting the project and will culminate in a Draft Outline Business Case to CELS in September.

### Phase 3:

Once the draft OBC is approved by CELS there will be a clear idea of the range of options to consider fully. At this point we will expand our consultation to include a wider range of partners and service users / eligible non-users with a view to firming up and narrowing specific options in the OBC for consideration and decision by CELS in December.

### Phase 4:

It is expected that CELS will give a clear steer on a preferred option. The next phase therefore will focus on engaging with key stakeholders as set out above on more detailed and specific issues to test the feasibility of the option and identify any particular strengths and weaknesses to inform implementation and the Full Business Case in March.

### Phase 5:

Post decision consultation will focus wholly on the implementation. All stakeholders will have a strong interest and full engagement is expected.

## Consultation and Engagement Plan: Early Years' Review: Phase 2 (DRAFT)

Phase 1:							
*Level of Engagement	Stakeholders	Specific Group	Method	Objectives/ Key line of questioning	Task	Deadline/ events dates	Officer Lead
Empower	Members	CELS	Meeting	Approval to explore a range of options	Write paper Submit and attend CELS	23/6/16 For 12/7/16	Ben Thomas
Insight	Residents and Service Users	N/A	Report	All aspects of relevant data	Needs analysis for SOC	Ongoing throughout project	Rebecca Johnson

Phase 2: Draft OBC development (July - September 2016)							
*Level of Engagement	Stakeholders	Specific Group	Method	Objectives/ Key line of questioning	Task	Deadline/ events dates	Officer Lead
Empower	Current Providers inc Headteachers	tba	workshops	Explore the full range of options open to LBB for its Early Years' Services	Develop a clear set of options	For Draft OBC	Karen Pearson

Phase 3: OBC Development (September – December 2016)							
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*Level of Engagement	Stakeholders	Specific Group	Method	Objectives/ Key line of questioning	Task	Deadline/ events dates	Officer Lead
Involve	Residents	Users and non users	Surveys workshops	<ul style="list-style-type: none"> <li>• Test assumptions</li> <li>• Identify if proposed options meet their needs</li> <li>• Identify gaps in provision</li> </ul>		OBC Dec	Karen Pearson

#### Phase 4: FBC Development (December 2016 – March 2017)

*Level of Engagement	Stakeholders	Specific Group	Method	Objectives/ Key line of questioning	Task	Deadline/ events dates	Officer Lead
Not yet known	Not yet known	Not yet known	Not yet known	Not yet known	Not yet known	March 2017	Karen Pearson

#### Phase 5: Implementation (March 2017 onwards )

*Level of Engagement	Stakeholders	Specific Group	Method	Objectives/ Key line of questioning	Task	Deadline/ events dates	Officer Lead
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Not yet known	Not yet known	Not yet known	Not yet known	Not yet known	Not yet known	Not yet known	Not yet known
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### \*Levels of Engagement

This plan refers to the different levels of engagement as outlined in LBB Consultation and Engagement Strategy to help identify and clearly define the variations of engagement.

<b>Insight</b>	Understand better the needs, views, and concerns of our residents using existing data
<b>Inform</b>	As an open council provide balanced information to assist understanding about something that is going to happen or has happened.
<b>Consult</b>	Capture residents' views on issues of relevance to them. Give an extensive range of opportunities for residents to have their say
<b>Involve</b>	Involve residents in testing, designing, and evaluating what we do to ensure that concerns and aspirations are understood and considered prior to decision making.
<b>Empower</b>	Empower public/service users to co-design, develop, manage and evaluate services. Working together to develop understanding of all issues and interests to work out alternatives and identify preferred solutions.

## Consultation and engagement timeline

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
<u>Phase 1 (SOC)</u>														
<u>Phase 2 (draft OBC)</u>														
<u>Phase 3 (OBC)</u>														
<u>Phase 4 (FBC)</u>														
<u>Phase 5 (Implementation)</u>														

