



**Buckinghamshire County Council**  
**Select Committee**  
Children's Social Care and Learning

**Date:** Friday 2 February 2018

**Time:** 10.30 am

**Venue:** Mezzanine Room 1, County Hall, Aylesbury

**AGENDA**

**9.30 am Pre-meeting Discussion**

This session is for members of the Committee only. It is to allow the members time to discuss lines of questioning, areas for discussion and what needs to be achieved during the meeting.

**10.30 am Formal Meeting Begins**

<b>Agenda Item</b>	<b>Time</b>	<b>Page No</b>
<b>1 APOLOGIES FOR ABSENCE</b>		
<b>3 DECLARATIONS OF INTEREST</b> To declare any Personal or Disclosable Pecuniary Interests.		
<b>4 CHAIRMAN'S INTRODUCTION</b> The Chairman will explain how this special meeting will be conducted.		
<b>5 VALIDITY OF THE CALL-IN</b>		<b>5 - 120</b>



The Committee will take advice as to whether the request to Call-In Cabinet decision Early Help Review, Cabinet Item 10, 8 January 2018 is valid.

**Contributors:**

**Ms S Turnbull, Head of Democratic Services and Deputy Monitoring Officer**

**Supporting Papers:**

- Cabinet Decision report & appendices item 10, 8 Jan 2018
- Call In request from Julia Wassell supported by Mr N Hussain, Mr C Ditta, Mr M Farrow
- Extract of Buckinghamshire County Council Constitution – Call in

**Background Paper:**

- Children’s Social Care & Learning Select Committee considered the topic of Early Help at its meeting on 17 October 2018. The papers, minutes and webcast of this meeting can be viewed here:  
<https://democracy.buckscc.gov.uk/ieListDocuments.aspx?CId=788&MId=9303&Ver=4>

**6 CALL-IN REQUEST SUBMISSION**

**121 - 150**

The Committee will consider the submission from the County Councillors who called in the decision and witnesses they have invited to attend the meeting.

There will be 20 minutes to present the case, followed by an opportunity for the Committee to ask any questions.

**Contributors:**

**Julia Wassell, County Councillor (lead member submitting call-in request)**

**Witnesses:**

**Mrs A Dass, Member of the Public**

**Mr M Knight, District Councillor**

**Mr M Farrow, County Councillor**

**Supporting Papers:**

- Supporting Paper and Appendices from Julia Wassell
- Representations received in response to the Cabinet Member Decision
- Early Help Consultation ‘You Tell Us’ July 2017
- Additional Consultation Information September 2017

**7 RESPONSE TO THE CALL-IN**

**151 - 160**

The Cabinet Member for Children’s Services will attend the

meeting to explain the reasons behind Cabinet's proposal to create a new Early Help service, as set out at the Cabinet meeting on 8 January 2017.

There will be 20 minutes to present the case, followed by an opportunity for the Committee to ask any questions.

**Contributors:**

**Mr W Whyte, Cabinet Member for Children's Services**

**Supporting Officers:**

**Mr T Vouyioukas, Executive Director, Children's Services**

**Mr P Dart, Programme Director, Change for Children, Children's Services**

**Ms J Tisbury, Project Manager, Early Help, Children's Services**

**Supporting Papers:**

- Response to the call-in request from Mr W Whyte, Cabinet Member for Children's Services
- Response to the Supporting Paper from Julia Wassell - paper to follow

**8 COMMITTEE DELIBERATION**

The Committee will consider the written submissions and verbal evidence they have heard during the meeting and will decide to uphold or reject the call-in request.

**9 DATE OF NEXT MEETING**

To note the next meeting of the Children's Social Care and Learning Select Committee on 6 February 2018, 10.30 am, Mezzanine Room 1, County Hall, Aylesbury

**Purpose of the committee**

The role of the Children's Social Care and Learning Select Committee is to hold decision-makers to account for improving outcomes and services for Buckinghamshire.

The Children's Social Care and Learning Select Committee shall have the power to scrutinise all issues in relation to the remit of the Children's Social Care and Learning Business Unit. This will include, but not exclusively, responsibility for scrutinising issues in relation to:

- Nurseries and early years education
- Schools and further education
- The Bucks Learning Trust
- Quality standards and performance in education
- Special Educational Needs (SEN)
- Learning and skills
- Adult learning
- Children and family services

- Early intervention
- Child protection, safeguarding and prevention
- Children in care (looked after children)
- Children's psychology
- Children's partnerships
- Youth provision
- The Youth Offending Service

*\* In accordance with the BCC Constitution, this Committee shall act as the designated Committee responsible for the scrutiny of Education matters.*

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If you have any queries regarding this, please contact Democratic Services on 01296 382343.

If you would like to attend a meeting, but need extra help to do so, for example because of a disability, please contact us as early as possible, so that we can try to put the right support in place.

*For further information please contact: Kevin Wright on 01296 387832383042, email: [kwright@buckscc.gov.uk](mailto:kwright@buckscc.gov.uk)*

## **Members**

Mr A Collingwood	Mr B Roberts
Mrs I Darby	Mrs L Sullivan
Mr D Dhillon (C)	Ms J Ward (VC)
Mr M Hussain	Mr G Williams
Mr S Lambert	Ms K Wood
Mrs W Mallen	



# Report to Cabinet

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<b>Title:</b>	<b>Early Help For Children and Families</b>
<b>Date:</b>	Monday 8 January 2018
<b>Date can be implemented:</b>	Tuesday 16 January 2018
<b>Author:</b>	Cabinet Member for Children's Services
<b>Contact officer:</b>	Tolis Vouyioukas
<b>Local members affected:</b>	All Members

*For media enquiries concerning this report, please contact the press office on 01296 382444.*

## Summary

1. This proposal for a new Early Help Service reinforces the council's ambition to continuously improve services, and with partners, to put the county's children and families at the heart of our thinking. Shifting the emphasis from reactive services that intervene when things have become too difficult for families to manage, to preventative co-ordinated services that support families to become resilient, so they can cope with problems in the future. It will form a key component of our implementation of the county's recently agreed Early Help Strategy and will drive improvements in both service effectiveness and efficiency.

## What do we mean by Early Help in Buckinghamshire?

2. Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years. Early help can also prevent further problems arising, for example, if it is provided as part of a support plan where a child has returned home to their family from care.

Effective early help relies upon local agencies working together with families to:

- Identify children and families who would benefit from early help
- Undertake an assessment of the need for early help
- Provide targeted early help services to address the assessed needs of a child and their family which focus on activity to significantly improve the outcomes for the child

Local authorities, under Section 10 of the Children Act 2004, have a responsibility to promote inter-agency cooperation to improve the welfare of children (Working Together 2015)<sup>1</sup>.

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<sup>1</sup> See Appendix 1: Buckinghamshire's Early Help Strategy

3. We want to provide support to children and families who are most in need of our help, quickly and in the right way. There are many families who get support from a number of organisations to help with problems they are facing, but this support isn't always coordinated in a way that makes sense to the family. This causes confusion and frustration for the family and it doesn't always enable things to improve quickly enough, or for those improvements to be sustained.

There remains a need to focus our resources on those who need our help the most, in order to improve outcomes for children and families, reduce the need for statutory services and achieve the required savings already agreed by the county council.

There is also a moral imperative to:

- Improve life chances for children
- Encourage a happier, more productive society

4. The Strategic Plan Vision for Buckinghamshire is that:

*Residents will take greater responsibility for meeting their own needs, and those of their families and their communities. Aspiration, rather than dependency, will be valued, and everyone will play their part in the success of the County. Within this context, the Councils' resources will be focused on enabling the conditions in which our communities can prosper. Working with our partners, we will continue to find new and innovative ways of securing services so that we deliver value for all residents in the County.*

5. We want all children and families in Buckinghamshire to be happy, healthy, safe and achieve their full potential. The Council's Change for Children programme has been established to improve and redesign services for children and young people, learning from best practice across the country to develop the right way for Buckinghamshire. The Early Help Review is one of the work strands of this programme. It aims to:

- put the children and families at the heart of our thinking and design services that simplify the complexity of support that is currently available across a range of organisations
- make sure children and families in Buckinghamshire get the right support at the right time
- help children and families be independent and build their own resilience so when problems occur they can find their own solutions at the earliest point of difficulty
- ensure that children and families only have to tell their story once, by working closely with our colleagues and partners to identify and meet their needs together

On 10 July 2017, there was a Cabinet decision to go out to public consultation regarding the proposed changes to Early Help services. The consultation closed on 16 October 2017; consultation results have shown:

- 50% agreement / 32% disagreement across residents (net agreement 18%) with the key principles of the model

- 56% agreement / 31% disagreement across organisations (net agreement 25%) with the key principles of the model.

The key principles of the proposed model for a coordinated offer of 'early help' are:

- One countywide Early Help Service targeted at families most in need, providing whole family support, dealing with all the issues a family faces, with their involvement and by consent
- A lead family worker model where workers will be based at and work from a community setting, able to reach out to families at venues where they feel most at ease
- Multi-skilled workers from a wide range of backgrounds
- To use practical, evidence based interventions that are proven to work

As a result of the valuable insight gained from the public consultation and through discussions with partners, the following additional principles have been developed:

- To work with voluntary organisations, health services, police/criminal justice and Department for Work and Pensions/Job Centre Plus to adopt an early help approach to enable families to access information, guidance and support so that issues do not escalate
- To reduce the amount of referrals for Education, Health and Care Plans by working more closely with schools
- To support signposting, information, advice and guidance through development of the Buckinghamshire Family Information Service, so that families know where to go when they need help. This will help prevent issues escalating to a point where a referral is made to the Early Help Service
- To work with our schools enabling them to work more collaboratively together with key partners early on in order to prevent needs escalating

## Recommendations

**1) That Cabinet accepts the proposal to create a new Early Help service, designed in line with the stated key principles and within agreed resources. This means therefore that the new service will operate on the basis of:**

- Close alignment with the Early Help Strategy<sup>2</sup>
- One countywide Early Help Service, formed by remodelling current county council service provision and integrating or aligning relevant services that are provided or commissioned by partner organisations
- Targeted work with those children and families most in need
- A network of nine community team bases, from which family workers will go out into the community to reach families at locations where they feel most at ease.

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<sup>2</sup> Early Help Strategy signed off by the Buckinghamshire Safeguarding Children Board on the 19.9.17 and the Children's Partnership Board on the 4.9.17; see Appendix 1

- The team bases are proposed to be at seven existing Children’s Centres, as listed below, along with the remaining two areas – Quarrendon and Buckingham - currently being assessed for appropriate locations:
    - Aylesbury, covering the Quarrendon area
    - Aylesbury Southcourt, Aylesbury College Campus, Oxford Road
    - Aylesbury Elmhurst, Dunsham Lane
    - Buckingham: this team base will be established as part of the options being explored for co-location of a variety of public sector services.
    - Burnham, Minniecroft Road
    - Chesham Newtown, Berkhamstead Road
    - Wycombe Castlefield, Rutland Avenue, Castlefield
    - Wycombe Millbrook, Mill End Road
    - Wycombe Hamilton Road
  - The proposal recognises that some parts of the county will require teams to operate from other locations in order to be as close as possible to the families that they are supporting. The Buckinghamshire Public Estates Partnership, and its work on developing a wider network of multi-agency community hubs and smarter use of the network of public sector buildings will complement and support the Early Help Service in delivering the right services at the right time in the right place. This will be particularly relevant in rural areas, for example around Buckingham and Winslow and in areas in the south of the county such as Iver, Denham and Burnham.
  - A lead family worker model, based in the community team bases
  - Multi-skilled workers from a wide range of backgrounds
  - Whole family support dealing with all the issues a family faces, with their involvement and consent
  - The use of practical techniques and evidence based interventions to help families understand where they are (assessment) and where they need to be (outcomes), developing a clear plan to help them get there
  - Joint working with partners to enable families to access information, guidance and support to prevent issues escalating
  - Working closely with schools to deal with the demands on Special Educational Needs and referrals for Education, Health and Care Plans
  - Working with education providers to enable them to work more collaboratively with partners earlier to prevent needs escalating
  - Developing the Buckinghamshire Family Information Service to enable families to access information easily, so they know where to go to for help.
- 2) That Cabinet authorises formal discussions over the next six months with schools, early years providers, partners and the voluntary and community sector about how the remaining 28 Children’s Centre buildings can best be utilised in the future to maximise their benefit for children, families and communities, within agreed resources.**
- 3) That Cabinet delegates further decisions on the detail of the new Early Help Service, including the re-purposing of buildings, to the Cabinet members for Children’s Services, for Education and Skills and for Resources in consultation with senior officers, within agreed resources.**

## A. Narrative setting out the reasons for the decision

### Early Help – The case for change

6. The previous [Cabinet report](#)<sup>3</sup> (10 July 2017) outlined the substantial increase in demand for children's social care statutory services over the last 5 years, above the increase in population growth. This demand is projected to continue to rise. There is also a rise in the number of both permanent and fixed term exclusions from schools across the county, and an increase in the number of children who have special educational needs and / or disabilities. The reasons for these increases in demand are complex, but include demographic changes and pressures and reductions in universal<sup>4</sup> services provided by the Council and other partners. Detailed research and needs analysis has shown that the following factors are significant in driving demand:

- Domestic violence and abuse
- Behavioural problems in children
- Mental health
- Relationship breakdown / parental conflict
- Poverty and worklessness<sup>5</sup>

7. Problems for children commonly appear in the early years and in adolescence, and it is the **combination** of problems within the family which has most impact on children.

8. Currently most Early Help services are focused on a particular age group, a single issue or one approach. Feedback from children and families as well as local and national research has consistently shown that this is not the best approach to improve outcomes and build resilience. Problems within a family invariably link together and impact across the family. For example, parental mental health issues are likely to impact on their employability but also on the attendance, behaviour and attainment of their children in school. Similarly, one child's serious or long term disability brings both mental and financial pressures onto the whole family, while domestic abuse or relationship problems are proven to have serious consequences for the long term outcomes of children. So tackling one problem or one individual is less likely to be effective than dealing with everything that is going on for the family as a whole.

9. Many of the individual services currently delivered are highly valued by their users, and this has been demonstrated through the recent consultation. However it remains the case that some services available to all or poorly targeted services are not well used by

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<sup>3</sup> Cabinet Paper on Early Help Review 10 July 2017:

<https://democracy.buckscc.gov.uk/documents/s98409/Report%20for%20Early%20Help%20Review.pdf>

<sup>4</sup> Universal services are accessible to everyone e.g. GPs, Schools; see Buckinghamshire Threshold Document:

[http://www.bucks-lscb.org.uk/wp-content/uploads/BSCB-Procedures/Thresholds\\_Document\\_Sept\\_2015\\_final.pdf](http://www.bucks-lscb.org.uk/wp-content/uploads/BSCB-Procedures/Thresholds_Document_Sept_2015_final.pdf)

<sup>5</sup> The Troubled Families Programme and an ADCS policy position statement both reinforce a focus on poverty and worklessness, as per documents below:

The Troubled Families Programme are entering a 'new phase' led by the Department for Work and Pensions, with a focus on employment and relationship counselling:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/605838/improving-lives-helping-workless-families-print-version.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/605838/improving-lives-helping-workless-families-print-version.pdf)

The ADCS policy position statement 'A Country That Works For All Children':

<http://adcs.org.uk/general-subject/article/a-country-that-works-for-all-children>

those who need them most. Waiting for people who are in real need to navigate the system and ask for help means that we are not reaching the right people. Analysis of current Children Centre service users by ACORN<sup>6</sup> group shows that a disproportionate group (43%) fall within the more affluent categories (1 & 2); with only 29% falling within the bottom disadvantaged categories (4 & 5). Overall, less than a quarter of eligible children attend a Children's Centre 3 times per year and only 0.77% of the total of eligible children received individualised support from a Children's Centre.

10. The existing services overlap with each other and yet no single service has the whole view of the children and families' situation, and each service has its own approach, methodology, processes and systems. This is confusing for children and families, and for key partners such as schools who wish to refer families. There is no system to check whether families are receiving more than one type of support and so it is impossible to state accurately how many children and families already benefit from the provision overall. It is also virtually impossible to measure outcomes or success for children and families across services, or to compare their efficiency and effectiveness. This is compounded by the fact that it is very hard to prove the effectiveness of any specific preventative service, as positive outcomes may be due to a number of factors or range of interventions and typically there is poorer data collection and monitoring than applies in statutory services.
11. The detailed needs analysis<sup>7</sup>, completed as part of this review showed that demand for Early Help is spread across the county, with two thirds of need in Aylesbury, High Wycombe and Chesham. However, demand for Early Help services is not confined to towns and there is considerable need in the more rural areas, notably in the north of Aylesbury Vale and dispersed across South Buckinghamshire e.g. Burnham and Iver.

Demand has shifted as the demography of the county has changed and this is likely to continue. Therefore, the best way forward will be to have a model that has the advantage of geographical flexibility to respond to changing demand. This means that family workers will have a base in a local community, able to reach out to families in settings/locations where they feel most at ease. Specific buildings and their use are therefore not critical to the success of the model.

12. National policy is progressing to a more co-ordinated approach to problem solving and service delivery to ensure a better use of public assets. Many other local authorities have already taken decisions to streamline and co-ordinate Early Help services to be more effective for users, better value for money for residents and more sustainable in the long term. The main finding in the current research is that strong leadership both politically and across all partners is essential for the successful implementation of any new approaches.

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<sup>6</sup> ACORN is a consumer classification that segments the UK population. It analyses demographic data, social factors, population and consumer behaviour, providing an understanding of different types of people.  
<https://acorn.caci.co.uk/>

<sup>7</sup> See Appendix 2 for Needs Analysis Summary County Level

13. Models of Early Help across local authorities vary (for example, where services are directly provided or commissioned) but all have common underlying themes. A review of other local authority's experiences, on their direction of travel for Early Help services took place, involving direct engagement and a review of service transformation documents. Key themes included:

- **Whole family targeted service approach:**

Whole family services are provided at nearly all councils reviewed, with the focus being on improving the delivery of these; this largely leading to more effective multi-agency collaboration. At the same time, however, a targeted approach is also adopted by many councils, so that the level of care is appropriate for family and individual levels of need, leading to a more cost-effective allocation of resources.

- **Multi-agency working and community hubs**

Community hubs are largely seen as an ideal means of delivering high quality whole family services that meet the needs of the public and the increasing financial pressures. Reducing the number of children centres is very much seen as an integrated part of this policy, and replacing many of these with community hubs is a practice many councils have either implemented or are pursuing. Indeed, the use of community hubs within former children centres are seen as an effective means of delivering multi-agency working, with these acting as a suitable base for multiple teams to collaborate and work together.

14. An analysis of best practice in other Local Authorities shows that strong Early Help services support an effective system of help and protection for children and young people.

- In North Lincolnshire, one of only 3 authorities to hold a current 'outstanding' OFSTED judgment for services for children in need of help and protection, children looked after and care leavers; their early help services were described as 8:

*'A significant strength, providing comprehensive and far-reaching services that enable children and families to access the right service at the right time, thus avoiding the need for statutory services.'*

- In Kent, OFSTED described their Early Help services as 9:

*'A comprehensive range of early help services provide good support to children and their families from the earliest point of need. Services are well targeted and coordinated to meet the specific needs of the communities of Kent.'*

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<sup>8</sup> North Lincolnshire OFSTED report September 2017:

[https://reports.ofsted.gov.uk/sites/default/files/documents/local\\_authority\\_reports/north\\_lincolnshire/051\\_Single%20inspection%20of%20LA%20children%27s%20services%20as%20pdf.pdf](https://reports.ofsted.gov.uk/sites/default/files/documents/local_authority_reports/north_lincolnshire/051_Single%20inspection%20of%20LA%20children%27s%20services%20as%20pdf.pdf)

<sup>9</sup> Kent OFSTED report June 2017

[https://reports.ofsted.gov.uk/sites/default/files/documents/local\\_authority\\_reports/kent/054\\_Single%20inspection%20of%20LA%20children%27s%20services%20and%20review%20of%20the%20LSCB%20as%20pdf.pdf](https://reports.ofsted.gov.uk/sites/default/files/documents/local_authority_reports/kent/054_Single%20inspection%20of%20LA%20children%27s%20services%20and%20review%20of%20the%20LSCB%20as%20pdf.pdf)

- In Sutton, OFSTED described their Early Help services as follows <sup>10</sup>:

*'Families benefit from a well-coordinated and wide range of early help services, preventing harm and reducing the need for statutory intervention. This is making a significant difference, as almost all children and families receive help at the right time'.*

## **The Scope of the Review**

15. 'Early Help' is an umbrella term for a range of services, programmes or interventions which share an underlying rationale: 'to provide support to tackle problems before they become more difficult to reverse and thereby maximise the chances of happy, safe and fulfilling lives for families in the community'<sup>11</sup>. In financial terms, the hypothesis is that early help will prevent the needs of some families from escalating to more expensive statutory services (e.g. social care, criminal or family justice) and will also help to prevent school exclusions.
16. A large number of services provide early help within Buckinghamshire. These include GP's, the police, schools, the voluntary sector and services commissioned by the council's own Public Health Team, for example the Health Visiting service. Within the county council (BCC) some early help services are directly delivered, while others are commissioned. The scope of this review was originally proposed to include the following services:
  - Buckinghamshire Family Information Service (BCC)
  - Connexions (Adviza) (commissioned by BCC)
  - Early Help Panel Co-ordinators (BCC)
  - Families First (BCC)
  - Family Resilience Service (BCC)
  - Women's Aid (Support for children who have lived with domestic violence) (commissioned by BCC)
  - Support for Parents (Barnardo's) (commissioned by BCC)
  - Young Carers (commissioned by BCC)
  - Youth Service (BCC)
  - Children Centres (commissioned by BCC)
17. Through a subsequent review of the in-scope commissioned contracts, it was determined that those with Young Carers and Women's Aid needed to be considered differently. A decision was made to remove these two contracts from scope, but with the intention to work with them to clearly align their services to the new model.

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<sup>10</sup> Sutton OFSTED report February 2017:

[https://reports.ofsted.gov.uk/sites/default/files/documents/local\\_authority\\_reports/sutton/054\\_Single%20inspection%20of%20LA%20children%27s%20services%20and%20review%20of%20the%20LSCB%20as%20pdf.pdf](https://reports.ofsted.gov.uk/sites/default/files/documents/local_authority_reports/sutton/054_Single%20inspection%20of%20LA%20children%27s%20services%20and%20review%20of%20the%20LSCB%20as%20pdf.pdf)

<sup>11</sup> [www.eif.org.uk/what-is-early-intervention](http://www.eif.org.uk/what-is-early-intervention)



18. It is important to note that the Health Visiting Service, whilst commissioned by the county council's Public Health Team, is not and never has been in scope as part of this review. Services commissioned by the Public Health Team will continue to be provided across the county. However given the close links with Children's Centres, it will be necessary to review the locations from which their services are delivered.
19. The in-scope services within the proposal now include the following only:
- Buckinghamshire Family Information Service
  - Connexions (Adviza)
  - Early Help Panel Co-ordinators
  - Families First
  - Family Resilience Service
  - Support for Parents (Barnardo's)
  - Youth Service
  - Children Centres

### **Designing a new model**

20. In developing a proposed solution for Buckinghamshire, national research, together with insight from over 20 other local authorities about best practice, clearly demonstrates:
- It is most effective to target help where there is more likely to be higher risk (evidence is strongest for programmes that target, based on early signals of risk e.g. child behaviour problems, delayed development of speech)
  - Focusing on dealing with root causes rather than symptoms will produce better results
  - Most effective interventions are preventative instead of reactive
  - A whole family approach is important to long term sustainable improvement and is highly valued by families who have received it
  - Reconfiguring staff and resources to build a new Early Help service, supporting whole family work, is more effective than a number of different services working separately.
21. The consultation response has shown a 50% agreement / 32% disagreement across **residents** (net agreement 18%) and a 56% agreement / 31% disagreement across **organisations** (net agreement 25%) with the key principles (as detailed in section 4).
22. This reinforces what was found in the research phase, when local and national feedback from families was brought together to inform the development of the draft model.
23. The deadline for consultation responses was 16 October 2017, and the results can be found in Appendix 3. These will continue to inform the development of the model.

## The proposed Early Help model

24. It is proposed that there should be a new Early Help service across the county providing whole family support, dealing with all the issues a family faces, with their involvement and consent. The new service will be formed by remodelling the current service provision and will integrate or better align other relevant services that are provided or commissioned by partner organisations.
25. Success will be directly measured by the outcomes experienced by children, young people and their families. A number of indicators, both qualitative and quantitative have been developed to measure success, based on the Early Help Strategy agreed by all members of the Buckinghamshire Safeguarding Children Board. Feedback directly from children, young people and families will also be included to understand the impact on their lives.

Measures will include:

- Reduction in parents and young people involved in crime and antisocial behaviour
- Improvement in school attendance and reduction in exclusions and referrals for Education and Health Care Plans
- Reduction in children on Child in Need and Child Protection Plans
- Reduction in parents out of work or at risk of financial exclusion, and young people at risk of worklessness
- Reduction in families affected by domestic abuse and violence
- Improved access to the right health provision for parents and children with a range of health problems

Additionally, we will continue to monitor a wide range of existing indicators. Performance and impact will be monitored quarterly.

26. The focus of the new service will be to make real, measurable changes for the children in the family, by helping the family as a whole and to build resilience so that families are better equipped to handle future problems as they arise. These changes or outcomes will be measured on a family basis, but also across the cohort of families involved.
27. The service will support families in their homes, in the community and other settings. They will use innovative, creative and very practical techniques and interventions to help families understand where they are (assessment) and where they need to be (outcomes), and develop a clear plan with them to help the families get there. Some of the interventions will be with the whole family, some with individuals and some with targeted groups (e.g. parenting groups). The teams will make full use of community resources already available, including volunteers.
28. The initial proposal is for nine teams of lead family workers, working from community settings across the county. The final structure of these teams is subject to resources and staff consultation, which would follow a Cabinet decision to proceed.

29. The new service will also be responsible for:
- the delivery of the statutory function of monitoring the destinations of young people as they leave school and college, and providing support to them so that they can enter employment, education or training successfully.
  - supporting young people with special educational needs to access further education, training and employment as they move on from education, through attending reviews and helping to produce plans to help them progress.
  - supporting children who face fixed term and permanent exclusions, through tackling the family issues that contribute to the behaviour causing the exclusions.
30. The outcomes described within the proposed reconfigured Early Help service include reducing exclusions, improving school attendance and dealing with the demands on Special Educational Needs and referrals for Education Health and Care Plans. Significant work is underway with schools to enable them to work more proactively to address this. It is critical, therefore that the new Early Help service is closely aligned to this work bringing key services including the Special Educational Needs Service and The Educational Psychology Service together with schools to enable them to work in a more preventative way. This was a message strongly conveyed by those organisations in the Education and Early Years sectors, during our discussions with them over the summer of 2017. Currently, Buckinghamshire has higher rates for exclusions than those nationally, sometimes double the rate for particular vulnerable groups. Similarly, Buckinghamshire has a higher prevalence of Education, Health and Care Plans and this contributes to poor outcomes for children and young people.

Access to quality childcare, particularly for our most vulnerable children, contributes to better life chances. Early Help necessarily encompasses the universal childcare offer to 3 and 4 year olds and the targeted offer to 2 year olds; which can reach and provide universal support and signposting to families, identifying those in need of early help. The principles of early help are to prevent risk developing into need and therefore, engaging with education providers to work preventatively is a critical part of our overall Early Help approach.

31. Currently whole family support is already provided where children exhibit behavioural problems in the home or in school. At present, 69% of all referrals to the Early Help Panel involve children who have Special Educational Needs and/ or Disabilities (SEND). Behavioural issues in children are the single most common reason for referral (28%). 27% of referrals to the Family Resilience Service are for children with mental or physical health problems, while parenting issues account for a further 37% of referrals. We therefore recognise that the new Early Help service will need to work with schools and early years settings to proactively identify children and families at an earlier stage of behavioural problems. In order to aid this, we will link specialist SEND officers to Early Help hubs.
32. The needs analysis completed as part of the preparation for this proposal tells us where the greatest need is geographically across the county. Whilst we aim to base teams primarily in those geographical areas, we will ensure that family workers go out to children and families across the whole county. Most of the support provided will be

delivered in family homes or in community settings rather than from the team bases. However, these bases may also provide the opportunity to deliver group or specialist sessions. This model gives us flexibility to respond to changing demand, particularly responding to population and demographic changes.

33. Individual workers will be drawn from a variety of backgrounds, and will bring with them valued expertise and experience. Workers will retain specialist knowledge, where there is a clearly defined need to do so, in order to ensure high level subject matter expertise is built into overall team capability. We will aim to add to individuals' skill sets with a clear intention that every worker will be supported to develop new skills and expertise to deliver whole family work across all the issues families face. A significant staff training plan will be developed to support the implementation of the new service.
34. As part of the development of a new Early Help service, we are already engaging with key partners in Health (including Mental Health services for adults and children), the Criminal Justice System, Education and the Voluntary and Community Sector to work towards further changes. This builds on the effective approaches evidenced in the Early Help Panel since July 2015, and the multi-agency Early Help Strategy, in place since 2014 and recently reviewed and revised (October 2017)<sup>12</sup>. This work is being co-ordinated through the multi-agency Children's Partnership Board, which jointly with the Buckinghamshire Safeguarding Children Board develops and delivers the Early Help Strategy.
35. The consultation responses highlighted concerns that complementary services provided by partner organisations, e.g. the Health Visiting Service and the Speech and Language Therapy Service, are under threat from this proposal for a new model of Early Help. However, many services that use Children's Centres as a venue for their services will continue. For example, health visitor clinics which include drop-ins, post-natal well-being groups, post-natal and antenatal clinics, breastfeeding support, and child development reviews will continue to be provided across the county. Specific services such as speech and language support for children, grief counselling and parenting classes will also continue to be delivered by partners or by the new service. Locations for these services may need to change and be delivered from a broader range of community buildings or venues.
36. For clarity, the county council's Public Health Team has responsibility for commissioning a number of services which align to Early Help. The total Public Health budget spent on Early Help aligned services is approximately £8 million pounds.

The main service commissioned in relation to Early Help is the Healthy Child Programme (HCP 0-19yrs) and Public Health Nursing services. The HCP is an evidence-based early intervention and prevention public health programme for all children and families from pregnancy to 19 years of age. The programme includes a

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<sup>12</sup> The Early Help Strategy was signed off by the Buckinghamshire Safeguarding Children's Board on the 19.9.17 and by the Children's Partnership Board 4.9.17; this now accompanies this Early Help Review paper as Appendix 1 for Cabinet member sign off.

level of universal provision for all children, with targeted support for more vulnerable children and families. The programme covers:

- 0-5 year olds, delivered by Health Visitors and the Family Nurse Partnership; including mandatory health reviews for all children and
- 5-19 year olds, led by school nurses

The services align with Early Help, whereby contacts with all families' support the early identification of children at risk. Safeguarding is a key part of their work and they are active members of the Early Help Panels and multi-agency responses. The services provide advice and interventions, as well as referring children or parents to other support services when required.

Public Health also commissions the current Young People and Families Drug and Alcohol service. This service aligns with Early Help, providing support for a key vulnerable group of children and young people who are either involved in substance misuse or have parents who are using substances.

There are also integrated adult and young person's sexual health services, with the capability to identify sexual exploitation or other forms of exploitation / vulnerability. They also deliver a one to one intervention for those exhibiting risky sexual behaviour and also offer a training programme for those working in schools.

37. A wider mapping has been undertaken of provision that is available for children and families across the county (Appendix 4). This focuses on the Voluntary and Community Sector (VCS) and charities, but also includes some private businesses where these provide services similar to those that have been offered through Children's Centres.

It is acknowledged that there is a large voluntary and community sector (VCS) in Buckinghamshire. Past research by Community Impact Bucks has suggested that the size could be up to twice the national average. The initial mapping supports the notion of a large, healthy sector, demonstrating a range of organisations offering a variety of provision across all age groups.

This initial mapping provides evidence of some local VCS organisations delivering provision that is currently available via BCC commissioned services in particular Children's Centres. For example there are many local toddler groups and coffee mornings offering social opportunities for new parents at low / no cost (or a small donation).

It is clear from the mapping that alongside the VCS there is also a very strong market of 'small and medium sized enterprises'. There are a large number of these businesses providing activities for children and parents. Some of these operate across the county and others are confined to a specific location and they are often delivered at community locations such as church or village halls or local playing fields. This

sector also has cross-over with activities offered through commissioned services, in particular Children's Centres, but usually at a higher cost.

This reflects the substantial breadth of services available through these sectors. However, the mapping exercise has highlighted the challenges involved in comprehensively identifying and documenting all of the provision available in the county – and these challenges are highlighted in more detail in Appendix 4. Early Help seeks to involve these sectors in the fullest way in order to deliver outcomes.

## **Timescales**

38. Following a Cabinet decision to proceed, senior officers will launch a formal staff consultation for all those BCC employed staff whose existing roles are affected by the proposals. This would take a minimum of 45 days, concluding in mid-April 2018<sup>13</sup>. This staff consultation will allow front line staff and managers the opportunity to influence and shape the final service structure and will run alongside discussions with existing commissioned providers, so that contracts can be terminated or come to a natural end, or revised in a timely way. We would aim to launch the new service in June 2018, although this is subject to Cabinet decisions, and staff and contractor consultations and practical considerations, such as staff training programmes.

## **B. Other options available**

39. Four broad options were considered before reaching this recommendation:

- Retain all existing commissioned and in-house services in their current configuration, but reduce all budgets by the same proportion
- Retain only those services which are able to evidence effectiveness and outcomes and decommission others completely
- Retain and reconfigure in-house services and terminate commissioned services
- Develop a new model bringing together a range of staff skills and experience

40. The preferred option agreed by Cabinet on 10 July 2017 was for a new model, in order to preserve the best elements of existing services, while providing best value for money. The broad principles of the recommended model, based on external and internal consultation that took place between November 2016 and February 2017 were also agreed at that Cabinet meeting.

41. A public consultation was launched on 14 July 2017, which sought views on the model's suggested principles and broad proposals for how the model could work in practice. Initial feedback from the public was that further detail would be helpful, and therefore supplementary information to clarify the proposal was published on 4 September and the consultation was extended for a further 6 weeks, eventually closing on 16 October. The full consultation feedback is attached as Appendix 3 to this paper.

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<sup>13</sup> Dependent on the decision making process

## **C. Resource implications**

42. The Council's overall financial position and plan have led to service areas reviewing their performance against best practice. This has identified Early Help services where a new improved delivery model has the potential to deliver £3.3m of savings previously approved by full county council in February 2017 within the Councils financial plans.
43. In line with paragraph 17 and the change to services in scope, the current in-scope service budget is £10.08 million. The savings target of £3.07 million is adjusted from £3.34 million. This is to reflect savings delivered on the youth counselling contract of £0.27 million, which is not included in this review. A service budget of £7.125 million is proposed to fund the new service delivery model.
44. Local authorities are required under section 251 of the Apprenticeships, Skills, Children and Learning Act 2009 to prepare and submit an education and children and young people's services budget outturn statement to the Secretary of State for Education.
45. Using the Buckinghamshire County Council comparator report provided by the Chartered Institute of Public Finance and Accountancy (CIPFA), comprising the latest published data available of the 2016/17 budget estimates, the following can be seen:
  - Buckinghamshire County Council's expenditure on Sure Start Children's Centres and Early Years is equivalent to £65 per head of 0-17 population.
  - The average of other comparable authorities' expenditure is £44.6 per head of 0-17 population. If BCC spent at the average level, this would equate to a saving of £2.455m.

## **D. Value For Money (VFM) Self-Assessment**

46. The proposed new lower cost model has been introduced in a wide range of local authority areas across England over the last 3 years, with many citing positive impact on children and families.
47. Whilst there has been no formal benchmarking of success measures to date, there is an increasing consensus that the Troubled Families measures are a valid and evidence based approach, as they address the following key areas of success:
  - School attendance rate including exclusions
  - Crime and antisocial behaviour
  - Worklessness in adults and young people
  - Children in need – reducing the demand for statutory services
  - Domestic abuse incidence
  - Health and wellbeing of children and parents
48. Existing Children's Centre buildings could be re-purposed, as detailed below in Section F.
49. The new service delivery model aims to improve the effectiveness of Early Intervention which once established, should reduce the demand for and / or cost pressures on statutory services.

## **E. Legal implications**

50. Legal advice continues to be obtained on a number of issues, including procurement, consultation and Transfer of Undertakings and Protection of Employment legislation (TUPE); this will inform further developments throughout the review and implementation.
51. A full equalities impact assessment was completed early on in the process as a means to inform the model, this has been updated following the public consultation and we will continue to keep this under review; see attached as Appendix 5 to this report. The new service will ensure that the statutory duties of the Council will continue to be delivered.

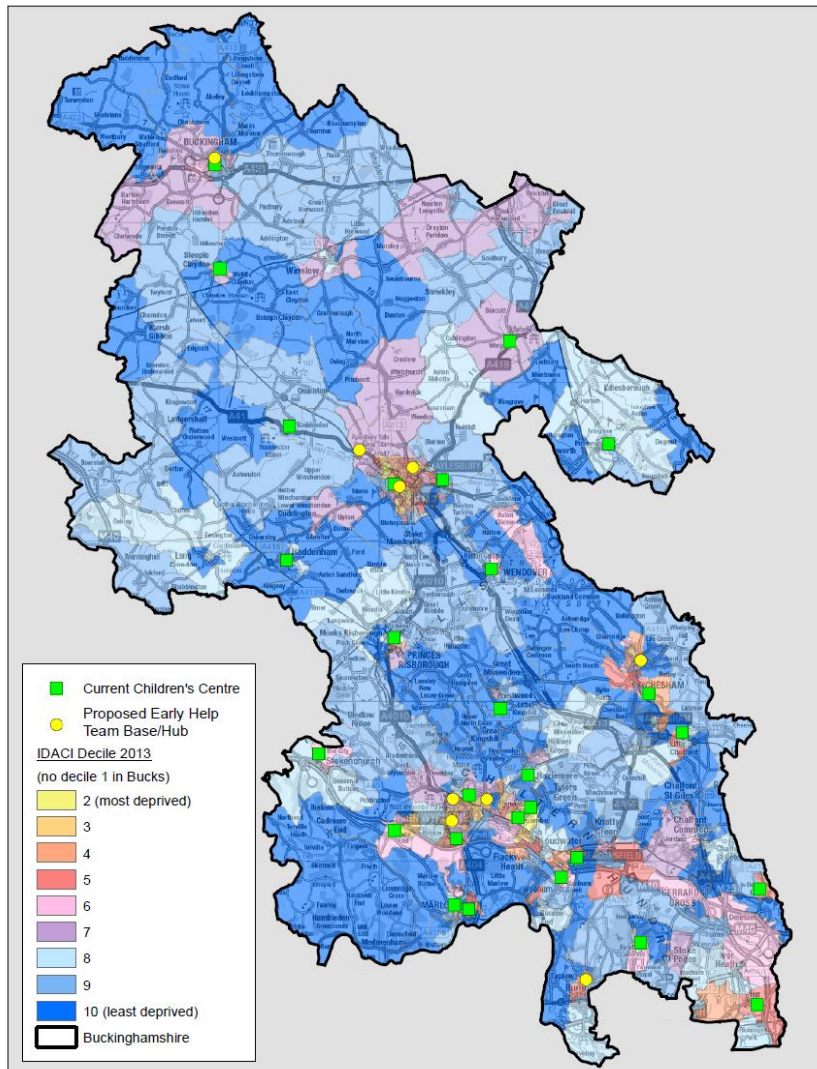
## **F. Property implications**

52. There are currently 35 designated Children's Centre locations, operating from 33 main sites and 2 satellite locations (see map in Appendix 6). Two of the Children's Centres cover the so-called 'reach areas' previously serviced by their own centre (Aylesbury Southcourt now covers Aylesbury South West; Beaconsfield now covers Chalfonts).

When looking at Children's Centre buildings, this has to be conducted on a site by site basis, due to the individual circumstances and arrangements of each local area and building. Tenure of the sites on which the Children's Centres are based varies greatly, as below:

- 20 are based on school sites
  - 1 is based on a nursery site
  - 8 are based on other Buckinghamshire County Council sites
  - 1 is based on a college site
  - 2 are based on Parish Council sites
  - 1 is leased from a Housing Association
  - 1 is based on a district council site
  - 1 is based on a church site
53. The following map highlights (see Appendix 7 for a larger map):
    - Income Deprivation Affecting Children Index (IDACI) across Buckinghamshire
    - Current Children's Centres locations
    - Locations of the new proposed Early Help team bases





54. Following the wider detailed analysis of need (see Appendix 2) that identified Aylesbury, Buckingham, Chesham, Wycombe and pockets of need within South Buckinghamshire (e.g. Burnham / Iver) being the priority areas, suitability assessments have been carried out in order to assess whether existing Children's Centre locations are fit for purpose as Early Help Team bases.

The front-line teams of lead family workers will work from nine Early Help team bases, as follows. Seven of these are proposed to be at existing Children's Centres sites, as listed below; the remaining two areas, Quarrendon area and Buckingham, are currently being explored for appropriate locations. A map shows the proposed indicative 9 geographical team base areas in Appendix 8.

- Aylesbury, covering the Quarrendon area
- Aylesbury Southcourt, Aylesbury College Campus, Oxford Road
- Aylesbury Elmhurst, Dunsham Lane
- Buckingham
- Burnham, Minniecroft Road
- Chesham Newtown, Berkhamstead Road
- Wycombe Castlefield, Rutland Avenue, Castlefield
- Wycombe Millbrook, Mill End Road
- Wycombe Hamilton Road

55. A team base is required to cover the Quarrendon area and suitable locations are currently being assessed. In relation to Buckingham, the current Children's Centre on the George Grenville Academy site is one of the smallest in the county and is too small to re-purpose as a team base. However, the Buckingham area has been identified by the Buckinghamshire Public Estate Partnership as being particularly appropriate for exploring the co-location of a variety of public sector services and it is anticipated that a suitable base can be established through this route.
56. The proposal recognises that some parts of the county will require teams to operate from other locations in order to be as close as possible to the families that they are supporting. Detailed analysis has been carried out to ensure that all families will have the same consistent access to services regardless of where they live across the county – whether in urban or rural areas. Whilst there are 9 proposed team base areas, these areas will have porous boundaries, this means families will be able to access support across the different areas and will also allow the teams to be flexible to meet need most appropriately. The Buckinghamshire Public Estates Partnership, and its work on developing a wider network of multi-agency community hubs and smarter use of the network of public sector buildings will complement and support the Early Help Service in delivering the right services at the right time, in the right place. This will be particularly relevant in rural areas for example around Buckingham and Winslow, and in areas in the south of the county such as Marlow, Iver, Denham and Burnham.
57. The proposal emphasises that services provided in local communities are more important than the buildings they currently operate from. However, we acknowledge the strength of feeling from the consultation responses about the importance that people place on these buildings as focal points in their local communities. Discussions will continue over the next six months with schools, early years providers, partners and the voluntary and community sector about how the remaining 28 Children's Centre buildings can best be utilised in the future to maximise their benefit for children, families and communities.
58. Options being explored include:
- In areas where additional Early Years places are required, whether Early Years providers (private, voluntary, independent sector and maintained) would be interested in taking up Children's Centre buildings for development to meet the 2, 3 and 4 year-old childcare sufficiency duty.
  - Whether schools with Children's Centres on their sites have additional priorities for re-purposing the buildings, beyond considering Early Years provision.
  - Holding discussions with partners, voluntary and community groups to identify whether they could utilise the buildings for existing services and for community uses/ groups.

Positive discussions have already commenced with other organisations and community groups, this is an on-going process. The lines of enquiry that are currently being explored for complementary or alternative uses for the 35 Children's Centre buildings in total are as follows:

- 7 are being assessed as potential Early Help team bases
- 9+ are being explored as potential Early Years settings
- 12 proposed discussions with schools
- 2 where the Children's Centre space is within existing community libraries
- 1 discussion with a parish council to proactively develop as a community hub
- 1 as a potential for a community hub
- 3 further discussions with the landlord, local community and partners for re-purposing the building for community use

These are initial plans that may be subject to change following Cabinet decision on 8 January 2018 and through discussions with partners on co-location and service integration; this will also be influenced through discussions with communities as to where would be the best locations for the team bases.

59. Under the proposed new model, most of the face-to-face work with children and families will be done through outreach in family homes or in neutral community settings, rather than in buildings run by the Council.

Depending on the facilities at each individual base, our intention would be that some group or specialist sessions would be delivered there, targeting local families. It is likely that other group sessions will be available in other community locations as well, in the same way as already happens with parenting groups across the county. This means that specific buildings and their use are not critical to the success of the model; rather it is the importance of the services provided.

Services currently provided by other agencies in Children's Centres (such as health visiting, speech and language therapy, antenatal classes, employment workshops or music sessions) will continue to be provided in those locations where it proves possible with community support to keep the buildings open. Where this isn't possible, they will be relocated to other partner buildings (health centres, libraries, job centres etc.), or provided in other community locations. It is possible that some of these sessions may be delivered from the new team bases, though this would not be their primary function. Discussions are taking place with partners to consider how a smooth transition would work, to identify partner opportunities and to minimise potential disruption to services that will continue to be provided.

60. Through the consultation responses we have heard concerns about the appropriateness of some of the options for carrying out face-to-face work, for example at coffee shops. However, we have learned through existing service delivery, that this is what some families prefer and often young people also prefer less formal venues – as mentioned in the focus groups. People feel more able to have an open and honest conversation in a relaxed environment, creating a better relationship between the individual and the worker. Clearly any work carried out, irrespective of location, needs to be in the context of appropriate confidentiality and safeguarding.

## G. Feedback from consultation, Local Area Forums and Local Member views

61. A public consultation was launched on 14 July 2017. Following a mid-point review of the consultation feedback, it was decided that providing more information would be useful. This was added to the consultation and included more detail on the current services and how these would change with the proposed new structure. This additional information was published on 4 September 2017. This second phase of the public consultation was extended for a further 6 weeks to allow sufficient time for the public to respond, closing on 16 October 2017. Focus groups were held across the county with targeted families who were less likely to respond to an on line survey, and sessions with young people were run by the Youth Service. The findings from these were fed into the overall report on the consultation. In summary, the consultation response was positive about the broad principles of the proposed model, but wanted to retain valued services such as Children's Centres. The consultation feedback is attached as Appendix 3.

- **Residents' responses:** although there was 'net' agreement with the proposal overall, there were relatively high levels of both agreement and disagreement with the proposal. Half of residents (50%) agreed with the proposal and three in ten (32%) disagreed. Approximately two in ten residents (18%) either didn't have a strong opinion (neither agreed nor disagreed) or didn't know.
- Half of the resident respondents provided further considerations or made further comments regarding the proposals, which were categorised into topics. The main topics raised were regarding 'Early Help' services (for example providing services that are open to all to use, wanting immediate help when needed through non-targeted services), 'Access' (for example providing local, easy to access services), considerations regarding their understanding of the proposals ('clarity') and concerns regarding service closures.
- **Organisations' responses:** As with residents, there were relatively high levels of both agreement and disagreement with the proposal. Approximately six in ten of respondents from organisations (56%) agreed with the proposal and three in ten (31%) disagreed. Approximately one in ten respondents (13%) either didn't have a strong opinion (neither agreed nor disagreed) or didn't know.
- Organisations' main comments or considerations fell into similar categories as those expressed by residents, including concerns regarding service closures, accessibility, their understanding of the proposal and its 'clarity'.
- **Youth Service Users:** The consultation was also open to children and young people who are users of the councils Youth Service to complete. A total of 79 young people aged between 14 and 24 completed the survey at these centres, where disagreement with the proposals was higher (at 52%) than residents or organisations and levels of agreement were also lower (at 11%).
- **Focus Groups:** Three Focus Groups took place with 16 people that were invited from a range of the current services provided to children, young people and families. Topics covered included 'Assessing Services', 'One Family Worker' and understanding what 'Early Help' means to the group.

62. An article was distributed via member services to Local Area Forums to generate discussion; an article was also included within parish newsletters. Members were provided with a pack of information and an article to share with their local area.
63. A number of written representations were received from commissioned providers, the voluntary sector and political groups. These were responded to by the Cabinet member when received, and have also fed into the consultation report overall. A number of individual partner responses have been received; these have also fed into the consultation and help define the new model.
64. Two public petitions have been received opposing the closure of Children's Centres, one with a total of 2,222 signatures and the other with a total of 179 signatures. These have been considered as part of the consultation report to Cabinet.
65. County council member briefings were held in February, May, June and October 2017.
66. A Council budget consultation took place 17 October – 19 November 2017. It is acknowledged that protecting vulnerable children was high amongst the priorities of respondents. Results showed <sup>14</sup>:
- Residents' views: protecting vulnerable children was the 3rd highest priority for keeping spending the same, and the lowest priority for making any savings from.
  - Views of those people responding from organisations: protecting vulnerable children was the highest priority for keeping spending the same, and the lowest priority for making savings.

The reductions in spend within Children's Services are about focussing services to meet need more effectively. However, Children's Social Care budgets have been increased to cover for demographic growth and inflation.

## **H. Communication issues**

67. Service user, staff and stakeholder engagement has taken place in order to inform the proposed model. This has taken the form of open access stakeholder, staff and partner workshops (November 2016 – January 2017) and engagement with specific groups of service users over the same period. Additionally, there has been an analysis of feedback from service users locally and nationally over the last 3 years.
68. As indicated above, the consultation feedback is attached as an Appendix 3 to this report. A formal full staff consultation of 45 days will be required after the Cabinet decision prior to full implementation.

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<sup>14</sup> Budget consultation results for Council's 2018/19 budget:  
<https://democracy.buckscc.gov.uk/documents/s106652/Appendix%206%20-%20Summary%20of%20consultation%20repsponses.pdf>

69. Through the public consultation results and focus groups with families, it is clear that the term 'Early Help' is confusing and has different connotations, including 'early' indicating providing for a younger age group (0-5's) and 'help' indicating crisis point. Therefore we propose that we will re-brand the service, gaining service users views to inform the new name of the service.

## **I. Progress Monitoring**

70. Implementation of the new service will be through the Change for Children Programme Board and reported regularly to the cabinet members for Children's Services and Education and Skills. Once the new service is fully established, the project management and governance arrangements will transfer to normal operational management arrangements. The Children's Partnership Board will monitor the new Early Help Service.

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## **Background Papers**

**Appendix 1:** Early Help Strategy

**Appendix 2:** Needs analysis summary county level

**Appendix 3:** Public consultation results

**Appendix 4:** Mapping of Voluntary and Community Sector (VCS) provision for children and families across the county, by the proposed indicative 9 geographical team areas.

**Appendix 5:** Equality and Voluntary and Community Sector Impact Assessment

**Appendix 6:** Map of current Children's Centre locations

**Appendix 7:** Map of Buckinghamshire showing Income Deprivation Affecting Children Index (IDACI), current location of children's centres, identifying 9 proposed Early Help team bases.

**Appendix 8:** Map showing proposed indicative 9 geographical team base areas (to follow as a supplement)

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## ***Your questions and views***

*If you have any questions about the matters contained in this paper please get in touch with the Contact Officer whose telephone number is given at the head of the paper.*

*If you have any views on this paper that you would like the Cabinet Member to consider, or if you wish to object to the proposed decision, please inform the Democratic Services Team by 5.00pm on Friday 05 January 2018. This can be done by telephone (to 01296 382343) or email [democracy@buckscc.gov.uk](mailto:democracy@buckscc.gov.uk)*



*Together... Keeping Children Safe*

# Early Help Strategy

September 2017



Buckinghamshire



**Safeguarding  
Children Board**

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# Foreword

As a partnership, our Early Help Strategy is central to our ambition for children, young people and their families, for them to thrive and contribute to our community.

This Early Help Strategy document will set out how all partners will work together to plan and deliver a range of provision to support children, young people and their families at the earliest opportunity. It is based on the views of children and their families as well as local and national evidence around need and what works.

This strategy document will:

- Define what we mean by Early Help in Buckinghamshire
- Articulate the values that inform the development and delivery of services
- Set out Buckinghamshire's ambition for the development of Early Help
- Outline how we will know we are making a difference: our success criteria underpinned by an effective performance monitoring system arrangement

This strategy is designed for staff across Buckinghamshire at all levels from Chief Executives and strategic managers to frontline, operational staff. It is supported by multi-agency guidance and procedures which will be helpful to practitioners in their everyday working environment.

I would like to commend this Early Help Strategy to you.



**Warren Whyte**  
*Cabinet Member for Children's Services*

# 1

## What is Early Help?

*“Early Help is intervening early and as soon as possible to tackle problems emerging for children, young people and their families or with a population most at risk of developing problems. Effective intervention may occur at any point in a child or young person’s life”*

*Centre for Excellence and Outcomes (2010)*

Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child’s life, from the foundation years through to the teenage years. Early help can also prevent further problems arising, for example, if it is provided as part of a support plan where a child has returned home to their family from care. Effective early help relies upon local agencies working together with families to:

- Identify children and families who would benefit from early help
- Undertake an assessment of the need for early help
- Provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to significantly improve the outcomes for the child.

Local authorities, under Section 10 of the Children Act 2004, have a responsibility to promote inter-agency cooperation to improve the welfare of children’ (Working Together 2015).

There are financial, academic and ethical reasons for Early Help. The Early Intervention Foundation <http://www.eif.org.uk/> provides evidence of the costs of late interventions, and evaluates interventions for their effectiveness.

“We’ve been able to find ways to resolve our problems and to find strategies. It has helped tremendously at building our family back up and has made it stronger.”



Early Help in Buckinghamshire consists of all the help available to children and families at levels 1, 2 and 3 of the 4 level Thresholds document

[http://www.bucks-lscb.org.uk/wp-content/uploads/BSCB-Procedures/Thresholds\\_Document\\_Sept\\_2015\\_final.pdf](http://www.bucks-lscb.org.uk/wp-content/uploads/BSCB-Procedures/Thresholds_Document_Sept_2015_final.pdf)

- **Level 1** – children whose needs are met within universal services. May need limited intervention to prevent needs arising
- **Level 2** – children with additional needs identified that can be met through a single agency response and partnership working
- **Level 3** – children with multiple needs requiring a multi-agency coordinated response with a lead professional
- **Level 4** – children with a high level of unmet and complex needs or a child in need of protection

At level 3, where children and families have complex and multiple issues, requiring multi agency support, agencies come together to provide support using common tools and processes.

Our approach to Early Help in Buckinghamshire is family centred, consent-based and focused on working collaboratively with families to build their resilience. A critical ingredient to successful working is the need for families to make a commitment to change.

## Our Mission

We want all children and young people in Buckinghamshire to live in resilient families, to be happy, safe and healthy and to grow up with skills, knowledge and attributes to be confident and independent; ready for adult life.

As partners we want to work together to provide a seamless service to children and their families, preventing the escalation of need and ensuring targeted, timely interventions that are supported by effective multi agency practices.

## Our ambition

- The right support at the right time for children and their families
- Building resilience for families and the community
- A trusted lead family worker families can rely on
- All the family's concerns and needs tackled together, not separately
- Children and families only have to tell their story once
- Real, positive outcomes
- Moving resources from specialist services to Early Help provision over time

We will do this by:

- Identifying the children, young people and their families who need extra help and support at the earliest opportunity
- Working together as a strong partnership to deliver an effective local offer of support
- Delivering a whole-family approach to make a difference and achieve good outcomes
- Supporting children, young people and their families to connect to their communities so as to build networks of friendship and increasing emotional resilience and mental health and wellbeing

## Our values

Early Help strategies are based on and require full commitment to multi- agency working, with consistency of approach. We recognise that professionals from across the partnership who are working with children and families have vital contributions to make in order to improve the quality of life of children, young people and their families in our county.

It is because a child or family can experience an array of problems all at once that early help requires a multilevel, holistic approach. Early help is about working with children and families: A collaborative approach to providing effective support.



“I’m getting along with my brother a bit better. I’m getting more attention from mummy.” (7 year old girl)

Our work is underpinned by the following values:

- Early Help is ‘everybody’s business’
- Services should be high quality, evidence based and accessible
- Intervening as early as we can, at the first signs of potential need
- Our workforce will be confident, well trained and supported to engage and intervene with children, young people and their families to offer Early Help
- We will make full use of community assets and resources as a key component of our partnership approach

# 2

## Early Help Strategic Governance

### The Children's Partnership Board

The Children's Partnership Board has responsibility to provide strategic direction and oversight of the implementation and delivery of Early Help in Buckinghamshire. The group develops the Early Help Strategy, and monitors and evaluates the impact of Early Help across the partnership, against the agreed outcomes. It holds partners to account for their part in Early Help and ensures regular communication across the partnership around developments in Early Help.



“You were the light at the end of my tunnel.”

### Buckinghamshire Safeguarding Children Board

Local Safeguarding Children's Boards are multi-agency partnerships which are responsible for coordinating local arrangements for safeguarding and promoting the welfare of children and ensuring that these arrangements are effective. The Buckinghamshire Safeguarding Children Board has a role in monitoring the effectiveness of Early Help across agencies.

This strategy is jointly owned by The Children's Partnership Board and Buckinghamshire Safeguarding Children Board. They will jointly scrutinise performance to ensure a high quality Early Help service is delivered.

# 3

## Outcomes

### Measuring success

Success will be directly measured by the outcomes experienced by children, young people and their families.

We will use the Early Intervention Foundation guidebook and evaluation guidance to inform our outcomes framework <http://guidebook.eif.org.uk/>

We have identified a number of indicators both qualitative and quantitative to measure our success. We will continue to develop key performance indicators against each measure. We will include feedback directly from children, young people and families to understand the impact that we have on their lives, as part of our measures of success. Performance and impact will be monitored quarterly.

Our Early Help Strategy is built on our Troubled Families Outcomes Plan, which is an integral part of the clear and coordinated Early Help Service in Buckinghamshire. It supports partners to work together with families to make positive changes to their lives.

The six Troubled Families Outcomes measures are the basis for our performance measures and indicators.

### Troubled Families national criteria:

#### Reduction in:

- Parents and young people involved in crime and antisocial behaviour
- Children who have not been attending school regularly
- Children who need help
- Adults out of work or at risk of financial exclusion, and young people at risk of worklessness
- Families affected by domestic abuse and violence
- Parents and children with a range of health problems

Additionally, we will continue to monitor the following key performance indicators:

#### Increase in:

- Uptake of Early Help Assessments



- Uptake of children attending early year's education programs for both two year old and three to four year old offers
- Quality rating for children using the two year old and three to four year old offers

“From day one I felt I was able to talk and was being listened to. I instantly felt I wasn't alone and isolated in how I felt.”



#### Reduction in:

- The number of children not 'school ready' using either the Early Years Foundation Stage Profile or the new Reception Entry measure suite as recommended by the Department for Education
- The number of referrals to First Response that require either an Early Help service or no further action from Social Care
- The number of children and young people living in workless households
- The number of children and young people experiencing domestic abuse
- The number of children and young people experiencing parental mental ill-health
- The number of children and young people experiencing parental substance misuse
- The number of children in need requiring statutory intervention
- The number of children and young people on a child protection plan
- The number of children and young people who enter the looked-after-children system
- The number of school exclusions for children and young people
- The gap in attainment levels for children and young people
- The numbers of young people who are not in Education, Employment or Training



## Useful links

Thresholds document

<http://www.bucks-lscb.org.uk/professionals/thresholds-document/>

Further Guidance on the Thresholds document

<http://www.bucks-lscb.org.uk/professionals/thresholds-document/>

Good Practice Guide/Early Help Toolkit

<http://www.bucks-lscb.org.uk/professionals/early-help-toolkit/>

Safer Bucks Plan 2016-2017

<http://www.buckscs.gov.uk/media/1287/safer-bucks-plan-2016-17.pdf>

Special Educational Needs & Disabilities Strategy

<https://www.bucksfamilyinfo.org/kb5/buckinghamshire/fsd/advice.page?id=qinScCY9QWo>

Early Intervention Foundation

<http://www.eif.org.uk/>

## Appendix 1

### Buckinghamshire: Needs Analysis

The needs analysis will be updated annually.

The Early Help Strategy informs and is informed by the Joint Strategic Needs Assessment.

#### Demographic facts - Need and Demand

- **Population** - 127k children aged 0-19 (2011), growing by 19k (15%) by 2031. The largest growth is in Aylesbury Vale (24%), followed by South Bucks (16%), Wycombe District (9%) and Chiltern District 7%
- **Worklessness** - There are higher concentrations of unemployment among 16-64 year olds (approx. 2k) in the counties key towns, but there are also isolated pockets of unemployment in some of the more isolated rural areas in the county. This pattern is similar for 16-24 year olds claiming JSA (approx. 100)
- **Disadvantage** – Areas where levels of deprivation are relatively high (and affect a large number of people within that local area) predominately appear in the urban centres of Aylesbury, Wycombe and Chesham (as measured by the Indices of Multiple Deprivation). Note that individuals are affected by disadvantage in other areas of the county, but those affected are not concentrated in particular areas in the same way as they are in the town centres. The ACORN classification shows that 21% of the population live in areas categorised as ‘Financially Stretched’ or as ‘Urban Adversity’
- **Crime** – ‘Violence and sexual offences’, Anti-Social Behaviour and ‘other Theft’ are the most common alleged offences in Bucks districts. There were approx. 29k crimes reported in Buckinghamshire during 2016. Crime is highest in towns and in areas of South Bucks District. During 2015-16, young people from Bucks committed 412 offences, with 20% of these committed by those 10-14 years of age. The most common offences types were Violence Against the Person and Criminal Damage. In comparison with the south east region, there were higher proportions of young people offending from Black and Minority ethnic groups.
- **Alcohol and Drugs** – Approx. 6.5% of 15 year olds drink alcohol in Buckinghamshire and it is estimated that 2.6k (5.1%) of 16-24 year olds are frequent drug users. It is also estimated that approx. 6.2k (2.2% of adults aged 16-59 are frequent drug users)
- **Mental Health** – it is estimated that between 1.8k and 3.0k women have mental health issues during and post (up to 1 year after) pregnancy. Note that there are approximately 6k births annually in Buckinghamshire and approximately 2.5% of non-premature babies have a low birth weight (2.5kg)

- **Domestic Violence** – There are a large number of Domestic incidents reported to the police (7.9k in 2015/2016), 2.4k of which are recorded as domestic crimes. There are higher concentrations of incidence in the main towns e.g. Aylesbury, High Wycombe Chesham, Buckingham etc. and in some areas of South Bucks e.g. Iver

### **Current service use – existing demand**

The geographic concentrations of children and young people using a range of Family Support services has been considered to understand where existing demand for services is highest and areas where demand is more dispersed – across six services: Family Resilience Service, Early Help Service, Families First, Children's Centres, Children in Need and Child Protection services.

Around 2/3rds of demand is situated in:

- **Aylesbury and High Wycombe** alone account for approximately half of all service users
- **Chesham** is the next biggest town in terms of service users between 5 and 8%
- **Buckingham, Amersham, Burnham & Lent Rise, Beaconsfield, Marlow and Princes Risborough** all have high proportions of service users across all of the six services (between 2% and 4%)

Other areas account for a large proportion of the demand (the remaining 1/3<sup>rd</sup>) but are geographically dispersed - the model will have to consider how to reach these service users. There are three types of area

- **17 towns and villages** where demand is much lower (with a maximum number of service user of between 1% and 2%)
- **35 towns and villages** that have much smaller numbers of service users
- **Rural areas** which account for between 5% and 11% of service users depending on the service

Key findings of the 2017 Child Health Profile for Buckinghamshire indicate that:

- Approximately 122,200 children and young people under the age of 18 years live in Buckinghamshire. This is 22.9% of the total population in the area (534,700 people), which is slightly above the English average of 21.3%<sup>1</sup>
- The health and wellbeing of children in Buckinghamshire is generally better than the England average. Infant and child mortality rates are similar to the England average
- The level of child poverty is better than the England average with 10.5% of children aged under 16 years living in poverty. The rate of family homelessness is better than the England average
- Children in Buckinghamshire have better than average levels of obesity: 7.1% of children aged 4-5 years and 15.3% of children aged 10-11 years are classified as obese
- Smoking in pregnancy is known to increase the risk of a baby having a low birthweight. The percentage of women smoking in pregnancy is lower than the England average, with only 7.4% of women smoking while pregnant. The percentage of babies being born with a low birthweight is similar to the England average
- In 2015/16, there were 13,030 A&E attendances by children aged four years and under. This gives a rate which is lower than the England average. The hospital admission rate for injury in children is similar to the England average, and the admission rate for injury in young people is higher than the England average

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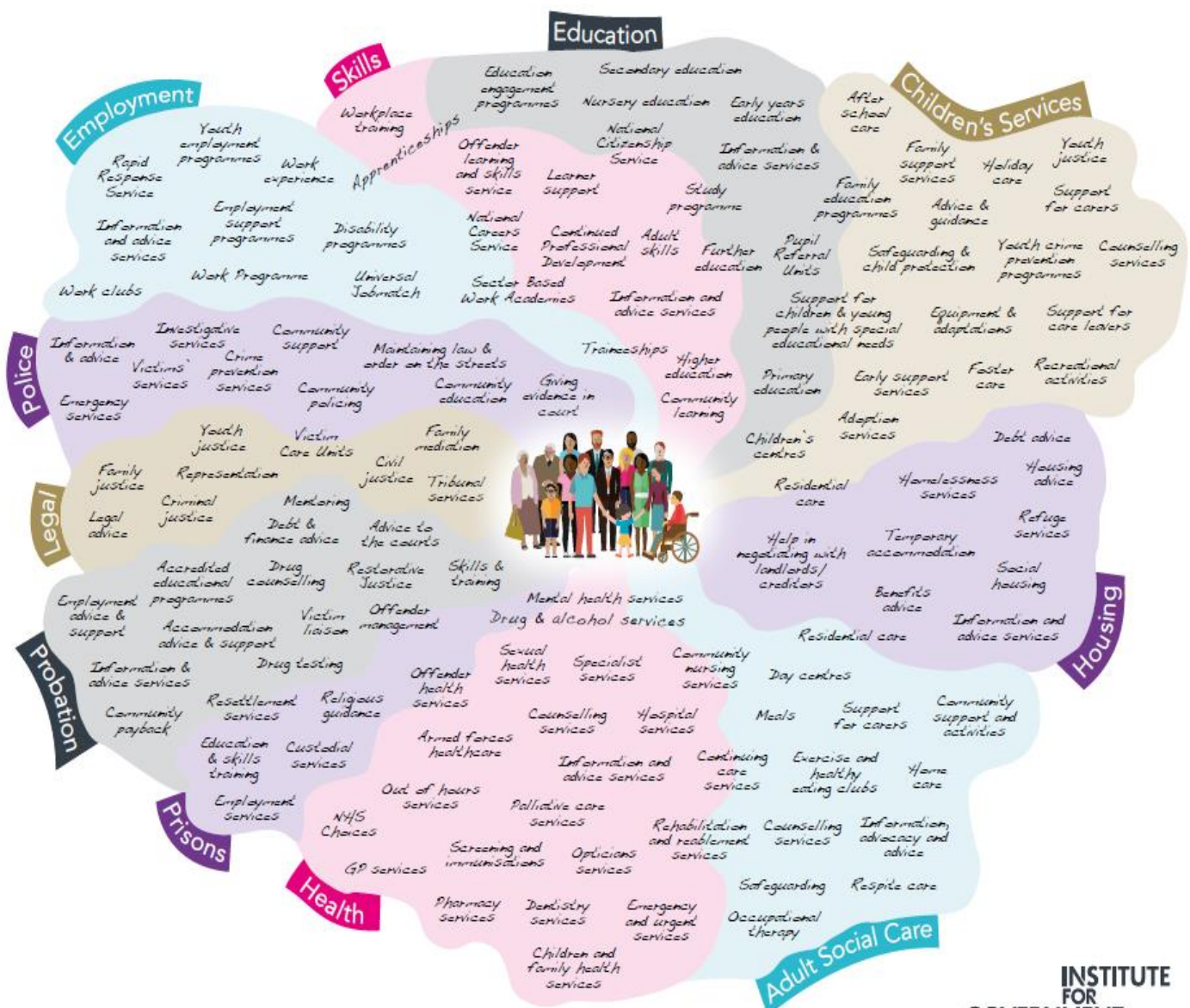
<sup>1</sup> Office of National Statistics, Mid-year population estimates 2016 (realised summer 2017)

## Appendix 2

### The National Context

The map below illustrates the complex nature of services for children, young people and families. All of these are useful, many are essential. However, together they can make up a web which families find very hard to navigate and which often militates against them receiving the right support at the right time.

#### THE LANDSCAPE OF PUBLIC SERVICE DELIVERY AT A LOCAL LEVEL



## Drivers for change – National context

National policy is moving to a more co-ordinated approach to problem solving and service delivery to ensure a better use of public assets. Many other local authorities have already taken decisions to streamline and co-ordinate Early Help services to be more effective for users, better value for money for residents and more sustainable in the long term. There is increasing evidence that this approach is producing better outcomes and reductions on statutory services. The main finding in the current research is that strong political and cross partnership leadership is essential for the successful implementation of any new approaches.

Work undertaken by the Early Intervention Foundation, the Washington State Institute for Public Policy, the Dartington Social Research Unit, MP Frank Field's review on the Foundation Years, MP Graham Allen's review of Early Intervention, Education Endowment Trust and the work of the WAVE Trust among many others provide enough evidence that Early Help can reduce demand on more reactive and expensive services.

Enabling children, young people and their families to reach their full potential has been a common theme in a number of reviews commissioned by successive governments (Munro, Marnet, Tickell, Allen, Field). They all independently reached the same conclusion that it is important to provide help early in order to improve outcomes. Nationally, interest is growing in an evidence base for early intervention and in particular a need to demonstrate effectiveness to produce cost savings in more specialist and acute services. It is important to recognise that early intervention is not a one-off fix but a highly targeted process and approach – a way of working with specific outcomes.

There has been a substantial increase in demand for Children's social care statutory services nationally, above the increase in population growth. This demand is projected to continue to rise. The reasons for this are complex, but include demographic changes and pressures, reductions in universal services provided by local authorities and other partners and anxiety experienced by front line practitioners about perceived risk to children. This means that more children and their families are already having and will increasingly have intrusive, often unwelcome and costly statutory intervention.

There are many problems which impact negatively on a family and children living within that family. It is the combination of problems which has most impact on children. Problems for children commonly appear in the early years and in adolescence – key times for brain development as well as physical development.

Currently most Early Help services are focused on a particular age group, a single issue or one approach. Feedback from children and families captured nationally has consistently shown that this is not the best approach to improve outcomes and build resilience. Problems within a family invariably link together and impact across the family. For example, parental mental health issues are likely to impact on their employability but also on the attendance, behaviour and attainment of their children in school. Similarly, one child's serious or long term disability or learning difficulty

brings both mental and financial pressures onto the whole family, while domestic abuse or relationship problems are proven to have serious consequences for the long term outcomes of children. These families with multiple needs: mental ill-health, domestic abuse and substance abuse are all indicators of increased risk of harm.

“Time and again, it seems that the combination of problems is much more likely to have a detrimental impact on children than a parental disorder which exists in isolation” Cleaver et al (2011). So tackling one problem or one individual is less likely to be effective than dealing with everything that is going on for the family as a whole.





## Summary of Needs Analysis: County level

### Demographic facts - Need and Demand

- **Population** - 127k children aged 0-19 (2011), growing by 19k (15%) by 2031. The largest growth is in Aylesbury Vale (24%), followed by South Bucks (16%), Wycombe District (9%) and Chiltern District 7%.
- **Worklessness** - There are higher concentrations of unemployment among 16-64 year olds (approx. 2k) in the counties key towns, but there are also isolated pockets of unemployment in some of the more isolated rural areas in the county. This pattern is similar for 16-24 year olds claiming JSA (approx. 100).
- **Disadvantage** – Areas where levels of deprivation are relatively high (and affect a large number of people within that local area) predominately appear in the urban centres of Aylesbury, Wycombe and Chesham (as measured by the Indices of Multiple Deprivation). Note that individuals are affected by disadvantage in other areas of the county, but those affected are not concentrated in particular areas in the same way as they are in the town centres. The ACORN classification shows that 21% of the population live in areas categorised as 'Financially Stretched' or as 'Urban Adversity'.
- **Crime** – 'Violence and sexual offences', Anti-Social Behaviour and 'other Theft' are the most common offences in Bucks districts. There were approx. 29k crimes committed in Buckinghamshire during 2016. Crime is highest in towns and in areas of South Bucks District. Young people aged 10-17 committed 412 crimes – 1/5<sup>th</sup> of these were committed by those aged 10-14 and there were higher proportions of young people from Black and Minority Ethnic Groups committing crimes.
- **Toxic 3 - Alcohol and Drugs** – Approx. 6.5% of 15 year olds drink alcohol in Buckinghamshire and it is estimated that 2.6k (5.1%) of 16-24 year olds are frequent drug users. It is also estimated that approx. 6.2k (2.2% of adults aged 16-59 are frequent drug users.
- **Toxic 3 – Mental Health** – it is estimated that between 1.8k and 3.0k women have mental health issues during and post (up to 1 year after) pregnancy. Note that there are approximately 6k births annually in Buckinghamshire and approximately 2.5% of non-premature babies have a low birth weight (2.5kg).
- **Toxic 3 – Domestic Violence** – There are a large number of domestic incidents reported to the police (7.9k in 2015/2016), 2.4k of which are recorded as domestic crimes. There are higher concentrations of incidence in the main towns e.g. Aylesbury, High Wycombe Chesham, Buckingham etc. and in some areas of South Bucks e.g. Iver.

### Current service use – existing demand

The geographic concentrations of children and young people using a range of Family Support services has been considered to understand where existing demand for services is highest and areas where demand is more dispersed – across six services: Family Resilience Service, Early Help Service, Families First, Children's Centres, Children in Need and Child Protection services.

Around 2/3rds of demand is situated in:

- **Aylesbury and High Wycombe** alone account for approximately half of all service users
- **Chesham** is the next biggest town in terms of service users with between 5%
- **Buckingham, Amersham, Burnham & Lent Rise, Beaconsfield, Marlow and Princes Risborough** all have high proportions of service users across all of the six services (between 2% and 4%).

Other areas account for a large proportion of the demand (the remaining 1/3<sup>rd</sup>) but are geographically dispersed - the model will have to consider how to reach these service users. There are three types of area

- **17 towns and villages** where demand is much lower (with a maximum number of service user of between 1% and 2%)
- **35 towns and villages** that have much smaller numbers of service users
- **Rural areas** which account for between 5% and 11% of service users depending on the service.

### Key geographical areas of need

As Aylesbury and High Wycombe are key locations where the majority of the demand in the county is centred (around half), in terms of service users, a range of demographic/ socio-economic factors that are related to demand (e.g. deprivation), as well as the higher density of populations in these areas.

Within **Aylesbury**, Quarrendon (including Berryfields), Buckingham Park and Southcourt have higher concentrations of demand for services and key demographic characteristics related to this – including overall deprivation (Indices of Multiple Deprivation, IMD), (Income Deprivation Affecting Children (IDACI), unemployment, domestic violence. Other neighbourhood areas within Aylesbury with higher levels of service usage are located to the south of the station (near Oakridge school) and near William Harding school. Crime rates are higher in the centre of Aylesbury (which is likely to be linked to where people spend their free time) as well as in some of the areas highlighted above.

Within **High Wycombe** higher levels of demand also tend to be situated in areas with higher levels of relative deprivation, higher levels of unemployment and higher levels of domestic violence. A range of neighbourhoods were highlighted as having higher demand (where socio-economic and demographic factors are also more concentrated) including Downley, Mickelfield, Rymead, Castlefield (and its surrounding area) and the area around Totteridge Road. Other neighbourhood areas which had higher demand for some (but not a large number) of services include; Flackwell Heath, the area of Tinkers Wood and Kingsmead. As with Aylesbury, High Wycombe has very high concentrations of crime within its town centre and slightly elevated rates in other areas which also tend to be where service use is higher.

**Chesham** is also an important location where between 5% and 8% of demand for services is clustered, as well as higher than average deprivation (particularly deprivation affecting children - IDACI), crime and domestic violence. Key neighbourhoods are: Newton, Vale, Ridgeway and Waterside.

The following towns also have relatively high proportions of service users (between 2% and 4%) and/ or characteristics often linked to demand:

- **Buckingham** – a range of neighbourhoods in Buckingham are highlighted including the north of the town (IDACI deprivation indicator and domestic violence), areas in and surrounding the town centre have higher levels of crime and some neighbouring villages have higher concentrations of service users – Tingewick and Twyford.
- **Amersham** – there are some smaller pockets of unemployment and the town is affected (but to a lesser extent) by deprivation affecting children. There are some levels of crime and domestic abuse but levels are lower than in other towns. Service use is higher in Amersham on the Hill.
- **Burnham & Lent Rise** – There are some pockets of unemployment (particularly to the north of Burnham), and some higher (but not highest) levels of deprivation both in terms of overall IMD and IDACI. Crime rates are higher (although not the highest), which is generally the case across all of South Bucks – this may be due to the much higher rates of ‘other theft’ in this district. Domestic Violence is higher in the north of Burnham. This area (Burnham Church North) also tends to have higher rates of service use.
- ↳ • **Beaconsfield** – although Beaconsfield is an affluent town with one of the most wealthy profiles in the County it also has some pockets where service use is higher (Beaconsfield East and West) and some specific areas where unemployment is higher than other areas. The position regarding crime appears similar to Burnham.
- **Marlow** – there are some very specific pockets where unemployment and IDACI is higher in Marlow which is also generally an affluent town. There are also some areas where Domestic Violence reported to the police is relatively high. Service use is higher towards the South East of Marlow, in Handy Cross and in Marlow Bottom.
- **Princes Risborough** – like some of the other towns in this section there are higher pockets of unemployment in Princes Risborough and some moderate levels of Domestic Violence reported. Although there tends to be moderate levels of service use in the town, with some higher concentrations of service use to the west of the town in Bledlow and Bradenham.

As well as the areas highlighted above demand for services also tends to be spread across a wide range of other smaller towns, villages and rural areas. There are some areas where there are still fairly high concentrations of demand which tend to be in:

- **Aylesbury Vale** – Wendover (Halton), Steeple Claydon, Winslow, Ivinghoe & Pitstone.
- **Chiltern** – Little Chalfont (near to Dr Challoners High School), Central Chalfont St Giles, Prestwood and Jordons and Dibben Hill
- **South Bucks** – Farnham Royal/Farnham Common, Iver, Gerrard’s Cross East and South West
- **Wycombe** – Loudwater and the rural area of Lane End located just outside of High Wycombe.



# **Improving Services for Children and Young People Consultation**

## **Final Results**

## **October 2017**

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## **Executive Summary**

### **Introduction**

This consultation aims to understand the views and opinions on the Councils proposal to re-design existing services to create a new 'Early Help' service for children, young people and families.

It consisted of a formal quantitative survey, so that levels of agreement and disagreement with the proposal could be quantified, as well as focus groups to understand some resident's views in more depth. The survey was open to a wide variety of stakeholders, including the public, organisations, and young people who are users of the councils youth services.

The quantitative survey was available on the councils website, through paper copies within libraries and through the councils youth service. The council helped to ensure that stakeholders were aware of the consultation by promoting it on a comprehensive webpage, adverts on the BCC website homepage and across other local media; as well as through targeted communications including promotions through Bucks Family Information Service, social media and direct letter/email to parents through schools.

The consultation ran from 14 July 2017 to 16 October 2017, where the survey was completed by 1,991 residents, 365 organisations and 79 young people using Youth Services.

### **Residents**

The consultation was mainly completed by families with children (85%) who are the main target group for these services. Over half of this group had children aged under 5 in their household, (which is twice the proportion of the Buckinghamshire population profile for households with children) and respondents where their children had disabilities made up 22% of all respondents with children (which is seven times higher than the Buckinghamshire profile of children with disabilities). The profile of adults responding was similar to the Buckinghamshire profile across a range of other demographic characteristics.

Taking into account the proportion of people who agreed, as well as those who disagreed with the proposal, there was net positive agreement with the proposal of 18% of residents.

Although there was 'net' agreement with the proposal overall, there were relatively high levels of both agreement and disagreement with the proposal. Where half of residents (50%) agreed with the proposal and three in ten (32%) disagreed. Approximately two in ten residents (18%) either didn't have a strong opinion (neither agreed nor disagreed) or didn't know.

The proportion of people agreeing or disagreeing with the proposals was different for specific groups of people. For example, respondents whose children had disabilities or children aged 10-14 were more likely to agree with the proposals, and respondents whose children were aged under 5 or those providing further comments were more likely to disagree with the proposals.

Half of respondents provided further considerations or made further comments regarding the proposals, which were categorised into topics. The main topics raised were regarding 'Early Help' services (for example providing services that are open to all to use, wanting immediate help when needed though non-targeted services), 'Access' (for example providing local easy to access services), considerations regarding their understanding of the proposals ('clarity') and concerns regarding service closures.

## Organisations

Respondents could also complete the survey on behalf of an organisation, where the majority of the 365 respondents were from public sector organisations (54%). There were often a number of respondents from the same organisation.

Taking into account the proportion of respondents who agreed, as well as those who disagreed with the proposal, there was net positive agreement with the proposal of 25%. As with residents, there were relatively high levels of both agreement and disagreement with the proposal. Where approximately six in ten of respondents from organisations (56%) agreed with the proposal and three in ten (31%) disagreed. Approximately one in ten respondents (13%) either didn't have a strong opinion (neither agreed nor disagreed) or didn't know.

Organisations main comments or considerations fell into similar categories as those expressed by residents, including concerns regarding service closures, accessibility, their understanding of the proposal and its 'clarity'.

## Youth Service Users

The consultation was also open to children and young people who are users of the councils Youth Service to complete. A total of 79 young people aged between 14 and 24 completed the survey at these centres, where disagreement with the proposals was higher (at 52%) than residents or organisations and levels of agreement were also lower (at 11%).

## Focus Groups

Three Focus Groups took place with 16 people that were invited from a range of the current services provided to children, young people and families. Topics covered included 'Assessing Services', 'One Family Worker' and understanding what 'Early Help' means to the group.

## Petitions

While not part of the council's consultation the council notes two petitions relating to the proposals. The 38 Degrees petition with 2,222 signatures as at 16 October 2017 (regarding saving Children's Centres), and a Labour Party petition (also against Children Centre Closures), with 179 signatures as at 16 October 2017.



## Aims

This consultation aims to understand people's views and opinions regarding a broad range of services that support children, young people and families in Buckinghamshire; and how these services could be re-configured to provide support in different ways to the way that services are currently structured. These services are referred to as 'Early Help' services throughout this consultation document.

There are three overarching aims of the consultation

1. To understand residents and organisations strength of opinion regarding the councils draft proposals for re-configuring a range of 'Early Help' services
2. To understand residents and organisations considerations and comments regarding the draft proposals that they would like the council to take into account when re-configuring 'Early Help' services
3. To provide results that are sufficiently representative of key stakeholders from the broad range of services affected by the proposals to re-configure them, including:
  - Consulting with a broad range of stakeholders of the current services that would be re-configured under the proposals, including the public, organisations and children and young people using services
  - Providing an 'open to all' self-selecting consultation (survey) that enables all stakeholders to take part where they choose to do so
  - Gaining sufficient responses to understand the overall views and opinions of key stakeholders from the quantitative survey
  - Understanding the opinions of a broad range of groups of people and organisations, including differences of opinion by demographics, service usage and types of organisation.
  - Inviting a group of service users to discuss the proposals in more depth (through Focus Groups)
  - Considering the views of future service users of the 'Early Help' services

## Context to the consultation

Respondents were provided with an outline of the council's proposal for re-configuring Early Help Services within the consultation survey (below), with further detail available on the Councils website (appendix 1).

### Outline of Early Help Proposal

We want to understand your views on our proposed solution to bring together, all the people who work with children and young people aged 0 - 19, and their families, in those early days when problems are getting tough, by creating one service: the Early Help Service.

We want to:

- Support families earlier, so their circumstances improve quicker and problems don't become too difficult to manage
- Give families the tools to help them solve their own problems and also be more resilient in the future – so they know where they can go for help when they need it
- Work more collaboratively with schools and community groups to support children and young people to achieve their potential

This new service would be modelled around family workers who will be based in the community so they are closer to where the families who need our support live. This will mean they can reach out to these families to work with them at home or in places they are most comfortable. This could be a local community venue or a coffee shop. Informal venues like coffee shops are often preferred by families we have worked with who feel more able to have an open and honest conversation in a relaxed environment, creating a better relationship between the individual and the worker.



Note that background summary information to contextualise the Focus Groups was provided at the beginning of each of the Focus Groups.

## **Methodology**

### **Approach**

This consultation ran from 14 July 2017 to 16 October 2017, consisting of both a formal survey to understand the overall opinions and views of key stakeholders and three Focus Groups where representatives of service users were invited to discuss key elements of the draft proposal in more depth.

The formal survey asked for peoples and organisations opinions on their strength of agreement, or disagreement, with the Councils proposals to re-configure 'Early Help' services, as well as for any considerations or comments that they had on how these services are delivered or on the proposal.

The consultation was open to all stakeholders, through either an on-line survey which was promoted through a range of channels (see the section below) or through a paper based questionnaire in libraries to ensure that the survey could be completed without having to go online (replicating the same questions as the online survey). The online survey and the questionnaire were open to those aged 16 or over.

Market Research Society Guidelines stipulate that children under the age of 16 are not allowed to participate in research activities unless they have the consent of a 'responsible adult' (and the young person also wants to take part them self). In addition to parents, in some cases professionals can also be seen as adults who are responsible for children and young people while they are providing services to them. Considering these requirements, the council also made a paper based questionnaire available for Youth Service users to complete (again replicating the same questions as the online survey).

Focus Groups were undertaken by inviting service users from services in the scope of the draft proposal to understand more detail about the services they currently use, explore emerging issues from the consultation and what Early Help services mean to them. Attendees were recruited through the services included in the draft proposals, requesting two families per service per focus group. The services were: Youth, Adviza (Connexions), Family Resilience, Support for Parents (Barnados) and Children's Centres. Therefore a maximum of 10 representatives per focus group were expected. Three Focus Groups were run by Buckinghamshire County Council staff and took place during September in

- Aylesbury [8 invited, 7 participated – Family Resilience Service, Youth Service, Adviza Connexions Service represented. Children's Centres did not put forward any families in Aylesbury. Support for Parents representative didn't participate after confirming attendance.
- High Wycombe [7 invited, 4 participated – Support for Parents Service, Family Resilience Service, Youth Service, Children's Centre Service represented. Adviza Connexions Service didn't participate after confirming attendance
- Chesham [9 invited, 4 participated (plus 1 written response) – Support for Parents Service, Family Resilience Service, Children's Centre Service represented. Youth Services and Adviza Connexions services didn't participate after confirming attendance.

### **Sampling**

Market Research looks to understand the views and opinions of a population using a sample of the population of interest. The sample (or respondents) views are used to represent the views and opinions of the whole population so that a full Census of opinion (obtaining everyone's views) is not necessary – which can be impractical.

As the results of quantitative surveys are based on samples, Market Research uses statistical information to show the level of tolerance associated with results. The tolerance level is associated with a range of factors including the number of people responding to the survey. The information below provides a guide as to the level of tolerance (or confidence interval) that is generally associated with samples according to the number of people responding (note that other factors may also be taken into account including self-selection and geographic distribution).

The confidence with which we can make this prediction is usually chosen to be 95% - that is, the chances are 95 in 100 that the "true" value will fall within a specified range. The following illustrates the predicted ranges for different sample sizes and percentage results at the "95% confidence interval":

Size of sample on which survey result is based	Approximate sampling tolerances applicable to percentages at or near these levels		
	10% or 90% ±	30% or 70% ±	50% ±
100 responses	6	9	10
200 responses	4	6	7
500 responses	3	4	4
<b>1,000 responses</b>	<b>2</b>	<b>3</b>	<b>3</b>

For example, with a sample size of 1,000 where 70% give a particular answer, the chances are, that 95 out of 100 times in conducting surveys that the "true" value (i.e. the one which would have been obtained if the whole population had been interviewed) will fall within the range of ±3 percentage points from the survey result (i.e. between 67% and 73%).

*NB: Strictly speaking the tolerances shown here apply only to random samples; in practice good quality quota sampling has been found to be as accurate.*

**Differences in opinion by group**

Respondents were asked to complete a wide range of 'classification' questions in the survey so that the views of different groups of people or organisation could be understood where they are statistically different from other groups.

The categories of demographics that were asked and used to examine difference for residents included: age, ethnicity, disability (of respondent and of their children), gender, socio-economic ACORN group for the area that the respondent lives in, working status, those with children, services that the household use, and place of work for those in employment.

Organisations were also asked a range of classification questions including the type of organisation that they are (e.g. private business, voluntary group etc) and their location.

## Other considerations

Please note that the consultation was open with the same questions from 14 July 2017 to 16 October 2017. On the 4 September 2017 further information regarding the proposal was provided – which is referred to as Phase 2 of the consultation (see appendix 1 for the full information provided and appendix 2 for the website explanation of phases 1 and 2).

The survey was open to all residents and people representing organisations to respond – participation was self-selecting. This was not a random sample of respondents and the sample was not stratified to reflect the proportions of the people responding according to the make-up of the Buckinghamshire population. Please see the respondents profile section for more information on how the profile of respondents compares to that of the Buckinghamshire population.

Note that respondents may have completed the survey a number of times (participation was anonymous), in the organisation survey for example there are often multiple responses from the staff of an organisation. When further information on the proposals was added at Phase 2 of the consultation, respondents were encouraged to complete the questionnaire for a second time if they had further information to add.

## **Promotion of the Consultation**

The consultation was published on 14 July 2017 at [www.buckscc.gov.uk/earlyhelp](http://www.buckscc.gov.uk/earlyhelp) with a dedicated webpage, frequently asked questions and family case studies to ensure wide access. It was also available through the dedicated council 'Have your say' consultation pages.

As well as people being able to respond to the consultation online, printed copies of the survey were made available in all libraries across the county with a freepost address. The consultation was also completed with young people through group activities and one to one sessions in Youth Services, to ensure their views were captured with consent.

General promotion included:

- Comprehensive webpage and homepage advert on the BCC website
- MyBucks – council newsletter to 18,000 residents in August and October
- Weekly promotion through the BCC corporate social media channels (Facebook and Twitter)
- Local media coverage (15 online and print articles and various radio interviews and items)
- Posters in libraries and GP surgeries
- Articles and distribution through councillors, Local Area Forums and Parish Newsletters
- Promotion through internal staff newsletters, screens and other channels

Targeted communications included:

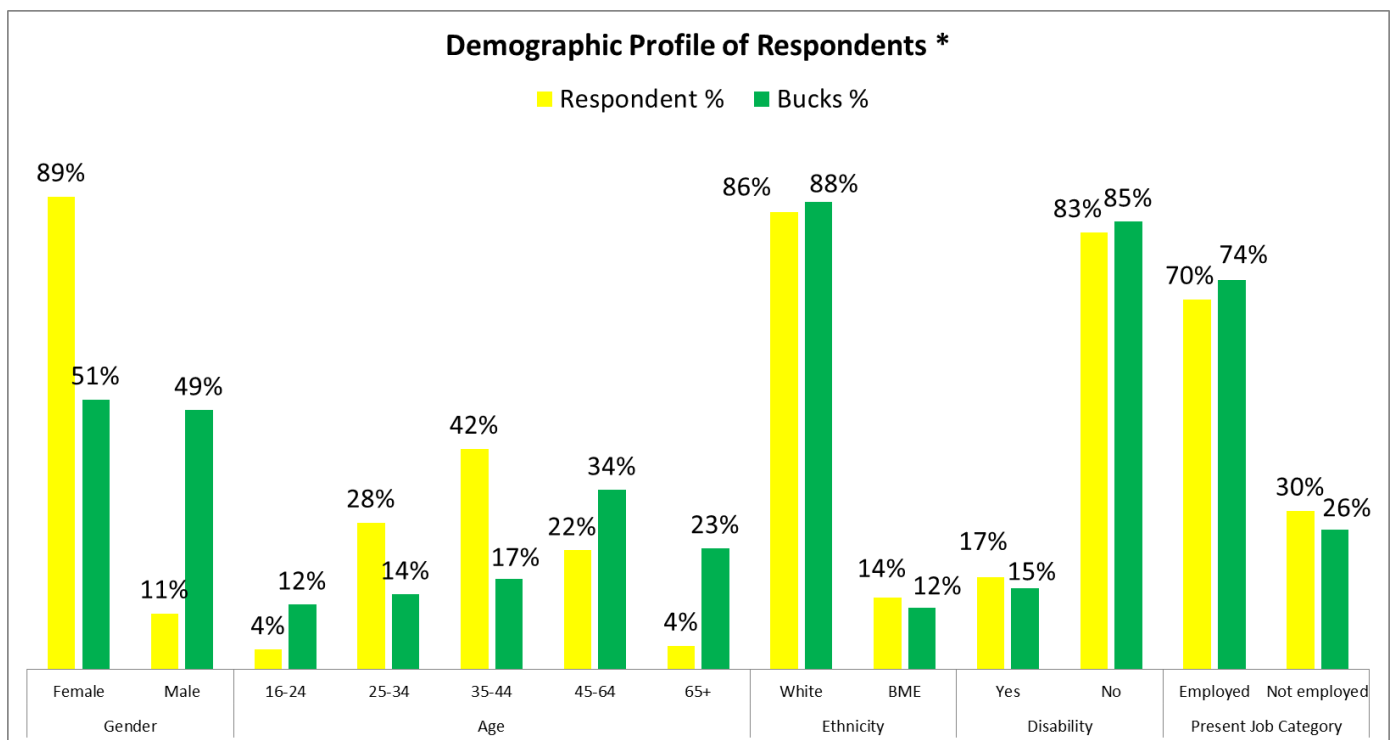
- Information sent to current early help service providers to share with their colleagues, clients and partners
- Targeted social media adverts using 'ACORN' data for those living in areas classified as 'Financially Stretched' and 'Urban Adversity' groups in Buckinghamshire (matched with being a parent/ a family)
- Promotion through Bucks Family Information Service, social media channels and website
- Articles and poster sent to local community and faith groups
- Direct letter/email sent to schools to distribute to parents as appropriate

Further detail regarding the proposal was added on 4 September. This information was available both online, as well as a supplementary document to sit alongside the printed consultation document that was sent to libraries. This was also promoted via all of the above channels.

**Respondent Profile**

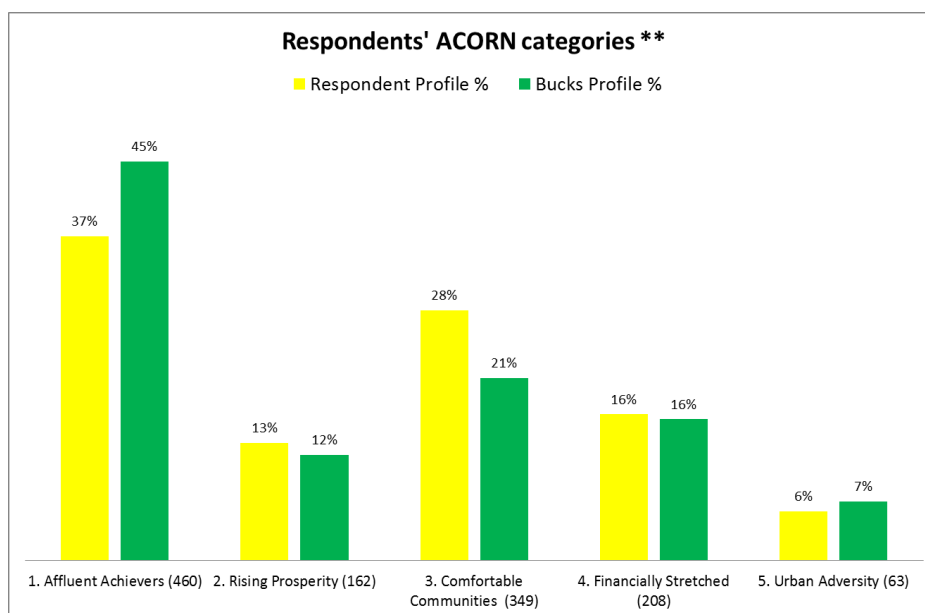
**Residents**

1,991 residents responded to the survey. 89% of respondents were female, compared with 51% of the Bucks population. The 25-34 and 35-44 age groups (together 70% of respondents) over-indexed against the Bucks population in these two age bands (31%). Adults aged 35-44 formed the largest cohort overall (42% of respondents). In terms of Ethnicity, Disability and Employment Status, the respondent profile was very similar to the county profile, with the majority being white, not disabled and in employment<sup>1</sup>.

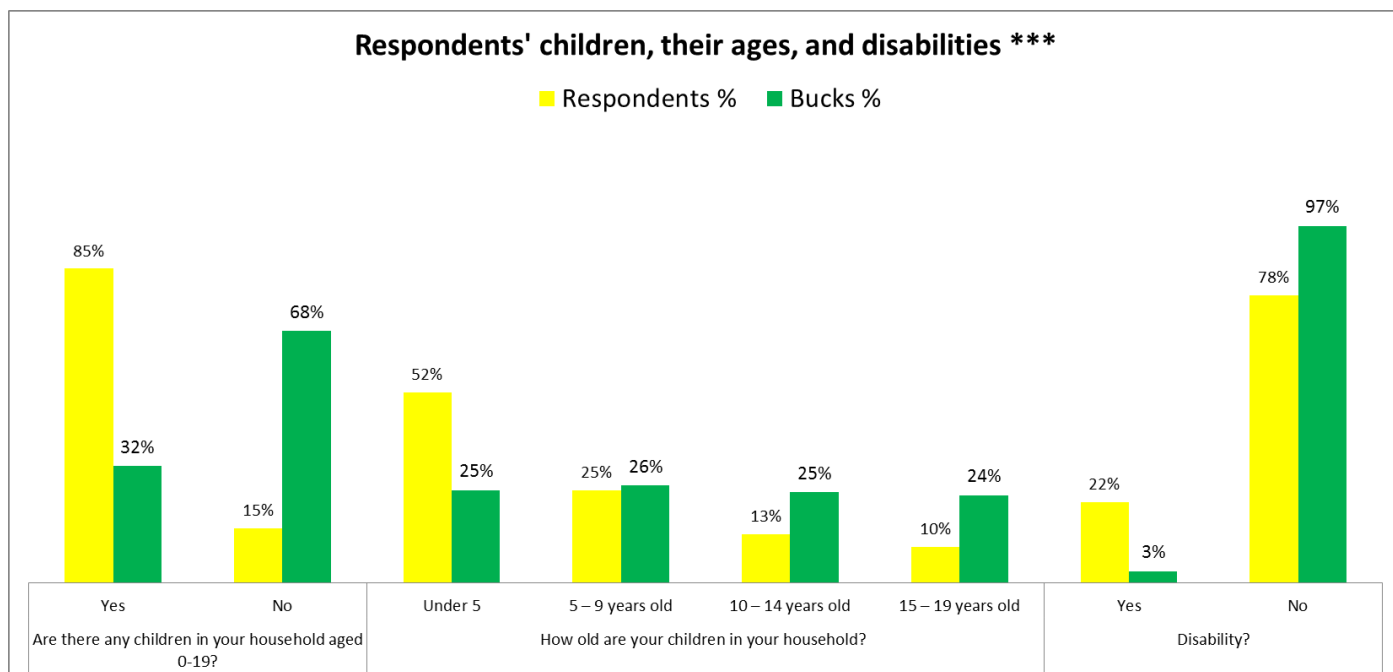


<sup>1</sup> Valid responses are those answering question 2 regarding agreement or disagreement with the Early Help proposal and those who provide their demographic information for each category above. Bucks profile is based on 16+, except Employment Status (16-74). The base number of respondents to questions on the following were: Gender (1738), Age (1991), Ethnicity (1668), Disability (1760), Employment Status (1741). BME refers to "Black or Minority Ethnic Groups".

The Acorn profile of respondents was representative of the Bucks population, particularly for the less affluent groups most in need and more likely to access services<sup>2</sup>.



The majority of respondents (85%) were families with children, compared with 32% of the Bucks population. Of the respondents with children, over half had children under 5 in the household - significantly higher than the Bucks profile (25%). The proportion of children with disabilities was seven times that of the Bucks population of children with disabilities<sup>3</sup>.



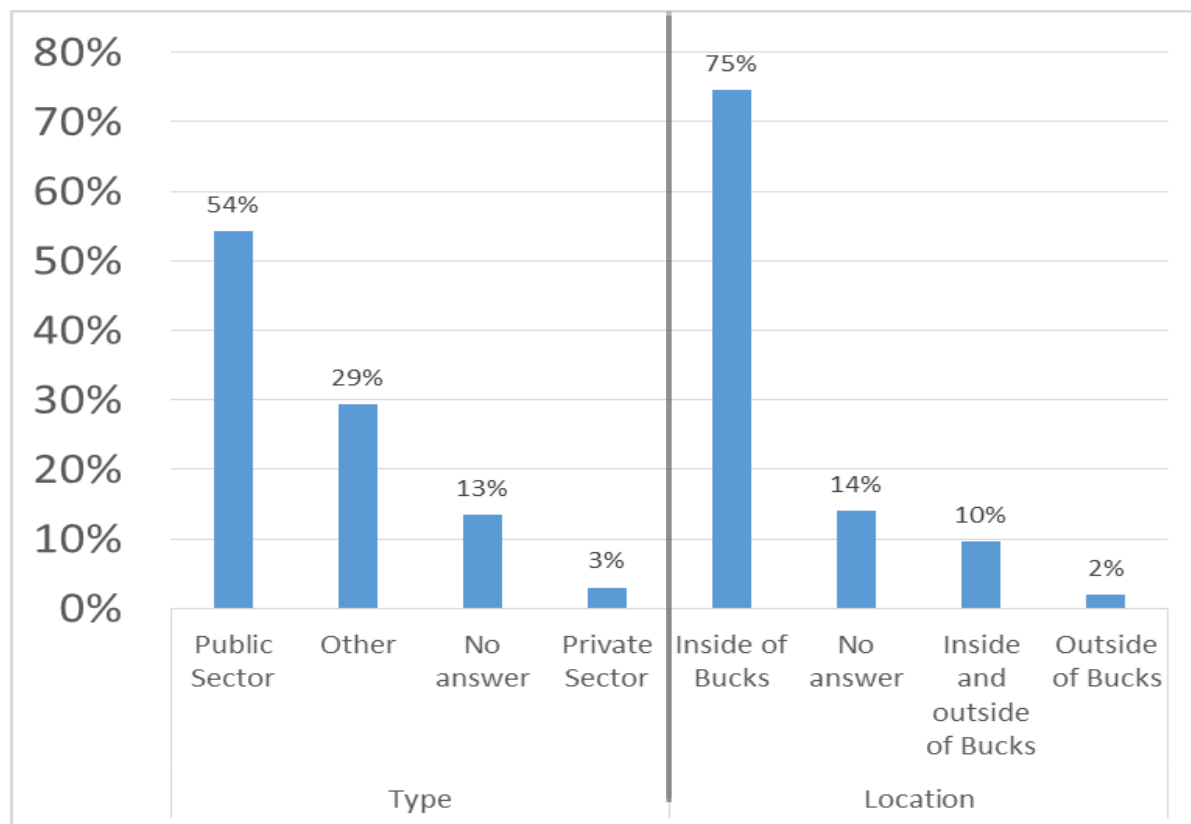
<sup>2</sup> Valid responses are those answering question 2 regarding agreement or disagreement with the Early Help proposal and those who provide their demographic information for each category above. Note that figures in brackets are respondent profile, for example results for the 'Urban Adversity' category would be accurate to +/- 14%. 1428 residents who responded were assigned an ACORN category, the remainder were "not private households" or uncategorised.

<sup>3</sup> Valid responses are those answering question 2 regarding agreement or disagreement with the Early Help proposal and those who provide their demographic information for each category above. Disability proportions based on 0-19 population. The base number of respondents to questions on the following were: Children in HH aged 0-19 (1763), Age of children in HH (based on households selecting children in age categories - 2048), Disability (1484)



## Organisations

Respondents could also complete the survey on behalf of an organisation, where the majority of the 365 respondents were from public sector organisations (54%)<sup>4</sup>. There were often a number of respondents from the same organisation.



<sup>4</sup> Three organisations submitted responses to the consultation by way of letter directly to the council, and are not included in the base figures for agree/disagree, but the comments raised have been included in organisation totals. This means that the question on agreement with the councils proposal is based on 362 respondents, but there were 3 additional respondents in the further considerations and comments section as well as the organisations characteristics section (365 respondents).

**Results**

The survey based consultation was open for three groups of stakeholders – the public, organisations and young people who are users of services.

**Residents**

Residents were provided with an outline of the Councils proposals to create a new ‘Early Help’ service (see context to the consultation above) and asked for their views and opinions regarding the proposals in the following questions.

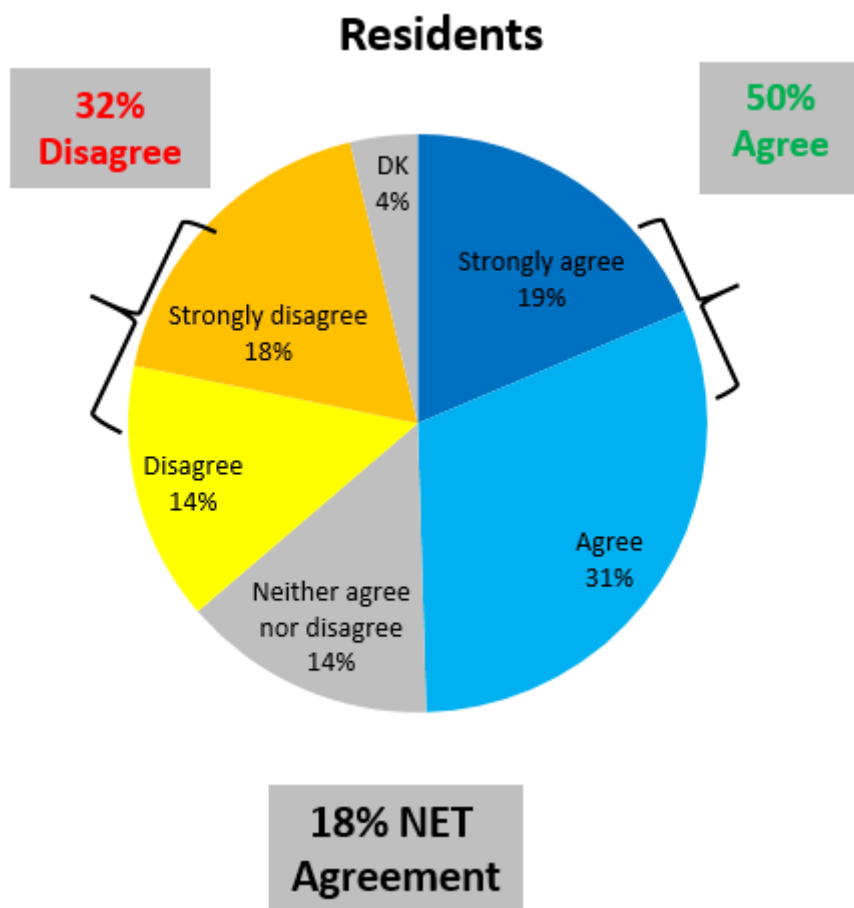
**Agreement with the proposals**

Residents were formally asked to give an opinion on whether they agree, or disagree with the proposals for a new Early Help service.

Taking into account the proportion of people who agreed, as well as those who disagreed with the proposal, there was net positive agreement with the proposal of 18%.

Although there was ‘net’ agreement with the proposal overall, there were relatively high levels of both agreement and disagreement with the proposal. Where half of residents (50%) agreed with the proposal and three in ten (32%) disagreed. Approximately two in ten residents (18%) either didn’t have a strong opinion (neither agreed nor disagreed) or didn’t know.

***Q3. To what extent do you agree, or disagree with our proposal for a new Early Help Service?***



Levels of agreement or disagreement with the 'Early Help' proposal were analysed for different groups of people according to their demographic characteristics, whether they made any further comments, or provided further considerations in any of the open text questions in the survey and by the phase of the consultation (phases 1 or 2 - to understand if there were differences in views when further information was provided regarding the proposal).

There were a limited number of differences for these different groups of people that were statistically different from other groups<sup>5</sup>, these included:

Groups expressing higher levels of agreement with the proposal

- **Buckinghamshire County Council (BCC) staff/contractors** - are significantly more likely to express agreement with the proposal (a 10% difference – 59% for BCC staff or respondents from contracted services, compared to 49% for non-BCC related staff)
- **Gender** – agreement with the proposal was 11% higher for female respondents than male respondents (51% compared to 40%)
- **Households with 10-14 year olds** – agreement with the proposal is 10% higher for respondents whose children are aged 10-14 than those without children aged 10-14 (58% compared to 48%)
- **Children with disabilities** – respondents whose children have disabilities have levels of agreement with the proposal that are 8% higher than respondents who answered that their children did not have a disability (56% compared to 48%)
- **First and Second Phases** – agreement with the proposals was 7% higher in the first phase of the consultation (52% compared to 45%).

Groups expressing higher levels of disagreement with the proposal

- **Those with children aged 0-4** – respondents with children aged 0-4 in their household are more likely to express disagreement with the proposal (5% difference - 35% with children in their household, compared to 30% without 0-4's in their household)
- **Ethnicity** – those from Black or Minority Ethnic Groups (BME) are 7% more likely to disagree with the proposal than those from White Ethnic Groups (38% compared to 31%)
- **ACORN** – 44% of respondents from the 'Urban Adversity' ACORN category disagreed with the proposal, which was 13% higher than those from the 'Financially Stretched' category (31%), and 14% higher than the 'Affluent Achiever' category (30%).
- **Further comments** - Those who have made further comments or considerations (Q4 or Q5) regarding the proposal are 22% more likely to disagree with the proposal than those who didn't make a comment (41% vs 19%)
- **Younger residents** – 42% of those aged 16-24 disagreed with the proposal, compared to 31% of those aged 35-44 and 27% of those aged 55-64

Note that there were no statistically significant differences for those families who told us that they used any of the services listed in the survey<sup>6</sup>, compared to all other respondents, when considering the proportions of people who agreed or disagreed with the proposal.

5 With a 95% confidence level. Respondent numbers consisting of: Households with children aged 0-4 (1020), without 0-4s (971). Households with 10-14 year olds (294), without 10-14 year olds (1697). Children with disabilities (326), children without disabilities (1158). BCC staff (192), non-staff (1799), First Phase (1279), Second Phase (712). Respondents making further comments (1249), not making further comments (742). Gender – females (1555), Males (183). Ethnic Group respondents – BME (225), White (1442). ACORN – 'Urban Adversity' (79), 'Financially Stretched' (235), 'Affluent Achievers' (522). Age – 16-24 yr olds (74), 35-44 yr olds (830), 55-64 yr olds (142).

6 Including: Play Groups, Health and Wellbeing activities, Support Groups, Clubs, Buckinghamshire Family Information Service

Important considerations or comments

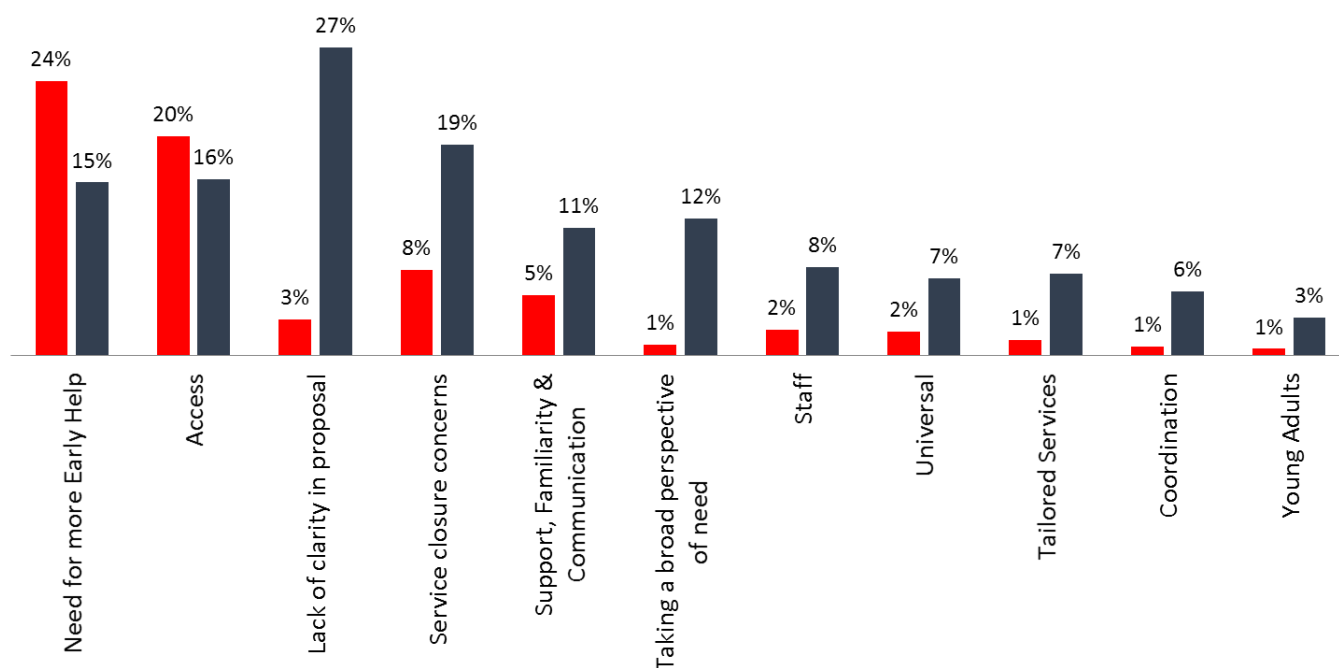
Respondents were asked what their most important considerations were when improving the way that services are delivered for children and families, as well as to let the council know if they had any other comments regarding the proposal.

These were both free text questions enabling respondents to let us know their opinions and views in their own words. To better understand the key themes that respondents raised, answers to these questions have been categorised into the most common themes that respondents raised. These themes appear in the graph below and show that the most common considerations or comments are regarding

- The need for more Early Help Services
- Accessibility
- The clarity of the proposal
- Service closure concerns

**Q4. When improving the way we deliver services for children and their families, what are the most important things we should consider?**

**Q5. Do you have any other comments on our proposal for a new early help service?**



Base: All 1,991 residents responding with valid answers to Q3

A description of the main issues raised in each of these categories appears below. Note that verbatim quotes are shown in green for the two most mentioned categories:

- **The Need for more Early Help** – the need for a holistic 'prevention'
  - “The new proposal should continue to include a proactive element (such as the Children's Centres social activities) and not only be reactive” (Male aged 35-44, Wycombe District)*
  - “I also worry that the changes proposed merely want to focus on the disadvantaged but prevention is better than cure, Bucks council needs to maintain engagement with its families BEFORE 'help' is needed” (Female aged 35-44)*
  - “A community service as described above does not give parents the opportunity to seek immediate help if needed. The children's centres currently in existence allows parents to drop in anytime when they need support the most” (Female aged 25-34, Chiltern District)*
- **Access** - the need for a variety of locations, accessible locations and service opening timings.
  - “Services should be local and easy to find and access” (Female aged 35-44, Wycombe District)*
  - “Access to free activities like local stay and play” (Aged 35-44)*
  - “Accessibility for all, regardless of financial background” (Female aged 25-34, Wycombe District)*
  - “That in my local area the majority of people can afford to pay for all the things you provide for free and the people who really need to access them are choosing not to because they will be surround by rich people who don't understand their circumstances at all” (Female aged 25-34, Chiltern District)*
- **Service closure concerns** – across one or more services, closing 'places to meet' (including Children's Centres)
- **Lack of clarity in proposal** – the proposal was not clear to the respondent
- **Support, familiarity and communication** - need for familiarity/trust when using services
- **Coordination** – the need for more 'joined-up', one stop, and coordinated services
- **Taking a broad perspective on need** - proactively identify at-risk individuals and families, taking a more holistic approach e.g. societal causes of need for care
- **Staff** – having friendly, trustworthy and capable staff. This may also include a need for keeping specialisms and coincides with concerns that one Family Worker may not be sufficient to address the range of issues posed
- **Tailored services** - more tailored services, that would also help reduce concerns around having to repeat explanations regarding their circumstances and challenges a number of times to different services
- **Universal services** – concerns around how universal services (e.g. parent craft groups in children's centres) would fit into new proposal
- **Young Adults** – concerns that support is needed for older children and young adults

## Organisations

The same set of questions regarding the proposal for the new ‘Early Help’ service were asked of Organisations. This included an outline of the Councils proposals to create a new ‘Early Help’ service (see context to the consultation above) and respondents were asked to provide further comments as a representative of the organisation they work for.

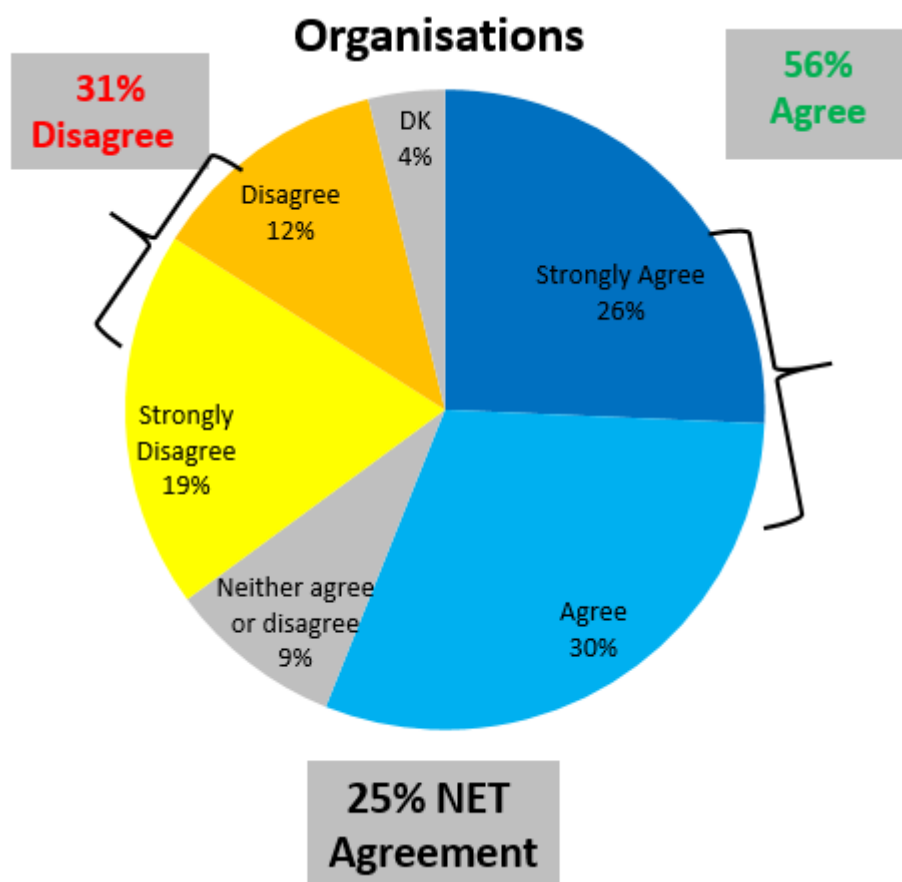
### Agreement with the proposals

Respondents were formally asked to give an opinion on whether they agree, or disagree with the proposals for a new Early Help service.

Taking into account the proportion of respondents who agreed, as well as those who disagreed with the proposal, there was net positive agreement with the proposal of 25%.

Although there was ‘net’ agreement with the proposal overall, as with residents, there were relatively high levels of both agreement and disagreement with the proposal. Approximately six in ten of respondents from organisations (56%) agreed with the proposal and three in ten (31%) disagreed. Approximately one in ten respondents (13%) either didn’t have a strong opinion (neither agreed nor disagreed) or didn’t know.

### **Q6. To what extent do you agree, or disagree with our proposal for a new Early Help Service?**



Base: All 362 responding as representatives of organisation (with valid answers to this question)

Levels of agreement or disagreement with the 'Early Help' proposal were analysed for different groups of respondents according to the organisations that they responded from, whether any further comments or considerations were made (in any of the open text questions in the survey) and by the phase of the consultation (phases 1 or 2 - to understand if there were differences in views when further information was provided regarding the proposal).

There were a limited number of differences for these different groups of people that were statistically different from other groups<sup>7</sup>, these included:

- **First and Second Phases** - Levels of agreement were 18% higher in the first phase of the consultation than in the second phase (64% agreement in the first phase, compared to 46% in the second phase). Levels of disagreement were also 22% higher for those responding in the second phase of the survey (44% disagreement in second phase, compared to 22% disagreement in the first).
- **Further comments**<sup>8</sup> - Those who have made further comments or considerations (Q7 or Q8) regarding the proposal are 3% more likely to disagree with the proposal than those who didn't make a comment (32% vs 29%)

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<sup>7</sup> With a 95% confidence level. Respondent numbers consisting of: First Phase (204), Second Phase (158). Respondents making further comments (310), not making further comments (52).

<sup>8</sup> Three organisations submitted responses to the consultation by way of letter directly to the council, and are not included in the base figures for agree/disagree, but the comments raised have been included in organisation totals. This means that the question on agreement with the councils proposal is based on 362 respondents, but there were 3 additional respondents in the further considerations and comments section as well as the organisations characteristics section (365 respondents).

Important considerations or comments

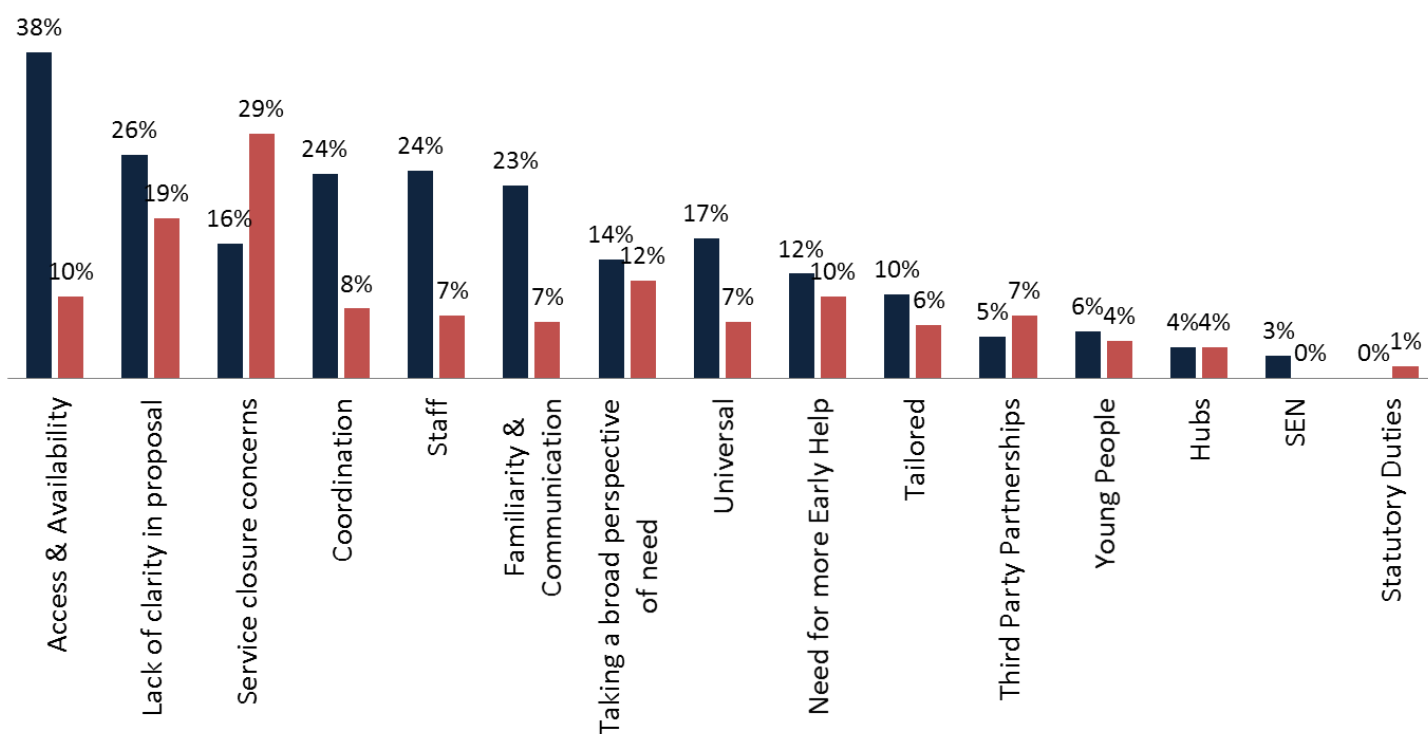
Respondents providing views as representatives of organisations were asked what their most important considerations were when improving the way that services are delivered for children and families, as well as to let the council know if they had any other comments regarding the proposal.

These were both free text questions enabling respondents to let us know their opinions and views in their own words. To better understand the key themes that respondents raised, answers to these questions have been categorised into the most common themes that respondents raised. These themes appear in the graph below and show that the most common considerations or comments are regarding

- Access and availability
- The clarity of the proposal
- Service closure concerns

**Q7. When improving the way we deliver services for children and their families, what are the most important things we should consider?**

**Q8. Do you have any other comments on our proposal for a new early help service?**



Base: All 365 organisations responding with valid answers to the consultation



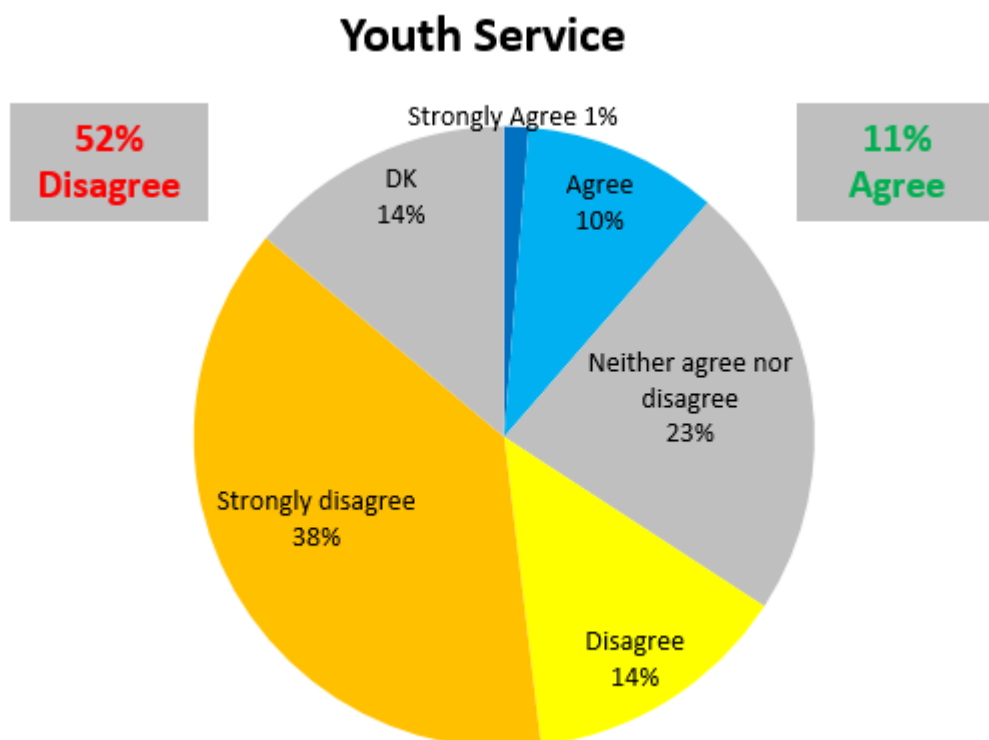
Organisations raised similar issues to residents (please see above description of the main issues raised in each of these categories above), with these additional themes:

- **Universal Access** – asking for the council to consider how access can be universal in the re-designed service
- **Third Party Partnerships** - how third party partnerships will fit in to new proposal and the re-designed service
- **Hubs** – asking for the council to consider providing more than the 9 hubs that were listed in the proposal
- **SEN** – ensuring that there are services that focus on children and young people with Special Educational Needs and Disabilities and well as ‘Children with Disabilities’ service users delivered through Children’s Social Care.
- **Statutory Duties** – raising considerations and concerns regarding how the council will ensure that statutory needs are met

## Youth Service Users

Young people who attend the councils Youth Service were given the opportunity to take part in the consultation<sup>9</sup>. A total of 79 young people responded.

The graph below shows that five in ten (52%) respondents disagreed with the proposals for the new 'Early Help' service, a quarter of respondents (23%) neither agreed or disagreed with the proposal and one in ten (11%) actively agreed with the proposal. 14% didn't know whether to agree or disagree.



Base: All 79 residents responding with valid answers to this question

76 of the 79 young people who responded made further comments and provided further considerations for the proposals:

There were a number of comments or considerations regarding the continued availability of social activities, the closure of services, as well as help with transitions.

<sup>9</sup> Where the consent of the Youth Service Team was provided, acting as the responsible adult for those under 16 years of age.

Young people also raised whether staff would still have the right skills or expertise, that they do not want to have to 'tell their story' a number of times to professionals, the importance of confidentiality where respondents didn't necessarily want to share everything with their family, and how the council can ensure that vulnerable children are reached by a more targeted service.

A selection of verbatim comments from young people appears below:

*"Confidentiality - I do not want the whole family knowing my problems. I will have no one just for me."*

(Young Person, Under 16)

*"I like things how they are. It helps people like me."*

(Young Person, 16-24)

*"I think separate services should be kept...as its voluntary and I get to choose if I like my worker or not. This may conflict with my Mum's views."*

(Young Person, 16-24)

## Focus Groups

Residents participating in the focus groups provided further insights around how they use services and general opinions are views of services, including:

- **Accessing Services** (Topic 1) – including a range of preferences for how services are accessed and delivered, ranging from self-referral phone access to professional referrals and opinions regarding permanent and flexible service locations.
- **Universal Services Used** (Topic 2) – participants accessed a wide range of services including universal and targeted services.
- **One Family Worker** (Topic 3) – views on this topic ranged from it being easier to ‘tell your story once’ with less confusion of working with different professionals to recognising that it would be important to ‘get on with’ the family worker.
- **Accessing Information** (Topic 4) – participants source information from a wide variety of sources including the internet (which can be too broad and confusing), online forums or networks and through professionals that they are already in contact with.
- **Early Help** (Topic 5) – this topic considered what Early Help means, which participants described as family support, helping with parenting and challenging difficult behaviours and helping at crisis points. Some participants said this they saw this as only for families who have recently had children or it was only for children (not families).

## **Appendix 1 – supporting information**

A range of supporting information was provided for the consultation which is available from the following link:

<https://www.buckscc.gov.uk/services/care-for-children-and-families/improving-early-help-services-for-children-young-people-and-families/>

## **Appendix 2 – Phase one and Phase two website explanation**

The information below shows how the additional information was introduced for phase 2 of the consultation (new information – 4 September 2017). Note that the full information provided appears in the link at appendix 1 above.

### **Webpage Content:**

#### ***Improving services for children and families in Buckinghamshire***

#### **Purpose of the consultation**

##### **NEW INFORMATION – 4 September 2017**

#### **You said, we're listening**

We are now mid-way through our consultation on improving early help services for children and families. Thank you to those of you who have already replied. Feedback so far shows that more detail about the proposal would be useful. We have added further information about the current services and how these would change with the proposed new service.

If you have already responded but now wish to add more, please complete the survey again. Responses already sent in will still be included. The consultation will now close on **16 October** to allow as much time as possible for responses.

#### **ORIGINAL INFORMATION**

Buckinghamshire County Council is seeking views on a proposed new approach to supporting children and families earlier to prevent them needing help from social care services in the future. The consultation is available online at [www.buckscc.gov.uk/earlyhelp](http://www.buckscc.gov.uk/earlyhelp) until 22 September.

There has been a steady increase in the number of children and families needing support from children's services in the last few years. This, along with less money in the public purse means that we need to change some services to better help the children and families who need it the most.

We know that some of our current services don't always reach these children and families so we need to change that. We also want to join up services for families rather than them having to do so themselves. The consultation outlines proposals for a new approach to helping children and families, to ensure small problems don't get bigger and too difficult to manage. From money worries, parenting tips, behavioral issues right through to support with mental health and domestic abuse - the proposal is to work with families to tackle all of their problems at the same time.

Read the details of the consultation and have your say at [www.buckscc.gov.uk/earlyhelp](http://www.buckscc.gov.uk/earlyhelp) to help shape the future of early help services for children and families here in Buckinghamshire.



**APPENDIX 4****Mapping of Voluntary and Community Sector (VCS) Provision for children and families across the county, by the proposed indicative 9 geographical team base areas**

This appendix provides a snapshot of provision that is available for children and families across the county. In particular this focuses on:

**0-5 years:** Sessions that provide social and peer support opportunities for parents and carers whilst also offering sensory, learning or developmental opportunities for babies and toddlers. This includes:

- **Toddler groups / stay and play sessions:** The majority are offered through the voluntary and community sector and run in community location such as church or village halls. The majority of these groups have a small fee (ranging from 50p through to £3.00) which often covers refreshments. A number are free of charge or run on a voluntary donation basis.
- **Sensory / music groups:** The majority are offered through small, private businesses which are often local franchises of national organisations. These tend to cost £5 - £8 per session. A smaller proportion are offered free of charge through community or Buckinghamshire County Council run libraries or the voluntary and community sector.
- **Messy play / craft sessions:** Some of these are offered free of charge or for a small fee through the voluntary and community sector and others are run as private businesses or franchises.

**Children and young people (age 5 plus):**

- **Social or Youth Clubs:** These are often provided through the voluntary and community sector and run in community locations. Most charge a small fee (£1-£3 per session) and a number also charge a small annual subscription. Some social or youth clubs are specifically run for children with disabilities or for young carers. The mapping has not included any specifically faith based youth provision, for example Sunday Schools or Madrasahs.
- **Craft / hobby / art activities:** Some of these are offered through the voluntary and community sector and are generally free of charge. Others are offered through private businesses. The mapping has not included any activities provided through schools or holiday clubs, which will also be offering this type of provision.
- **Drama / theatre groups:** Some of these are offered through private businesses and others are local, community run groups. The cost of provision varies but is not usually free of charge.
- **Support / advice:** This includes specific groups for children who are young carers or who have disabilities as well as organisations providing wider forms of advice for children and young people. These are generally provided through charities which do not charge for their services.

## Parents and carers

- **Advice organisations:** This includes charities and voluntary sector organisations providing housing, debt, benefits, accommodation and legal advice.
- **Support groups:** These are predominantly support groups provided by the voluntary and community sector or charities which are free of charge, low cost (£1-£2 per session) or ask for a voluntary donation. It includes some groups set up to support parents of children with disabilities as well as charities providing relationship support. Private providers or parenting courses have not been included. It also includes coffee mornings or local support groups for expectant or new parents and carers. Private providers of birthing, antenatal or postnatal courses have not been included.

The mapping has been undertaken by combining information from a range of different sources<sup>1</sup> and then analysing how provision is distributed across the proposed 9 team base areas. It is difficult to accurately capture all provision, and in particular the following factors should be borne in mind when reviewing the information

- The mapping has to a large extent been based on information that is available online. This means that it is unlikely to have captured those elements of the sector that do not have a clear online presence. There is also a need to be aware that online sources of information can sometimes be out of date, in particular as websites often rely on individuals or organisations updating their own information.
- Whilst provision has been mapped according to the proposed 9 new early help team base areas, this does not mean that it is only open or accessible to children and families within this area. Families may also find that provision in a neighbouring area is geographically closer to where they live.
- Only services located in Buckinghamshire have been mapped. However, those families living near to our borders may choose to access provision that is offered in another county and may find this is geographically closer to where they live.
- The mapping only includes national charities where they provide additional services in Buckinghamshire. There are a number of national charities that will be accessible to children and families across the whole of the UK through telephone or online help systems but these are not included in the mapping.
- There are a large number of classes such as baby massage, baby yoga, and fitness / relaxation classes for new parents and carers. These are most often run by private individuals or small businesses and often providers will put on classes in a particular area based on demand. Classes such as this have not been mapped unless they are provided by the voluntary and community sector.

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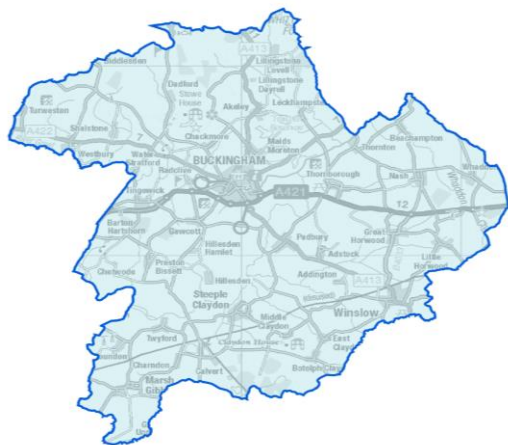
<sup>1</sup> Key sources: Buckinghamshire Family Information Service; Community Impact Bucks database; Toddle About (online database and magazine of local activities for under 5's); Buckinghamshire County Council mapping of charities registered to operate in Buckinghamshire; Netmums online directory; checks across the websites of a number of individual organisations such as National Childbirth Trust; direct conversations with a number of organisations to get whole county estimates for some provision.



The following provision has not been mapped at team base level, but will continue to be available across the county:

- NHS healthcare provision for children and families, including health visiting and midwifery services, mental health services and integrated therapies (speech and language therapy, occupational therapy and physiotherapy).
- Antenatal / postnatal classes provided by the NHS. Within the third sector, the National Childbirth Trust (NCT) also provides a number of courses across the county. Provision from range of private providers and businesses is also available but is not included in the mapping.
- There is a strong sector providing sports and leisure activities for all age groups. This includes provision through leisure centres but also a large number of smaller businesses running dance and sport clubs. Only provision specifically for children with disabilities has been included in the detailed mapping. However, across the sector as a whole it is estimated that there are likely to be approximately 1,500 sports clubs in Buckinghamshire across all age ranges.
- A range of uniformed organisations provide access to group activities for children and young people. This includes:
  - 16 St John Ambulance groups
  - The Scout Association: 120 groups spread across the county (116 Scout sections; 136 Cub sections and 121 Beaver sections)
  - Girlguiding: 372 groups across Buckinghamshire and Milton Keynes (90 Rainbows units; 169 Brownies Units; 85 Girl Guide Units and 28 Senior Section Units).
  - Sea and Army Cadets: 4 Sea Cadet and 1 Army Cadet Group

Given the factors and limitations outlined above, it is important to view this mapping as a snapshot of provision at the time the mapping was undertaken, the aim of which is to give an overall illustration of provision across the county.



### Team Area: 1

Current Children's Centre areas: Buckingham;  
Steeple Claydon

#### Age Group: 0-5

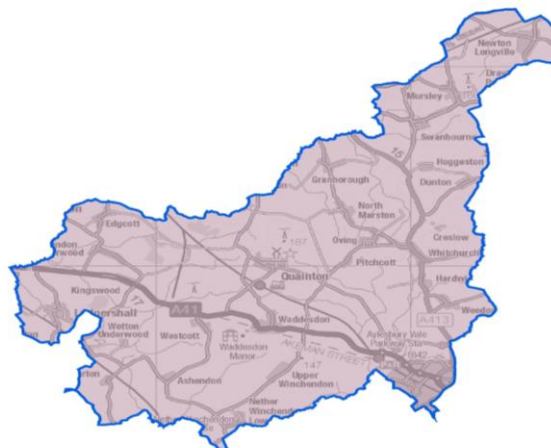
- 13 x toddler groups / stay and play / messy play sessions (all of which cost under £2.50 per session)
- 5 x sensory / music groups (1 of which is free of charge)

#### Age Group: Children and Young People (age 5+)

- 2 x youth / social club (One of which costs £1 per week)
- 1 x youth club for young carers (free of charge)
- 1 x youth club for children with disabilities
- 2 x theatre / drama groups
- 1 x sports club for children with disabilities

#### Parents and Carers

- 1 x advice organisation (free of charge)
- 1 x support group for parents / carers who have children with disabilities (free of charge)
- 1 x community lunch club for all ages (free of charge)
- 1 x coffee morning for parents and carers (free of charge)



### Team Area: 2

Current Children's Centre areas: Aylesbury  
(Quarrendon); Waddesdon & Whitchurch;  
Aylesbury (Bearbrook)

#### Age Group: 0-5

- 9 x toddler groups / stay and play / messy play sessions (7 of which cost under £1.50 per session)
- 6 x sensory / music groups (1 of which is free of charge)

#### Age Group: Children and Young People (age 5+)

- 2 x youth / social club (costing £2 per week)
- 1 x sports club for children with disabilities
- 4 x advice / support organisations – including for young carers / children with special educational needs or disabilities (free of charge)
- 2 x citizenship / work experience projects
- 1 x theatre / drama group for children with disabilities

#### Parents and Carers

- 1 x coffee morning for parents and carers (free of charge)
- 1 x advice organisation (free of charge)
- 1 x community lunch club for all ages including families (free of charge)



### Team Area: 3

Current Children's Centre areas: Aylesbury (Oakfield & Bedgrove); Ivinghoe & Pitstone; Wing; Elmhurst)

#### Age Group: 0-5

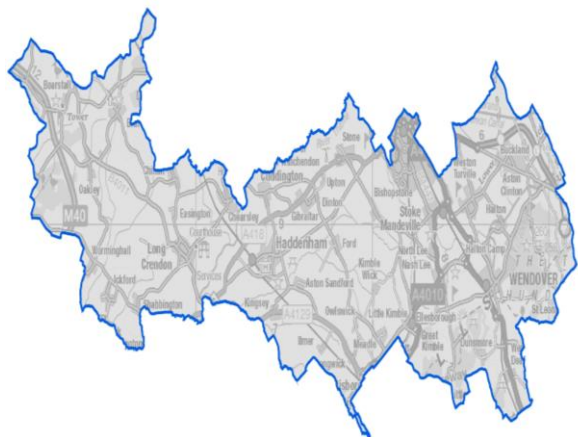
- 12 x toddler groups / stay and play / messy play sessions (all of which cost under £2.50 per session)
- 4 x sensory / music groups

#### Age Group: Children and Young People (age 5+)

- 5 x youth / social club (costing £2.50 or less per week)
- 1 x theatre / drama group
- 1 x dance group for children with disabilities
- 2 x sports and activity service for children with disabilities
- 1 x citizenship / work experience projects

#### Parents and Carers

- 2 x coffee mornings for parents and carers (One free of charge, the other £2 per family)
- 1 x advice organisation (free of charge)



### Team Area: 4

Current Children's Centre areas: Aylesbury (Southcourt); Wendover; Haddenham

#### Age Group: 0-5

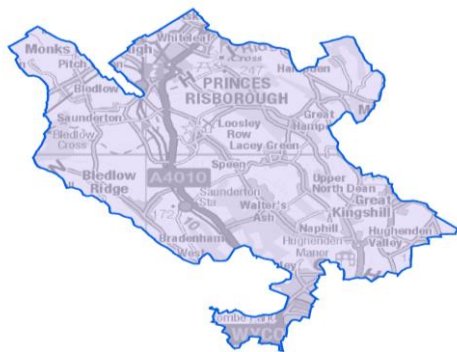
- 8 x toddler groups / stay and play sessions (all of which are free / donation / small charge per family)
- 4 x messy play sessions
- 17 x sensory / music groups (3 of which are free of charge)
- 1 x sports group for toddlers with disabilities

#### Age Group: Children and Young People (age 5+)

- 10 x youth / social club (all of which cost £2.50 or less per week)
- 2 x social / support groups for children with disabilities
- 9 x sports or activity clubs for children with disabilities
- 5 x hobby / art / craft / messy play venues (3 of which cost £1 or less)
- 1 x community volunteer organisation
- 6 x theatre / drama groups (one of which is free of charge)
- 1 x theatre / drama groups for children with disabilities
- 1 x advice / support organisation

#### Parents and Carers

- 3 x groups for male parents / carers (all which cost under £2 per session)
- 2 x support groups - parents of children with disabilities & Looked after or Adopted Children (both free of charge)
- 2 x advice organisation



### Team Area: 5

Current Children's Centre areas: Princes Risborough, Millbrook

#### Age Group: 0-5

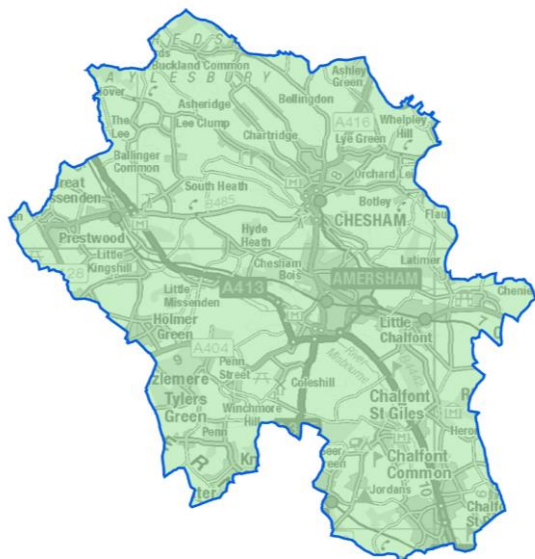
- 5 x toddler groups / stay and play sessions (all of which cost £1 or less per session)
- 9 x sensory / music groups (3 of which are free of charge)

#### Age Group: Children and Young People (age 5+)

- 4 x youth / social clubs (all of which cost under £2.50 per session)
- 1 x theatre / drama group
- 1 x sports club for disabled children
- 1 x hobby / craft sessions / sessions (free of charge)

#### Parents and Carers

- 1 x breastfeeding support organisation (free of charge)
- 2 x coffee morning / group for parents / carers (both under £2.50 per session)
- 1 x parenting / family support organisation



#### Age Group: 0-5

- 25 x toddler groups / stay and play sessions (Most of which cost less than £2.50 per session)
- 3 x messy play sessions
- 29 x sensory / music groups (2 of which are free of charge)

#### Age Group: Children and Young People (age 5+)

- 9 x youth / social clubs (all of which cost £3 or under per session)
- 1 x music group for children with disabilities
- 1 x activity organisation for children with disabilities
- 3 x sports clubs for children with disabilities
- 3 x hobby / craft sessions (two of which is free of charge)
- 7 x theatre / drama groups (one of which costs less than £3 per session)
- 1 x drama / theatre group for children with disabilities
- 2 x advice / support service

#### Parents and Carers

- 5 x advice organisations (free of charge)
- 4 x support organisations (4 of which are free of charge)
- 1 x coffee morning / group for parents / carers (free of charge)

### Team Area: 6

Current Children's Centre areas: Prestwood & Missenden; Chesham (Newtown); Chesham (Waterside); Amersham



### Team Area: 7

Current Children's Centre areas: Marlow;  
Stokenchurch & Hambleton Valley, Castlefield

#### Age Group: 0-5

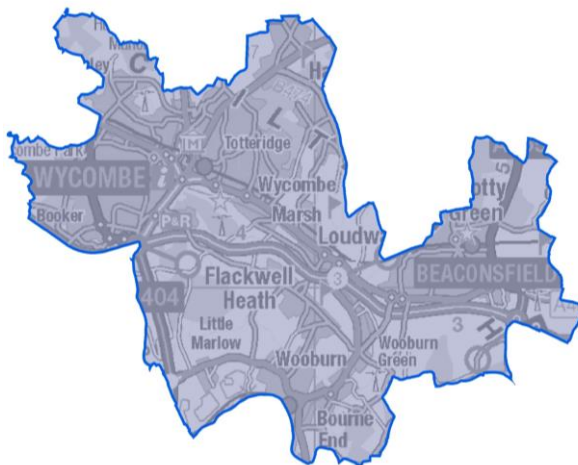
- 9 x toddler groups / stay and play sessions (6 of which cost less than £2.00 per session)
- 1 x messy play session
- 7 x sensory / music groups (1 of which is free of charge)

#### Age Group: Children and Young People (age 5+)

- 4 x youth / social clubs (all of which cost £3 or under per session)
- 3 x sports club for children with disabilities
- 1 x community mentoring organisation

#### Parents and Carers

- 1 x advice organisation (free of charge)
- 2 x coffee morning / group for parents / carers (free of charge)



### Team Area: 8

Current Children's Centre areas: Wycombe  
(Hampden Way); Wycombe East; Beaconsfield,  
Mapledean, Hazlemere & Loudwater;  
Hamilton Road, Disraeli, Bourne End

#### Age Group: 0-5

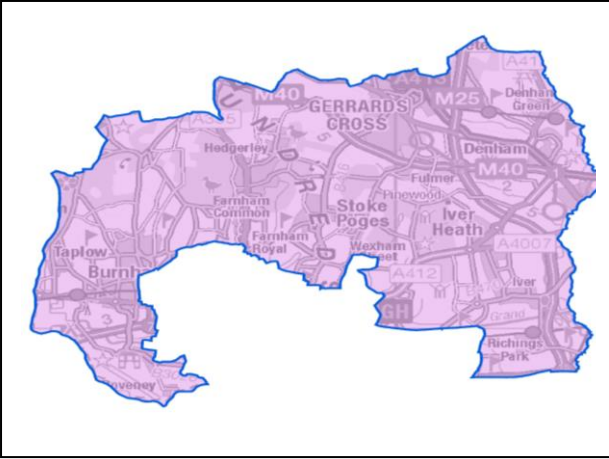
- 14 x toddler groups / stay and play sessions (11 of which cost £2.50 or under per session)
- 18 x sensory / music groups (1 of which is free of charge)
- 1 x cookery class

#### Age Group: Children and Young People (age 5+)

- 6 x youth / social groups
- 1 x youth / social group for young carers
- 4 x youth / social groups for children with disabilities
- 5 x sports club for children with disabilities
- 1 x hobby / craft sessions (one of which is free of charge)
- 2 x advice organisations
- 1 x theatre / drama group

#### Parents and Carers

- 6 x advice organisations (all of which are free of charge)
- 4 x support groups (family / relationships / disability – all free of charge)
- 2 x coffee mornings / group for parents / carers (free of charge)
- 2 x antenatal / postnatal support



### Team Area: 9

Current Children's Centre areas: Burnham;  
Farnham; The Ivers; Denham & Gerrards Cross

#### Age Group: 0-5

- 11 x Toddler groups / stay and play sessions (all of which cost under £2 per session)
- 3 x Messy play / cookery / art clubs (2 of which are run by the VCS and free of charge)
- 16 x Baby Sensory / music groups (3 of which are free of charge)

#### Age Group: Children and Young People (age 5+)

- 5 Youth / Social Clubs (most costing less than £2 per session)
- 3 x Craft / cookery / art sessions (all free of charge / donation)
- 1 x Outdoor adventure playground for people of all ages with a disability
- 1 x social / support group for children with disabilities
- 4 x theatre / drama groups (1 of which is run by the VCS and is free / less than £2 per session)

#### Parents and Carers – Family Support





- 6 x Advice organisations (all free of charge or less than £1)



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<b>MTP Ref:</b>	<b>CS18BS03</b>	<b>Line title and description of change:</b>	<b>Change For Children Programme - Early Help Review</b> Development of a new model for Early Help, supporting a reduction in demand for children’s social care services and the delivery of associated savings.
<b>Officer contact name and telephone number for further information:</b>	<b>Joy Shakespeare 01296 387762</b>		
<b>Date assessment completed:</b>	<b>3/4/17 first assessment</b> <b>30/10/17 updated to take account of consultation responses</b> <b>15/11/17 transferred to MTP EIA &amp; VCS format</b> <b>8/12/17 further update</b>		
<b>Who else involved in the assessment:</b>	<b>Julie Tisbury, Philip Dart</b>		
<b>Signature and name of Cabinet Member signing off this impact assessment and any resulting actions.</b>	<b>Name: Warren Whyte and Mike Appleyard</b>		
	<b>Signature:</b>		
	<b>Portfolio: Cabinet members for Children’s Services and Education and Skills</b>		

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<b>Section A: Our residents and service users (relates to screening questions 1 and 2)</b>	
<p>You have identified that the proposal will or may have an impact on the public or services directly and/or that groups of people will or may be affected differently by the proposal, therefore, you should address the questions below insofar as they are appropriate and relevant to the proposal.</p>	
<b>Questions to consider/prompt your thinking</b>	<b>The Findings and your evidence base for these</b>
<p>What do you know about the proposal will impact on different groups of people in Buckinghamshire, particularly, those with protected characteristics? How do you know this? For example, disaggregated data from any relevant consultations/focus groups, national or local published research reports, satisfaction surveys, service monitoring data, benchmarking with other providers, demographic data or other information. Please refer to the county council’s “Research” information on the website and the information provided by partners on the BSP website.</p>	<p><b>Rationale for the new service</b></p> <p>Demand for statutory services in Buckinghamshire has increased substantially in the last 5 years, above increases in population growth (CYP population  7%):</p> <ul style="list-style-type: none"> <li>• Children with an SEND Statement  11%</li> <li>• Number of children in our care  12%</li> <li>• Number of children in need  12.6%</li> </ul>

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<p>What new research might you need to undertake to understand the impact of implementing this proposal on different groups of people (in particular those with protected characteristics)?</p>	<p>Buckinghamshire County Council (BCC) cannot sustain the financial and practical implications of this increase in demand; however alternatives could directly impact negatively on service users and the staff that provide these services.</p> <p>We therefore need to target resources more effectively, increasing the number of families we support at an earlier stage to prevent them entering into high cost statutory services. To do this, we need to think differently, embrace new ways of working and reconfigure services.</p> <p>We need to move towards a single service approach, based on the evidence provided, ensuring that the needs of children, young people and their families are still met and a reduction on the demand for statutory services is achieved.</p> <p>The Change for Children Transformation Programme recognises that to improve outcomes for children and young people, we need to ensure they get the right service, at the right time, from the right place. Resilience and capacity needs to be built within communities and service users need help at a preventative level giving professionals the greatest opportunity to support them in effecting change and therefore preventing the need for high level, high cost intervention services. The Early Help Review (EHR) is one of the four priorities of the Change for Children Transformation Programme and its aims are:</p> <ul style="list-style-type: none"> <li>• To improve outcomes for children and families by transforming the way in which services are delivered</li> <li>• To reduce demand on statutory services by providing support when problems appear</li> <li>• To deliver significant budget savings</li> </ul>
<p>If your findings indicate actual or potential <b>indirect discrimination</b><sup>1</sup> you must demonstrate how the proposal is the least discriminatory way of achieving a stated legitimate business aim.</p>	
<p>How will implementing the proposal impact on future service users? For example, what does data tell you about who is and who should be benefitting from the existing service? What do you know about the needs and barriers of people who should be accessing the service but aren't? What action, if any, should you take to address these issues? Will implementing the proposal prevent these issues from being addressed?</p>	
<p>Where the proposal is about removing/reducing a service, changing delivery methods or increasing charges, what are the implications for people with protected characteristics, our priority groups in the Joint Strategic Needs Assessment, geographical communities and different socio economic groups? Consider also any implications for people in terms of how this may change their mode of travel/travel time, as well as any other increases in time spent accessing the service, increased inconvenience and personal cost. How likely is increased dissatisfaction with the service or the county council? Could implementation of the proposal lead to groups of people perceiving preferential treatment of another group, or that the needs of their own group have been ignored in favour of another group? If yes, how will you address these fears/concerns? Consider the role, or potential role, of the media, advocacy groups and extremist groups to misrepresent the county council's actions or intent.</p>	

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<sup>1</sup> Indirect discrimination can occur when a provision, criterion or practice is applied equally to everyone **and** as a result, people who share the service user's protected characteristic are put, or would be put, at a particular disadvantage when compared with people who don't share that protected characteristic **and** the service user is put, or would be put at that disadvantage **and** the service provider cannot justify this as a proportionate means of achieving a legitimate business aim



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<p>The project has 2 parts, which are interlinked and not necessarily consecutive:</p> <ul style="list-style-type: none"> <li>• Part 1: The redesign of Early Help services which are delivered by or commissioned by BCC Children’s Services.</li> <li>• Part 2: To work with partners across the statutory and voluntary sectors to deliver multi-agency transformational approaches to Early Help.</li> </ul> <p>(This Equality Impact Assessment focuses in Part 1 of the project)</p> <p>The main objectives of the project are:</p> <ul style="list-style-type: none"> <li>• To make services financially sustainable</li> <li>• To eliminate piecemeal reduction in services which put further pressure on statutory services</li> <li>• To ensure contacts, repeat contacts and referrals to social care reduce, and, children and their families receive the right support at the right time, early enough.</li> <li>• To ensure Early Help is sufficiently co-ordinated</li> <li>• To enable the tracking of outcomes across all Early Help services to provide evidence of sustainability</li> </ul> <p>Access to the new service will be by direct self-referral by phone, referral form or through a professional referral from someone that the family or service user already trusts. This referral system builds on what has already been provided and has proved effective. There will be a significant outreach communications plan to ensure that all groups, especially those who are targeted and those with protected characteristics, are aware of the service.</p> <p>The Buckinghamshire Safeguarding Children Board’s Threshold Document will be used to judge eligibility for services, which will be targeted at those groups of children and families who need support the most.</p>
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The new model seeks to target services rather than provide universal services, based on needs analysis. Any targeting will consider the 9 protected characteristics.

The current services disproportionately benefit, by design, children and their families. The intention of the new service is to further disproportionately benefit the following groups:

- Children 0 – 18
- Families where either a child or an adult has a disability or mental health needs
- Young people up to 25 where special needs are identified
- People who are pregnant or parents, especially those who are disadvantaged in other ways (eg single parent, in receipt of work related benefits)
- Women (as research indicates that the majority of parents with caring responsibilities are female)
- Families who are in poverty or struggling, or who are otherwise disadvantaged

Some ethnic groups are also more likely to be in the above categories of disadvantage based on local and national data on children affected by poverty, children’s achievement in school and children coming into the care system. These ethnic groups include Black African, Black British, mixed heritage and some specific Asian backgrounds. Because of the improvement in targeting services, these groups are therefore more likely to disproportionately benefit from the proposal.

However, under the proposal, some groups will have services reduced or withdrawn, and these would include some people who are in the following groups but who are not otherwise disadvantaged:

- Children 0-18
- People who are pregnant or parents

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In order to mitigate the impact on these groups we intend to improve our communication pathways (via internet websites and work with key partners in education and health services). Our aim is that these groups will be supported to engage with the wide variety of provision already available from partner agencies across Buckinghamshire.

We have undertaken a needs assessment in order to understand the needs of the local community and the groups within it. This assessment looks at the following as proxy measures; Population Growth, Deprivation, Worklessness, Trilogy of risk (joint impact of domestic abuse, substance misuse and mental health), Crime and Anti-Social Behaviour, Education needs, Health and Other (including lone parent households, households where not all people have English as a main/preferred language).

- **Population Growth** - The population of 0-19 year olds in Buckinghamshire is increasing, with a projected increase of 15% between 2011 and 2031. During the same time period, the projected increase in the population of 0-4 year olds is 6.5%.
- **Deprivation** - Buckinghamshire is the second least deprived County Council in England according to the 2015 Index of Multiple Deprivation (IMD), however, 21% of the County’s population live in areas categorised as ‘Financially Stretched’ or as ‘Urban Adversity’.
- **Worklessness** - The number of people in Buckinghamshire claiming Job Seeker’s Allowance (JSA) has been falling since 2011; however there are still over 2,000 unemployed people in Buckinghamshire with clear hotspots in Aylesbury Town Centre, Buckingham, High Wycombe, Chesham and South Bucks.
- **Crime** - In 2016, there were 29,526 criminal offences recorded in Buckinghamshire and over two thirds of these were in Aylesbury and High Wycombe towns. The most common criminal offences recorded were violence and sexual offences and anti-social behaviour.

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85 children aged between 10-14 years committed a criminal offence in 2016 and they account for just over one fifth of all offences committed by young people. Over one third of offences are committed by 16 year olds accounting for the greatest number of offences (149). The proportion of young offenders aged 16 in Bucks is at least 10% higher than the proportion for the SE. 91% of crimes are committed by males. 65% of crimes are committed by White young offenders and 32% crimes are committed by young offenders from Black and Minority Ethnic Groups and half of those crimes are committed by young people of mixed ethnic group.

- **Trilogy of risk** - 164 young people (0-24) used specialist treatment services in 2014/15, with 92% of service users using cannabis and 66% consuming alcohol. 23% of people aged 16+ are estimated as 'increasing risk' or 'high risk' drinkers. Between 24<sup>th</sup> June 2015 and 29<sup>th</sup> June 2016, 476 families were referred to the Early Help panel, of these 476, 70 (14.71%) were referred for mental health reasons, 32 (6.72%) for domestic abuse and 14 (2.94%) for substance misuse. These 3 reasons form part of the 7 most common reasons for referral to the Early Help. As a number of services that currently form part of Early Help will be integrated into one service to provide whole family support, this positive impact will continue.
  - According to ONS Public Health Birthfiles in 2014, there were 5,812 births in Buckinghamshire and of these women between 1,825 and 2,988 had various mental health concerns.
  - In 2015-16, there were 7,908 domestic incidents, 2,444 of which were recorded crimes and the majority of these were in the Aylesbury Vale and Wycombe districts.
- **Education needs** - Between January and August 2015, 57 pupils were permanently excluded from school. This figure increased to 115 in the same time period the following year.

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- **Health** - 2014 data suggests that girls aged 15 – 17 years have a pregnancy rate of 12.8 per 1,000. Data published in Nov 2015 by ONS Annual District Birth and Death Extracts, the Public Health Outcomes Framework states that 7.3% of premature births were babies with low birth weights. The majority of low birth weight children are seen to occur with mothers under 20 years old. It is estimated in Buckinghamshire that 9.8% of children aged 5-19 years have asthma, 0.3% have epilepsy, 0.2% have diabetes, 9.9% have eczema and 11.7% have allergies.

An additional piece of research was also carried out into the ethnicity of children and families accessing services at present, and this confirmed that, while the groups accessing services are broadly in line with the Buckinghamshire picture, there is a disproportionate use of services by most groups other than white British. This is particularly noticeable in the mixed groups.

Details are contained in the table provided below. The figures for service users are based on the years 2015-17 and for Buckinghamshire as a whole on the 2011 census. There is therefore a caveat around the figures as we are not directly comparing like with like.

Ethnicity	Current users %	Buckinghamshire %
White British	71.9	81.1
White other	5.1	5.2
Mixed White and Black Caribbean	5.6	0.9
Asian/Asian British	9.8	8.1
Mixed White/Asian	2.8	0.8
Mixed White/Black African	1.1	0.2
Black British	2.6	2.1
Other	1.1	1.6

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A number of focus groups with children and families have been held as part of developing the proposal outlined above. These focus groups were drawn from current client groups of the affected services, and the responses received were matched against the following summary of local and national research key messages from children and families:

**Respondents expressed what they felt currently doesn't work:**

- Having to deal with a range of disconnected services
- Being given the wrong information
- Not knowing where to go for help
- Lack of accountability i.e. services not following up on a complaint
- Feeling misunderstood or judged

**Respondents expressed what they prefer:**

- Feeling listened to and understood
- Not feeling judged
- Being treated with respect
- One consistent key worker
- Being able to get support/information for more than one thing
- Being able to get support for more than one member of the family and having the whole family's needs considered
- Being able to access information, advice and support through a number of different methods of access (web, leaflets, 1 to 1, etc.)
- Workers being easily accessible both in terms of venue (home or local community) and by being available on the phone
- Being flexible in approach, taking into account individual circumstances and giving practical tailored advice and support
- Keeping the service user informed every step of the way.

**Respondents identified areas for improvement:**

- Increased awareness of services
- Clarity about what can be offered
- Consistent advice.

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Local and National research has also been considered, including:

- DfE Review of Children’s Centres July 2016:  
Proving their value and effectiveness is challenging  
Parent support and specialist family/parent support services offer better value for money than the more child-based services
- All Party Parliamentary Group report, July 2016 recommended the development of Family Hubs, ‘As part of its work on the Life Chances Strategy, the Government should give full consideration to augmenting Children’s Centres into Family Hubs – a “nerve centre” for all types of family support, with a mixture of statutory, voluntary and specialist help both on-site and signposted.’
- Children’s Commissioner Oct 16 recommended ‘hubs to coordinate support for parents, children and families, including Early Help’
- National research into what works:
  - Early Intervention Foundation
  - Lessons learned from Troubled Families programme
  - Other local authorities – lessons learned from their journey

Extensive research into what other local authorities have done to deliver their Early Help services has also been completed. More than 20 other local authorities were contacted, and individual discussions held. Lessons learned have included:

- The importance of using the Troubled Families criteria to demonstrate progress
- How to integrate services most effectively
- How to implement co-location and the advantages and disadvantages of this approach
- Simpler referral pathways - no wrong door recommended
- Targeting services to families through outreach recommended

In addition to this, co-design workshops with frontline staff and Managers were held (Nov – Dec 2016) in order to develop the proposal to take out to full public consultation.

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As a result of all the feedback and research, overall key principles behind the service were identified as:

- One Early Help service uniting professionals with varied backgrounds
- Whole family, all of their problems, with consent
- Single assessment, single plan
- Lead family worker
- An assertive, challenging, persistent approach
- Locally based teams
- Phased approach, working collaboratively with partners.
- Outcomes focussed, clear measurable targets
- Longer term reduction in demand on statutory services

These key principles underpin the ideas and considerations for the future of Early Help in Buckinghamshire and were the foundations of the model that then went out to public consultation.

Before proceeding to public consultation, there was also consideration given to other possible ways forward. These were:

1. Continue with same range of internally delivered and commissioned services
2. Maintain some services based on clear criteria of effectiveness, and cease others where evidence is less clear
3. One Early Help service bringing together variety of staff skills and experience, based on key principles. Whole family key worker approach, working with families at level 3 on the Thresholds document and some prioritised groups at level 2.
4. One Early Help service, where staff retain own specialisms and do not work in a whole family, all the problems approach.

After considering the options, Cabinet agreed the public consultation on the broad principles of option 3, as the one which is most likely to meet the objectives of this project as outlined in question 1.



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The location of the team bases or 'hubs' has been carefully considered, based on need as well as ease of access in terms of bus routes/transport links. A detailed analysis of current service users has been carried out to judge how far people would need to travel to new locations. Building locations are being chosen where 80% of current users are within 4 miles of new locations, which is judged reasonable so long as there are reliable public transport links. Additionally, most of the interventions in the new service will be delivered in the family home rather than in a central location, which will in itself disproportionately benefit those with disabilities, or parents of young children or those who otherwise find it difficult to travel through poverty or through living in rural locations without good transport links.

Research is being done to understand what community services are already established to fill any potential gaps, and provide continued support to communities. BCC already have a website (Buckinghamshire Family Information Service, BFIS) detailing information around support services on a local level, and in order to support this review, BFIS will be upgraded and further developed.

A full public consultation commenced on 14 July 2017 and ran until 16 October 2017. The main survey was online, and was accompanied by significant publicity locally, targeted social media advertising and partner engagement to promote the consultation to their contacts and clients. Paper copies of the consultation were available at libraries and in youth centres. This was reinforced by focus groups made up of those groups who are less likely to respond to an on line survey, and who were representative of the proposed client group of those families who need support the most. These also included people with protected characteristics.

A full report of the public consultation is available as an appendix to the Cabinet paper, to which this Equalities Impact Assessment is also appended.

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However, a brief summary of that consultation is provided below. The survey was completed by 1,991 residents, 365 organisations and 79 young people using Youth Services.

**Residents**

Most respondents were families with children (85%), who are the main target group for these services. Over half of this group had children under 5, (which is twice the Buckinghamshire profile for households with children) and respondents where their children had disabilities made up 22% of all respondents with children (which is seven times higher than the Buckinghamshire profile of children with disabilities). The profile of adult respondents was similar to the Buckinghamshire profile across a range of other demographic characteristics.

Of the 1,991 residents who responded to the survey. 89% of respondents were female, compared with 51% of the Bucks population. The 25-34 and 35-44 age groups (together 70% of respondents) over-indexed against the Bucks population in these two age bands (31%). Adults aged 35-44 formed the largest cohort overall (42% of respondents). In terms of ethnicity, disability and employment status, the respondent profile was very similar to the county profile, with the majority being white, not disabled and in employment. The Acorn profile of respondents was representative of the Bucks population, particularly for the less affluent groups most in need and more likely to access services.

Taking into account the proportion of people who agreed, as well as those who disagreed with the proposal, there was net positive agreement with the proposal of 18% of residents. Although there was 'net' agreement with the proposal overall, there were relatively high levels of both agreement and disagreement with the proposal. Where half of residents (50%) agreed with the proposal and three in ten (32%) disagreed. Approx. two in ten residents (18%) either didn't have a strong opinion (neither agreed nor disagreed) or didn't know.

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The proportion of people agreeing or disagreeing with the proposals was different for specific groups of people. For example, respondents whose children had disabilities or children aged 10-14 were more likely to agree with the proposals, and respondents whose children were aged under 5 or those providing further comments were more likely to disagree with the proposals.

Half of respondents provided further considerations or made further comments regarding the proposals, which were categorised into topics. The main topics raised were regarding 'Early Help' services (for example providing services that are open to all to use, wanting immediate help when needed though non-targeted services), 'Access' (for example providing local easy to access services), considerations regarding their understanding of the proposals ('clarity') and concerns regarding service closures.

**Organisations**

Respondents could also complete the survey on behalf of an organisation, where the majority of the 365 respondents were from public sector organisations (54%). A number of respondents were from the same organisation.

Taking into account the proportion of respondents who agreed, as well as those who disagreed with the proposal, there was net positive agreement of 25%. As with residents, there were relatively high levels of both agreement and disagreement. Where approx. six in ten of respondents from organisations (56%) agreed with the proposal and three in ten (31%) disagreed. Approx. one in ten respondents (13%) either didn't have a strong opinion (neither agreed nor disagreed) or didn't know.

Organisations' main comments fell into similar categories as those expressed by residents, including concerns regarding service closures, accessibility, their understanding of the proposal and its 'clarity'.

**Youth Service Users**

The consultation was also open to children and young people who are users of the councils Youth Service to complete. A total of 79 young people aged between 14 and 24 completed the survey at these centres, where disagreement with the proposals was higher (at 52%) than residents or organisations and levels of agreement were also lower (at 11%).

**Focus Groups**

Three Focus Groups took place with 16 people that were invited from a range of the current services provided to children, young people and families. Topics covered included ‘Assessing Services’, ‘One Family Worker’ and understanding what ‘Early Help’ means to the group.

**Petitions**

While not part of the council’s consultation the council notes two petitions relating to the proposals. The 38 Degrees petition with 2,222 signatures as at 16 October 2017 (regarding saving Children’s Centres), and a Labour Party petition (also against Children Centre Closures), with 179 signatures as at 16 October 2017.

**In summary – protected characteristics**

Age

Research is clear that family intervention has a positive impact on children, young people and parents. For example, Children’s Centres only provide support for families where children are under 5 so the proposed changes to reconfigure the use of Children’s Centres positively impacts on families with children over the age of 5. There is a range of universal support services operating in Buckinghamshire, some of which are already advertised on the BFIS website however work is being done to develop this directory to include a fuller list of available services provided in the community. It will not be possible to compile a complete list as many facilities and services are available

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very locally and are only advertised in that area – examples include faith based provision of mother and toddler groups.

Disability

It is anticipated that children and parents with a disability will disproportionately benefit from the new service as they will be a targeted group. Currently 69% of service users of the Family Resilience Service have a disability, either physical or mental, or have a learning difficulty of disability which demonstrates that this group is already disproportionately benefit, and this will not change. The new service will be closely aligned with education providers and special educational needs to ensure early identification of problems.

Pregnancy & maternity status

Pregnancy and maternity status will be positively impacted by the provision of this new service as these service users are already more likely than others to access the service. The provision of parenting groups will increase, and the delivery of service via outreach into homes or local community locations will extend the provision available to those who struggle to access current services because of poor transport links, poverty or simply through having a number of young children.

Race

It is anticipated that there will be a positive impact on some ethnic groups who are more disadvantaged in terms of educational attainment or poverty. The Government’s recent race disparity audit bears this out:

<https://www.gov.uk/government/publications/race-disparity-audit>

Current users of the services have been analysed by ethnicity and this shows that groups other than white British are more likely to be benefitting disproportionately at present. As the new model intends to further target need, this is likely to increase this positive benefit for people who are from minority groups.

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	<p><u>Religion or belief</u> No impact is anticipated</p> <p><u>Gender Reassignment</u> No impact is anticipated</p> <p><u>Sex</u> The new service will provide support specific to the needs of vulnerable families. It will be open and inclusive focussing on the family's needs and would not discriminate based on sex. It is more likely to benefit women who are more likely to have caring responsibilities. However, in order not to discriminate against men as fathers, there will be ongoing monitoring of the support provided to them and their take up of service, and this will be kept under review.</p> <p><u>Sexual orientation</u> No impact is anticipated</p> <p><u>Married or civil partnership status</u> No impact is anticipated</p> <p><b>Other impact</b> It has already been noted above that there have been some groups, particularly mothers of young children who currently access services provided by Children's Centres, who are unhappy with the proposed changes. This is generally because of the drop in and social support that Children's Centres currently offer, and which will cease. This means that for those people who do not have any additional support needs identified, and who are not in the target group, there will therefore be a reduction in service. Because this group is mainly comprised of mothers of children under five, there could be a disproportionate impact perceived.</p> <p>Mitigation plans are outlined above.</p>
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**Section B: Our internal and external partners (relates to screening question 3)**

You have identified that the proposal will or may have an impact on how other services are delivered by the county council, external suppliers or other statutory agencies, you should answer the questions below insofar as they are appropriate and relevant to the proposal. (Please note that VCS organisations are dealt with separately in Section D.)

<b>Questions to consider/prompt your thinking</b>	<b>The Findings</b>
<p>Could implementation of the proposal lead to increased service demands or costs for other county council services, external providers or statutory agencies? If yes, what is being done mitigate the impact or prepare those services/organisations for the increased demand/costs?</p> <p>Where the proposal relates to an external contractor, what is the impact on:</p> <ul style="list-style-type: none"> <li>- The contractor e.g. staffing, capacity, business continuity management capability?</li> <li>- the future of the service (especially if several other authorities are also contracting services from this provider i.e. domino effect)</li> <li>- Beneficiaries, service users and carers (if not answered in Section A above)?</li> <li>- The wider local community?</li> <li>- Further down the supply chain, especially where locally sourced?</li> </ul> <p>What steps have you taken to reduce the council’s potential liability for breaches under the Equality Act where services are being delivered on our behalf? How will compliance monitored?</p>	<p>Partners and stakeholders have been an ongoing part of the Early Help Review with feedback and thoughts sought as part of the process. Partners and stakeholders were part of the co-design model workshops where hypotheses derived from the data analysis mentioned above were tested. Interviews have been held with a range of stakeholders to get their views on how support for children, young people and their families could be improved and to ensure relationships are built with key people to ensure final recommendations put forward are a result of collaboration between all those involved. It has and continues to be important that rationale for change is communicated effectively to ensure a smooth transition is achieved.</p> <p>Services currently available in Children’s Centres provided by other agencies (such as antenatal classes, mother and toddler sessions or music sessions) will either be relocated to other partner buildings (eg health centres, faith group buildings or libraries), or provided in other community locations. It is possible that some of these sessions may be delivered from the new team bases, though this would not be the primary function of the bases. This has been discussed with some partners (including Health providers) and plans are being drawn up to mitigate any loss of services.</p> <p>Dependent on the facilities at each individual base, our intention is that some group or specialist sessions would be delivered there, targeting local need or specific groups. Some of these will include sessions run by partner agencies. For example, parenting groups for</p>

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the parents of children with a disability, groups for women who have suffered domestic abuse, or workshops on employment for people who have limited education. It is likely that other group sessions will be available in other community locations as well, in the same way as already happens with parenting groups across the county.

Some Children’s Centres will be repurposed appropriate to the local need, for example as nurseries or additional school facilities. It is possible that some may be taken over by local voluntary or community groups, or by other partners such as health providers.

Youth centres run by the council are also affected. Other youth centres previously run by the council were handed over to local community youth groups, as part of an earlier process and this has worked well. The plan now is to either repurpose the buildings or to hand them over to other community or partner providers. Details are being worked up to ensure that any loss of service is mitigated.

Building locations are being chosen where 80% of current users are within 0-4 miles of new locations, which is judged reasonable so long as there are reliable public transport links.

Existing contracts will continue to be monitored under existing management arrangements, until such time as the service goes live. The proposal currently sees 100% of the new Early Help Service in-house, therefore, monitoring compliance with the Equality Act will be carried out as part of normal service planning and performance management.

Legal advice is being sought on whether TUPE arrangements apply to staff who currently work for external providers. Discussions with providers have been ongoing through the review period so that they have been kept informed and their views sought.



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	<p>In order to publicise the new service when it is launched, a communications plan has been prepared. This will include:</p> <ul style="list-style-type: none"> <li>• Direct communication with previous service users via email, phone, letter or face to face</li> <li>• Publicity via press statements with offers of interviews with elected members or senior officers</li> <li>• Social media campaigns targeted at specific groups who are most vulnerable for reasons of their protected characteristics</li> <li>• Partner engagement with schools, nurseries, health services and the voluntary and community sector, so that they can reach out to those who use their services</li> <li>• A re-launched website</li> </ul>
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**Section C: Our employees (relates to screening question 4)**

You have identified that the proposal will or may have an impact on our employees, therefore, you should address the questions below insofar as they are appropriate and relevant to the proposal.

**Questions to consider/prompt your thinking**

How have you ensured that employees affected by the proposal but who are absent because of long term sickness, being on secondment or a career break, being on maternity/paternity, adoption or carer's leave are not disadvantaged by their absence?

How have you ensured that any employee selection processes do not directly or indirectly discriminate against employees because of a protected characteristic? Have you ensured that, where relevant, reasonable adjustments have been made to ensure that a person who is disabled is able to fully participate in the process?

If the proposal is about delivering a service differently, how have you ensured that employees are properly equipped with the relevant tools, skills and knowledge to do so?

**The Findings**

With Option 3, the recommended option, all staff within the 'in scope' services are likely to be affected and this will include some staff who are employed by contracted partner agencies.

The impact on front line staff and managers will include potential changes to their work bases. This may have a disproportionate impact on those employees who have caring responsibilities such as parents. This is more likely as the large majority of affected staff are female, and this group is more likely to have those caring responsibilities.

Age ranges are varied across the in scope services and recruitment will be in line with the Council's Equality and Diversity policy. An option to reduce the impact on staff would be to offer voluntary redundancy (VR) and redeployment which would be open to all eligible staff in scope of the review.

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How will you be able to demonstrate that you have implemented the council’s policies and procedures fairly? For example, what employee monitoring data do you need to gather, analyse and compare pre and post implementation of the proposal?

Employees may also be affected by changes to working practices, so that those who are currently based in a specific location will be asked to go out into the community instead to do their work. This impact is again more likely to affect female employees than male, as the large majority of those affected are female. This will be mitigated by full training and support and the offer of voluntary redundancy and redeployment within the local authority for those employees who feel that this new type of work is not for them.

A full staff consultation will be carried out in line with council policies and procedures once the model has been formally agreed. This will take place over a 45 day period. Those staff who are who are absent because of long term sickness, being on secondment or a career break, being on maternity/paternity, adoption or carer’s leave will have their statutory rights protected. As far as is possible, all staff will be given choices as to where they will be based.

As part of the consultation, employee monitoring data will be collected around recruitment, redeployment and redundancy in line with the council’s policies and procedures. An HR officer has been assigned to oversee the consultation and ensure equity and transparency as well as adherence to policies.

The Communications Team has used various methods to ensure all staff receive the same information at the same time. A dedicated email box was set up in November 2017 and there have been additional communications via meetings and newsletters to ensure maximum coverage.

We recognise that this is a large scale change for employees and we are taking ongoing advice from HR, ensuring fairness generally and due consideration of equalities issues in our workforce as we transition from existing services to the new model.

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**Section D: The Voluntary and Community Sector (VCS) (relates to screening question 5)**

You have identified that the proposal has a direct impact on voluntary and community sector organisations either as a result of a reduction in, or cessation of, grant funding, or where contracts are coming to an end and will not be renewed, or where new contracts are at a reduced level of funding than was previously the case. Therefore, you should address the questions below insofar as they are appropriate and relevant to the proposal.

Questions to consider	The Findings
Which VCS organisation(s) is / are involved?	<p>The impact on the voluntary and community sector is being fully considered in the main report that proposes a move to the new model of Early Help. We have specially considered the impact on all VCS organisations with whom we contract and who are directly affected by the proposal. In addition, we have carried out an audit of all VCS organisations whether commissioned or otherwise, that support Early Help. This will be kept under constant review and will form part of the conversations beginning with the sector and the new style of relationship between the public and VCS.</p> <p>The affected contracted providers include some organisations that are from the voluntary and community sector. In order to ensure that all necessary policies and procedures are adhered to, legal advice has been sought. At this stage it is not appropriate for contractual reasons to provide a detailed financial breakdown but an impact assessment will form part of the decision making process.</p> <p>It is anticipated that there will be a positive impact on community cohesion for the following reasons:</p> <ul style="list-style-type: none"> <li>Community and locality groups (special interest, faith based for example) will be able to use the new website to publicise their offer more widely.</li> </ul>
What is the source of the current funding (i.e. BCC budget, national funding stream)?	
<p>What will the financial impact of the proposal be on the organisation(s) involved?</p> <ul style="list-style-type: none"> <li>% reduction in BCC contribution</li> <li>% reduction in the organisation’s total income (based on current year income)</li> </ul>	
What funding does the organisation receive from other Buckinghamshire bodies or organisations (e.g. District Councils, Bucks Community Foundation)? Please provide a breakdown.	
What are the reasons for reducing or ending the funding?	
<p>How will the proposal impact on:</p> <ul style="list-style-type: none"> <li>the organisation(s) e.g. staffing, capacity)?</li> <li>the future of the service*</li> <li>beneficiaries, service users and carers (if not answered in Section A above)?</li> <li>volunteers currently providing the service?</li> <li>any assets used to provide the service*?</li> <li>the wider local community*?</li> <li>the supply chain, especially where locally sourced?</li> </ul>	

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<p>Is alternative provision of the services available to existing clients? If yes, from which organisations?</p>	<ul style="list-style-type: none"> <li>• A programme of volunteering is being developed to provide new opportunities for service users to move forward into employment and other opportunities in the community</li> </ul>
<p>Could implementation of the proposal lead to increase demand on other voluntary sector organisations? If yes, what is being done to prepare for this increased demand?</p>	<ul style="list-style-type: none"> <li>• New groups/services will be set up to address specific issues as they are identified proactively through data collected</li> </ul>
<p>Is there a particular geographical impact?</p>	<p>The whole intention of the review into Early Help is to build the resilience of children, families and communities so that they are far less reliant on statutory services which can be intrusive. This ambition is clearly outlined in the Early Help Strategy which will form part of the final proposal.</p>
<p>Will this reduction have a positive, negative or neutral impact on our efforts to encourage people and communities to become more self-reliant?</p>	<p>The whole intention of the review into Early Help is to build the resilience of children, families and communities so that they are far less reliant on statutory services which can be intrusive. This ambition is clearly outlined in the Early Help Strategy which will form part of the final proposal.</p>

**Section E: Consultation and Engagement (relates to any screening question where the answer was “yes” or “maybe”)**

Please answer the questions insofar as they are relevant to the proposal. If they are not relevant, please indicate this in “The Findings” box below.

**Questions to consider/prompt your thinking**

**The Findings**

**Equalities Perspective:**

Does the proposal require targeted engagement to ensure that people directly affected are aware of the proposal and/or consulted with about how to mitigate an adverse impact or to eliminate any identified discrimination? If yes, how will this be achieved? How will you ensure that communication is appropriate to meet the different communication needs of different groups of people? For which groups will face to face communication be preferable/the most effective method?

A public consultation commenced on 14 July 2017 and ran until 16 October 2017. The main survey was on line, and was accompanied by significant publicity locally, targeted social media advertising and partner engagement to promote the consultation to their contacts and clients. This was reinforced by focus groups made up of those groups who are less likely to respond to an on line survey, and who were representative of the proposed client group of those families who need support the most. These also included people with protected characteristics.

A full staff consultation will also be required, once the model has been formally agreed. This will take place over a 45 day period.

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Partners, stakeholders and service users have been an ongoing part of the Early Help Review with feedback and thoughts sought as part of the process. Partners and stakeholders were part of the co-design model workshops where hypotheses derived from the data analysis mentioned above were tested. Interviews have been held with a range of stakeholders to get their views on how support for children, young people and their families could be improved and to ensure relationships are built with key people to ensure final recommendations put forward are a result of collaboration between all those involved. It has and continues to be important that rationale for change is communicated effectively to ensure a smooth transition is achieved.

The Communications Team used various methods throughout to communicate the outcomes of the review including internal, external and partner mediums, to ensure all staff receive the same information as the same time. A dedicated email box was set up in November 2017 and there have been meetings and newsletters to ensure maximum coverage.

- In order to publicise the new service when it is launched, a communications plan has been drafted. This will include:
- Direct communication with previous service users via email, phone, letter or face to face
  - Publicity via press statements with offers of interviews with elected members or senior officers
  - Social media campaigns targeted at specific groups who are most vulnerable for reasons of their protected characteristics
  - Partner engagement with schools, nurseries, health services and the voluntary and community sector, so that they can reach out to those who use their services
  - A re-launched website

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<p><b>VCS Perspective:</b>          How will you discuss the potential implications of your proposal with the VCS organisation(s) involved?  <i>*The Bucks Compact states “Where there are restrictions or changes to future resources, discuss with VCOs the potential implications as early as possible, give organisations the opportunity to respond, and consider the response fully, respecting sector expertise, before making a final decision.”</i></p>	<p>We will talk to individual groups affected plus the infrastructure organisations e.g. Heart of Bucks, Action for Youth, Community Impact Bucks, Citizens Advice, LEAP – the County Sports Partnership, Bucks Business First.</p>
<p><b>Section F: Monitoring implementation and impact (relates to any screening question where the answer was “yes” or “maybe”)</b></p> <p>Please answer the questions below insofar as they are relevant. If they are not relevant, please indicate this in “The Findings” box below.</p>	
<p><b>Questions to consider/prompt your thinking</b></p>	<p><b>The Findings</b></p>
<p>How will you monitor the implementation of the proposal to assess its impact on the county council’s Equality Duty and its commitment to a strong and vibrant voluntary and community sector?</p> <p>You will need to consider what information you already have that will enable you to analyse and interpret information in relation to:</p> <ul style="list-style-type: none"> <li>• Show the numbers of particular groups using the services and what outcomes they experience</li> <li>• Show under-use of a service by an equalities group</li> <li>• Show over-use by an equalities group</li> <li>• Reveal discrimination</li> <li>• Demonstrate that services are not discriminatory</li> <li>• Measure the effectiveness of service changes</li> <li>• Identify the need for new or changed services</li> </ul>	<p>A performance framework is being developed to build on what is already being reported. This will be a flexible and ongoing process which we will review and constantly engage with partners on to ensure that appropriate performance monitoring is in place and any impact, negative or otherwise will be mitigated.</p> <p>The proposed new model has been introduced in a wide range of local authority areas across England over the last 3 years. Early indications are very positive, with local authorities citing positive impact on children and families. A new report is expected imminently from the Early Intervention Foundation, which aims to evaluate the relative success of this way of working and provide guidance on the best way to evaluate it.</p> <p>Whilst there has been no formal benchmarking of success measures to date, there is an increasing consensus that the Troubled Families measures are a valid and evidence based approach, as they address the following key areas of success:</p> <ul style="list-style-type: none"> <li>• School attendance rate including exclusions</li> <li>• Crime and antisocial behaviour</li> </ul>

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	<ul style="list-style-type: none"> <li>• Worklessness in adults and young people</li> <li>• Children in need – reducing demand for statutory services</li> <li>• Domestic abuse incidence</li> <li>• Health and wellbeing of children and parents</li> </ul> <p>All data will be broken down by age, gender, ethnicity and other factors, and these will be clearly identified in monthly reports and annual evaluation reports. As at present, these figures are checked against the demographics of the county to ensure that there no group is disadvantaged. Additionally, service user feedback is already gathered routinely and this will continue.</p>
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**Assessment - Actions Arising**

<b>Action</b>	<b>Officer responsible</b>	<b>By when</b>
A full staff consultation will be carried out in line with Council policies and procedures once the model has been formally agreed. This will take place over a 45 day period.	Carol Douch	To commence Jan/Feb 2018 – dependent on political decisions
A Communications Plan has been prepared in order to ensure communications are circulated on developments with the Early Help Review and publicise the new service when it is launched.	Carol Douch	Ongoing – new service due to launch June 2018
Ongoing monitoring and review during service implementation into business as usual, to inform and ensure service meets identified needs and protected characteristics.	Carol Douch	Ongoing
Discussions to continue on how to repurpose buildings and relocated ongoing services	Carol Douch	Ongoing
VCS impact will be kept under constant review	Carol Douch	Ongoing
Discuss with VCS infrastructure organisations, early intervention approach and VCS involvement	Carol Douch	Ongoing





- 1 Amersham
- 2 Aylesbury Bearbrook
- 3 Aylesbury Elmhurst
- 4 Aylesbury Oakfield & Bedgrove
- 5 Aylesbury Quarrendon
- 6 Aylesbury Southcourt
- 7 Beaconsfield
- 8 Buckingham
- 9 Burnham
- 10 Chesham Newtown
- 11 Chesham Waterside
- 12 Denham & Gerrards Cross
- 13 Farnham Common
- 14 Haddenham
- 15 Ivinghoe & Pitstone

- 16 Prestwood & Missenden
- 17 Steeple Claydon
- 18 The Ivers
- 19 Waddesdon & Whitchurch
- 20 Wendover
- 21 Wing
- 22 Wycombe Bourne End
- 23 Wycombe Castlefield
- 24 Wycombe Disraeli
- 25 Wycombe East
- 26 Wycombe Hamilton Road
- 27 Wycombe Hampden Way
- 28 Wycombe Hazlemere & Loudwater
- 29 Wycombe Mapledean
- 30 Wycombe Marlow
- 31 Wycombe Marlow Satellite
- 32 Wycombe Millbrook
- 33 Wycombe Risborough
- 34 Wycombe Stokenchurch & Hambleden Valley Satellite
- 35 Wycombe Stokenchurch & Hambleden Valley

**Children's Centres in Buckinghamshire**

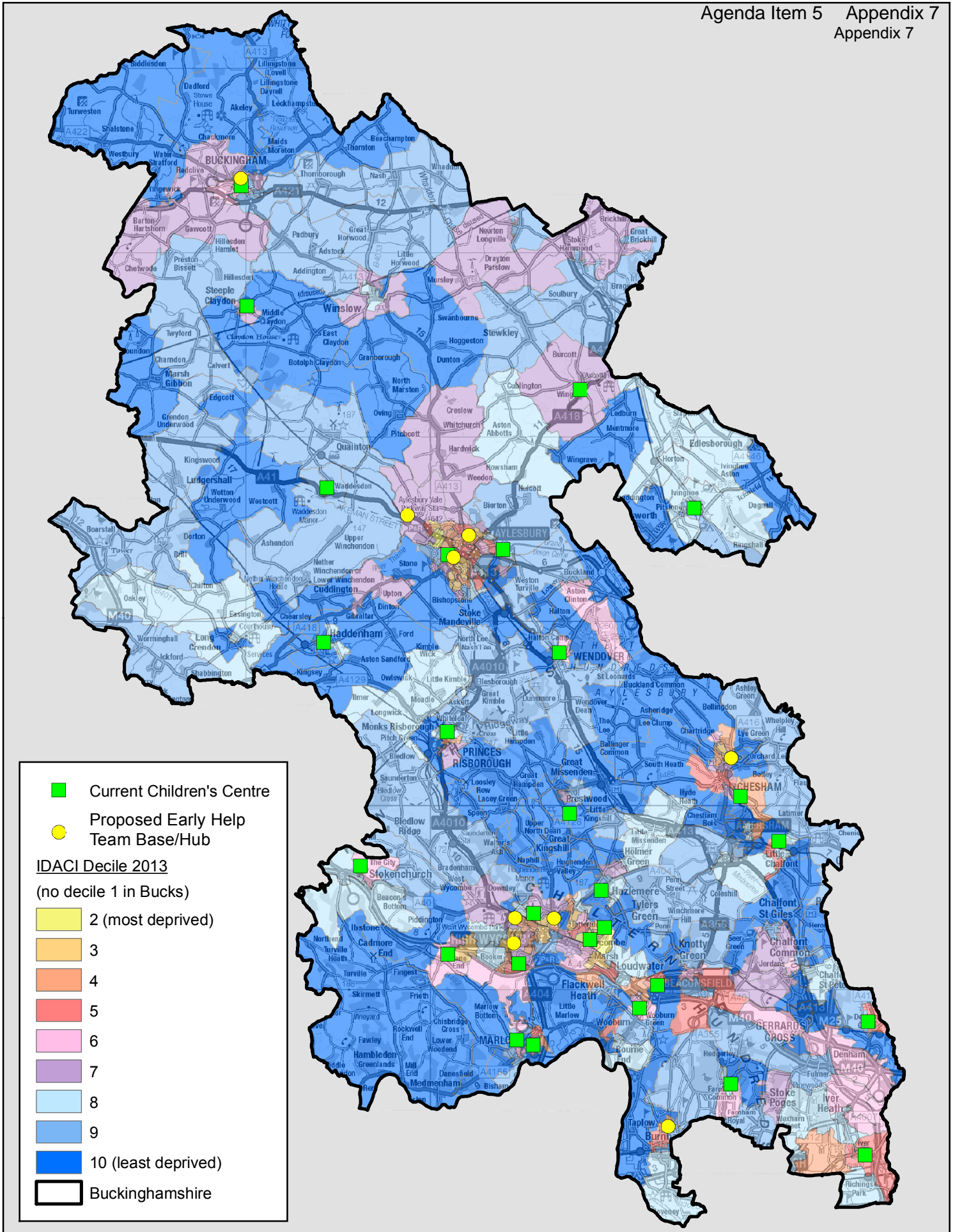


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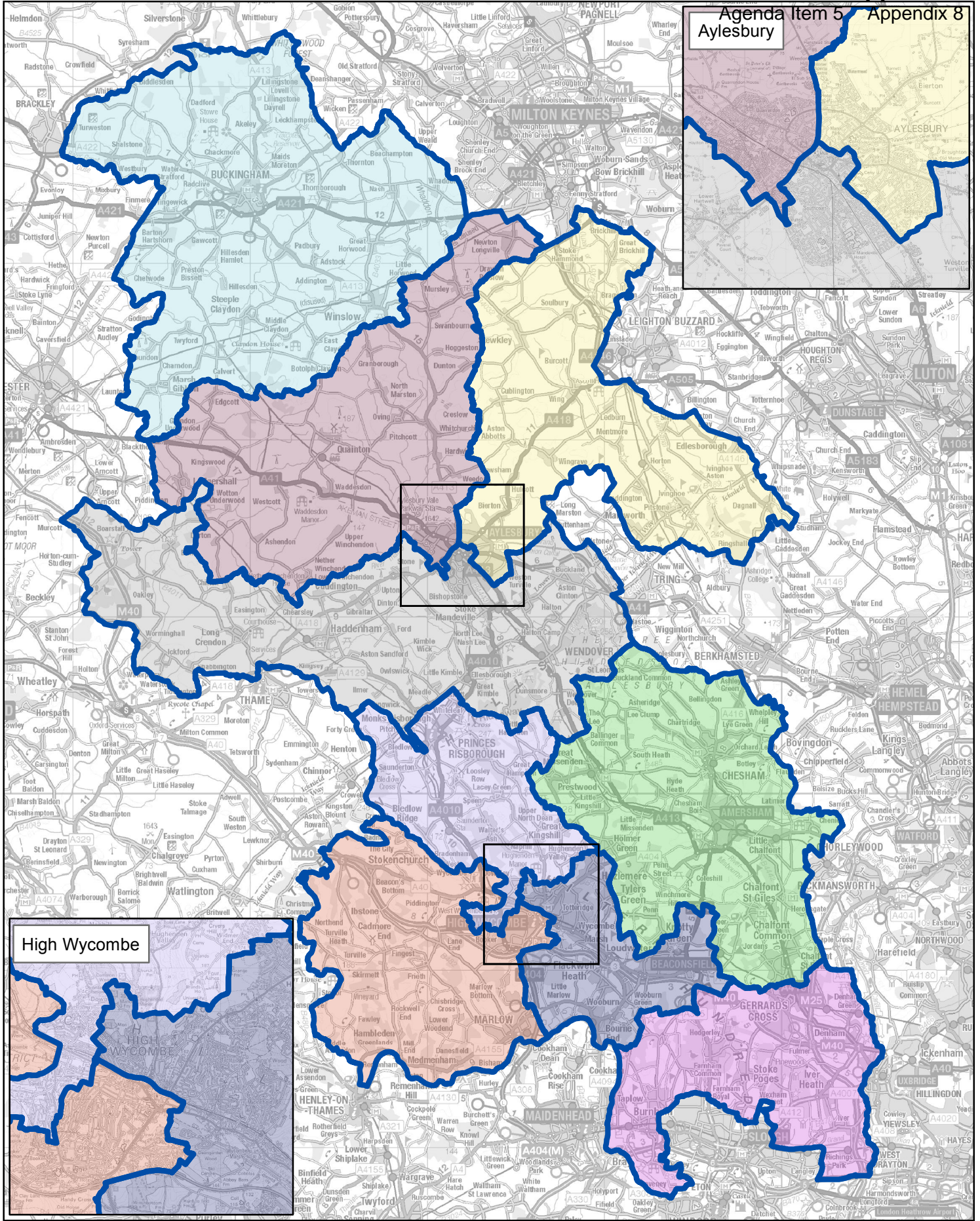
Children's Centres in Buckinghamshire


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 Team Base Areas

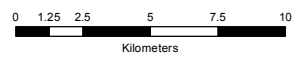
### Early Help Team Areas

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Produced by the School Management Support Team  
 13 December 2017

Scale: 1:280,000 at A4





# *Call-in request*

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**Title**

Early Help Review

**Reference Number:**

Cabinet 8<sup>th</sup> January 2018

**Call-in Request**

A call-in request has been submitted for this item from Julia Wassell, supported by Niknam Hussain, Chaudhary Ditta and Martin Farrow.

Julia Wassell writes – “I strongly believe that not all the relevant matters were taken into account in reaching the decision as a number of issues have since come to light.”

The call-in request will go forward to the Children’s Social Care & Learning Select Committee for its consideration. A date for this meeting will be published in due course.

**Contact Officer**

Sara Turnbull Head of Democratic Services 01296 382343

**Date of Publication**

11 January 2018







**18 CALL-IN**

The call in procedure is a statutory right which can be applied to any decision which has been taken but not yet implemented (Section 21(3) LGA 2000). Call-In is a procedure whereby Members of the Council may question decisions taken by the Executive in exceptional circumstances and therefore may hold the Executive to account.

- a When a decision is a Key decision made by the Cabinet or an individual Member of the Cabinet, or a Non Key decision made by an Officer with delegated authority, or any Committee under joint arrangements, the decision shall be published, including where possible by electronic means, and shall be available at the main offices of the Council normally within two days of being made. The Chairman of the appropriate Select Committee will be sent copies of the records of all such decisions within the same timescale, by the person responsible for publishing the decision unless the decision taker has certified that the decision is urgent and to be implemented immediately.
- b That notice will bear the date on which it is published and will specify that the decision will come into force, and may then be implemented, on the expiry of three working days after the publication of the decision, unless either the decision maker has certified that the matter is urgent and requires implementation urgently or a call-in request has been received by, at the latest, 5.00pm on the third working day after the decision has been made. If a call-in request is received the decision will not be implemented until the call-in process is complete, unless the decision is urgent.
- c A decision which has been taken and implemented may still be reviewed by the Select Committees, but such a review will not delay the implementation of the decision.
- d A decision may only be called in once and a decision may not be called in where the substance of the decision has already been subjected to scrutiny by a Select Committee or where the Chief Finance Officer has certified that a delay in the implementation of a decision will result in significant additional cost to the Council.
- e Before a decision takes effect (unless the decision is urgent) any Member may give notice of the intention to request the call in of any proposal by the Cabinet, the Cabinet Member or an Officer other than one taken under the urgent action procedure.
- f Once the fact that the Cabinet or a Cabinet Member or Officer is to consider an item is published, any Member of the relevant Select Committee may ask to see the papers to be considered (except insofar as they contain confidential or exempt information) and take preliminary advice from officers supporting the Select Committee about the implications of the decision.
- g Any three Members must notify the Monitoring Officer within three working days of the publication of the proposal of an intention to request the Select Committee to examine the proposal and of any requirement for the attendance by a Cabinet Member or any Officer.

- h A Select Committee shall discuss the request for a call-in at its next regular meeting or at a Special Meeting whichever is sooner provided that the required five days notice can be given.
  - i At the meeting where the Select Committee is considering the application for a call in it should first consider whether there is a case for the decision to be called in. If, following discussion, the Select Committee agrees that the matter should be called in it may proceed either to examine the decision at that meeting or adjourn to investigate the decision at another meeting. The appropriate decision taker may be invited to attend to explain the decision but does not have to participate in the discussion as to whether the decision should be called in.
    - a) If the Committee agrees that further investigation or information is required, the Cabinet or Cabinet Member may agree to extend the time in which a final view may be expressed.
      - i If, having considered the decision, the Select Committee is still concerned about it, then it may refer it back to the decision making person or body for reconsideration, setting out in writing the nature of its concerns, or refer the matter to full Council. If referred to the decision maker he or she shall then reconsider within a further five working days, amending the decision or not, before adopting a final decision.
      - ii If the decision taker requires more time to consider, the Select Committee's recommendations the time may be extended by the Chairman of the Select Committee after agreement by one other member of the Committee.
      - iii If the decision taker is after reconsideration, not able to make changes to the decision in accordance with the Committees concerns the decision taker shall write to the Committee setting out reason why the decision taker is unable to accede to the Select Committee concerns.
      - iv If following an objection to the decision, the Select Committee does not meet in the period set out above, or does meet but does not refer the matter back to the decision making person or body, the decision shall take effect on the date of the Select Committee meeting, or the expiry of that further five working day period, whichever is the earlier.
      - v If the matter was referred to full Council and the Council does not object to a decision which has been made, then no further action is necessary and the decision will be effective. However, if the Council does object, it has no locus to make decisions in respect of a Cabinet decision unless it is contrary to the policy framework, or contrary to or not wholly consistent with the budget. Unless that is the case, the Council will refer any decision to which it objects back to the decision making person or body, together with the Council's views on the decision. That decision making body or person shall choose whether to amend the decision or not before reaching a final decision and implementing it. Where the decision was taken by the Cabinet, a meeting will be convened to reconsider within five working days of the Council request. Where the decision was made by an individual, the

individual will reconsider within five working days of the Council request.

- vi If the Council does not meet, or if it does but does not refer the decision back to the decision making body or person, the decision will become effective on the date of the Council meeting or expiry of the period in which the Council meeting should have been held, whichever is the earlier.
- b) The Member who has put the matter on the agenda may address the Committee on the matter.



### **Report Regarding Consultation - Appendix 3, Cabinet report, 8 January 2018**

I am submitting the following report due to concerns about the Early Help Consultation. The methodology and analysis discussed in Appendix 3 of the consultation exercise demonstrate significant flaws that compromise the reliability of the final results.

1) The initial survey took place from 14/7 /17 to 4/9/17. After this the survey continued with additional information until 16/10/17. There is no discussion of the additional information or its significance in the Executive summary (see other considerations p239). The respondents were permitted to respond anonymously and there is no identification of survey respondents from their email. It is impossible to say whether the majority of respondents who completed the survey before 4/9/17 would have answered differently if they had seen the additional information nor whether if they were aware of the additional information provided after 4/9/17, that they completed the questionnaire for a second time. Ethically this is not a recommended survey practice as it appears that respondents were being asked to answer the survey questions without full information on the consultation being available and later respondents may have answered differently when this information was provided. Similarly, it is not clear when the focus groups were undertaken or whether some or all of them had access to the additional information before they met.

The results from the consultation could not separate out those who responded knowing about the additional information and those who did not. It is therefore difficult to see how a net positive agreement figure of 18% of residents could be calculated when the influence of the additional information provided is not known. A net positive agreement of 25% with the proposal by respondents on behalf of organizations is also flawed for the same reason.

2) It is not clear how respondents were representative of their organizations if replying anonymously and not through a collective management response. Organizations have not been consulted but individual members of organizations have made submissions. This does not mean that organizations collectively endorse the anonymous views of their members nor are the views of the individuals necessarily representative of the organization itself (see p4 Executive Summary)

3) It did not appear to be clear in the consultation information why the consultation is taking place – what is currently available, what is the context for existing services being re-designed, why is this necessary? This could explain why half of the resident and ‘organization’ responses made further comments about the proposals which included clarity of the proposals and concerns regarding service closures.

4) The sampling (p7-8) and the information regarding levels of tolerance associated with results is not relevant or accurate. The sampling for this

consultation was self-selecting and user driven. This was not a random sample nor a quota sample so none of the tolerances in the table on p8 apply. The NB which is quoted under the tables describes the criteria clearly, 'Strictly speaking the tolerances shown here apply only to random samples; in practice good quality quota sampling has found to be as accurate.' Note 5 on p15 cites a 95% confidence level – this is not accurate as this was not a random or quota sample.

Submitted by Julia Wassell

## **Early Help Call In – A District Councillors perspective**

### **Consultation**

The Children's Centre in Micklefield has effectively already been closed for several months without any consultation. There are no council commissioned services operating there other than an infrequent volunteer led support group for breast feeding. The phone line has been cut off.

As one of the two District Councillors for Micklefield we have received no notification of changes to services there. We had membership of the Advisory Board but this disbanded when the contract was awarded to Action for Children from Barnados. This has had a significant negative impact with how the Children's Centre connects with the wider community. The Advisory Board meetings were a focal point for multi-agency and cross partner working.

As District Councillors we had no prior notification that the Consultation was to take place and we have had no correspondence from officers to seek information or views on how service changes may impact on the Micklefield community. Our County Councillor expressed concerns to us after a change in the Consultation on 4<sup>th</sup> September 2017.

### **Deprivation in Micklefield and East Wycombe**

Micklefield is one of the two most deprived areas in Buckinghamshire according to the data in the Strategy. These two areas are the only ones in IDACI decile 2. The neighbouring area of Totteridge is in decile 3.

The Strategy repeatedly states that the proposed Early Help Service will focus on prioritising resources to the areas of greatest need. The strategy identifies a range of factors which might indicate a greater need for Early Help provision including crime, school attendance, employment, health, child poverty and obesity. All of these are significantly worse in the East Wycombe wards of Micklefield, Totteridge, Bowerdean and Ryemead. (Refer to attached statistics)

To conclude that no hub should be placed in this locality, where there is a clear spike in all indicators of deprivation, is unjustifiable even against the Strategies own criteria. There are no details whatsoever as to how a streamlined Early Help Service would deliver services or engage with the deprived communities of East Wycombe despite this apparently being a priority.

The Strategy also identifies the voluntary sector as being a key partner within the proposed new service. Less deprived areas have a much greater prevalence of voluntary and charitable organisations. In a 2011 study from Southampton University it was noted that areas of deprivation have a significantly lower level of volunteering and social capital and concluded that policies based on self-help would be unlikely to succeed. There has been an historical difficulty in recruiting volunteers in a number of organisations in East Wycombe. In Micklefield the only voluntary run parents and toddlers group closed several years ago due to a lack of volunteer support and there is no volunteer led youth provision. Micklefield Library has never been able to sustain a volunteer staffing approach despite their being considerable support in the

community for the facility. The Eastside Youth Club in Totteridge is at risk from lack of volunteers.

The Strategy refers to these voluntary run groups as being “free or low cost”. The reality is that there is considerable cost to the organisations running these services both financially but also in time and skills often. These resources are often not readily available in more deprived communities and voluntary run activities can be precarious and quickly become unsustainable.

Oxfordshire County Council put £1 million on the table for the voluntary sector when it closed Children’s Centres.

<https://www.birmingham.ac.uk/generic/tsrc/documents/tsrc/reports/PatternsOfSocCap-Article.pdf>

### **The need for a Children’s Centre in East Wycombe**

It is imperative that we retain a Children’s Centre in East Wycombe. As outlined above there is a concentrated area of deprivation in East Wycombe, particularly in Micklefield.

Public transport connections across High Wycombe are not good with many journeys through the town centre requiring a change of bus. This would mean that Early Help staff members would be dependent on a car for community outreach and their work impacted by the frequent congestion on Wycombe’s roads. The amount of time taken travelling would need to be considered when planning the size of the workforce.

The cost of public transport is high at £3.70 for a day ticket. Many buses are still not accessible for pushchairs or have limited space. Services within walking distance are surely more preferable.

Hampden Way is an established and well used centre which is within easy reach to residents of both Micklefield and Totteridge. It is a modern facility with level access and has all the necessary facilities for pre-school children.

The Children’s Centre building at Ash Hill Primary School is inadequate as it is a temporary building which is approaching the end of its useful life. The school would be prepared to provide the space for a new facility on the site.

Particularly in Micklefield there is a lack of good facilities for services for young children. Micklefield Library is probably the best but can only accommodate small groups. St Peter’s Church has some baby change facilities but is simply a large hall so gives no opportunities for privacy. Another venue is booked up with older adult services. A community café exists but is small and would offer no privacy for unexpected disclosures and sensitive work.



### Children's Centre Call-in statistics

The County Council report should have contained statistical evidence, as set out below, for all Children's Centre locations to justify the conclusions of the report. The statistics below give a small snapshot of the issues particular to East Wycombe.

- Micklefield has been closed without consultation and yet is set in the area of most need when assessed against indicators referred into the Early Help Strategy.
- Hampden Way is set to be closed with no clear plan set out for future use and again is in an area of high need.
- West Wycombe around Millbrook School is retaining a hub and is in an area that is comparable with or less deprived than the above locations.
- Both Hazlemere and Beaconsfield have considerably less need but are in the same proposed team area as East Wycombe Averaging out assessments of need and existing voluntary sector services and provision across this area masks the profound need in East Wycombe.

	Micklefield	Hampden Way	West Wycombe	Hazlemere	Beaconsfield	Ref
	HP13 7HT	HP13 7TY	HP12 4BA	HP15 7PY	HP9 2PW	
<b>Crime and Anti Social Behaviour</b>						
Nov 2017 ASB	26	31	32	14	15	1
Nov 2017 Criminal damage/Arson	23	29	17	11	5	1
Nov 2017 Drugs	5	9	7	0	0	1
Nov 2017 Violent/Sexual assault	23	37	35	5	15	1
<b>School Absence</b>						
Total school sessions 2016	45615	32203	27761	31682	27324	2
Total Absences 2016 (actual)	1984	1890	1280	829	978	2
Total Absences 2016 (%)	4.3%	5.8%	4.6%	2.6%	3.6%	2
Authorised 2016 (actual)	1693	1557	1120	766	833	2
Authorised 2016 (%)	85%	82%	87.5%	92%	85%	2
Unauthorised 2016 (actual)	291	333	160	63	145	2
Unauthorised 2016 (%)	15%	18%	12.5%	8%	15%	2
<b>Deprivation &amp; Poverty</b>						
Child Poverty	24%	19%	18%	4%	6%	4
Working Age Poverty	12%	9%	12%	4%	4%	4
IMD Rank	12591	12921	24380	32014	27691	3
IMD Decile	4	4	8	10	9	3
Income Rank	7270	7873	22229	29969	22996	3
Income Decile	3	3	7	10	8	3
<b>Education and Employment</b>						
No Qualifications	24%	20%	25%	17%	15%	4
Employment Rank	8993	13662	20283	30841	25970	3
Employment Decile	3	5	7	10	8	3
Education & Skills Rank	7435	5757	20484	30032	27941	3
Education & Skills Decile	3	2	7	10	9	3
<b>Health</b>						
Health & Disability Rank	24546	17236	28256	32702	28933	3
Health & Disability Decile	8	6	9	10	9	3
<b>Family</b>						
Lone Parenthood	34%	24%	19%	12%	14%	4

1. <https://www.crime-statistics.co.uk/>

2. <https://www.gov.uk/government/statistics/pupil-absence-in-schools-in-england-autumn-term-2016>

3. <http://imd-by-postcode.opendatacommunities.org/>

4. [http://www2.cuf.org.uk/lookup-tool?gclid=CJ0KCQIAKZHTBRCBARisAMbXLhEhliY2\\_i3TtyZ1mg9tMIhjsXHHw3W0gb1Jy\\_NbP8UfVWwFOYEHAnsaAhhhEALw\\_wcB](http://www2.cuf.org.uk/lookup-tool?gclid=CJ0KCQIAKZHTBRCBARisAMbXLhEhliY2_i3TtyZ1mg9tMIhjsXHHw3W0gb1Jy_NbP8UfVWwFOYEHAnsaAhhhEALw_wcB)



**RESPONSE TO THE REPORT TO CABINET – JANUARY 8TH 2018  
EARLY HELP SERVICES FOR CHILDREN AND FAMILIES**

I am a retired special needs teacher and currently work part-time as a supply teacher. I aim to respond to the report on a point by point basis.

**Summary.** It is claimed that the new service will be preventative and co-ordinated and that the current service is reactive and unco-ordinated. No evidence is given anywhere in the report to prove that this claim is accurate. I am sure that current services are preventative – especially within the children's centre service and youth service. I am also sure that services are co-ordinated. I say this because the emphasis on prevention and multi-agency working has been the policy across public services for many years.

**Page 1, para 3.**

This implies that a reduction in funding “required savings”, will result in a reduced need for statutory services. Quite how can such a result be achieved with less funding?

Focusing on those who “need help the most” is laudable, but since it is later noted that the most vulnerable are reluctant to access services and that these services are only delivered with the client's involvement and consent – it is unclear how this will be achieved.

Further down in the report (**p.5, para 9**) it is argued that children's centres are under used and that many users are from more affluent backgrounds. The centres cater for the needs of children with significant disabilities as well as those from vulnerable families. Disability is no respecter of class. Children with physical and intellectual impairments, autistic spectrum disorders and behaviour problems come from across the social spectrum. Whilst the figures quoted suggest that families considered vulnerable do not use the children's centres as much as they could or should, this is not a good reason to close the centres down. Rather, attempts should be made to find out why “vulnerable” or poorer families reject or do not seek the help available. The absence of centres where vulnerable pre-school children can attend on a regular basis will significantly reduce opportunities to support families and prevent the need for children to be taken into social care.

**Page 3, para 5.** One of the key principles added to the strategy following the first consultation was to reduce the amount of referrals for Education, Health and Care plans by working more closely with schools. Further down in the report (**point 30 para 1**) it is stated that these plans contribute to poor outcomes. This is a very curious statement given that EHCP's are drawn up to ensure that a child's specific needs are met. How such plans contribute to poor outcomes is not explained but perhaps this refers to the fact that the County has a statutory duty to carry out these plans. Another explanation could be that children have to have such severe disabilities to qualify for an ECHP that their prognosis is poor (in comparison with children without severe disabilities), anyway. Also, some conditions are degenerative. This does not mean that such children should be denied the most appropriate education, health and social care which ECHP's are designed to ensure.

**Page 4, para 2.** This states that discussions concerning the fate of the 28 remaining Children's Centres will take place during the six months following the cabinet decision on 8<sup>th</sup> January. Of course it is important that these discussions should take place if the cabinet decides to approve the proposal but what will happen to the service during this time, and indeed during the following re-organisation? There is a danger that both staff and residents will be in a state of flux and that perhaps urgent needs and signals will be missed.

Further, is six months really long enough to enable full discussion and consideration to be given to changes and decisions across the service?

**Page 4, para 3.** I fear that the delegation of further decisions to cabinet members of the children's service and senior officers will exclude the involvement of other county councillors in ensuring that

the needs of their local constituents are met.

**Page 5, para 6 & 7.** It is noted that there is an increase in the demand for social care and that problems typically occur in children in the early years and adolescence. This justifies the need to retain children's centres and youth centres. Whilst the report argues that it is “front line delivery” and not buildings that are important, workers need a well maintained workplace and children and adolescents need places where they can be part of a community.

**Page 8 para 18.** It is noted that whilst public health services are not within the scope for change, many take place in Children's Centres. Such services need to take place in well maintained centres with staff back-up to ensure smooth running and staff and client safety. What guarantees can be given that this will be the case when the County is aiming to withdraw from the maintenance/funding of these centres?

**Page 10 – Proposed Early Help Model. Para 25. (Also see para 47)** It is claimed that the success of the early help service will be measured by a list of outcomes including reduction in crime, worklessness, domestic violence, demand for education, health and care plans, demand for statutory social care, improvement in school attendance and improved access to health care. Quite how the new service will be linked to these outcomes is not explained. Other authorities have been introducing the same model over the past three years with apparently positive outcomes. This does not mean that these models have actually been up and running for three years and surely, three years is too short a time to truly prove successful outcomes. I fear that these claims are based on thin evidence and with the staggering reduction in centres and funding, the reverse will happen.

**Page 15. Resource implications. Paras 42-45.**

A very minimal account of the savings made in the Children and Family's budget is given. It is claimed that the county spends more per head on Sure Start, Children's Centres and early years than other comparable authorities spend on the 0 – 17 age group. I think this should be a source of pride, not a reason to cut.

**Page 16. Legal Implications. Para 50.** The fact that TUPE is mentioned here shows that it is anticipated that staff will be either made redundant or have to transfer to another employer. Job losses and redundancies are not mentioned but existing staff will be extremely anxious about their future prospects. If this proposal is accepted the cabinet should clarify immediately what their intentions are with regard to staffing.

**Para 51** – See my comment under Appendix 5.

**Property Implications para 52** As already stated above, workers need a well maintained workplace and children and adolescents need places where they can be part of a community. Also, whilst the current service does include home visits and meetings in informal areas as appropriate, where issues are highly sensitive or clients potentially volatile, workers and clients need to have private space in well staffed buildings where back-up can be called upon if necessary. (Please also see my response regarding **para 18** above.)

**P. 18, para 57 – 59** The fate of the 28 remaining children's centres is very uncertain and will be a source of stress for staff and clients still using them. These three paragraphs do not indicate what the financial implications are. Will the buildings be sold? Will they be given away? How much of the savings projected are dependent on the decommissioning of these buildings? Para 59 states that other agencies may be able to continue to use the same buildings “with community support”. What does that mean. Is it envisaged that the building will be managed and maintained on a voluntary basis? This part of the proposal is unacceptably vague

### **Appendix 3**

I note that following the initial consultation, respondents called for more clarity regarding the proposals. Further clarification was published and the consultation period was extended for another six weeks. Less respondents were in agreement with the proposals after further clarification was given. I did not personally hear of the proposals until late September. The time given to respond to the consultation was too limited. The concerns raised during consultations reflect my own.

It is also interesting that some youth service users were concerned that new staff would not have the necessary skills and expertise to support them. This is a mute point. Whilst the report states that staff will be recruited from a variety of backgrounds and with some specialist skills; job titles, qualifications and rates of pay are not mentioned.

### **Appendix 5 Equalities and VCS Assessment**

The questions set in this assessment are highly searching and specific. The answers given, quite frequently do not address the questions put. For example, the third question asks for proof of how the proposal is the least discriminatory in achieving the stated business aim. The answer is long but does not actually address the question other than to say that it was less damaging than other alternatives.

The fifth question:- “Where the proposal is about removing/reducing a service, changing delivery methods or increasing charges, what are the implications for people with protected characteristics, our priority groups in the Joint Strategic Needs Assessment, geographical communities and different socio economic groups? . . . + *further specific questions*. The answer to the question restates the proposal in length, but does not answer the questions specifically.

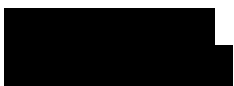
Under section D, a question asking which voluntary and community organizations will be affected, is not answered with such a list. Further under section D, questions ask for the financial impact and specific sources of funding. These are simply not answered in any specific or detailed way.

**Appendix 7** A map of existing children's centres and the 9 proposed community hubs. This map provides the stark reality of what these proposals are. The reduction in resources is staggering.

### **My Summary**

It is highly regrettable that the county council should have voted for a reduction in the children and family Services budget. The options put forward to achieve savings left little choice. However, this proposal for a dramatic reduction in services and buildings is potentially catastrophic. It is couched in positive and persuasive terms and backed up with research and statistics. The officers involved are to be commended for their presentation. However, to justify a reduction in services on the grounds that this will decrease crime, school exclusions, domestic violence etc. is quite frankly beyond belief.

To make such a massive change and reduction will be extremely damaging to the staff, children and families affected. I believe it will result in more demands for statutory services, not less.



As a parent of two who have used the Children's Centres in Bucks extensively, I would like to express my opinion on the proposals for the changes in Children's Services and ask some questions. Improvements in efficiency and cost-saving are to be supported, however, it is prudent to consider the long-term effects of this proposal as I believe it may cause more problems than it will solve.

Yours sincerely,

████████████████████

- “Shifting the emphasis from reactive services that intervene when things have become too difficult for families to manage, to preventative co-ordinated services that support families to become resilient” –
  - **preventative co-ordinated services that support families to become resilient** is exactly what our local, safe children's centres are already offering! They welcome a diverse population with various issues – or none – to the same degree. No-one is excluded, everyone is welcome. The professionally-staffed centres offer good advice (or sign-posting to the correct organisation) in an informal atmosphere. You don't have to be of a particular race, nor from a particular area, nor of a particular socio-economic background to need some help. Help, that, may not be available from community groups such as those toddler groups run in village halls (as much as these groups do have a role to play).
  
- “Early help can also prevent further problems arising, for example, if it is provided as part of a support plan where a child has returned home to their family from care.
  - Agreed. And it helps many a child and parent where there is no need for a support plan and there never will be as a direct result of early help. Informally received at the children's centre. Not because of a referral. Because of

professional support being available to someone who needed it before it became an official problem. Cost-saving!

- Effective early help relies upon local agencies working together with families to:
  - □□ Identify children and families who would benefit from early help
  - □□ Undertake an assessment of the need for early help
  - □□ Provide targeted early help services to address the assessed needs of a child and their family which focus on activity to significantly improve the outcomes for the child
    - And those families who attend children's centres because they are feeling low, isolated, even depressed? What will happen to them? Their problems may have to get worse before they become 'identified' as 'a family who would benefit from early help', thus making a mockery of the new service.

The report talks of becoming resilient and taking greater responsibility for meeting our own needs. This is what we are doing by attending sessions at the children's centres. For our children. For us. For our community. We build our own support networks by going to "Stay and Play" sessions. So much more than tea and lego is going on at these sessions. They can be a life-saver. Literally. Someone smiling, someone offering to watch the toddler while you go to the toilet, someone chatting a few friendly words. This may seem like a need that can be met in a community group and perhaps it can. But they don't have professionals on tap to help. In addition, what about the issues that the children's centres educate on? Preventative help. They offer all sorts of courses such as Nutrition and Healthy living, helping to decrease child and adult obesity; child development and coping with growing up such as the Incredible Years courses. This is the residents at work in full 'resilience' mode!

- How will you make sure that children and families in Buckinghamshire get the right support at the right time? How will you identify the right families? What if you miss some because they don't meet your criteria?
- Targeted work with those children and families most in need

When swimming sessions were revoked at the Millbrook centre in Wycombe around 2012-13, we were told that it was because we did not meet the required criteria. The problem is that people you want to target don't always come to the services! Then those that do, aren't allowed to! It's the same with the children's centres – they should be open to all!

What measures have you considered to rationalise buildings in the children's services and elsewhere?

Have you considered increasing the usage of the buildings by hiring them out to other appropriate users?

What are the best practices on which the proposal is based and what is the evidence for them working?

- It is most effective to target help where there is more likely to be higher risk

(evidence is strongest for programmes that target, based on early signals of risk e.g. child behaviour problems, delayed development of speech)

Evidence is strongest. That is because the targeted help is more documented.

This does not negate the more informal but equally vital help given to a mum whose low mood or lack of desire to do anything does not culminate in post-natal depression because she manages to walk to her local children's centre and is welcomed by a friendly, professional support worker who empathises with her and possibly signposts her to a few groups or another professional body. This is not going to happen by consulting the Bucks Family Info website!

- Most effective interventions are preventative instead of reactive

**Yes**, so let's continue to be preventative.

Your measures do not mention mental health. Why not?

- Whilst there has been no formal benchmarking of success measures to date.

How can you forge ahead with a new proposal when there is no formal evidence of success on which you are so keen?



- The new service delivery model aims to improve the effectiveness of Early Intervention which once established, **should** reduce the demand for and / or cost pressures on statutory services.
  - And may simply delay help for others who would not have developed a need in the first place, if they were simply able to join a group at a local Children's centre.

Finally, a word on demographics. Please reflect on the point in your report regarding the affluence of children's centres users. Consider these statistics on mental health.

Depression and anxiety are the most common mental health problems during pregnancy, with around 12% of women experiencing depression and 13% experiencing anxiety at some point; many women will experience both. Depression and anxiety also affect 15-20% of women in the first year after childbirth. During pregnancy and the postnatal period, anxiety disorders, including panic disorder, generalised anxiety disorder (GAD), obsessive-compulsive disorder (OCD), post-traumatic stress disorder (PTSD) and tokophobia (an extreme fear of childbirth), can occur on their own or can coexist with depression.

[Antenatal and postnatal mental health: clinical](#)

[management and service guidance | Guidance and guidelines | NICE](#)

<https://www.nice.org.uk/guidance/cg192/chapter/introduction>

**Antenatal and postnatal mental health: clinical management and service guidance**

Evidence-based recommendations on the recognition, assessment, care and treatment of antenatal and postnatal mental health problems.

Depression is impartial. It does not care whether you are on the bread line or very wealthy. And having a baby makes many women in particular susceptible to low mood and mental health problems. Early intervention, the forming of friendships in a safe haven and access to professional advice, and sometimes the friendly face of a family support worker, someone to mind your baby for ten minutes while you go to the toilet or finish a cup of tea is worth more than words can say. This is part of the vital early intervention. This is putting money in the bank so as not to need it to deal with issues ensuing in later life. A stable family unit instead of a mother with mental health issues, social workers needed, fostering, adoption, substance abuse.

Let's build a resilient community. But one which includes everyone, not just those who you deem in need of help. You might be wrong. With disastrous effects.



# YOU TELL US

*Have your say - improving early help services for children and families in Buckinghamshire*

## Introduction

**We all want our children and young people to be happy, healthy, safe and successful.**

For Buckinghamshire County Council, that means making sure we give families the right support, in the best way, at the right time. Part of this is how we can support families better earlier, to avoid small problems getting bigger. We call this early help.

With early help, families get the support they need to overcome all sorts of problems. This could be:

- ▶ support with being a parent and doing it well
- ▶ debt advice and getting back into work
- ▶ building better relationships as a family
- ▶ how to get help for mental health, substance misuse or domestic abuse problems.

We want to work with families before their problems become too difficult to manage and help them to become resilient so they can cope with problems in the future using local support services.

Our focus is always on how to make life better for children and young people within their family.



## Why do we need to change?

**The needs of the community and the families in Buckinghamshire are changing.**

- ▶ There are 131,000 children (0-19) in Bucks and this will increase to up to 145,000 by 2031.
- ▶ Although two thirds of the families that our children's services currently support live in Aylesbury, High Wycombe and other larger towns, a third of families who need our support live in much smaller and rural areas.

**We aren't always reaching the people most in need of our help, quickly enough or in the right ways.**

- ▶ There are many families getting support from a number of organisations to help with problems they are facing as a family – but this support isn't always joined up. This causes confusion and frustration for the family, and it doesn't always make things better quickly or in a way that lasts.
- ▶ When there is one issue or problem in a family it affects everyone – so treating problems on their own doesn't work.
- ▶ Families want to tell their story once or to a small number of people that they trust.
- ▶ Many families are not getting the help they need early enough, meaning they end up needing much more support than they might have done if we had helped them sooner.
- ▶ We have reviewed the use of our early help services including children's centres and youth services. The evidence shows that they are not always helping the children and families that need it the most, so we need to change that.

## Our proposed solution

**We need to focus our time and money on those who need our help the most.**

**We also need to change how we reach out and interact with families in our communities.**

We want to:

- ▶ support families earlier, so their circumstances improve quicker and problems don't become too difficult to manage.
- ▶ give families the tools to help them solve their own problems and also be more resilient in the future – so they know where they can go for help when they need it.

To do this, we plan to bring together all the people who work with children and young people aged up to 19 and their families in those early days when problems are getting tough, by creating one service: the Early Help Service.

This new service would be modelled around family workers who will be based in the community so they are closer to where the families who need

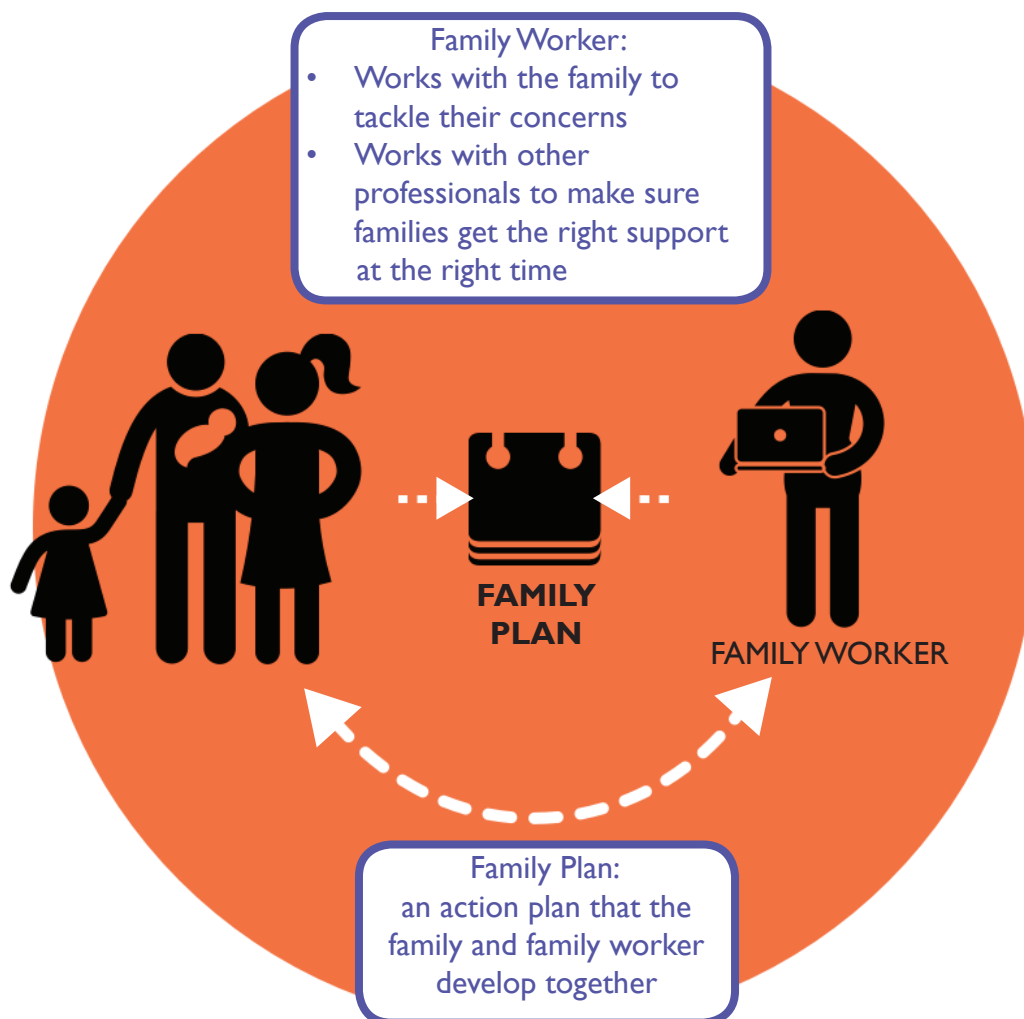
our support live. This will mean they can reach out to these families to work with them at home or in places they are most comfortable. This could be a local community venue or a coffee shop.

This will provide families with:

- ▶ support to manage ALL of the problems they are facing, with their consent and involvement.
- ▶ ONE person they can rely on: a family worker who will work with the family on an action plan to tackle all of their concerns and needs together, not separately.

The aim is to support families with early help and work with them to identify and resolve problems to be able to stay together. The end goal is always to give them the skills and strength to be able to cope with problems when they arise or at least know where to go to get that support earlier.

In the future, we hope to be able to bring other teams and organisations together to make this even better for families in Buckinghamshire. This could include people like health visitors, community groups and charities that work with families.



## Doing this will mean changes.

We propose to redesign and bring together many of our services which provide help to children, young people and families in those early stages of a problem. This will involve some changes to existing early help services we currently deliver or commission. These include:

- ▶ Bucks Family Information Service
- ▶ Children's centres
- ▶ Advice and support for young people through Connexions (Adviza)
- ▶ Early Help coordinators
- ▶ Families First
- ▶ Family Resilience
- ▶ Support for children who have lived with domestic violence (Refuge and Outreach) (Women's Aid)
- ▶ Support for parents through Barnardo's
- ▶ Young carers' support
- ▶ Youth Services

We know that some children and families use these services for more social activities such as 'stay and play' sessions, toddler groups and youth clubs. These activities are already widely available across the county and we will continue to signpost people to these and other services that we know are still

needed and are popular. There may be opportunities in some locations for community groups or parish councils to become involved.

Activities, information, advice and support for families and children from 0-19 can be found on our website [www.bucksfamilyinfo.org.uk](http://www.bucksfamilyinfo.org.uk).

As part of our plans, we will be developing the website and information to be even better in the future.

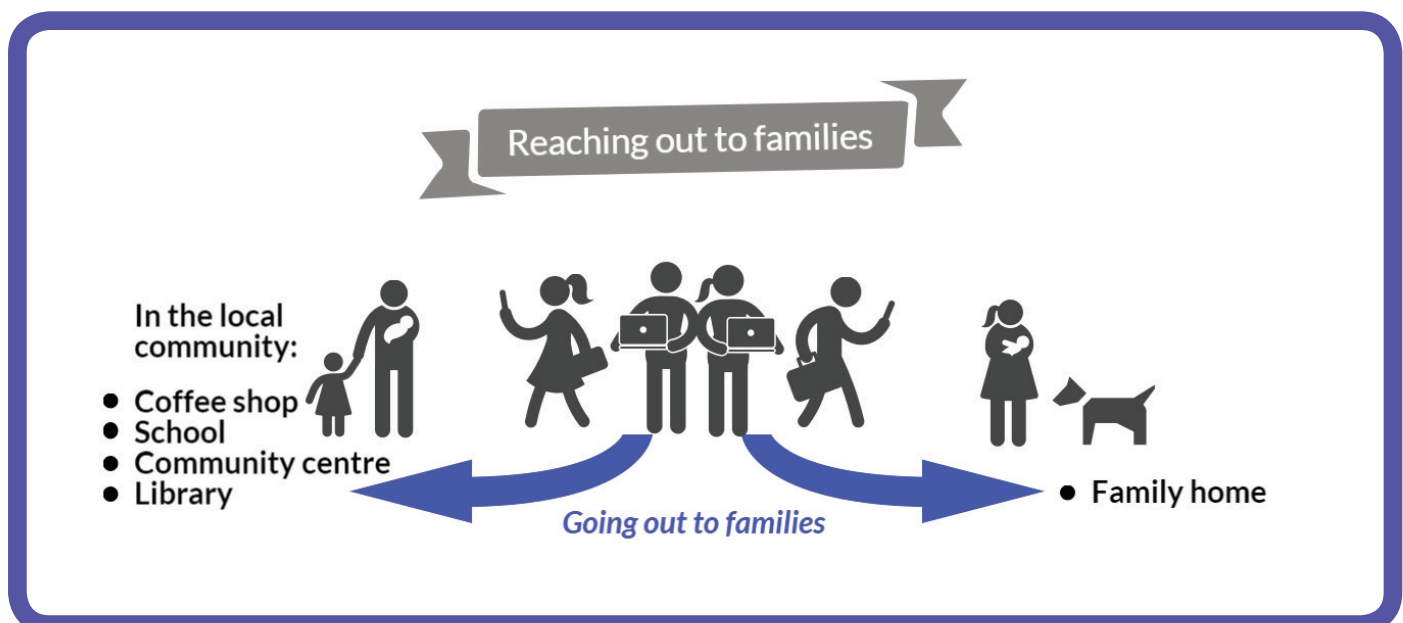
This model of Early Help service for children and families is already working well in many other parts of the country. We have gathered knowledge and research from these areas to help us develop how we think it could work best here in Buckinghamshire.

We have listened to the views of children and families that we work with to create a service that will meet their needs best, and will listen carefully to the responses gathered through this consultation.

We have been working with a number of families in a similar way in Buckinghamshire for a few years. We want to use this experience and knowledge to benefit all families in Buckinghamshire.

***"It's better to ask for help earlier than when there's no other option. I wish I'd done it earlier. I'm not a bad parent, I just needed some guidance and ideas. Having someone to talk to outside of my friends and family has made a huge difference to our family life"***

**Amanda, mum of 3 from Aylesbury Vale**



## You tell us

We want your views on changes to services for children and young people aged 0 to 19 and their families in Buckinghamshire as detailed in this document.

You may respond as an individual or on behalf of an organisation. Where possible we would encourage you to give your feedback online at [www.buckscc.gov.uk/earlyhelp](http://www.buckscc.gov.uk/earlyhelp). Please return this survey to your local library or to: **Communications Team, Bucks County Council, New County Offices, Walton Street, Aylesbury, HP20 1UA**. All responses should be returned by **22 September 2017**.

### Questions

1. To what extent do you agree with the proposed solution (detailed on page two of this document) for the new Early Help service? (Please circle one of the following)

Strongly agree    Agree    Neither agree or disagree    Disagree    Strongly disagree    Don't know

2. When improving the way we deliver services for children and their families, what are the most important things we should consider? (Please continue on a separate sheet if necessary)

3. Do you have any other comments on our proposal for the Early Help service? (Please continue on a separate sheet if necessary)

As part of our plans, we are also looking to improve the way families find information, advice and activities that are already available across the county such as 'stay and play' sessions, toddler groups and youth clubs.

To do this we want to understand how you find out about activities, information and advice for you and your family.

4. In the last 12 months, have you or your family used any of the following services? (Please tick all that apply)

- Play groups (e.g. 'stay and play' sessions, toddler groups)
- Health and wellbeing activities (e.g. baby massage, baby swimming, healthy eating, ante-natal)
- Support groups (e.g. SEN support groups, twins, mental health, lone parents)
- Clubs (arts, drama, holiday clubs, youth clubs)
- Buckinghamshire Family Information Service
- None of the above

5. How did you find out about these services? (Please tick all that apply)

- In your local area (posters, advertising)
- Through someone you already know (e.g. health visitor, family worker)
- By phone via the Buckinghamshire Family Information Service
- By phone via the customer service number at the county council
- Via the Internet on social media e.g. Facebook & Twitter
- Via the Internet Buckinghamshire Family Information Service website
- Via the Internet using a search engine (e.g. Google, Bing)
- Via a blog or forum (e.g. Mumsnet)
- Through friends or family
- Another way (please specify: \_\_\_\_\_)

6. How easy or difficult was it to find the information you needed? (Please circle one of the following)

Very easy      Fairly easy      Neither easy nor difficult      Fairly difficult      Very difficult

7. Do you have any other comments about how we can improve how you find information, advice and activities for you and your family? (Please continue on a separate sheet if necessary)



## About you

Please fill in this section to complete the questionnaire. This information enables us to use the results to understand the views of different groups of people. Please be assured that all the information you give will be kept completely confidential.

If you are responding as an individual, please answer questions 8-16; if you are responding on behalf of an organisation, please answer only questions 17-19 on page 7.

8. How old are you? (Please circle)

16-24      25-34      35-44      45-54      55-64      65-74      75+

9. What is your gender? (Please circle)

Male      Female      Prefer not to say

10. Do you have any health problems or disabilities that you expect will last for more than a year? (Please circle)

Yes      No

11. To which of these ethnic groups do you consider you belong? (Please tick)

- White
- Mixed
- Asian or Asian British
- Black or Black British
- Other groups
- Prefer not to say

12. What is your full home postcode?

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13. If there are children in your household, what are their ages? (please tick all that apply)

- Under 4
- 5-9 years old
- 10-14 years old
- 15-19 years old
- There are no children in my household

14. If there are children in your household, do any of them have any health problems or disabilities that you expect will last for more than a year? (Please circle)

Yes      No      Not applicable



15. Which of these activities best describes what you are doing at present? (Please tick)

- Employee in a full-time or part-time job
- Self-employed full or part time
- On a government supported training programme (e.g. Modern Apprenticeship/ Training for Work)
- Full-time education at school, college or university
- Unemployed and available for work
- Permanently sick/disabled
- Wholly retired from work
- Looking after the home
- Doing something else

16. If you work, which of the following best describes where you work? (Please tick one)

- Outside of Buckinghamshire
- In Buckinghamshire
- In Buckinghamshire for Buckinghamshire County Council
- In Buckinghamshire for a service that is commissioned by Buckinghamshire County Council
- In Buckinghamshire for another public or voluntary sector organisation
- Prefer not to say

**Please only answer the following questions if you are responding on behalf of an organisation rather than as an individual.**

17. Please indicate which category best describes your organisation.

- A private business
- A voluntary organisation
- A community group
- A public sector organisation
- Other (please specify): \_\_\_\_\_

18. Please indicate which category best describes where your organisation currently operates.

- Operating inside of Buckinghamshire
- Operating outside of Buckinghamshire
- Operating both inside and outside of Buckinghamshire

19. What is the name of your organisation?

**Thank you for your time. We will share the results on our website at [www.buckscc.gov.uk/earlyhelp](http://www.buckscc.gov.uk/earlyhelp).**



# HAVE YOUR SAY

## Improving early help services for children and families in Buckinghamshire

### Additional Information - September 2017

*This document should sit alongside the main consultation document as it provides supplementary information only*

To respond to the consultation visit

<http://www.buckscc.gov.uk/earlyhelp>

### You said, we're listening

We are now mid-way through our consultation on improving early help services for children and families. Thank you to those of you who have already replied. Feedback so far shows that more detail about the proposal would be useful. So we have added further information about the current services and how these would change with the proposed new service.

If you have already responded but now wish to add more, please complete the survey again. Responses already sent in will still be included. **The consultation will now close on 16 October 2017 to allow as much time as possible for responses.**

To save the council money we would encourage you to give your feedback online at [www.buckscc.gov.uk/earlyhelp](http://www.buckscc.gov.uk/earlyhelp). You can also complete the survey online in one of our libraries.

## The Proposal

The original consultation document outlines the proposal for a new Early Help service that will:

- support families earlier, so their circumstances improve quicker and problems don't become too difficult to manage
- give families the tools to help them solve their own problems and also be more resilient in the future – so they know where they can go for help when they need it

To do this, we plan to bring together all the people who work with children and young people aged 0 - 19, and their families, in those early days when problems are getting tough, by creating one service: the Early Help Service.

## Doing this will mean changes

We propose to redesign and bring together many of our services which provide help to children, young people and families in those early stages of a problem. This will involve changes to existing early help services we currently deliver or commission. The affected services are:

- The **Buckinghamshire Family Information Service**, an information service for families with children aged 0 - 19 and professionals through a website, social media and phone. [www.bucksfamilyinfo.org](http://www.bucksfamilyinfo.org)
- Advice and support on education, employment and training options for young people aged 13 - 19 through **Connexions** (Adviza). They offer mentoring and support for young people.
- **Early Help coordinators** who co-ordinate referrals from families, partners and Children's Social Care for Early Help services through regular multi-agency panels.
- **Families First** supports the whole family across all age groups, covering all the issues they face making a difference and building their resilience so that they can cope when problems occur in the future.
- The **Family Resilience service (FRS)** work with children, young people aged 0 - 19 and their families who need support but do not need the help of social care. They deal with all the issues a family faces, through direct work and through the coordination of other agencies. Family help is provided in family homes and community settings. They also deliver a range of parenting and other support group programmes.

- **Support for children who have lived with Domestic Violence** through Women's Aid. They provide group work and 1 to 1 support for children living in temporary accommodation as well as supporting primary school aged children overcome the trauma of having lived with domestic violence.
- **Support for parents through Barnardo's** who train and co-ordinate volunteers to support families with at least one child under 8. Volunteers go into homes or temporary accommodation and provide advice and practical support with parenting, networking, accessing benefits and services
- **Support for young carers** aged 6 - 18 through volunteers and paid workers who provide one to one work and activities that allow them to take a break from their caring responsibilities.
- The **Youth Service** work with young people aged 11 to 19 (or 25 for those with additional needs) to provide informal personal and social, education and information support and guidance. They provide specific support through 1 to 1 and small group work to allow young people to learn from their peers and develop the skills needed to move successfully into adulthood. They also provide street based youth work; this often takes place in areas of deprivation and/or rural areas and/or where there is anti-social behaviour.

There are currently 3 youth centres run by the Youth Service across the county in the following locations (hyperlink to BFIS):

Youthspace Aylesbury  
 Youthspace Wycombe  
 The Roundhouse, High Wycombe

- **Children's Centres** provide a mixture of activities for all families with children under 5 as well as more specific support for families who need more help. This work supports other services such as the Family Resilience Service and Children's Social Care and includes programmes and individual support on parenting issues for families in their homes. The centres are also used by other agencies to deliver their services, including health visitors, midwives, Jobcentre Plus and some voluntary agencies.

There are currently 35 Children's Centres and 2 satellite centres in the following locations.

<b>Aylesbury</b>	<b>Smaller towns and rural areas</b>
Elmhurst Children's Centre	Amersham Children's Centre
Southcourt) Children's Centre	Marlow Children's Centre
Quarrendon) Children's Centre	Beaconsfield Children's Centre
Oakfield and Bedgrove) Children's Centre	Ivinghoe and Pitstone Children's Centre,
Wendover Children's Centre	Risborough Children's Centre

Bearbrook Children's Centre	Burnham Children's Centre
<b>Chesham</b>	Denham and Gerrard's Cross Children's Centre
Newtown) Children's Centre	Prestwood and Missenden Children's Centre
Waterside) Children's Centre	Stokenchurch and Hambledon Valley Children's Centre
<b>High Wycombe</b>	The Ivers Children's Centre
Castlefield) Children's Centre	Bourne End and Wooburn Green Children's Centre
Hamilton Road Children's Centre	Steeple Claydon Children's Centre
Millbrook Children's Centre	Buckingham Children's Centre
Hazelmere and Loudwater Children's Centre	Wing Children's Centre
Disraeli) Children's Centre	Haddenham Children's Centre
East) Children's Centre	Chalfont Children's Centre
Abbey/ Mapledean) Children's Centre	Waddesdon and Whitchurch Children's Centre
Hampden Way) Children's Centre	Stokenchurch and Hambledon Valley (Satellite)
	Marlow Children's Centre (Satellite)
	Farnham Children's Centre - Lane End (Satellite)

Creating a new Early Help service will mean changes to all of these services.

## What will be different with a new Early Help service?

With less money there is a need to move away from services for all to more targeted services for those who need our help the most, focusing on support for the whole family. We have also been reviewing how we deliver Early Help services in a more joined up and coordinated way which was highlighted by Ofsted in 2014 as a key area for improvement.

Almost all of our current early help services focus on either a specific issue or age group which means families will often be getting help from a number of different teams and organisations.

- We will bring together all these services providing early help support to children and families into one service.
- We will create Early Help teams of family workers based in the communities where the families who need support live.
- There will be nine Early Help bases, located in the areas where we know we are needed the most. We have looked at the families and children we currently work with and considered future housing growth to identify the best locations.

Whilst demand for services is across the county, two thirds of children and families who need our support are in Aylesbury, High Wycombe and other large towns such as Chesham. The remaining third is spread across smaller towns and rural areas. We need to be able to support families living in large towns but also be able to go out to families in rural areas.

Some of these bases could be located in existing Children's Centres or in other local community venues. We will take into account to the accessibility of buildings when deciding on the locations.

- The Early Help bases will provide targeted support. Families will be invited to activities or one to one support and these bases will be used to offer group sessions such as parenting courses and partner led sessions (for example, breastfeeding support run by health visitors) for those who need this support. Other group sessions may be run in other community settings, such as schools or village halls, depending on the demand. In the proposed new service, there will not be a 'drop in' option at the new Early Help bases for families.
- The Early Help bases will give the teams space to work with groups of families on specific issues but their main focus will be to go out into the community and schools where the people who need us are.
- These nine Early Help bases will replace the current Children's Centres and other early help services, bringing together professionals working with children and families in the early stages of a problem. Currently Children's Centre opening hours and the services that they offer is varied. There is not a consistent service across the county, centres are not always in the right places and they only provide services for families with children under the age of 5. Other early help services are structured around specific issues or age groups and therefore don't support the whole family. We know problems affect everyone in the family so treating them on their own doesn't always work in the long term.
- We know that some children and families use some of the current services for more social activities such as "stay and play" sessions, toddler groups and youth clubs. These activities are already widely available across the county and we will continue to signpost people to these and other services that we know are still needed and are popular. There may be opportunities in some locations for community groups or parish councils to become involved.

## **What types of support will be offered by a new Early Help service?**

We will aim to provide practical, family centred and intensive, consent based support for families. Support can be provided to the whole family, children and young people within the family, or to groups of families who have the same problems.

The support will be agreed with the family, and be based on what their needs are. We will continue to learn from families and from local and national research as to what works best to help families.

Some examples of what could be provided include:

- How to build better relationships within the family
- What works to improve children's behaviour
- Understanding and managing children with special educational or physical needs
- How to be safe – for children and for parents
- How to be the best parent you can be
- Benefits and work, including CV preparation and interview training
- Advice on housing problems
- Budget management
- Debt counselling/advice
- Cooking healthy meals on a budget
- Support with applications for food banks/charitable grants
- Advice and support on finding childcare
- Advice and support with positive activities – for children, young people and whole family
- Practical support for a clean, safe home
- Help to talk to other professionals better – including schools
- School attendance
- Attending appointments with family members (e.g. health appointments)
- Bringing together the wider family to solve problems

Some examples of what group sessions could include:

- Parenting courses
- Freedom Programme (for Domestic Abuse)
- Young parents groups
- Workshops around volunteering, job applications and interview skills
- Groups for parents of children/young people who self-harm
- Keeping safe – a group for children/young people
- Parents and children group, supporting the development of positive relationships
- Mindfulness group work with parents, for those that are socially isolated/vulnerable
- Life skills course – how to manage your own life and build your skills

## **How will I be able to access early help services going forward?**

The aim of a new Early Help service is to bring together services for children and families and work as one to make it simpler and easier for families. This means they will only have one lead worker who will bring in additional expertise if needed.

As the centres will not operate on a drop in basis, the main route will be via a central phone number and website for families and professionals. Information and advice



will also be available about activities in Buckinghamshire for children, young people and families.

Activities, information, advice and support for families and children from 0-19 can be found at [www.bucksfamilyinfo.org](http://www.bucksfamilyinfo.org) . As part of our plans, we will be developing this website and information to be even better in the future.

## **We have looked at how this works across the country and considered other options**

This model of Early Help service for children and families is already working well in many other parts of the country. We have gathered knowledge and research from these areas to help us develop how we think it could work best here in Buckinghamshire.

We have listened to the views of children and families that we work with to create a service that will meet their needs best and will listen carefully to the responses gathered through this consultation.

We have been working with a number of families in a similar way in Buckinghamshire for a few years through the Family Resilience Service and the Families First project. We want to use this experience and knowledge to benefit all families in Buckinghamshire.

We considered three other options before reaching the proposal for a new service. These were:

1. To keep all existing commissioned and in house early help services in their current format but reduce all budgets equally. Whilst fair, this would mean that some services would no longer be able to run to their current level and would impact on their ability to support children and families.
2. To keep only those services able to demonstrate effectiveness and good results for children and families they are working with and close others not doing this. Services provided would be most effective in supporting children and families but would mean the removal of a number of services and could put some children and families at risk and in the long term could increase demand on more costly social care services
3. To keep and bring together all County Council early help services and stop all early help services we pay others to run. This would be a relatively simple process and would retain council employees. However, this would mean the removal of a number of services impacting the breadth of support available and could potentially increase demand on more costly social care services in the future.

We recommend that developing a new service will create new opportunities and better benefits for children and families. A new service would provide the best value for money and the best opportunity to improve outcomes and reduce demand on children's social care and education services. This would give us the opportunity to bring together the skills and expertise across current early help services and provide a more seamless and joined up approach to working with families as a whole as opposed to individual problems or age groups. This option, based on emerging national best practice, has therefore been developed and is the proposal for a new Early Help service for Buckinghamshire.

To give your feedback to our proposals for a new Early Help service please go to [www.bucksc.gov.uk/earlyhelp](http://www.bucksc.gov.uk/earlyhelp) - closing date **16 October 2017**



## Buckinghamshire County Council Select Committee

Children's Social Care and Learning Select Committee

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### Report to the Children's Social Care and Learning Select Committee

<b>Title:</b>	Response to the Early Help Call-in Request
<b>Committee date:</b>	Friday 2 February 2018
<b>Author:</b>	Change for Children Programme Director and Early Help Review Project Manager
<b>Contact officer:</b>	Change for Children Programme Director and Early Help Review Project Manager
<b>Cabinet Member sign-off:</b>	Warren Whyte

#### Background

The Early Help Review has previously been considered by:

- Cabinet 10<sup>th</sup> July 2017 [Early Help papers](#) <sup>1</sup>
- Select Committee 17 October 2017: [Early Help consultation](#) <sup>2</sup>
- Cabinet 8 January 2018: [Early Help papers](#) <sup>3</sup>

#### Summary

This paper sets out a response to address the 9 issues raised in the call-in request submission.

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<sup>1</sup> Cabinet 10.7.17: <https://democracy.buckscc.gov.uk/ieDecisionDetails.aspx?ID=6788>

<sup>2</sup> Select Committee 17.10.17: <https://democracy.buckscc.gov.uk/ieListDocuments.aspx?CId=788&MId=9303&Ver=4>

<sup>3</sup> Cabinet 8.1.17: <https://democracy.buckscc.gov.uk/ieDecisionDetails.aspx?ID=6946>



## Key issues

The call-in has raised 9 issues:

- 1. The Cabinet Member report contained a number of contradictions, including: Promoting prevention, but using the existing Troubled Families outcome measure (page 196, paragraph 25);***

Detailed research and needs analysis have shown that the following factors are significant in driving demand within Children's Services:

- Domestic violence and abuse
- Behavioural problems in children
- Mental health
- Relationship breakdown / parental conflict
- Poverty and worklessness

The Troubled Families Outcome Measures correlate with these key factors. The Project Team sought advice from the Early Intervention Foundation on outcomes measurements and they confirmed our view and recommended the Troubled Families Outcomes Measures as appropriate measures.

The Early Help Strategy (pages 9-10) also refers to other existing measures that will continue to be monitored.

- 2. The Cabinet Member report contained a number of contradictions, including: The Equality Impact statement says that pregnant women will receive more support (page 15), when actually they will receive less support (page 4).***

The Equality Impact Assessment (EIA) seeks to proactively consider the impact of the proposal on the 'specific protected characteristic' of pregnancy and maternity status. Pages 4, 5 and 15 of the EIA identifies that services currently additionally benefit, by design, children and families.

The intention is to continue to additionally benefit those who are pregnant and the EIA makes clear that this will particularly be the case where for example the person is a single parent in receipt of work-related benefits. However it is possible in the new model, where no other risk factors exist (for example unemployment), that the level of BCC service may be reduced.

However on page 5 of the EIA, it further indicates how these impacts may be reduced, because we intend to *'improve our communication pathways (via internet websites and work with key partners in education and health services). Our aim is that these groups will be supported to engage with the wide variety of provision already available from partner agencies across Buckinghamshire.'*

Page 15 of the EIA indicates that those with a pregnancy or maternity status are more likely to access the new service and the new model of service delivery is intended to increase the amount of parenting groups and by taking the service out into communities and people's homes, will improve access for those for whom transport with young children is difficult.

**3. *There was an inadequate consultation process as many members of the public who provided feedback on the consultation said that they were confused about the consultation.***

The original consultation period was 10 weeks from the 14 July – 22 September 2017. This was further extended on the 4 September for 6 weeks to 16 October 2017 (Phase 2) with additional information. This represented a total consultation duration of 3 months (13 weeks).

As is usual of a large scale consultation, the proportions of agree / disagree etc. and the comments provided by residents / organisations to the open questions in the consultation were kept under constant review; the feedback showed that more information would be useful.

Similar proportions of residents agreed with the proposals in both phases of the consultation (52% in the first phase, 45% in the second phase). Large numbers of residents responded to both phases of the consultation, First Phase (1279), Second Phase (712).

When further information on the proposals was added at Phase 2 of the consultation, respondents were encouraged to complete the questionnaire for a second time if they had further information to add. Further detail regarding the proposal was added on 4 September 2017. This information was available both online, as well as a supplementary document to sit alongside the printed consultation document that was sent to libraries. Note that the same process and channels were used to promote both the first and second phases of the consultation (see below channels) both on a general basis and a targeted basis as per page 240 of the Cabinet report:

#### General promotion included:

- Comprehensive webpage and homepage advert on the BCC website
- MyBucks – council newsletter to 18,000 residents in August, October and December
- Weekly promotion through the BCC corporate social media channels (Facebook and Twitter)
- Local media coverage (15 online and print articles and various radio interviews and items)
- Posters in libraries and GP surgeries
- Articles and distribution through councillors, Local Area Forums and Parish Newsletters
- Promotion through internal staff newsletters, screens and other channels

#### Targeted communications included:

- Information sent to current early help service providers to share with their colleagues, clients and partners
- Targeted social media adverts using 'ACORN' data for those living in areas classified as 'Financially Stretched' and 'Urban Adversity' groups in Buckinghamshire (matched with being a parent/ a family)
- Promotion through Bucks Family Information Service, social media channels and website
- Articles and poster sent to local community and faith groups
- Direct letter/email sent to schools to distribute to parents as appropriate

#### Public consultation results:

Residents were asked if they had any other comments on the proposal for a new early help service, where 27% mentioned factors that relate to the clarity of the proposal. However, people largely mentioned this in the first phase of the consultation (40% of residents responding in this phase), compared to the second phase of the consultation, when further information was provided to help clarify the proposal for respondents, where only 5% of respondents mentioned this.

When asked about improving the way we deliver services for children and their families, 3% of residents mentioned factors relating to the clarity of the proposal, again this was slightly higher in the first phase of the consultation (4%) than in the second phase (2%).

The approach adopted was to conduct an unbiased, clear consultation. This follows the consultation principles used by the Cabinet Office and is in accordance with the Market Research Society code of conduct <sup>4</sup>. The following examples show how the consultation has followed these principles:

- The survey asked balanced questions that were not leading in their nature. For example, ensuring that the questionnaire asked whether residents 'agree or disagree with the proposal', rather than only asking if they agree with it.
- The consultation lasted for 13 weeks, including a period outside of the summer holidays to allow families time to respond.
- The consultation was open to all key stakeholders including residents, organisations and young people (targeting all key groups).
- The results were analysed to understand the views of different groups of residents and stakeholders and were used to shape proposals ahead of any formal decision making.
- The council published the results of the consultation, available online, for consideration before any decisions have been made about the Early Help service.
- Guidelines were followed with respect to how to engage young people aged under 16.
- A range of engagement work was undertaken in developing the approach and proposals, for example, through focus groups, discussions with staff/providers and an assessment of need to understand the issues that relate to early help services and information about support services.
- Information to explain the proposal and the proposed changes to services for a new early help service was provided alongside the consultation.

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<sup>4</sup> Cabinet Office Consultation Principle's: <https://www.gov.uk/government/publications/consultation-principles-guidance>

Market Research Society Code of Conduct:  
[https://www.mrs.org.uk/pdf/code%20of%20conduct%20\(2012%20rebrand\).pdf](https://www.mrs.org.uk/pdf/code%20of%20conduct%20(2012%20rebrand).pdf)

**4. There was insufficient engagement with all County Councillors, particularly involving discussions around the potential future use of buildings in their local areas.**

The Early Help Project has been under development for some considerable time.

The Early Help Review has previously been considered by:

- Cabinet 10<sup>th</sup> July 2017 [Early Help papers](#) <sup>5</sup>
- Select Committee 17 October 2017: [Early Help consultation](#) <sup>6</sup>
- Cabinet 8 January 2018: [Early Help papers](#) <sup>7</sup>

There have been a number of member briefings in the lead up to the Cabinet paper and subsequent decision on 10 July 2017 authorising public consultation. These include:

- February 2017: Member briefing on Early Help Review
- March 2017: Change for Children Programme Select Committee briefing
- June 2017: Conservative Group briefing & Opposition Group briefing
- July 2017: Change for Children Programme stand at the Member Induction Programme marketplace
- October 2017: Select Committee meeting on Early Help Consultation
- October 2017: Change for Children Programme Member briefing

Regular direct updates have been sent to Councillors. Local Areas Forums and Parish Councils, these include:

- June 2017: Early Help Review Member update
- July 2017: Early Help Review Member briefing pack
- July 2017: Early Help Review Consultation launch announcement to Members with Parish Council article to use for local newsletters/websites to encourage large response to the consultation
- July 2017: Update to Local Area Forums on Early Help Consultation
- July & September 2017: Updates in Parish newsletter
- September 2017: Early Help Member briefing pack with additional information on extended consultation period
- November 2017: Update on extended timeline and Cabinet date of 8.1.18, to Councillors, Local Area Forums, Town and Parish Councils
- December 2017: Early Help Review Member update / reminder re: Early Help discussion at Cabinet 8.1.18.

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<sup>5</sup> Cabinet 10.7.17: <https://democracy.buckscc.gov.uk/ieDecisionDetails.aspx?ID=6788>

<sup>6</sup> Select Committee 17.10.17: <https://democracy.buckscc.gov.uk/ieListDocuments.aspx?CId=788&MId=9303&Ver=4>

<sup>7</sup> Cabinet 8.1.17: <https://democracy.buckscc.gov.uk/ieDecisionDetails.aspx?ID=6946>



A number of Members have been proactive in approaching the project team to discuss issues in their area and the Local Area Forums have continued to be updated on the consultation process. In addition, as Julia Wassell states, Select Committee have also received an update on 17 October 2017, providing a further opportunity for members to engage.

The Cabinet paper requested in recommendation two, that discussions will take place over the next 6 months to determine how to best utilise the buildings to maximise benefits for families and children, and members' involvement in those discussions is vital.

**5. *Safeguarding issues have not been adequately addressed and should be further reviewed to ensure full confidence in the new proposal.***

Paragraph 60 in the Cabinet report addresses the appropriateness of this proposal with regards to ensuring safeguarding and confidentiality.

To confirm, the proposed new Early Help service will always ensure that a meeting place will be where a family feels most at ease and where it is appropriate for the discussion to take place. This will be on a consent basis, discussing with the family/individual where they feel most comfortable to meet, this could be in an office/meeting room, or a more informal venue e.g. a library, a coffee shop, this could take place within the home, or where it is convenient and appropriate for the family/individual.

We will of course ensure the competence of our family workers through the selection process, induction and ongoing training and development.

The new Early Help model will necessarily include and link in with staff from a range of disciplines; these are professional people who will use their judgement in line with professional standards.

**6. *Service users of Bucks County Council should not have to repeat their histories as a matter of good practice therefore this should not be used to justify the Cabinet decision.***

We note the comment. However the Cabinet decision was based on a broad evidence base as detailed in the Cabinet papers. The discussion at the Cabinet meeting on 8/1/18 did include commentary on this issue as it is clear from engagement with existing

service users that it is a really important issue to them and one that is improved by establishing the lead family worker role.

The premise of the Early Help model is essentially that children and families will not have to repeat their story more than once, based on a one family worker model.

**7. Local knowledge has not been considered as part of the decision-making process - there was no mention in the Cabinet report about the impact that this decision will have on the local schools who currently jointly use facilities. Have those affected been consulted on the plans and if so, have their concerns been considered (and these should be reflected in the Cabinet report to ensure clear and transparent decision-making).**

Discussions have been held with a number of sites since the consultation closed mid-October 2017, including schools, about the potential implications for them of the county council moving to a new model of service delivery. We are using this feedback (which includes positive ideas to support the new Early Help Service, as well as concerns) to develop our ideas into viable plans. Discussions in relation to schools include providing the space to increase Early Years capacity, other more general school use including ideas for supporting children and families, and wider use by local communities.

We accept that local knowledge will be critical to ensuring the success of how buildings can be repurposed, as well as ongoing dialogue with the 21 schools / nursery school that have a Children's Centre on site.

Cabinet report recommendation 2 requested: That Cabinet authorises formal discussions over the next six months with schools, early years providers, partners and the voluntary and community sector about how the remaining 28 Children's Centre buildings can best be utilised in the future to maximise their benefit for children, families and communities, within agreed resources.

**8. Again local knowledge was lacking in the Cabinet report as the omission of Micklefield (IDACI Decile 2 most deprived, appendix 7 Cabinet Paper) and East Wycombe (Team area 8, Appendix 4, Cabinet Paper) for a hub cannot be justified.**

We are acutely aware of the areas of the county where residents suffer particular disadvantage, including Micklefield and Appendix 7 of the Cabinet report highlights them.

We have to reiterate that the proposed Early Help Team Bases are not hubs, i.e. are not primarily intended as service delivery points and the reality at the Wycombe East Children's Centre is that its existing service provision is at most 16 hours a week.

The family workers will go out from the team bases into the community, working closely with families to reach them where they feel most at ease and where most appropriate regarding confidentiality and safeguarding. Group sessions will be available in community locations where need arises, much the same as current practice with parenting groups. Services currently provided by other agencies in Children's Centres (such as health visiting, speech and language therapy, antenatal classes, employment workshops or music sessions) will continue to be provided in those locations where it proves possible with community support to keep the buildings open. Where this isn't possible, they will be relocated to other partner buildings (health centres, libraries, job centres etc.), or provided in other community locations.

It is imperative to ensure that residents are able to access the new service, irrespective of where they live and the project team are keen to work with Julia Wassell and other local members to explore the opportunities for re-purposing the existing buildings in and near the local area.

**9. *The consultation did not state that there would be a six month period to look at alternative uses of premises. It is unclear whether new management through charities etc will be funded or whether schools will be given additional funding. This work needs to be Member led and should have been done in advance of the decision.***

At the time of the consultation it was not intended within the Early Help Project, to re-purpose those buildings that were not being identified as suitable for being Early Help Team Bases.

Other projects under the Buckinghamshire Public Estate Partnership were and are looking with other public sector partners, at how community hubs can be developed from our collective property assets.

However, because of the consultation feedback, we reconsidered the scope of the Early Help project and asked the project team to explore informally how all 35 buildings might be re-purposed if the decision was taken to move to the new service delivery model.

The Cabinet report acknowledges at paragraph 57 that during the consultation, we had clear feedback about:

*'the importance that people place on these buildings as focal points in their local communities. Discussions will continue over the next six months with schools, early years providers, partners and the voluntary and community sector about how the remaining 28 Children's Centre buildings can best be utilised in the future to maximise their benefit for children, families and communities.'*

The Cabinet decision authorises discussions over the next 6 months to explore how buildings could be repurposed and it is absolutely right that there should be strong involvement from local members. This could not be authorised until the decision was taken on the new service.

At this stage it is not possible to say how the running costs of any repurposed buildings will be funded. From informal discussions so far, it is apparent that there is broad range of ways that running costs could be met.