

## **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 EHCP 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 EHCP'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.