

Devon County Council
People's Scrutiny Committee

Children's Centres Task Group

Final Report

3 April 2014

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http://www.devon.gov.uk/index/democracymunities/decision_making/cma/index_scs.htm

Preface



**Councillor Eve Barisic
Chair, Children's Centres Task Group
People's Scrutiny Committee**

Children's centres were launched as part of a Government initiative in 1998. They were initially established in areas of high social deprivation, designed to support families in disadvantaged areas but open to all families living in the catchment area.

This review has been undertaken to evaluate the success of the current children's centres within Devon. With a tightening of public budgets, it is important that funding gets to those most in need. Moreover, it is important that we work with our partners to ensure the service provided to new parents is joined-up and help given as early as possible.

As corporate parents, all councillors have a vital role to play in safeguarding children and as part of this; ensuring children's centres are serving our most vulnerable children. I would encourage councillors to support their local children's centre, through visits and by actively engaging with the advisory board.

I am grateful to all those who were interviewed and helped us in our work, for their forthright and valuable evidence. The Task Group was impressed by the candid and open approach adopted during our site visits and investigations. It was clear from talking to parents at the children's centres what a difference the service was making to their lives and the lives of their children; we must ensure access is available to all of the most vulnerable right across Devon.

Eve Barisic
Chairman

Introduction

The Task Group — Councillors Eve Barisic (Chair), Christine Channon, George Gribble, Sara Randall Johnson and Philip Sanders — would like to place on record its gratitude to the witnesses who contributed to the review. In submitting its recommendations, the Group has sought to ensure that its findings are supported with evidence and information to substantiate its proposals.

At 27 June 2013 Corporate Services Scrutiny it was resolved that People's Scrutiny be recommended to undertake a piece of work evaluating the success of children's centres and their role in public health promotion. At People's Scrutiny on 26 September 2013, it was agreed that the Children's Centres Task Group be formed. The terms of reference for the review were:

1. To evaluate the County Council's statutory responsibilities, role and function in terms of children's centres.
2. To examine how through the commissioning process the County Council monitors and tracks the performance of children's centres.
3. To assess the children's centres role in supporting targeted families and their impact in improving outcomes for children across communities.
4. To report back to the People's Scrutiny Committee on the findings of the Task Group.

Time and resources necessitate that this report provides a snapshot approach to highlight significant issues relating to children's centres. The list of witnesses to the review does not pretend to be exhaustive but hopes to provide insight into some of the central themes.

Recommendations

Recommendation 1

That a further detailed review of the children's centres service in Devon is undertaken to examine the current offer in line with the re-commissioning timetables across the County.

Recommendation 2

That any future provision of the children's centres service ensures that a universal offer is maintained alongside targeted intervention.

Recommendation 3

That the County Council develops an Early Intervention Strategy signed off by all its multi-agency partners to include a definitive information sharing protocol.

Recommendation 4

That in preparation for the transfer of the health visiting service to the County Council in 2015:

- (i) Every effort is made to ensure that the current contract delivers in full the required number of contacts with each family;
- (ii) Future contracts are drawn up to ensure that the required number of contacts are delivered and that appropriate monitoring arrangements are in place.

Summary

Devon's children's centres model aims to deliver a needs led, outcome driven matrix of support for families with children under five which can react quickly to the changing circumstances from universal to early help and beyond where necessary. Children's centres are seen as a non-stigmatising family support service in the broadest sense where parents can ask for early help without the fear of being labelled. When a parent and child enter children's centres no one else knows what suite of services they may be accessing. It also provides an opportunity to build relationships with those parents who would not be targeted but who may have issues that impact on the children, such as depression and domestic violence. Often their attendance at universal services is the gateway to accessing targeted early help, or it may offer enough support before targeted intervention is necessary.

There are however some question marks over the effectiveness and validity of the current children's centre model. There are issues about how many centres there are in Devon, the value for money from each centre and the equity of provision. There is a risk that the current model works well in urban areas but may not be as inclusive in rural areas. It was prescribed by a previous Government that there should be 43 children's centres in Devon, and this is how the pattern of provision in the County has been established. There is excellent provision in Devon but some centres have been more successful at providing targeted support to the most vulnerable than others. There needs to be continual appraisal and rigorous challenge applied to the children's centre provision. The key issue is how the resource is available to those who need it most, the most vulnerable, while maintaining an element of universal provision. There needs to also be a move away from children's centres being entirely location based and increased opportunity for delivery through outreach.

It is important to recognise within the system that the effectiveness of the children's centres service depends greatly on the County Council's multi-agency partners, if the aim of 100% registration of children with children's centres is to come close to being realised. Co-location of the multi agencies is extremely advantageous and should be supported wherever possible. Health visitors in particular should be based in children's centres. Health visitors can build strong relationships with expectant mothers and should be identifying issues which may otherwise have gone under the radar. Through early help with breastfeeding, bonding, nutritional advice and parenting skills, children are less likely to need more complex intervention at a later stage.

In April 2013 the County Council received an inadequate judgement from Ofsted following an unannounced inspection on the overall effectiveness of the arrangements in Devon to protect children. Children's centres have an important role to play in helping to safeguard the County's children by identifying and working with the most vulnerable. There is a need to review existing children's centres provision as to what is being delivered, and the role children's centres should play to ensure greater equity of services, so that children and families are protected.

Overview of Provision in Devon

The County Council has a statutory duty to ensure there are sufficient integrated children's services (children's centres). The core purpose of a children's centre is to improve outcomes for young children and their families and reduce inequalities between families in the greatest need and their peers in:

- Child development and school readiness;
- Parenting aspirations and parenting skills; and
- Child and family health and life chances¹

Devon was tasked by Sure Start to develop 43 centres over three phases. The decision was made by the County Council at that time to spread the centres over 19 cluster groups that linked to school catchment areas. The cluster model was developed in order to align children's centres, health and social care professionals to one geographical area linked to a group of schools. This was the start of the development of an integrated multi-agency team that would support families from universal through to early help and beyond. The core offer of a children's centre was to deliver targeted services through the universal offer with early help being delivered in mainly group activities such as stay and play's. Primarily the skill set of staff in children's centres was knowledge of Early Years Foundation stage and they provided challenging activities to support children learning.

Children's centres now focus on the most vulnerable families with a high level of toxic risk factors (domestic abuse, substance misuse and mental health). The skill mix of staff is now heavily weighted to family support and far fewer staff delivering early years and play activities. The work of the centres is now very much based on the early identification of difficulties linked to the child and the family, recognising that some parents struggle to provide a safe and secure home environment for their children, for many this may be a temporary situation where early help will make a significant difference. However the centres are currently carrying a heavy case load of families where it is too late for early help and they are already known to social care. In these cases the support from the children's centre is seen as an integral part of protecting children and they are named in the child protection plan.

Children's centres across the County are operated by 6 providers:

- Action for Children
- Barnardo's
- Children's Society
- Exeter Community Initiatives
- Bluecoat Governing Body
- West Exe Governing Body

¹ The Department for Education (2013), *Sure Start children's centres statutory guidance*, p. 7

Key Issues

Delivery

Universal Provision & Targeted Support

Children's centres role has been rebalanced from universal services to more targeted support, with in the region of 70% of services targeted and 30% universal. With the Targeted Support Programme being rolled out, it was reported that children's centres are well positioned for the changing emphasis of their delivery and engagement. Some families are however not ready to engage and the Targeted Family Support Programme demands persistence with the most hard to reach families. Key to children's centres role is trying to find ways in which to connect with these hard to reach parents, so that they attend centres. There are significant challenges in terms of how to target the most vulnerable parents and families in the community. There are ways to enable involvement with some children's centres offering childcare/crèche facilities. Foodbanks are located within some children's centre settings which is advantageous in expanding connections.

A number of families from a targeted group will not come into centres without the universal offer. Parents can attend where there may be a child protection order, but will know that other parents attending a universal stay & play for instance will not be aware of this. There are also learning opportunities from having a mix of parents attending in terms of mirroring parenting skills etc. Links are there with midwives and health visitors to understand which parents are not presenting within health or children's centre settings. There are issues at present for parents with a child with SEN who cannot access children's centres because of their disability. It was also highlighted to the Task Group that the portage service is not consistent in being able to support children's centres.

Early Help Strategy

Children's centres are run a critical part of the Early Help Strategy, signed off by the multi-agencies in December 2013, which aims to help remove duplication from within the system and develop new ways of working, connecting professionals in a package of support around a child and their family. Services are stronger where partners are flexible in their use of the available resources. The Devon Safeguarding Children's Board is the vehicle by which partners can be brought together to offer a joined up strategic direction including consideration of commissioning implications, although as it was not necessarily set up to do this it now has to change to fulfil this role.

The majority of child health clinics are run in children's centres jointly with health visitors. Bespoke courses can be tailor-made for vulnerable groups, such as where there may be a proliferation of young mothers. The primary work of children's centres is with the under 2 age group, as research demonstrates that this is the age at which the biggest impact is achievable. The first few years of a child's life are indicative of their social and emotional development. The County Council now has its Early Help Strategy but not one on early intervention; evidence-based interventions which help to give children aged 0-3 the social and emotional bedrock they need to reach their full potential. Services run through children centres are however required to use evidence informed practice e.g. parenting programmes. Early intervention can realise a return on investment within 2 to 3 years. Building their essential social and emotional capabilities means children are less likely to adopt antisocial or violent behaviour throughout life. Early intervention can forestall the physical and mental health problems that commonly perpetuate a cycle of dysfunction.²

² Graham Allen MP (HM Government, 2011), *Early Intervention: The Next Steps. An Independent Report to Her Majesty's Government*, p.7

Identification & Registration of Children

Children's centres can only make contact with parents with permission. The Task Group is extremely concerned that at present in Devon an average of only 82% of children under-5 are registered with a children's centre (see Appendix 2). Some criticism was levelled at the County Council and its health partners for not being able to accurately identify the number of people needing targeted support. The new Devon Assessment Framework that the health visitors' will be using will now register a family automatically to a children's centre unless they deliberately opt out which will help increase the number of children registered.

Rural Isolation

Children's centres have an important role in terms of preventing isolation amongst parents and facilitating peer support. Rural isolation is a significant issue, and while sessions are set up within those targeted villages, the provision of children's centre settings is more challenging and potentially costly in those areas. There are however currently disparities in the offer across Devon. There needs to be an awareness of those more isolated communities who might be missing out from the existing provision where parents may be a long way from their nearest children's centre. Children's centre providers are looking at their universal offer, and how they can extend their provision of outreach to support more settings, along with home visits.

Community Groups & Volunteers

Children's centres have a role in supporting communities to be more self-sufficient in running their own universal groups and building community capacity, so that fundamentally all children within an area are supported to be ready for school. There is a lot of good work being undertaken in rural areas with community involvement an important aspect of this. Local communities need to be worked with closely as their knowledge is important. It is essential that there is community engagement and understanding in order to get people on board. Volunteers play an important role in delivering some universal services, adding value to the work of the centres as well as developing skills for future employability. The level of support and time volunteers give varies but the main areas are in; supporting a crèche that may run alongside a parenting programme or adult learning programme, general administration, cooking, driving, gardening, 1:1 counselling or breastfeeding peer support.

Funding Formula

The funding for each children's centre is based on a calculation of the number of under-fives in the area, along with how disadvantaged an area is based on indices of multiple deprivation. There are also rurality factors based on the distance travelled to the furthest child. Currently there are areas that receive high funding with the rurality equation as it is, but are not particularly disadvantaged. The funding figures are revised annually for children's centres which mean there are always winners and losers each year which does not help the planning process.

Premises

It is important to recognise the distinction between children's centres premises and the service itself. It is less about the buildings in which children's centres are located, but the service that is being provided. Children's centres operate in a range of delivery spaces in those areas where there is not a designated children's centre building. It is much more important to have frontline workers than bespoke children's centre buildings; however there is a need for a hub / base. There is a need to re-evaluate the provision of children's centre premises in the County to identify where there can be a rationalisation of the existing stock.

Key Partners

Parent Perspective
Members received evidence from a number of parents while visiting children's centres as part of the Task Group and individually. The following points providing a sample of the responses received in discussions about their children's centre:
<ul style="list-style-type: none"> • incredibly supportive staff; • staff doing above and beyond their duties; • wide range of provision available; • value of meeting parents from all walks of life in the sessions; • lone parenting group combatting social isolation; • the benefit and support of getting to know other parents in a similar position; • not being judged; • the crèche providing not just babysitting, but a setting akin to a professional nursery where the children's progress is tracked and monitored; • stay & play sessions - parents can talk about problems and get support from staff as well as other parents; • peer support; • opportunity to evaluate whether children meeting developmental milestones etc.

Multi-Agency Working

Children's centres do not work in isolation; many services especially universal are delivered alongside partners. In Tavistock Area Children's Centre for instance a range of partners are collocated in the building including health visitors, school nurses, midwives and Devon Drug & Alcohol Action Team as well as regular sessions held on domestic violence and access to the local foodbank on site. Domestic violence courses are a significant driver in terms of bringing parents into centres. It is helped further at Tavistock by being based within a GP practice. It is less threatening for people to attend services from within the children's centre than if they have to attend a clinical setting. Families see children's centres as one service. There is a huge benefit to having multi-agency co-location in children's centres, in particular health visitors and midwives. Where staff from the multi-agencies are not co-located, they need to meet together on a regular basis.

Close working between children's centres and social care is vital. However children's centres currently are providing a high level of support to families on Level 2/3 of the Devon threshold, which results in not being able to focus resources the way they would like on early help. The recent Ofsted report on the County Council's inadequate arrangements for safeguarding children has provided an opportunity to bring issues such as partnership working to the fore and ensure it happens. There has not however been a strategic planning forum for children's services since the Children's Trust was abolished in 2010.

Multi-Agency Safeguarding Hub

Child protection services in Devon are delivered initially through one countywide referral team, the Multi-Agency Safeguarding Hub (MASH), where all enquiries on new cases are made and, where appropriate, are referred onwards to four assessment teams covering the County. Data shows that in terms of MASH enquiries, 95% of those children under 5 are already registered with a children's centre and 85% have accessed a service at some time. The aspect which causes the greatest concern is that only 40% of these children have

been seen by the children's centre service in the last 3 months³. Children's centres reported being overburdened with families who have been referred to the MASH but who have not yet been picked up by social care. Children's centres are therefore not able to do as much of the lower level preventative work, and work with families who are starting to present with problems as they would like. The MASH is undoubtedly a work in progress, having been reviewed post-Ofsted. It was reported to members that there have been issues about consistency of decision making, a lack of clarity to the processes that are being followed and issues about feedback from the MASH to referrals. There is still a waiting list for assessments being referred into the MASH, with the backlog not as yet having been entirely addressed. In response children's centres have to escalate cases on their systems to higher levels of support as a way of safeguarding the children concerned.

Information Sharing

There remain a number of barriers that do not allow children's centres to fully engage in early help. In the recent report Best Practice for a Sure Start, 25 recommendations were made to enhance the lives of babies, children and their families. Many of these recommendations are already in place in Devon however there are particular issues with information sharing in relation to live birth data, consistent sharing of information by midwives and by health visitors on vulnerable families. There has also been a lack of a clear pathway for automatic sharing of information from the MASH with children's centres when there is an under 5 in an enquiry and it does not meet the threshold for initial assessment.

The Common Assessment Framework (CAF) process has helped information sharing as well as helping early intervention. The CAF also provides opportunity for parents to have a say, which is important. Information exchange undertaken badly is potentially damaging. The CAF puts significant focus on sharing information and consent. Work is being undertaken through the early help strand to ensure that all agencies will be able to access a web based Devon Assessment Framework, which is a major step forward.

One of the difficulties officers are trying to overcome is that health visitors are not able to share information with children's centres without clients consent unless there is a safeguarding imperative. A universal referral form has been developed to try to get parents to sign a form allowing the sharing of information. Where relationships with the multi-agencies are good, then there is more scope for better data sharing. Birth data should for instance be provided by midwifery as a matter of course. It is something of a challenge capturing the right data, with the data remaining valid and not out of date. There is an issue in terms of the identification of families, with data not always coming through to children's centres from public health on births etc. There are also challenges in rationalizing the data held, with the data that is actually needed.

Health Visitors

Health visitors are contracted by Integrated Children's Services (Virgin Care) to provide six contacts in a child's first three years:

- Antenatal
- 10-14 days
- 6-8 weeks
- 1 year
- 2.5 years
- Pre-school (if needed)

Health visitors undertake universal screening of mothers, and can make an assessment on mothering capabilities. Visits take place within the child's home wherever possible. The link

³ Officers reported that while concerning, the 40% of children seen by the children's centre service in the last 3 months relates to 0-5 year olds, and does not entirely recognise the focus on 0-2 years by most children's centre services, or that parents may still be accessing services.

at this point with children's centres is crucial to help support and develop parenting skills, along with strength and independence. Where it is apparent a family needs a level 2/3 service this is referred to the appropriate children's centre. Health visitors are named on each children's centres' working groups and boards. Health visitors also try to co-locate with children's centres as much as possible, as part of a wider co-working approach. There is huge benefit to co-location. This practice has been implemented in some areas but there are inconsistencies in engagement. Health visitors do though have an important role in promoting children's centres. In many children's centres health visitors run child health clinics where parents will go to get their baby weighed and discuss any concerns.

It is crucial health visitors facilitated by children's centres understand the family environment that a child is living in. Health visitors and midwives should be identifying children and families very early; their role should in part be risk assessing the environment in which a child is being brought up in. It was reported to the Task Group that for those more middle class families there may well be just one visit, and health visitor involvement will cease after that. It was a concern of health professionals that an accurate assessment could be made after just one visit. Guidelines from the National Institute for Health and Clinical Excellence (NICE) state that new mothers should receive checks from a GP or a health visitor in the weeks after the birth about their emotional state, given postnatal depression affecting up to 15 per cent of new mothers.

The target of 96 whole time equivalent fully qualified operational health visitors in Devon has nearly been reached, although in common with the national profile there are difficulties in recruitment. Virgin Care reported not being on target in terms of their contacts but progress had been made in recent years. Antenatal visits are up to 85% of the target. Virgin Care advised that there was an issue with health visitor vacancies which makes the targets challenging. In 2015/16 commissioning of the health visiting workforce will move to the County Council from NHS England as part of public health nursing alongside school nurses.

Midwives

Where midwife appointments are held within children's centres this helps parents to become familiar with the setting as a welcoming place. Midwives should be taking account of the environment that the child has been born into, as well as also accessing a mother's health records. Where midwives identify risk factors in a pregnancy, referrals should be made to the local children's centre in order for them to provide early help (with the parents' permission).

GPs

There is an issue with a lack of communication between GPs and health visitors. Health visitors should be attending monthly GP meetings to discuss individual clients. It was reported to members that while children's centres have encouraged health visitors into improved multi agency working, this has had a detrimental effect on health visitors relationship to GP practices which is disadvantageous. Within Integrated Children Services there is a drive to develop communication through different partners as a vital part of the Early Help Strategy. There are also communication issues with GPs as to how family issues are flagged up.

Child & Adolescent Mental Health Services

The Task Group received mixed reports as to the provision of CAMHS across the County. While progress has been made and waiting lists have been reduced, CAMHS is still difficult to access. There is marked inconsistency in provision and out of hours emergency responses are particularly compromised. There is CAMHS provision within the County for Tier 2/3 children and young people, but where their needs are extremely complex and it reaches the Tier 4 threshold an out of county placement is sought. These external Tier 4 placements are expensive, and there is a drive to try to unlock that most expensive funding

to provide lower level support to ideally prevent cases escalating to that extent. Virgin Care are working collaboratively with commissioners to find solutions.

Schools

Consistent and effective engagement with schools across the County is a challenge for the children's centre service. Schools are becoming increasingly self-determining and therefore pathways with schools are important. Some schools have grasped the advantage and return on investment that can be gained through multi-agency working, while some have not yet, much in the same way as GPs.

Quality Assurance & Inspection

Voice of the Child

It is vital that the child is seen within the context of the family and not in isolation. Cues can be taken from the relationship between the parent and child. For example, baby massage is offered to referred families as a universal offer and as well as encouraging attachment gives staff an opportunity to see how the parents engage and interact with their child. Where a baby is not responding for instance this could be a sign of neglect or a special need.

Ofsted

The new framework for children centre inspections was introduced in April 2013. Key features ensure that inspectors focus on the impact of children's centres on targeted young children and their families, especially those that centres have identified as being most in need of intervention and support. They make three key judgements that contribute to the overall effectiveness of the centre:

1. Access to services by young children and their families
2. The quality and impact of practice and services
3. The effectiveness of leadership, governance and management.

Ofsted's expectations are very different from what they were prior to the new framework. Children's centres have a place based universal offer, while Ofsted are now looking for a much more finely tuned offer to recognise and support those with greatest need.

Performance Monitoring

Officers explained that children's centres are a relatively new area of provision compared to schools. Where providers are not however meeting expectations and the standards that need to be set, then a rigorous performance management process is implemented and if no further evidence of improvement then ultimately contracts can be removed. Children's centres receive a number of performance indicators to meet on an annual basis. Data and sample case studies are collated on a quarterly basis from across Devon.

Councillors Eve Barisic (Chair)
Christine Channon
George Gribble
Sara Randall Johnson
Philip Sanders

Copies of this report may be obtained from the Democratic Services & Scrutiny Secretariat at County Hall, Topsham Road, Exeter, Devon, EX2 4QD or by ringing 01392 382232. It will be available also on the County Council's website at:

http://www.devon.gov.uk/index/councildemocracy/decision_making/scrutiny/taskgroups.htm

If you have any questions or wish to talk to anyone about this report then please contact:

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APPENDIX 1

Childcare Act 2006 Statutory Duties

Children's centres are a key delivery mechanism for the local authority to meet its statutory duty to improve the wellbeing of young children in their area and reduce inequalities between them (Section 1 Childcare Act 2006).

Local Authority has a statutory duty to ensure there are sufficient integrated children's services (children's centres) so far as reasonably practical, to meet local need (Section 5a).

Local Authorities must take steps to identify parents and those expecting a baby in their area who are unlikely to take advantage of early childhood services available and encourage them to use them (Section 3).

Children's centres statutory guidance April 2013 lays out that Local Authorities should:

- Ensure that a network of children's centres is accessible to all families with young children in their area.
- Ensure that children's centres and their service are within reasonable reach of all families with young children in urban and rural areas taking into account distance and availability of transport.
- Together with local commissioners of health and employment services, consider how best to ensure that the families who need services can be supported to access them.
- Target children's centre services at children and young families in the area who are at risk of poor outcomes through, for example effective outreach services, based on the analysis of local need.
- Demonstrate that all children and families can be reached effectively.
- Take into account the views of local families and communities in deciding what is sufficient children's centre provision.
- Local Authorities are required to ensure that each children's centre has an Advisory Board (with parents, LA and partner agencies). (Section 5c).
- Local Authorities required to ensure there is consultation before any significant changes are made to children's centre provision in the area (Section 5d).
- Duty on Local Authority following Ofsted inspection to prepare and publish an action plan and ensure implementation (Section 98c).

Registration and Affiliations as at December 2013

Centre	Child Population* aged 0-4 yrs 11mths (Potential Reach)	No of Children Registered or Affiliated (living in area)	% Registered or Affiliated	Registration Targets (%)	Current position on 2013/14 target
Axe Valley	948	726	77	78	Below Target
Barnstaple 1	1569	1,301	83	78	On Target
Barnstaple 2	777	659	85	78	On Target
Beacon Heath	1214	1,047	86	78	On Target
Bideford	1966	1,638	83	78	On Target
Braunton	813	701	86	78	On Target
Buckfastleigh	466	376	81	78	On Target
Central (Flying Start)	1030	920	89	78	On Target
Chestnut Avenue	452	391	87	78	On Target
Chulmleigh (Oakmoor)	379	313	83	78	On Target
Clyst Vale	573	416	73	78	Below Target
Countess Wear	1026	833	81	78	On Target
Crediton	1177	1,068	91	78	On Target
Culm Valley	1514	1,121	74	78	Below Target
Dartmouth	351	320	91	78	On Target
Dawlish	949	760	80	78	On Target
Exmouth 1 (Marpool)	1143	836	73	78	Below Target
Exmouth 2 (Exeter Rd)	1285	1,044	81	78	On Target
Hatherleigh	438	402	92	78	On Target
Heathfield (Moors Edge)	550	350	64	78	Below Target
Heavitree & Pols.	671	605	90	78	On Target
Holsworthy	501	499	100	78	On Target
Honiton	879	781	89	78	On Target
Ilfracombe (My Start)	1120	973	87	78	On Target
Ivybridge (Seamoor)	1582	1,062	67	78	Below Target
Kingsbridge	761	670	88	78	On Target
Newton Abbot 1 (Treehouse)	944	800	85	78	On Target
Newton Abbot 2 (Sunshine)	1112	914	82	78	On Target
Okehampton	735	667	91	78	On Target
Ottery St Mary	612	407	67	78	Below Target
Sidmouth	559	491	88	78	On Target
South Molton	581	532	92	78	On Target
Tavistock	1569	1,229	78	78	On Target
Teign Valley	1058	864	82	78	On Target
Teignmouth	966	792	82	78	On Target
Tiverton 1	705	543	77	78	Below Target
Tiverton 2	956	726	76	78	Below Target
Torrington (Bluecoat)	874	776	89	78	On Target
Totnes	821	663	81	78	On Target
West Exe	2067	1,849	89	78	On Target
Whipton	452	366	81	78	On Target
TOTAL:	38145	31431	82	78	

Registration and Affiliations
as at December 2013

Example – Newton Abbot 1 currently have 800 children registered or affiliated out of 944 children living in their area, therefore registering around 85% of their potential reach.

The measurement of Registrations at present is not 'time limited' and gives an indication of all those children aged 0-4 years 11 months who have registered or affiliated to a centre to date.

*Child Population figures are based on health data supplied to the Early Years service as at summer 2012.

Children Seen (Reach) Data: 1st Jan 2013 - 31st Dec 2013

Centre	'IN AREA' FIGURES			'OUT OF AREA' FIGURES		
	Child Population* aged 0-4 yrs 11mths (Potential Reach)	Children seen from within CC Area	% Children seen from within CC area	Total Children Seen (living both inside and outside your CC area)	No. of Children seen from outside CC area	% of Total Children Seen from outside own CC area
Axe Valley	948	412	43.46	468	56	11.97
Barnstaple 1	1569	625	39.83	894	269	30.09
Barnstaple 2	777	351	45.17	886	535	60.38
Beacon Heath	1214	541	44.56	1047	506	48.33
Bideford	1966	1,043	53.05	1151	108	9.38
Braunton	813	368	45.26	430	62	14.42
Buckfastleigh	466	226	48.50	286	60	20.98
Central	1030	369	35.83	604	235	38.91
Chestnut Avenue	452	169	37.39	398	229	57.54
Chulmleigh	379	192	50.66	283	91	32.16
Clyst Vale	573	226	39.44	361	135	37.40
Countess Wear	1026	317	30.90	477	160	33.54
Crediton	1177	661	56.16	787	126	16.01
Culm Valley	1514	753	49.74	862	109	12.65
Dartmouth	351	252	71.79	305	53	17.38
Dawlish	949	347	36.56	478	131	27.41
Exmouth 1	1143	604	52.84	1305	701	53.72
Exmouth 2	1285	742	57.74	1298	556	42.84
Hatherleigh	438	223	50.91	281	58	20.64
Heathfield	550	175	31.82	301	126	41.86
Heavitree & Pols.	671	227	33.83	427	200	46.84
Holsworthy	501	309	61.68	385	76	19.74
Honiton	879	461	52.45	580	119	20.52
Ilfracombe	1120	731	65.27	816	85	10.42
Ivybridge	1582	651	41.15	718	67	9.33
Kingsbridge	761	513	67.41	593	80	13.49
Newton Abbot 1	944	472	50.00	825	353	42.79
Newton Abbot 2	1112	481	43.26	823	342	41.56
Okehampton	735	453	61.63	550	97	17.64
Ottery St Mary	612	193	31.54	261	68	26.05
Sidmouth	559	323	57.78	407	84	20.64
South Molton	581	335	57.66	395	60	15.19
Tavistock	1569	766	48.82	958	192	20.04
Teign Valley	1058	490	46.31	678	188	27.73
Teignmouth	966	436	45.13	587	151	25.72
Tiverton 1	705	245	34.75	552	307	55.62
Tiverton 2	956	425	44.46	744	319	42.88
Torrington	874	464	53.09	542	78	14.39
Totnes	821	427	52.01	550	123	22.36
West Exe	2067	1,020	49.35	1194	174	14.57
Whipton	452	194	42.92	721	527	73.09
TOTAL:	38145	18212	47.74			

Children Seen (Reach) Data:
1 January - 31 December 2013

Example – In Crediton Children's Centre area, 661 out of a possible 1177 children living in their area have attended one or more events between Jan 2013 and Dec 2013. This means that they have seen about 56% of all children living in their area over the past 12 months.

Crediton Children's Centre have also seen an additional 126 children who live outside of their Children's Centre area, bringing the total children seen by the centre to 787. The percentage of children who come from outside their Children's Centre area makes up approximately 16% of the total children seen.

* Child population figures are based on health data supplied to the Early Years service as at summer 2012.

Children Seen (Reach) Data: 1st Jan 2013 - 31st Dec 2013

Locality**	Child Population* aged 0-4 yrs 11mths (Potential Reach)	Children seen from within Locality	% Children seen from within Locality	Total Children Seen (living both inside and outside your Locality)	No. of Children seen from outside Locality	% of Total Children Seen from outside Locality
Exeter (Beacon Heath, Central, Chestnut Ave, Countess Wear, Heavitree and Polsloe, West Exe, Whipton)	6912	3415	49.41	3725	310	8.32
East Devon (Axe Valley, Clyst Vale, Exmouth 1, Exmouth 2, Honiton, Ottery St Mary, Sidmouth)	5999	3336	55.61	3572	236	6.61
Mid Devon (Crediton, Culm Valley, Tiverton 1, Tiverton 2)	4352	2276	52.30	2492	216	8.67
Teignbridge (Buckfastleigh, Dawlish, Heathfield, Newton Abbot 1, Newton Abbot 2, Teign Valley, Teignmouth)	6045	2995	49.55	3113	118	3.79
South and West Devon (Dartmouth, Hatherleigh, Ivybridge, Kingsbridge, Okehampton, Tavistock, Totnes)	6257	3402	54.37	3773	371	9.83
North and Torridge (Barnstaple 1, Barnstaple 2, Bideford, Torrington, Braunton, Chulmeigh, Holsworthy, Ilfracombe, South Molton)	8580	4906	57.18	5058	152	3.01
TOTAL:	38145	20330	53.30			

Children Seen (Reach) Data:
1 January - 31 December 2013

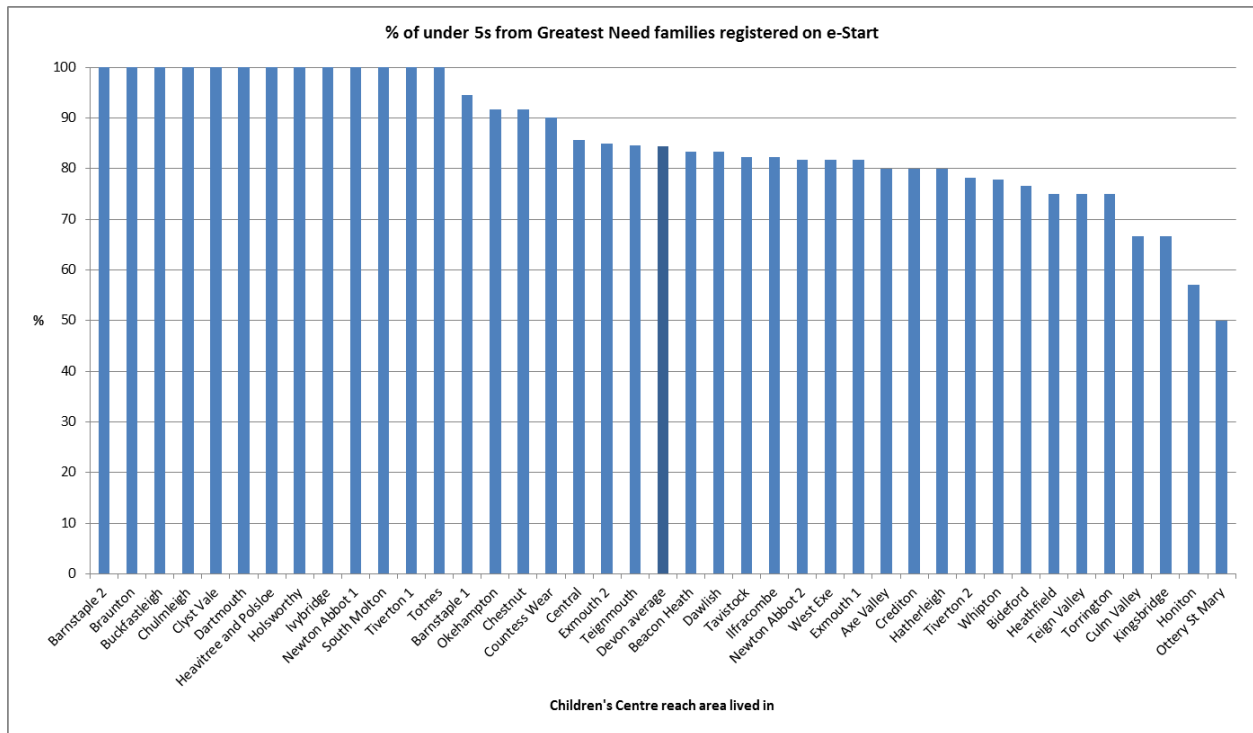
Example – In the Mid Devon Locality area, 2276 out of a possible 4352 children living in the area have attended one or more events (at a centre in the area) between January and December 2013. This means that as a locality, they have seen about 52% of all children living in their area over the past 12 months.

The Mid Devon Locality area have also seen an additional 216 children who live outside of the locality area, bringing the total children seen by the locality to 2492. The percentage of children who come from outside the area makes up approximately 8% of the total children seen.

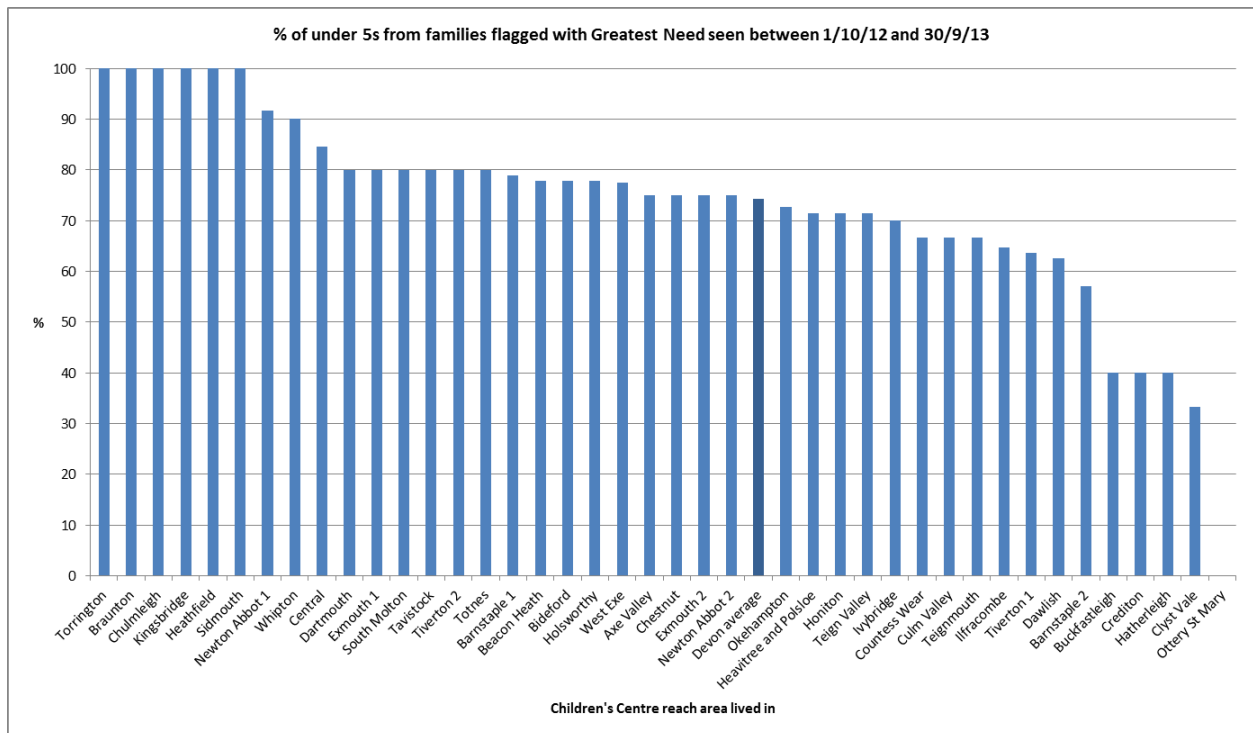
* Child population figures are based on health data supplied to the Early Years service as at summer 2012.

** Please note that the term 'locality' has been used for ease. Centres have been grouped according to geographical areas and 'best fit' for the purpose of this analysis.

% of under 5s from Greatest Need* families registered on e-Start



% of under 5s from families flagged with Greatest Need* seen between 1 October 2012 and 30 September 2013



*Greatest Need – Families on Care First, and those identified through Targeted Families Database (Huddle)

APPENDIX 3

Task Group Activities

- A1.1 The first meeting of the Task Group took place on **24 October 2013** to discuss the scoping of the review and receive an overview of the service from the Children's Centre Development Manager, People and a Public Health Specialist.
- A1.2 On **22 November 2013** members undertook a site visit to Tavistock Area Children's Centre. The Group met with Barnardo's children's centre managers, staff, health visitors and a number of service users and their children.
- A1.3 On **25 November 2013** the Task Group visited Beacon Heath Children Centre. Members met with Action for Children managers, staff, volunteers, service users and their children.
- A1.4 **On 21 January 2014** members met with the Director of Public Health; Head of Education and Learning, People; Early Years and Childcare Manager, People and the Head of Quality and Safeguarding, Integrated Children's Services, Virgin Care.
- A1.5 **On 3 March 2014** the Task Group met to discuss their findings and recommendations.

In addition to these Task Group sessions individual members visited children's centres at Heathfield, Newton Abbot and Honiton.

APPENDIX 4

Contributors / Representations to the Review

Witnesses to the review (in the order that they appeared before the Task Group / members)

Witness	Position	Organisation
Val Smith	Children's Centre Development Manager, People	Devon County Council
Becky Carmichael	Public Health Specialist, Public Health	Devon County Council
Dominic Dare	Children's Centre Manager	Barnardo's
Abigail Sproats	Children's Centre Manager (Hatherleigh)	Barnardo's
6 Parents	Service Users	Tavistock Children's Centre
Christine Cottle	Children's Services Manager	Action for Children
Mandy Bowden	Beacon Health Children's Centre Manager	Action for Children
Janine Brooms	Beacon Health Children's Centre Safeguarding Lead	Action for Children
Parents	Service Users	Beacon Health Children's Centre
Support Workers		Beacon Health Children's Centre
Volunteers		Beacon Health Children's Centre
Staff & Parents		Newton Abbot Children's Centre
Staff & Parents		Heathfield Children's Centre
Staff		Axminster & Honiton Children's Centre
Virginia Pearson	Director of Public Health	Devon County Council
Sue Clarke	Head of Education and Learning, People	Devon County Council
Claire Rockcliffe	Early Years and Childcare Manager, People	Devon County Council
Alison Lewis-Smith	Head of Quality and Safeguarding	Integrated Children's Services, Virgin Care

APPENDIX 5

Bibliography

- Antenatal and Postnatal Mental Health: The NICE Guideline on Clinical Management and Service Guidance (National Collaborating Centre for Mental Health, 2007)
- Best Practice for a Sure Start: The Way Forward for Children's Centres (All Party Parliamentary Sure Start Group, 2013)
- Early Intervention: The Next Steps. An Independent Report to Her Majesty's Government Graham Allen MP (HM Government, 2011)
- Inspection of local authority arrangements for the protection of children – Devon County Council (Ofsted, 2013)
- Munro review of child protection: final report - a child-centred system (Department for Education, 2011)
- Safeguarding Children Task Group, People's Scrutiny: Interim Report (Devon County Council, 2013)