

Report of: Head of Early Years and Childcare

Meeting of:	Date	Agenda item	Ward(s)
Children's Services Scrutiny Committee	11 June 2015	B1	All

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SUBJECT: Early Childhood Services: progress on the First 21 Months, the two year old entitlement and integrated review and their contribution to improving health, well-being and educational outcomes for very young children

1. Synopsis

1.1 This report provides members with a progress summary of three specific initiatives that have been introduced within the last 2-3 years to ensure that children and families have access to high quality services at the earliest stages of a child's life in order to improve outcomes in children's health, well-being and attainment, leading to improved "school readiness".

- The First 21 months programme is a strategic priority for Islington. It relates specifically to recommendation 7 from the Islington Fairness Commission that involves providing every child in Islington with the best start in life.
- The national entitlement to 15 hours of funded early education for two year olds who are likely to be more vulnerable to poor outcomes, was introduced by the coalition government and became statutory for Local Authorities in September 2013.
- The integrated review brings together the 2 year old health assessment (part of the national Healthy Child Programme) with the statutory Early Years Foundation Stage progress check for two year olds attending early years provision. It provides parents and professionals with one holistic assessment of the child at an early age, which supports early identification and intervention. Islington was one of five pilot Local Authorities for the integrated review prior to roll-out nationally this year.

Key to the success of all three of these initiatives is the improved integrated working required between professionals providing a range of services to parents and young children. The impact of improved co-ordination, uptake and quality of early childhood services on children's outcomes will contribute to children's "school readiness" at age 5, ensuring the best start in life they all deserve.

2. Recommendations

2.1 To note the progress made and discuss the issues raised in section 4 of the report.

3. The three initiatives

3.1 **The First 21 Months programme** was developed following the Fairness Commission report which called for a review of services to support parents and parents-to-be from conception to the child's first birthday to significantly improve the way in which the core universal services work with parents-to-be, parents and infants and with each other to improve health and social outcomes for children and families.

It has developed into a complex multi-agency programme with a number of specific outcomes for children and their families in the key phase of early life. It also aims to improve how services are provided across the borough to parents during pregnancy and the first year of life. The programme has three objectives:

1. Identify and engage parents-to-be and parents earlier and more effectively in universal early years health and children's centre services;
2. Ensure vulnerable families and those with additional needs are identified and supported by well-co-ordinated services in order to prevent problems escalating;
3. Improve parental (specifically mothers') emotional health and resilience during pregnancy and the first year of life including supporting models of social support and access to specialist support where necessary.

The programme encompasses work with two maternity services at Whittington Health and University College London Hospital (UCLH), the Health Visiting service, primary care, 16 children's centres (organised into 7 cluster areas) and specialist services such as Child and Adult Mental Health Services (CAMHS) and the Speech and Language Therapy service (SALT). The programme is co-ordinated by Public Health with support and involvement from the Early Years and Childcare Service.

Funding of £700K for the programme has come from Islington's Clinical Commissioning Group and Public Health for developments over a two year period up until March 2016.

3.2 Progress to date

Health rooms in children's centres have been refurbished as part of the First 21 Months programme to ensure they meet a minimum clinical standard. Ante-natal appointments, post-natal and child health clinics are held in children's centres for most women and children to facilitate access, improve co-ordinated working between services and encourage parents to use the universal and, where appropriate, targeted services available at children's centres.

The ability to access their own ICT systems while working at children's centres has been a significant challenge for health staff. Work to improve access to ICT is underway in children centres and should be completed by the end of the year. This will enable staff to access and update clinical records whilst at the children's centre reducing both the need to return to base and improving clinical care and safeguarding.

Children centre learning pilots are underway in four children's centre clusters. Each learning pilot is unique in terms of specific activity undertaken but all are working on identifying and engaging vulnerable parents and seeking to improve the integrated working between health visiting, midwifery and children's centres. Some useful insight and learning is emerging that has already contributed to changes in how Health Visiting receive booking information from both UCLH and Whittington Health (see Appendix A).

The programme has developed a 'theory of change' model and principles of practice that underpin an effective integrated system (see Appendix A). The National Centre for Social Research (Natcen) has been commissioned to undertake a baseline assessment of the programme that will test these principles and provide metrics against which progress can be measured.

A needs assessment of parenting programmes provided both during pregnancy and after birth is currently being undertaken in order to assess uptake across the borough and whether the current provision is evidenced-based and supports the development of positive outcomes for babies.

3.3 Challenges and next steps

Despite progress having been made, information governance and information-sharing between such a range of agencies remains challenging.

Similarly, although solutions have been put forward to enable health practitioners to use their own IT systems from children's centres, these have yet to be tested and technical challenges may still remain.

With two different health providers for maternity services, children's centres organised into clusters and health visiting on a locality model across the borough, there is still work to be done in ensuring consistency of services for parents to be and parents of very young children in Islington.

The evaluation of the First 21 months programme will provide useful information in terms of service organisation and impact. The health visiting transformation exercise, currently underway as local authorities prepare to take over commissioning responsibilities from October 2015, will also inform and support the development of consistent services and integrated working within the First 21 months programme.

3.4 Early education for funded 2 year olds

The coalition government extended the entitlement of funded early education (equivalent to 15 hours per week during term time) to two year olds from families where less than £16,190 per year was earned. Children with severe and complex needs, children looked after, adopted, subject to special guardianship and children of armed forces personnel are also eligible for the entitlement. In total, this equates to about 40% of two year olds nationally.

The largest group comes from economically disadvantaged families and while the exact number changes from term to term, Islington is estimated to have about 1,190 eligible children under these criteria. Of these, about 2/3s are from families who are not working with the remaining 1/3 coming from low-income working families.

3.5 Progress

Developing sufficient places and encouraging take-up have proved challenging in Islington and in other inner-London boroughs. Islington Council has committed to developing high quality provision, given the research which shows that it is only high quality provision that has a lasting impact on children's outcomes (Effective Provision of Pre-Schools Practice, Research Brief, Institute of Education).

From the outset Children's Services sought to develop new provision in primary schools as well as to encourage the traditional early years sector to offer places. The last figures issued by the Department for Education (March 2015) show that Islington - with 644 children benefitting – compares well with other most inner London boroughs (see Appendix B).

The capacity of children's centre nurseries in Islington to take more funded 2 year olds is limited, given the number of childcare places they already provide, with one third being for priority referral children (for social and/or emotional needs) and the remainder being for working parents, most of which are offered at a subsidised rate.

Some additional places have been created in the early years voluntary sector and with childminders. The private sector has largely not engaged, having few vacancies and their client base coming from higher-income working parents.

The Council and Schools Forum has backed a number of initiatives to support the development of 2 year old places. This includes agreeing substantial additional funding for capital works to ensure the physical space is appropriate (over £4m to date); agreeing a higher rate of revenue funding per child for providers who employ a graduate early years professional to lead provision and guaranteeing children

continuity from their 2 to their 3 year old place.

Providers developing new provision also receive professional support and training from the Early Years and Childcare Service to help with recruitment and ensuring that new providers are ready for Ofsted registration; understand and are able to implement evidence-based practice in relation to child-development; and are aware of the range of universal, targeted and specialist services available for children and their families. As a result 94% of funded 2 year olds are at providers Ofsted-rated good or better.

The publicity campaign to encourage take-up has recently been refreshed with new branding; bus-stop publicity; tweets and posts and regular publicity in *Islington Life*. Children's centres and the Family Information Service are also contacting eligible families regularly to encourage them to take up a place and health visitors are also promoting the offer with parents.

3.6 Challenges and next steps

Despite the work undertaken so far, there is still a significant predicted shortfall in the borough, particularly in the Hornsey South and Holloway children's centre cluster areas. To address this, plans are in place to continue to expand provision in primary schools where possible. The escalating capital costs, combined with the uncertainty of the implications for schools in the new government's initiative to provide 30 hours of free childcare for all 3 and 4 year olds of working parents, makes this increasingly challenging.

The Early Years and Childcare Service is also looking at the impact of converting some of the subsidised places in children's centres and the voluntary sector for very low-income working parents into funded 2 year old places, as some of the subsidised places will be filled by eligible families.

Models of 'stay and plays' for families who feel their two year old is too young to attend a setting are also being pursued. The Department for Education has not yet confirmed that they will fund this model but are now interested in the idea. The stay and play model has an added advantage in that practitioners work closely with parents to support their child's development and, although only suitable for non-working parents, it affords opportunities for regular conversations about training and pathways to employment for families.

A further challenge is around encouraging families to take up a place with a childminder. Rarely seen as a positive option by non-working families, childminder uptake has increased recently as this form of childcare can often provide the flexible hours which meet the individual needs of working families. Additionally, the overall quality of childminders in Islington has improved significantly over the past 3 years with 87.5% of Islington childminders now judged good or better by Ofsted (up from 71% in 2012). Articles in *Heatwave* and *Islington Life* are scheduled for this summer to promote childminding as a flexible option for childcare and the funded early education entitlement.

Since April 2015, the Government has moved to fund local authorities on participation rather than places which means it is essential that IT systems are capable of reporting every eligible child in order to maximise the amount of funding coming into the council from central government. To ensure this, Children's Services are moving to a single IT system for early years which includes the private, voluntary and independent sector as well as schools. It is about to be trialled for roll-out in 2015-16.

The final area for focused development this year is to ensure that practitioners working with the funded 2 year olds are using the new entitlement to identify those children who need some additional support and are signposting or referring children and families for additional universal, targeted and specialist services as appropriate, where support cannot be provided from within their own school/setting (e.g. targeted family support; employment advice). Greater knowledge and understanding of the range of services available and the integrated review (see below) will support this.

3.7 The Integrated Review

The progress check at age 2 is a statutory requirement of the Early Years Foundation Stage and the health check at age 2 a key part of the Department of Health's Healthy Child Programme. The two reviews have many common features but neither gives the complete picture. A review of the Early

Years Foundation Stage by Dame Claire Tickell (2010) recommended that, as age 2 is a crucial stage in child development, the two processes be brought together to support early identification and intervention and to provide for increased opportunities for joint working between services to support families more effectively.

The rationale for supporting such a review from the Department of Health was to provide a national public health measure at age 2, which could then be used to inform the planning and delivery of early childhood services and by providing a baseline by which to evaluate the impact of services in the early years.

3.8 Progress

In Islington partnership working between the Health Visiting and Early Years Services at strategic and operational levels has been required to develop and embed the integrated review in the borough. Both services have undertaken joint training, a conference was held in February 2015 and materials have been produced.

Islington has adopted a truly integrated approach with a 3-way meeting between parent/s and child, a health visiting professional and nursery practitioner/childminder. The review takes into account the views of all 3 parties and covers all aspects of the child's development and the wider contextual issues for the family. Next steps for the child are agreed, including if any further assessment is needed from a targeted or specialist service (e.g. Speech and Language).

A phased approach to the roll-out saw the reviews starting in children's centre nurseries, where health and education were already used to working together. This has now been extended to the private, voluntary and independent sector and childminders. All private, voluntary and independent nurseries and primary schools with 2 year olds now have a named Health Visiting link and are undertaking integrated reviews.

At least 350 reviews have been completed so far in Islington and extensive feedback has been gathered from professionals and parents. Feedback from parents is consistently highly positive (for further information, please see the integrated review film detailed at the end of this report).

3.9 Challenges and next steps

There are very real practical challenges in carrying out integrated reviews ranging from there being insufficient space at smaller nurseries; agreeing a date and time for a 3-way meeting; ensuring the review is timely, and neither too late to meet the requirements of the health check or too early for the nursery practitioner to know the child well enough to contribute.

Shortages in staffing levels within the health visiting service in some areas have contributed to a backlog of reviews.

Given these issues, it has been acknowledged that those children who are entitled to the new funded early education entitlement should be prioritised for an integrated review, as this group has already been identified as more vulnerable to poor outcomes.

Feedback from both health and education practitioners on the new review is mixed although generally improving over time. Establishing the practice of an integrated review has required the development of a shared language between practitioners and an acknowledgement of professional anxieties.

The infrastructure for handling and sharing data is complex and, although systems are in place, they have occasionally not been consistently adhered to.

The collecting and recording of data needs improvement. Currently, reviews are recorded on the IT system used by health visiting but this is not a system which allows for reporting. Plans to record on the Early Years EYMIS system (used by children's centres) are being held until clear information is available about the new system to be adopted by Health Visiting later in 2015. If the new system is flexible enough, and with the commissioning responsibility for health visiting transferring to the council, the impact of the review in terms of early identification and intervention should be able to be analysed.

4. Conclusion and ways forward

While there are specific challenges and solutions for each of these initiatives, there are some common issues.

Information-governance, ensuring consent for information-sharing is consistently sought, clarity about what can be shared and the transfer of information between services – all remain a challenge, despite the progress made. This is being addressed at national and local level but anxieties around this remain high amongst professionals.

It is intended to continue to work through these issues with information-governance officers, drawing on the guidance being developed at national level and best practice from other local authorities, with the aim of improving the practice and understanding amongst professionals of the importance of information-sharing for children and families.

We are also seeking to address the issue of consent by having an opt-out system for children's centre registration. Most families have their details registered by a health professional, and with an opt-out, there will be clarity for parents and health professionals about information-sharing.

There still needs to be a continued focus on promoting the importance of integrated working amongst early childhood practitioners, particularly those working in education where there has been less involvement with other services. Linked to this is the need to ensure that the multi-agency children's centre offer is better known, understood and used by these practitioners. The promotion of a coherent conception to age 5 vision will support this.

A key area for development for the next year is to ensure the IT systems enable us to track at child level the short and longer-term impact of early childhood services from First 21 months activity; funded 2 year old places, and attendance at speech and language groups in local children's centres. This will enable us to evidence the impact of such services on key health indicators, school readiness at age 5 and also later school outcomes. We have recently begun this piece work.

Appendices:

Appendix A: First 21 Months

- model of change
- principles of practice
- summary of pilots

Appendix B: 2 year old entitlement

- LA ranking
- Summary tables

Background papers:

www.islington.gov.uk/free2 (information on the 2 year old funded offer)

http://www.islington.gov.uk/services/children-families/cs-about-childrens-services/early_years/2-Year-Old-Offer/Pages/integrated-review.aspx (further information on the integrated review)

<https://www.youtube.com/watch?v=23RVKbHNq0I> (integrated review film)

Final report clearance:

Signed by:

Corporate Director of Children's Services

Date:

Received by:

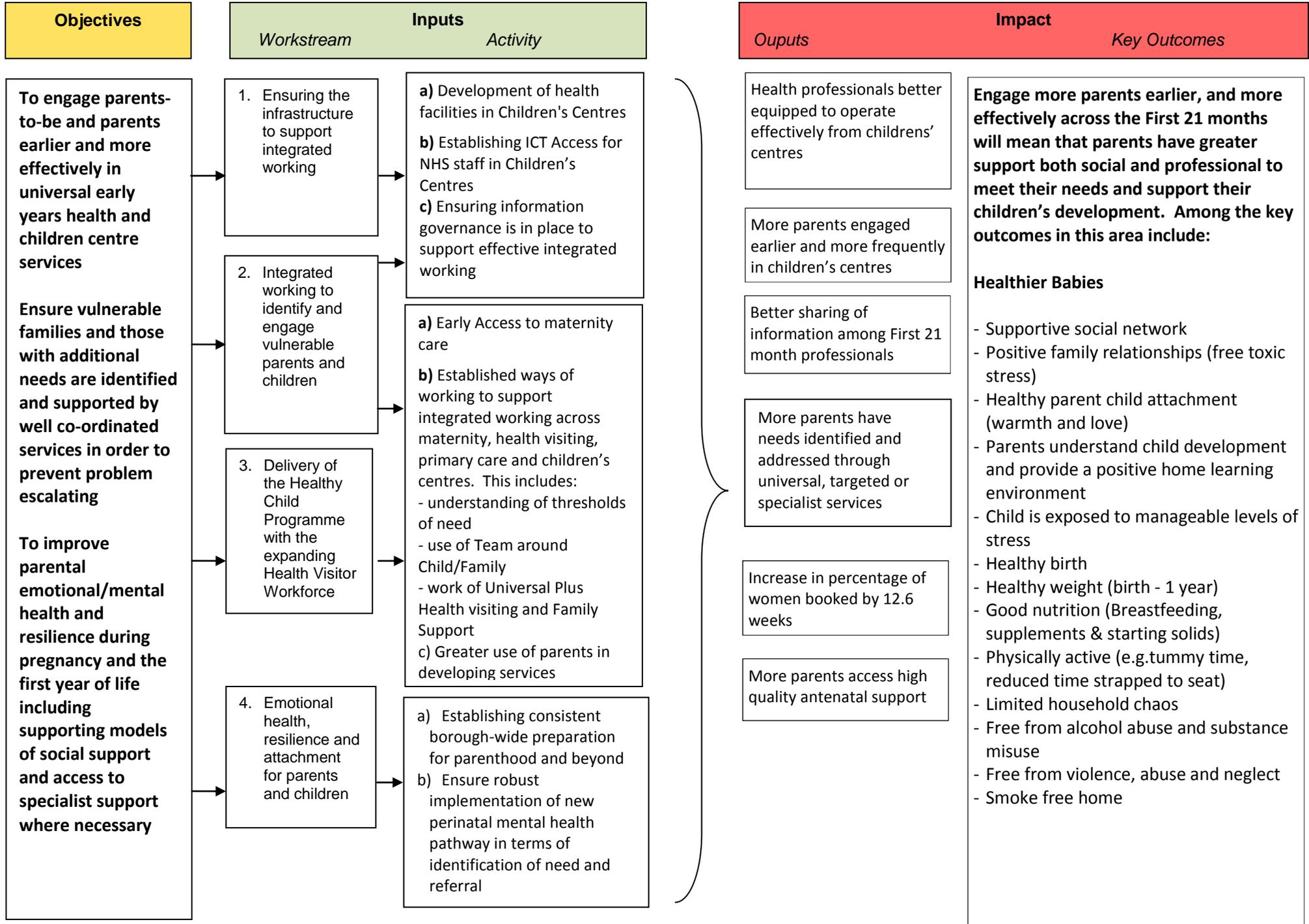
Head of Democratic Services

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First 21 Months – Model of Change

APPENDIX A



First 21 Months

Principles of Practice that underpin a high quality First 21 Months system

This describes the characteristics of a First 21 Months system and professional ways of working within that which achieves the best outcomes for children and families, building resilience, identifying the need for support and addressing it where needed.

At the centre of the First 12 Months is the child, family, community and home. This recognises this as the primary place where outcomes shaped is in this context.

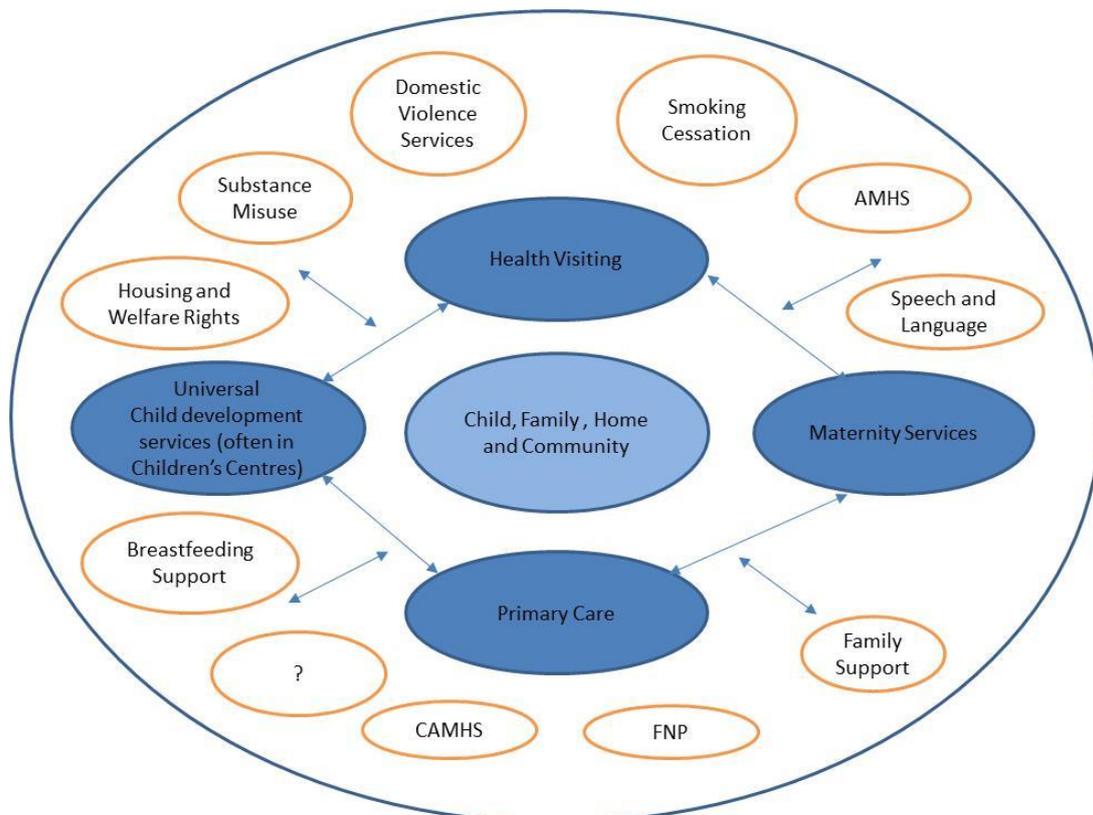
Outside these are a set of services that we consider the core universal services that support all families, act as the foundation for providing resilience to families, and the places that primarily identify further need.

Beyond these are set a set of services that some families require some of the time. These are specialist services and require a strong functioning universal core to ensure that the right families are referred and supported to access them.

By the First 21 Months system we are predominantly referring to a core set of universal services around the family, the links between them and the links to specialist and targeted services.

By First 21 Months professionals we mean all those who work within the First 21 Months universal system.

Figure 1: The First 21 Months System



Principles of Practice

An effective First 21 month's system is one in which:

- 1. Services are well understood by the population, they understand what is on offer, make good use of it, and feel well supported by it.**
 - 2. The system encourages family resilience by providing high quality advice and support across key areas of need in the First 21 months and by facilitating networks of informal support.**
 - 3. Information is shared appropriately to ensure that vulnerable families have their needs met no matter where they are in the system.**
 - 4. Professionals maximise the opportunities to identify vulnerable families, give support where possible, and make referrals where appropriate.**
 - 5. Professionals have access to high quality, robust data, evidence and training to inform practice.**
- 1. Services are well understood by the population, they understand what is on offer, make good use of it, and feel well supported by it.**
 - a) Parents have a full understanding of the ante and post natal offer in their area
 - b) Parents know who they can turn to when they need support
 - c) The Children's Centre offer is communicated effectively sufficiently and in the best way, particularly for those who may be most reluctant to engage
 - d) Are fathers being engaged sufficiently
 - e) Parents are consulted and involved in developing services
 - 2. The system encourages family resilience by providing high quality advice and support across key areas of need in the First 21 months and by facilitating networks of informal support.**
 - a) Children's centres have up-to-date information on children born in their area
 - b) Health visitors able to and giving adequate support to those who need it most
 - c) Children's Centres know who their non-registered population are and who are registered but infrequent attenders
 - d) Children's centres able to reach out to those for whom English is not their first language
 - e) Children's centres making sufficient use of peers to engage potential users
 - 3. Information is shared appropriately to ensure that vulnerable families, have their needs met no matter where they are in the system.**
 - a) Health visitors routinely finding out information about family vulnerability
 - b) Children's centres be informed about families with vulnerabilities in their area
 - c) GPs share information with others in the First 21 Months system
 - d) Multi-agency meetings whether based in health or children's centres sufficiently meeting the needs of all professionals in the system

- 4. Professionals maximise the opportunities to identify vulnerable families, give support where possible, and make referrals where appropriate.**
- a) We using sufficient opportunities to proactively identify vulnerability particularly around mental health and parenting
 - b) Professionals are able to identify mental health issues even when not proactively attempting to
 - c) Professionals understand and use the referral pathways available for the range of targeted and specialist support
 - d) Professionals know whether targeted and specialist support is being accessed
- 5. Professionals have access to high quality, robust data, evidence and training to inform practice**
- a) There sufficient capacity to deliver the necessary offer appropriately given need
 - b) First 21 Months professionals operate in learning culture which embraces evidence, data and reflective practice and takes necessary steps to ensure these inform practice development
 - c) Are Health professionals able to access their records when seeing people in children's centres
 - d) Do we have the right metrics as a system to understand how effective we are being in meeting need
 - e) Are children's centres data systems as accurate as they can be
 - f) Are systems in place to ensure where pregnancies are not carried to birth or where there are deaths these records do not appear as children in children's centres data system



ISLINGTON

FIRST 21 MONTHS – Children Centre Learning pilots summary - March 2014

Public Health Islington and Islington CCG have jointly funded 4 Children Centre cluster areas to be Learning Pilots for the first 21 months programme. Pilots are intended to be sites of developing best practice with funding providing additional capacity and support to Children Centres order to help them build on and extend existing good practice within centres. The pilots will develop evidence based best practice models and ways of working the can then be implemented across the borough. . Funding is for 2 years and an independent research evaluation will be commissioned to evaluate the success and learning from the Pilots in order to help embed practice across the Borough. The Cluster areas funded are Canonbury, Finsbury, Highbury and Holloway. The focus of the learning pilots is to improve how services work together by developing a seamless model of care, from early pregnancy through to the first year of life, that is well communicated and coordinated, promotes access and offers help earlier to parents to be, parents and their children.

Pilots will do this by:

1. Building upon the evidence-based good practice amongst professionals from children's centres and key services in order to engage with parents and families earlier, including in pregnancy,
2. Improving communication, information sharing and links between general practice, midwifery, health visiting and other services in order to provide more holistic and seamless care and support for families.
3. Increasing engagement of parents to be/ parents from target families (or families with most to benefit from services) and their children and/ or women with high risk pregnancies and their partners depending on the need within their locality
4. Increasing engagement of fathers and fathers to be from above families.

Each Pilot site has identified a particular focus and project to develop that will help them deliver the above objectives. They are led by Children Centres with strong involvement from health services from UCH and Whittington especially midwifery and health visiting services but also CAMHS and speech and language therapists.

The table below sets out the specifics areas of work the Pilots are focusing on and who is involved.

	Holloway Cluster	Highbury Cluster	Finsbury Cluster	Canonbury Cluster
COLLABORATIVE WORKING	F21M project will develop a Charter of good practice Improved identification and follow up of vulnerable clients at antenatal and post natal clinic	F21M workshop and steering group	F21 Workshops and steering group Develop a Charter of good practice Improve partnership working with UCLH midwives and health visiting	Identify at an early stage vulnerable pregnant women No F21M steering group? AST meeting-asked Ana for more info Improve partnership working with midwives
COMMUNICATION	Improving communication with clients in target group and dissemination of relevant information	Producing resources on local services First 21 month project co-ordinator to lead on partnership working with health	Develop welcoming and enabling environments for ante and post natal services, improved publicity and promotion	Referral system in place and shared with UCH and Whittington. Information shared at GP meetings and all referrals discussed at MAM meetings
DATA	Data and Publicity Officer to cleanse EYMIS Effective systems database, record and track contact for all families	First 21 month project co-ordinator to evaluate data relating to expectant parents and impact	Mapping and data analysis	Create a system for registering parts to be at the centres from first booking appointment. Record number of referrals
STAFFING	Employ 3 x p/t project outreach workers plus Data officer (7hr each post)	Employ project co-ordinator to evaluate activities, produce data and improve partnership working	Additional admin support (10 hrs a week) to support the pilot ,data entry and analysis	Additional MCA (Midwifery support worker) 1 day per week
OUTREACH	Additional outreach worker/s to deliver new birth visits to all families where child not registered at 2-3 months	Breast feeding supporters on each social housing estate for targeted support	Develop role of new Maternity Support Worker post and visits to women identified as needing more support	Ante-natal home visits to all target women from 20 weeks gestation.
GROUPS	Development of targeted post natal wellbeing groups. Establish weekly group with psychologist (across cluster)	Engage with parent's to be through running groups, producing resources on local services	Develop antenatal & postnatal offer based on parent feedback and good practice	Run breast feeding drop-in session alongside post-natal clinic Develop ante natal/post natal support groups ie. parentcraft (with CAMHS and child psychology)
TRAINING	Multi-disciplinary training on EEPF ante/postnatal interviewing Techniques used to increase identification of vulnerable women group.	Breast feeding supporter training	Training parent interviewers to find out parents experiences of maternity pathway by Commissioned organisation	Staff training on perinatal mental health

APPENDIX B



Early learning for two-year-olds

Islington

In February 2015 Islington reported take-up of the entitlement to early learning for two-year-olds as 55% or 644 children.

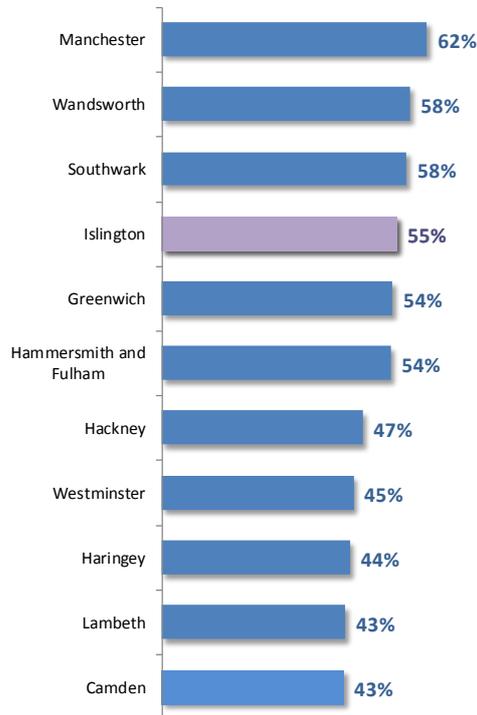
This is a change of 7.3ppts from October 2014.

Within the London region the average take-up was 50%, placing Islington 12 out of 33.

Within statistical neighbours the average take-up was 54%, placing Islington 4 out of 11.

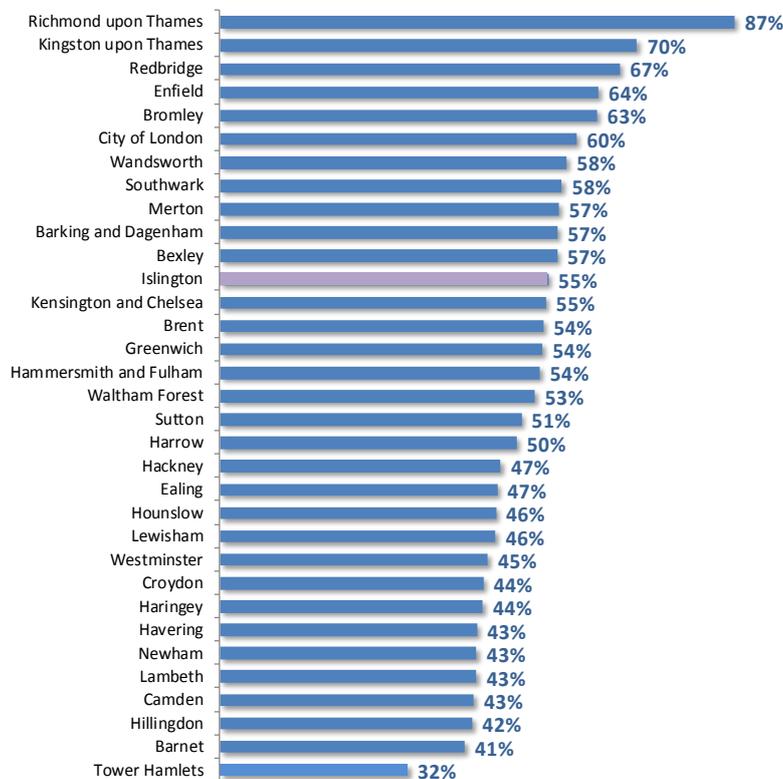
Nationally the average take-up was 62%, placing Islington 119 out of 152.

Statistical Neighbour Take-up - February 2015



Take-up rate based on DWP eligibility list - November 2014

London region take-up - February 2015



Summary tables

Table 1: Cost per place summary

Phase	Status	P/T places	£ /place
Phase 1	Open/nearly open	653	4,380
Phase 2	Nearly open	24	5,989
Phase 3	Planned	106	9,736
Phase 4	Potential	104	12,500
TOTAL		887	

Table 2: Current estimated shortfall of places

Table 2: Current estimated shortfall of places	
Cluster	Shortfall
Hornsey South	-140
Holloway	-110
Canonbury	-87
Finsbury	-83
Highbury	-40
Hornsey North	-36
Barnsbury	-15
TOTAL	-512

Table 3: Capital funding position

Source	£
LBI	1,100,000
DSG	600,000
DSG 2015	1,000,000
CIL	700,000
DFE	797,673
Total	4,197,673
Existing and current schemes	-1,787,635
Schemes in feasibility	-1,032,000
Potential new schemes - costed	-1,300,000
Balance after new schemes	78,038
New schemes as yet un-costed	7

Table 4: Current provision summary:

Type	% of places*	% good or better
School / Nursery school*	43%	100%
PVI	29%	87%
CC	28%	76%
TOTAL	100%	90%

*Nursery schools counted as schools