

EXECUTIVE SUMMARY

This is a summary of the key findings of the Best Value Review Children 0-9 Vision Report. It should be noted that the Vision report was written prior to the publication of the Green Paper “Every Child Matters”.

1. Introduction & Services Covered

The Local Government Act 1999 puts a duty on local authorities to carry out Best Value Reviews on its services in “the continuous search by a Council to improve the quality, efficiency and effectiveness of all its activities for the public”.¹ This Best Value Review about children aged 0-9 inclusive has an emphasis on early intervention and family support, and has been managed and carried out on a multi-agency basis. It cuts across service area boundaries to include:

- Housing & Social Services (Family support services, family centres, child protection functions)
- Lifelong Learning (Early Years Education, school based family support, Access departments)
- Health
- Voluntary organisations
- Funded initiatives (On Track and Sure Start)

2. Links to other work

There are a number of projects, initiatives and government directives, whether specific to Luton or national, which link to this Best Value Review. For example, there is:

- Extended Schools (DfES),
- Identification Referral and Tracking (CYPU)
- Children’s Centres (DfES)
- Local Preventative Strategy
- Children’s National Service Framework (DoH)
- Behaviour Improvement Project (DfES)
- Integrated Children’s System (DoH)
- Laming Enquiry into the death of Victoria Climbié.

In addition, this Review has been aware of, waiting for, and to some extent has anticipated the publication of the Green Paper on services to children at risk. This Green Paper was initially due in the Spring but was not published until September. The consultation period for the Green Paper ends on 1st December 2003. The suggestions and firm proposals within “Every Child Matters” indicate that there will be a significant restructuring of services to children and families. The work of this Best Value Review will inform the Luton response to the consultation and will provide a sound foundation for the implementation of change.

¹ *Modern Local Government: In Touch with the people*, DETR (1998)

3. Key Issues of the Review

Key issues for the Best Value Review – Children 0-9 which were identified at the Scope Stage² take on board the growing awareness of the types of risk factors that limit children's chances of enjoying a successful childhood and the Government's increased emphasis on addressing these. They are:

Issue 1:

Actions from last year's best value review: Plans arising from the Best Value Review of Services to children 10-18 which overlap with this review are:

- Action 3: Through the LGA "Pathfinder" project, to further develop interagency working at an earlier stage of intervention with the South Asian Community.
- Action 5: Develop family group conferencing service and kinship care strategy
- Action 9: revise the interagency funding arrangements between social services, lifelong learning, and, newly formed health trusts.
- Action 10: Add to the corporate recruitment strategy in respect of children's services, specifically looking at short term inducements and long term strategy of "apprenticeships" and training.
- Action 12: In partnership with health and education, to produce new information for parents and carers.
- Action 13: The Best Value Review 0-9 will take further the issue of improving interagency intervention at an earlier stage.

Issue 2:

Joined up services: How we organise and manage services at different levels to reach a shared understanding of a modern family support service with good communication and multi-disciplinary working across children's services.

Issue 3:

Improve on quality of services and outcomes for children without jeopardising current good practice and performance. This includes determining how culturally sensitive and accessible statutory services are, and how this can be improved.

Issue 4:

How **early intervention** can prevent longer term, high level interventions (be as successful as possible at secondary tier to ensure fewer children need tertiary tier services).

Issue 5:

Ensure **statutory functions** are provided and not compromised.

Issue 6:

Adapt mainstream services to replicate, on a longer term basis, beneficial outcomes that have been produced by targeted initiatives. To ensure **sustainability of these short-term funded initiatives** over the longer term.

Issue 7:

Look at if **cost savings** can be achieved in the longer term.

² Scope Report dated 14th February 2003

Issue 8

Not included at the Scoping stage, a new issue identified at the Vision stage is to look at **definitions of what is a “child in need” and a “vulnerable child”**; to agree common understanding and terminology and for staff to obtain a clarity about overall picture of children’s service.

4. The Review Process



The following documents have already been completed for the review:

Terms of reference and **Project Plan (December 2002)**: Set the framework for the review and work plan.



Scope Report (February 2003): described the structure of services to children and the legal framework and gave a brief description of teams covered by the review; detailed government priorities and external context; listed corporate priorities and plans and gave high level social services performance assessment information and demographic information.

This next stage, the Vision Report, gives evidence and background information to inform the outcome of the Review, and lists options for improvement to address the key issues. The report has been divided into 5 Sections answering specific questions:



SECTION A: SERVICES FOR CHILDREN

-  What services are there currently to children aged 0-9 in Luton?
-  What do they cost and how are they funded?


SECTION B: DATA

-  What is the profile of all children in Luton, and those we are currently delivering services to?
-  How does Luton compare to other comparative authorities or an England average?


SECTION C: CONSULTATION

-  What do children and their families want or need?
-  How do staff within these services think that services can improve?

SECTION D: BEST PRACTICE

-  Are other authorities or initiatives across England providing excellent or innovative services that we can learn from?

SECTION E: CONCLUSION AND OPTIONS FOR IMPROVEMENT

-  Using the information available, how can we improve services and reduce costs?

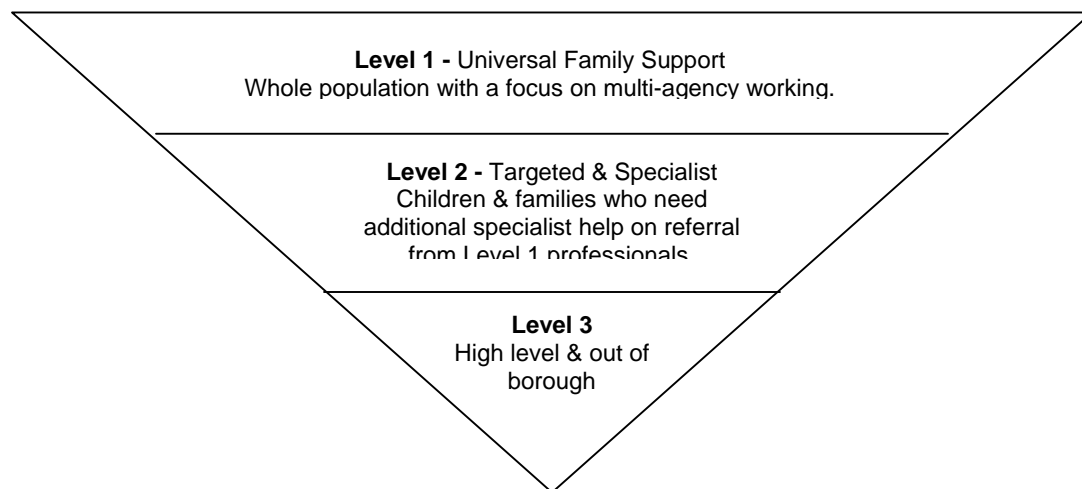
3. Service Mapping (Section A)

In addition to management committees such as that for On Track and Flying Start, there are 3 main strategic partnerships in Luton overarching children's services:

- ◆ Early Years Development and Childcare Partnership (EYDCP)
- ◆ Children's Strategic Partnership
- ◆ Area Child Protection Committee

A service mapping exercise identified in excess of 150 services or groups providing some sort of health or social care resource for children in Luton, whether voluntary, statutory, or short-term funded initiatives. 91 of these (60%) completed a questionnaire giving details of their service. These were put into a matrix across age and service type (*Page 16*), and more detail given (*pages 25 to 35*).

Services could be divided into three fundamental levels of need which form a model for service delivery, as illustrated below:



Key Findings from Service Mapping

1. Duplication of interventions to be addressed – family support services are being provided through a wide range of providers.
2. Short term funded projects providing family support to be moved to mainstream budgets.
3. Address overload on social services teams.
4. Better co-ordination of services needed – there is no current consensus about how services are grouped and there is no structure in Luton.
5. No or few universal family support services for children aged 0-2.
6. No or few family support services outside office hours.
7. No organised system of signposting services or service directory.

5. Data (Section B)

An overall picture of children in Luton was obtained from demographic and service data, with comparisons to similar authorities where possible. Key messages from data are given below.

1. Demographic

- ◆ Although Child Population is forecast to fall, housing development within Luton may negate this decrease.
- ◆ There is an increasing number of asylum seekers
- ◆ An increasing percentage of children are from ethnic minority groups
- ◆ Luton has pockets of high deprivation and child poverty.
- ◆ High density population means that although access to services should be less of a problem than in rural areas, it also means there is very little space for developing or extending new services/centres.

2. Education

- ◆ Children do not necessarily attend their catchment area school and capacity is such that sibling groups are sometimes split across Luton.
- ◆ There is a high proportion of school children aged 0-9 who have English as an additional language and who are from ethnic minority groups. This is, however, local to certain areas.
- ◆ The concentration of minority ethnic pupils in particular schools is more intense than the general pattern of population in the town would suggest. The Ofsted Thematic Inspection on Community Cohesion in Luton suggests that “this pattern of schooling is not obviously conducive to mutual understanding across the complex patterns of ethnicity in the town”³.
- ◆ Attainment in Luton is progressing significantly but still below national average.
- ◆ Exclusions and absences very low compared to nationally.
- ◆ There is significant investment in early years.

3. Social Services

- ◆ The number of children looked after and on the child protection register is higher than the England average, with the number of children looked after remaining looked after for longer.
- ◆ Outcomes for looked after children are good and they are achieving educationally, in respect of health outcomes and rates of offending.
- ◆ Looked after children costs are higher than England average
- ◆ Number of children in need in Luton is similar proportion of the population to nationally.
- ◆ The majority of work carried out by social services teams falls within a statutory framework and often relates to Court work, Child Protection or looked after children, with less intense family support being carried out by other initiatives within the Borough.

³ Ofsted and Audit Commission Inspection by Brian Blake, HMI in November 2002 “Community Cohesion in Luton”.

- ◆ Although the proportion of children and families from minority ethnic communities accessing services has increased, families from Asian communities are still under represented as a percentage of the service users.

4. Health

- ◆ Luton continued to have a higher rate of still births and low birth weight babies than the England average, although neonatal death rates have seen a drop since 2000.
- ◆ Although neonatal deaths dropped – they are still very high.
- ◆ A considerable number of children are referred to, and seen by different health professionals during the year.
- ◆ There is a high rate of teenage pregnancy in Luton.
- ◆ There is also a range of support to families provided by voluntary groups which is not captured or recorded statistically.

6. Consultation (Section C)

Consultation has been carried out with the following stakeholders through meetings & discussions; 2 stakeholder seminars; newsletters & briefing notes; press release; brochures; focus groups (Arndale Drop In) Citizen's Panel telephone survey (134 parents reached).

- ◆ Managers and staff within all agencies & service providers
- ◆ Voluntary organisations
- ◆ General public, families and service users
- ◆ Schools & other pre-school education provision
- ◆ Unison (BV Core Group & Project Group)
- ◆ Councillors (Scrutiny Panel & Executive Portfolio holders who are part of Project Group & Project Board)

As well as the above consultation specific to this review, other national and local consultation relating to family support services has been researched (*page 88*).

Key messages from consultation:

1. There is a lack of awareness amongst both professionals and families of what services are available
2. Services and family support needs to be available out of normal office hours.
3. Parents can be empowered by provision of better parenting classes /information
4. Resources are not equal across services and in some are insufficient – recruitment and vacancy rates hamper provision.
5. Periods of transition in a child's life need better planning and co-ordination
6. School facilities are under-utilised
7. School catchment areas can be problematic

8. Use of family workers needs to be extended and recognised as a profession.
9. Access to services needs to be improved
10. Change is welcome but needs to be properly managed.
11. Some things being done now are moving in the right direction. Positive trend that things are done.
12. Schools and GP surgeries are still key contact points.
13. People like leaflets but we cannot keep leaflets up to date – need to find a way to do this.
14. Social Services Department recognised as not the main provider of level 1 family support services.

7. Best Practice (Section D)

Other authorities experiences of early intervention and multi-agency working were examined (*page 94*) and key messages obtained:

1. Convincing evidence that properly focused input into family support does produce positive outcomes.
2. There is considerable research into improving family support, early intervention and multi-agency working, but those authorities who are tackling this are doing it in different ways.
3. The Hertfordshire model may not be the way to go, although lessons can be learnt from their experiences.
4. There is still scope for more work on looking at some other authorities, such as East Riding and North Lincs.

8. Conclusion

Our overall aim is to focus on strengthening families, helping them to solve their problems and prevent family breakdown. We can do this by providing an integrated, cost effective family support service which offers early intervention, information, support and efficient access to specialist services as required.

Improvements in family support services need to be based on key messages from evidence gained during the review (service mapping, data analysis, consultation and research) and will also be heavily influenced by the Government Green Paper “Every Child Matters”. The groundwork for change, whether radical or not, has been set by this review and a model for an effective family support service (it’s drivers and outcomes) has been drawn from the evidence gained (*page 100*).

In arriving at an overall model for the future delivery, we are acutely aware that there exists no simple solution to providing the most effective and efficient family support service which will prevent the longer term, more costly interventions of children who have multiple high level needs (eg looked after, child protection and offending).

Challenging the options

An Options Paper based on the key issues of the Review formed the basis of a “challenge”. It provoked debate about why we do things? How could we do it better? The Options and results of debate are given in Appendix 2 of the Report and together with the evidence gained during the review, form the basis of 5 recommendations. The issues identified at the start of the review have been re-considered along-side the recommendations below.

9. Recommendations

Recommendation 1: Linking Local Family Support Provision Across Luton

Universally accessible and locally provided early intervention/family support services have a major role to play to ensure that children’s needs are identified and met at the earliest possible stage.

- (a) These services should be provided through multi-agency teams located within a defined geographical area to support close working relationships with schools, GP’s, community representatives and groups, each team to be led by a manager with an area co-ordination responsibility. These would be teams of workers, operating at the first (level 1) stage in terms of intervention who will operate co-operatively but need not be physically based together. The YOT model is one possible structural model but other models may need to be considered at the implementation stage.
- (b) Support Workers based in schools and managed by Head teachers should have a key role in these teams.
- (c) The present complex management arrangements for support workers (through Flying Start; On Track; Children’s Fund), and partly funded by specific Government grants, should be replaced by a single mainstreamed service provided either by the local authority or a voluntary sector provider.
- (d) The number of these multi-agency teams will be determined by resources, as there is a need to keep management and overhead costs to a minimum, but 3 teams appears, on the data collected to date, to be an optimum number.
- (e) There is no way of dividing the Borough geographically that meets every requirement and avoids all difficulties, but links to Area Committee areas may have some advantages in terms of devolution of resources and democratic accountability. (i.e. for 3 teams each team would cover area of two area committees) but the use of IRT will enable us to allow maximum flexibility of access so that boundary issues are not a major problem.
- (f) The possible links between the multi-agency teams and the new Children’s Centres (when developed) should be planned for and the Centres could provide an ideal

operational base for the teams and family support functions. These functions are described in more detail in page 103 of the report.

Recommendation 2: Referral Routes and support from specialist services

- (a) The multi-agency teams, operating at level 1 will need access to high quality support (advice, information, co-working etc) from a range of qualified professional staff in Health, Education and Social Services agencies, operating at level 2. This support will enable them to deal with problems and needs normally outside of the range of non professionally qualified workers.
- (b) The level 1 teams will also need a clear referral route to pass to level 2 children and families requiring direct access to skilled professional staff able to provide complex assessments and services based on these assessments.
- (c) These level 2 services should also work co-operatively whenever a child requires the services of more than one agency, to provide a single access point, and a joined up multi-agency assessment and care plan.

Recommendation 3: Data Sharing and information – the platform for multi-agency working

The availability of a multi-agency service user database that will allow key data to be shared between all participating agencies is an essential prerequisite of the teams and services described in recommendations (1) and (2) The Identification, Referral and Tracking (IRT) model currently under development in Luton will provide the necessary software, IT and data sharing agreements to enable this database to be developed but this should be operational before the multi-agency teams are implemented.

“QUICK FIX” RECOMMENDATIONS

The two recommendations below can be implemented relatively easily and cost-effectively without waiting for full implementation, and would address some of the issues raised by parents and professionals.

Recommendation 4: Sharing Service Information

A complex multi-agency system of working will require a large amount of information to be shared between many agencies and people. To achieve this, arrangements for disseminating information (news, events, good practice examples, etc) need to be improved. This could take the form of a newsletter specifically aimed at this service.

Recommendation 5: Service Directory

Service users, agencies and a wide range of people involved in service provision will need to understand what services are being provided for early intervention/family support (level 1) and how to access these services. They also need to know how these level 1 services relate

to level 2 services and how the agencies co-operate and share data. A simple, user friendly service directory therefore is considered essential.

Having a service directory is also now a requirement of IRT, and ways this can be implemented to best advantage are currently being explored. In order to ensure it's success, certain preparation needs to be carried out across services:

- Shared understanding of modern family support service
- Shared training, information and cross-exposure.

10. Implementation

Professionals generally agree with the key issues identified and want to keep momentum going and ideas and concerns raised are included in the Review report (*page 107*). Evidence from practice demonstrates that change management will fail if leadership is not visible and clear in it's vision, team members do not work well together, change programme is poorly planned, communication is inadequate and culture is not taken into account

What happens next?

There are a few tasks outstanding which will be carried forward to the next stage:

- ◆ Visit to North Lincs/East Riding (being done in conjunction with Luton Futures)
- ◆ More detailed information on staffing structures and costs will be obtained at the next stage of the review.
- ◆ Completion of Equalities Impact Assessment.

As already stated, the review has been overtaken by the Green Paper and work required around this. Key future dates are:

6 th August:	Project Group sign off vision report
31 st August:	End of secondment of Project Co-ordinator
9 th September:	Project Board discussion re: recommended options and vision report
25 th September:	Final Vision report to CDMT Performance & Improvement Board and Scrutiny Panel
October onwards:	Once agreed, the focus, work and staff involved changes from Best Value Review to Family Support Implementation Plan, still using PORTAL project management and BV reporting, based on recommendations agreed and linked to work on Green Paper.