

Camden Sure Start: a new approach to early years services

Cllr Angela Mason CBE, Cabinet Member for Children



Foreword

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Cabinet Member for Children



This report sets out the initial findings of the review of early years services that I was asked by Cabinet to carry out at the beginning of the year. Although time has been short, I am indebted to the many organisations, staff, parents and academics who have generously contributed their views. I have found an appetite to think boldly about ‘whole-system’ service reform, as well as a real desire to preserve what is most valued in our present system and an understanding of the problems the Council faces in being forced to make savings of £73 million in the next three years.

Due to the financial challenges, the Council has to make some very difficult decisions about which services to continue investing in and where savings can be made. The Cabinet recognises the importance of early years services in tackling inequality by ensuring all children have the best start in life, so has committed continued investment of £25.5million up to 2017/18. The saving committed against this area is £1.5 million, and the purpose of this review is to look at how such savings might be realised by delivering services differently: focusing on the needs of the most disadvantaged in the borough, whilst ensuring improvement in outcomes for all children.

The review recommends that a new Camden Sure Start approach to early years services should be developed in Camden, to ensure that all children have the best start in life and, where possible, frontline services are protected and focussed on those in greatest need. The Camden Sure Start model would build on the principles of the national Sure Start programme; offering universal services, encouraging greater parent and community participation, integrating services and making services easily accessible to parents with the greatest need. This new model of working would create greater flexibility and integration to deliver services across community networks, according to local characteristics and need. The review proposes three key recommendations to achieve this model.

The first is an ambitious vision of a **new 0-5 early years service** for young children and families. It proposes an **integrated universal and targeted public service** forged from the relationships between maintained early years providers, hospitals, health visitors, midwives and GPs, childminders, family support workers, Job Centre Plus as well as our primary schools, the voluntary sector and, crucially, parents. The service would be based in our children’s centres, but delivered across a network of community buildings according to local need.

There is widespread agreement on the importance of the early years in a child’s development and the value of early interventions to support that development. Yet services

for young children and their families, such as midwives, health visitors, doctors and childcare providers, remain disconnected - something which is exacerbated by the fact they are often accountable to different national bodies with different funding streams, different standards and different data information.

This new approach would build on the recommendations of the Camden Equality Taskforce¹, by moving away from thinking about early years as predominately supporting a child or family with early education and childcare and moving towards a holistic support service which will create a 'no wrong door' approach. This would mean that whatever the point of access for parents, they would be able to find a service, or range of services, to meet their needs and those of their children. Supporting maternal employment would be a key priority in this new model of working.

I recognise that such system change will not be easy, but during the course of this review I found a real willingness to do things differently and some upcoming national policy changes will make this easier. Responsibility for children's public health has transferred to local authorities this year and responsibility for commissioning health visitors will be transferred from NHS England later this year. Within Camden, public health professionals are working with stakeholders on the first 1001 days programme to develop a significantly improved universal offer for 0 to two year-olds.

These national policy changes will help us move further towards our vision of a new, integrated 0-5 early years service, but we also want to build on those areas where an integrated service is already in development. Job Centre Plus will soon be working in five of our children's centres, alongside our own employability workers, to support women into training and work. This is a significant step forward and will support families to enter employment, or to continue in work or training. Our family support workers, based in children's centres, provide an impressive service supporting families with the multiple issues which, if left unsupported, can have an impact on

issues such as housing and overcrowding. I have also been impressed with the work of centres like Edith Neville in supporting parents to help their children learn. Being 'school ready' is crucial in setting the future trajectory for any child's development and future educational attainment. Too often we see children 'left behind' at a very early age. Therefore, a key proposal in this report is to develop an integrated 'two year check' with health visitors to identify any extra help that may be needed for children to become 'school ready'. It is also proposed that our primary schools and our Thomas Coram Centre play a greater role in developing expertise in our early years settings and delivery of the local offer in early years to support this crucial transition phase for children.

The second major recommendation of the report is the proposal to move away from a focus on single centre delivery to a Camden Sure Start **networked locality model** based on the achievement of common outcomes. The proposal is that in the existing localities there should be a lead centre acting as a base for the full range of integrated services, which would enable a clear focus for services on local need and priorities, supporting those who are most vulnerable. In this model, lead centres would remain registered children's centres working with a variety of other maintained and voluntary providers, including community centres and schools – all of which would be best placed to understand and develop a local needs-led offer. Other provision, such as drop-ins², would also be linked within local networks. I believe there would be a role for all existing providers, but consultation would take place on the distribution of funding and functions within localities. We envisage the local knowledge of the children's centre advisory groups, chaired by parents, would be critical when developing local action plans.

¹ Camden Council (2013), Camden Equality Taskforce – Final report

² Drop-ins provide a range of play activities for children aged under 5 and support to parents/carers to engage in their child's play and learning.

The third major recommendation is centred on re-addressing early education and childcare provision to be directed at those who need the most support. Unlike other local authorities, Camden has always prioritised high quality early education and childcare as a major part of its early years programme. We remain committed to providing **25 hours of early education and childcare for all three and four year-olds in our schools and maintained children's centres - this is 10 hours above the 15 hours funded by government.** In addition, Camden has provided subsidised places for children aged two or under. However, regrettably the scale of the financial challenge, coupled with the new statutory requirement to provide 15 hours of childcare for disadvantaged two year-olds, means that this review has had to consider the balance of such subsidised places. The report recommends an increase in the number of places available for disadvantaged children and parents in receipt of childcare tax credits and a reduction in the number of subsidised childcare places that are available for two year-olds and that places for children under the age of two would no longer be able to be provided. However, this would mean we are able to provide greater flexibility to parents whose children aged two are accessing the statutory 15 hours provision to purchase additional 'wrap around' hours of childcare. Camden does also have a strong childminder offer, which is currently underused so this review suggests the Council continues to work with high quality childminders to improve awareness of their offer and to create even closer links with local early years services.

All of the proposals noted above and in more detail in the report are subject to consultation and further transition funding of £372,000 has been set aside to deal with any changes that is agreed should be made. I am conscious that there is a wealth of experience amongst parents and providers and the consultation process will be an opportunity to fully utilise this experience in coming to an agreed way forward. This is also an election year and, whilst it is pleasing that all parties are beginning to understand the importance of early years provision, there are competing proposals being outlined by national political parties with very different financial implications. So the consultation that will take place after the election will also be able to take into account any changes in national policy that will impact on Camden's early years provision.

A handwritten signature in black ink that reads "Angela Merriman". The signature is written in a cursive style and is positioned to the right of the main text block.

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1. Executive summary

The Camden Plan:

“Ensuring all children have the best start in life through early intervention programmes”

“Creating accessible pathways to education, employment and training targeted at families with children in poverty”

“Supporting workers on modest incomes to stay in work by ensuring the affordable housing and early years support they need for their children is available”

1.1 In the context of declining public sector resources, the review of early years services in Camden sets a vision for the transformation of services to deliver the Camden Plan ambitions outlined above. Camden invests significantly in early years services and, despite cuts to the Council’s budget, is determined to ensure that providing children with the best possible start in life remains a priority.

1.2 In order to achieve savings of £73 million over the next three financial years, the Council has embarked on a process of outcome based budgeting, to ensure that ongoing investment has the maximum possible impact on Camden Plan outcomes. In considering options for achieving budget savings, the vast majority of options that were rejected outright involved services for children and families. Initial savings discussions identified £2.75m of savings from the early years budget, but in recognition of the positive outcomes that early years services can have on a child’s life, the Cabinet decided to limit the early years savings target to £1.5million.



1.3 This does not mean, however, that the Council can carry on delivering early years services as ‘business as usual’. Current service provision needs to be reviewed to ensure that investment delivers the best possible outcomes for children and their families. In considering ways to do things differently, it is important to acknowledge the positive outcomes currently delivered by early years services. A high proportion of Camden schools and early years settings are judged by Ofsted as ‘good’ or ‘outstanding’. Outcomes for children aged 11 in Camden schools are amongst the very best in the country and the gap in outcomes³ between disadvantaged⁴ and non-disadvantaged pupils is far smaller than the gap nationally (Camden gap is 11% points, vs national gap of 17% points). However, there is room for improvement. Despite considerable investment Camden children are not as school ready as in other boroughs. Early Years Foundation Stage Profile results in 2014



show that a lower proportion of children aged five in Camden school reception classes and early years settings reached a good level of development⁵ than nationally (56% Camden, 60% national).

³ % pupils that achieve the expected level 4 in reading, writing and mathematics

⁴ pupils who are currently or who have ever been eligible for free school meals in the past 6 years or have been looked after for 12 months.

⁵ a good level of development i.e. at or above expected level in all prime and the literacy and mathematics learning goals

1.4 Within this context, in December 2014, Camden Council's Cabinet agreed to launch a review into early years services in Camden, to take place in January and February 2015. Appendix A provides the review terms of reference. This report summarises the findings of the review, which was led by Councillor Angela Mason, Cabinet Member for Children.

1.5 The review has explored current service delivery and used evidence from academia⁶ service professionals and service users to identify how the Council can use its resources most effectively to maximise outcomes for children and families while simultaneously reducing the cost of service provision. A full list of the settings, organisations, academics and parent

representatives Councillor Mason engaged with during the review is available in Appendix B.

1.6 The review recommends that a new Camden Sure Start approach to early years services should be developed in Camden, to ensure that all children have the best start in life and, where possible, frontline services are protected and focussed on those in greatest need. The Camden Sure Start model would build on the principles of the national Sure Start programme and the positive outcomes it has achieved, but create greater flexibility and integration to deliver services across community networks, according to local characteristics and need. The review proposes three key recommendations to achieve this model:

- **Develop a new integrated 0-5 service for children and families in Camden.** This should be a universal service covering health, early education and childcare, family support, employment support, child development and education. It should build on the work of the 2013 Camden Equality Taskforce, particularly the principles of 'no wrong door', making sure people receive the services they need at the earliest possible opportunity, whichever service 'doorway' (e.g. children's centres, GP surgeries, schools or others) they enter. This integrated service should ensure that families are supported through a pathway that is defined by their needs, not by the organisations working with them.
- **Move away from 'single centre delivery' to a model based on networked localities.** This model should have children's centre 'hubs' at its heart, but should see services provided across localities through a broader range of settings (e.g. community buildings and settings where the Council's early education and childcare offer is provided). The Council should take a lead role in strengthening networks of organisations providing early years services, so that jointly developed local service solutions, built around the family, can be developed to respond to local needs. Greater parental input in to how and

where services are delivered from would be key to achieving this new model of working.

Early years providers would be working to achieve common Camden Sure Start outcomes. This model would ensure that investment is focused on local need and key frontline services and management savings are delivered.

⁶ See Appendix B for a full list of academics Councillor Mason met with as part of the review.

- **Continue to commit to a balanced offer of universal and targeted early education and childcare.** The Council should continue to provide a high quality early education and childcare offer which supports the Council's commitment to parental, particularly maternal, employment, but should focus even further on providing early education and childcare to the most disadvantaged. In the current financial climate, the Council should accept that some

reductions will have to be made to the number of childcare places which are available to all parents at a subsidised cost.



2. Camden profile

“The most striking feature of this life stage in Camden is the high level of child poverty. 34%* of the borough’s children live in poverty according to the current government measure. This is higher than the national and London figure and the seventh highest of the London boroughs. Over two thirds of these children live in lone parent households.” Camden Equality Taskforce, 2013. *Figures in 2014 show that child poverty has reduced to 30%.

Demographics:

2.1 For readers to be able to fully understand the vision, the drivers behind this review and the reasons for many of its recommendations, it is important to consider the widely diverse demographic and socio-economic profile of the borough.

2.2 Camden is one of the most diverse places in the capital and the country. Stretching from Covent Garden to Hampstead and Highgate, it has a population of nearly 230,000 people and there is significant ethnic diversity, including large Bangladeshi, Somali and ‘White other’ communities (from countries such as Australia, France, USA, Italy and Poland).

2.3 Camden has high levels of inequality and contains some of the poorest and wealthiest neighbourhoods in the country. Wards in Camden including St Pancras and Somers Town, King’s Cross, Haverstock, Kilburn, Camden Town and Primrose Hill are all ranked within the most deprived 10% in England.



2.4 In 2012, there were 2,944⁷ live births in Camden and there were more than 13,000 children aged under five⁸. The birth rate in Camden has fallen over the past three years, from 13.1 to 12 per 1,000, but projections estimate that the under-five population will have grown by 3.5% in 2018⁹.

2.5 Nearly a third of all children under the age of 16 in Camden are living in poverty and nearly one in three (1,000) babies will be born into a family experiencing poverty. Over two thirds of children living in poverty are from lone parent households. More than 8,500 children under the age of 16 in Camden are living in families in receipt of income support or job seekers allowance. In May 2013, there were nearly 17,000 children whose parents were in receipt of housing benefit and, of those children,

17.8% were under five. Camden has one of the highest rates of children eligible for free school meals, with approximately one in four under five year-olds in school nurseries eligible. Camden's primary schools have the third highest proportion of children eligible for free school meals in the country.

⁷ ChiMat (March 2013) Child Health Profile – Camden, Public Health England

⁸ GLA 2012 Round of Demographic Projections 'Camden Development v2' (GLA 2013)

⁹ GLA 2012 Round of Demographic Projections 'Camden Development v2' (GLA 2013)

2.6 Overall unemployment in Camden was recorded at 3.2% in September 2014. The Camden Equality Taskforce (2013) found that low levels of maternal employment in London were one of the key drivers of inequality. Female unemployment in Camden has increased at a much faster rate than male unemployment since early 2008, and although this has recently fallen to 2.8% in September 2014, it is still higher than the pre-recession levels and higher than the Great Britain rate. Lone parent households account for 28.9% of all households with children in Camden. Fifty one per cent of lone parents are not in employment, 26.3% in part-time employment and 22.4% in full-time employment.

2.7 Camden also suffers from health inequality across the borough, with wards ranked within the 30% most health deprived in the country. Nearly one in five pregnancies are still not being registered with maternity services before 13 weeks gestation.

2.8 Looking at the health of children beyond their first year of life, despite immunisation rates improving, nearly one in five (600 two year-olds) are still not immunised against measles, mumps and rubella (MMR). Immunisation rates for two year-olds living in Camden are lower than the England average and by the age of five only 76.2% of children have received their second dose of the MMR immunisation. Obesity remains an issue in the under-five population, with 9.1% of children aged four and five years being classified as obese. More than a third of

five year-olds have one or more decayed, missing or filled teeth which is significantly higher than the England average.

2.9 It is for these reasons that the Camden Plan puts so much emphasis on tackling inequality and on providing Early Help to families and communities that have been experiencing the effects of poverty, sometimes over generations. Recommendations set out in this report have been developed to reflect the diversity of the borough and the challenges which families face, and aim to ensure that all children can have the best possible start in life.



3. Early Help through integrated services

“The early years are a crucial time for children’s development. It is a time of opportunity and the development of cognitive skills. The neurosciences tell us a baby’s brain is more plastic than it will be at any future point in his or her development. While it is never too late for children to benefit from an enriched learning environment, a key opportunity is lost if their development is not fully supported when they are very young.”

“The early years are also a time of first relationships. A warm and loving relationship with a sensitive and predictable care giver creates the context in which children develop positive expectations about themselves and others.

“Unfortunately, the first five years can also represent a period of heightened risk for some families. Even in the happiest of circumstances, the arrival of a new baby increases the family’s level of stress. Where families are already coping with adversities, such as economic hardship, parental mental health problems or domestic violence, it is likely the stress they experience is much higher. The research literature tells us that if this stress is too high, or chronic, the child will be at substantially greater risk of social, emotional and physical problems as he or she becomes older.”

(Early Intervention Foundation, Getting it right for Families, 2014



The evidence base

Early Help and Early Intervention

3.1 Early Help focuses on making interventions at an early stage, once problems for children have begun but before they escalate. It involves taking a joined-up, multilevel, holistic approach to reduce the potential for poor long-term outcomes for children and their families. The case for developing an approach focussed on Early Help and prevention that improves outcomes for families, and boosts efficiency, is widely accepted. Graham Allen MP, in his independent report to the Government in 2011 on Early Intervention¹⁰ illustrates the impact that providing children with the right type of support in their earliest years, when they should achieve the most rapid development, can have:

- A child’s development score at just 22 months can serve as an accurate predictor of educational outcomes at 26 years.
- Some 54% of the incidence of depression in

women and 58% of suicide attempts by women have been attributed to adverse childhood experiences, according to a study in the US.

- An authoritative study of boys assessed by nurses at age three as being 'at risk' found that they had two and a half times as many criminal convictions as the group deemed not to be at risk at age 21. Moreover, in the at-risk group, 55% of the convictions were for violent offences, compared to 18% for those who were deemed not to be at risk.

¹⁰ Allen, G (2011), Early Intervention: The Next Steps, An Independent Report to Her Majesty's Government, Department for Work and Pensions and Cabinet Office

3.2 The Munro review of child protection calls for local authorities to take a greater focus on preventative services, providing Early Help to children and families and, consequently, reducing incidents of maltreatment. In relation to the provision of Early Help for children, Munro summarises three key messages:

- Preventative services will do more to reduce abuse and neglect than reactive services.
- Coordination of services is important to maximise efficiency and within preventative services.
- There needs to be good mechanisms for helping people identify those children and young people who are suffering or likely to suffer harm from abuse or neglect and who need referral to children's social care.

3.3 The Wave Trust report, Conception to age 2, found that the most effective interventions are often those that are: preventative as opposed to reactive; and address risk factors that are likely to result in future problems for particular families in advance, without waiting for those problems to emerge. Preventative interventions avoid stigmatising families and can be developed in conjunction with universal screening and provision from midwives and health visitors.

3.4 The Early Intervention Foundation has found that the foundations for a child's learning in school are significantly strengthened by improving his or her social and emotional skills and ability to communicate and manage his or her own learning behaviours in the early years. Evidence shows that investing in these areas contributes to an easier transition in to adulthood for children, improving job prospects, the health of relationships and mental and physical health. Evidence gathered through the Equality Taskforce also shows that investing in quality early childhood provides children with the non-cognitive skills they need to become productive adults.

3.5 The independent review led by the Rt Hon Frank Field MP on Poverty and Life Chances examined the best ways to reduce poverty and increase life chances for the most disadvantaged. The findings were clear that very early interventions are essential if children and young people are to overcome their disadvantage and go on to experience good outcomes. It found that interventions in the early years of a child's life were most effective in enabling disadvantaged children to meet their full potential. "Later interventions to help poorly performing children can be effective but, in general, the most effective and cost-effective way to help and support young families is in the earliest years of a child's life."

¹¹ Munro, E, (2011), The Munro Review of Child Protection: Final Report, Department for Education

¹² WAVE Trust, (2013), Conception to age 2 - the age of opportunity, Department for Education

¹³ Messenger, M and Molloy, D (2014) Getting it right for families: a review of integrated systems and promising practice in the early years, Early Intervention Foundation

¹⁴ Field, F, (2010), The Foundation Years: preventing poor children becoming poor adults

The first 1001 days: from conception to age two

3.6 It is during these first 1001 days, from conception to the age of two, that the foundations of physical, cognitive and socio-emotional development are laid, and this period provides the greatest opportunities to ensure all children have the best start in life and that inequalities in the health of our population are reduced. If we can get support during this phase right, the outcome is a triple dividend: “thriving lives, costing less, contributing more”¹⁵. This is evidenced in Michael Marmot’s work, as well as the Chief Medical Officer’s recent report (2014) on children’s health, which both highlighted the health and economic benefits of the right support during pregnancy and in the early stages of a child’s life. The impact that parental mental health (both before and after birth) and the nature of day-to-day relationships between the child and his or her primary care giver on a child’s development and life chances are also evidenced, as are the benefits of breast feeding, good hygiene and immunisation.



3.7 The Department of Health guidance on supporting the commissioning of children’s health services also highlights the importance of identifying and tackling issues associated with perinatal mental health. The guidance notes that this “is a key Government focus following the robust evidence on the impact of maternal mental health during pregnancy and the first two years of life, on infant mental health and future adolescent and adult mental health”. The guidance notes that maternal mental ill health is common (with one in ten mothers experiencing mild to moderate postnatal depression). It also highlights that most pre and postnatal mental health issues “go unrecognised, and are under detected and under reported”.

3.8 The Department of Health guidance further emphasises why it is crucial that parents are prepared for parenthood. It notes that there is “a significant body of evidence that demonstrates the importance of sensitive attuned parenting on the development of the baby’s brain and in promoting secure attachment and bonding. Preventing and intervening early to address attachment issues will have an impact on resilience and physical, mental and socio-economic outcomes in later life.” Better outcomes are achieved when parenting programmes start early in pregnancy.

¹⁵Early Action Taskforce, (2011) The Triple Dividend: Thriving lives. Costing less. Contributing more, Community Links

The Camden picture

3.9 Recognising the importance of Early Help and preventative services, children's services (children aged 0-19 years-old) provided by the Council are currently undergoing a significant transformation programme. Supporting parents and building resilience to prevent small issues from developing in to big problems is at the heart of this transformation.

Children's centres and health integration

3.10 In recognition of the importance of the early years of a child's life, the Council and local partners, such as the NHS, invest a great deal in early years services. New parents in the borough receive a visit from their midwife and their health visitor, their baby has a 6-8 week development health check carried out by their GP and they receive an invitation to attend a developmental check for their child at one year old. They may also receive breastfeeding support at their local children's centre or attend stay-and-play sessions with their child, where they can meet other local parents, develop friendships and receive support.

3.11 The list of services is comprehensive, but the review has found that models of public service delivery have evolved over time as and when new elements have been added to the list. Integration is at the heart of the model that the Council aims to deliver, but it is not yet fully designed-in to practices systematically enough and where it has been designed, it is often not yet well enough embedded in systems and ways of working.

3.12 In day-to-day interactions, the review saw much evidence of integration taking place as a result of good personal relationships between practitioners or because people 'happened to know' what was going on in other services. However, the review noted that all too often such opportunities occurred more by chance than by design.

3.13 Integration is not yet designed into shared systems consistently enough and is not sufficiently developed at a strategic level.

Effective collaboration is required at a strategic level with Camden and Islington Public Health teams, the Camden Clinical Commissioning Group (CCG), NHS Trusts and GPs in order to enable more systematic integration at an operational level.

3.14 The review found that GPs in particular would welcome a clearer picture of the nature of support services provided within children's centres, so that they can signpost more integrated packages of support and treatment to their patients.

3.15 The review found successful examples of effective, evidence-based joint working taking place between Council and health services. For example, the Council and the NHS have responded to evidence jointly, by developing a collaborative approach to improving dental health, immunisation rates, breastfeeding and nutrition. Work has also already begun to join up health visiting with children's centres and midwives from both University College London and Royal Free Hospitals currently offering appointments from children's centres.

3.16 Work has already begun to design deeper integration in to services which focus on the first 1001 days, from conception to the age of two. The Council is currently developing a Camden '1001 days programme', which seeks to further enhance work across organisational boundaries, including between children's services, children's centres, public health, the Camden Clinical Commissioning Group, NHS Trusts, and GPs. The programme recognises that active collaboration, for example, will identify how to improve provision and work in a more coordinated way to identify those with greatest need.

3.17 The '1001 days programme' has highlighted priority areas for action:

- Improving service collaboration: maternity services, health visiting, primary care and children's services need to work collaboratively to ensure that people are seen at the right time and in the right place.
 - Supporting healthy child development.
 - Supporting maternal health and wellbeing, including preparation for parenthood and beyond, and supporting maternal mental health.
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3.18 The transfer of responsibility for the Healthy Child Programme 0-5 to local authorities from October 2015, including the commissioning of health visitor services, is a key opportunity for promoting further integration among these services. Camden can learn from other Councils which have achieved greater integration with health visitor services. For example, Brighton and Hove City Council have decided to develop a fully integrated model with health visitors. There is a need to develop a Camden way of working, which creates the necessary conditions and consensus between partners to ensure that organisations work effectively together, both in terms of delivery, but also through strategic planning to support the best start in life for our children.



3.19 Good progress has been made in the last year to share data across providers of services, about the support an individual family is receiving and how this is impacting on health, learning and family engagement. This is enabling services to become even better at predicting which families are likely to need help and to plan services accordingly.

3.20 However, evidence gathered during the review suggests that more work is needed to improve how support is signposted to families to make sure those who need support can access it readily. There is also a need for further improving the sharing of information between professionals, and to make sure that health visitors, GPs, midwives, family support workers and children's centre staff all have a clear understanding of the services available, pathways into services and a shared process for referrals and getting access to the right interventions. This will help to avoid situations where families have to repeat potentially sensitive issues to numerous providers and can ensure that packages of Early Help and support are provided before issues escalate.

Integrated pathways of support

3.21 Engagement with early years staff suggested that more can be done to develop an integrated pathway of support across providers, so that those parents who may need additional Early Help can be identified and a package of support can be provided. The review recommends that situations where families have to repeat conversations with a number of professionals about the same issues can be reduced by having a team of people who work around the family, and (once permission to do so has been received) by sharing information between professionals far more effectively.

3.22 The review also noted that from the age of two, regular development checks become less frequent and are often more reactive; focused on particular interventions carried out by different professionals. This can mean that while a group of professionals may collectively know of some issues concerning a child or family that may

pose a risk to that child's development, there is no one place where all this is flagged up. The review proposes that this needs to be addressed, so that children who need support are identified to enable professionals to develop packages of support which meet the range of needs a child has in order for that child to learn and develop well. This is because if a child does not reach a good level of development by the time he or she starts school, it is likely that achievements later on will suffer as well.

3.23 The review believes that this gap of collective knowledge of needs could be addressed through an assessment for two year-olds in Camden. The responsibility for health visiting transferring to the Council creates the opportunity to develop a new, joint service, co-located in children's centres. This new way of working would deliver a more integrated package of support to parents and their children.

3.24 The review proposes that health visitors, who have often built up strong relationships with families, can play a key role in identifying families who require support. Every child in Camden is assessed by a health visitor, and where additional help and support is needed, this assessment provides an opportunity to prescribe an integrated package of support to families, be it related to mental health, parenting, housing, employment or benefits. The 'Family Nurse Partnership', a voluntary home visiting programme for first time mums aged 19 or under - and dads - from early pregnancy until the child is two years old, creates another opportunity to embed broader early years support services within local communities and there is compelling evidence from national research that it has a strong impact on outcomes for the child and for parents.

3.25 A joint multiagency developmental check for all two year-olds would give a good basis to identify children who may require additional targeted services in the future. This model can be developed and used as a basis for a single pathway for families needing support throughout childhood reducing the complexity of the current

model of transitions at key points and the provision of a range of different services requiring individual referrals. Interventions offered would be evidence-based with the progress made for the child and family recorded and evaluated. The approach can provide a range of locality-based and borough wide services.

Supporting maternal employment

3.26 Employment support services are already available in some children's centres, but these services are not available in all Camden localities. To support maternal employment, the review recommends improving the employability services that are provided in children's centres. This should be brought about by increasing the co-location of Job Centre Plus staff in centres and the networking between Job Centre Plus staff and other early years professionals particularly in identifying Early Help pathways for families.



3.27 In addition, the review found that a number of wider training and employment services exist in Camden, such as 'Women Like Us' and the 'Camden Parents First' project that are also aimed at helping unemployed mothers into work. The review proposes that there is much to be gained if the services that these organisations offer are aligned with the wider children's centre offer in order to further support maternal employment.

Therefore, the review recommends that to develop a more integrated offer for parents and children, which has a greater focus on Early Help, the Council should develop a new Camden Sure Start 0-5 service for children and families in Camden, which:

- **Develops a no wrong front door approach to local support.** A broader range of services should be provided across a Camden Sure Start network of children's centres, early education and childcare settings and other community buildings (expanded on in the networked and local support section of this report). This network will enable an integrated approach to delivering support and responding to the breadth of families' needs, such as health, housing, education and employment.
- **Co-locates health and council services at children's centres to deliver clear, integrated support pathways for families,** ensuring people access the support they need at the earliest opportunity. This would cover preparation for parenthood and midwifery through to supporting parents and carers in the development of their children's thinking, talking and learning.
- **Builds on work already underway to develop a greater focus on the first 1001 days** from the time of conception to a child's second birthday - the time period which we know has the greatest impact on a child's health and future life chances. The transfer of responsibility for commissioning health visitors provides an opportunity to consider how further integration can be achieved.

- **Works with health visitors to develop a new integrated ‘two-year check’**, so that issues concerning a family or a child that may pose a risk to development by the time he or she starts school can be identified, and any extra help that children might need to become ‘school ready’ can be provided.
- **Develops employability services in Council children’s centres**, to support mothers into employment.
- **Works with schools to look for opportunities to further develop the role they play in providing early years services**, helping children to become school ready and providing support to parents to help their children learn. There are also greater opportunities for schools to develop and share successful practices across settings. The review has

identified a particular need for sharing best practice approaches to tracking development and progress through early years into schools.

- **Continues to support the valuable family support service in Centres and maintained settings** so that families facing problems have access to expert practical and personal support.
- **Develops a better system for providing information to parents and other professionals on the services that are available in early years settings**. At the moment, this information is difficult to access and even some GPs appear to be unaware of services for young children that are being provided. This would include taking a more collaborative approach to signposting of services and an improved digital offer.



4. Networked and local services

The evidence base

4.1 Our approach to providing early years services needs to reflect local characteristics and address differential needs created by different levels of disadvantage and affluence across the borough. Evidence suggests that through taking a holistic, locality based approach, significant impacts can be made to children and young people's outcomes and that these improvements are likely to be greater than those that could be achieved through uncoordinated single-issue interventions¹⁶.

4.2 Save the Children argues¹⁷ that in order to develop an effective area based 'children's zone' approach, existing organisation structures must 'mesh' to facilitate partnership working and maximise the use of existing resources. Importance is also placed on areas having the flexibility to develop their own visions and working practices based on the need and characteristics of a local area, rather than being bound by existing arrangements.

4.3 The review suggests that by understanding local needs, a bespoke and integrated offer of services can be developed in response. When reflecting on some of the successes of Sure Start, Naomi Eisenstadt says that "A really good centre knows who's not coming as well as who is coming.... Health and housing are places to find the data. Put outreach workers in housing and see who walks in with a pram."¹⁸

¹⁶ Save the Children (2012) Developing Children's Zones for England

¹⁷ Save the Children (2012) Developing Children's Zones for England

¹⁸ Williams, R, The evolution of Sure Start: the challenges and the successes, <http://www.theguardian.com/society/2011/oct/19/evolution-of-sure-start-success> (19 October 2011)



The Camden picture

4.4 During the review, the value of the early year's services being provided from local buildings to families in Camden has been clear. As stated earlier in this report, there is a compelling case to be made for a stronger local presence for services for children aged five and under, which are tailored to local needs and circumstances.

4.5 The review therefore recommends that local networks of services are established that can collectively respond to local needs by developing and agreeing locally based offers. Their purpose would be to provide a 'pipeline' of support to children from 'cradle to school' – improving health outcomes, 'school readiness' and future educational attainment. It is proposed that these networks of services should be branded as Camden Sure Start and should all

work towards the same set of shared outcomes. As part of this, it is also recommended that the full range of local services and buildings should be utilised to their greatest affect, offering high quality early education and childcare and early years services such as ‘stay and play sessions’.

4.6 The Camden Sure Start model would build on the principles of the national ‘Sure Start’ scheme and the positive outcomes it has achieved, and create greater flexibility and integration to deliver services across community networks, according to local characteristics and need. Early education and childcare would continue to be provided at all of the Council’s existing children’s centres, but Camden Sure Start ‘hub centres’ would be developed within localities to provide a broader range of integrated early years services.

Localised network of support

4.7 The review proposes that local service offers should be developed to respond to the specific needs and characteristics of local areas. It is important that the full range of local assets are considered in the development of a more networked offer, so that services can be delivered in places which work best for the parents that are using them. This means, for example, that stay and play sessions could be delivered within a children’s centre, a community centre or in a school or health centre. The review recommends that the location of the services should be determined by the need of families in the area – making sure that services are available in convenient places to those who most need them.

4.8 To achieve this vision, local networks of early years providers need to have the freedom and flexibility to co-produce a Camden Sure Start service offer in their area. Stronger local networks with schools, community centres, early education and childcare providers and health professionals will need to be developed in local areas.

4.9 The children’s centres with the widest breadth of integrated provision should be at the centre of the system, with a range of other organisations working closely together to add value to the offer available. Council run Camden Sure Start children’s centre hubs should provide a range of important services at the core of the offer, but should be complimented by a number of other centres (Council or VCS run) and associated buildings such as schools and community centres operating in a wider network of services.

4.10 This model would enable the Council to make savings to the management overheads of running its network of children centres, by increasing the connectivity of the council-run premises and also better utilising other public or voluntary centres to provide public facing services.

Stronger links into schools

4.11 To ensure children are ‘school ready’ and educational achievement is maximised, the review recommends that schools need to have a much greater role in early years. There are already great examples of schools, such as Argyle Primary School, providing high quality early education and childcare and early years services, such as drop in sessions for parents and their children. In January 2015, the Government announced the provision of Early Years Pupil Premium (EYPP) funding for three and four year-olds. The aim of the EYPP is to close the gap between children from disadvantaged backgrounds and their peers by providing funding to early years providers to help them increase the development rates of these children.

4.12 The EYPP funding which has been allocated presents an opportunity to work much more closely with primary schools around the delivery of early years services. Primary schools are clustered around children’s centres across the borough and this, coupled with the introduction of the EYPP, creates the potential to develop a networked offer of early year’s services, in collaboration with schools, in order to allow services to be delivered to families who otherwise would not access children’s centre services and to ensure development and learning for these pupils progresses seamlessly as they transfer from early years into school.

Therefore, the review recommends that the council should move away from ‘single children’s centre delivery’ to a networked Camden Sure Start approach, building on the current locality model.

4.13 The review recommends that a new Camden Sure Start networked approach to early years services should be developed. The Camden Sure Start model would build on the principles of national Sure Start children’s centres and the positive outcomes they have achieved, but create greater flexibility and integration to deliver services across community networks, according to local characteristics and need.

4.14 The Council would move to a networked locality model to ensure that all children and parents wherever they are based in Camden, have access to the full range of services on offer. This would involve the development of lead children’s centre ‘hubs’ providing services across a network of local and community buildings.



4.15 Children’s centre hubs would be responsible for the provision of a comprehensive package of integrated services in geographical areas (as suggested in recommendation to develop a new Camden Sure Start 0-5 service for children and families in Camden). This would mean that a number of existing children’s centres would be de-designated, but would still be venues from which early education and childcare and children’s centre provision (based at hub centres) could be provided.

4.16 Crucial to any successful locality model will be the development of clearly understood outcomes in relation to children’s health, attainment and maternal employment. The work being undertaken by the Camden’s Children’s Trust in developing outcome indicators from ante-natal, to birth and young adulthood will be a useful basis for this work.

4.17 Each locality will be expected to create a yearly action plan for their area, which would record progress against a shared set of Camden Sure Start outcomes, identify gaps in services and ways of improving links with other services such as GP services and schools, community groups and parents networks.

4.18 As part of the move to this new model a new approach to the provision of drop-in sessions that are higher in quality and more cost effective would be developed, with greater focus on the needs of local communities.



5. Providing targeted and universal early education and childcare

The evidence base

5.1 The Effective Provision of Pre-School Education¹⁹ (EPPE) project, a longitudinal study of a national sample of young children's development (intellectual and social/behavioural) between the ages of three and seven years-old provides evidence of the benefits of pre-school experiences. The study found that there was evidence to suggest that pre-school experience, compared to none, enhances children's development. It also found that the duration of attendance is important, with an earlier start (under age three) being related to better intellectual development and improved independence, concentration and social ability.

5.2 In September 2013, the Government introduced 570 hours a year of free early education and childcare for the 20% most disadvantaged two year-olds in each local authority, which equates to 15 hours of free early education and childcare a week per child. In September 2014, the Government increased the eligibility of the scheme to the 40% most disadvantaged families. It is a statutory duty for all local authorities to provide the above hours of free early education and childcare to eligible two year-olds through their own provision as well as through private and voluntary settings and childminders.

5.3 The EPPSE (2004) study also found that disadvantaged children benefit the most from good quality pre-school experiences, especially if they attend centres that cater for a mixture of children from different backgrounds. Academics consulted during the review were clear that the outcomes for disadvantaged children, in particular 2 year-olds, were greatly improved through effective early years provision, but that the social mix of children was an important



factor in development. The authors of the Sound Foundations report²⁰ recommended good social mix in early year's settings, so that poorer two year-olds mix with other children and improve their social and language skills in the process.

5.4 The core purpose of a children's centre is to support "families in the greatest need" but the DfE's statutory guidance also makes it clear that "a children's centre should make available universal and targeted early childhood services"²¹. In practice, this involves making services available for everyone, with additional services for those with greater needs. The Local Government Association believes that the new emphasis on targeting would "enable councils to target local resources in the most cost-effective way when responding to local needs". We know the Council's current investment in early year's provision and early education is having a positive impact on outcomes for all children in

Camden. Despite evidence identifying children from deprived backgrounds as being more likely to be 'left behind' and not achieve their potential in education, in Camden schools the gap in outcomes²² between disadvantaged²³ and non-disadvantaged pupils aged 11 is far smaller than the gap nationally.

¹⁹ Sylva, K, et al, (2004), Technical Paper 12, The Final Report: Effective Pre-School Education, DfES / Institute of Education, University of London

²⁰ Mathers, S et al (2014), Sound Foundations, A Review of the Research Evidence on Quality of Early Childhood Education and Care for Children Under Three, University of Oxford / Sutton Trust

²¹ Department for Education (2014), Sure Start children's centres statutory guidance for local authorities, commissioners of local health services and Jobcentre Plus

Cost of early education and childcare

5.5 Caring responsibilities are a significant barrier to parental employment. Particularly in relation to the high cost of child-care in London, with The Family and Childcare Trust²⁴ finding the average cost of a nursery place in London in 2015 for children aged 2 and over to be 26% above the national average. The cost of a part-time nursery place for a child under two has increased by 32.8% since 2010 and a family paying for this type of care now spends £1,533 more this year compared to 2010 whilst wages have remained largely static.

5.6 The Camden Equality Taskforce (2013) found that London's low rates of maternal employment were primarily driven by the high cost of childcare, as well as the shortage of quality part-time and flexible employment.

5.7 There are lower levels of part-time opportunities available in higher level jobs, particularly in 'administrative and secretarial' and 'associate professional roles'. Many of the existing part-time jobs are below the national average, as a consequence of the fact that higher skilled jobs tend not to lend themselves traditionally to part-time working patterns²⁵. This leaves few good quality part-time vacancies available to parents: only 3% of vacancies in London are for part-time roles with a full-time equivalent salary of £20,000 or more, in sharp

contrast to the full-time market, where the majority of roles pay over £20,000. Mothers at the lower end of the labour market also face a substantially lower 'London premium' in their wages than those elsewhere, meaning that the gains of working compared with the costs are likely to be lower than elsewhere in the country.

5.8 Employment is a key factor in improving life chances for children and reducing child poverty, however, when the enormous expense of childcare is coupled with London's lower rates of flexible work and a lower pay premium for part-time work (the types of work many parents prefer), parents are carefully weighing their options when balancing work with their caring responsibilities. The Camden Equality Taskforce found that many parents, primarily mothers, find it difficult to return to work and this, in turn, has a knock-on impact for household incomes. There is a nine percentage point gap between the rate of lone parents working in London and the UK average (49% vs 58%), and a 14 percentage point gap between working mothers living in couples in London and the UK average (58% vs 72%).

²² % pupils that achieve the expected level 4 in reading, writing and mathematics

²³ Disadvantaged group are pupils who are currently or who have ever been eligible for free school meals in the past 6 years or have been looked after for 12 months

²⁴ Rutter, J (2015), Childcare Costs Survey 2015, Family and Childcare Trust

²⁵ Bell et al (2012) Driving Up Part Time Employment in London, Centre for Economic and Social Inclusion

5.9 Camden Council worked with the Child Poverty Action Group (CPAG) in 2013 to explore the potential for different models of investment in childcare and early years to support greater levels of maternal employment. CPAG undertook a series of focus groups with a mix of working and non-working Camden parents (the vast majority of participants were not in employment) to understand parents' perceptions of the extent to which childcare formed a barrier to employment. Evidence from the focus groups found that availability of childcare was one of a number of factors influencing parents' decisions

about balancing paid work and care. Perceptions of the participants made it clear that in order to justify time spent away from children, work needed to be seen as ‘worth it’, both financially and in terms of the level of additional stress it would cause the parent.

5.10 One parent said: ‘There is no point paying for childcare because when you work, if you don’t work 16 hours, because I had a job before and if you are on income support but you don’t work 16 hours, you only get to keep the first £20 of what you make. After the first two hours, you are working for free. If you have got to pay for travel and then pay for childcare, you are basically working for nothing, it is voluntary, there is no point.’

The Camden picture

5.11 The Council currently funds early education and childcare places which are delivered in Council run children’s centres, in schools, in private, voluntary and independent settings and by childminders

5.12 The Camden Childcare Sufficiency Assessment April 2013 identifies 295 early education and childcare providers supplying approximately 5508 places for children under five (see table 1).

Table 1: Childcare providers and places available (Childcare Sufficiency Assessment 2013)

Setting	Number of providers	Places available
Schools (three and four year-olds only)	33	994
Maintained children’s centres (including Thomas Coram Centre)	10	778
Private and independent sector	61	2680
The voluntary sector	20	594
Childminders	171	462

It is worth noting that most of Camden’s four year-olds are in reception classes that are not included in the above figures.



5.13 The Council currently provides a range of universal and targeted early education and childcare places across nine maintained children's centres. The council provides 336 three and four year-olds with 25-hours per week of free early education and childcare and parents have an option to purchase additional hours for 'wrap around' and during school holidays, which are subsidised by the council. There are 127 full-time (50 hours per week) places available to all children aged under three, which are also subsidised by the Council, regardless of parental income so that they are more affordable for families. The council also provides targeted early education and childcare places to those most in need, with 136 places of 15-hours per week targeted at disadvantaged two year-olds and 36 full-time places targeted at those classed as 'Children in Need' .

Continue 25 Hours of free early education and childcare

5.14 Increasing the levels of maternal employment in Camden is a key priority for the Council. To help achieve this, three and four year-olds in Council maintained settings (children's centres and schools) currently receive 25 hours of free early education and childcare for their three and four year-olds, which is 10 hours more than the national free entitlement offer.

5.15 Research undertaken by the Thomas Coram Research Unit in 2014 to understand the link between the 25 hours of early education and childcare in Council maintained settings and parental employment found that two-thirds of parents who responded (68.6%) said the current early education and childcare offer had helped them to seek, take up or continue work, education or training. Of those in employment, 82.6% said it was helpful. For mothers, 59 of the 89 (66.3%) who answered the question found the early education and childcare hours helpful in taking up or keeping employment, education or training.

5.16 In April 2104 Camden became the first 'Timewise' Council, signifying that a local authority is driving change in flexible working practices for their own workforce and across their wider community. The 25 hours of free early education and childcare plays an important part in supporting parents to take up employment and further supports the Council's work as a Timewise Council. The Camden Employment and Childcare conference (2013) highlighted the significant potential for local authorities to play a leadership role in terms of flexible employment, shaping labour markets so that they better support parents into work.

²⁶ Children in Need is defined as a child: who is unlikely to achieve or maintain or to have the opportunity to achieve or maintain a reasonable standard of health or development without provision of services from the LA; His or her health or development is likely to be significantly impaired, or further impaired, without the provision of services from the LA; He or she has a disability.

5.17 Building on the evidence base and recommendations of the Equality Taskforce, the review proposes to continue to invest in the offer of 25 hours of free early education and childcare to parents in our maintained settings.

Supporting disadvantaged 2 year-olds

5.18 The Council has a statutory duty to provide free early education and childcare for disadvantaged two year-olds. In December 2014, the Department of Works and Pensions estimated 930 disadvantaged two year-olds eligible for a place, with 482 families with eligible children who had applied for a place. Approximately 40% of all disadvantaged two year-olds benefitting from free early education and childcare in Camden were in children centre settings. Under current arrangements, the Council is meeting its statutory duty, however there is insufficient capacity to offer a place to every eligible child, should their parents require it.

5.19 Based on the evidence gathered through the review, it is proposed that the Council's early education and childcare provision should focus more on supporting disadvantaged children. It is these children whose lives are most transformed by high quality early education and childcare provision.

5.20 The review recommends that the Council should create further places within its own children's centres for children who are in receipt of the national offer of 15 hours a week of free early education and childcare.

5.21 To support the Council's priority on maternal employment, the review recommends that subsidised wrap around places are offered to parents of disadvantaged two year-olds who move into work. Greater flexibility should also be provided to these parents, to allow them to spread their 15 hours of free early education and childcare provision across the week to support those who want to work part time. This would mean that finding work for parents would be a 'step up' and not a 'trap door'.

5.22 To deliver this, the review proposes that there would need to be fewer subsidised early education and childcare places for two year-olds which are currently available to all children, regardless of parental income, in Council maintained settings. In order to manage the demand on a reduced number of sold early education and childcare places for children aged two and ensure places are targeted at those who are most in need, it is proposed that these places are made available to families who are in receipt of tax credits and who meet an income threshold which will be determined at the time of implementation. The review recommends that the Council continues to subsidise early education and childcare places at the same rate, in order to make sure that they continue to be affordable to working parents. Transitional funding agreed in the 2015-2018 Financial Strategy should be used to ensure that there are adequate resources for the children currently receiving early education and childcare to complete their places.

5.23 The Council also currently provides community and voluntary sector organisations with community nursery grant funding, to contribute towards the childcare offer. The review proposes that in order to deliver agreed savings targets and to re-shift focus on providing more disadvantaged two year-olds places, the Council should work towards phasing out the provision of nursery grants. Transitional funding, agreed within the Council's 2015-18 Financial Strategy, should be used to ensure that the move to the new model of early education and childcare in community nurseries allows time to develop new delivery models.

5.24 This approach should be carefully developed, as part of the Council's broader programme of voluntary and community sector funding changes, so that support is provided to ensure the sector remains strong in Camden.

Childcare places for children under two and childminders

5.25 To provide more early education and childcare places for disadvantaged two year-olds, the review suggests that the Council can no longer provide childcare places for children aged under two.

5.26 Evidence gathered through the review suggests that childminders in Camden can provide an affordable childcare option for parents. Camden's Childcare Sufficiency Assessment 2013 shows that there are 171 childminders (as of January 2013) who provide 462 early education and childcare places in Camden, at an average cost of £6.34 an hour. Due to the complex pricing structure and bandings of PVI sector providers, the assessment was unable to establish an average cost for comparative purposes, however, the Daycare Trust's Childcare Cost Survey 2015 found 50 hours of early education and childcare for children 0-two years-old in London to be 5% cheaper than a nursery setting.

5.27 Despite evidence demonstrating that childminders are a more affordable option for many parents, perceptions of childminders can create a barrier to parents accessing childcare places with childminders. Recent research (January 2015) conducted by the Council suggests that resident perception of childminders in Camden does not reflect the quality offer that many childminders in Camden provide. For example, 59% of residents interviewed whose two year-old children are eligible to receive the 15 hours of free early education and childcare provision said that that they would not use a childminder.

5.28 The review recommends that the Council should support high quality childminders in the borough to develop and promote their childcare offer, to help improve local perceptions of this sector. This will include the development of an improved online offer (see point 5.29) and local 'meet the childminder' sessions which aim to increase parents understanding of the childminder offer. The Council should also continue to provide a programme of training to childminders which is easily accessible and of high quality. Stronger links should also be developed between childminders and local networks of early years providers.



Present the offer in an accessible way

5.29 It is important that the early education and childcare offer is communicated in an accessible way to parents. As part of this it is recommended that an online offer should be developed, to help parents who are looking to find childcare in the borough. This would be part of a broader programme of work to improve the way in which the Council provides advice on childcare options and signposts to early education and childcare providers.

Therefore, the review recommends that the council should continue to commit to a balanced offer of universal and targeted early education and childcare.

5.30 Build on the evidence base and recommendations of the Equality Taskforce, continuing to invest in the offer of 25 hours of free early education and childcare to parents of three and four year-olds in our maintained settings.

5.31 Shift the balance of the Council's early education and childcare offer, so that more two year-old places are available to disadvantaged two year old children who are entitled to the national statutory offer of 15 hours a week of free early education and childcare.

5.32 The increase in disadvantaged two year-old places needed to meet the statutory duty can be achieved by ceasing to provide subsidised places for children under the age of two and refocusing subsidised places available for two year-olds. These are currently available in two household income bands. The top band has no upper earnings limit and a greater proportion of these places are currently taken up by parents who are able to afford un-subsidised childcare. Therefore, the review recommends that subsidised places for two year-olds are maintained for parents on low incomes and for those that are transitioning into work.

5.33 Increase employability support provided in children's centres. Parents of disadvantaged two year-olds who find work and whose children are receiving the national offer of 15 hours of free early education and childcare in one of our centres, will also be able to purchase additional hours of early education and childcare at a subsidised cost. When their children become three years-old, they would be eligible for the free 25 hour offer.

5.34 Support high quality childminders in the borough to develop and promote their offer to a wider group of parents and help improve local perceptions of the childminder offer.

5.35 The review proposes that transitional funding (agreed in the MTFs) is used to support voluntary and community sector organisations who receive community nursery grants from the Council to develop more sustainable business models. Some voluntary sector providers may wish to explore models of childcare provision which are delivered by the voluntary and community sector without Council funding, such as that used by Queens Crescent Community Association.

6. Next steps

6.1 Cabinet will receive the review and its recommendations at its meeting on 8 April 2015 and will be asked to accept the recommendations and agree to initiate a period of consultation and engagement.

6.2 Cabinet will take final decisions after consultation and engagement have concluded, at which point there will be work with providers across Camden to develop new ways of working and design services together before they are taken forward to implementation.



Appendix A: Terms of Reference

The review will:

- Examine the breadth of early years' services in Camden and establish how best, within a reduced budget, we can continue to fulfil our statutory responsibilities and most appropriately meet the needs of families of children under five.
- Include services which are delivered by the Council or commissioned from external providers in any sector.
- Provide an arena to debate and discuss how structural and systemic reform within the local public service system can help us to better meet these needs.
- Be led by the needs of children and young people and focus on outcomes.
- Strengthen our evidence base by drawing on the expertise of academics, colleagues delivering services and those who have already developed alternative service delivery models.
- Provide an opportunity to work with the voluntary and community sector and private sector to develop a new approach.
- Make recommendations to inform the Council's future role in fulfilling statutory responsibilities, delivering the outcomes set out in the Camden Plan for families of children under five and making required savings.

The review will also build on, and be informed by, previous service reviews and improvement work undertaken by the Council.

Timetable

The review will be conducted in January and February 2015 and will need to deliver savings of £1.5m in a full year by March 2018.

Stakeholder engagement

The review will take into account the views of stakeholders including parents, private, voluntary and independent providers, schools, employers, academic experts, public health and the Clinical Commissioning Group.

Appendix B: List of all places visited, all groups and all experts consulted in the course of the review

Name	Description
Engagement with parents	Parent's council
Agar Children's Centre	Maintained children's centre, hub
1a Children's Centre	Maintained children's centre, hub
Harmood Children's Centre	Maintained children's centre, hub
Kilburn Grange Children's Centre	Maintained children's centre, hub
Konstam Children's Centre	Maintained children's centre
Regent's Park Children's Centre	Maintained children's centre, hub
Gospel Oak Children's Centre	Maintained children's centre
Hampden Children's Centre	Maintained children's centre
Langtry Children's Centre	Maintained children's centre
Brecknock Children's Centre	Commissioned children's centre (school)
Edith Neville Children's Centre	Commissioned children's centre (school)
Sidings Community Children's Centre	Commissioned children's centre (VCS)
Caversham Nursery	Other early education and childcare provider (VCS)
Coram's Fields Children's Centre	Commissioned children's centre (VCS) and community nursery
Thomas Coram Centre	Children's centre and nursery school
Children's Centres Advisory Boards (Euston, Kentish Town East, Kentish Town West, Kings Cross and Holborn, and Kilburn Priory Locality)	Chair / Representative for each Board
Dr Caz Sayer	Chair, Camden Clinical Commissioning Group
Dr Oliver Anglin	GP Clinical Lead for Children, Camden Clinical Commissioning Group
Jason Strelitz	AD Public Health
Anne Turner	AD Family Services and Social Work, CSF
Dr Eunice Lumsden	Head of Early years, University of Northampton
Professor Eva Lloyd	Co-director of the International Centre for the Study of the Mixed Economy of Childcare (ICMEC)
Professor Iram Siraj	Professor of Education at the Department of Early years and Primary Education at University College London
Professor Leon Feinstein	Director of Evidence, Early Intervention Foundation
Heads of Service	London Borough of Camden staff