

## 2.5 Supporting parents and children once they are born

Achieving the very best outcomes in the early years is fundamental to shifting the long term health and wellbeing of the residents of Barking and Dagenham.

There is strong evidence that a range of health and non-health specific interventions will have a long-term impact on the health and wellbeing of children and into their adult lives. The evidence suggests that high returns on investment are achieved where there is high-quality delivery (in terms of environment and staff capability), clear targeting of those most at risk of poor outcomes, and where there is a high level of fidelity to effective original models. Evidence-based interventions which have been shown to be highly cost-effective early intervention services in children's centres include the Troubled Families Phase 2 programme, the Baby Intervention team and pre-school early childhood education for 2, 3 and 4 year olds in families with low incomes<sup>1</sup>.

A Senior Early Intervention Worker (SEIW) is based at Queen's Hospital to assess and support new parents to access a range of services. The SEIW also leads the Baby Intervention Team and is therefore able to directly allocate cases after completing an assessment on the expectant parent or parent with a newborn so the relevant support can be offered to them therefore reducing the numbers of referrals to social care.

### 2.5.1 Parenting support

Barking and Dagenham has a borough-wide network of children's centres delivering a wide range of early intervention services that are accessible and non-stigmatising.

Support services include:

- Play and communication services
- Support to improve and maintain healthy lifestyles
- Child & family health and maternity services
- Family support
- Childcare and information about childminders and out-of-school provision
- Information and advice about local services relevant to parents, children and young people
- Groups for parents, children and young people
- Support in accessing jobs, training, volunteering opportunities and raising income services
- Advice on housing issues, welfare benefits and other consumer issues.
- Short-term casework with families with specific, additional needs
- Evidence-based parenting programmes (EBPPs)
- Support groups and drop-in services for parents, children and young people
- Outreach services in schools, health centres and other community venues.

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<sup>1</sup> Early Years Interventions to address Health Inequalities in London - the Economic Case. Greater London Authority[online] available from: <http://dera.ioe.ac.uk/2279/> [Accessed 18 May 2015]

Children's centres deliver a structured programme of evidence-based interventions to support parents both in the early years (Incredible Years – Babies & Basics) and when they are teenage parents (Speakeasy<sup>2</sup>, Strengthening Families, Strengthening Communities<sup>3</sup> and 10-14 years). A cost-effectiveness evaluation of the interventions suggests there is a 72.5% saving over nine years for children supported through the programme, with a reduction in provision of additional support, social care or criminality. In line with the cost-effectiveness evidence the parenting programmes have been realigned to target those most at need and home visits and assessments have been used to support parents, identifying the appropriate parenting programme according to the needs of the family.

### **The impact of economic wellbeing services in children's centres**

The Economic Wellbeing (EWB) team supports families to find education, training, work and voluntary work. EWB aims to ensure that the family is financially stable and capable and provides support with housing problems, debt management and the organisation of household budgets. In addition, EWB will help parents to source nursery places and funding such as Care to Learn, 2 year old nursery funding, 3 and 4 year old nursery education grant and the childcare element of working tax credit. EWB work alongside services and agencies, both inside and outside of the Council, this provides a holistic approach to support the needs of the family. In 2015 Early intervention Performance Outcome Framework (EIPOF) data shows that the total number of participants in children's centres accessing economic wellbeing services was 1,292.

### **Measurement of impact**

- 1,077 (83.3%) participants could evidence positive impact or change
- 568 (43.9%) participants achieved a hard outcome in the above period (job, qualification, income raised / debt managed or external volunteer placement
- of the 568 participants, 185(32.5%) participants could evidence 3 months sustainable employment

### **Impact of children's centre attendance on Early Years Foundation Stage Profile (EYFSP) attainment**

The chart below (Table 2.5.1) and Figure 2.5.1 show the percentage of children who achieved a good level of development (GLD) in the EYFSP between 2012 and 2015, comparing the results of children who had attended at least 12 play and communication sessions in a children's centre (CC) with those who had not attended a CC.

In each year, children who had attended at least 12 play and communication sessions at a CC were more likely to achieve a GLD than those who had not – there was an 8% difference between these cohorts in 2015.

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<sup>2</sup> <http://www.fpa.org.uk/communityprojects/parentsandcarers>

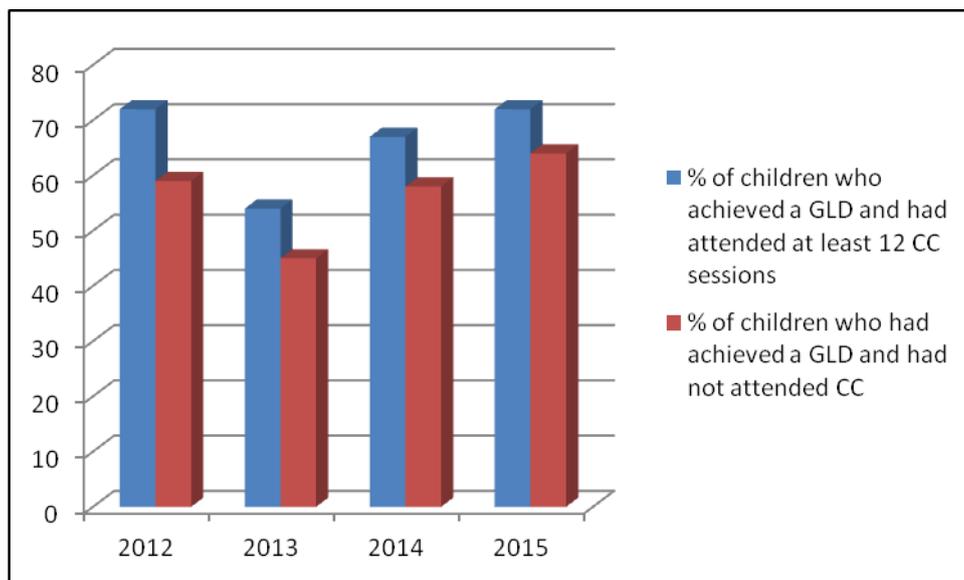
<sup>3</sup> <http://www.raceequalityfoundation.org.uk/our-work/strengthening-families-strengthening-communities>

**Table 2.5.1 Percentage of children who achieved a good level of development in the EYFSP, 2012 - 2015**

|   | 2012 | 2013* | 2014 | 2015 |
|---|------|-------|------|------|
| % of children who achieved a GLD and had attended at least 12 CC sessions | 72   | 54    | 67   | 72   |
| % of children who had achieved a GLD and had not attended CC              | 59   | 45    | 58   | 64   |

\*EYFSP framework revised

**Figure 2.5.1 Percentage of children who achieved a GLD in EYFSP from 2012 - 2015, comparing children who had attended at least 12 play and communication CC sessions with those who had not attended a CC**



Year on year the gap between LBB and national and London attainment in EYFSP has closed.

Table 2.5.2 below shows the percentage of children achieving a good level of development (GLD) in LBB, two statistical neighbours (Greenwich and Lewisham), London and England in 2015. The figure shows LBB performance in achieving a GLD is now in line with London and 1.5% above England for the first time; although this is 10% lower than statistical neighbours Greenwich and Lewisham.

The gender gap for the percentage of children achieving a GLD is much higher in LBB compared to two statistical neighbours, higher than London and almost the same level as England.

**Table 2.5.2 Early years foundation stage profile (EYFSP), percentage achieving GLD in LBB, Greenwich, Lewisham, London and England 2015**

| Area | All  | Girls | Boys | Gap  |
|------|------|-------|------|------|
| LBB  | 67.8 | 76.0  | 60.3 | 15.7 |

|                  |      |      |      |      |
|------------------|------|------|------|------|
| <b>Greenwich</b> | 77.0 | 83.2 | 71.0 | 12.2 |
| <b>Lewisham</b>  | 77.5 | 83.5 | 72.0 | 11.4 |
| <b>London</b>    | 68.1 | 75.6 | 61.1 | 14.5 |
| <b>England</b>   | 66.3 | 74.3 | 58.6 | 15.6 |

Source: Department for Education, National Pupil Database 2015<sup>4</sup>

The table below shows that for children who attended a children’s centre in Barking and Dagenham EYFSP performance for both genders was better than for those who had not attended a children’s centre.

**Table 2.5.3 Percentage of children who achieved a good level of development in the EYFSP, by gender, comparing children who had attended at least 12 play and communication CC sessions with those who had not attended a CC, 2015**

| <b>Area</b>    | <b>All</b> | <b>Girls</b> | <b>Boys</b> | <b>Gap</b> |
|----------------|------------|--------------|-------------|------------|
| <b>LBBB</b>    | 67.8       | 76.0         | 60.3        | 15.7       |
| <b>LBBB CC</b> | 72.0       | 81.0         | 63.0        | 18.0       |

The table below (Table 2.5.4) shows a comparison of EYFSP attainment by ethnic group. As seen in previous years, for children of white ethnicity, attainment levels are lowest compared to all other ethnicities in all areas.

**Table 2.5.4 Achievement in EYFSP, percentage achieving GLD by ethnicity, LBBB, , Greenwich, Lewisham, London and England 2015**

| <b>Area</b>      | <b>White</b> | <b>Mixed</b> | <b>Asian</b> | <b>Black</b> | <b>Chinese</b> | <b>All pupils</b> |
|------------------|--------------|--------------|--------------|--------------|----------------|-------------------|
| <b>LBBB</b>      | 65           | 68           | 73           | 70           | 79             | 68                |
| <b>Greenwich</b> | 76           | 84           | 80           | 79           | 77             | 77                |
| <b>Lewisham</b>  | 82           | 82           | 76           | 75           | 76             | 77                |
| <b>London</b>    | 70           | 71           | 70           | 67           | 73             | 68                |
| <b>England</b>   | 67           | 68           | 64           | 65           | 67             | 66                |

Source: Department for Education, National Pupil Database 2015

The EYFSP results of children who had attended a children’s centre, showed that, those from all but one ethnic group were more likely to achieve a GLD than those of the same ethnicity who had not attended a children’s centre (see Table 2.5.5 below),

**Table 2.5.5 Achievement in EYFSP, percentage achieving GLD by ethnicity, comparing children who had attended play and communication sessions at a children’s centre with those who had not, 2015**

| <b>Area</b> | <b>White</b> | <b>Mixed</b> | <b>Asian</b> | <b>Black</b> | <b>Chinese</b> | <b>All pupils</b> |
|-------------|--------------|--------------|--------------|--------------|----------------|-------------------|
|-------------|--------------|--------------|--------------|--------------|----------------|-------------------|

<sup>4</sup> Department for Education, 2015. “Early years foundation stage profile (EYFSP) results: 2015, Table 1: EYFSP key measures by year, gender and local authority”, [Online] available from: <https://www.gov.uk/government/statistics/early-years-foundation-stage-profile-results-2014-to-2015> [Last accessed: 14 April 2016]

|                |    |    |    |    |    |    |
|----------------|----|----|----|----|----|----|
| <b>LBBB</b>    | 65 | 68 | 73 | 70 | 79 | 68 |
| <b>LBBB CC</b> | 71 | 77 | 75 | 66 | 80 | 72 |

The EYFSP achievement for children eligible for free school meals (FSM) in LBBB was higher than in previous years, in line with the London and above the national average for the first time, though lower than statistical neighbours (see Table 2.5.6). However, the last column of the table shows that the percentage of children on FSM in LBBB is more than 5% lower than the two statistical neighbours. This is of concern as it indicates that in LBBB not all eligible families are registering for their FSM entitlement. This will be addressed in universal services.

**Table 2.5.6: Achievement in EYFSP, teacher assessments by free school meal (FSM) eligibility, LBBB, Greenwich, Lewisham, London and England 2015**

| Area             | Pupils known to be eligible for free school meals |                          | All other pupils          |                 | All pupils                |                 | % of pupils on FSM |
|------------------|---|--------------------------|---------------------------|-----------------|---------------------------|-----------------|--------------------|
|                  | Number of eligible pupils                         | Percentage achieving GLD | Number of eligible pupils | % achieving GLD | Number of eligible pupils | % achieving GLD |                    |
| <b>LBBB</b>      | 567   | 59                       | 3,052                     | 69              | 3,619                     | 68              | 15.7               |
| <b>Greenwich</b> | 766   | 68                       | 2,888                     | 79              | 3,654                     | 77              | 21.0               |
| <b>Lewisham</b>  | 809   | 71                       | 3,066                     | 79              | 3,875                     | 77              | 20.9               |
| <b>London</b>    | 17,660  | 59                       | 89,400                    | 70              | 107,060                   | 68              | 16.5               |
| <b>England</b>   | 97,156  | 51                       | 557,692                   | 69              | 654,848                   | 66              | 14.8               |

Source: Department for Education, National Pupil Database 2015

Achievement in EYFSP in 2015 for children with special educational needs (SEN) in LBBB was higher than national and London levels, close to Lewisham but lower than Greenwich. (Table 2.5.7)

**Table 2.5.7: Achievement in EYFSP, teacher assessments by SEN provision, LBBB, Greenwich, Lewisham, London and England 2015**

| Area             | Pupils with SEN support | Pupils with SEN with statement or EHC | All pupils      |
|------------------|-------------------------|---------------------------------------|-----------------|
|                  | % achieving GLD         | % achieving GLD                       | % achieving GLD |
| <b>LBBB</b>      | 33                      | 7                                     | 68              |
| <b>Greenwich</b> | 41                      | x                                     | 77              |
| <b>Lewisham</b>  | 35                      | 6                                     | 77              |
| <b>London</b>    | 29                      | 4                                     | 68              |
| <b>England</b>   | 24                      | 4                                     | 66              |

Source: Department for Education, National Pupil Database 2015

EYFSP attainment rates were higher for children receiving SEN support who had attended an LBBB children's centre, than for those who had not attended a children's centre (see Table.2.5.8)

**Table 2.5.8 Achievement in EYFSP, percentage achieving GLD, by SEN provision, comparing children who had attended play and communication sessions at a children's centre with those who had not, 2015**

| Area    | Pupils with SEN support | All pupils |
|---------|-------------------------|------------|
| LBBB    | 33                      | 68         |
| LBBB CC | 47                      | 72         |

Early intervention programmes in children's centres, particularly those targeting language and communication development, are continuing to close the gap between those children, who are the most vulnerable and at risk, and the general population of children, across indicators measuring all areas of a child's development.

## 2.5.2 Health visiting service

From October 2015, responsibility for commissioning health visiting moved to Local Authority from NHS England.

A health visitor is a qualified nurse or midwife with specialist qualifications in community public health (including child health), health promotion, and education. The service is managed with a wider skill-mix team to support the qualified health visitor, including nursery nurses and clinical support workers who also work within the wider 0-19 years integrated team. The work of health visitors is focused on prevention and early identification of need, helping children and families to stay healthy and avoiding illness and supporting families and children when identified health needs are a feature. The health visiting service delivers the Healthy Child programme, working alongside the breadth of the community health services in Barking and Dagenham to deliver services for children under five years old and their families. The revised service model across the four levels of intervention, building community capacity, universal, universal plus and partnership plus.

During 2014/15 the increase in activity continued, which reflects the demographic change in the borough and the impact of population change as families migrate into the borough and housing increases, resulting in a rise in families with children under the age of 5 years (Table 2.5.2).

**Table 2.5.9: Activity report for Barking and Dagenham Health Visiting Service 2013/14**

|   | 2010-11 | 2011-12 | 2012-13 | 2013-14 | 2014-15 | 2015-16 |
|---|---------|---------|---------|---------|---------|---------|
| Total referrals received                                | 6,725   | 7,666   | 6,176   | 7,433   | 8128    | 8614    |
| New birth referrals                                     | 3,710   | 4,892   | 3,877   | 3,800   | 4166    | 3771    |
| Number of 6-12 week maternal mood assessments completed | 6,939   | 7,039   | 6,939   | 6,898   | 3237    | 2633    |
| Health review (1)                                       | 2,180   | 2,189   | 2,112   | 2,636   | 2464    | 6572    |
| Health review (2)                                       | 2,396   | 2,665   | 2,238   | 2,327   | 2053    |         |

*Data Source: Performance Manager for B&D, NELFT-NHS*

Service delivery is guided by the standards set out in the Healthy Child Programme published by the Department of Health<sup>5</sup>. Contact with the family is usually started at

<sup>5</sup>[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/167998/Health\\_Child\\_Programme.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/167998/Health_Child_Programme.pdf)

the new birth visit but sometimes this initial contact can be in the prenatal period and continues until the child transfers to school at the age of five. It is anticipated that there will be an increase in ante-natal interventions. Links are strong with the children's centres well as the continued developing links preschools and GPs.

Each new family is offered a new birth visit and maternal mood assessment at the initial visit. Maternal mood assessments are then carried out at 6-8 weeks after birth and at 8 months, or other intervals as indicated by need. Families are offered advice and support to improve the outcomes for their children. Help may be provided in the home, in a health clinic or at a children's centre. A range of public health topics are discussed, such as healthy eating and dental care, as well as accident prevention, and sleep and behaviour management and managing minor illnesses. Information is given about immunisations and local activities in the children's centres.

Health reviews are offered to each child at 9 to 12 months and again between 2 and 2 years 6 months. There is also regular contact with many families through the Child Health clinics offered from a variety of venues across the borough.

Substantial work has been undertaken to engage partners in the common assessment framework (CAF) to encourage and enable working to support children and families across agencies.

**Table 2.5.10: Community based Health CAFs (Common Assessment Frameworks) initiated up to 1<sup>st</sup> April 2016, London Borough of Barking and Dagenham, from April 2014 to April 2016**

| Health role             | Setting        | CAFs completed | %           |
|-------------------------|----------------|----------------|-------------|
| Community Nursery Nurse | Health Centres | 13             | 28%         |
| Health Visitor          | Health Centres | 33             | 72%         |
| <b>Total</b>            |                | <b>46</b>      | <b>100%</b> |

Source: London Borough of Barking and Dagenham Children's Services

There have not been any CAFs initiated by any other community based health provider during this time

The case load of the health visiting service is likely to increase over the next few years as the number of births remains high due to increased housing within the borough. There is also a rising complexity due to socioeconomic factors which will see the caseload profile of the health visitors changing. It is anticipated that the growth in health visitors and the skills mix within the team will enable the service to work proactively in addressing these needs. However, we also recognise that as need is identified earlier and more readily other service support is essential to providing a full service to these children and families.

### 2.5.3 Baby Intervention

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Baby Intervention started in May 2014 and is an intensive family support programme delivered to vulnerable mothers/expectant mothers and is delivered through home visits and meetings in the community e.g children's centres.

The Baby Intervention team (BIT) has relevant care pathways in place to support referrals from health and education using a tri-borough agreed early help for children and young people pre-CAF form.

BI is delivered by a team of Early Intervention Workers (EIW), one of whom is based in the safeguarding team at Queens Hospital and works in partnership with midwives and health visitors. The team all have experience in case work, safeguarding and knowledge of the needs of young parents and child development in the early years. The EIWs receive regular management case and safeguarding supervision. The BI team work alongside the Targeted Personal Advisors (TPAs) who support teen parents with education, training, employment, childcare, accommodation, raising self-esteem and relationship support. The TPAs sit on the Multi-Agency Panel (MAP) and have strong links with social workers and other relevant agencies. Together the TPAs, EIWs and the Health visitors and midwives provide the holistic support needed by vulnerable parents and their babies.

The service aims to:

- Improve the outcomes of pregnancy (for parents and baby) by helping women improve their prenatal health.
- Improve the child's health and development by helping parents to provide more sensitive and competent care of the child.
- Improve parental life course by helping parents plan future pregnancies, complete their education or training and find work.

reduce the cost to social care by providing early intervention to prevent escalation and inappropriate referrals to social care. The parents are supported with:

- Maximising income, education, training and employment.
- Preparation for parenthood and parenting programmes.
- Sexual health, smoking cessation and drug and alcohol information and advice.
- Referrals in respect of domestic abuse.
- Increasing self-esteem, raising aspirations, motivation and confidence building.
- Support to ensure the young parents and babies are in suitable accommodation.
- Ensuring their child meets their developmental milestones

BI work proactively with children's centre's, health visitors, community midwifery, social workers, BHRUT and with a range of voluntary organisations involved in delivering services to mothers and children.

In terms of the child and maternal health outcomes for these clients the data shows that:

- 67% of parents that initiated breastfeeding were still breastfeeding after 6 weeks.

- 79% of families evidence mid- term improvement following intervention.

The attrition rate is low with only 2 cases being closed due to non-engagement.

The Family Nurse Partnership (FNP) service has been de-commisioned in Barking and Dagenham and the case-load is being transferred to Baby Intervention and the wider Early Intervention Service.