Commissioning Early Childhood Services

Literature Review

Introduction

The purpose of this literature review is to inform the development of an evidence based commissioning strategy for early childhood services. It should be read and used in conjunction with other information about:

- Local demand and need levels including information about the nature of this demand and any unmet needs.
- Local services, including information about cost, service activity levels, and impact.
- Local pathways for children who are vulnerable or who live in vulnerable communities.
- The experience of existing and potential users of services, and the views of people working with families in the local area.

There is an assumption underpinning all of this activity – that lead commissioners are prepared to look at all options for maximising impact and cost effectiveness in the future, including best use of the budgets, workforce, services, and buildings commissioned by the full range of agencies, and other resources within the Bath and North East Somerset's communities themselves.

This report summarises the national agenda that has the potential to impact on this activity; the key messages from research relating in particular to early intervention and prevention in early childhood; and examples of commissioning approaches and service configuration from elsewhere in the country.

National Agenda

The following aspects of the national agenda are particularly relevant to commissioning of early childhood services:

1. The White Paper 'Equity and Excellence: Liberating the NHS' July 2010

The White Paper has been published for consultation and includes some general proposals (such as GP commissioning consortia by 2013, increased choice for patients, extension of the payment for results approach, and a continued commitment to personal budgets or direct payments), and also some more specific proposals included in the paper

Commissioning Support Programme
10 Greycoat Place
London SW1P 1SB

'Achieving Equity and Excellence for Children' published in September 2010. The key points worth noting at this stage are:

- That there is still a lot of uncertainty about who in the future will be commissioning what (in particular the split across 'public health' services to be ring fenced and commissioned by Public Health commissioners aligned with local authorities and 'other' children and young people services where the commissioning responsibility will be held at least notionally by GP commissioning consortia).
- However, the consultation document suggests that, in any event, the responsibility for commissioning children and young people's health services *could* be delegated to the local authority. It also suggests that there will be "opportunities to further integrate health with children's services".
- It is proposed that the local authority will, in any event, have greater responsibility for 'promoting'..'coordinating'..'leading' the commissioning of joined up NHS, Social Care, and Health Improvement services to meet local priorities identified in the local JSNA. The proposed local Health and Wellbeing Boards will be given a 'scrutiny role' in relation to major service redesign. "This will include deciding which settings are best placed to meet local needs, for example by making best use of Children's Centres".
- The document also specifies that: "As action plans for the Coalition Agreement commitments on health visiting and Sure Start Children's Centres are firmed up, the Government will set out further detail on how these can be taken forward through the evolving NHS and public health arrangements", and also confirms that the Government is thinking "about the role that outreach services in Children's Centres can continue to play alongside health visiting". Andrew Lansley told MPs in July 2010 that employing health visitors would be outside the remit of GPs[i]. Sarah Teather has announced the Government's plans to recruit 4,200 new health visitors to be located in Children's Centres, and expectations that there will be a renewed emphasis nationally on working with the most disadvantaged families[ii]. All of the Government rhetoric around Children's Centres has been towards greater targeting of the available resource.
- The national NHS Commissioning Board will take responsibility for commissioning some 'specialist' services, as yet unspecified.
- The likelihood that payment by results will be extended to children and young people's community health services and Children's Centres.

2. National Reviews and Reports

These include a number of relevance to commissioners of early childhood services. In particular:

- **The Kennedy Report** 'Getting it right for children and young people: overcoming cultural barriers in the NHS' published in September 2010. This report is acknowledged and referred to throughout the 'Achieving Equity and Excellence for Children' consultation document. Key recommendations from the report are:
    - That investment in health services for children and young people has in the past been lowest in the very early years which are the most crucial in terms of brain development, increasing only at the point when development slows. The author suggests that: "a huge cultural shift must take place.

Resources must be invested in the early years of children, concentrating on those most at risk, whose parents/carers are least able to provide what the child needs". Kennedy mentions the Family Nurse Partnership programme as being particularly interesting in this context.

  - That funding for health and healthcare of children should be identified and separated out from the totality of funds currently allocated to the NHS.
  - That the commissioning of services from the NHS should sit alongside the commissioning of all of the other services for children and young people, with a focus on integration. "Savings will be made through greater efficiency, through co-location and the benefits it brings, and through the joint planning and commissioning of services".
  - The report places a heavy emphasis on early intervention and a shift towards health promotion where "the pay off is obvious".

- **The review of Early Years Foundation Stage** – launched in August 2010 with the deadline for consultation the end of September 2010. The review will consider whether the Early Years Foundation Stage is too bureaucratic and how to shift the focus towards getting children ready for school and improve the attainment of children from deprived backgrounds. The report will be ready by Spring 2011.
- **The review of Early Intervention Services** – chaired by Graham Allen and The Cabinet Office. It will consider models of best practice around early intervention and how such models could best be disseminated and funded in a sustainable way. The suggestion is that money markets could be used to raise finance through 'early intervention bonds'. Allen is well known for his commitment to early intervention – he co-authored an earlier report 'Early Intervention: Good Parents, Great Kids, Better Citizens' (2008) with Ian Duncan Smith. There will be an interim report in January 2011 and a final report in May 2011.
- **The Eileen Munro Review of Child Protection Services** – although not due to report finally until April 2011, the call for evidence has closed. The review will examine how to remove barriers to high quality social work practice and will include a look at how effectively children's social workers and professionals in other agencies work together. It will also consider the role that evidence-based interventions in Children's Centres and other universal services can play in supporting families before they reach formal intervention thresholds.
- **Sure Start Children's Centre Report for the Children, Schools and Families Select Committee March 2010**

  This report, whilst recognising that the Sure Start programme as 'one of the most innovative and ambitious initiatives of the past two decades', identified some key priority areas for future development, in particular in relation to:

  - Embedding local partnership working, in particular with health visiting which should be 'fully bound in to Children's Centres to allow Centres to reach their full potential as hubs for all services for children under five'. The report concluded that integrated, multi-agency teams stand a better chance of identifying families that might slip through the nets of individual agencies, picking up on needs that may otherwise go undetected, and smoothing the pathways between services that were previously difficult for parents to navigate[iii]. "The open access nature of Children's Centres reduces the

stigma that can affect services exclusively aimed at vulnerable families, and removes the barrier of thresholds that restrict access to higher-tier services. Physical co-location of services means that parents who have been persuaded through the doors for the first time for a particular reason become familiar with the environment and are much more likely to use other services in the same premises".

- Extending the reach of children's centres to all vulnerable children, including attention to the role of outreach – the report recommended that all Children's Centres should have a precise idea of what they mean by outreach and family support as expressed in the outcomes they are aiming for and manifested in the range of activities which have a clear rationale and theoretical basis. "Assertive and personalised outreach reduces the risk of disengagement, as workers focus on giving parents the motivation, confidence and practical means to attend".
- Providing training for Children's Centre staff and leaders in the techniques and mindset they will need in order to become 'practitioner-researchers', recognising what is described as 'the huge potential' for Children's Centres to be hubs of workforce learning and continuous improvement, for example in relation early learning.

Key Messages from Research

We know that what happens in pregnancy and the first years of life are critical, and that quality services are second only to parenting in shaping how well children do in the early years, and how they progress. Early intervention (to prevent problems and difficulties from escalating) can be early in a child's life; early in the development of a problem; or early once a problem has been identified, even if previous efforts to tackle it have not succeeded. Numerous national and local reports have made the economic case for investment in early intervention in the early years including in particular 'Backing the Future' from Action for Children and the New Economics Foundation[iv].

The Centre for Excellence and Outcomes (C4EO) has published a recent desk study on 'Early Intervention and Prevention in the context of Integrated Services' (August 2010). Whilst the report is very wide-ranging, it's conclusions are of interest to commissioners of early childhood services (early intervention in early childhood). Key points are:

- The importance of targeting services on children in poverty or those who are more vulnerable because of child, family and environmental reasons including in particular parents' mental ill-health, and disability. This agenda requires leadership and a local vision.
- In order to intervene early, accurate information on the groups most likely to be in need of help is required.
- The evidence is strongly supportive of holistic interventions that include parents, carers and families as well as the children themselves – to meet their needs simultaneously and tackling multiple sources of stress within the family[v]. Developing parenting skills, especially for young parents and parents of children with behavioural problems should be a priority.

- It is important to pay attention to three stages in the engagement process, particularly for harder to reach vulnerable families: getting parents interested in the first place; ensuring they experience the service; and engaging parents for long enough to make a difference[vi].
- Features of successful interventions include:
    - Structure, intensity and duration – ensuring that interventions are well planned and that exposure is sufficient to make a difference.
    - Services that focus on increasing resilience and preventing / reducing risk factors including parent and family characteristics such as substance misuse, domestic violence, and mental ill-health.
    - Longer term strategic programmes rather than short term initiatives.
    - Highly qualified and well-trained staff, including staff in early years settings, childminders and volunteers.
    - Good staff awareness of services, cultural sensitivity, and a non-stigmatising approach.
    - Flexibility to meet individual needs.
    - Involvement of service users in programme design and delivery.
- The type of early interventions with good evidence of success for vulnerable children include:
    - Providing support for parents to assist their child's learning in the home (which is the most effective way to raise achievement) including by culturally sensitive outreach and targeted family support, and effective focus on language and literacy development. This should include developing professional capacity for outreach work.
    - Attending high quality pre-school provision, including those integrating childcare and education.
    - Family centred early interventions and key worker systems for disabled children.
    - Strategies to support children's educational transitions, especially in the early years.
- There is promising evidence that the Common Assessment Framework facilitates service integration and early intervention.

Approaches to the Commissioning and Configuration of Early Childhood Services

Nottingham

Graham Allen's constituency, Nottingham City, has been developing a family early intervention programme as a key element of an overall 'One Nottingham' approach signalled within its Sustainable Community Strategy. The purpose of the early intervention programme is to involve all partners in the city in a coherent and systematic attempt to improve outcomes for children, young people, adults and families who are very likely to experience difficulties, including focusing on the intergenerational cycle of problems in the long term – identifying at the earliest possible opportunity those children, young people,

adults and families who are likely to experience difficulty and to intervene to improve outcomes.

The Early Intervention Programme includes a number of evidence-based delivery strands relating to early childhood services including the successful Family Nurse Partnership working with teenage parents and focusing on improved mental health, smoking cessation, increased father engagement and improved parenting skills; and an initiative designed to improve outcomes for families experiencing domestic violence through wrap around packages of support including additional security and home visits. The Nottingham 'Early Intervention City' banner seems to have given the overall strategy and individual elements a high level of local and national exposure, but it's fair to say that the was a clear 'burning platform' for change locally – with high levels of teenage pregnancy and other problems. Built into the approach is an expectation of ongoing learning and evaluation including cost benefit analysis; local 'blueprinting' of successful early intervention projects; and selected use of external expertise and challenge including from Nottingham University.

Croydon

Croydon's 'Total Place' (now described as 'Place Based Budgeting') approach to commissioning services for younger children across the NHS and Council has been widely reported[vii] Whilst recognising that there is a lot to be learned from the research base and good or emerging practice from elsewhere, commissioners invested considerable energy in engaging the full range of stakeholders in thinking about the gaps and problems and creating a local 'burning platform for change' using overall data about services and spend, and individual family journeys through and across services. The overall message from the report about Croydon's experience to date is that money had been invested in running services, not in delivering solutions – and therefore that thinking in systems not services is the key to shifting service outcomes.

Croydon commissioners recognised early on that it made sense to focus resource and activity on particular types of family and in doing so referenced a model that is being used increasingly to describe families as either 'thriving' 'coping' 'not coping' or 'chaotic'. Some families oscillate between 'coping' and 'not coping' – this is where they hypothesised it made most sense to intervene early. The new systems for intervening early were structured around a pathway for families from 'awareness' of services through 'accessing' them to delivery and impact. These new systems would re-shape services for families both pre and post-natally including health visiting, midwifery, social care, children's centres, housing, early learning, childminding and others. Commissioning intentions articulated in the report about this work included:

- Stimulating the voluntary and community sector to grow and support networks of parents, especially for the most isolated.
- Use of tools such as the Strengths and Difficulties Questionnaire by front line workers such as health visitors, childminders and nursery nurses to find families with very early signs of need such as problems with attachment, speech and language problems, maternal mental ill-health.

- Multi-disciplinary virtual teams in geographical localities including the breadth of health, family and social care practitioners as well as resources that the commissioning activity suggested were key: particularly families and communities themselves, housing, employment support and benefits. All teams are expected to demonstrate a 'think family' approach, and to have a devolved budget including for health visiting, children's centre revenue, parts of the social care and SEN budgets, speech and language. The focus of each team is to be on developing parenting capacity and resilience starting from conception onwards, so focusing on the following in particular:
    - Attachment.
    - Responsive, authoritative parenting skills.
    - Family emotional wellbeing, especially maternal mental health.
    - Supportive social connections.
    - Responding to specific needs, for example learning difficulties.
    - Affordable, clean, warm housing.
- Family advocates for chaotic families (based on the Swindon model) – these are described as 'one dedicated, tenacious advocate who holds a single budget for each family'.
- A team around the family for families that oscillate between coping and not coping who have multiple or complex needs.
- An early years academy for integrated training across all early childhood service providers, including an emphasis on skills relating to effective collaboration; working to build families capabilities and resilience; tools for identifying and acting on early signs of need; how to successfully engage the not-yet-engaged; thinking radically and being innovative.
- An on-line information system for parents and professionals about the available services.

They are aiming to make considerable savings: £8.4m during 2011/12; and £25m by the end of 2016/17; and more than £63 'by the time our current 4 year olds turn 18 in 23/24'.

Durham

Durham has combined thinking about best use of the total resource (Total Place approaches) with 'Think Family' principles to develop a 'Think Family/Think Place' strategy. This specifically references the need to harness 'adults' such as mental health and substance misuse services to improve outcomes for families. They had calculated that a substantial proportion of cases referred to their children in need teams had substance misuse, domestic abuse and parental mental health issues. For example,

- 26% of these families had substance misuse issues *(this figure rises to 47% of cases accepted as 'child protection')*
- 26% had domestic violence issues *(47% of child protection cases)*
- 35% had issues relating to parental mental health (*47% of child protection cases)*

A pathfinder service was developed in January 2010 in some of the most deprived wards in County Durham to ensure that adults and children's services work together in an integrated way with a focus on early intervention with families who have multiple complex problems and aiming to reduce the number of families in need of specialist and safeguarding interventions.

The new service includes an 'assertive key worker' whose role is to coordinate and integrate the response, based on a whole family assessment and building on family strengths with personalised tailored packages of support. This key worker may have an adults' or children's services background, with an emphasis on assertive outreach. The route into the service is via a CAF and Team Around the Child, and triggers for referral include: parental substance misuse, domestic abuse, adult mental health, compromised parenting, and adult learning difficulties. The service accepts referrals where these factors combine to create significant concerns about the quality and effectiveness of the parenting.

Adults services were involved from the outset in designing the service and in an ongoing way both strategically and operationally, including in thinking about the way in which the service might be expected to perform, for example in reducing substance misuse-related child protection plans, and impact on the adults prevention agenda. As one might expect, there is an ongoing agenda for this initiative - to influence the wider systems beyond the reach of the pilot service including through 'see the adult, see the child' protocols, ongoing training and other activities.

The Think Family Pathfinder research update (2010)[viii] identified the following activities as helpful (in engaging services outside of 'Children's Services) at a strategic and operational level:

Strategic:

- Adult and children's services involvement on management groups.
- Identification of Think Family champions across adults and children's services.
- Identification of joint local performance indicators.
- Adult services engaged in the recruitment of any staff involved in joint delivery.
- Promotion of flexible adult working, including: lowering thresholds; keeping cases open; and willingness to coordinate support for parents with substance misuse issues, mental ill-health, or learning difficulties and disabilities.

Operational:

- Joint protocols and guidance developed with involvement of practitioners from both sets of disciplines
- Practitioners from both adults and children's services involved in the design and delivery of new whole family assessment and action planning, including TAF

(Team Around The Family) and practitioners from adult services acting as lead professionals. 'A flexible approach to receiving referrals from adult services has facilitated engagement'.

- Integrated training, for example training on 'adult mental health and child protection'.
- Think Family champions at an operational level and core Think Family delivery teams working as internal consultants for other agencies.

Other Think Family pilot sites have included: a multi-agency team providing intensive outreach support for parents with mental ill-health or dual diagnosis affecting their parenting capacity and children (Islington); involvement of adult services in 'Family Action Meetings' (Salford); a multi-disciplinary casework team working with families where the adults have alcohol or debt problems (Southampton); and use of 'personalisation funds' held at a delivery team level to enable frontline workers to respond flexibly to the needs of families and buy additional services as part of a family support plan (Gateshead and Blackpool).

A number of other local authority areas are now seeking to apply the Think Family learning into mainstream commissioning practice, for example Blackburn and Darwen are piloting the use of a TAF approach in the context of Children's Centres, seeing it as a natural extension of their existing family support outreach provision.

IFSS - Wales

The IFSS (Integrated Family Support Services) approach currently being piloted in Wales works with families where parenting is impaired because of substance misuse. These are essentially multi-disciplinary teams comprising adult drug and alcohol service workers and community psychiatric nurses, and children's services professionals including health visitors and family support workers. IFSS basic 'ways of working' are described as psycho-social and collaborative in nature, including motivational interviewing as a basic style and more intensive / structured approaches than usually available, such as key working; cognitive behavioural therapy; and an adapted version of the 'Option 2' model (Option 2 is a recognised service model for intervening with substance misusing families including intensive 24/7 4 to 6 week intervention in the family home with follow up maintenance visits and booster sessions).

Family Nurse Partnership

The Family Nurse Partnership (FNP) is an intensive preventive home visiting programme for vulnerable first time young parents that begins in early pregnancy and ends when the child reaches 2 years. This community health-led programme aims to improve antenatal health, child health and development, and parents' economic self sufficiency.

It is a licensed, structured programme first developed in the USA and delivered by trained family nurses drawn either from health visiting and midwifery, or from mental health and school nursing services. Practitioners delivering the programme are also expected to have or to gain additional skills and knowledge in areas such as building a therapeutic

relationship, motivational interviewing, attachment, behaviour change, and use of the licensed FNP guidelines and materials.

Each 'site' has a supervisor and a team of up to six family nurses. Each nurse is expected to recruit a caseload of approximately 25 young mothers.

Thirty years of research and development in the US has shown significant and consistent short and long-term benefits for children and families. Three large-scale, randomised controlled trials have shown the following:

- Improvements in women's antenatal health.
- Reductions in children's injuries.
- Fewer subsequent pregnancies.
- Greater intervals between births.
- Increases in fathers' involvement.
- Increases in employment and earnings.
- Reductions in welfare and food stamps.
- Improvements in school readiness.
- Reduced arrests and criminal behaviour for children (at 15) and mothers.

The FNP is also being evaluated in England. The research programme includes: a formative evaluation of the first ten pilot sites, to learn about the delivery of FNP in England and to assess some short-term impacts; a randomised controlled trial, to assess whether the FNP delivers benefits for children and mothers compared to usual services and its cost effectiveness; analysis of the extensive programme monitoring data; and a series of smaller research studies to inform future adaptation of the FNP in England.

Early learning from the pilot sites launched in March 2007 in England suggests that:

- The FNP successfully engages and connects with hard to reach and vulnerable young parents.
- Fathers are more engaged.
- Clients value their family nurses highly.
- The nurses are deeply committed and enthusiastic about the programme.
- We seem to be able to meet most of the fidelity requirements, which are designed to help achieve similar outcomes to those in the US research trials.
- Early impacts look promising, such as reducing smoking in pregnancy and increasing breast feeding.
- Hard to reach families are accessing children's centre services through FNP.

Pilot sites for the Family Nurse Partnership in the South West include Somerset and Plymouth.

Barking and Dagenham

Barking and Dagenham have developed an integrated, cost effective approach to supporting children with speech, language and communication needs (SLCN). Drivers for change included primary schools reporting high numbers of children with SLCN and parents complaining about lack of speech and language therapy. A significant element of the strategy related to the re-shaping of early childhood provision, including:

- Borough-wide training for early years staff
- New workforce of play and communication workers, based in children's centres and trained to NVQ level 3 plus specialist training, working directly with children and parents
- All children assessed on a speech, language and communication profile via parent interview and a plan developed where appropriate
- Schools use computer-based screening for language comprehension level with all children at the start and end of reception year (costs met jointly by PCT and LA)

The reported impact[ix] includes an increase in Foundation Stage Profile scores of 6+ in communication, language and literacy from 30% in 2007 to 49% in 2009 and substantial improvements for the lowest achieving children.

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[i] Source: 'The Nursing Times' 23rd July 2010

[ii] Reported in 'Children and Young People Now' 8th July 2010

[iii] Although driven by the previous Government, the Healthy Child Programme (2009) emphasised the need for a major emphasis on parenting support, on integrated services; and an increased focus on vulnerable children and families. None of these principles appear to be out of favour now.

[iv] Backing the Future: Why Investing in Children is Good for Us All (2009)

[v] There is a growing body of research looking in particular at what works in promoting good outcomes for children where there is parental mental ill-health, substance misuse and / or domestic violence – some helpful summaries can be found in the SCIE guides (for example SCIE Guide 30: Think Child, Think Parent, Think Family: a guide to parental mental health and child welfare) and on the Social Services Improvement Agency (Wales) website – www.ssiacymru.org.uk

[vi] A range of engagement techniques are used by child and family practitioners across the country: a helpful summary of the benefits of effective engagement and different approaches can be found in an American publication 'Family Engagement' (June 2010) Child Welfare Information Gateway

[vii] Child: Family: Place: Radical efficiency to improve outcomes for young children (February 2010)

[viii] Think Family Pathfinders: Research Update (2010) DCSF

[ix] Reported by The Office of the Communication Champion – briefing dated April 2010