



**Market facilitation:  
guidelines for children  
and young people's services**

# 1. Contents

1. Introduction .....	<u>3</u>
2. Context.....	<u>4</u>
3. Market facilitation.....	<u>6</u>
What is market facilitation? .....	<u>6</u>
Capturing and analysing intelligence – the market position statement .....	<u>8</u>
Structuring the market .....	<u>13</u>
Intervening in the marketplace .....	<u>14</u>
4. Further resources .....	<u>15</u>
Annex: Worked example for children’s centre services.....	<u>16</u>

# 1. Introduction

The Children's Improvement Board (CIB) supports sector-led improvement in children's services. Working closely with the sector, the CIB has identified commissioning of early intervention and prevention services as one of its priority areas for support.

These guidelines have been developed on behalf of the CIB in response to feedback from commissioners of children's services. Commissioners have indicated that market facilitation is becoming an increasingly significant part of their role, and that it presents challenges in terms of skills, activity and capacity. These guidelines are intended to help commissioners of early intervention and prevention services to consider:

- the policy and practice behind the increasing emphasis on market facilitation
- the activities involved in market facilitation
- how local information and intelligence can be used to help create a market position statement and how that can help to facilitate a more constructive relationship between commissioners, providers and families.

The document focuses particularly on services concerned with early intervention and prevention for children, young people and families, but it is also applicable to all children's and young people's services markets.

These guidelines are consistent with the commissioning guidance developed by the Commissioning Support Programme (CSP) as part of the national support programme which was funded by the Department for Education until March 2011. In particular, the guidelines take as a starting point the CSP description of a four stage commissioning cycle – Understand, Plan, Do and Review.

Much of the document is based upon the work of the Institute of Public Care at Oxford Brookes University, which has produced a range of publications concerned with market facilitation and market position statements over the last three years. These materials are referenced in 'Further resources' on [page 15](#), and are available on the [LGA Knowledge Hub group on Commissioning and Productivity in Children's Services](#).

The Better Commissioning and Productivity in Children's Services group launched by the Children's Improvement Board on the LGA Knowledge Hub contains an extensive online library about commissioning. This includes the materials developed by CSP that will support the use of these guidelines. Members of this online group can also contribute resources they find particularly useful and start forum discussions on commissioning.

## 2. Context

Services for children and young people are delivered in a huge range of different settings. There are many different types of organisations providing these services including, for example, schools, primary health care, safeguarding, foster carers, children's homes, children's centres, youth services, speech therapy, respite care, childminding, parenting advice, and midwifery support.

Some of these services are provided directly by the local authority or NHS. Some are provided by local voluntary or community organisations or faith groups. Others are provided by social enterprises or private sector organisations. Many services are not now directly publicly funded by the local authority or NHS, either through contracts or grants, but they nevertheless play an essential part in the overall range of services and resources available in the community to a child, young person or their family.

There is a growing recognition that commissioners in the local authority and the NHS cannot simply be concerned with those services they directly, or individually, purchase or contract. Jointly, commissioners need to understand and to engage with the full range of providers involved in the children and young people's services market to be able to make the best decisions about where and how resources are spent and support is delivered.

The Coalition Government has encouraged diversification in public sector markets. In its original *Programme for Government* it said it planned to '*Support the creation and expansion of mutuals, co-operatives, charities and social enterprises, and enable these groups to have much greater involvement in the running of public services.*'

This was followed by the *Modernising Commissioning* Green Paper<sup>1</sup> in 2010, the *Open Public Services* White Paper<sup>2</sup> and the Localism Act in 2011 which have driven this agenda forward for local authorities, including introducing the community right to challenge. Changes to education policy and NHS and local authority commissioning were also signalled in the Health and Social Care Bill in 2010–12. This agenda can be summarised as driving a greater emphasis on:

- a clear separation between commissioning and providing in local authorities and the NHS with councils and clinical commissioning groups arranging, buying, brokering and supporting services rather than delivering all of them 'in house'
- a greater emphasis on involving the voluntary and community sector in the delivery of a mixed economy of public services, and the emergence of newer models of independent delivery, for example social enterprises or mutuals
- choice and control for some families about the services and support they wish to use
- use of community budgets and other approaches to facilitating joint commissioning across local areas
- much greater freedom for schools to manage their own resources and services.

As a result of this policy development, along with the challenging economic context and the need for the public sector to save money, we are now seeing a significant change in the way in which local authorities, the NHS and their partners are engaging in the commissioning, development and delivery of services. The role of the commissioner is changing, from one primarily concerned with the direct allocation of resources to providers

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1 Cabinet Office (2010) *Modernising Commissioning: Increasing the role of charities, social enterprises, mutuals and cooperatives in public service delivery*

2 Cabinet Office (2011) *Open Public Services* White Paper

through contracts, service level agreements or grants, to one of influence through information, intelligence and advice. This is particularly the case in the following areas of children and young people's services:

- education, where schools have control over their own resources and improvement budgets
- services for children with disabilities, where many local authorities are exploring the potential of greater choice through individual budgets
- early years, where parents continue to play the primary role in securing services to meet the needs of their children
- early intervention and community support services provided through the voluntary and community sectors, often with minimal or no local authority support.

Even in areas where commissioners are primarily responsible for securing services for children and young people, such as local authority fostering or adoption, or specialist health service provision, services are often characterised by a wide range of provider organisation types.

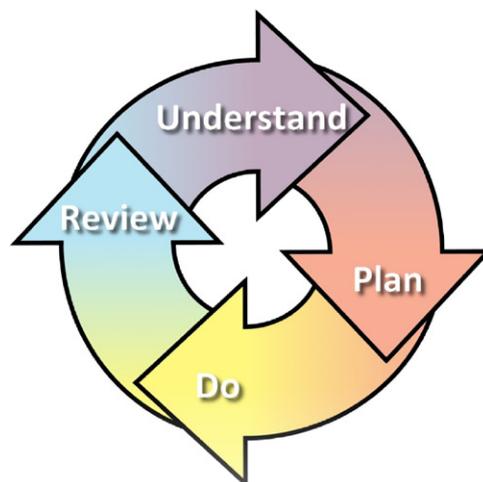
Of course, even though they might not be directly involved in contracting or aiding services, the local authority and its partners still carry a responsibility to ensure that the overall needs of the children and young people in the area are understood, and that services meet these needs. The commissioner of services for children and young people therefore needs to understand, develop and influence local markets to ensure there is sufficient provision available, and that it is of sufficient quality, regardless of whether people use services or buy them with their own resources or through the local authority or its partners. This wider task is one of **market facilitation**.

# 3. Market facilitation

## What is market facilitation?

Market facilitation is a key element of the commissioning cycle, described by CSP as having four stages – Understand, Plan, Do and Review.

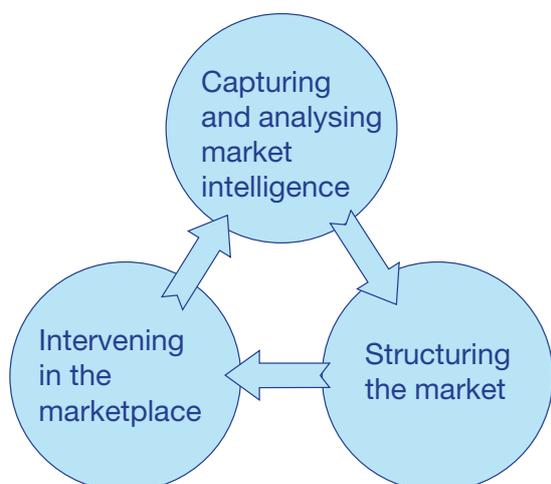
- **Understand** – assessing needs, resources and priorities to agree the desired outcomes you want to achieve
- **Plan** – mapping out and considering different ways of addressing the needs that you have identified through needs assessment
- **Do** – securing services to meet the desired outcomes, whether through direct provision, procurement or market facilitation to influence local markets
- **Review** – monitoring and reviewing the effectiveness of those services against expected outcomes.



However, as we have already seen, the changing economic and policy environment means that the mechanisms by which local authorities and their partners have previously delivered their commissioning priorities, such as through contracts and grants, are becoming less significant. They are being replaced by other forms of intervention based more upon intelligence and influence. The overall purpose of commissioning is the same – but the way in which it is achieved is different. The Institute of Public Care definition of market facilitation tries to get at this shift by emphasising the importance of ‘working with’ stakeholders:

*‘Based on a good understanding of need and demand, market facilitation is the process by which commissioners work with providers and other stakeholders to ensure there is sufficient appropriate provision available at the right price to meet needs and deliver effective outcomes, both now and in the future.’<sup>3</sup>*

The Institute of Public Care describes three key areas of activity involved in the market facilitation task as:



<sup>3</sup> Institute of Public Care (2009) *Transforming the market for social care: A model for market facilitation*

These are described in more detail as:

- **Capturing and analysing market intelligence** – the development of a common and shared perspective of supply and demand, leading to an evidenced, published market position statement for a given market.
- **Market structuring** – the activities designed to give the market shape and structure, where commissioner behaviour is visible and the outcomes they are trying to achieve agreed, or at least accepted. For example this might include communications with providers and families, ongoing planning, quality assurance or performance management arrangements designed to encourage desired services and discourage those that are not needed.
- **Intervening in the marketplace** – the interventions commissioners make in order to deliver the kind of market believed to be necessary for any given community. For example this might include specific procurement initiatives, grants, or other forms of support for providers to encourage the development of particular services.

This is a very different form of commissioning activity from that traditionally associated with local authorities and the NHS. It involves a shift away from:

- the local authority and NHS as the primary contractor or grant provider
- services developed in response to either a grant prospectus, specification or service level agreement which stated the type and volume of provision required
- limited shared-risk or jointly-designed services between the commissioner and the provider.

and towards:

- a wider range of funding sources
- services developed in response to demand from service users
- income for services based less on fixed annual contracts or grants from the commissioners and more on income derived as a result of successful service delivery or outcomes – known as payment by results
- a greater diversity of providers.

While many would welcome this greater freedom and diversity in markets, the importance of the market facilitation role cannot be underestimated as a way to minimise the risk of market failure, of service breakdown or of unacceptable quality by analysing market activity, sharing this information and intervening where necessary.

# Capturing and analysing intelligence – the market position statement

The starting point for effective market facilitation is producing good market intelligence which is developed with providers and families, and encourages providers to consider how they can work effectively with commissioners to meet needs. To achieve this, a common and shared perspective of supply and demand (including any gaps in provision) should be published as a 'market position statement'. This needs to convey clear messages for providers about:

- future demand
- current supply, identifying strengths and weaknesses
- desirable models of practice
- the drivers for the market: what business opportunities might be available?
- the scope and support available for innovation and development of the particular market segment
- support they can expect in order to achieve the desired outcomes.

Other key characteristics of a market position statement are that it should:

- cover the whole of the relevant market segment, not just the section that the statutory sector funds
- indicate how commissioners intend to behave towards the market in the future
- be evidence-informed in that each statement it makes has a rationale that underpins it, based on population estimates, market surveys, research etc.
- draw on intelligence and intentions outlined in commissioning strategies, the Children and Young People's Plan (CYPP) – if still used – the Joint Strategic Needs Assessment (JSNA), policy reviews and inspection reports where necessary.

A market position statement is produced by commissioners, but is aimed at involving providers and families. Depending upon the local commissioning arrangements, it might formally be owned by the members of the health and well-being board, and be produced by commissioning agencies working together within a children's partnership or children's trust where this still exists. As with a commissioning strategy, it is likely to be more comprehensive and more influential if produced jointly by commissioners concerned with all aspects of a market for a population – including for example, health, education, early years social care, well-being or justice.

A market position statement is not a repetition of a JSNA or a commissioning strategy – and these are assumed to be in place already – but a practical document that is focused on helping providers and families make good decisions about service development and consumption. The differences are summarised in the table on the following page.

Table 1: Comparative characteristics of a JSNA, CYPP and market position statement

Children and Young People's Services Strategic Planning		
JSNA	Commissioning Strategy / CYPP	Market Position Statement
<ul style="list-style-type: none"> <li>• Defines demand across the population. Essentially a broad based statement of current and future trends.</li> <li>• May help to identify and target key populations, using predictive risk modelling.</li> <li>• Looks at long-term patterns of need and demand.</li> </ul>	<ul style="list-style-type: none"> <li>• Many areas still produce a CYPP or equivalent, which sets out what partners will do together to improve outcomes for all children and young people in the local area.</li> <li>• A commissioning strategy is usually developed for specific segments of the overall children and young people's population e.g. looked after children.</li> <li>• Both documents should include a comprehensive assessment of needs and resources, developed in partnership with all those involved in the planning process.</li> <li>• Both documents focus on outcomes and identify gaps in service provision, and should include service user views.</li> <li>• Both identify priorities for joint action across the partnership.</li> </ul>	<ul style="list-style-type: none"> <li>• An analytical, 'market facing' document that brings together material from the JSNA, CYPP and commissioning strategies into a document presenting the data the market and potential users need to know if they are to plan their future role and function.</li> <li>• Signals the commissioners' desired model of practice for a specific market segment, and how they will seek to influence providers who are not funded directly to provide those services.</li> <li>• Indicates the necessary changes, characteristics and innovation to service design and delivery the commissioner identifies as needed to meet the needs and preferences of the population using those services, and how commissioners will support and intervene in those markets.</li> </ul>

## The style of a market position statement

As a document that seeks primarily to influence the market, the look of the market position statement should encourage and not discourage reading. It should:

- make clear in its opening words which market(s) it is written for, and what the purpose of the document is
- be analytical rather than descriptive, but succinct and readable
- use a contents page, sections and subsections, bullets, etc, as these will all help busy providers to quickly find the parts relevant for them
- ensure that key messages stand out from the rest of the document
- use tables of numerical data with caution – instead, the commissioner should articulate the key messages that the data presents, and then consider whether including the table itself will add anything to those messages. In the interests of clarity and brevity, it may be preferable simply to reference the original, more detailed data in the JSNA or commissioning strategy
- consider the use of photographs, maps, graphics and colour to enliven the document and extend readership. Use font sizes and colour contrasts that take forms of visual impairment into account, and make it clear that the statement is available in alternative formats and languages.

A market position statement should not be too long – about ten to twelve pages. Authors need to look at their data and interpret what it might mean for the market, rather than just presenting the material.

The need for better market intelligence is as true for providers and families as it is for the commissioning organisation(s). In that sense it should be a ‘market facing’ document, written primarily for the market and families by commissioners, not for other commissioning partners to inform the joint commissioning decision-making process.

There will no doubt be a temptation to make open ended statements, such as ‘... the children and young people’s partnership will encourage providers to focus on a preventative approach’, or ‘... we also need to see a focus on preventative and early intervention support that recognises families as partners and contributors to their communities’ or ‘we will actively encourage ‘co-production’ as the vehicle for development.’ These kind of phrases are often seen in long-term commissioning strategies, but are not particularly helpful to providers when it comes to planning the design of future services. For an effective market position statement, open ended statements like these need to be interpreted and to be specified in terms of what they mean for providers.

## How do you develop a market position statement?

Writing a market position statement should not initially involve lengthy consultation and discussions. Much of the information needed should already have been captured in JSNAs, the CYPP or commissioning strategies, and it is primarily a question of drawing this data together, securing more information where it is missing or out-of-date and, crucially, analysing it to draw out key messages about current supply and future direction which will be useful to providers and families as well as to commissioners.

There are some straightforward questions you should answer before starting work on the market position statement:

- What commissioning agencies need to be involved?
- Who will be responsible for publishing the document, and what official approval is required for publication?
- For what market or service areas is the market position statement being developed?
- What existing publications and information sets are already available?

- What information is missing and where can it be secured?
- Are any additional engagement or consultation activities essential to the preparation of the market position statement?
- Who is going to lead the project and who will contribute, and how?
- When does the market position statement need to be ready?

Being clear about the answers to these questions from the outset will help to avoid unnecessary delay, frustration and cost.

## The content of a market position statement

A market position statement is likely to be useful in relation to market 'segments' rather than the whole of the children and young people's services. Example areas relevant to early intervention and prevention services might include, for example:

- targeted youth support services
- children's centre services
- community-based services for children with disabilities and their families, including short breaks.

An outline of the content of a market position statement is given in the table overleaf, and a worked example of key sections of a market position statement in relation to children's centre services is given in the annex.

**Table 2: Outline contents of a market position statement**

Section	Content
A summary of the direction the commissioning organisation(s) wish to take and the purpose of the document	<ul style="list-style-type: none"> <li>• A summary of the overall objectives of the market facilitation activity, and any key policy, legislation and regulation that is likely also to have an impact on the market.</li> <li>• A summary of the key elements of the analysis presented in the individual sections below.</li> </ul>
The commissioning organisations' predictions of future demand, identifying key pressure points	<ul style="list-style-type: none"> <li>• An analysis of trends in relation to the relevant population and the impact population change may have on future demand for services.</li> <li>• Particular aspects of demand now and in the future and by nature of particular problems. This will include the rationale on which such estimates are being made.</li> <li>• Aspects of service demand that the commissioning organisation(s) think might diminish as well as those that might grow.</li> <li>• Consumer perspectives: for example, what do young people say about the kind of youth services they would like to access in the future?</li> </ul>
The commissioning organisations' picture of the current state of supply covering both strengths and weaknesses within the market	<ul style="list-style-type: none"> <li>• A review of current and projected future spend, and by whom, on particular market segments.</li> <li>• A quantitative picture of current supply, looking at what services are provided, to whom, where and in what volume. In particular, does the profile of service provision match current and likely future demand, and are services located in the areas of highest need?</li> <li>• A qualitative picture of current supply indicating those areas where services appear not to be meeting required standards or families' requirements or outcomes. This might include summaries of Ofsted reports, of complaints, of user surveys, mystery shopper exercises, etc.</li> </ul>
Identified models of practice the commissioning organisation(s) will encourage	<ul style="list-style-type: none"> <li>• A review of how the commissioning organisation(s) sees the supply side in terms of the approaches and methodologies that might be used and why.</li> <li>• An analysis of whether the desired models of support are matched by current provision, and whether a different approach would require additional funding.</li> <li>• Suggestions about how the market might secure the desired change(s).</li> <li>• A statement about whether the commissioning organisation(s) will continue to provide or directly purchase any services or whether it will seek framework agreements with providers.</li> </ul>
The likely future level of resourcing	<ul style="list-style-type: none"> <li>• Which areas of supply the commissioning organisation(s) sees as a high priority, where it wishes to see services develop and those areas where it would be less likely to purchase or encourage families to purchase in the future. A description of the vision and options for future resourcing, and how this matches with the shift in resources that may be prompted by the previous section.</li> <li>• If cuts are to be made, an analysis of the likely targets, an analysis of the services which might be de-commissioned or discouraged and how the commissioning organisation(s) will seek to achieve these changes, including how they will support transitions.</li> </ul>
The support the commissioning organisation(s) will offer towards providing choice as well as innovation and development	<ul style="list-style-type: none"> <li>• Any particular offers available to providers and families e.g. outcome based contracts, guaranteed or underwritten take up of services, training and workforce development opportunities, business and management support, information and advice.</li> </ul>

# Structuring the market

A market position statement should be the basis of a constructive and creative ongoing dialogue between the local authority and its public, private and voluntary sector providers, and as such it can play a significant role in helping all partners deliver better services and outcomes to the user.

Commissioners developing a market position statement should be mindful that the finished product should act as a 'calling card' or a starting point for a more meaningful dialogue with service users and providers. To that end it should represent a summary and statement of commissioners' intent towards the market, but also be something that can be developed further through discussion. Beyond the market position statement there are still likely to be a number of other market facilitation tasks to be identified and completed and commissioners can use the market position statement to help in the process of structuring the market.

The first task is deciding how the market position statement should be used to signal change to the market. Some simple suggestions include the following:

- publishing, launching and disseminating the market position statement and using it as a 'calling card' for meetings and discussions with current and potential future providers
- developing information for families that describe the changes to existing services and the rationale behind them
- actively promoting the model of what the range of services should look like, based on good practice both within the commissioning organisation and externally.

One of the common complaints in the past from providers is the difference in approach commissioners adopt towards internal provision as compared to the expectations it sets for its external providers. This has become less so as more services have been externalised but, nonetheless, it is still seen as a significant issue in some markets.

This does not mean there isn't a case for any statutory provision. Where it occurs, the reason for such provision being available should be explicit and open, and commissioners should look to reduce differences between in house and external commissioning and procurement systems where services potentially compete in the same market.

There is also a range of activities that can help structure the market through commissioners working with providers. Effective management of relationships with providers is needed if commissioners are going to be able to influence the market so that appropriate provision is in place to meet needs.

Relationships between purchasers and providers have certain features which are needed if they are going to be successful in the longer term – accountability, openness, sustainability and trust – the characteristics of a constructive relationship. Commissioners need to think carefully about how they manage their relationship with providers, and what is needed to achieve a constructive relationship. Commissioners might, for example:

- develop an awareness of providers' long-term business plans and where future support might be needed, and identify business cycles across provider sectors
- discuss whether support to strategic business planning is needed
- work with providers to assess the impact that greater choice, via personal budgets and direct payments, might have on costs and availability of service provision
- where demand for a service exists and where the provider is vulnerable, identify how commissioners can reduce that vulnerability
- look for potential diversification amongst existing organisations
- work with providers on an open book accounting model to cost new developments and innovations
- open up discussions across the local authority with planning, business support and regeneration departments.

# Intervening in the marketplace

Signalling to the market commissioners' desired model of practice and intentions may be enough for some providers to be able to respond to the market position statement. However, in some circumstances, commissioners may need or want to intervene to directly support particular activities and innovations within the marketplace. Such interventions may take place because commissioners feel there is a gap which is unlikely to be filled unless they directly intervene, because they want to achieve a particular end result for users of services, or because they recognise entering the market may be difficult and that small organisations need help and support if they are to grow and be successful.

There are many innovative intervention approaches which commissioners can develop to help them secure the kind of market arrangements they want. For example:

- establishing procurement compacts, for example with small businesses or the voluntary sector, where a framework for the local role of the third sector is agreed and procurement activities take place within the context of that agreement
- running procurement 'open days' or 'meet the buyer' events and appointing named officers to follow up from these events
- producing guidance on 'How to do business with the local authority'
- instituting common, and regular, approaches to liaison with providers, e.g. provider forums
- refocusing local authority business support initiatives onto the children and young people's services market
- exploring how local projects can attract capital investment and what guarantees may be needed
- developing social enterprise organisations and supporting community-led organisations
- exploring where planning barriers exist and negotiating how that process can be improved for providers
- offering access to training that commissioners and providers agree can improve performance
- reviewing tendering and procurement processes, evaluating their impact on provider communities and exploring how improvements can be made that will help to drive the market forward.

# 4. Further resources

City of Bradford MDC (2010) *Market Position Statement* <http://www.bradfordpersonalisation.org.uk/wp-content/uploads/2011/04/Bradford-MPS-Autumn-2010.pdf>

Institute of Public Care (2009) *Transforming the market for social care: A model for market facilitation* [http://www.puttingpeoplefirst.org.uk/\\_library/Resources/BetterCommissioning/whatsNew/market\\_facilitation\\_paper2.pdf](http://www.puttingpeoplefirst.org.uk/_library/Resources/BetterCommissioning/whatsNew/market_facilitation_paper2.pdf)

National Market Development Forum (2010) *Developing Market Intelligence, Discussion Paper 2* [http://www.thinklocalactpersonal.org.uk/\\_library/PPF/NCAS/NMDF\\_Briefing\\_Paper\\_Merged.pdf](http://www.thinklocalactpersonal.org.uk/_library/PPF/NCAS/NMDF_Briefing_Paper_Merged.pdf)

North West Joint Improvement Partnership (2010) *Measuring Demand – Making Decisions: A briefing paper exploring the relationship between commissioning and Joint Strategic Needs Assessment* <http://www.scie-socialcareonline.org.uk/profile.asp?guid=c1b423da-cdf9-47cc-ad72-828d70d96e05>

PricewaterhouseCoopers LLP (2006) *DfES Children's Services: Overarching Report on Children's Services Markets* [http://www.commissioningsupport.org.uk/pdf/Childrens\\_services\\_Overarching\\_report\\_on\\_childrens\\_services\\_markets%5B1%5D.pdf](http://www.commissioningsupport.org.uk/pdf/Childrens_services_Overarching_report_on_childrens_services_markets%5B1%5D.pdf)

South East Joint Improvement Partnership (2010) *Market Shaping Review* [http://www.puttingpeoplefirst.org.uk/\\_library/Resources/Personalisation/Localmilestones/Market\\_Shaping\\_Review.pdf](http://www.puttingpeoplefirst.org.uk/_library/Resources/Personalisation/Localmilestones/Market_Shaping_Review.pdf)

Yorkshire and the Humber Joint Improvement Partnership (2011) *Volunteering for change: Challenges and opportunities for the voluntary social care market – a report for commissioners* [http://ipc.brookes.ac.uk/publications/pdf/Volunteering\\_for\\_change\\_Challenges\\_and\\_opportunities\\_for\\_the\\_voluntary\\_social\\_care\\_market.pdf](http://ipc.brookes.ac.uk/publications/pdf/Volunteering_for_change_Challenges_and_opportunities_for_the_voluntary_social_care_market.pdf)

# Annex: Worked example for children's centre services

This worked example is illustrative of a market position statement for children's centre services. It is not a policy model, but is used here to show how these guidelines might be used in practice.

Children's centres are the lynchpin of our provision for vulnerable families with younger children. We must look to make best use of our total local resource to ensure the best outcomes for all children aged 0–5 including, in particular, our most vulnerable children.

This market position statement is aimed at:

- **organisations interested in providing children's centre services** – what kinds of services we are looking to support
- **families** – how we intend to shape the local children's centre market to best meet your needs, and how you might be encouraged to participate.

It represents the start of a dialogue about the future of local children's centre markets. We aim to give a clear insight into the ways in which we propose to commission children's centre services and our vision for how other key services, such as health visiting, speech and language services, and early years education can work together with and use children's centres as a vital local hub for more vulnerable families.

It takes into consideration the findings of the recent review of children's centre and allied services, which was shared with local families and providers, our Commissioning Strategy for Early Years Services, and our knowledge of good or emerging practice. It also takes account of national developments in relation to health services overall as well as recent national reviews such as the Kennedy Report (2010), the Review of the Early Years Foundation Stage (2011), the Allen Review (2011) and the Munro Review of Child Protection Services (2011).

We are committed to stimulating a diverse, active market where innovation and energy is encouraged and rewarded and where poor practice is actively discouraged. This is an important role for the Children and Young People's Partnership. It is a key part of shaping a place where all families, but particularly those with emerging additional needs, can engage in and benefit from services that build on family strengths, and address difficulties, with the important ultimate aim of improving outcomes for children.

**Organisations interested in providing children's centres can learn about our intentions as a purchaser of services, and our vision for how services might respond to the national drive for greater targeting of the more vulnerable families.**



Tomasz Markowski / dreamstime

## Likely future demand and pressure points

Our population of children aged 0–5 years old is set to grow slowly over the next 10 to 15 years.

Families currently registered with and using children’s centre services come from a range of backgrounds and some centres are succeeding in attracting a greater diversity and number of vulnerable families. However, overall the balance is too much in favour of parents who could get by without additional help, and we are not succeeding in stimulating sufficient demand for services aimed at supporting more vulnerable families, for example:

- families who have children with disabilities
- younger parents, including in particular teenage parents
- families with parental mental ill-health
- families with parents who drink too much or take drugs
- families where there is domestic violence.

Demand for key aspects of children’s centre services such as parenting education classes is high but, again, insufficient numbers of families with additional needs are being supported to attend these.

Families – including vulnerable families accessing children’s centres – travel; they don’t necessarily choose to access their local centre.

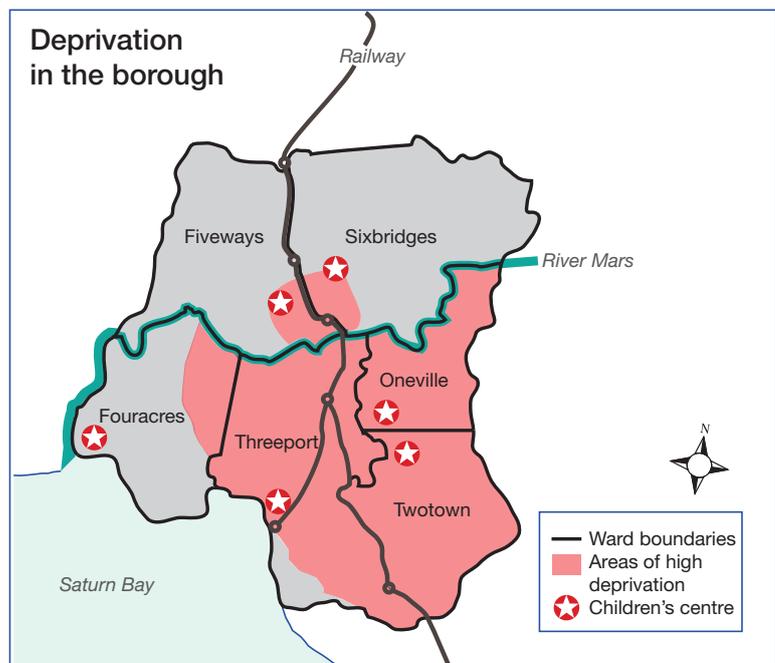
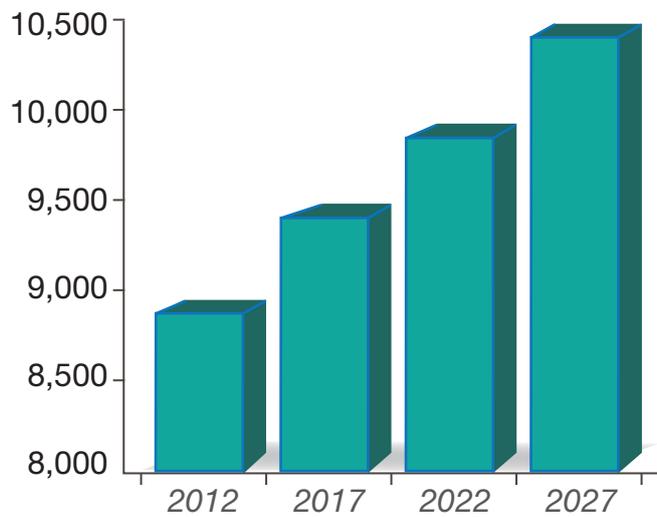
Wards that are more deprived and have a greater number of indicators of family vulnerability currently include: Oneville, Twotown and Threeport although there are pockets of deprivation and vulnerable families in all of our six wards.

Although our local breastfeeding rates are high overall compared with the national picture, rates for vulnerable groups such as younger mums remain stubbornly low.

Vulnerable families do access Team around the Family locally, but in much greater numbers for older children and young people. We have very low demand for in Team around the Family arrangements for families of

0–5 year olds. There is no clear record of the extent to which Team around the Family families are accessing children’s centre services and little connection between the two.

The population aged 0–5



Demand for specialist children in need services for under 5s continues to grow locally, but not as steeply as in other areas.

Our recent children's centre parents' survey has revealed that many existing users are happy with the services on offer but would like more flexible opening hours including more evening and weekend activities, more groups for fathers, more welcoming reception areas, and greater one-to-one support where appropriate.

## The current state of supply

We currently fund a children's centre in each of the six wards. There is a mixed economy of provision, with some centres and services delivered by the council and some by the voluntary and community sector.

The 'offer' and activity type and level varies greatly from centre to centre. Most have standard offers such as nursery provision, parent and toddler groups, employment advice and general family support. However, not all centres offer evidence-based parenting programmes, which we know are central to effective early intervention, or more intensive and tailored support for families identified as being vulnerable, or outreach services that can target and support families who might find it difficult to ask for help.

Services provided by the more successful children's centres include a combination of relatively open-access and attractive services such as nursery provision, baby massage and parent and toddler groups with:

- evidence-based parenting programmes such as Webster Stratton
- dads' groups
- parents' forum
- outreach services
- breastfeeding support
- access to other services, such as counselling and other mental health support services, housing and debt advice
- young parents' group
- bespoke family support
- community activities
- activities for disabled children and their families.



Tomasz Markowski / dreamstime

## Models of practice we will encourage and support

We retain a commitment to commissioning children's centre services, focusing resources in particular on areas where there is greatest deprivation and need. Children's centres will continue to need to deliver a 'core' offer including:

- energetic and visionary leadership
- welcoming reception areas and easy access information, advice and support services
- working together with families and involving of parents in shaping delivery
- services to support a range of good outcomes for children – seen through the eyes of the child
- contribution to the sufficiency of good quality child care locally
- targeted family support services to individual families, in groups, and through outreach.

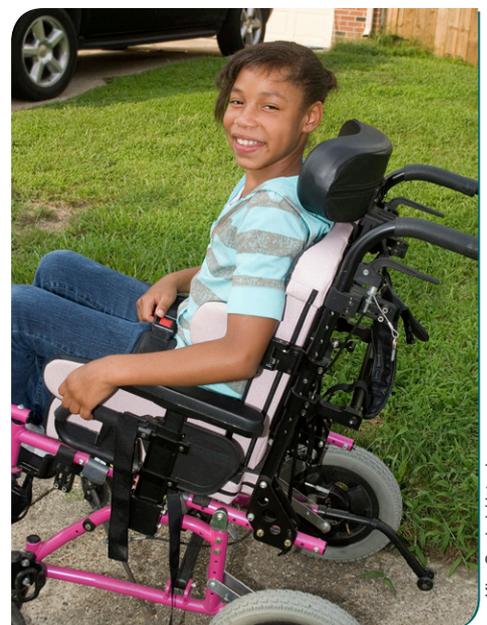
## Particular changes we are seeking to achieve over the period 2012–15

1. A shift away from focusing on growing registrations from across the overall population of 0–5 year olds to extending the number of vulnerable children and their families accessing outcomes-focused, flexible, and evidence-based support. Particular target groups include:
  - families where housing, debt, parental mental ill-health, substance misuse, disability, social isolation and/or domestic violence or a combination of these are impacting or likely to impact on parenting capacity
  - younger parents, including in particular teenage parents
  - fathers
  - children with disabilities – particularly those with emerging behavioural or speech and language problems.

These services will not need to be delivered exclusively by children’s centre staff. They will need to be developed with and complement other targeted services locally including those commissioned by the local authority to support children in need, and community health services. Services should focus on increasing child resilience and preventing or reducing risk factors including parent and environmental factors. They will need to be well planned and for sufficient duration to make a difference.

2. A further extension of outreach activities – including evidence-based engagement with and planned programmes of support for vulnerable families. Again, these services will need to complement and not duplicate others including community health services.
3. A greater focus on parenting skills development, including evidence-based group and individual programmes of support designed to enable consistency, capacity and motivation of parents to nurture children.
4. A further extension of children’s centres as hubs for other services, including in particular community health services such as health visiting, speech and language therapy and midwifery.
5. Facilitation of parent or community-led universal activities and consideration of charging mechanisms for open access provision – to ensure that these services remain viable and provide a bridge into more targeted or specialist services if necessary.
6. A shift towards maximising the use of children’s centre ‘space’ for a range of activities relevant to children and young people as well as the wider community. This will include stimulating grass roots including parent-led groups or individuals to make creative use of the space and support networks of parents.
7. Greater focus on the facilitation of and support for crucial integrated systems to help vulnerable families move smoothly through and across services – for example CAF, Team around the Family, lead or key professional activities. This may involve children’s centre staff sometimes ‘holding onto the baton’ and so taking the lead on these systems and activities.

**We would also like to explore the extent to which children’s centres can become hubs for integrated workforce learning and continuous improvement in early childhood services – and would welcome the views of all concerned about how this could work in practice.**



Kim Gunkel / istock

## Likely future level of resources

Our income from central government for children's centre services is reducing overall from £2 million per annum for the period 2010–2011 to £1.8 million per annum for the periods 2011–12 and 2012–15. Central government funding thereafter is uncertain.

We have in the past supplemented the central government grant for children's centre services with a local authority contribution of £600,000 per annum for allied family support services. In keeping with overall council reductions, we will need to reduce this spend on children's centre related family support services to £400,000 per annum for the period 2012–13.

We will therefore have approximately £2.2 million to spend on children's centre services in the year 2012–13, compared with £2.4 million in 2011–12 and £2.6 million in 2010–11.

We will need to ensure that this money works as hard as it can in the next period of time, and that we make best use of the total resource available locally to ensure the future applicability, effectiveness and sustainability of services. In this context, we will wish to prioritise our direct spend on:

- activities that are evidence-based, particularly for more vulnerable families, for example centres offering parenting education classes
- improved engagement with vulnerable families, in order to support them to access and benefit from children's centre services
- activities that draw other services in to support vulnerable families, such as Team around the Family, lead professional services or contributions to Team around the Family, access to facilities for peripatetic workers who need to meet with families and access to drop-in clinics for community health professionals.



**We anticipate that children's centres will also need to and indeed can realistically attract and increase their income from a number of other sources, including:**

- **families accessing universal offers such as nursery, parent and toddler groups, baby massage and parenting education**
- **the wider community, for example by offering space to let to community groups**
- **professional groups and organisations, for example through the provision of training for groups of practitioners in relation to areas of children's centre expertise, such as:**
  - **building family capabilities and resilience**
  - **how to engage with harder to reach families, and keep them engaged for long enough to make a difference**
  - **improving communication and language development in early years by all professionals – the significance of and tools to support this area of development**
  - **use of local tools and systems to consistently and effectively identify and act on early signs of need.**

## What we can offer to support innovation and change

### The support we will offer families

Information and advice about the services on offer at children's centres, including those services that will no longer be on offer or no longer free of charge, and the rationale for the change(s).

Information about the services they can expect to receive from each children's centre and their likely cost.

Support to develop parent or community-led groups to organise and access funding for services to be delivered in or run from children's centres, including activities for disabled children, peer support for vulnerable parents and community events.

Information and advice to individual families about accessing services or funding for services particularly for vulnerable groups, such as nursery provision, short breaks and specific grants via our Family Information Service (FIS).

**To support effective integrated services we will continue to share information about the needs of vulnerable families and communities across the local authority area and by Clinical Commissioning Group.**

**We will encourage statutory agencies to use children's centre premises and services as local area 'hubs' to meet with families, professionals and teams and to access training.**

**We will support Team around the Family arrangements in relation to vulnerable families who have needs greater than one agency can address and who would benefit from this approach.**

### The support we will offer providers

A transparent tendering process for all children's centre services to commence in April 2012 including: provider involvement in developing the detailed specification for local authority funded services; outcome-based procurement processes and contracts; and the award of contracts for a 3 year period (from 2012 to 2015).

One-off time limited funding and complementary advice for all commissioned children's centres to develop, or further develop, aspects of the 'offer' that may be currently underdeveloped, such as training, Team around the Family lead professional work, parenting education and outreach services.

Direct advice, support and coaching from our Business and Innovation Unit for all providers to identify and grow legitimate sources of income from other sources, including families, the wider community and professional groups or organisations, and to develop their business plans.

Direct marketing and brokerage of children's centre offers that include paid-for services, for example through our Family Information Service (FIS) or with our partner organisations interested in early intervention and prevention services for families.

Information for existing users about the changes in services we are making across the local authority area, and why.

Continued access for key children's centre staff, including children's centre leaders to our own workforce development programme.