Manchester City Council
Report for Information

Report to: Children and Young People Scrutiny Committee – 4 September 2019

Subject: Early Years Service

Report of: Strategic Director of Children and Education Services

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Summary

This report provides Children and Young People Scrutiny Committee with an overview of the Early Years offer in the city and reports on outcomes in relation to the Early Years Delivery Model and the Healthy Child Programme.

Recommendation

Scrutiny Committee members are invited to:

1) Consider the progress and impact being achieved by the early years offer and delivery arrangements.
2) Review actions and next steps to achieve good outcomes.
3) Request a future report in respect of the outcome and findings from the Local Government Association Peer Challenge in the Early Years and the Quality Assurance arrangements.
4) To note the Health Visitor requirement for additional staffing and support as required.

Wards Affected: All

Manchester Strategy outcomes	Summary of the contribution to the strategy
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	A strong Early Years sector will allow parents to continue in further education or employment opportunities. A good start in life is essential to enable our children and young people to achieve their full potential and contribute to the city.
A highly skilled city: world class and home grown talent sustaining the city's economic success	Improving educational outcomes is essential for young people to gain qualifications and contribute to Manchester's economic success.
A liveable and low carbon city: a destination of choice to live, visit, work	An outstanding Early Years system will be attractive for parents to choose to live and work in Manchester and will contribute to the city's success.

A connected city: world class infrastructure and connectivity to drive growth	Early Years services support families to be successful who are then able to deliver continuing growth in the City

Full details are in the body of the report, along with any implications for –

- Equal Opportunities Policy
- Risk Management
- Legal Considerations

Financial Consequences – Revenue

The Early Years Core offer is made up of £14.7m Council budget (this includes the Health Visitor contract of £10.3m) and a £1.8m contribution from the Dedicated School Grant.

Early Years resourcing requirement is contained within the budgets outlined above and there are no financial changes arising from this report.

Financial Consequences – Capital

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1.0 Introduction

1.1 Further to the report presented to the Children and Young People Scrutiny in January 2018 this report is to update Scrutiny Committee members on the early years offer in the City and will specifically provide an update on the Early Years Delivery Model and the Healthy Child Programme.

1.2 The importance of the early years and getting it right in the first stage of a child's life is widely accepted; in 2009 Sir Michael Marmot articulated that giving every child the best start in life was imperative to improve health outcomes and to reduce inequalities in later life. The subsequent identification of the first 1,000 days as being critical to child development; the recognition of the central importance of the parent-child relationship and the provision of integrated services as essential to achieving this, led to the development of a National focus on the first 1000 days; regionally this led to the development of a Greater Manchester Start Well Strategy (2016) and a strengthened focus on the early years.

1.3 We have established a Start Well Board to ensure there is a system wide focus in relation to early years and a consistent approach to the first 1000 days. A clear programme of work is in place with the aim of:

- Improving health outcomes
- Ensuring children are ready for school
- Ensuring a good level of development
- Reducing infant mortality
- Reducing inequality

1.4 In addition, as articulated at the Scrutiny Committee held in July 2019, Children's Services is progressing the development of a locality delivery model which will focus on person (child and family) centred outcomes across all sectors. The model will reform Children's Services to deliver local, place based services on a 1-3-12 footprint; aligned with Bringing Services Together, Integrated Neighbourhood Teams and Manchester's Multi Agency Safeguarding Arrangements (MMASA).

1.5 As part of the developing delivery model work is being undertaken in partnership with Manchester's Local Care Organisation to develop the 'integration' of services to ensure there is multi-agency 'think family' approach. Whilst work is ongoing the impact of parental mental health and substance use on the development of their children require consideration for greater partnerships between Adult Social Care, Mental Health Services and drug/alcohol services and arguably co-located with Children's Services if there is going to be a positive and long term impact on health outcomes. It is expected this would promote economies of scale, supports improved services, experience and outcomes.

1.6 A key strand in the reform of Children's Services is the strengthening and delivering a neighbourhood and community based offer of Early Years through

a more integrated, place based delivery with clear links/pathways to Early Help, health visiting and Social Work services.

1.7 Our collective focus and objective will be to deliver improved outcomes and to close the gap in relation to a good level of development. We have a strong and robust early years sector which provides a universal offer and an early intervention and prevention targeted offer. Comprehensive support is delivered via the Sure Start Children's centres with an integrated delivery model with health colleagues and strong connectivity to place based working. The quality of early years settings continues to improve with 96% judged good or better by ofsted and there are effective quality assurance arrangements in place to ensure there is continuous improvement.

2.0 Manchester Context

2.1 Children and their Families life experiences all too often result in a detrimental impact on their longer term health outcomes and can be characterised by poverty, poor nutrition, smoking, domestic abuse and poor mental health. These pressures experienced by our families' mean that efforts to achieve the targets of support and assessment must be understood within this context, as this poses, additional complexities in relation to reach and impact.

2.2 The latest data from the Office of National Statistics shows that, as at mid-2017, there are estimated to be around 38,500 children aged 0-4 resident in Manchester. This is equivalent to just over 7% of the total resident population.

2.3 The proportion of the population of Manchester aged 0-4 years is forecast to reach its highest in 2022.

2.4 Recent figures for August 2018 suggest that over half (52%) of children aged under 5 years in Manchester live in Lower Super Output Areas (LSOAs) which fall within the most deprived 10% of LSOAs in England. This compares with just 13% of children aged under 5 years living in England as a whole.

2.5 Data from the End Child Poverty Coalition (published in January 2018) shows that, in 2017, Manchester was estimated to have the second highest proportion of children living in poverty in the UK to Tower Hamlets. In 5 out of the 32 wards in Manchester (Moss Side, Rusholme, Longsight, Cheetham and Ardwick) more than 50% of children were estimated to be living in poverty. There is a clear correlation between levels of child poverty and poor health outcomes for children.

2.6 An evaluation from the Institute of Fiscal Studies (2019) confirmed that Sure Start Children's Centres had major health benefits for children in poorer neighbourhoods. Key findings included:

- Sure Start significantly reduced hospitalisation for children by the time they finished primary school.
- At younger ages, a reduction in infection related hospitalisation plays a big role in driving these effects.

- At older ages, the biggest impacts are felt in admissions for injuries.
- Cost benefits analysis showed the benefits from hospitalisations were able to offset approximately 6% of the programme costs.

2.7 From 2014 to 2017, the percentage of pupils achieving a Good Level of Development in Manchester improved by 13%; compared to 11 % nationally. The latest data for 17/18 shows that 66.9% of eligible children had reached a good level of development at the end of the Early Years Foundation Stage, compared with 71.5% of eligible children across England. In Manchester, we want to see a year on year increase in school readiness to reduce the gap between England and Manchester within five years. Our challenge remains in achieving improved individual learning goals in relation to literacy and numeracy.

2.8 Currently there are 563 childcare providers operating in the childcare sector across the city. This includes 404 registered childminders and 159 group day-care settings of which 96% of settings have been judged by Ofsted to be good or better; an improving position since 2014.

2.9 The Early Years Quality Assurance team has responsibility for working with group day-care settings and childminders across Manchester. All providers are supported with a minimum of one visit per year. The Early Years Quality Assurance team have developed the Quality Assurance Framework, this supports all providers in achieving a good standard of provision and preparation for inspection. Where providers are identified at being at risk more intensive support is given.

2.10 Currently 96% of settings of have been judged by OFSTED to be good or better, with no inadequate settings; 85% of Manchester childminders are good or better; 100% of Manchester Out of School Clubs are good or better and finally 100% MCC Tendered Day Care is good or better. The main focus of the Early Years Quality Assurance team for 2019/2020 is supporting settings and childminders for the new Education Inspection framework and scrutiny members are invited to look at the quality assurance arrangements in more detail.

3.0 Strategic Priorities and Governance Arrangements

3.1 The first stages of a child's life are important and ensuring that children get the best start, particularly in the first 1000 days of life (conception to age 2 years), is a priority for the City.

3.2 All the evidence is clear that supporting families and children at the earliest opportunity leads to best outcomes. If we get it right in these early years we can make a big difference - getting children starting school ready to learn and with better health as they grow.

3.3 Manchester is below the national average when it comes to the proportion of children who are 'school ready', measured by the percentage of children achieving a good level of development at the end of reception year. Achieving

a good level of development means children at age 5 are able to communicate their needs and have a good vocabulary, are able to take turns, sit, listen and play, are able to socialise with peers and form friendships, are able to recognise numbers and quantities, are independent in eating, getting dressed and going to the toilet. They have developed motor control and balance for a range of physical activities, have received all of their childhood immunisations, have good oral health and are well nourished and have a healthy weight.

3.4 The Early Years Delivery Model (EYDM) is supporting work to increase school readiness by increasing the effectiveness of universal early years services. It takes a system wide approach and involves partnership working between midwives, health visitors, nursery nurses, early years practitioners and other such as speech and language therapists and the Child and Parents Service (CAPS).

3.5 To provide strategic leadership and to achieve our outcomes a Start Well Partnership Board has been established and this will provide strategic direction to support a system wide focus.

The work of the Board will link to the Greater Manchester Combined Authority Start Well Early Years Strategy (June 2016), to the All Our Health: Best Start in Life (April 2019) and to Reducing Infant Mortality Strategy (February 2019). A delivery plan has been agreed and will ensure connectivity with the Sure Start Partnership Delivery Groups to achieve the aims and ambitions from the Start Well Partnership. Governance and accountability will be to the Children's Strategic Board and the Health and Well- being Board. A risk stratification approach will be undertaken to identify at an earlier point children and families who would benefit from additional help and support. Work to develop a risk stratification tool and an agreed process has commenced and will be shared at the Start Well Board in September 20019.

3.6 LGA Peer Early Years Challenge

3.7 The Local Government Association (LGA) will be undertaking a peer challenge of our Early Years Provision between 8 - 11th October 2019. Although the scope of the challenge is yet to be agreed it has been confirmed that the challenge will look at how we are improving outcomes for children with a focus on speech, language and communication skills. The key lines of enquiry are to be determined and will be informed by the completion of a maturity matrix; this is an online self assessment completed by 20 stakeholders; and findings from the maturity matrix will be shared at a workshop hosted by the Early Intervention Foundation in September 2019.

3.8 Planning is underway to support the peer challenge and this will be a good opportunity to test out the impact our delivery models and partnership arrangements are having on improving outcomes for children and families. Scrutiny committee will receive a further report on the findings from the peer challenge.

4.0 The Early Years Delivery Model (EYDM)

4.1 The Early Years Delivery Model (EYDM) is an integrated pathway for all children from pre-birth to 5 years of age in partnership with health care and early years professionals. The model supports the delivery of the Sure Start Core Purpose which has at its heart improving outcomes for young children and their families and reducing inequalities.

4.2 An 8 stage model based on assessment at key points was developed across Greater Manchester and aligns to the requirements of the Health Visiting national commissioning requirements as set out by the Healthy Child Programme (HCP).

- The first five stages of the eight stage model is in place across the city and delivered by the Health Visiting Service, as follows:

  - **Stage 1:** antenatal visit from 28 weeks.
  - **Stage 2:** new birth visit at 10- 14 days
  - **Stage 3:** two month HV review and HCP Maternal Mental Health Assessment
  - **Stage 4:** nine months assessment
  - **Stage 5:** assessment; 2-year review
  - **Stage 6 to 8:** 3 x points of contact between age 3 and age 5 to be undertaken in school settings

4.3 The EYDM uses a holistic approach considering the needs of the child within the whole family context. Staff use a strength based approach when working with families this includes the completion of Early Help Assessments (EHA) for all targeted work.

4.4 Delivery of the model is aligned to the Sure Start Children's Centre provision which uses a place based approach across 14 groups. The model is universal and open access to all families with children aged 0-5 years. This approach ensures that the EYDM is maximising every opportunity to reach families. The Health Visitor service visit every newborn child across the City and our Sure Start provision currently has registered 93% of the 0-5 population with a 70% reach rate.

4.5 Delivery at a locality level is supported by integrated teams of Health Visitors, Nursery Nurses and Early Years Outreach Workers who work together to ensure that services are available to families close to home in the locality where they live. The approach ensures effective use of resources and skills of staff, which helps to avoid confusion or duplication of services.

4.6 The Delivery Model is predicated on early identification of need and of risk factors and achieves this through timely assessments points via an 8 key stage model through a child’s developmental journey. The model uses a suite of evidence based assessments and interventions that are delivered as part of the pathway.

4.7 The main child development assessment tool used is the ages and stages questionnaire (ASQ3) this is a parent led assessment which supports parental engagement in their child's developmental assessment. Commissioning arrangements are in place to support Speech and Language and Parenting Skills; both pathways are embedded across the City and are working well and will be subject to a revised tender process in 2020.

5.0 Use of the ASQ3 in the Model

5.1 The ASQ3 informs the Health Visitors assessment of the child's development. Development is looked at across the five domains of Gross Motor, Fine Motor, Communication, Problem Solving and Personal Social and a score is achieved for each one.

5.2 The score indicates a level white, grey or black. White indicates a child is at the expected level of development whilst Grey and Black indicate additional needs. Children identified by the ASQ3 as requiring more targeted intervention can be supported through access to an appropriate pathway including a Communication and Language pathway; a Parenting pathway and a Parent Infant Mental Health pathway. The pathways involve use of evidence based interventions targeted according to need.

5.3 The EYDM has been in place since 2015 and the results for the first cohort of children who have been offered each stage of assessment will be available in 2020.

5.4 The roll out of the Early Years Delivery Model and use of the ASQ has enabled earlier identification of needs such as special education needs, communication and language and behaviour; these are being identified and addressed at a much earlier stage. This means that children will either enter school with a full package of support to support their needs or are at typical levels of development. Whilst stages 1-5 are fully embedded there is further work to implement stages 5 - 8. This work will be developed via the School cluster approach and will enable early years, early help, and primary schools to collectively focus on delivering year by year improvements in relation to a good level of development.

6.0 The Sure Start Core Purpose

6.1 The Early Years Delivery Model forms part of the Early Years offer which includes the Sure Start Core Purpose. The offer is delivered using a place based approach across 14 Sure Start groupings comprising of 38 Sure Start Children Centre buildings. Six of these groups are managed and organised on behalf of the Council by five public sector and voluntary organisations. Eight of the groups are managed directly by the Council.

6.2 At a place level Sure Start Children's Centres directly contribute to the offer of Early Help and provide a range of services for families. Key practices include work to support child development and school readiness, parenting aspirations and skills and delivery of child and family health services. This model will be

enhanced by our current work to align Early Years and Early Help Hubs and connectivity with Integrated Neighbourhood Teams allowing for a whole family approach and impact on outcomes across the life course.

6.3 The Early Years Delivery Model was rolled out across the city in 2015 – the first 5 stages are embedded; parent infant mental health, parenting and communication and language pathways are in place and pathways utilise evidence based assessments and interventions. Locality governance arrangements in place across 14 groups, covering the Sure Start Children's Centres.

7.0 The Healthy Child Programme

7.1 Outlined below is the uptake of the Healthy Child Programme; this reports on visits and contacts from health staff from the antenatal period through to 2.5 years. The offer of a New Birth Visit and developmental review to complete the ages and stages questionnaire at 6-8 weeks, 9 months and 2 years is made to 100% of eligible children and is usually via a home visit or clinic appointment.

Healthy Child Programme: Contacts	**Description**	**Q1 2018-19**	**Q2 2018-19**	**Q3 2018-19**	**Q4 2018-19**	**England 2017-18 (Annual)**
Antenatal	Visit to every pregnant woman between 28 – 36 weeks	476	506	589	465	257,051 *(41% set against birth data)*
New Birth Visit	Visit to every new born baby between 10-14 days to include a maternal contact if appropriate	74%	78%	82%	82%	87.7%
Maternal Mental Health Assessment	Undertaken with every mother between 6 -8wks *(cohort – number of 6-8wk babies)*	66%	79%	84%	85%	84.3%
6-8wk (GM/C) Health Developmental Assessment (HDA)	Contact with every baby between 6-8wk to assess development and identify needs including an ASQ,	89%	90%	91%	89%	N/A
9 month Health Development Assessment (HDA)	Appointment for every child at 9m old to assess development and identify needs including	59%	69%	67%	68%	75.6%

	ASQ. Reported as uptake achieved by 12m old					
2 year Health Developmental Assessment (HDA)	Appointment for every child at 2yrs old, to assess development and identify needs including an ASQ. Reported as uptake by 2.5yrs	56%	62%	68%	66%	75.7%

Analysis of performance has highlighted the following:

- Most of the contacts are broadly in line with the national picture and there have been recent improvements in coverage for the 9 month and 2 year reviews. This should be acknowledged in the context of the increasing demand.

- The take up of the 9 month reviews completed by the time children reach 12 months was 68% in Quarter 4. This shows an increase of 1% from quarter 3 and a 7% and 8% increase respectively from quarter 1. The take up of reviews for 2 year olds measured when they reach 30 months was 66% in quarter 4; a 10% increase since quarter 1.

- To note: all HV Teams follow a 'missed appointment algorithm' when children are not brought for a clinic appointment which includes ringing the parent, checking addresses and offering a new appointment / home visit. This ensures there are multiple approaches in place to ensure children are reviewed.

- To improve uptake a number of actions have been progressed and are being monitored for impact. These include extending the pilot of home visits; in Rusholme where this approach was piloted this led to a positive impact on performance and 3 of the 5 teams in Central Manchester changed their practice. In June 2019, there were a further four Health Visiting teams in North Manchester who have now changed over to offering home visits.

- Publicity posters have been launched to inform parents/carers of their child's Development Assessments in order to promote attendance and raise awareness; these are being displayed in Children's Centres, GP Practices and Community Clinics, with contact details for local Health Visitor Teams.

- Improved data reporting is in progress and we have a commitment to develop a more detailed reporting framework to support on-going data quality work.

- The Health Visitor service recruited an additional 10 Community Nursery Nurses to support the Health Visitor teams, particularly for the delivery of

the Health Development assessments; these staff entered the workforce during 2018-19 quarter 4 and underwent further training to enable them to deliver the ASQ's. They are all now working fully within their teams.

- Health Visitor recruitment continues to be difficult due to a national shortage of trained Health Visitors to fill vacant posts. The service has been working closely with commissioners and Manchester Metropolitan University / Health Education England to facilitate additional and improved training posts for 2019/20.

8.0 Health Visitor Pressures impacting on performance

8.1 Historic increases in the population aged 0-4 years together with the high needs of families living in poverty, means that the current Health Visiting Service has faced an increasing challenge to deliver the Healthy Child Programme within the commissioned workload. The service has not grown to accommodate rising need and new challenges. These additional pressures include the increasing homeless families offer, postnatal mental health assessments and electronic patient record (EMIS) implementation.

8.2 Caseloads across teams vary between 1:250 in the most deprived areas and 1:400 in the least deprived areas. Other areas in Greater Manchester, operate at 1:150 to 1:400 Health Visitor caseload ratio. A review of provision and options to address capacity issues has been undertaken by Population, Health and Well-Being.

8.3 The Review resulted in the report of the Director of Public Health for MHCC and the Chief Nurse for the Manchester Local Care Organisation (September 2018) highlighted a need for an additional 146 Fte Health Visitors to meet the demand for the Health Visiting Service in Manchester. Without this additional capacity, achieving good outcomes and addressing the complexity of children and families' needs within the City will be challenging. Funding has been secured from Manchester Health and Care Commissioning to provide some additional Health Visitor training places but further investment is needed. Training, recruitment and retention of health visitors in Manchester remains a priority.

9.0 ASQ3 Developmental Review Outcomes

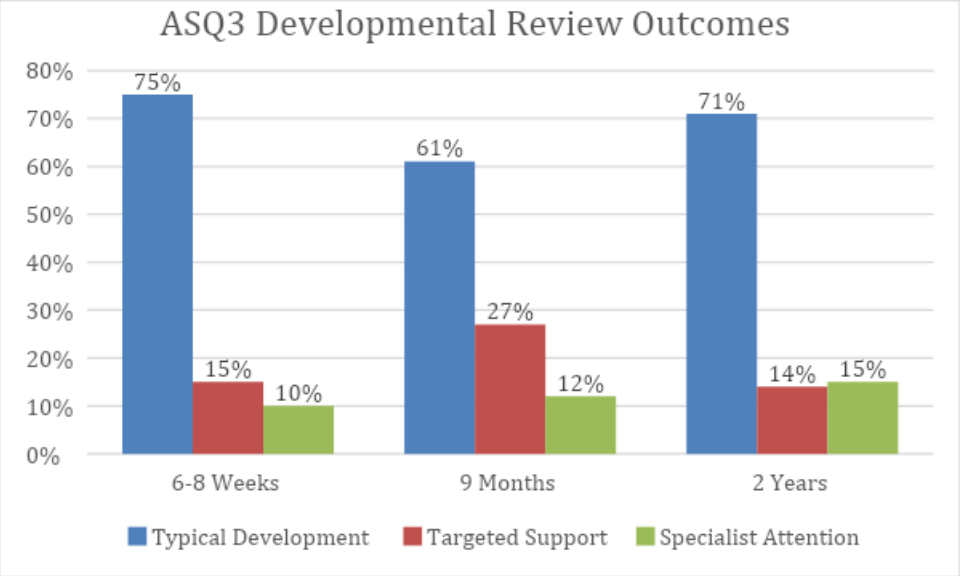
9.1 Data from 1st April 2018 – 31st March 2019 has highlighted the following outcomes based on the ASQ assessments:

- At 6-8 weeks 75% of children show typical development in all areas of learning; 15% require targeted support and 10% specialist attention.

- At 9 months 61% of children are developing typically in all areas of learning whilst 27% require targeted attention and 12% specialist attention.

- At 2 years 71% of children show typical development in all areas of learning; 14% require targeted support and 15% specialist attention.

Please see table below demonstrating the above results:



9.2 There are now a number of pathways and referral processes in place which mean that those children identified as requiring support are offered this.

10.0 Communication and Language Pathway

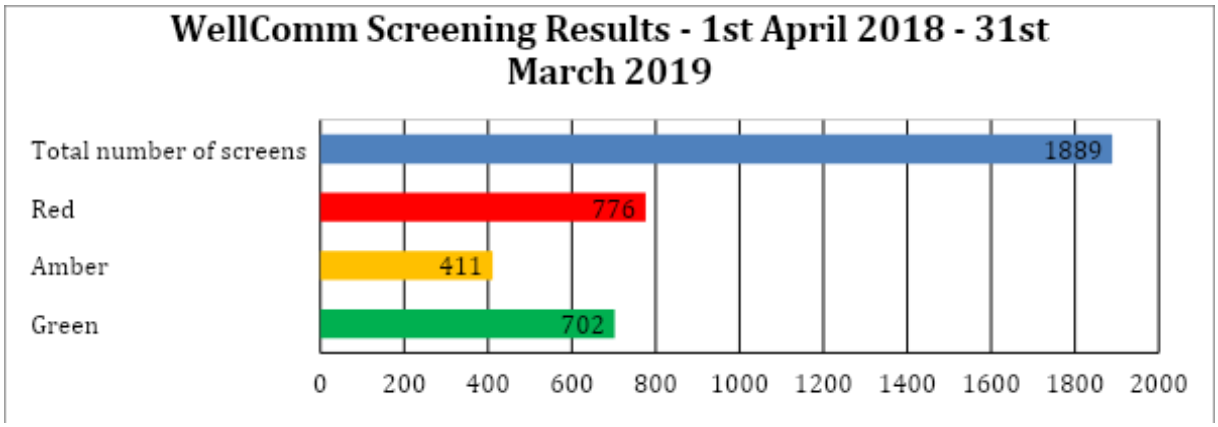
10.1 WellComm Screen Activity

10.2 The Early Years Communication and Language pathway supports language development for young children at risk of language delay. It forms part of the Early Years Delivery Model in Manchester and reflects the Greater Manchester strategy.

10.3 The Communication and Language pathway includes delivery of a standardised language screening tool known as WellComm. Where there is a suspected language delay a Wellcomm screen is completed.

10.4 During 2018/19 1,889 children in total received a WellComm screen, of the children screened 411 children scored amber and 766 children scored red. This indicates that 63% of all children screened showed a delay in their language skills and those children scoring amber are offered group therapy sessions and those scoring red are referred to the NHS specialist service.

The table below demonstrates the above results:



10.5 WellComm Reviews

10.6 The WellComm review takes place 3 months post intervention and assesses whether children score as red (requiring specialist support), amber (requiring targeted intervention from the EYDM) or green (universal support) post intervention. All children have previously been assessed as amber or red at point of referral. Review information has shown:

- 44% of Children were sign posted to universal services.
- 25% of Children continued in the intervention.
- 31 % of Children were referred to specialist services.

10.7 Following the review, children who continued to be assessed as having amber needs were offered further support from the Communication and Language Pathway.

10.8 In addition to WellComm activities, parents are given the opportunity to attend Parent Child Interaction (PCI) groups to increase their understanding of language development and communication strategies which support their child's communication development. Parents are observed and assessed pre and post groups by the facilitator on the frequency of their use of the strategies taught such as; following the child's lead, commenting and repeating language. The scores post intervention show a 74% increase in positive language strategy use by parents to encourage speech and language development during interactions with their children.

10.9 There has been a substantial increase in referrals to the SALT specialist service. Referral rates have more than doubled; this is as a direct result of the pathway. These children with communication and language needs would not previously have been identified as early prior to the implementation of the communication and language pathway. The high referral rate has created a challenge for the specialist speech and language therapy service and waiting times for initial assessment have increased. However, once assessed, the children and families will access appropriate advice and support to ensure that

children reach their potential in communication and language before they begin school.

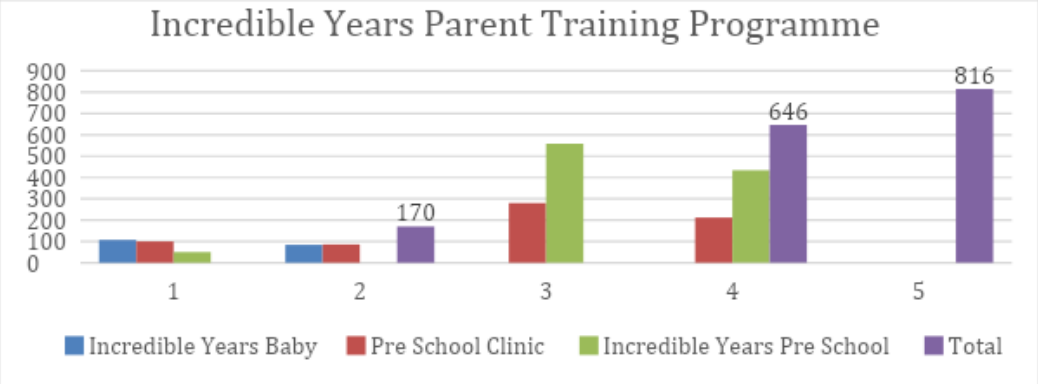
11.0 Support for Parenting

11.1 The Children and Parenting Service (CAPS) is a multi-agency, early intervention service delivering high quality, evidence based interventions to Manchester's most vulnerable children and their families. All CAPS interventions are delivered to targeted families with clinically significant problems such as poor attachment, child conduct, parental depression, parental anxiety or lack of confidence and risk of harm or neglect. There is overwhelming evidence that failing to tackle these problems early on in preschool leads to poorer life chances.

11.2 **Parenting Pathway**

- CAPS scaled up effectively to ensure 7,800 under 5's (20% of the school population) have benefited from receiving a CAPS evidence based intervention.
- 78% retention rates on parenting courses.
- Higher levels of increased parenting confidence and mental health.
- 354 children moved from clinical range of conduct disorder behaviour problems to non clinical range.
- 62 parents moved from clinical to non-clinical range on a standardised measure of clinical depression.

11.3 Incredible Years (IY) Parent Training Programme, Webster-Stratton (Parent Survival Courses in Manchester)



11.4 From April 2018 – March 2019 CAPS has reported on the delivery of interventions to 816 children from birth to 5 years.

11.5 The success of the intervention is measured by the use of clinically significant impact measures:

- In clinical range on the Eyberg Child Behaviour Inventory (above 125 on total score and above 11 on problem score) and / or
- In clinical range on the Beck Depression Inventory (above 14) and / or

- In clinical range on the Abindin Parenting Stress Index (above 88) and / or
- In 'at risk' of harm / neglect range on the Index of Need.

11.6 **Eyberg Child Behaviour Inventory**, before intervention 194 children out of 353 were in clinical ranges for conduct disorder behaviour problems. Within one month 124 children moved from clinical to non-clinical ranges on a standardised measure of child behaviour problems. This represents 64% of the cohort. By three months 100% of children moved to non-clinical ranges.

11.7 **Beck Depression Inventory**, before intervention 170 parents out of 363 were deemed in clinical range.106 (62%) parents moved from clinical to non-clinical ranges on a standardised measure of clinical depression.

11.8 **Karitane Parenting Self Confidence Scale**, before intervention all parents were targeted and 63% were either lacking in parenting confidence to a clinically significant level, were at risk of developing clinical problems or at risk of harm and/or neglect. 52% parents recorded increased parenting confidence following this intervention.

11.9 Such dramatic improvements in behaviour in young children will lead to higher school attainment and lower antisocial behaviour, resulting in financial and social savings.

11.10 Each child with untreated behaviour problems costs an average of £70,000 by the time they reach 28 years of age. All of these measures show that post intervention the majority of those seen successfully move out of the clinical range for intervention. Work continues to assess longer term impact and CAPS continues to work with children in the Early Years who remain within the clinical range.

11.11 Reducing and preventing parental depression is crucial as left untreated it can have negative effects on child development, school readiness and anti-social behaviour. In addition, parents can be less economically active and more financially dependent on the state.

12.0 Summary of Impact

12.1 Impact of the Early Years Delivery Model / Key Performance issues

12.2 Overall from April 2015 to date the EYDM has had a good reach and the impact from the model is supporting earlier identification and prevention.

- Our integrated working approach has seen the targeting of over 4,300 families following completion of an EHA. (Early Help Assessment)

- In the 12 months up to 31st March 2019 Early Years Outreach Workers supported 23,208 children universally e.g. through attendance at stay play and learn sessions; 6,711 children received targeted support e.g. through attendance at a play and talk session.

- Each Sure Start Children's Centre has developed strong partnership working arrangements with local Schools and PVI settings which has helped to ensure a positive reach to children and families. Currently 93% of the 0-5 population are registered with a SSCC with 70% reached.

- The Health Visiting Service has firmly embedded stages 1 to 5 of the 8 stage delivery model and there is an offer of the Healthy Child Programme to 100% of eligible children but challenges remain to increase the take up of this offer. Actions to improve on uptake have been outlined in this report.

- The Health Visiting Service has achieved an improvement in performance despite staffing pressures and a recognised need for additional staff.

- The Commissioned Children and Parents service (CAPS) have effectively scaled up to ensure that approximately by the end of 2018 7,800 children have benefited from this intervention and there is good evidence of impact.

- Commissioned Speech and Language service have ensured the effective early identification of language needs. Workforce development has seen the city wide roll out of the communication and language pathway with, Health Visitors, Community Nursery Nurses, Early Years Outreach Workers and setting practitioners trained to deliver the WellComm intervention. 1st April 2018 - 31st March 2019 saw the completion of 1,889 Wellcomm screens.

12.3 Going forward the EYDM steering group will continue to monitor the impact of the model and will via the Start Well Board ensure that actions to improve school readiness are supported by locality working, by closer integration with Early Help Hubs and the school cluster model.

12.4. A subgroup of the EYDM steering group has now been established supported by Performance, Research and Intelligence and is analysing data to understand the trends and impact of the model. The group will make recommendations based on its analysis and identify strategies to address any performance issues as they arise. By September 2020 we will be in a position to analyse data in relation to children who have been through all 1-8 stages of the Model; stage 8 being the Good Level of Development (GLD) measure at the end of the Foundation Stage.

13.0 Conclusion

13.1 Our early years services are central to achieving improved outcomes and reducing inequalities, our challenge is to ensure we deliver year on year improvements and we have identified actions and governance arrangements to achieve this. However, as the data/evidence indicates whilst establishing a solid evidence base and approach there remains more to be done with only 68% and 66% of children receiving a developmental check at 9 months and 2

years respectively and the ‘good level of development’ gap for children in Manchester stubbornly 5% adrift from national averages; the key area for focus is literacy and numeracy.

13.2 Whilst the issues impacting on the development of children and their readiness to learn is multifaceted, as we move forward with the progression of the Children’s Services locality model, alignment with Manchester Local Care Organisation and Bringing Services Together for People in Places, we have an opportunity to ensure that the strengths/successes of our current work is enhanced and developed further; bringing added value and connectivity in localities. The aim will be for Manchester’s children and their families to receive coordinated and effective targeted support that draws on evidence based interventions.

13.3 Finally, we have clarity on our service delivery model for early years and early help and how this will inform our locality arrangements and our future relationship with the Manchester Local Care Organisation. This is essential is we are to realise our ambition for our children and families to have a safe, healthy, happy and successful future; one that starts in their first 1000 days.

14.0 Recommendations

14.1 Children and Young People Scrutiny members to:

1) Consider the progress and impact being achieved by the early years offer.
2) Review actions and next steps to improve outcomes.
3) To receive a future report on the outcome of the Local Government Association Peer Challenge our Early Years provision and on Quality Assurance arrangements.
4) To note the Health Visitor requirement for additional staffing and support as required.