

ITEM 5 - LATE REPORT

North Yorkshire County Council

Young People's Overview and Scrutiny Committee

27 June 2014

Review of preventative services: update

1.0 PURPOSE OF REPORT

To provide an update on the progress of the Prevention Service review.

2.0 BACKGROUND

2.1 The review of services which provide preventative work with children, young people and families was launched on 24 March. Given the magnitude of the review, affecting over 500 staff, the consultation period with affected staff is 90 days, so at the point of writing this report, the consultation has yet to end, on 23 June.

2.2 We took the unusual step of circulating the staff consultation paper to all Members at the start of consultation. This was because we felt that the review was far-reaching and would interest local representatives. For ease of reference, a copy is attached to this paper as Appendix 1.

2.3 The key components of the new service will be:

- Local access through 12 area teams – as “one stop shops”
- Healthy Child Service teams commissioned by Public Health on a coterminous base, with their work seen explicitly as part of the prevention service
- Workers able to work across age ranges where it makes sense in the context of a family
- Workers able to work early morning and in the evenings where it makes sense in the context of a family or a young person.
- Early years work better integrated in the work of services within children's centre areas
- Emphasis on targeted work, with a marked reduction in the direct provision of lower level “universal” services, some of which will be commissioned from alternatives source, most notably the voluntary/community sector
- Better engagement with schools
- Consistency of approach to supervision and case supervision

2.4 A large volume of consultation activity has been progressing

2.4.1 With staff: 10 consultation meetings were held in the week commencing 31 March. With over 350 staff attending across the county, and a good level of discussion/debate taking place at each, this was an intensive but very useful exercise.

There have also been meetings with individual groups of staff as they have requested, and meetings with the various unions involved.

Almost 400 comments and questions have been submitted by staff, and have been responded to on the staff consultation website.

- 2.4.2 With young people: On 9 June a consultation with young people began, which aims to help us to understand the views of young people, whether they use youth services or not, on the value they attach to particular pieces of youth work, and where they would see the priorities for the service, both in terms of target groups and target areas. This consultation is attached as Appendix 2. It is on-line and has a supporting introductory DVD so that it may be used in a variety of settings, as well as being available for individuals to complete on-line.
 - 2.4.3 With parents who are using children's centre services. Over 500 parents were involved in focus groups just before we launched the review.
 - 2.4.4 With school leaders through the School Improvement Network meetings.
 - 2.4.5 With some local Members and with community groups as required.
 - 2.4.6 With representatives of the Harrogate and District Foundation Trust (health)
- 2.5 As a linked activity, a consultation was launched on 6 June about how six children's centre buildings might be handed to the schools or early years providers whose buildings they share, to provide space for young children, and particularly in some instances, to enable places to be provided for vulnerable two year olds.

These consultations will conclude by the end of July.

3.0 REFLECTIONS ON CONSULTATION TO DATE:

- 3.1 It is noticeable that of all the responses received, there has been little dissent about the proposed shape and purpose of the new Prevention Service. The concept of a holistic 0-19 service, locally based, has met with overwhelming support. The contracting of a Healthy Child Service via Public Health, to work to the same area team boundaries, and whose work is to be seen as part of the Prevention Service has been welcomed enthusiastically. There are, without doubt, concerns about the move away from the direct delivery of universal services through children's centres and through youth work. These concerns centre on whether the voluntary sector is strong enough to be able to step in and provide, whether services delivered by volunteers would be "safe" and how we might lose the contact with the very young people we need to be vigilant

about. Concern about the potential loss of direct youth work is by far the most pronounced message from the review.

Comment: These anxieties are shared around a number of aspects of council work which are and have been considered for either outsourcing or for development by the voluntary sector. Safeguarding considerations would be paramount in any contracts let, and the Council is looking at a support package for organisations coming alongside it to help deliver services. In terms of having services available for young people, far more do not use current youth services than those that do, and so the ongoing consultation is really important in terms of helping us understand what will be essential to retain.

- 3.2 Concerns have been raised about the contraction in services within children's centres and whether the new service will have sufficient capacity to continue to support active and high quality children's centre services.

Comment: the work around children's centre services will be concentrated on understanding their areas and the families within them, on developing services and ensuring that they are targeted on those most in need. In some ways, the work will be more targeted than currently. It will also be bolstered by closer and more powerful working relationships with those supporting early years work (see below)

- 3.3 There have been complications around the alignment of work associated with early years and with some of the services for children aged 0-5 with special educational needs and/or disabilities.

Comment: we are confident that the proposals for support for the early years sector will result in greater accountability for children's outcomes and for children's centre inspections. The Education and Skills Service will retain capacity for monitoring of children's outcomes and for brokering support packages for schools and settings requiring improvement or deemed inadequate by Ofsted. In the Prevention Service a modest capacity will be retained to provide ongoing advice to schools, settings and childminders, explicitly linked to the services within a children's centre area. This will provide much greater strength of support and ability to respond to local needs and the needs of children and families. Advice concerning SEND will be aligned in time with the Disabled Children's Service.

- 3.4 Some staff have questioned whether the proposed staffing levels are sufficient to enable the new service to fulfil the commitment to increase casework to in the region of 3,000 cases and to deliver the targeted group work.

Comment: We will look at this carefully. One factor which may not be apparent to all is that the casework undertaken by the Healthy Child Service will be seen as part of the Prevention Service cases. This is a significant point.

4.0 Next steps

- 4.1 The staff consultation ends on 23 June. The responses to that will be considered and proposals, revised as appropriate, will be considered by the Executive in early September. Assimilation of staff will take place through the autumn term, with the period January to March 2015 used to bring teams together, provide training, revise processes, and secure staff bases.
- 4.2 The initial consultation with young people about Youth Work will end in July and the results used to inform proposals which will be brought forward in the autumn about which youth provision we propose to retain “in –house”. At the same time, we will determine what approach we will take to the commissioning of universal open access youth work.
- 4.3 Consultations will continue regarding the alternative uses to which some of the smaller children’s centre buildings could be put. In the autumn it is possible that consultations may need to take place on some buildings for which there is not an immediate use or user, and those will involve wider communities. On an ongoing basis we will continue to respond to individual community/Member approaches if made. We want to ensure wherever possible a continuation of community use for centre buildings, and the ability for outreach children’s centre services to be run in places which families find convenient.

5.0 CONCLUSION

This is a large, highly complex review. It is complicated in terms of the staffing implications, of the interaction with services which communities often hold in high regard, and sensitive in terms of the risk factors associated with any work with vulnerable children, young people and their families.

Whilst without doubt the direction of travel, towards a single Prevention Service to support the 0-19 age range and their families, is what we would have wished to do, to do so whilst at the same time making savings of £3.2million provides significant additional challenge.

6.0 RECOMMENDATION

The Young People’s Overview and Scrutiny Committee note the information in the report.

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June 2014

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Appendix 1 Prevention Service Review Consultation Document

North Yorkshire County Council: Children and Young People's Service

The Review of Prevention Services

March 2014

The review of these services is driven by three factors:

- This is the next and most natural direction of travel for services which have developed strongly over the last few years, in complementary but not always fully aligned ways
- The need to have still further impact in getting targeted early intervention to children, young people and their families across the county.
- The need for the County Council to deliver a further £77 million of savings in the period up to 2019.

The savings which we need to make are significant, but they will not prevent us building a service that will deliver good outcomes for some of the most vulnerable children and their families in North Yorkshire.

As we carry out this review, colleagues in Public Health are recommissioning the 5-19 Healthy Child Programme to be delivered in new ways from April 2015. We are also working with the Clinical Commissioning Groups around the review of Child and Adolescent Mental Health Services. This will give us a major opportunity to make sure that services are more joined-up as far as service users are concerned, are of consistent high quality, and to eliminate some of the inefficiencies and gaps in provision that currently exist.

It is important to remember though that we are creating a new service from individual services that are already highly valued and often of high quality. We are seeking to create organisational arrangements which enable the talents within our workforce to be deployed even more effectively.

This consultation document lays out our proposals for the vision, ways of working, staffing and operation of the Prevention Service. There will be additional consultations over the next few months on the development of the approach to universal youth provision, on the development of children's centres and on the use of some children's centre buildings.

Before developing these proposals we have engaged in different ways with a wide variety of people; colleagues within the service, parents who use children's centres, headteachers, members of the Children's Trust, and the Youth Council.

Vision:

Our ambition is that families in North Yorkshire are able to access readily a range of support services which help them ensure that their children are safe, happy and well, and that they can flourish at school and in the wider world.

The Prevention Service will work with children, young people and their families to promote well-being and prevent problems by:

- **Enabling families to take ownership of their problems and find solutions to them**

- **Spotting emerging difficulties and providing support at the right time through a range of universal and in particular targeted interventions, either directly provided or through others.**

Question 1: Does this vision cover everything you think should be included?

The Prevention Service will:

Recognise and build on the strengths of families

- Work flexibly, recognising that the needs families have for assistance and support do not always fit neatly with traditional working patterns
- Build upon national best practice and existing good local practice in working with children and families
- Work in partnership with children, young people and their families, and importantly with other agencies
- Work by consent wherever possible but be creative and persistent in achieving that engagement and consent
- Be vigilant and fully accountable for the safeguarding of children
- Have referral pathways so that parents and children are clear about what they may expect and what is expected of them.
- Recognise, utilise and fully develop the skills of the workforce delivering 0-19 prevention services
- Work with whole families and reduce artificial historic transfers of families based on chronological age of children
- Recognise the importance of assessment but spend more time on direct intervention to support individuals and families
- Offer “step down” support where families have previously been worked with by more specialist and targeted services.

What we are aiming for is a 0-19 prevention service that can operate with greater levels of confidence across a higher level of need.

Question 2: In describing above the ways in which we intend to work, have we missed anything? Is there anything you would wish to change?

What will the service deliver?

The service will be locally responsive and will expect to be judged on the impact and outcomes achieved by the children and families it supports.

If successful the new service should:

- Enable earlier help to be given to children and families who need support.
- Contribute to a strategy which sees safe and appropriate reductions in the numbers of children on child protection plans and in the overall looked after children system.
- Reduce the numbers of children identified as “in need” and requiring statutory assessments
- Reduce duplication in assessment practice and increase the numbers of families engaged on an individual whole family basis
- Increase the use of the Common Assessment Framework and Teams around the Child

- Provide additional support for families of children who have needs arising from particular levels of functioning where those needs have not necessitated statutory support arrangements
- Ensure that children are better supported and prepared for starting school and have access to quality early child care
- Enable people to be better equipped and prepared for the challenges of parenting
- Contribute to improvements in school attendance and behaviour of pupils and in responding to early signs of anti-social behaviour and crime by children and young people
- Support schools better in their identification of and support for vulnerable children
- Reduce the numbers of young people who are not in education, employment or training (NEET)

It is expected that this service will also contribute to the following public health indicators:

- Improved life expectancy at birth
- Reduction of children living in poverty
- Reduction in children mortality rates
- Increased rates of breastfeeding initiation and duration
- Reduction in smoking during pregnancy
- Improved uptake of childhood immunisations
- Improved number of children that are physically active
- Reduction in the prevalence of obesity Reception and Year 6 children
- Reduction in the number of children admitted to hospital for mental health conditions
- Reduction in the number of under 18s admitted to hospital for alcohol related conditions
- Reduction in the rates of conception for young women aged under 18

Question 3: Your views on any of the proposed outcomes above would be welcomed. Are there any that are likely to be particularly challenging and to which we may need to give further thought?

Operating model:

The service will concentrate on the delivery of targeted preventative services. The direct involvement with the delivery of universal services will be largely discontinued. The emphasis will be on targeted group work, and on individual case work. In terms of the accepted four levels of intervention, the service will be working at the upper end of Level 2 and into Level 3.

Universal services, where considered essential to ensure the health and well-being of children and families, and to enable the early identification of need, will in the main be delivered through commissioned arrangements with the voluntary and independent sectors. Where universal services are retained they will be on the basis of areas where the demographics indicate that provision of open access services will result in the most vulnerable families attending. Some services may be charged for.

Delivery of services will be through local Area Prevention Teams. Staff within these multidisciplinary teams will have regard to the whole 0-19 age range although many will have individual specialisms which they will use for the benefit of families, and for the greater knowledge of their local team colleagues. The service will aim for continuity of worker wherever possible, to minimise disruption for children and parents or carers.

Procedures and practice standards will be standardised. The use of eCAF will largely accomplish the first of these. In terms of practice standards, key to this will be the introduction of a single supervision policy across the service. This will need to be implemented carefully and consistently with supervisors trained to deliver supportive and challenging supervision.

The service will work with a defined range of evidence-based practice interventions. Staff working with families will do so in a flexible way – as the Family Intervention Team does in Children’s Social Care. This will mean that some early morning, evening and even weekend working may be required, in line with the needs of individual families.

The service will work within a clear performance management framework which will enable it to demonstrate how the service is improving outcomes for children and families, which will enable teams to assess themselves against others and which will be appropriate in terms of inspection requirements.

The service will operate through a greatly reduced estate. Use of retained buildings will be maximised. Where the service no longer requires buildings, their future will be addressed on a case by case basis, having regard to wider community interests and needs.

The service will operate in a mutually supportive way with local Healthy Child Teams which will be working to the same areas as the Prevention Service, working to agreed aims and standards, developing deep knowledge of families within individual areas and bringing together their combined power to support those families, individual children and young people.

Activity levels:

The Education Social Work Service, Integrated Services and the Youth Support Service together work with approximately 1700 cases at any one time. In addition, the current Developing Stronger Families programme is built upon 400 cases coming through the preventative services. The present Government has announced an increase in the DSF (Troubled Families) programme for 2015 onwards, and it is likely to make a significant change to include families with young children. This will bring further numbers of cases into Prevention Services although at present it is difficult to predict what the net increase might be. It would not be unreasonable though to expect a further 300/400 cases per year through the DSF programme, on top of the existing levels, for the period 2015 – 2018. After that, assuming the programme is effective, it is to be hoped that case levels through that programme would reduce.

Another aim of the service is to work with families with greater complexity of need with the intent of reducing the numbers of children who might otherwise become “Child in Need” as defined under Section 17 of the Children Act 1989”. The assumption within this review is that the Prevention Service would aim to work with up to 400 families with higher needs.

So the aim is for the new Prevention Service (including colleagues within the Healthy Child Teams) eventually to work with approximately 3,000 cases at any one time, from its current level of approximately 2,100 which is a 43% increase. Clearly this brings with it the need to increase front-line capacity for this work and also to increase efficiency. This is linked with practice standards in terms of how casework is managed, how challenging that work is, and the need to be clear about expectations of how long cases can or should be held within a Prevention Service. Pathways between the Prevention Service, Children’s Social Care and the Healthy Child Team must and will be clear.

Barring any unexpected developments, the hope is that the new service will be allowed to bed down for a period of 3 years; any further significant change would not take place until after April 2018. This does not preclude however, minor structural changes which may seem appropriate if circumstances are right or changes developed in response to the Post Implementation Review.

We want this service to be responsive to need and so for ease and speed of deployment of any additional resource that may be required, or which may come through any new grant streams, a “floating establishment” of a number of Prevention Workers and Prevention Support Workers be created, with posts filled as and when needed and only if resources permit. This is the same principle that we have currently within the Youth Support Service and this has worked well in reducing unnecessary bureaucracy.

There will be 12 Area Prevention teams. Their purpose will be the delivery of all preventative and early help services to a defined area. They are there to provide advice and support for children, young people and their families in the area, to monitor and challenge outcomes for them and to provide challenge and support to other agencies, and in particular schools

Division	Area Prevention Teams	
West	Craven	One team working to the same area as the District boundary
	Harrogate	Two teams: Ripon and Rural Harrogate Harrogate Town and Knaresborough* (high need)
Central	Hambleton	Two teams: Hambleton North Hambleton South
	Selby	Two teams: Selby town* (high need) Tadcaster and Rural Selby
	Richmondshire	One team working to the same area as the District boundary
East	Ryedale	One team working to the same area as the District boundary
	Scarborough	Three teams: Scarborough Town* (high need) Whitby and the Moors Scarborough South and Filey

The proposed areas have been developed using a range of indicators to assess the relative need for services, and also to take account of the need to ensure that for all schools and providers there is a prevention team at a reasonably “local” level. The detailed working to establish the areas is on the consultation website.

Teams will vary in size according to the level of need, but there will be a minimum level of staffing to ensure that teams are comprehensive in terms of specialist expertise, and resilient in terms of availability of staffing. The teams will be organised into three divisions, West, Central and East, each having a Divisional Manager. Each division will include one “high need team”; one each in Harrogate, Scarborough and Selby.

Question 4: Do these proposed divisions and areas seem right? If not, what alternatives would you suggest?

Structure of the Area Prevention Teams:

The proposed structure is shown in the attached charts. The consultation website includes all the proposed job descriptions, but the following table shows the proposed roles in an area team, and the key purpose of each role. Grades are all subject to job evaluation.

Area Prevention Manager	B16	To ensure that effective and integrated services for children, young people and their families are developed, delivered, monitored and reviewed across a designated area of the county. To provide leadership across other agencies, particularly in relation to children and young people identified through the common assessment process. Be the main link to the local social care team
Team Leader Casework	B14	Be responsible for the direct management and supervision of the prevention workers in the area team
Children's Centre Services Leader	B14	To ensure the delivery of integrated prevention services specifically through the Children's Centres. Make sure that children's centres meet the high standards required by the Council and the DfE as described in the Ofsted framework.
Prevention Workers	B9	To provide early intervention and preventative support to parents, carer and young people, to promote emotional well-being, positive family development, healthy lifestyle and personal safety. Whilst all will work across the age range, amongst each team there will be some with an expertise in early years, and in work with older young people. In the three "high need" teams where there are more Prevention Support Workers, there will be a specialist Band 9 role designated as Senior Prevention Support worker to be responsible for the direct management and supervision of the team of prevention support workers.
Prevention Support Workers	B7	To provide specific skills based, awareness raising and educational support activities to which case holding practitioners may refer individuals/ families. Establish and maintain contact with vulnerable children, young people and families as required by caseholding practitioners and children's centre services leaders.
Community Intervention Workers (at Divisional level)	B9	To intervene and provide targeted fixed term responses and solutions to situations of conflict, breakdown or similar problems that arise within communities involving children or young people.

Question 5: Based on the proposed vision and operating model described above does this proposed structure at area level seem right? If not, what alternatives would you suggest?

Links to the Healthy Child Programme:

The Public Health Team has identified the following principles around the commissioning of the 5-19 Healthy Child Programme, which are relevant to the new Prevention Service:

- The Healthy Child Service will work to the same areas as the Prevention Service teams and where practicable teams will be co-located.
- Although not employees of NYCC the workforce delivering the Healthy Child Service will be seen as part of the Prevention Service and will share the same systems for obtaining consent, case allocation and management, data collection and recording and information sharing.
- There will be a team working in each locality that can deliver an equitable Healthy Child Programme core offer.
- The Healthy Child Service will include the necessary skill mix to be able to deliver the range of services to meet the requirements of the Healthy Child Programme. This will include a balance between qualified nurses, some of whom will hold public health/school nurse qualifications and other non-nurse qualified practitioners.

- The Healthy Child Service will add capacity to the wider prevention team to meet the needs of children and young people requiring additional support
- The Area Prevention Team will as a result contribute to the Healthy Child Programme
- The Healthy Child Service will contribute to the professional development of all the wider children and young people’s workforce by contributing to a health related training programme.
- Working as part of a multi-disciplinary team nurses within the Healthy Child Service will provide advice to colleagues in the management of cases where there are health related concerns.

We are not sure as yet about the conditions that will be attached to the 0-5 Healthy Child Programme when it comes to the local authority in October 2015 but our intention is that if possible that provision will be based on the same principles as the 5-19 and so linked clearly to the Prevention Service.

Question 6: Do you think that these proposals will help to deliver the improvements we are seeking? Are there any things which we have missed?

Health-related universal provision currently within our services:

Currently children’s centres, youth services and others all deliver, from time to time, universal sessions which loosely fall under the heading of “health related support”. This can be variable in quality, in quantity and in accessibility. This redesign of services gives an opportunity to look more radically at this.

We are considering whether there could be a pooled commissioning arrangement between CYPS and Public Health for the provision of some of these services. This would underpin the work done by case-holding practitioners in the Prevention Service (including the Healthy Child Service). It would require practitioners who have competency in working with children, young people and their families, but would not necessarily require particular professional qualifications.

Examples of such work would be:

0-4 years	Defined activities to support the bonding process and early brain development of babies: eg Baby Room programme, educational play, story time, cooking on a budget
5-8 years	Themed sessions to introduce the service to parents of reception aged children, and themed sessions on topics related to the health and well-being of children & pertinent to the age of the child
9-12 years	“Growing and changing” themed sessions to groups. Working with groups of children who may have problems with the transition to secondary school
13-19 years	Delivery of community based Personal Social Development (PSD) group activities or joint family and young person programmes to improve parenting and communication

Alternatively, some of this work could be commissioned from the voluntary or community sectors, or indeed from the private sector. We will be open to all possibilities.

The role of Children's Centre buildings:

A reduced number of buildings will continue to provide the base for some children's centre services, although many more will be carried out through other community venues. The buildings we do retain will serve a wider family support purpose. They will provide additional capacity for health related activities in particular.

For those buildings that we do not retain, we will look to the following criteria before determining what their future might be:

- Does the area have a need for additional childcare places for disadvantaged 2 and 3 year olds, and if so, could the building provide the capacity for a voluntary or private provider, or school to deliver those?
- Does any associated school have need for the additional space?
- Could the building provide the capacity needed for a preventative service staff base?
- Could the building provide wider community opportunities if handed to or run by the voluntary sector?

We will be consulting separately on the overall groupings of children's centres in the autumn, but in the meantime if opportunities arise to reduce our use of buildings, with local support, we will take them. So it is important for us to know if we are asking the right questions.

Question 7: Are the questions above the right ones to be asking about alternative uses for some children's centre buildings? Is there anything that we have missed?

Central support and challenge:

The fourth team in the Prevention Service will be the Commissioning and Standards team. It will have these main components:

- Performance and inspection support
- Early Years Support
- Contracting arrangements
- Connecting Youth Culture (interim basis)

Critical to the functioning and the quality control for the service, it will help to ensure that the service is performing well and is inspection-ready. We are developing a performance framework for the Prevention Service, which will enable us to demonstrate impact. The central team will also be responsible for the specification of services to go out to contract, and for the monitoring of those contracts. In recognition that the amount of contracting will increase the proposed establishment includes contract monitoring officers, although these posts may not be filled until April 2016. The Commissioning and Standards Team will include at least until April 2016 the Connecting Youth Culture Team. It will also include posts that will ensure the local authority's statutory duties in respect of school attendance enforcement and licensing activities are carried out. The Early Years team, supporting the service county-wide will be part of the Commissioning and Standards Team.

Early Years support:

Current arrangements for the support of the early years are fragmented and are inconsistent in terms of the levels of support provided for different parts of the sector. The requirements placed on local government by national government have changed markedly in the last year. This review offers the opportunity to streamline service provision, ensure better consistency and better compliance with the reduced expectations placed upon us.

The following points of principle have informed our approach:

- We must approach early years more holistically.
- Early childhood development must be high on all professionals' agenda.
- Schools, settings and childminders must be seen as part of the pattern of support for early years that is co-ordinated through children's centre services throughout their reach areas.
- There must be a focus on the most vulnerable. They must be identified and their parents/carers contacted and supported from as early a stage as possible. We have to support vulnerable parents to find and access childcare. That childcare has to be of good or outstanding quality if these two year olds are to access it.
- We must continue to support schools and settings in their work with SEND and in their safeguarding. Whilst this may no longer be a statutory requirement on us it is hard to see how we can be assured of our general safeguarding responsibilities if we do not keep some involvement at school/setting level.
- We have much reduced requirements on us. We are not expected to be working with good or outstanding providers or schools. We must ensure that support is provided for settings and schools judged Requiring Improvement or Inadequate. Any interventions have to be proportionate.
- Whilst we are not required to provide pre-registration training, it would make sense to commission it, because we do have a requirement to manage the market and bring new childcare places on-stream. This would be commissioned by the central Commissioning and Standards Team
- We have a requirement to provide information and advice for parents re childcare. The proposal is that this function as carried out by the Family Information Service would transfer to the Customer Contact Centre.

The proposed model is that each Area Prevention Team would have Leaders for Children's Centre Services. Their roles would be to ensure the availability of children's centre services across the defined "reach areas" for the children's centres. They would work locally through Prevention and Prevention Support Workers, through Health Visitors and through the Healthy Child Service to ensure that contact is made with parents of all children in the reach area at defined ages, and that vulnerable families with children under 5 are supported.

The central Commissioning and Standards Team will include a lead for Early Years, in recognition of the importance both of early childhood development and good early childcare and education in the achievement of good outcomes for children. The central early years team will also retain capacity in the form of Early Years Consultants to respond to the need to support settings judged by Ofsted as requiring improvement or as inadequate. This central Early Years team will provide support to the Leaders for Children's Centre Services and the local prevention teams generally on all aspects of early years work, and particularly in monitoring and challenging Early Years Foundation Stage outcomes within each area. They will provide

support to settings, childminders and schools as needed. Over time, this support could move to a traded basis, although at present the market is not considered mature enough to support such a model, based as it is upon large numbers of very small and often financially insecure providers.

Question 8: Do you think that this proposal will enable support for Early Years to be more focused and visible? Given that we are no longer required to provide support for good or outstanding early years providers, do the proposals leave enough capacity to support the rest and to carry out our remaining residual responsibilities?

Youth work:

The Prevention Service will concentrate on support for vulnerable young people and their families. As such, it will no longer directly deliver open access youth activity, except in places where the vulnerability of particular young people is compounded by the environment they are in. The service already contracts with North Yorkshire Youth for them to source and support community provision of youth work, and it is intended that this type of arrangement will be increased across the county. This will be subject to appropriate procurement processes.

We will be consulting young people at a local level to inform our decisions on what targeted provision we should retain, and in what areas we might wish to suggest other providers of universal open access youth work might operate.

Whilst the majority of work with young people will be through individual casework it is recognised that the service will need to retain the ability to respond rapidly to situations which can develop amongst groups of young people or in certain communities. Whilst this will be based within the high need teams, it will be there as a county resource and could be deployed anywhere.

Question 9: What are your views about the provision of universal open access youth work? What would be the advantages and/or drawbacks of contracting more with the voluntary and community sector?

Connecting Youth Culture is a highly regarded part of the current service. However, whilst some of its activities are targeted, it also operates within the universal. As such, given the funding challenges ahead, it cannot be part of the funded service in the future. However, the activities young people do with CYC are an important part of their development and we would be sorry to lose the provision. The service is high quality, has committed and experienced staff and is in high demand, and so what is proposed is that CYC will be given one further year of base funding at their current level (ie to April 2016), and supported to become self-supporting, either as a traded service or as a mutual or similar arrangement.

Question 10: What are your views about Connecting Youth Culture moving to a self-supporting basis? If this happens, how could the transition be best managed?

Education Social Work

Staff working in schools as part of the current Education Social Work Service are and will continue to be a critical part of the preventative services workforce. It can often be in school where problems in a child's life first manifest themselves, and the ability to respond to those needs, however complex and varied, is vitally important. So the incorporation of those staff into

the Prevention Service is essential in order both to ensure the needs of the child and their family can be comprehensively and safely addressed and to provide good support for staff within a wider staff network.

We want to make sure that schools have a “one-stop shop” approach to supporting their pupils, through a local area team that knows them well and has within it the capacity and the contacts to give a good level of support.

The service will retain within its central team the statutory duties around school attendance, and licensing arrangements. The role of the Local Authority Designated Officer (LADO) will be brought closer to the work of the Local Safeguarding Board and is the subject of a separate review.

Through this document and through more targeted communications, we will be consulting schools on our proposals.

Question 11: What do you see as the key things we must do to ensure that schools feel well supported by the new Prevention Service?

Special Educational Needs and Disability support:

Whilst the main support for SEND lies within the Access and Inclusion unit, Integrated Services currently provides some support for children with less complex needs.

At the moment, following referrals from children’s centres or health visitors, Inclusion Officers support families of children with SEND to access childcare, and then support the setting to take the child. Inclusion Officers also consider with a family whether multi-agency support would be helpful through an Early Support multi-agency team around the child. The Inclusion Officer will chair, appoint a key worker, liaise with other professionals and oversee the process. Alternatively they may continue to support the family individually.

Such support for families already forms part of the Local Offer and will continue to be required. However, there are currently inconsistencies in the exact nature of some of the work undertaken in the existing Integrated Service teams, and in the Disabled Children’s Team. It is important that we develop across the CYPS service, across the county and in conjunction with partners including the voluntary sector a clear and coherent pathway of provision.

For the purpose of the Prevention Review, it seems inappropriate to seek to review the work of the Area Inclusion Officers in isolation from this wider work and so their work will be addressed in that context. It is hoped that the redesign of the pathway and any consequential staffing changes would be accomplished in time to match with the implementation date of the Prevention review, but if not, at that stage those posts would transfer to the Disabled Children’s Service.

Work with the community and voluntary sector:

As detailed earlier, we will be contracting with the voluntary sector to deliver some universal open access youth provision. We will also be commissioning more of the provision made through children’s centres from the community and voluntary sector.

We will continue to welcome involvement of volunteers in the provision of children’s centre services. This could include community groups taking over the running of individual bases, with

agreements in place to ensure that the Prevention Service could still make use of the premises as needed. As explained earlier we will also enable more volunteers to work with young people.

Voice, influence and participation:

It will be critical to the work of the Prevention Service, and indeed to all parts of CYPS and the Children's Trust, that we improve our ability to hear and act upon the voice of the child. Within the individual casework that we do, we will ensure that happens, and we will retain capacity within the central team to support the Youth Council and other developing participation work within the directorate and in time this may indeed develop further.

Question 12: This is a large and far-reaching review, and we appreciate that we may not have got all the details right first time. We would appreciate your views on any aspects of the proposals. Now is your opportunity to let us know.

What happens next?

This consultation will run until 23rd June 2014.

We will be consulting a wide range of other partners and stakeholders within this period, including schools and settings.

For staff who are within the affected services there will be 10 meetings across the county during the week of 31st March 2014 – 4th April 2014, which will give the opportunity for colleagues to provide their views on the proposals, and to ask questions. Those meetings will be attended by UNISON representatives. Appropriate teaching unions have also been invited.

All documentation relating to the review will be published on the CYPS website at: <http://intranet/directorate/cyps/savings/preventionservicereview/Pages/Home.aspx>

From 24th June 2014 through July and August, the responses to consultation will be considered and a report produced for the Executive. That report will be published on 1st September, and will be released to all affected staff as soon as practicably possible.

The final proposals will be determined by the Executive on 9th September.

Staff will be asked to express their preferences for posts in the new structure between 22 September and 3 October.

It is likely that appointments will be made between 13 October and 10 November with all staff notified of their position by 21 November 2014

The new service will begin from April 2015.

To respond to the above questions please follow this link: <https://forms.northyorks.gov.uk/eforms/?TAG=PreventionServices>

Please note that this timetable is indicative and could change depending on circumstances.

Carolyn Bird - Assistant Director: Prevention and Commissioning

March 2014