



LEAD MEMBER FOR CHILDREN AND FAMILIES

MONDAY, 20 MAY 2019

12.00 PM COMMITTEE ROOM - COUNTY HALL, LEWES

MEMBERSHIP - Councillor Sylvia Tidy

A G E N D A

- 1 Decisions made by the Lead Cabinet Member on 19 February 2018 *(Pages 3 - 4)*
- 2 Disclosures of interests
Disclosure by all Members present of personal interests in matters on the Agenda, the nature of any interest and whether the Member regards the interest as prejudicial under the terms of the Code of Conduct
- 3 Urgent items
Notification of items which the Lead Members consider to be urgent and propose to take at the end of the appropriate part of the Agenda
- 4 Draft Children's Services Early Help Strategy *(Pages 5 - 350)*
- 5 Any urgent items previously notified under agenda item 3

PHILIP BAKER
Assistant Chief Executive
County Hall, St Anne's Crescent
LEWES BN7 1UE

10 May 2019

Contact:

Aaron Sams
Telephone: 01273 335274
Email: aaron.sams@eastsussex.gov.uk

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LEAD MEMBER FOR CHILDREN AND FAMILIES

MINUTES of a meeting of the Lead Member for Children and Families held at County Hall, Lewes on 19 February 2018.

Councillors Kathryn Field and Alan Shuttleworth spoke on item 4 (see minute 7).

4 DECISIONS MADE BY THE LEAD CABINET MEMBER FOR CHILDREN AND FAMILIES ON 11 DECEMBER 2017.

4. The Lead Member approved as a correct record the minutes of the meeting held on 11 December 2017.

5 DISCLOSURES OF INTERESTS

5.1 There were no disclosures of interest.

6 URGENT ITEMS

6.1 There were no urgent items.

7 COLLABORATION AGREEMENT FOR INTEGRATED SERVICES BETWEEN EAST SUSSEX COUNTY COUNCIL AND EAST SUSSEX HEALTHCARE TRUST (ESHT) FOR 0-5 SERVICES

7.1 The Lead Member for Children and Families considered a report by the Director of Children's Services seeking approval to enter into a collaborative partnership with East Sussex Healthcare Trust (ESHT) for delivery of an integrated 0-5 year old service.

7.2 RESOLVED to 1) enter into a collaborative partnership with ESHT for delivery of an integrated 0-5 year old service with effect from 1 April 2018; and
2) delegate authority to the Director of Children's Services to approve the terms of such Collaboration Agreement, and to take any actions arising from the collaborative partnership.

Reasons

7.3 Considerable progress has been made to establish an integrated 0-5 year old service with significant improvement in data capture and in performance against key performance indicators. A move away from ESHT as the current provider would be likely to de-stabilise the service and thus have a negative impact on the progress achieved thus far.

(The meeting ended at 3.10 pm)

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Report to: Lead Member for Children and Families

Date of meeting: 20 May 2019

By: Director of Children's Services

Title: Draft Children's Services Early Help Strategy

Purpose: To provide the Lead Member for Children and Families with the findings of the strategic commissioning review of Early Help Services for 0-19 year olds, and for the Lead Member to consider consulting on the draft Children's Services Early Help Strategy for a 10 week period May to July 2019.

RECOMMENDATIONS

1. Agree that the draft Children's Services Early Help Strategy will be consulted on for a 10 week period May to July 2019.
2. Agree that 0-5 and education service providers may be contacted to explore their taking over children's centres affected by the proposals.

1 Proposed Early Help Offer

1.1 Early help is about taking action to help families tackle their problems before they become more difficult to reverse. Without early help, family problems can become more complex and serious, sometimes leading to child safety concerns, and the need for statutory children's social care intervention. By reducing children and young people's experience of family problems, early help improves their outcomes in terms of safety, education, health and wellbeing.

1.2 We have developed a draft Early Help Strategy (EHS) through a detailed strategic commissioning review to help build stronger families in East Sussex. Based on the research and analysis completed, we are proposing to consult on a draft Strategy that would offer:

- Family keywork with families at risk of needing social care intervention, targeting the specific vulnerabilities that can escalate into crisis, such as parent mental ill health, substance misuse, and domestic violence.
- Short interventions with families at risk of needing social care intervention, where that is appropriate, to maximise the number of vulnerable families supported.
- Evidence-based and targeted family group work to support keywork and maximise the number of vulnerable families worked with.
- Evidence-based youth work with vulnerable young people, in support of keywork.

1.3 We would continue to deliver additional early help services on behalf of East Sussex County Council Public Health and external partners. Our services for families of 0-5 year olds will continue to be integrated with Health Visiting services. Access to services will be through a Single Point of Advice. It will be delivered in family homes, and through a network of 16 children's centres and youth centres, plus community venues as appropriate.

2 Supporting information

Findings of the strategic commissioning review of early help

2.1 In East Sussex, Children's Services Early Help includes family keywork, children's centres family support and youth work. These services are primarily targeted to the most vulnerable families and young people. We also subsidise preventative services which are jointly funded with partners, as part of a wider system of family support funded and offered by the public, private and third sectors.

2.2 The draft EHS is based on a robust assessment of the needs of residents of the county as a whole and within local communities. The draft outlines what is required from the service in future and how this can be delivered by focussing on outcomes rather than the existing service. The draft EHS is considered to be the most appropriate way to prioritise resources to meet the needs which have been identified at the current time and are expected in the medium term. The draft is attached at Appendix 1 to this report.

2.3 The draft EHS has identified the environment in which Children's Services Early Help is operating in terms of rising demand for services, the needs of families in this county, and the Council's priority outcomes. This included consideration of factors which may influence need in future, such as changes in population and levels of deprivation. The national and East Sussex policy context is included in Appendix 2, and the needs assessment is in Appendix 3.

2.4 The needs assessment found significant levels of need for early help across a broad spectrum of indicators. Over 4,000 families in the county are likely to need help to keep their children safe and healthy. Social and economic deprivation is strongly associated with need for early help services and 19 neighbourhoods in East Sussex are among the 10% most deprived in England. Evidence shows that the interrelated triggers of parent mental ill health, substance misuse, and domestic abuse cause escalating problems, leading to emotional abuse and neglect of children, and rising need for social care intervention. A quarter of child protection plans in East Sussex relate to domestic abuse, more than a third relate to parent drug misuse.

2.5 Family crises lead to adverse childhood experiences that can negatively affect life chances. Some measures of local children and young people's vulnerability are above regional and national average and rising. We estimate that there are 4,200 young carers in the county. Admissions of 0-4 year old children to hospital caused by unintentional and deliberate injuries are consistently higher than the region and England. Children and young people's mental health admissions are also higher than regional and national comparators. Violent crimes, sexual offences, public order offences and possession of weapons involving children aged 0-17 years increased 2015/16 to 2017/18 (by 7.4%, 4.2%, 5.8% and 11.6% respectively).

2.6 There is significant variation in the concentration of need across the county. The Needs Assessment has identified localities in Hastings, St Leonards and Bexhill, Rye, Eastbourne, Hailsham and Newhaven where more families need help. However, there are vulnerable families across the county, and the draft EHS seeks to ensure they can be supported.

2.7 Based on our analysis, we expect that needs for early help will continue to increase. Service data demonstrates rising demand in the form of referrals for early help. Economic conditions, high levels of deprivation and child poverty in some locations, put together with the shortage of affordable housing, create the context in which families are more likely to become vulnerable.

2.8 Detailed consideration of how best to meet local need for early help is included in service and options analyses in Appendices 4 and 5. The draft EHS draws on the evidence base for the most effective early help interventions, including national studies, research on high performing councils, local data on outcomes and feedback from families and young people who've received help. It takes into account an independent study which shows that 75% of family keywork in East Sussex prevents social care demand. Review of delivery models, including a market analysis, concluded that Children's Services is the only feasible provider of support to families at this higher level of risk. This combined evidence underpins a strategy that further targets in-house services to the vulnerabilities which lead to family crises and adverse childhood experiences.

2.9 The provision of early childhood services is part of the Council's general duty under the Childcare Act 2006 to improve the wellbeing of young children, and to reduce inequalities between them in the following areas:

- Physical and mental health and emotional well-being.
- Protection from harm and neglect.
- Education, training and recreation.
- The contribution made by them to society.
- Social and economic well-being.

2.10 In addition to this general duty, the Council is required to make arrangements to secure that the early childhood services in its area are provided in an integrated manner calculated to facilitate access and maximise the benefit of those services. In order to contribute to fulfilling these duties, the Act requires councils to make arrangements so that there are sufficient children's centres, so far as reasonably practicable, to meet local need and defines a children's centre as a place or a group of places through which early childhood services are made available (either by providing the services on site, or by providing advice and assistance on gaining access to services elsewhere); and at which activities for young children are provided.

2.11 In relation to services provided by children's centres, the Act places a further duty on councils, commissioners of local health and Jobcentre Plus to consider whether the early childhood services they provide should be provided through children's centres in the area. Lead Member will note that the core purpose of children's centres is described by the statutory guidance to the Childcare Act 2006, to which Lead Member must have due regard, as being to improve outcomes for young children and their families and to reduce inequalities between families in greatest need and their peers in terms of:

- Child development and school readiness.
- Parenting aspirations and parenting skills.
- Child and family health and life chances.

2.12 In addition to the duties under the Childcare Act 2006, the Children Act 2004 places upon the Council (and its partners) a responsibility to discharge its functions in such a way that it safeguards and promotes the welfare of children. The Children Act 1989 also requires the Council to safeguard and promote the welfare of children within their area who are in need; and, so far as is consistent with that duty, to promote the upbringing of such children

by their families, by providing a range and level of services appropriate to those children's needs.

Early Help Vision and Offer

2.13 Based on identified family needs in East Sussex and our analysis of effective interventions, the draft EHS proposes a vision that prioritises children's safety by targeting our resources. Children's Services would work with families at risk of needing social care, to tackle the triggers of crisis, at the right time and for the right duration, to build stronger families for the future. The vision includes flexibility, so that our services can take up funding opportunities where they support delivery of Council and service priorities, as described in the draft EHS in Appendix 1. It proposes to work in partnership with other Council services and across the public and third sectors, to ensure the best combined support to families.

2.14 The proposed service offer focuses on keywork support to the most vulnerable families and young people: those at risk of needing social care intervention. With the family's agreement, one Keyworker is allocated to work intensively with the family to help address their agreed needs. The Keyworker works with parents to build resilience and skills to help them look after their children. The draft EHS proposes that keywork be targeted to the triggers of family crisis, such as parent mental ill health issues, substance misuse and domestic abuse. To help manage demand and support as many vulnerable families as possible, keywork will use short interventions where appropriate.

2.15 Keywork will be supported by family group work and youth work, alongside or as an appropriate alternative to ongoing keywork. Family groups will improve parenting skills and resilience. We aim to support over 2,100 vulnerable families per year, rising to 2,300 if Troubled Family Programme funding continues. We also aim to support 500 vulnerable young people.

2.16 To access keywork and group services, families and professionals (such as doctors or teachers) working with families would continue to contact the Single Point of Advice, which would assess family needs and where appropriate refer for full assessment. Thorough assessment of all referred cases will continue with supervision and risk-based decision-making by experienced professionals, to minimise risks to children and young people's safety. Families not assessed as needing keywork will be signposted to the wider system of family support.

2.17 The wider system of family support offers information and services to all families. Information will continue to be available in children's centres, and we will continue to improve the Council's digital family support information. Families of 0-5 year olds will continue to access integrated support in children's centres, offered in partnership with Public Health and East Sussex Healthcare Trust. The wider system of support also includes school nurses, sources of legal, housing and parenting advice, national resources to support online safety and mental wellbeing, along with support on emotional and behavioural issues available to schools from Inclusion Special Educational Needs and Disability.

2.18 The draft EHS proposes a single service for families with children aged 0-19 years. The service would be provided jointly with universal Health Visiting services and the Healthy Child Programme, as now, to provide joined-up support to families with children aged 0-5 years, and for early identification of the most vulnerable families. Children's Services Early Help would be part of a seamless child safeguarding system with multi-agency safeguarding arrangements and social care services. It will operate a single information system. It will connect with processes for children and young people's emotional wellbeing and school behaviour.

2.19 We'll apply evidenced-based practice and improved evaluation of outcomes. We will continue our emphasis on professional practice training and development for our staff. Continuous improvement of our processes will maximise the time spent with families, and optimise our communication with partner organisations also working with vulnerable families. Partnership working will continue to maintain a coherent and integrated system. We will contribute to the work of East Sussex Children and Young People's Trust to improve the outcomes of children and young people vulnerable to poor outcomes, and to the Local Safeguarding Children Board to protect children and young people from harm.

Network of children's centres and youth centres

2.20 The draft EHS describes how services will be provided to local families and communities where they are needed. Keywork will usually be provided in family homes. Group and youth work will be provided in a network of children's centres and youth centres, plus other Council and community buildings as appropriate.

2.21 In terms of future children's centre provision, Lead Member will note that the statutory guidance to the Childcare Act 2006 provides that children's centres are as much about making appropriate integrated services available as about providing premises in particular geographical areas, however, councils should ensure that children's centres and their services are within reasonable reach of all families with young children in urban and rural areas, taking into account distance and availability of transport. The guidance also provides that councils should not close an existing children's centre site unless they can demonstrate that, where they decide to close a children's centre site, the outcomes for children, particularly the most disadvantaged, would not be adversely affected and that the starting point should therefore be a presumption against closure.

2.22 In order to identify the existing centres most suitable for provision of future services, a property analysis was carried out as included in Appendix 6. The analysis took into account accessibility and outcomes, considered degree of current use for Council and Health Visiting services, capacity to be part of a future network of children's centres and youth centres for keywork and other family support services, location in a high need locality or providing reach to rural areas, the feasibility of integrating services into nearby Council buildings, and value for money. 16 centres were identified as suitable to act as a network of centres for future services and are considered sufficient, so far as reasonably practicable, to meet local need, particularly in relation to ensuring that outcomes for the most disadvantaged children would not be adversely affected. In other locations, family keywork would continue in homes, youth work would continue in youth centres and community buildings as now, and children's centres family support would be provided in nearby Council or community buildings. Families would also have access to the wider system of support described above.

Expected outcomes

2.23 The draft EHS addresses identified needs and the four Council priorities. It will improve outcomes for the most vulnerable families by helping them help themselves. An analysis of the outcomes expected of the EHS, before public consultation, can be found in Appendix 8.

2.24 The draft EHS will support the most vulnerable families to tackle triggers of social care need, preventing escalation of risks and the requirement for social care intervention, enabling families to look after their children. It will improve vulnerable families' economic inclusion and financial resilience, and build parenting resilience so that families can keep their children safe and well.

2.25 For young people at risk of social care intervention, the draft EHS will increase school attendance, support online safety and young people's emotional and mental wellbeing, and it will reduce their risk of becoming victims of crime or exploitation.

Changes from current services

2.26 To enable the focus on most vulnerable families, the EHS would withdraw funding of lower level preventative services. This would lead to a reduction in management and admin support in children's centres, a reduction in the crèche offer within children's centres, and no longer subsidising two nurseries in Sidley and Egerton Park, Bexhill (this would require alternative providers to be identified as part of the consultation to maintain this provision). It would also include the relocation of services from the children's centres least suitable for future services. Finally, the draft EHS would withdraw from open access / non-targeted youth groups, unless external funding is available to cover the full costs.

2.27 The 14 children's centres which it is proposed are less suitable for future services are Hampden Park, Old Town (Eastbourne), The Bridge (Hastings), West St Leonards, Chailey, Newhaven, Ringmer, Seaford, Battle, Egerton Park (Bexhill), Rye, Crowborough, Heathfield, High Weald (Ticehurst). In all these locations, families would continue to receive keywork services in their homes from nearby keywork hubs. Family support services would also continue to be provided in all these communities, in nearby children's centres, Council buildings or community buildings. During public consultation, it is intended to seek expressions of interest from other organisations in a position to take over each of the 14 children's centres and offer 0-5 and/or education services to those communities. Should we not get suitable expressions of interest then the proposal is that these centres will close. Changes to the use of children's centres may oblige the relocation of private nurseries located in children's centres in Ticehurst, Crowborough and Seaford. Our implementation approach will seek to minimise any inconvenience for families.

2.28 An initial draft Outcomes Analysis and Equality Impact Assessment have been prepared to indicate the potential impact of proposals and mitigations. They are included in Appendices 7 and 8 to this report. These drafts suggest that impacts identified can be mitigated, in particular through work with partners.

Proposed consultation

2.29 The draft EHS and supporting analyses have drawn on the findings of service user, staff and partner consultation. We have discussed the review and future goals and challenges for early help with partners from public and third sectors in a wide range of forums, including the Children and Young People's Trust Conference in November 2018, along with discussions with service users through the Youth Cabinet and Children in Care Council. Through the proposed public consultation, we would seek to enhance our understanding of the effects of the draft EHS on service users, local families and communities, as well as inviting views and alternative ideas for best use of the available resources to meet families' needs and deliver Council priorities. As part of the consultation we'll talk to 0-5 and education service providers to explore opportunities to take over centres. Following public consultation, the Outcomes Analysis and Equality Impact Assessment will be updated, to support Members in decision-making about future services, including giving due regard to the duties and objectives set out in section 149 of *The Equality Act, 2010*.

2.30 It is recommended that a public consultation on the proposals in the draft EHS be undertaken from May to July 2019. During the consultation period, we would engage with all the relevant stakeholders including schools, Local Children's Safeguarding Board, Clinical Commissioning Groups, East Sussex Better Together, voluntary sector forums, Youth Cabinet and the Children in Care Council, to ensure they are given the opportunity to

comment on the draft proposals. Particular attention will also be given to ensuring that disadvantaged families and minority groups participate in the consultation.

Financial Analysis

2.31 Early Help currently had a net revenue budget in 2018/2019 of £6.8m, consisting of £5.8m staffing costs (258 full time equivalents), and £1.0m non-staffing costs. The evidence based, targeted approach and smart use of assets proposed in the EHS can be delivered with a budget of £4.2m.

2.32 The estimated budget saving related to the proposed transfer or if necessary closure of 14 children's centres to other providers is over £0.7m.

Childrens Centre	Estimated saving (average net running costs inc staffing and overheads) (£000)
Battle	12
Chailey	19
Crowborough	22
Egerton	91
Hampden Park	54
Heathfield	14
High Weald	17
Newhaven	14
Old Town	3
Ringmer	19
Rye	24
Seaford	16
West St Leonards	19
The Bridge - rent 18/19	2
Total	326
Support staff costs	394
Total saving	720

2.33 The transfer of children's centres is not subject to SureStart grant clawback conditions if centres are transferred to providers of services for 0-5 years. Through public consultation, we aim to identify transfers to appropriate service providers of 0-5 and education services, engaging proactively with existing interested providers in the local area. The proposed alternative service providers will be presented along with a confirmed clawback liability, and any costs of transfer, in support of decision-making about future services.

2.34 As a result of the draft Strategy, £2.6m savings would be achievable by Children's Services Early Help by 2020/21. These would be made through reductions in staffing and premises costs. The Medium Term Financial Plan includes savings of £1m from Children's Services Early Help by 2020/21. Additional savings of £1.6m were delayed from 2018/19 to ensure they were made on an evidenced basis through the detailed review.

	2018/19 £m	2019/20 £m	2020/21 £m	Total £m
Savings in Medium Term Financial Plan	1.6	-	1.0	2.6
Savings from proposals	*	0.6	2.0	2.6
Cumulative difference	-1.6	-1.0	-	-

* Saving temporarily mitigated elsewhere in 2018/2019

2.35 In delivering the draft EHS, Children's Services will seek to increase grant funding bids for early help activity, in partnership with public sector partners and the third sector as appropriate, to support a broader preventative offer, where this supports Council priorities. In addition, the Council has significantly increased its lobbying work in the last year both directly to the Government and with our local, neighbouring and national partners to lobby Government. We will continue lobbying the Government for a permanent and sustainable funding solution for local government which takes account of demography and the real needs of local people and which does not place the whole funding burden on local taxpayers and businesses. This will focus on the Comprehensive Spending Review and Fair Funding Review, including the need to ensure the new Children's formula element of the Fair Funding Formula is aligned with our assessment of need. We will continue supporting the Local Government Association's Bright Futures campaign for a sustainable funding settlement for children's social care, and we will press for a third Troubled Families Programme which targets the drivers of social care demand.

Early Help Member Panel

2.36 The Early Help Review Panel was established to provide critical challenge to the detailed review process and development of the draft EHS. It was formed of Members from the Children's Scrutiny Committee initially, with revised membership following the establishment of the People Scrutiny Committee. It will have met 4 times between March 2018 and May 2019. It will consider the draft EHS and supplementary documents and its comments and views will be presented when the matter is considered for decision.

One Council and Working with Partners

2.37 A One Council approach was taken to the Children's Services Early Help review. The Review Board included representatives of all departments, and engaged with a wider cohort of stakeholders from across the Council, to help ensure that the draft EHS is the best combined offer the Council as a whole can make to families who need support. In particular, the draft EHS has been developed in close coordination with Public Health to maintain the integrated early intervention offer for 0-5 year olds, in partnership with East Sussex Healthcare Trust. This ensures a holistic offer to new parents, while early years contact is also key to identifying families at risk of needing social care intervention. Informed by our engagement with partners, the draft EHS also includes an ambition of more effective fundraising in collaboration with other early help providers in the public and voluntary sector.

3. Conclusion and reasons for recommendations

3.1 This report recommends consulting on a draft EHS which will cost £4.2m and which targets support to the most vulnerable families and young people in East Sussex, through evidence-based interventions which will improve their resilience and outcomes, thereby

preventing the need for social care services. It is considered to be the most appropriate prioritisation of resources in order to meet identified need.

3.2 The draft EHS is focussed on the localities where the most vulnerable families live, but offers a countywide service. Keywork would take place in family homes supported from a network of 16 children's centres and youth centres offering reach into rural inland areas. Group and youth work would also be offered to increase the number of families we can work with, and would be provided wherever need was identified, in the network of children's centres and youth centres, or using other Council or community buildings in local areas. The EHS targets families at risk of needing social care intervention, but continues to work in partnership to enable a wider preventative offer, including the integrated family support and Health Visiting services for 0-5 year olds.

3.3 It is recommended the draft EHS would undergo a public consultation during May to July 2019, following which the findings would be analysed and the draft EHS and supporting appendices, including the Equality Impact Assessment, would be finalised and updated proposals presented for decision in October 2019. If approved, the updated proposals would take effect by 1 April 2020.

STUART GALLIMORE
Director of Children's Services

Contact Officer: Lou Carter
Tel. No. 01273 482809
Email: louise.carter@eastsussex.gov.uk

LOCAL MEMBERS

Cllr Kathryn Field

Cllr Jim Sheppard

Cllr Richard Stogdon

Cllr Simon Elford

Cllr Colin Swansborough

Cllr Rupert Simmons

Cllr John Barnes

Cllr Sarah Osborne

Cllr John Ungar

Cllr Phillip Daniel

Cllr Kieth Glazier

Cllr Phil Boorman

Cllr Matthew Beaver

Cllr Tania Charman

BACKGROUND DOCUMENTS

None

APPENDICES

Appendix 1 Draft Children's Services Early Help Strategy

Appendix 2 National and East Sussex Context

Appendix 3 Needs Assessment

Appendix 4 Service Analysis

Appendix 5 Options Analysis

Appendix 6 Property Analysis

Appendix 7 Outcomes Analysis (Draft)

Appendix 8 Equality Impact Assessment (Draft)



Appendix 1

Children's Services Early Help

Draft Strategy 2020 – 2023

Building stronger families

Children's Services Early Help

Draft Strategy 2020 – 2023

Building stronger families

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1. Introduction

What is early help?

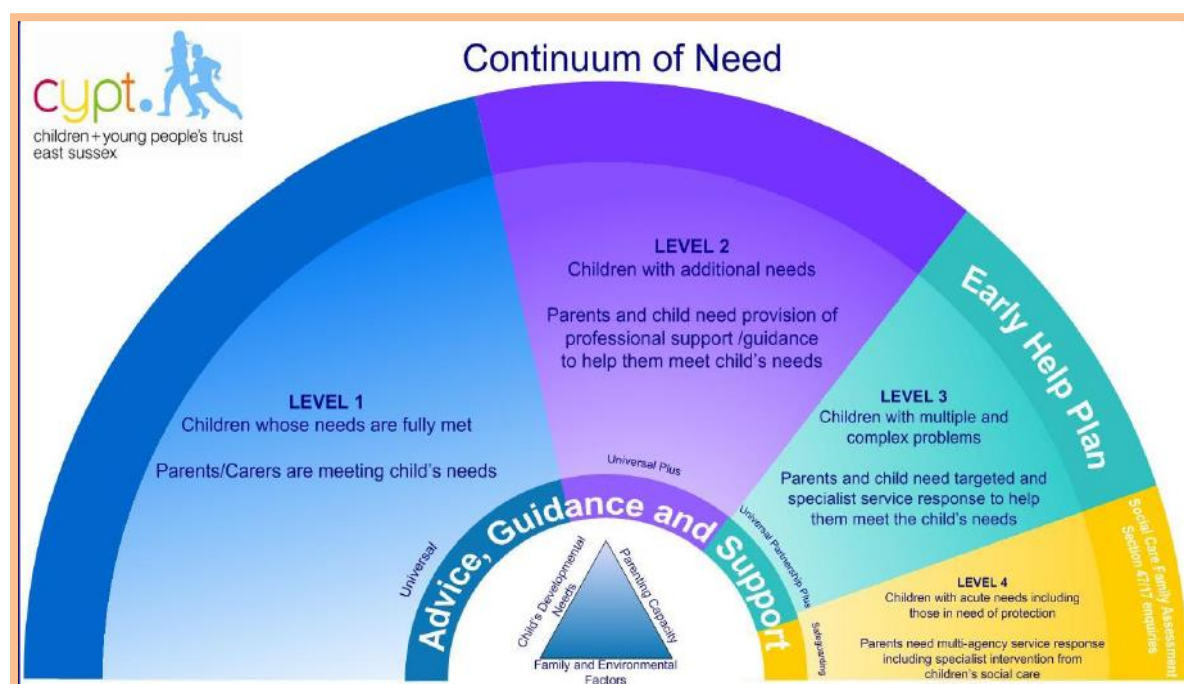
Early help is about taking action to help families tackle their problems before they become more difficult to reverse.

Without early help, family problems can become more complex and serious, sometimes leading to child safety concerns, and the need for statutory children's social care intervention.

Early help aims to provide the best possible support and value for money by minimising the need for statutory social care intervention in families. By reducing children and young people's experience of family problems, early help improves their outcomes in terms of safety, education, health and wellbeing.

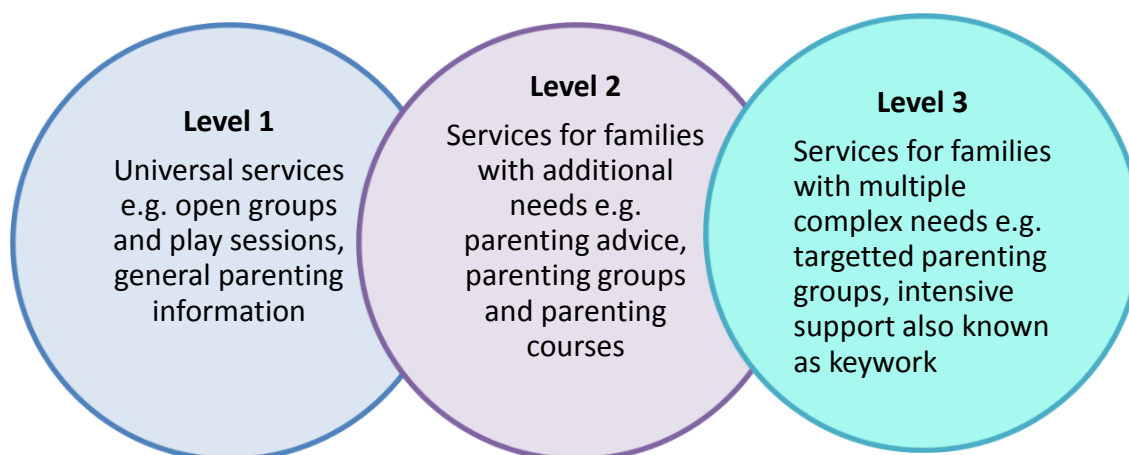
Most families will need advice or support to meet their child's needs at some point, which is why professionals working with children in East Sussex use a framework to understand the different levels of families' needs.

Continuum of Need for Families



Early help services are provided to meet needs at Level 1-3 of the Continuum of Need (CoN). Different services and intensity of interventions are appropriate to support different levels of need. They all aim to enable families to help themselves, prevent their problems becoming more complex or serious, so that they can meet their child's needs without further help. Examples are shown below.

Intensity of interventions rising with levels of need



Who provides and funds early help?

In East Sussex, early help for families is funded and provided by a wide range of public, private, and third sector organisations.

Currently, East Sussex Children's Services mainly provides Level 3 early help - intensive support to families to solve their problems, called keywork. It provides Level 1 and 2 services jointly funded with East Sussex Public Health and external funders e.g. District and Borough Councils, Clinical Commissioning Groups and the government.

Children's Services Early Help works in partnership with other providers to help families solve their problems. Support to vulnerable families sometimes involves a range of professionals coordinated by a lead worker from Children's Services.

Children's Services Early Help for families with children 0-5 years old is integrated with Health Visiting services in children's centres through a strategic partnership with East Sussex Healthcare Trust. Health Visiting is a universal service available to all families of children 0-5 years old.

Purpose of this document

This draft Strategy sets out the early help services Children's Services proposes to invest in from 2020-2023, and the proposed changes to current services which would result.

We aim to provide clear information about the evidence behind the proposals, the services which would no longer be available as a result of the proposals, the expected outcomes of the services offered and potential impacts of changes. It is supported by analytical reports which are available [online](#). We welcome comments on relevant data to improve our analysis.

We think these proposals are the best way to meet vulnerable families' needs in East Sussex and achieve value for money within the resources available, by preventing the need for statutory social care interventions. This draft aims to support consultation with service

users, partners and local families and communities, on alternative ways of using Children's Services resources to meet families' needs, get value for money, and prevent the need for children's social care interventions.

It also provides information for organisations interested in offering 0-5 years or education services in the children's centres proposed for closure ([Section 7](#)) and/or run a nursery in Sidley Children's Centre.

How the Strategy has been drafted

The proposals have been developed using strategic commissioning - the approach the Council uses to underpin business planning. It aims to secure the best outcomes for East Sussex residents by:

- Understanding need.
- Matching services with need.
- Making the most effective use of all available resources.

We've focussed on how Children's Services Early Help supports Council priority outcomes:

Council priority	Strategic commissioning theme for early help
Driving economic growth	<ul style="list-style-type: none"> • Educational attendance and progress
Keeping vulnerable people safe	<ul style="list-style-type: none"> • Crime and risk of exploitation • Child safety • Children and young people's online safety, emotional and mental health
Helping people help themselves	<ul style="list-style-type: none"> • Employability and financial inclusion • Parenting resilience
Making best use of resources	<ul style="list-style-type: none"> • Demand for statutory social care interventions • Use of assets

Developing these proposals has been an evidence-driven process. We've researched national and local developments affecting early help. We've analysed data about families in East Sussex and the services we're currently providing. We've studied the approaches to early help taken by other Councils with good and outstanding Ofsted inspection results and those recommended nationally and internationally, and identified other providers of family support services in East Sussex. We've considered the views of service users and staff, and those of other professionals working with children in East Sussex.

Using all this information, we've identified what we believe to be the best options for services, and started to assess the outcomes they'll have – which we'll update following consultation. The work we've completed underpins this draft Strategy- it is summarised below and is [available online](#).

The draft Early Help Strategy is based on					
National and Local Context	Needs Assessment	Service Description and Analysis	Options Analysis	Property Analysis	Outcome Analysis
<i>Consultation Analysis (following the close of public consultation)</i>					
Equality Impact Assessment					

2. Research and analysis

This section summarises the supporting analyses which underpin this draft Strategy. The full reports can be found [online](#).

i. Research and analysis: national and East Sussex context

The legal and policy framework within which Children's Services Early Help is provided.

Regulatory framework

Providing early help services for children, young people and families helps the Council meet its statutory duties, particularly safeguarding children. [Working together to safeguard children](#) is statutory guidance on inter-agency working to safeguard and promote the welfare of children. Early help is included as part of meeting duties under the [Children Act 2004](#) to promote the wellbeing of children working with partners. Early help arrangements are inspected by Ofsted alongside social services in the Single Inspection Framework. Under The Childcare Act 2006, local authorities must '*so far as is reasonably practicable, include arrangements for sufficient provision of children's centres to meet local need*'.

National Strategy

The national government strategy shaping Children's Services Early Help services is the [Troubled Families Programme](#). The programme has been shown to contribute to managing children's social care pressures and provide significant savings. We await confirmation that the Troubled Families Programme will continue after March 2020.

The government's Civil Society Strategy states that 'The government recognises the transformational impact that youth services and trained youth workers can have.' Statutory guidance for councils about youth work is being reviewed.

There is no national strategy for children's centres. A recent report by the House of Commons Science and Technology Committee recommended a national strategy for early intervention.

Local Context

Preventative early help for children, young people and families has been a key element of several service strategies in East Sussex, including the [Child and Young People's Plan](#) and the [State of Child Health in East Sussex](#) report 2017/2018.

The Council Plan for 2019/2020 focuses on providing people with the support they need as early as possible, reducing demand for care services. One of the key objectives in the plan is an effective multi-agency early help system.

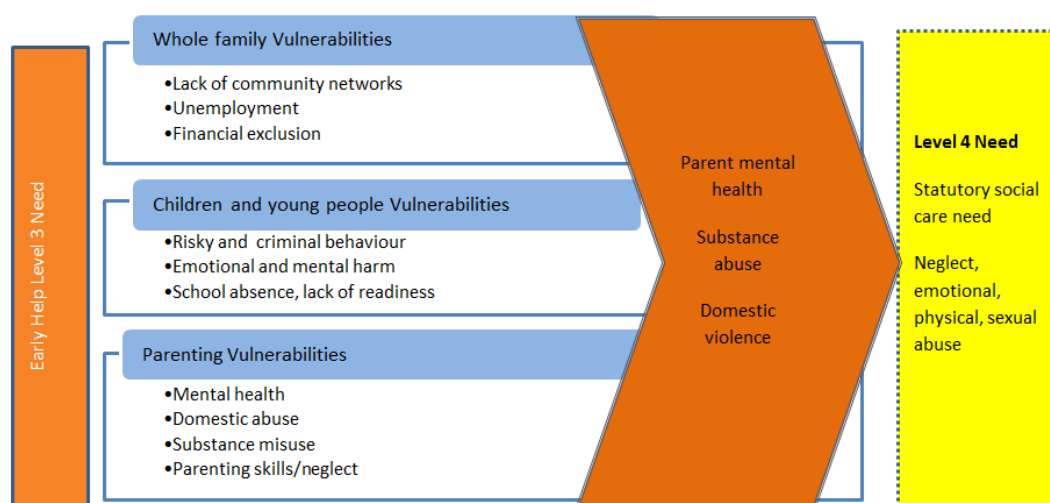
ii. Research and analysis: need for early help in East Sussex

Evidence of what families and children in East Sussex need from early help services, using the best available information (summer 2018).

Health Visitors have assessed 7.2% of families with children aged 0-5 as requiring specialist support or critical intervention. From this we estimate that around 4,200 families with children in East Sussex are likely to need help to keep their children safe and healthy. Most are in Eastbourne, Hastings and St Leonards.

Social and economic deprivation is strongly associated with need for early help services. There is significant variation across the county. Hastings and St Leonards, Eastbourne and Bexhill have areas of deprivation in the highest 10% nationally.

The interrelated triggers of parent mental ill health, substance misuse and domestic abuse cause escalating problems, leading to emotional abuse and neglect of children, and the need for social care intervention. Children's social care interventions due to domestic abuse have risen to over a quarter of child protection plans. Parent drug and/or alcohol misuse was a factor in over a third of social care children in need cases. A recent snapshot (May 2018) of all current Child Protection Plans for East Sussex children found parent mental ill health were a factor in two-thirds of cases.



Family problems are causing vulnerability in children and young people in East Sussex. We estimate that there are 4,200 young carers in the county. Admissions of 0-4 year old children to hospital caused by unintentional and deliberate injuries are consistently higher than the region and England. Children and young people's mental health admissions are also higher than regional and national comparators. In East Sussex, violent crimes, sexual offences, public order offences and possession of weapons involving children aged 0-17 years increased 2015/16 to 2017/18 (by 7.4%, 4.2%, 5.8% and 11.6% respectively).

Based on our analysis, we expect that needs for early help will continue to increase. Service data demonstrates rising demand in the form of referrals for early help. Economic conditions, high levels of deprivation and child poverty in some locations, put together with the shortage of affordable housing, create the context in which families are most likely to become vulnerable.

iii. Research and analysis: current Children's Services Early Help

The early help services currently funded and delivered by Children's Services.

Children's Services mainly funds and delivers intensive work with vulnerable families at Level 3 (63% of spending) called keywork. With the family's agreement, one Keyworker is allocated to work intensively with the family to help address their agreed needs. The Keyworker works with parents to build resilience and skills to help them look after their children.

Children's Services contributes to and delivers a wider preventative offer for families with lower levels of need, jointly funded with East Sussex County Council Public Health and external partners (26% of Children's Services spending). The remaining 11% of Children's Services spending is on property.

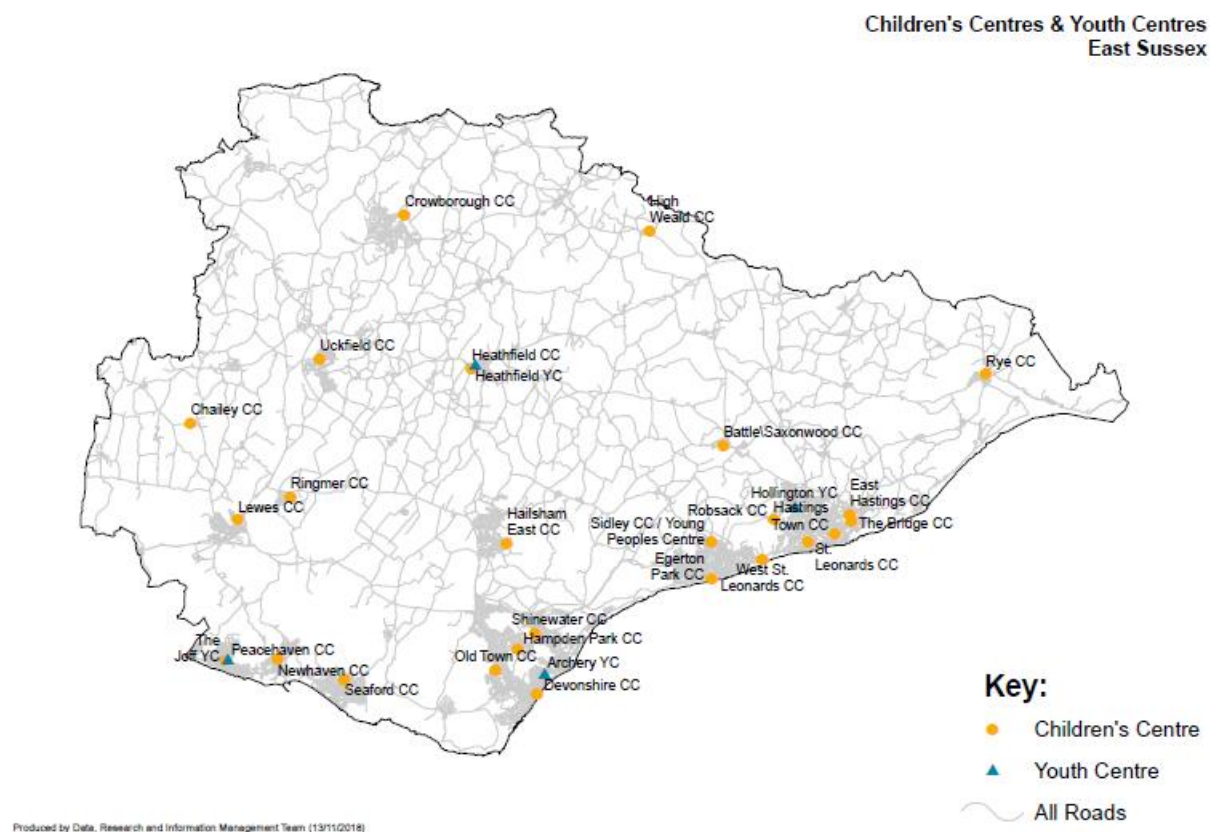
Services are delivered by two teams, for families of children 0-5 years and 5-19 years. The 0-5 team delivers services jointly with universal Health Visiting and Healthy Child Programme services, delivered by East Sussex Healthcare Trust, from children's centres.

Services provided and funded by Children's Services Early Help 2018/2019

Level 1 – universal services	Level 2 –additional needs	Level 3 —multiple and complex needs
0-5 volunteer programme		
0-5 volunteer-run groups and sessions		
0-5 All Saints Drop in Group		
Crèches	→	
Nurseries	→	
Youth Clubs	→	
Street Youth Work	→	
	0-5 speech and language groups	
	0-5 Incredible Years Parent Skills	
	5-19 group work and youth clubs (targeted)	
		0-5 keywork
		5-19 keywork

The map below shows the locations of 26 children's centres and 4 youth centres. One Centre, Sidley in Bexhill, is both a Children's and Youth Centre.

Locations of Children's Centres and Youth Centres 2019



iv. Research and analysis: current service delivery

How current Children's Services Early Help meets identified need.

Level 3

In 2017/18 Keywork services received over 1,700 referrals. Keywork interventions supported 2,301 families and 8,380 family members (some referred in the previous year). New activity was most concentrated in Hastings, Eastbourne, Sidley ward in Bexhill, and wards in Newhaven, Peacehaven, Hailsham, Hellingly and Uckfield – in line with identified need.

Keywork is tackling social care demand and the vulnerabilities which trigger it. The most common family need was 'Children in Need of Help' – indicating that the family was at risk of escalating needs leading to social care intervention. The second most frequent theme was 'Health and Wellbeing' which includes parent mental ill health and substance misuse issues and the third was 'Healthy Relationships' – which includes parental conflict, domestic abuse and violence.

Keywork interventions are effective. Only 2% of families were recorded as needing another Level 3 service when keywork ended, and less than 13% of keywork cases were closed because a social care or other statutory intervention was required. Of 1,217 service users surveyed, 93% of parents of children aged 0-5, 89% parents of children 5-19 and 95% young people reported that things have changed for the better as a result of keywork.

A 2018 independent study of the management of social care demand in East Sussex found that Level 3 keywork has played a critical role in managing and reducing need for social care interventions. Around 75% of keywork referrals would, in the absence of the early help service, result in social care demand.

Levels 1 and 2

In 2017/2018, around 110 volunteers received accredited training and peer support. Volunteers run drop-in sessions in children's centres, attended by around 3,200 individuals at least once in a year. There are also an estimated 3,200 attendances in targeted family group sessions. Sessions in youth centres attract 1,500 named individuals plus 2,400 other visits.

Level 1 and Level 2 services are having a positive impact on people's resilience. Crèche, nursery and early communication data indicates good children's progress and the two nurseries have been rated by Ofsted as outstanding. Parents and young people attending sessions report positive impacts.

Good practice advice suggests that providing support to all families, including families with additional needs, helps children get a good start in life and progress well. However, it has not been possible to quantify the impact of Level 1 and Level 2 preventative services on the family vulnerabilities highlighted by the needs assessment, and no direct resulting reduction on the need for social care intervention has been identified.

v. Research and analysis: options for future Children's Services Early Help

Using information about effective early help services to identify the best approach to future services.

Rationale

The Council aims to provide the best early help services to increase families' resilience, improve their lives, and manage demand on high cost services.

The needs assessment identified trigger parenting vulnerabilities which lead to family crisis. The service analysis demonstrates that Level 3 keywork is effective in tackling parenting vulnerabilities and directly preventing the need for social care interventions. Like national studies, it was unable to demonstrate the effectiveness of Level 1 and 2 services in these terms.

Based on this information, we've explored the options for delivering a Children's Services Early Help service targeted to triggers of social care needs through intensive interventions.

Options for delivering Early Help at Level 3

We explored the options for future services, including stopping services, in-house and external services and new delivery models. They were assessed for feasibility and affordability, keeping children safe and flexibility.

The 'no change' option was discounted because it was not achievable within the expected reduced funding (from 2020). Evidence showed that no longer providing any early help services was also unaffordable, because social care demand and costs would rise.

Commissioning the service from another organisation was discounted on the grounds that these options could not be implemented by 1 April 2020, and medium term funding uncertainty prevented effective procurement. In addition, splitting early help from social services provision was considered a risk to children's safety, and a market analysis found no alternative suppliers at this level of need and risk.

Partnership model options, in which services would be delivered through new joint arrangements, were discounted for implementation timelines, affordability in the funding context and the risk of dividing provision of children's safeguarding services.

New funding model options, such as crowdfunding and charging for services, were discounted on the grounds that they were unlikely to generate sufficient funding.

The Council is the only feasible provider of keywork services in East Sussex for families with multiple and complex needs. The shortlisted options for further assessment through public consultation were: in-house services redesigned to make best use of assets and resources; sharing more children's centres with other providers of family services; exploring opportunities to bid for grant funding with partners, where that supports Council priorities. These have been taken forward together through development of this proposal.

vi. Research and analysis: use of property

Assessing options to make better use of assets.

Children's Services Early Help spending in the financial year 2017/2018 was 11% on properties (26 children's centres and 4 youth centres). To ensure the best use of resources, these properties were assessed to check they are in the local areas identified with higher needs, are currently well- used to provide services, offer office accommodation and are suitable to act as a network of children's centres and youth centres offering services in future, or whether activities could be relocated to nearby Council properties. The conclusions were:

	Properties most suitable for future services	Properties less suitable for future services
Eastbourne	Devonshire Shinewater Archery Youth Centre	Hampden Park Old Town
Hastings	East Hastings Hastings Town Robsack Hollington Youth Centre St Leonards	The Bridge Hastings West St Leonards
Lewes	Lewes Peacehaven Joff Youth Centre	Chailey Newhaven Ringmer Seaford
Rother	Sidley Saxonwood	Battle Egerton Park Bexhill Rye
Wealden	Hailsham Uckfield Heathfield Youth Centre	Crowborough Heathfield High Weald

vii. Research and analysis: views of front line professionals

We surveyed professionals working with families to seek their views on the most important elements of early help to take forward. Nearly 100 Children's Services Early Help staff responded. 137 responses came from colleagues in partner organisations, such as schools and colleagues, police, probation and health services.

The areas in which professionals see early help making the biggest difference were:

- Taking a child-centred and whole family approach.
- Working in partnership.
- Keywork's flexibility to respond to families' needs.
- Empowering parents.
- Supporting mental health.
- Enabling families to achieve sustainable change.
- And, preventing the need for statutory social care interventions with families.

The professionals' priorities for the future were:

Priorities for Children's Services Early Help Staff	Priorities for professionals working in partner organisations
Child safety – 71%	Child safety – 87%
Adults improved mental health/wellbeing – 68%	Children and young people's mental health/wellbeing (joint second) – 80%
Children and young people's mental health/wellbeing – 67%	Reduced risk of sexual exploitation (joint second) – 80%
Reduced risk of domestic violence – 61%	Improved parenting capacity/more positive parenting – 74%
Improved parenting capacity/positive parenting – 59%	Reduced drug or alcohol abuse - 66%

We've taken this advice from our staff and partners into account as we've developed our draft Strategy.

3. Our proposal - Children's Services Early Help Strategy

Based on the research and analysis completed, we've developed the best possible service proposal, providing the best value for money, within the resources available to Children's Services. This is described below for feedback from service users, partners, and local families and communities.

Vision

We will fund and provide Children's Services Early Help that supports the most vulnerable families and reduces child safety concerns. We will:

Prioritise children's safety, ensuring child safeguarding systems are resilient and managing the amount of people who need social care involvement.

Target the resources we have to make effective early interventions with the right families.

Tackle the specific issues that cause people to need help from social workers, at the right time and for the right duration, building stronger families for the future.

Build in flexibility so that our services can adapt to having less resources and also take-up new funding opportunities.

Work in partnership with other Council services, and partners across public sectors, businesses voluntary organisations and health, to ensure the best combined support to vulnerable families.

Connect with ongoing projects to develop community resilience.

We will offer:

- Family keywork with families at risk of needing social care intervention, offering short term help where that is appropriate, to maximise the number of supported vulnerable families.
- Evidence-based and targeted family group work to support keywork and maximise the number of vulnerable families worked with.
- Evidence-based youth work with vulnerable young people, in support of keywork.

We will continue to deliver additional early help services on behalf of East Sussex County Council Public Health team and external partners. Our services for families of 0-5 year olds will continue to be integrated with Health Visiting services.

We aim to support over 2,100 vulnerable families per year, rising to 2,300 if Troubled Family Programme Funding continues. We also aim to support 500 vulnerable young people.

Outcomes - support to the Council's priorities

This draft Strategy will improve outcomes for the most vulnerable families by helping them help themselves.

Council priority	Early Help objectives – <u>for families at risk of needing social care intervention we aim to:</u>
Driving economic growth	<p>Improve educational attendance and progress for children and young people.</p> <p>Improve economic inclusion and financial resilience.</p>
Keeping vulnerable people safe	<p>Support the most vulnerable families to tackle triggers of social care need, preventing escalation and the requirement for social care intervention.</p> <p>Reduce the risk of children and young people becoming victims of crime and risk of exploitation.</p> <p>Improve children and young people's online safety, emotional and mental health.</p>
Helping people help themselves	Improve parenting resilience, so that families can keep their children safe and well.
Making best use of resources	<p>Prevent demand for social care interventions.</p> <p>Make the best use of assets to meet these goals.</p>

Services which will be available to families

Level 1 – universal services	Level 2 –additional needs	Level 3 —multiple and complex needs
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Funded and delivered through this draft Strategy

Single Point of Advice – information, advice and signposting to services	Single Point of Advice – information, advice and signposting to services	0-19 Keywork Targeted parent group work Targeted youth groups
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Plus: Council Public Health and other externally funded services Children’s Service Early Help will continue to provide

Integration of 0-5 Services with Health Visiting		
0-5 volunteer programme	0-5 speech and language groups	Troubled Families keywork (if funding continues)
0-5 volunteer-run groups and sessions	Parenting courses	
Community development activities	i-Rock young people’s advice	
Healthy Active Little Ones	Mental Health Support Teams for children and young people	

Plus: Other East Sussex County Council funded early help and family support

Health Visiting for all families with children 0-5 Years		
School Nursing		
ISEND support to schools on emotional wellbeing and behaviour		
Family Information Service		
Online information to support parent knowledge, skills and confidence and young people’s safety and wellbeing		

Key features of the proposed Children's Services Early Help

Structure	<p>A single service for families with children aged 0-19 years.</p> <p>The service will be provided jointly with universal Health Visiting services and the Healthy Child Programme, as now, to provide joined-up support to families with children aged 0-5 years, and for early identification of the most vulnerable families.</p> <p>Children's Services Early Help will be part of a seamless child safeguarding system with multi-agency safeguarding arrangements and social care services. It will operate a single information system. It will connect with processes for children and young people's emotional wellbeing and school behaviour.</p>
Access to services	<p>Families and professionals working with families can continue to request Children's Services Early Help by contacting the Single Point of Advice, which will assess their needs and refer for full assessment, or signpost to alternative sources of information and support.</p>
Targeted approach	<p>Children's Services will offer targeted, evidence-based early help with family and young people's vulnerabilities that can escalate into social care need.</p> <p>The service will maximise the families supported using shorter interventions or groups when that is appropriate.</p>
Skilled workforce	<p>We will continue our emphasis on professional practice training and development for our staff. Every keywork team will include expertise on young people's online safety and emotional and mental health issues and work with specialist teams to support Keyworker skills development.</p>
Partnerships and community	<p>Partnership working will continue to maintain a coherent and integrated system. We will contribute to the work of East Sussex Children and Young People's Trust to improve the outcomes of children and young people vulnerable to poor outcomes, and to the Local Safeguarding Children Board to protect children and young people from harm.</p> <p>The service will continue to offer facilities for partner and community-led activities in a network of children's centres and youth centres.</p> <p>Children's Services Early Help will continue delivering East Sussex County Council Public Health and externally funded schemes at universal, less targeted and intensive levels when the costs are fully funded and in support of Council priority outcomes.</p> <p>Delivery of the national Troubled Families Programme will continue, in support of Council priority outcomes, if funding continues.</p> <p>Children's Services will seek to increase grant funding bids for early help activity, in partnership with public sector partners and the third sector as appropriate, to support a broader preventative offer, where this supports Council priorities.</p> <p>The Council is a partner in the Local Transformation Plan for children's mental health and wellbeing through a number of collaborative initiatives with schools.</p>

Systems and processes	<p>Thorough assessment of all referred cases will continue with supervision and risk-based decision-making by experienced professionals, to minimise risks to children and young people's safety.</p> <p>We will continue to work with schools to ensure that appropriate services are being accessed for children and young people with emotional and psychological needs. We will also continue to offer support to children, families and schools on behaviour and or autism through the ISEND Education Support Behaviour and Attendance Service team and the specialist Communication, Learning and Autism Support Service. Schools have specific budgets for this purpose and will be encouraged to access available support, with development of positive communication between parents, schools and ISEND.</p> <p>Online advice for families, e.g. parenting skills and managing behavioural issues, will continue to be improved.</p> <p>Continuous improvement of processes to maximise the time spent with families, and to optimise our communication with partner organisations also working with vulnerable families.</p> <p>Ongoing monitoring and evaluation of the intervention's effectiveness, building an evidence base, monitoring changes in the nature of referrals and re-referrals, and including reference to national studies.</p>
Network of centres	<p>Provide services from 16 children's centres and youth centres across East Sussex, focussed in the areas of greatest need, but with reach into rural areas.</p>

Children's Services Early Help – Keywork

Families and children and young people assessed as being at risk of needing social care intervention will, with their agreement, be allocated a Keyworker. The Keyworker will support the family, child or young person to identify their specific needs. Where appropriate, short term support and advice will be provided for the family, child or young person to address their problems. Where longer term support is appropriate, the Keyworker will support the family, child or young person to agree an Early Help Plan, coordinating with other professionals, to improve skills and resilience. Applying relationship-based practice, the Keyworker will support and empower the family, child or young person to take the steps they have identified.

Resources for Level 3 services will be deployed across the county according to identified need, ensure sufficient support to high needs areas on the coastal strip and reach in rural areas. Based on need identified in this analysis (as measured by distribution across the County of entitlement to Free School Meals, Troubled Families worked with and Children in Need) allocation of resources would be as follows:

Eastbourne	22%
Hastings	28%
Lewes	17%
Rother	15%
Wealden	18%

Children's Services Early Help – Targeted Family Group Work

Children's Services will provide evidence-based group work to families of children assessed as being at risk of needing social care intervention. It will be offered either as part of an Early Help Plan or as an appropriate alternative to ongoing keywork, using Level 3 resources. The groups will seek to improve parenting skills and resilience through courses, informal learning and group support.

Group work will be delivered where it is needed in East Sussex, in a network of 12 children's centres and 4 youth centres, plus other Council buildings and in community buildings.

Children's Services Early Help – Youth Work

Children's Services will provide youth work to young people assessed as being at risk of needing social care intervention. It will be offered either as part of an Early Help Plan or as an appropriate alternative to ongoing keywork. Youth work will seek to improve vulnerable young people's safety, skills and resilience through informal learning and group support.

Youth work will be delivered where it is needed in East Sussex, in a network of 12 children's centres and 4 youth centres, plus other Council buildings and in community buildings. Children's Services Early Help aims to offer 22 weekly sessions, distributed across the county according to need. The offer will continue to include sessions targeted to specific needs, making use of improved intelligence from Early Help and social care systems to target the offer to the specific communities and locations which need them. Based on our current understanding of need, the table below shows how the sessions might be distributed.

Eastbourne	5
Hastings	6
Lewes	5
Rother	3
Wealden	3

Youth clubs for young people with disabilities provided as part of the short breaks offer would continue. Additional externally funded youth work projects will also be provided, where they are fully funded and supports Council priorities.

Public Health and externally funded services

Alongside Children's Services Early Help, we will deliver services from East Sussex County Council Public Health ring-fenced funding, and also externally funded schemes where this supports Council priorities. At this time, these are expected to include:

- Troubled Family Programme – supporting additional families at risk of needing social care intervention – will continue if funding continues.
- Early years communication support in children's centres and community locations.
- Volunteering and community development and associated family activities in children's centres and community locations.
- Crèches for families attending children's centre sessions.
- The i-Rock young people's information and advice service in Hastings.
- Positive Parenting Programme until March 2020.
- Hastings Opportunity Area – parenting group work, support to schools on emotional wellbeing and a knife crime project until August 2020.
- Health Active Little Ones programme into 2020.

We await confirmation of funding for youth work and other projects.

Plans are in place to trial a combined 'front door' for Child and Adolescent Mental Health Services (CAMHS) and Early Help and Social Care. It is also planned to extend the current I-Rock mental health drop in services for young people 16-25. The current online counselling services will also be extended to improve accessibility of provision.

Mental Health Support Teams for children are to be piloted during 2019 from funding as part of the CAMHS Transformation grant.

Fair Funding

The Council has significantly increased its lobbying work in the last year both directly to the Government and with our local, neighbouring and national partners to lobby Government. We will continue lobbying the Government for a permanent and sustainable funding solution for local government which takes account of demography and the real needs of local people and which does not place the whole funding burden on local taxpayers and businesses. This will focus on the Comprehensive Spending Review and Fair Funding Review, including the need to ensure the new Children's formula element of the Fair Funding Formula is aligned with our assessment of need. We will continue supporting the Local Government Association's Bright Futures campaign for a sustainable funding settlement for children's social care, and we will press for a third Troubled Families Programme which targets the drivers of social care demand.

4. What would change?

Keywork

We propose to invest in Early Help keywork to at least 71% of current levels rising to 78% if Troubled Families Programme funding continues. We'll focus our teams on issues that can lead to children being unsafe, such as parent mental ill health, substance misuse and domestic abuse, to prevent the need for social work teams to get involved. The number of families we work with is expected to reduce , but we'll use shorter interventions and targeted group work whenever appropriate to support as many families as possible.

The families no longer offered keywork or group work services will be those assessed as less likely to need social care intervention. Every family's vulnerabilities are unique and individually assessed. Examples of circumstances where keywork service might not be provided include advice and support to new teenaged parents, interventions with children and young people with emotional wellbeing issues, support to parents struggling to manage family conflict, preventative work on young people's emerging substance misuse issues. However, families not offered keywork or group services will be signposted to other sources of information, advice and support e.g. our externally funded parenting programmes and youth projects, health visitors and school nurses, improved online advice from Children's Services or support available from other organisations such as online and social media safety advice, family legal services, child bereavement support, housing advice.

Youth Work

The youth work we invest in will support keywork with young people at risk of needing social care intervention. We hope to reach about 200 vulnerable young people per year more than currently. We propose that we won't part-fund drop in or open access youth clubs located as follows:

Eastbourne	3
Hastings	1
Lewes	3
Rother	2
Wealden	4

Around 1700 young people in East Sussex use our open access youth clubs in a year. These drop in and open access youth work projects will continue to be provided whenever partners fully fund them.

We will target our activity to where it is most needed, using improved information from Children's Services Early Help and social care systems.

Children 0-5 Years

To enable the maximum investment in services for the most vulnerable families, we propose to no longer subsidise universal support for families with children aged 0-5 run from children's centres with Health Visiting. While most services will continue, they'll change.

There would be a reduction in admin support for the services.

We would no longer subsidise and provide the Cygnets (Egerton Park) and Rainbow (Sidley) nurseries in Bexhill - though we are seeking expressions of interest from other nursery providers who would like to operate in these children's centres.

We propose to relocate the services provided in 14 children's centres, shown in the table below. These are the centres which are in areas of less need, and/or are currently lightly used by Children's Services and Health Visitors, and/or which do not provide the accommodation needed for future services, and/or which are nearby another centre. The activities needed in those local areas will continue in other council and community buildings. Through this consultation, we aim to transfer the centres to other providers of services for 0-5 years.

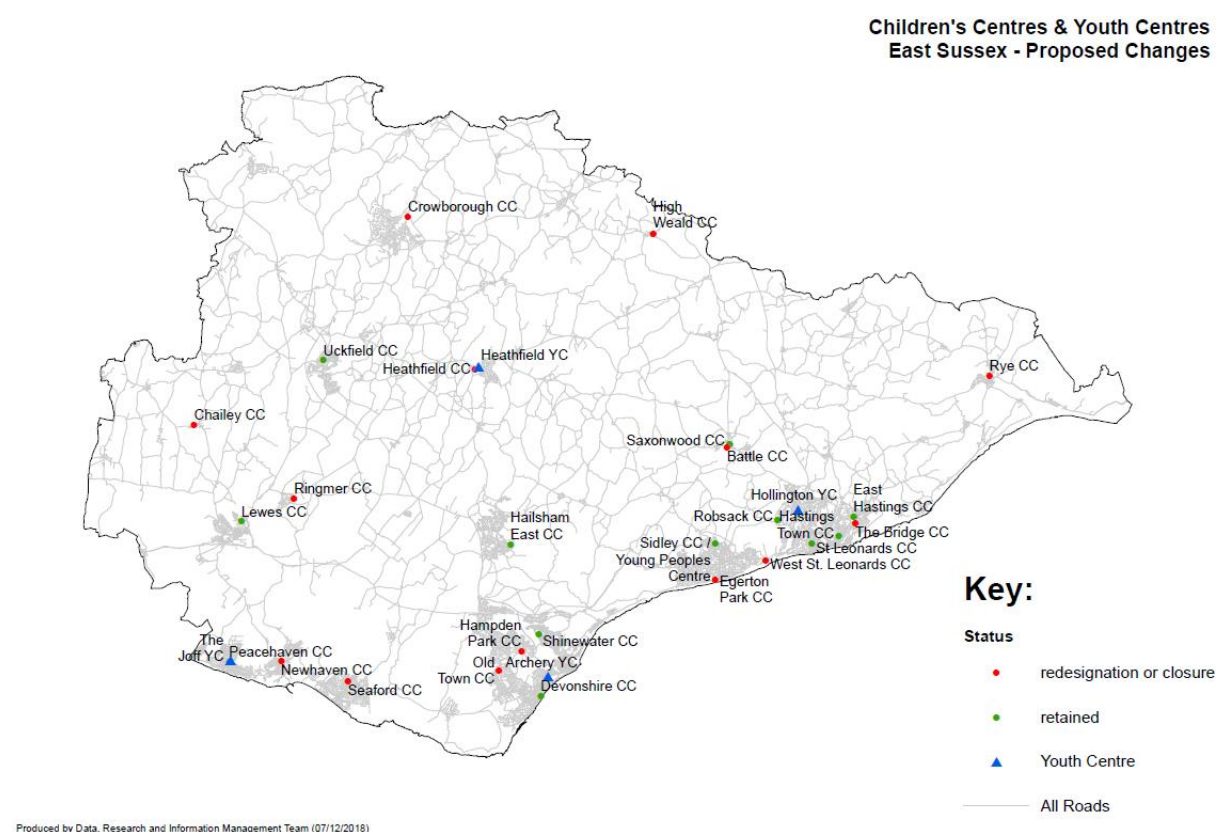
We also propose a reduction in crèches in children's centres which help parents attend sessions and meetings. It may not be possible to offer crèche facilities for parents attending all activities, especially those taking place away from children's centres in community buildings.

The private nurseries in High Weald Children's Centre (Ticehurst), Crowborough Children's Centre and Seaford Children's Centre are affected by the proposals for these Centres. However, we are seeking expressions of interest from providers of services in a position to take over the sites.

Centre	Proposal for relocation of current services (early years, community development, volunteering and integrated Health Visiting)
Hampden Park	Seek to relocate to community buildings
Old Town, Eastbourne	Seek to relocate to community buildings
The Bridge, Hastings	Seek to relocate to community buildings
West St Leonards	Seek to relocate to community buildings
Chailey	Seek to relocate to community buildings
Newhaven	Seek to relocate to community buildings
Ringmer	Seek to relocate to community buildings
Seaford	Seek to relocate to community buildings
Battle	Seek to relocate to community buildings

Centre	Proposal for relocation of current services (early years, community development, volunteering and integrated Health Visiting)
Egerton Park, Bexhill	Relocate to Sidley Children's and Youth Centre
Rye	Seek to relocate to community buildings
Crowborough	Seek to relocate to community buildings
Heathfield	Relocate to Heathfield Youth Centre
High Weald, Ticehurst	Seek to relocate to community buildings

The map shows the 12 centres proposed to be retained (green), the 14 proposed for services to be relocated (red) and the 4 youth centres (blue).



5. Financial results

We propose to invest £4.2m in Children's Services Early Help services.

As a result of these proposals there would be an estimated budget saving of £2.6m through a reduction in employees and premises costs. This will meet the savings targets included in the Council's Medium Term Financial Plan. The financial results of the proposed changes to services are shown below.

	Proposed Saving £m	Proposed Annual Budget £m
Level 3 keywork Targeted to drivers of social care need, such as parent poor mental health, domestic abuse and substance misuse. Including group work activity in support of keywork.	0.5	3.8
Level 1 and 2 children's centres support Reduced management/admin support, no longer subsidising 2 nurseries, reduced crèche quality assurance activity and crèches may not be provided to support all activities.	1.2	nil
Funding for children's centres 14 lesser used children's centres and/or those which services can be relocated from.	0.7	nil
Youth Work Withdraw Children's Services core funding for Level 1 /2 youth work provision but continue working with young people at Level 3 at risk of needing social care intervention, in support of keywork.	0.3	0.3
Contribution to Single Point of Advice Funding for an essential part of the Early Help system, which also provides mitigation to reductions in Level 3 keywork.	-0.1	0.1
Total	2.6	4.2

We propose to invest in Early Help keywork activity to 71% of current levels, rising to 78% if Troubled Families Programme funding continues. Reductions in family keywork would include a reduction in staff, management and associated overheads. The risk of transition will be mitigated by income from Troubled Families if funding continues.

Savings related to children's centres activities relate to reduced spending on management and admin support and crèche support to family sessions and withdrawing subsidisation of 2 nurseries in Bexhill.

Budget savings from children's centres premises include supplies and overheads.

Savings from youth work include youth work management, staff and overheads.

The savings would be fully implemented by 1 April 2020 and would be accounted for in the following years:

	2019/20 £m	2020/21 £m	Total £m
Savings from proposals	0.6	2.0	2.6

6. Implementing the proposed changes

After the end of the consultation period on 29 July 2019, the Outcomes Analysis and Equality Impact Assessment will be revised, to support Members in decision-making about future services, including due regard to the duties set out in section 149 of The Equality Act, 2010.

Following this, a revised version of proposals, including supporting evidence, outcome and impact analyses, would be presented for decision in October 2019.

It is planned to begin implementing the changes in October 2019 and complete implementation by 1 April 2020. In implementing the changes, we will seek to minimise any negative impacts on families.

7. Information for organisations interested in taking over children's centres and nursery provision

We'd like to hear from providers of 0-5 and education services interested in taking over the children's centres we propose to relocate services from.

We'd like to discuss your ideas for using the centres and we'll be looking for:

- Activities for children 5 or younger as part of what's offered from the centre.
- Well-established, proven organisations with relevant experience.
- Ability to take on the full cost and liability for running and maintaining the property over an agreed period.
- Operation separate from Children's Services provision.

If your organisation's proposal meets these criteria, please contact earlyhelp.consultation@eastsussex.gov.uk to arrange an initial discussion.

We're also keen to hear from early years providers who are interested in providing nursery services from Sidley Children's Centre. Please get in touch at the contact details above.



Children's Services
East Sussex County Council
County Hall
St Anne's Crescent
Lewes BN7 1UE
Website: www.eastsussex.gov.uk/earlyhelp
E-mail: earlyhelp.consultation@eastsussex.gov.uk
Phone: 01273 336626

May 2019

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Appendix 2

Children's Services Early Help

National and East Sussex Context

Children's Services Early Help

National and East Sussex Context

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1. Summary

This document sets out the legal and policy framework within which early help is commissioned in East Sussex, and which the draft Children's Services Early Help Strategy must address.

Providing early help services for children, young people and families helps the Council meet its statutory duties, particularly safeguarding children. Working together to safeguard children is statutory guidance on inter-agency working to safeguard and promote the welfare of children. Early help is included as part of meeting duties under the Children Act 2004 to promote the wellbeing of children working with partners. Early help arrangements are inspected by Ofsted alongside social services in the Single Inspection Framework. Under The Childcare Act 2006, local authorities must 'so far as is reasonably practicable, include arrangements for sufficient provision of children's centres to meet local need'.

The national government strategy shaping Children's Services Early Help services is the Troubled Families Programme. The programme has been shown to contribute to managing children's social care pressures and provides significant savings. We await confirmation that the Troubled Families Programme will continue after 2020.

The government's Civil Society Strategy states that 'The government recognises the transformational impact that youth services and trained youth workers can have.' Statutory guidance for councils about youth work is being reviewed.

There is no national strategy for children's centres. A recent report by the House of Commons Science and Technology Committee recommended a national strategy for early intervention.

Preventative early help for children, young people and families has been a key element of several service strategies in East Sussex.

The Council Plan for 2019/2020 focuses on providing people with the support they need as early as possible, reducing demand for care services. One of the key objectives in the plan is an effective multi-agency early help system.

2. Purpose

This document sets out the **legal and policy framework** within which East Sussex County Council Children's Services Early Help is provided.

It is the context for the future services, and is one of a suite of analyses provided as supporting information to the draft Children's Services Early Help Strategy, all of which are available [online](#).

The draft Early Help Strategy is based on					
National and East Sussex Context	Needs Assessment	Service Description and Analysis	Options Analysis	Property Analysis	Outcome Analysis
<i>Consultation Analysis (following the close of public consultation)</i>					
Equality Impact Assessment					

3. National context

3.1 Early help

- i. In 2011 the government also commissioned an independent review [Early Intervention: The Next Steps](#), which concluded that early intervention could make lasting improvements to the lives of children.
- ii. The [Munro Review of Child Protection](#) in 2011 was commissioned by the Department for Education to inform the reform of children's services. Early help was one of the areas considered - referring both to help in the early years of a child or young person's life and early in the emergence of a problem at any stage in their lives. The Munro Report highlighted the growing body of evidence of the effectiveness of early help services and the importance of providing such services:

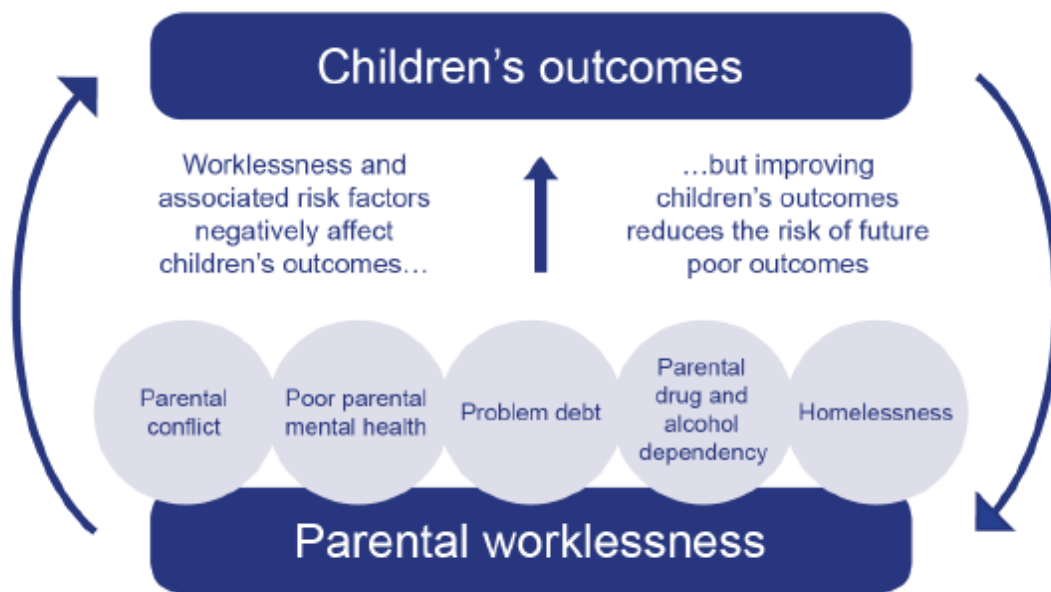
'Preventative services can do more to reduce abuse and neglect than reactive services.'

Early help is better for children: it minimises the period of adverse experiences and improves outcomes for children.

The review recommended an additional duty for local authorities to secure sufficient early help. This was not taken forward.

- iii. Providing early help services helps the Council meet statutory guidance to safeguard children. [Working together to safeguard children](#) is the current statutory guidance on inter-agency working to safeguard and promote the welfare of children. Early help is included in the guidance as an important part of meeting duties under the [Children Act 2004](#) to promote the wellbeing of children working with partners.
- iv. In March 2015, Ofsted published a national [thematic report on Early Help](#), quoting the Munro Report and concluding that, *'It is only right that local authorities and their partners are focusing increasingly on early help and prevention services for families'*. It reported governance, managerial and process barriers, *'The current statutory framework does not give sufficient clarity and priority to the roles and responsibilities of individual agencies for early help provision.'*
- v. In April 2016, the [Children's Society](#) reported a 70% reduction in government funding for early help services over the previous ten years.
- vi. [Improving Lives: Helping Workless Families](#) published by the Department for Work and Pensions in April 2017 highlighted the multiple disadvantages associated with worklessness (see diagram below). It emphasised:
 - The importance of service reform and robust local cost benefit analysis.
 - Getting the incentives right to drive long-term sustainable improvements in services and for families.

Multiple impacts of worklessness and their effect on children's outcomes



Source: Department of Work and Pensions, Improving Lives: Helping Workless Families

- vii. In a [survey](#) by the National Children's Bureau, carried out in September 2017, 70% of Social Workers said the threshold for qualifying as a "child in need" had risen over the last three years and 60% said that the resources available to children's services influenced decisions about whether to offer early help.
- viii. In October 2017 the Local Government Association published [Bright Futures](#), predicting a £20 billion funding gap in Children's Services by 2020 and resulting cuts to preventative services. It proposed priorities for children's services partnerships to include stronger investment in early help, as shown in the figure below.

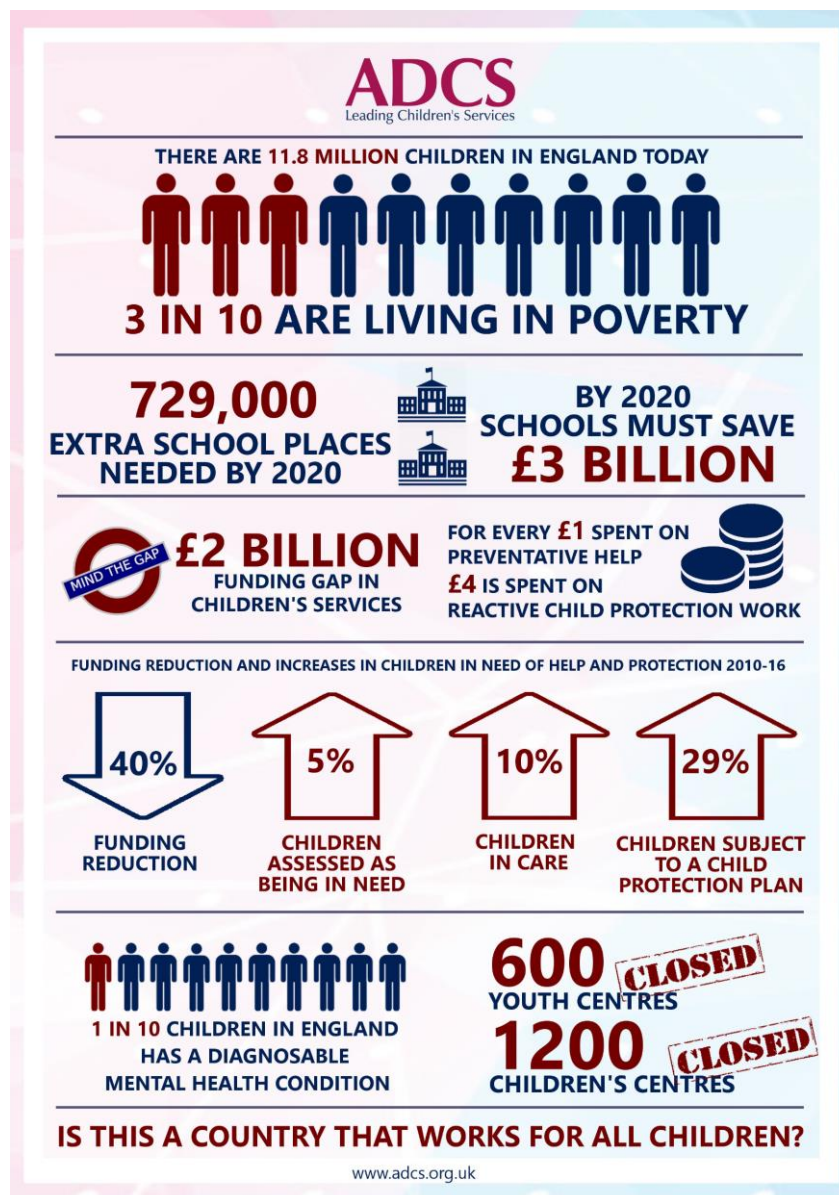
Local Government Association Recommends Strong Investment in Early Help



Source: [Bright Futures](#), The Local Government Association

- ix. Also in October 2017, the Association of Directors of Children's Services published [A country that works for all children](#). It stated that '*the provision of early help services is being eroded by austerity*' and that need for early help and statutory services is increasing due to child poverty, welfare reforms and austerity. The paper called for a reaffirmation of the value of preventative services and the establishment of a cross-government review to understand better the reasons for, and links between, rising levels of child poverty and demand for children's statutory services.

Association of Directors of Children's Services suggest links between austerity, poverty and demand for early help and statutory Children's Services



Source: A Country that Works for All Children, Association of Directors of Children's Services

- x. Published in July 2018, [*Growing up neglected: a multi-agency response to older children*](#), a joint report from Ofsted, HMI Constabulary and Fire & Rescue Services, the Care Quality Commission and HMI Probation, found that older neglected children do not always receive the support and protection they need. The report states:

'Too often, local agencies are failing to spot the signs of neglect in older children. While neglect of young children is usually better identified, because the signs are more obvious, older children suffering the same abuse are slipping through the cracks.'

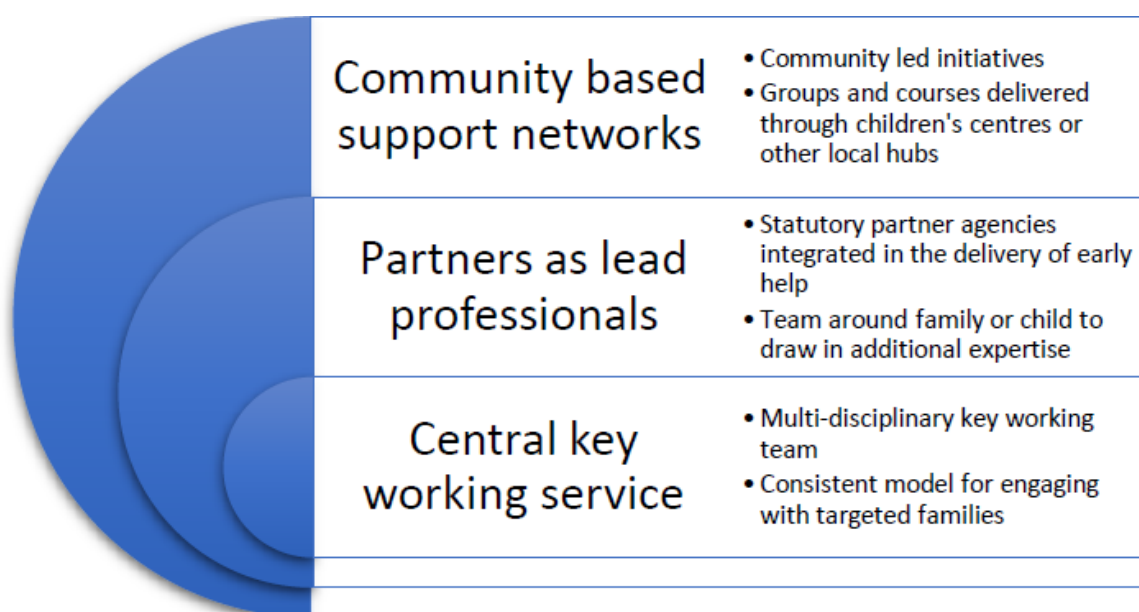
- xi. In October 2018, the Ministry of Housing, Communities and Local Government announced an enquiry into the funding and provision of local government children's services. The committee said spending on statutory children's services has increased by 3.2% between 2010-11 and 2016-17 but overall spending on children's services fell by 7% in the same period due to cuts for discretionary services such as Sure Start centres.
- xii. In November 2018 the Science and Technology Select Committee published the report of its enquiry into [evidence based early intervention](#). This recommended a new national strategy for early intervention, with an emphasis on adverse childhood experiences.
- xiii. In November 2018, the Local Government Association published [Bright Futures: one year on](#) reporting their partnership with the [Early Intervention Foundation](#) on a new early help resource pack. The Association has commissioned research on the factors that facilitate an effective early help offer, including how best to engage partner agencies and the community and voluntary sector in developing a joined up early help offer. The results of both pieces of work are expected in early 2019.
- xiv. Early help arrangements are inspected by Ofsted alongside social services in the [Inspection of Local Authority Children's Services](#). Criteria for services for children who need help and protection include the following for early help:

Children, young people and families are offered help when needs and/or concerns are first identified. The early help improves the child's situation and supports sustainable progress. The interface between early help and statutory work is clearly and effectively differentiated.

In the [Ofsted Annual Report](#), December 2018 Her Majesty's Chief Inspector commented that cuts to preventative and wider children's services, mean that local authorities are less able to intervene early, before young people need statutory services. 'The evidence suggests that these cuts to youth and other services are a false economy, simply leading to greater pressures elsewhere.'

- xv. [Pressures on Children's Social Care](#) was published by the National Audit Office in January 2019. It states referrals to children's social care increased in line with population growth between 2010-11 and 2017-18, highlighting significant variation exists between local authorities in key elements of their children's social care services, the numbers of children in contact with social workers and taken into care, and the cost per child. The Local Government Association responded that "It is clear that the most urgent and pressing issue is not variability but the very real funding crisis facing vital children's services across the country, which face a funding gap of £3.1 bn by 2025." The Education Department, Ministry of Housing, Communities & Local Government and HM Treasury have commissioned external research which they hope will explain demand pressures and variation by summer 2019.

- xvi. The Local Government Association commissioned the Isos Partnership to research the key enablers of effective early help partnerships. These were [published](#) in March 2019, as shown below:



- xvii. In March 2019 House of Commons Committee of Public Accounts published [Transforming children's services](#). It concluded that the Department for Education still had not done enough to make the quality or finances of children's social care sustainable.

3.2 Troubled Families Programme

- xviii. The [Troubled Families Programme](#) is the current national strategy for early help. It is a payment by results scheme for early help in which East Sussex participates. East Sussex expects to receive income of £1.68m in 2018/2019. This programme's priorities from 2015 to 2020 are:

National Troubled Family Programme Themes	East Sussex Troubled Families Themes
community and social behaviour	crime and anti-social behaviour
Education	missing education
children in need of help	children in need of help
employment and financial exclusion	worklessness and financial exclusion
healthy relationships	domestic violence and abuse
health and wellbeing	health and wellbeing

- xix. In March 2019 the [National Evaluation of the Troubled Families Programme 2015-2020](#) was published. The most striking finding was that the programme appears to have reduced the proportion of Looked After Children: 2.5% of the comparison group

were looked after compared to 1.7% of the programme group, a 32% difference for this cohort at 19-24 months after joining the programme. The impact on those on the programme is likely to have huge benefits to children's lives, contributes to managing children's social care pressures and provides significant savings.

- xx. We await confirmation that the Troubled Families Programme will continue after March 2020, and details of the future programme's requirements and funding.

3.3 Youth services

- i. Under the Education and Inspections Act 2006, councils have statutory responsibilities to make sure, as far as possible, that there is sufficient provision of educational and recreational leisure-time activities for young people. Councils also have a responsibility for the wellbeing of all young people in their area. Funding of youth services is not mandatory and services are locally defined. Youth services can include informal and non-formal learning, safe spaces to meet friends, youth voice services, specialist support groups and sports and recreation facilities.
- ii. In 2017 the government consulted on its [*Transforming children and young people's mental health provision*](#) Green Paper. The resulting proposals were:
 - To incentivise and support all schools and colleges to identify and train a Designated Senior Lead for mental health.
 - To fund new Mental Health Support Teams. The delivery models will be piloted from the end of 2019, ideas mentioned in the government's consultation response include schools-led and voluntary sector led.
 - To pilot a four week waiting time for access to specialist NHS children and young people's mental health services.
- iii. In November 2017 the Local Government Association published [*Bright Futures: Our Vision for Youth Services*](#), which recognised reductions in funding for youth services:

'This has had a particularly strong impact on the availability of open access, universal services, with provision increasingly targeted at those in greatest need. There is currently no clear national vision or policy around services for young people.'
- iv. In May 2018, the YMCA published [*Youth and Consequences*](#), reporting a 60% reduction in funding for Youth Services over six years, and a resulting reduction in learning and development opportunities for young people outside school, suggesting links to increases in knife and other violent crime rates. It has called for youth work to be given statutory status. The Labour Party has committed to consult on doing so. [*Data published by the trade union Unison*](#) showed that 603 youth centres closed between 2012 and 2016.
- v. In August 2018, the Department for Digital, Culture, Media and Sport published its Civil Society Strategy [*Building a future that works for everyone*](#). The strategy includes a commitment by the government to undertake a review of statutory guidance for councils to provide 'appropriate local youth services'. The document states that the

review will provide *'greater clarity of the government's expectations, including the value added by good youth work'*. The Local Government Association and Association of Directors of Children's Services [welcomed the strategy's focus](#) on the positive contribution youth work can make to young people's life chances.

- vi. A [report](#) published in October 2018 by the [Education Policy Institute](#) states that the number of referrals to child and adolescent mental health services (CAMHS) in England has increased by 26% over the past five years, and around 55,800 children under-18 did not meet the criteria for specialist treatment after being referred in 2017-18.
- vii. The All Party Parliamentary Group on the role and sufficiency of youth work [reported in October 2018](#). It recommended greater investment in youth support and clear guidance on the requirements under statutory duties for youth work.

3.4 Children's Centres

- i. Sure Start was introduced by the government in 1998 as a multi-departmental programme of early intervention for under-fours. In 2004 a ten year childcare strategy was based on delivery of services through children's centres. Children's centres had an increased focus on childcare and early years education, with services provided to the under-fives. The target was for 3,500 children's centres, one per community in England, by 2010.
- ii. The provision of early childhood services is part of the Council's general duty under section 1 Childcare Act 2006 to improve the wellbeing of young children, and to reduce inequalities between them in the following areas (section 2).
 - Physical and mental health and emotional well-being.
 - Protection from harm and neglect.
 - Education, training and recreation.
 - The contribution made by them to society.
 - Social and economic wellbeing.
- iii. In addition to this general duty, section 3(2) requires the Council to make arrangements to secure that the early childhood services in its area are provided in an integrated manner calculated to facilitate access and maximise the benefit of those services. In order to contribute to fulfilling these duties, section 5A of the Act requires councils to make arrangements so that there are sufficient children's centres, so far as reasonably practicable, to meet local need and defines a children's centre as a place or a group of places through which early childhood services are made available (either by providing the services on site, or by providing advice and assistance on gaining access to services elsewhere); and at which activities for young children are provided.
- iv. In relation to services provided by children's centres, section 5E places a further duty on councils, commissioners of local health and Jobcentre Plus to consider whether the early childhood services they provide should be provided through children's

centres in the area. Cabinet will note that the core purpose of children's centres is described by the statutory guidance to the Childcare Act 2006, to which Cabinet must have due regard, as being to improve outcomes for young children and their families and to reduce inequalities between families in greatest need and their peers in terms of:

- Child development and school readiness.
 - Parenting aspirations and parenting skills.
 - Child and family health and life chances.
- v. In addition to the duties under the Childcare Act 2006, Section 11 of the Children Act 2004 places upon the Council (and its partners) a responsibility to discharge its functions in such a way that it safeguards and promotes the welfare of children. Section 17 Children Act 1989 also requires the Council to safeguard and promote the welfare of children within their area who are in need; and, so far as is consistent with that duty, to promote the upbringing of such children by their families, by providing a range and level of services appropriate to those children's needs.
 - vi. In 2014 a cross party manifesto was published emphasising the importance of a child's first critical [1001](#) days.
 - vii. In 2016 the Institute of Health Visiting's [The Economics of Health Visiting](#) showed that early years interventions, such as those covered by the universal health visiting service, deliver both social and economic benefits, including reducing long-term costs and improving outcomes, as well as increasing the economic productivity of the population.
 - viii. In 2016 an All Part Parliamentary Committee recommended the development of children's centres into family hubs under the expected Life Chances Strategy. This Strategy was never published and has been cancelled.
 - ix. In April 2018 a [report by the Sutton Trust](#) estimated that 1,000 children's centres have closed since 2009.
 - x. In May 2018, the [Science and Technology Select Committee](#) heard from Health Minister Jackie Doyle-Price that the government believes in a localised approach on early intervention, rather than central government prescription, "*because local leaders can respond best to their particular circumstances*". Children's Minister Nadhim Zahawi told the committee that councils are not closing buildings in the areas with the greatest need; some local authorities are now using children's centres differently, focusing on the most disadvantaged areas, with "*much better outcomes*" as a result:

"Local authorities have felt, actually, we can take that investment out of bricks and mortar and put it into direct outreach, where we knock on the doors of the neediest families, who may never come into a building run by government, get into their homes and give them the confidence to interact with us or our partners in health."

- xi. In July 2018, the Education Secretary Damian Hinds announced plans for schools to bid for a share of a £30m funding pot to develop nursery facilities to increase their pre-school pupil numbers. Hinds said schools will be invited to run projects that demonstrate innovative approaches to close the attainment gap between disadvantaged children and their more affluent peers. It followed [Department for Education](#) research showing that more than a quarter of four and five-year-olds lack the early communication and literacy skills expected by the end of reception year.
- xii. In August 2018 the Department for Education confirmed the planned government consultation on the future of children's centres had been shelved indefinitely. Instead, the government is to focus on implementing its education action plan, [Unlocking Talent, Fulfilling Potential](#). The government will also focus on its early years social mobility peer review programme. This launched in April and will be rolled out from this autumn to spread good practice in early years.
- xiii. [Official statistics on planned spending](#) published by the Department for Education in September 2018 show spending on children's centres and services for under-fives reducing by £30.8m from £661.3m to £630.4m in the financial year 2018/2019. In December 2018 confirmed local authorities [spending figures for 2017/2018](#) showed spending on children's centres had fallen by £110m over the last financial year, a reduction of more than 14 per cent.
- xiv. [Pressures on Children's Social Care](#) was published by the National Audit Office in January 2019. It states that where local authorities have closed children's centres it has not resulted in increased statutory children's social care activity. For those local authorities which had closed centres there was a slight fall in the number of child protection plans in future years.

3.5 Children's Commissioner

- i. The Children's Commissioner for England is a statutory independent role which promotes and protects the rights of children, especially the most vulnerable, and stands up for their views and interests. In July 2017 the Children's Commissioner's [Report on Vulnerability](#) found:
 - Over half a million children so vulnerable that the state has to step in.
 - 670,000 children in England growing up in 'high risk' family situations.
 - Thousands of children living with adults in treatment for drink or drugs.
 - 800,000 children suffering from mental health difficulties.
 - Tens of thousands of children involved with gangs.
 - Many more children under the radar, not being seen.
- ii. In June 2018 the Commissioner's report on [Public Spending on Children in England from 2000 to 2020](#) reported that:

- Almost half of the £8.6 billion children's services budget in England is spent on 73,000 children in the care system, leaving the remaining half to cover 11.7 million children.
 - The overall level of public spending on children has been maintained over the last 20 years, but 72% of children's services budgets are now spent on those in severe need.
 - Mainstream and acute services, such as 4-16 education and support for children in care, are protected at the expense of targeted preventative services.
 - Spending on prevention and youth services has been cut by 60% over the last decade.
- iii. In July 2018 the Commissioner reported on [Estimating the impact of the 'toxic trio'](#) (also known as the 'trigger trio'). The report states that many children requiring social care live in households with a toxic environment combining domestic abuse, parental substance misuse and parental mental illness. It uses data from a 2014 mental health survey of adults to calculate an estimate of the trigger trio's prevalence. The commissioner's analysis concluded that 420,000 children and young people under 18 are in homes where all three trigger trio issues are present to a "moderate" or "severe" extent. This is 3.6% of the child population in England.
- iv. In September 2018 the Children's Commissioner recommended that the government properly define councils' [minimum statutory duties](#) as they make cuts to services, suggesting that there should be a universal threshold for 'child in need'.
- v. In October 2018 the Commissioner's [report on vulnerable babies](#) estimated that there are 15,800 babies under the age of 1 considered by local authorities to be vulnerable or highly vulnerable and at risk of harm, but still living at home.

3.6 Early Intervention Foundation

- i. The Early Intervention Foundation collects evidence on the effectiveness of early interventions with families to prevent negative outcomes for children and young people and avoid the fiscal and economic costs of responding to those. In its 2015 report [Spending on Late Intervention](#), it found that local and national government in England and Wales spends nearly £17 billion a year on responding to social issues affecting young people, such as child abuse and neglect, unemployment and youth crime. £6.5 billion is spent by local authorities.
- ii. A jointly commissioned report, [Social and Emotional Learning](#), published in March 2015, by the Early Intervention Foundation, the Cabinet Office and the Social Mobility Commission added to the evidence on the strong links between social and emotional skills in children and how they fare as adults. The evidence indicates that children with well-developed social and emotional skills have a better chance of being happy and healthy adults than those who are only academically able.

- iii. The Foundation's October 2018 Report [*Realising the potential of early intervention*](#) set out a case for early intervention and a recommended action plan at national and local levels. Local actions included clear local vision based on the benefits of early intervention and evidence based decision-making and practice.
- iv. In March 2019, the Early Intervention Foundation [published guidance](#) on evaluating early help systems. It acknowledged the difficulty in assessing the effect of early intervention as part of a universal offer or with families with additional needs.

4. East Sussex context

4.1 East Sussex Partnership Strategies

- i. The East Sussex Strategic Partnership's Sustainable Community Strategy includes a [strategic priority to 2026](#) which early help services help to deliver:

Our strategic priority for 2026 is to ensure children and young people are well cared for, have healthy life styles, achieve their potential, and grow into confident, empowered, responsible adults - able to contribute to the economic prosperity of the county

Our key tasks (listed below) are integrated into the themes.

Underpinning them will be improving the way that agencies work together through the Children's Trust to identify and respond, in an integrated way, to the needs of children and young people and their families; and shifting resources to prevention and early identification and increase the range of family support services available

- Improve access to services, especially in rural areas
- Help children and young people to make healthy lifestyle choices and
- reduce health inequalities
- Reduce teenage conception rates across the county
- Protect children and young people from harm
- Reduce bullying towards children and young people wherever it occurs
- Improve support to children and young people on the edge of care, especially vulnerable teenagers
- Establish integrated services for children under 5 and their families
- through a network of children's centres and increase take up and quality
- of early years education
- Provide positive activities for children and young people and to increase
- opportunities for children and young people to be involved and
- participate in decisions which affect them and their communities
- Tackle youth homelessness, and provide better housing and housing related
- support for young people
- Reduce child poverty by 2011 and eradicate it by 2020

- ii. The strategy for children and young people is delivered via the East Sussex Children and Young People's Trust (CYPT) a partnership body supporting the Council's duty for multi-agency working in children's services. The Trust aims to improve outcomes for children and young people, particularly those who are vulnerable to poor outcomes. Its [CYPT plan](#) includes the following objectives:

Improving the school readiness of children at all transition stages

Helping more parents enter, sustain and progress in work

Improving the quality of life of low income families in other ways where possible

Ensuring effective early help and safeguarding for children and young people

Improving support to children, young people and families to help maintain and enhance emotional well-being and mental health

- iii. The Director of Public Health published the [State of Child Health Report](#) 2017/18. The report makes only one recommendation, related to a focus on preventative services, which is directly relevant to early help:

*'To continue to implement the key actions agreed by partners as outlined in each chapter, and in doing so ensure a **focus on prevention**, as almost all poor outcomes are preventable, and on reducing inequalities, as the majority of poor outcomes have a relationship to deprivation.'*

- iv. The [East Sussex Needs and Assets Profile 2017](#) produced by Public Health is used to inform decisions about services affecting health outcomes, which include early help services. The key findings relevant to early help needs, with indicators at district and borough level, are included in the early help Needs Assessment.
- v. The East Sussex Local Safeguarding Children Board is made up of senior representatives from all the organisations in East Sussex involved in protecting or promoting the welfare of children. It's priorities are to strengthen the multi-agency response to child exploitation, to strengthen safeguarding in schools and to strengthen the multi-agency response to children affected by domestic abuse.

4.2 The Thrive Programme

- i. In 2012/13 the [Thrive Programme](#) was commissioned to develop early help services in East Sussex to avoid projected rises in social care costs. The Thrive Programme worked closely with partners on an Early Help Strategy which implemented new keywork capacity and new multi-agency working practices including the Continuum of Need.
- ii. The cost of Children's Social Care decreased by £4.7m (8%) from £56.6m to £51.9m from 2011/12 to 2014/15. In 2015 the independent closing evaluation found evidence of the sustained impact of investment and change activities and achievement of goals:
 - A more skilled and confident workforce, e.g. able to manage risk and lead multi-agency working.
 - Positive outcomes for families receiving early help.
 - Reduced demand for high cost services.

4.3 Partnership projects relevant to early help

- i. In January 2017 Hastings was designated an Education Opportunity Area by the Department for Education. The two year [Hastings Opportunities Area](#) programme is building partnerships between early year's providers, schools, colleges, universities, businesses, charities and local authorities to ensure that all children in Hastings are given the best possible start in order to reach their full potential. The programme also aims to help build teaching and leadership within schools and improve young people's access to the right advice and experiences, employers and higher education.
- ii. East Sussex Clinical Commissioning Groups (CCGs) are currently delivering a Children and Adolescent Mental Health Services [Transformation Plan](#). The CCGs are working collaboratively with the Council, children and young people, Sussex Partnership Foundation Trust, NHS England, and other statutory and voluntary sector partners. Initiatives include:
 - Implementing a dedicated Community Eating Disorders service.
 - Increasing perinatal mental health provision across East Sussex.
 - Expanding the primary mental health workforce in the county.
 - Supporting young people in crisis.
 - Strengthening mental health expertise to support vulnerable groups.
 - Reviewing current online and digital resources.

4.4 Serious Case Reviews

- i. Under the statutory guidance [Working Together to Safeguard Children](#), serious case reviews are carried out after the death of a child from abuse or neglect, to improve

practice of local professionals and organisations. In East Sussex, the Local Safeguarding Children Board combined [learning from national serious case reviews](#) 2011-2014 in November 2017, reporting on cumulative and interacting risk of harm due to parental behaviours, and the prevalence of domestic abuse, mental ill health and substance misuse in these cases.

4.5 Council Plan from 2019/20

- i. The [Children's Services Portfolio Plan](#) to 2019/2020 describes the overriding principle to work, with partners, with the right children and families, in the right way for the right amount of time to bring about change, helping to create a stable environment in which children can thrive and helping families to develop resilience and coping strategies to avoid public service dependency. Individual and community responsibility is described as of fundamental importance in helping Children's Services manage demand.
- ii. The [Council Plan 2019/2020](#) sets out four overarching priority outcomes: driving sustainable economic growth; keeping vulnerable people safe; helping people help themselves and making best use of resources. It describes the Council's focus on providing people with the support they need as early as possible, which should mean that people don't need care services as much. It describes an effective multi-agency early help system as one of the Council's key objectives and states that:

'We will review and reshape the early help offer in line with available resources to identify the best early help services to provide in future to increase the resilience of families, improve their lives, and manage demand on high cost services.

Consideration will be given to working with fewer families and focusing our support on those families most at risk of social care interventions and the problems that are most likely to lead to a crisis.

We will target services working with individual families on a whole family basis, with a single keyworker supporting all members of the family and coordinating any additional specialist support required. We will work with partners to help young people develop their resilience. We work in partnership to reduce crime.'

- iii. The Council's Core Offer of services is supporting the Council's planning for how best to deploy funding in the Medium Term Financial Plan to 2021/2022. It sets out the ambitious but realistic level of service the Council must provide to both fulfil statutory duties and meet local need in the current financial climate. It includes an Early Help Service for 0-19 year olds where it helps to manage the demand for higher cost services, including an integrated service with Health Visitors for 0-5 year olds.

5. List of references

Title of reference or report	Organisation or author	Date of publication / implementation	Internet link
Early Intervention: The Next Steps	HM Government	January 2011	Link
Munro Review of Child Protection	Department for Education	May 2011	Link
Working together to safeguard children 2018	Department for Education	Jul 2018	Link
Children Act 2004	National legislation	2004	Link
Early help services: how well are they meeting children's needs?	Ofsted	Mar 2015	Link
Early intervention funding faces 70% cut	The Children's Society	Mar 2016	Link
Improving Lives; Helping Workless Families	Department for Work and Pensions	Apr 2017	Link
Survey of Social Workers	National Children's Bureau	September 2017	Link
Bright Futures – getting the best for children, young people and families	Local Government Association	Oct 2017	Link
A country that works for all children	The Association of Directors of Children's Services	Oct 2017	Link
Growing up neglected: a multi-agency response to older children	Ofsted, CQC, HMPPS, HMICFRS	Jul 2018	Link
Evidence-based early years intervention	House of Commons Science and Technology Committee	May 2018	Link
Bright Futures One Year On	Local Government Association	November 2018	Link
Inspection of Local Authorities Children's Services	Ofsted	2018	Link
Ofsted Annual Report	Ofsted	December 2018	Link
Pressure on Children's Social Care	National Audit Office	January 2019	Link
The key enablers of developing an effective partnership-based early help offer	Isos Partnership	March 2019	Link
Transforming children's services	Committee of Public Accounts	March 2019	Link

Title of reference or report	Organisation or author	Date of publication / implementation	Internet link
Evaluation of the Troubled Families Programme Interim Findings	Ministry of Housing, Communities & Local Government	Mar 2018	Link
National Evaluation of the Troubled Families Programme 2015-2020	DfE	March 2019	Link
Transforming Children and Young People's Mental Health Provision:	Dept for Health & Social Care, DfE	Jul 2018	Link
Bright Futures: our vision for youth services	Local Government Association	Nov 2017	Link
Youth & Consequences	YMCA	May 2018	Link
Civil Society Strategy: building a future that works for everyone	Department for Digital, Culture, Media & Sport	Aug 2018	Link
Civil Society Strategy: Council leaders welcome youth work focus (article)	Children & Young People Now website	Aug 2018	Link
Access to children and young people's mental health services 2018	Education Policy Institute	October 2018	Link
Childcare Act 2006	Government legislation	2006	Link
1001 Critical Days manifesto	Cross party manifesto (third sector website)	Oct 2013	Link
The Economics of Health Visiting: a universal preventative child and family health promotion programme	Institute of Health Visiting	Dec 2016	Link
Stop Start (report into what has happened to Children's Centres)	The Sutton Trust	Apr 2018	Link
Early years foundation stage profile results: 2016 to 2017 (statistics)	Department for Education	Oct 2017	Link
Unlocking Talent: Improving social mobility through education	Department for Education	Dec 2017	Link
Children's Commissioner's Report on Vulnerability	Children's Commissioner	Jul 2017	Link

Title of reference or report	Organisation or author	Date of publication / implementation	Internet link
Public Spending on Children: 2000 to 2020	Children's Commissioner	Jun 2017	Link
Estimating the prevalence of the 'toxic trio'	Children's Commissioner	Jul 2018	Link
Vulnerability of Babies	Children's Commissioner	October 2018	Link
Spending on late intervention: how we can do better for less	Early Intervention Foundation	Feb 2015	Link
Social and Emotional Learning: Skills for life and work	Led by the Early Intervention Foundation	Mar 2015	Link
Realising the Potential of Early Intervention	Early Intervention Foundation	October 2018	Link
Evaluating Early Help	Early Intervention Foundation	March 2019	Link
ESSP Sustainable Community Strategy Summary	East Sussex Strategic Partnership	To 2026	Link
Children and Young People's Plan	East Sussex Children and Young People's Trust	2019	Link
The State of Child Health in East Sussex	East Sussex Director of Public Health	2017/18	Link
Local Needs and Assets Profiles	East Sussex Public Health	2017 (Latest)	Link
THRIVE Programme Review	ESCC	Sep 2015	Link
ESCC Council Plan 2018/19	ESCC	2018/19	Link
Hastings Opportunity Area (<i>website for info</i>)	HOA	current	Link
Children and Young People Mental Health and Emotional Wellbeing Local Transformation Plan	East Sussex CCGs and partners	To 2020	Link
Learning from Reviews (<i>presentation</i>)	Local Safeguarding Children Board	Nov 2017	Link
ESCC Children's Services Portfolio Plan	ESCC	2018/19 – 2020/21	Link



Children's Services
East Sussex County Council
County Hall
St Anne's Crescent
Lewes BN7 1UE
Website: www.eastsussex.gov.uk/earlyhelp
E-mail: earlyhelp.consultation@eastsussex.gov.uk
Phone: 01273 336626

May 2019



Appendix 3

Children's Services Early Help Needs Assessment

Early Help Review Needs Assessment

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1. Summary

This Needs Assessment helps us understand what communities in East Sussex need from early help services.

Families with children under 19 in full time education make up 24% of the population in East Sussex: around 60,000 households in total. Numbers of children and young people have risen very slightly over the last ten years, with a higher proportion of children living in Hastings compared with other areas of the county.

We've estimated that over four thousand families in East Sussex need help to look after their children safely. Social and economic deprivation is strongly associated with need for early help services. There is significant variation across the county, for example almost 3 in 10 children in Hastings live in families affected by income deprivation compared to less than 1 in 10 in Wealden. Hastings and St Leonards, Eastbourne and Bexhill have areas of deprivation in the highest 10% nationally.

Parent vulnerabilities known as the trigger trio (parent mental health, substance misuse and domestic abuse) cause increasing problems in some families, leading to emotional abuse and neglect of children. Emotional abuse and neglect of children is the main reason for social care interventions using child protection plans in East Sussex. Numbers of children's social care interventions due to domestic abuse have been rising and it is the main reason for over a quarter of child protection plans. Parental drug misuse was a factor in 39% of 2,160 Level 4 social care children in need cases, and 33.8% involved parental alcohol misuse, in East Sussex in 2016/2017.

Complex and serious family issues cause vulnerability in children and young people, and this can be observed in the data for East Sussex. There are thought to be 4,200 young carers in East Sussex, between a third and a half of young carers are children of parents with mental health problems.

Admissions of 0-4 year old children to hospital caused by unintentional and deliberate injuries are consistently higher in East Sussex than the region and England, rising in 2016/2017 and highest in Hastings, Eastbourne and Rother.

School absence is higher in East Sussex than in England and similar counties, has been rising and is highest in Hastings.

Children and young people's mental health admissions are also higher than regional and national comparators; children and young people's mental health service caseloads are highest in Hastings, Eastbourne, Hailsham and Newhaven.

National reports, including those by the [Association of Children's Services Directors](#) and [Local Government Association](#), plus local activity measures, lead us to expect that the need for Children's Services Early Help across the East Sussex population is likely to rise. This is mainly as a result of economic factors impacting the most vulnerable families.

2. Introduction to the Needs Assessment

i. Purpose

This Needs Assessment helps us understand what the different communities in East Sussex need from Children's Services Early Help. It aims to answer the questions:

- What proportion and number of people need Children's Services Early Help services in East Sussex?
- Is the need in East Sussex higher or lower than other similar places?
- What do we know about families' specific vulnerabilities in East Sussex?
- Are there significant differences in need in different parts of the county?
- Is the number of families needing early help expected to rise or fall?

The Needs Assessment is one of a suite of analyses provided as supporting evidence to the draft Children's Services Early Help Strategy, all of which are available [online](#).

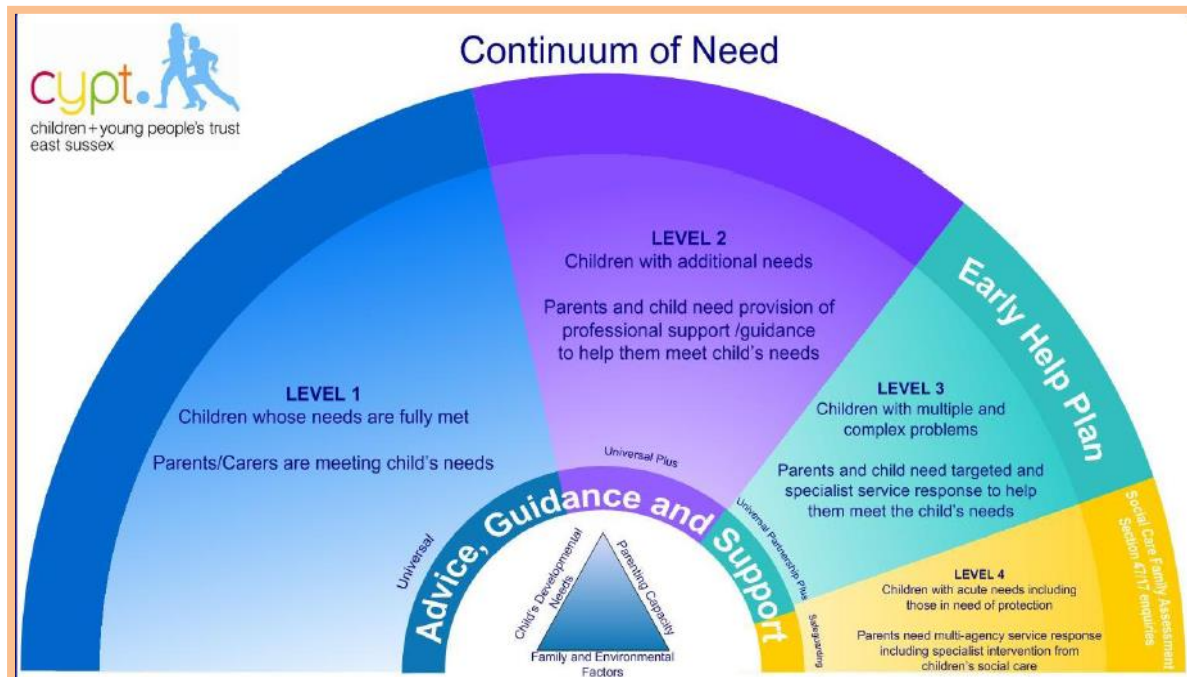
The draft Early Help Strategy is based on					
National and Local Context	Needs Assessment	Service Description and Analysis	Options Analysis	Property Analysis	Outcome Analysis
<i>Consultation Analysis (following the close of public consultation)</i>					
Equality Impact Assessment					

ii. Levels of Need

Most families will need advice or support to meet their child's needs at some point, which is why professionals working with children in East Sussex use a framework to understand the different levels of families' needs called the Continuum of Need (diagram on the next page).

Early Help services, funded by East Sussex Children's Services, are currently offered for children and families at Level 1-3 of the Continuum of Need (CoN), although predominantly for Level 3 (families with multiple and complex needs). Services seek to target the most vulnerable families so that they can keep their children safe and well. This analysis is therefore focussed on understanding the vulnerabilities of families who are at Level 3 of the Continuum of Need.

Continuum of Need for families



iii. Early help themes

This Needs Assessment is focussed on a set of early help themes. These have been developed to:

- Deliver Council priorities as set out in the [Council Plan](#).
- Align with national Troubled Families priorities.
- Assess family, parenting and children and young people's resilience.

Council priorities: the early help themes address all Council priorities, as shown in the following table. They will help keep people safe and help families help themselves, will support economic growth through financial inclusion and education and are focussed on avoiding unnecessary social care interventions by making best use of Council resources.

Troubled Families: The early help themes will also support East Sussex's commitment to the national Troubled Families Programme, which was introduced in East Sussex in 2012, addressing all the themes, or family vulnerabilities, which are local priorities. The programme provides income for the Council via Payment By Results. You can find more information about the Troubled Families Programme on the [gov.uk website](http://gov.uk).

Early help themes support Council priorities and Troubled Families themes

Council Priority	Children's Services Early Help Theme	East Sussex Troubled Families Themes
Driving economic growth	Educational attendance and progress	Missing education
Keeping vulnerable people safe	Crime and risk of exploitation	Crime and anti-social behaviour
	Child safety	Children in need of help
	Children and young people's emotional and mental health	Health and wellbeing
Helping people help themselves	Employability and financial inclusion	Worklessness and financial exclusion
	Parenting resilience	Health and wellbeing
Making best use of resources	Demand for statutory social care interventions	Children in need of help Domestic abuse

iv. How the Needs Assessment is structured

This Needs Assessment has 17 sections and a list of references.

Section 1 and 2 are the executive summary and introduction. Sections 3 to 17 contain the data and analysis, with references in Section 18.

Sections 3 to 6 starts by considering information about all families in East Sussex, how many may be at higher risk of vulnerabilities and need Children's Services Early Help support due to deprivation, how many have been assessed as having Level 3 needs and what we know about their vulnerabilities:

Section 3 - families with children in East Sussex.

Section 4 - families at higher risk due to deprivation associated with risk factors.

Section 5 - families with Level 3 needs.

Section 6 - family vulnerabilities.

The next sections of the needs assessment consider the specific Children's Services Early Help themes, first those which affect the whole family resilience, then those which affect parenting resilience and finally those which affect the resilience of children and young people, as shown in the following table:

Whole family resilience	Parenting resilience	Children and young people's resilience
<p>Section 7 - Employability and financial inclusion</p> <p>Section 8 - Community resilience</p>	<p>Sections 9 and 10 - Parenting resilience and child safety, including drug and alcohol use, parental mental health issues and domestic abuse</p> <p>Section 11 - Need for statutory social care interventions</p>	<p>Section 12 - Educational attendance and progress</p> <p>Section 13 - Young people's emotional and mental health</p> <p>Section 14 - Crime and risk of exploitation</p>

Section 15 considers what professionals working with children have suggested is of most importance when directing resources.

Section 16 considers whether need is demonstrated by current demand for Children's Services Early Help.

Finally, in Section 17, key factors which may impact the numbers of families and children needing early help in the future are forecast and considered.

v. Data used in the Needs Assessment

The Needs Assessment is based on information we have about families' needs from:

- National quantitative data about families and children.
- Quantitative and qualitative data about families in East Sussex.
- Experience of Children's Services Early Help staff and other professionals working with families.

We chose the East Sussex data which will give us the most accurate picture of families' needs:

- Relevant - relating to risk factors or outcomes known to increase the need for early help.
- Specific - data showing significant variations in need across the County, commissioning themes, or trends.
- Readily available - and so cost effective to obtain.
- Publically available - either online or by request to agencies and organisations.
- Detailed - to locality and district / borough level - to identify variation in need.
- Trustworthy - from recognised sources like government or council bodies.
- Established - with the ability to describe and review trends over time.

Where possible we have used data already collected for recent needs assessments by East Sussex County Council. Much of the data used is available from [East Sussex in Figures](#) (ESIF) or the [Joint Strategic Needs Assessment](#) website.

Information for the Needs Assessment was gathered during 2018 and updated as far as possible.

Data used in the Needs Assessment

Subject	Data we've used
Families with children in East Sussex	Population, population density and transport maps Households estimates Child population
Families at higher risk of needing support - deprivation	Indices of Multiple Deprivation 2010-2015 Child poverty Free School Meals
Families with Level 3 or 4 needs	Health Visitors' assessment of needs
Family vulnerabilities	Troubled Families Programme data on vulnerabilities

Subject	Data we've used
Whole family resilience – economic inclusion	Income deprivation Households with children in temporary accommodation Proportion of lone parents Unemployment Highest educational qualification
Whole family resilience – community networks	Wellbeing and Resilience Measure
Parenting resilience – parenting risk factors: Substance Misuse Domestic Abuse Mental Health Teenage pregnancy Criminal Activity	Adults and parents with alcohol and drug dependency Co-existing substance misuse and mental health issues ESCC Child Protection Plans with substance misuse, mental health or domestic abuse as a factor Maternal smoking Teenage conceptions Hospital admissions: injuries to children Crime deprivation Warwick-Edinburgh Mental Wellbeing Scale
Parenting resilience - child safety and need for social care	ESCC Children's social care data
Children and young person resilience – education	School attendance and exclusions Young people not in education, employment or training Education, skills and training deprivation EH Keywork caseload - children with identified SEND (behavioural needs) Children with SEND – EHCPs and SEN support
Children and young person resilience – emotional and mental wellbeing	Child and Adolescent Mental Health Service referrals CAMHs caseload mapping March 2017 Inpatient rate for mental health disorders 0-17 years Young carers referrals Alcohol related hospital admissions < 18 years

Subject	Data we've used
	<p><18 in drug treatment</p> <p>Pupil survey – health and wellbeing (SHEU)</p>
Children and young person resilience – Crime and exploitation	<p>First time entrants to the Criminal Justice System</p> <p>Youth antisocial behaviour incident levels</p> <p>Crimes involving a child < 18 in East Sussex</p> <p>East Sussex Multi Agency Child Exploitation Nominals data</p>
Information from Children's Services Early Help staff and other professionals working with families	<p>Staff survey results</p> <p>Stakeholder survey results</p>
Current demand for Children's Services Early Help <ul style="list-style-type: none"> • Level of need • Trends • Across East Sussex 	<p>ESCC Social Care data</p> <p>Single Point of Advice contacts and referrals</p> <p>Multi-Agency Safeguarding Hubs (MASH)</p>
Future need for early help	<p>Population projections</p> <p>SEND forecasts</p> <p>Children in Need forecasts (and national research)</p>

When we have looked at families' needs across East Sussex, we have shown the county's geography in different ways:

- 5 boroughs and districts – reflecting the areas in which other services we work with are provided.
- 7 localities – reflecting the areas in which the health services we work with are provided by Clinical Commissioning Groups in East Sussex.
- For detailed maps - 300+ super output areas, as used by the Office of National Statistics.

As part of the Early Help Property Analysis, we have included some ward-level information which originates from the same data used to present district and borough level information in this needs assessment document, in order to give higher level needs information relating to the position of the county's children's centres.

3. Families with children in East Sussex

This section considers how many people live in East Sussex, recent trends, how people are distributed across the county, and the number of families and children.

Families are a relatively small proportion of the population in East Sussex and numbers are stable. Populations of families with children are most dense in towns along the coast.

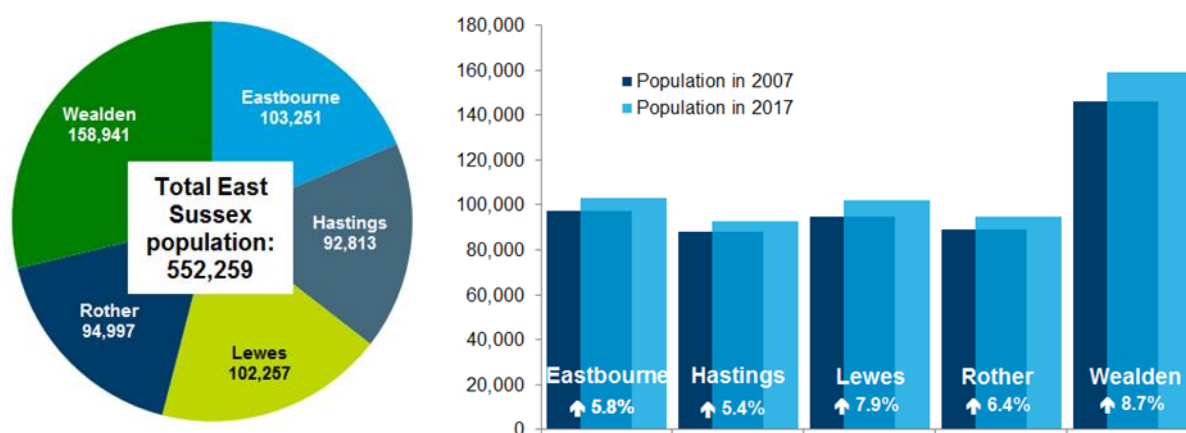
i. General population

The population of East Sussex is around 550,000, and has been increasing year on year. The most recent estimates give increases as follows between 2007 to 2017 (based on ONS mid-year estimates):

- England 8.2%
- South East 8.7%
- East Sussex 7.0%

International migration has been the main driver of population growth in England in recent years. However in East Sussex, internal migration of 3,100 was the key contributor to population growth between 2016 and 2017, with international migration of 1,100 playing a smaller role. Net population growth is lower than net migration as there have been more deaths than births for at least the last 45 years.

In June 2017 the population of East Sussex was 552,300, which was an increase of 2,700 people or 0.5% over a one year period. The population in Wealden has been increasing at a higher rate than the other areas of the county.

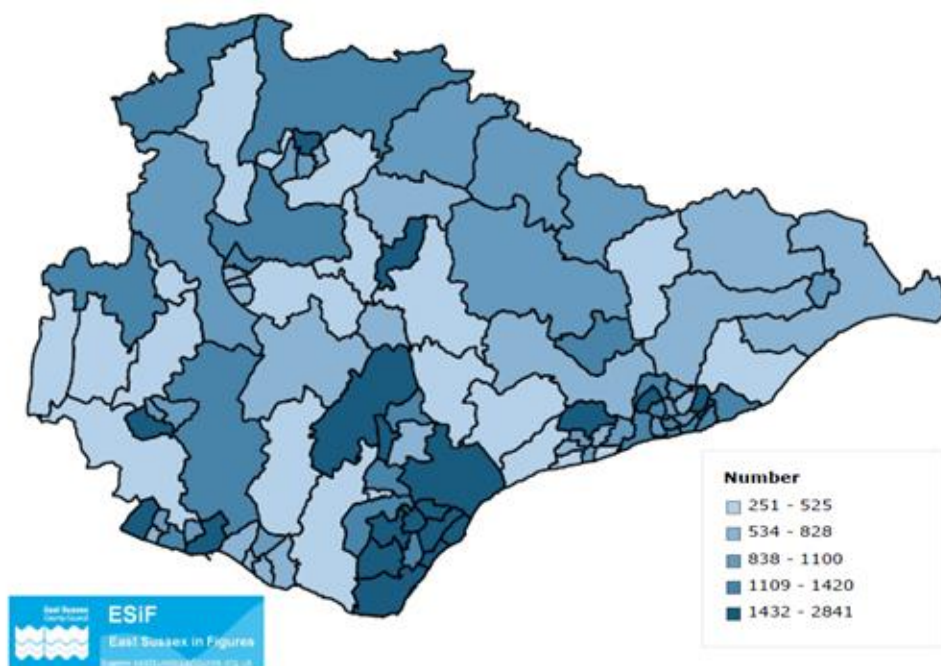


It is an ageing population, the median age of the East Sussex population was 46.5 years in 2017, compared to a national average of 38.8. Rother has the second highest proportion of people aged 85 and over of all districts and unitaries in England.

ii. Population density

The East Sussex landscape is mainly rural in character, but nearly three quarters of the population live in urban areas (58% live in the coastal urban areas and 18% live in market towns such as Lewes, Uckfield and Crowborough). Eastbourne and Hastings are the largest and most densely populated urban areas in the county. Maps below show population estimates by lower layer super output area (LSOA) and, for reference, towns and transport links.

Population estimates children age 0-17 years, [number per LSOA](#), 2017



ONS mid-year estimates - includes fully revised data for 2012-2016 released in October 2018

East Sussex: Main settlements and transport connections in 2017



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iii. Child populations

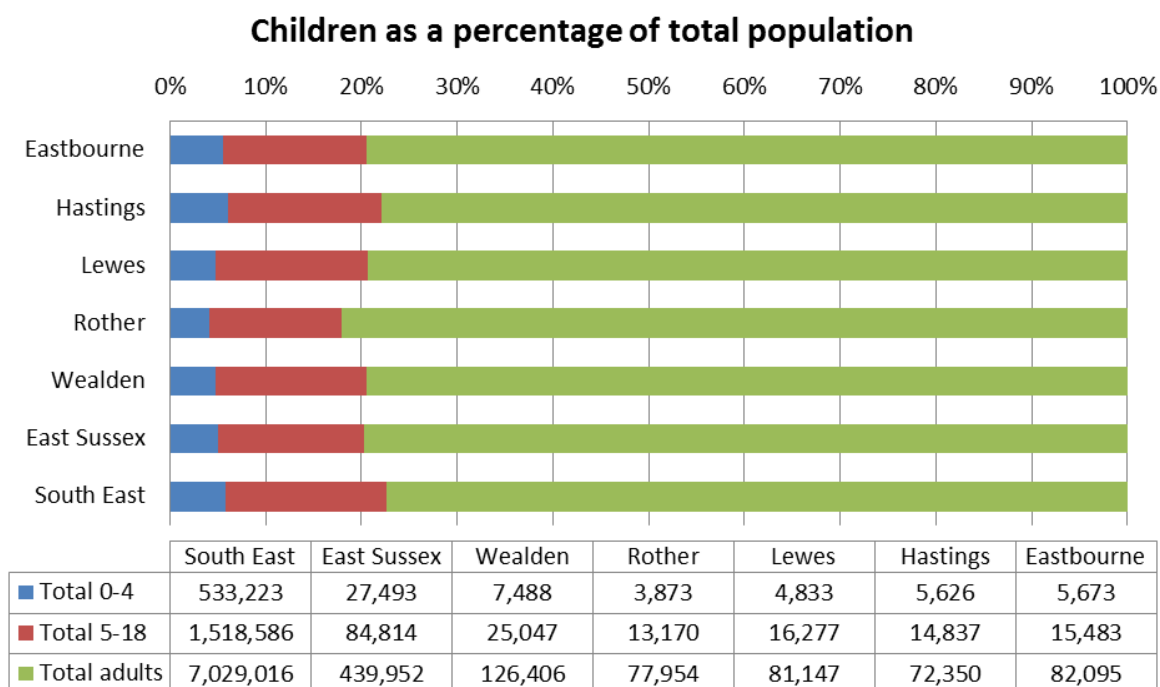
According to latest estimates (2016), East Sussex has a relatively low proportion of households with resident children (under 19 years old and in education) at 24.3% compared to 28.6% in the South East. Rother has a particularly low percentage of households with children at 21.1%.

Households with children estimates

Area	All households	Households with children	Households with children as % of all households
Eastbourne	46,558	11,084	23.8%
Hastings	42,367	10,360	24.5%
Lewes	43,850	11,224	25.6%
Rother	42,498	8,952	21.1%
Wealden	66,934	17,281	25.8%
East Sussex	242,208	58,901	24.3%
South East	3,704,853	1,058,949	28.6%
England	22,884,532	6,461,070	28.2%

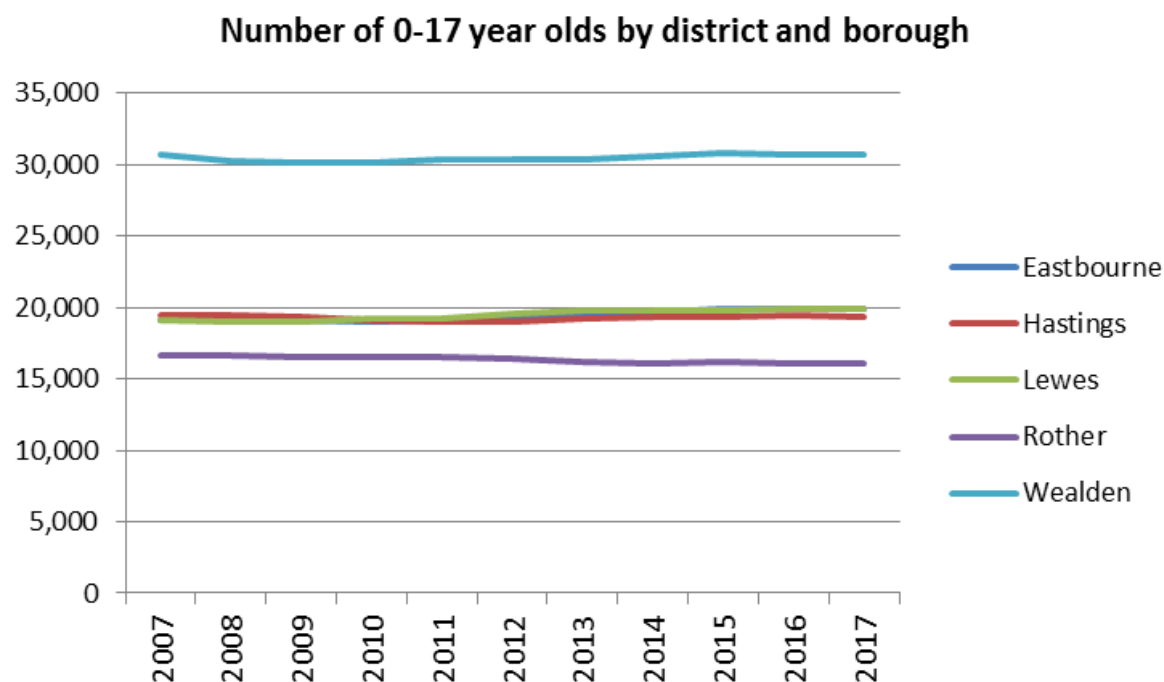
Source: East Sussex in Figures (ESiF) from 2016-based household projections

The most recent population estimates below show that Hastings has the highest proportion of children compared with the total population. However, all districts and boroughs in the county have a lower proportion of children than the South East region and England.



Source: ONS Population based on mid-year estimates 2017 – districts

Over the ten years to 2017, the numbers of children under 18 years in East Sussex have been stable (1.0% rise).



Source: ESIF population estimates 2007-2017

Small increases in Eastbourne (4.1%) and Lewes (4.6%) have been offset by reductions in the number of children in Rother (down by 3.6%).

Child population change – estimated numbers 2007 to 2017 age 0-17

Area	Population change 2007-2017 numbers	Population change 2007-2017 as a percentage
Eastbourne	+789	4.1%
Hastings	-98	-0.5%
Lewes	+886	4.6%
Rother	-602	-3.6%
Wealden	+24	0.1%
East Sussex	+999	1.0%

Source: ESIF population estimates 2007-2017

4. Families needing support – deprivation

This section considers how deprivation in East Sussex compares to the rest of the country, how it is distributed and trends to date. It looks at child poverty in East Sussex - prevalence, distribution and trends to 2015.

It explains that economic and social deprivation is closely associated with need for Early Help. A number of urban areas on the coast of East Sussex are among the most deprived in the country, also having high rates of child poverty. This data suggests a trend towards improvement in all districts and boroughs except Hastings, however the latest available figures (2015) predate recent changes to families' economic security e.g. changes to the benefits system. In particular, the rollover to Universal Credit is recognised as causing additional financial strain for low income families, and this rollout continues in the county.

i. Deprivation and early help need

Deprivation and economic exclusion are recognised as strongly associated with early help need. The Department of Work and Pensions carried out a study demonstrating the link between worklessness, poor parenting resilience and children's outcomes, reported in [Improving Lives: Helping Workless Families, 2017](#). The Association of Directors of Children's Services also highlighted the link between increasing child poverty and the number of families needing support in [A Country That Works For All Children, 2017](#), with two-thirds of all children living in poverty now living in working households. The National Centre for Social Research showed the multiple family vulnerabilities caused by economic exclusion in [Child poverty in Britain](#), 2013.

ii. How Indices of Multiple Deprivation (IMD) are calculated

IMD is the UK government measure of relative deprivation in England for each small defined area with an average of 1,500 residents known as a Lower-layer Super Output Area (LSOA). IMD for each LSOA is calculated through scores and national rankings for seven separate 'domains' of deprivation, which map closely onto the early help commissioning themes. The seven IMD domains and their weightings are shown in the table below:

Domain	Weight
Income deprivation	22.5%
Employment deprivation	22.5%
Health deprivation and disability	13.5%
Education skills and training deprivation	13.5%
Barriers to housing and services	9.3%
Crime domain	9.3%
Living environment deprivation	9.3%

Source: ESIF IMD 2015

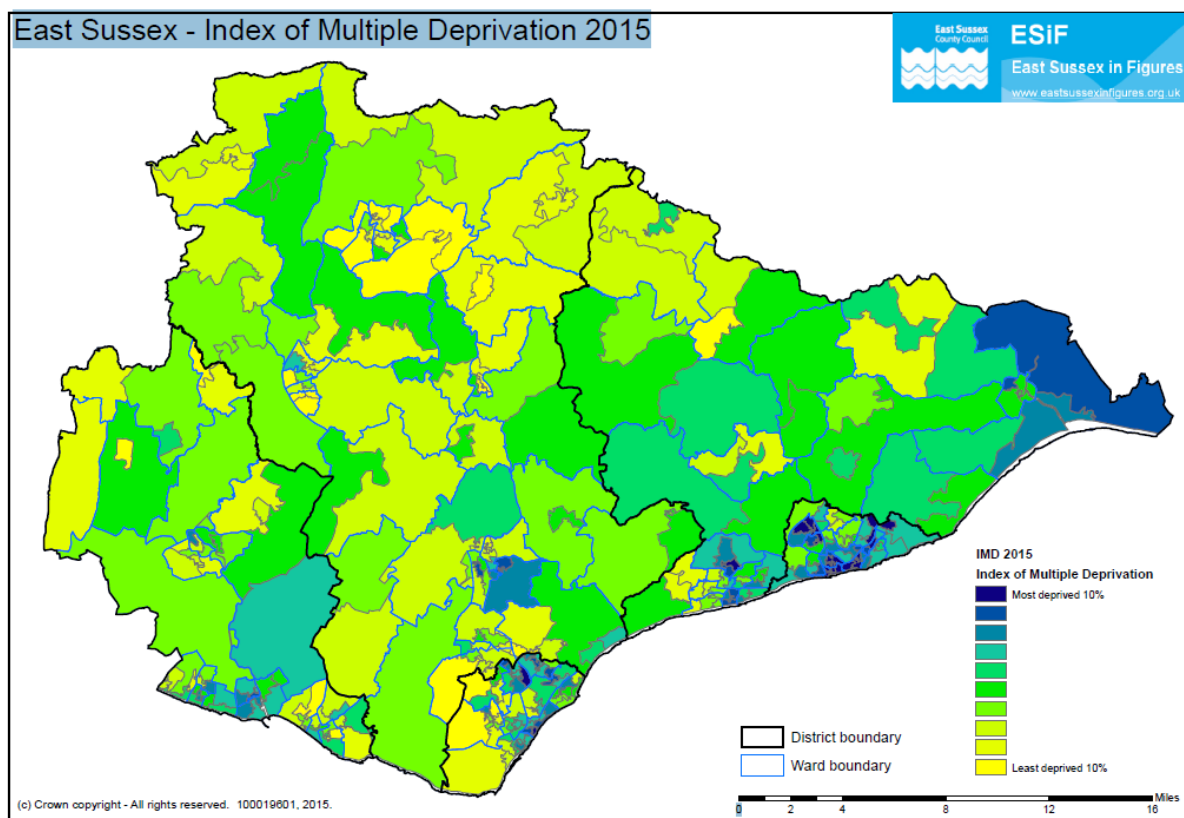
Each domain represents a distinct dimension of deprivation that may be experienced by individuals. People may be counted in one or more of the domains, depending on the number of types of deprivation that they experience, in the same way as several interrelated disadvantages or factors can lead to the need for early help and support for families.

All of the information in this section originates from ESIF IMD data and associated reports.

iii. Multiple deprivation across East Sussex

East Sussex has pockets of very high levels of deprivation mainly along the coastal strip (IMD 2015).

The map below shows the national deprivation rank in neighbourhoods (LSOAs) in of East Sussex. The ranks are 1-10 – divided into 10 equal groups known as deciles. The darkest blue highlights the East Sussex LSOAs ranked as the most deprived 10% in the country.



Source: ID 2015, [Index of Multiple Deprivation \(IMD\)](#) - East Sussex

The table on the next page describes key facts about deprivation by borough and district (source: ESIF IMD 2015 Report). In summary:

- 19 out of 329 neighbourhoods in East Sussex are among the 10% most deprived in England. 16 of these are in Hastings, two are in Eastbourne and one in Rother.
- In Hastings, 30% of neighbourhoods are amongst the 10% most deprived nationally, making it one of the 13 most deprived local authorities in England by this measure.
- Two Hastings neighbourhoods are amongst the most deprived 1% in the country, in Baird and Tressell wards.
- Seven Hastings neighbourhoods are among the most deprived 5% nationally, along with one neighbourhood in Bexhill.
- East Sussex has a higher number of neighbourhoods in the most deprived decile (6%) compared to the rest of the South East (3%).
- East Sussex has a low number of neighbourhoods in the least deprived decile (7%) compared to the South East (21%).
- 22 out of 329 neighbourhoods in East Sussex are in the least deprived 10% in England. 14 are in Wealden (15% of Wealden neighbourhoods), 4 in Lewes, 3 in Eastbourne and one in Rother.

Multiple Deprivation by district and borough (using latest data IMD 2015)

Eastbourne

- There are two LSOAs in the most deprived 10% in England, compared to five in 2010. One is located in Devonshire, and one in Hampden Park
- Six LSOAs are among the worst 20% of LSOAs in England, four fewer than in 2010.
- Eastbourne ranks as 153 out of 326 local authorities (where 1 is the most deprived) for proportion of LSOAs in the most deprived decile.

Hastings

- Levels of deprivation continue to be the worst in the South East by almost all measures. Hastings ranks 13th out of all 326 local authorities for proportion of LSOAs among the most deprived 10% nationally.
- 30% of LSOAs are in the most deprived decile, with two among the most deprived 1% of LSOAs, in Baird and Tressell wards.
- 40% of LSOAs in Hastings are among the most deprived 20%, but this is lower than the 45% in 2010. In 2010 about 40% of LSOAs ranked in the most deprived decile for health, but that has fallen to just 19% in 2015.
- Hastings Baird ranks as 11 for both income deprivation, and Income Deprivation Affecting Children Index (IDACI), worst in the South East.
- Central St Leonards is the only ward in East Sussex where all four of the LSOAs are among the most deprived decile nationally.

Lewes

- Lewes has no LSOAs among the least deprived 10% in the country.
- Newhaven Valley now falls among the most deprived 20% with a rank of 6,248.
- 13 LSOAs rank in a better decile than in 2010, compared to seven which rank in a worse decile.
- 4 LSOAs in Lewes are in the least deprived decile.

Rother

- Just one LSOA in Rother falls into the most deprived decile in 2015, compared to two in 2010. Rother 007E in Sidley ward in Bexhill ranked as 1,064 in 2015.
- Altogether six (10%) LSOAs are among the most deprived 20% in England, four in Bexhill (Sidley and Central wards), one in Rye (Rother 004E) and one in Eastern Rother (Rother 002A).
- 25 LSOAs rank in a better decile than in 2010, compared to six which rank worse.

Wealden

- Wealden has no LSOAs among the least deprived 10% in the country.
- Only two LSOAs fall into the most deprived 20% in England and both are in Hailsham. The most deprived LSOA is Wealden 016D in Hailsham South and West, and the other is Wealden 017B in Hailsham East.
- Although the rest of Wealden does not have high levels of multiple deprivation, 19 LSOAs in Wealden are in the most deprived 10% for the Barriers to housing and services domain.
- 32 LSOAs rank in a better decile than in 2010, compared to 15 that rank worse.

iv. Changes in deprivation levels

Between 2010 and 2015, East Sussex districts and boroughs with the exception of Hastings have improved in their IMD average score and rank for deprivation, relative to the rest of England, as shown in the table below.

Changes in comparative deprivation in East Sussex 2010-2015 as measured by Indices of Multiple Deprivation and Rank (arrow down is good as moving down the rankings)

Area	Summary measure (Rank of)	IMD 2010	IMD 2015	Relative Movement
Eastbourne	Average Score	84	120	↓
	Average Rank	68	129	
Hastings	Average Score	19	20	↔
	Average Rank	23	20	
Lewes	Average Score	188	201	↓
	Average Rank	179	211	
Rother	Average Score	139	148	↓
	Average Rank	132	155	
Wealden	Average Score	253	276	↓
	Average Rank	250	275	
East Sussex	Average Score	90	99	↓
	Average Rank	91	99	

Source: *East Sussex in Figures, Department for Communities and Local Government (DCLG), Indices of Deprivation, 2010 and 2015*

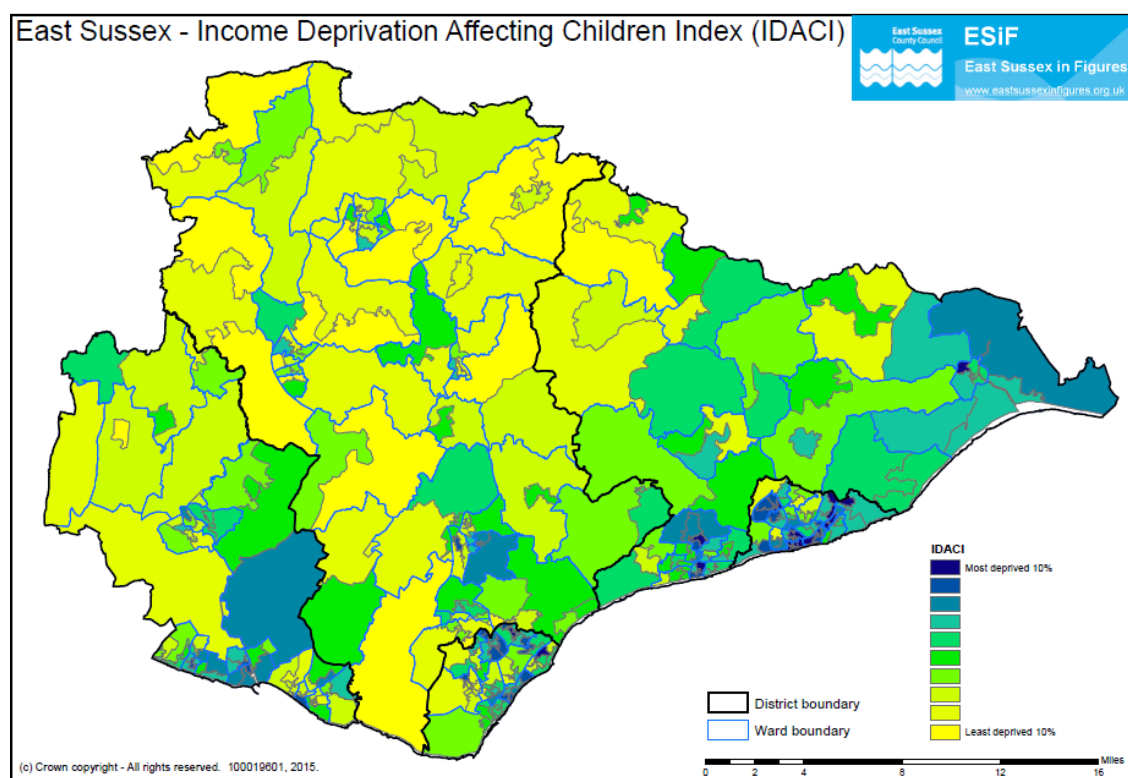
v. Child poverty in East Sussex

Child poverty has been measured using the Children in Low-Income Families Local Measure, used to produce the Income Deprivation Affecting Children (IDACI) scores. The measure is the proportion of all children under 16 in the area, who are living in families in receipt of out-of-work benefits or in receipt of tax credits with a reported income which is less than 60 per cent of national median income. Young people up to the age of 20 are included if their family continues to receive Child Benefit for them.

16,000 or 17% children are affected by income deprivation in East Sussex (source: ESIF IMD 2015 Report); this is higher than the South East regional average (14%) but lower than the average for England (20%).

The following map shows significant variation across the county. Almost 3 in 10 children in Hastings are living in families affected by income deprivation compared to less than 1 in 10 in Wealden.

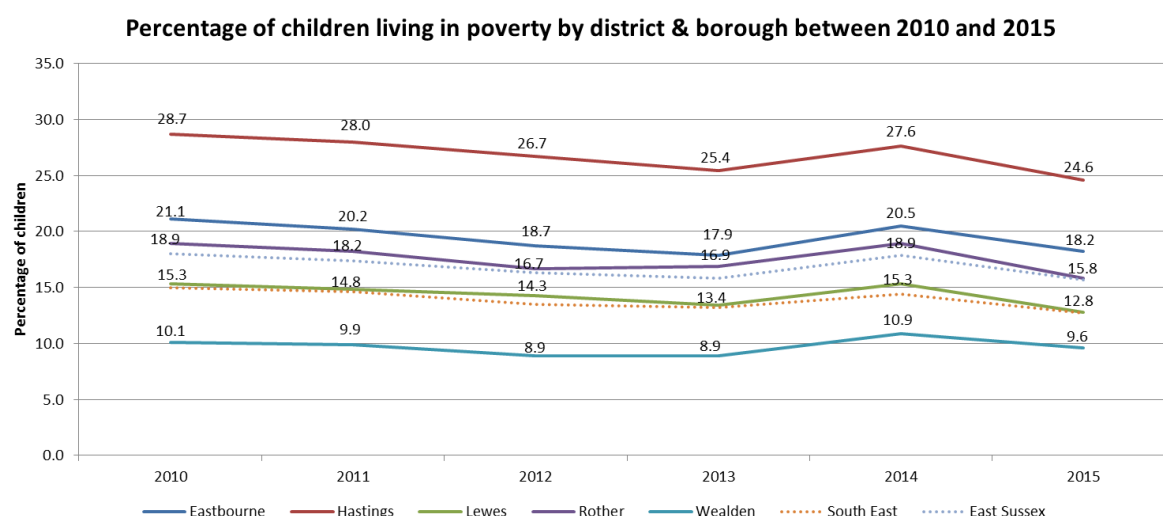
Demand for children's social care is strongly associated with levels of deprivation, which makes the IDACI profile a powerful metric in predicting the need for social care intervention in different areas of East Sussex.



Source: ESiF [Children living in poverty](#), 2015 - super output areas

In one neighbourhood in Hastings, part of Baird ward, 75% of children are living in families affected by poverty. In East Sussex, 30% (101) of neighbourhoods have a higher proportion of children living in income deprived families than the national average.

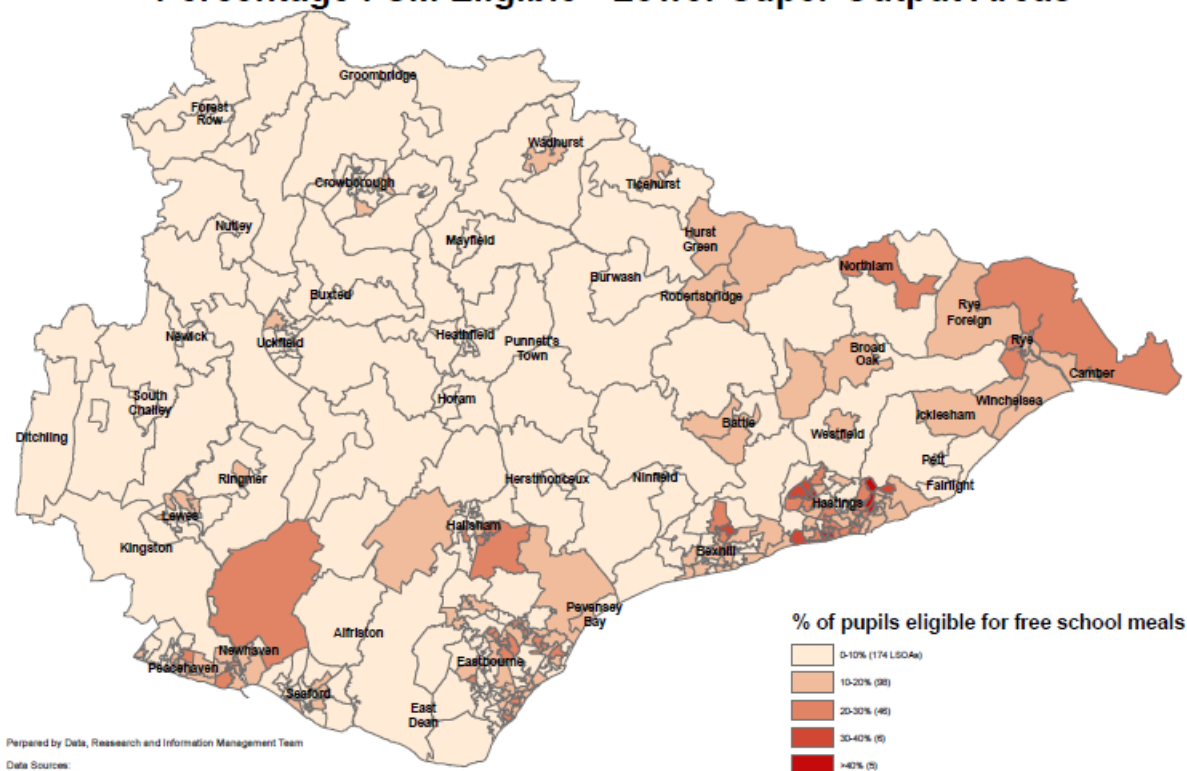
The table below illustrates the differences in child poverty by district and borough. While it shows a decrease in child poverty, the latest available figures (2015, not due to be refreshed until February 2019) predate recent changes in families' economic security e.g. housing costs and benefits changes.



Source: ESiF [Children living in poverty](#), 2015 - super output areas

Eligibility for free school meals (FSM) can be used as another measure to show the concentration of children living in low income families.

Percentage FSM Eligible - Lower Super Output Areas



Source: ESCC DRIM

The percentage of eligible children differs widely between averages for ward totals in the five areas, with Hastings having 21.6% FSM eligibility compared with only 7.3% for Wealden:

Eligibility for Free School Meals by district / borough Jan 2018

Area	No FSM	FSM eligible	Total	%FSM
Eastbourne	11,186	1,810	12,996	13.9%
Hastings	10,002	2,749	12,751	21.6%
Lewes	10,680	1,160	11,840	9.8%
Rother	8,497	1,308	9,805	13.3%
Wealden	16,767	1,330	18,097	7.3%
East Sussex	57,132	8,357	65,489	12.8%

At ward level, children living in the 'top 3' wards Central St Leonards, Baird and Tressell in Hastings have FSM eligibility rates between 32% and 36%. This contrasts with the lowest scoring Crowborough St. Johns ward with only 0.5% children eligible for FSM. This correlates with the IMD data for multiple deprivation and is relatively consistent with the income deprivation map, although they are difficult to compare as FSM has only five bandings (colours showing different concentrations) rather than ten.

vi. The impact of Universal Credit

Professionals working with vulnerable adults and families in East Sussex have advised us that the roll out of Universal Credit has had a negative impact on some claimants, with significant financial consequences, increased risk of homelessness and associated stress on family members. There is limited local data to support this, however a number of national studies have evidenced this impact as the new benefit has been rolled out across England.

The National Audit Office (NAO) has released a study: [Department for Work & Pensions \(DWP\) Rolling out Universal Credit June 2018.](#)

The NAO has concluded that the DWP's assumptions about how Universal Credit would work in practice underestimated the impact it would have on some claimants.

The local delivery organisations and national representative bodies that the NAO met during their study provided evidence of how Universal Credit was not working for at least a significant minority of claimants, including the following issues:

- Hardship because of not having savings to last the initial wait for payments.
- Problems with monthly budgeting because of fluctuating Universal Credit payments.
- Difficulties making and managing a claim online, because of a lack of digital access and skills.
- The initial wait leading to rent arrears, and subsequent debt and hardship for some claimants.

In the DWP survey of full service claimants, published on 8 June 2018, the Department found that four in ten claimants that were surveyed stated they were experiencing financial difficulties.

The Trussell Trust report [Left Behind: 2018](#) surveyed the experiences of 284 people referred to a foodbank in their network whilst experiencing an issue with Universal Credit. It states that *'Poor administration, the wait for the first payment, and repayments for loans and debts are driving some people to severe financial need. This is particularly acute for families with dependent children and disabled people.'*

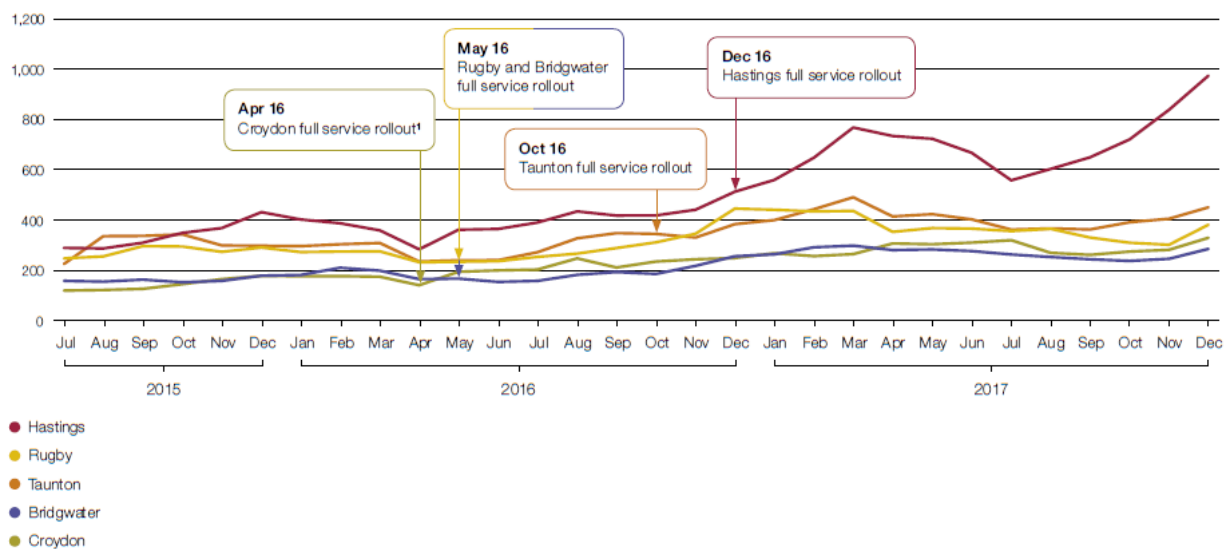
The Trussell Trust suggested that foodbank use had increased by 30% in the six months after Universal Credit full service rolled out in an area, compared with 12% in non-Universal Credit areas. In three of the four areas the NAO visited, the use of foodbanks increased more rapidly once full service had rolled out. Hastings foodbank saw an increase of 80% following an early rollout of full service in the area in 2016 (Figure 16 from their report). There were also increases prior to full service being rolled out, which aligns with the Trussell Trust's analysis of a general increase nationwide.

Hastings had an early roll-out of full service Universal Credit. All new benefits claimants in East Sussex are now put onto Universal Credit with the exception of families with two or more children, who will be moved over from April 2019. The full roll out of Universal Credit for existing benefits clients is set to continue throughout the county between 2019 and 2024 by Job Centre area.

Use of foodbanks

The use of foodbanks was increasing in some of the Universal Credit areas we visited

Number of clients



Notes

- 1 Croydon foodbank covers three jobcentre areas. Full service was rolled out to Croydon jobcentre in June 2015 and Purley and Thornton Heath jobcentres in April 2016.
- 2 Data have been smoothed using a four-month rolling average.

Source: Department for Work & Pensions (DWP) [Rolling out Universal Credit June 2018](#) page 47

Even after the inclusion of state benefits, families with children face higher levels of poverty than other demographic groups. In 2016–17, around 30% of children were in poverty, compared with around 18% of working-age adults without children and about 16% of pensioners (source Institute For Fiscal Studies, [Public spending on children in England: 2000 to 2020](#) June 2018).

5. Families with Level 3 and 4 needs (Health Visiting)

This section provides a snapshot of the prevalence and distribution of family vulnerability and need for early help in 2018, using information from Health Visitor assessments.

It shows that 7.2% of children 0-5 were assessed as having multiple, complex or severe needs, and potentially in need of early help or social care. From this percentage of 0-5 year old children, it is broadly estimated that around 4,200 families in East Sussex may be at Level 3 or 4 and need support.

i. Health Visitor Assessments

As part of the national [Healthy Child Programme](#), Health Visitors aim to visit all new mothers and babies, and carry out a series of up to 5 checks on children between 0-5 years. As part of these visits, the Health Visitors assess family needs against the Health Visiting Status Guide, which aligns with the East Sussex Continuum of Need.

Health Visitor assessments are subjective, take into account primary health concerns, and do not provide long term comparative data. However, the Health Visiting service records information about all new mothers, reaching more families than many services. These records provide a rich source of information about the needs of families with at least one child under 5 years old, and an insight into the likely proportion of all families which are vulnerable.

Health Visiting Status Guide aligns to the Children's Services Continuum of Need



ii. Numbers of families assessed at Level 3 or 4

The tables below show the numbers of families with children aged under 5 years who Health Visitors were working with in April 2018, and of those how many were assessed as being in need at Level 3 (Children's Services Early Help) or at Level 4 (social care intervention). The data is shown in two ways – by district and borough, and then by locality (Clinical Commissioning Group or CCG) area, and shows that for this caseload snapshot:

- 7.2% of children were assessed as having families with Level 3 or 4 needs, although it should be noted that these numbers will also include small numbers of families assessed as higher need due to the complex medical needs of the new baby.
- The locality based data overleaf shows that the Health Visitor service was working with 50 homeless families, 18% of which have Level 3 or 4 needs.
- The next highest rates of complex and severe needs as demonstrated by the ward level data were in Hastings (10.3%) and Eastbourne (9.7%).

Health Visiting caseload 23 April 2018 with Continuum of Need level - by district and borough

Area	Level 3 (UPP)	Level 4	Total number of children under 5 years	L3+L4	L3 + 4 as % of total 0-5 population
Eastbourne	353	125	4,946	478	9.7%
Hastings	287	215	4,865	502	10.3%
Lewes	132	75	4,355	207	4.8%
Rother	103	84	3,535	187	5.3%
Wealden	222	100	6,548	322	4.9%
Unknown ward	46	27	432	73	16.9%
Total	1,143	626	24,681	1,769	7.2%

Source: Health Visiting Service Case Records

Note: the Unknown ward category in this ward-level dataset are predominantly homeless families, those living in an unknown district or borough - mainly in new build homes with postcodes unknown to the software used, with a small number temporarily living outside the county.

Health Visiting caseload 23 April 2018 with Continuum of Need level - by CCG and locality area

CCG	Locality	Level 3 (UPP)	Level 4	Total no. children under 5	L3+L4	L3 + 4 as % of total 0-5 population
Eastbourne, Hailsham &	Eastbourne	359	126	5,148	485	9.4%
	Hailsham & Seaford	177	79	3,566	256	7.2%
Hastings & Rother	Hastings	165	88	1,979	253	12.8%
	Rother	105	89	3,530	194	5.5%
	St Leonards	141	138	2,970	279	9.4%
High Weald, Lewes & the	High Weald	83	30	3,794	113	3.0%
	Lewes & the Havens	109	71	3,644	180	4.9%
	Homeless	4	5	50	9	18.0%
	Total	1,143	626	24,681	1769	7.2%

Source: Health Visiting Service Case Records

Applying the rate of prevalence of Level 3 and 4 needs to estimates of households with children, the number of families with early help and social care needs can be estimated as shown in the following table. This suggests in the region of 4,200 families may be vulnerable, with estimates per district and borough in the following table.

Estimated number of families with early help and social care needs in East Sussex

Area	Households with children	L3 + 4 as % of total 0-5 population	Estimated families with early help and social care needs
Eastbourne	11,084	9.70%	1,075
Hastings	10,360	10.30%	1,067
Lewes	11,224	4.80%	539
Rother	8,952	5.30%	474
Wealden	17,281	4.90%	847
East Sussex	58,901	7.20%	4,241

Source: Department for Communities and Local Government 2016 households estimates, Health Visiting Case Records

6. Family vulnerabilities

This section considers snapshot information about the kinds of needs that vulnerable families have experienced, using information from Troubled Families 2 Programme assessments over the three year period 2015-2018.

It shows that over the last three years, 2,600 families were worked with across the county. Also that nearly half of these families were in Hastings and Eastbourne, and that most families have three or more vulnerabilities that can be supported with early help.

i. Troubled Families Programme

The national Troubled Families Programme was introduced in East Sussex in 2012. Families worked with under this scheme are assessed under six themes against thirty three vulnerability indicators, providing an insight into the main issues they are experiencing.

Families helped under The Troubled Families Programme have needs under two or more of the themes.

National Troubled Family Programme Themes	East Sussex Troubled Families Themes
community and social behaviour	crime and anti-social behaviour
education	missing education
children in need of help	children in need of help (Level 3 of CoN)
employment and financial exclusion	worklessness and financial exclusion
healthy relationships	domestic abuse
health and wellbeing	health and wellbeing

You can find more information about the Troubled Families Programme on the [gov.uk website](https://www.gov.uk).

Over the three financial years 2012 to 2015, the initial Troubled Families 1 programme successfully achieved the target of 1,015 East Sussex households receiving support.

Between 2015 and 2018, 2,624 families had received or were receiving TF2 support and 1,029 had achieved Payment by Results outcomes.

ii. Troubled Families – location of families worked with

The following table shows that in the period 2015-2018 the TF2 programme was working with families across the county, with the highest numbers in Eastbourne and Hastings (48% combined).

Households worked with/currently working with via Troubled Families 2 Programme (1 April 15 - 31 March 18)

District/Borough	Number	%
Eastbourne	567	21.7%
Hastings	693	26.5%
Lewes	461	17.6%
Rother	409	15.6%
Wealden	486	18.6%
Grand Total	2,616	100%

Source: Troubled Families Programme, East Sussex

iii. Troubled Families – complexity of need

The table below shows that many families have multiple areas of need, with 11% of the 2,616 families worked with requiring support with five or six of the vulnerability themes.

Number of Troubled Families vulnerability themes per household worked with April 15 – March 18

District/ Borough	Number of themes recorded per family					Total number
	2	3	4	5	6	
Eastbourne	199	179	116	58	15	567
Hastings	238	198	179	66	12	693
Lewes	180	137	86	50	8	461
Rother	133	134	96	37	9	409
Wealden	215	136	91	34	10	486
Grand Total	965	784	568	245	54	2,616
Percentage	37%	30%	22%	9%	2%	100%

Source: Troubled Families Programme, East Sussex

iv. Troubled Families – referral reasons and themes

The 2,616 families worked with under TF2 over the three years have exhibited over 8,103 vulnerability themes between them. As shown in the table below, the most frequently occurring were 'Children in need of help' (100% of the referred cases as required) and 'Health and wellbeing' (79% of the referred cases).

- 'Children in need of help' refers to families on the edge of social care, or after social care intervention, including children at risk of exploitation.
- 'Health and wellbeing' includes substance misuse and mental health issues.

Troubled Families Households referral reason (vulnerability theme) April 15 to March 18

District/ Borough	Community and Social Behaviour	Education	Children in need of help	Employment and financial exclusion	Healthy Relation- ships	Health and wellbeing
Eastbourne	82	139	567	338	227	426
Hastings	94	202	693	434	238	527
Lewes	52	136	461	225	165	374
Rother	45	120	409	241	137	339
Wealden	50	114	486	230	149	403
Grand Total	323	711	2,616	1,468	916	2,069
% of families	12%	27%	100%	56%	35%	79%

Source: Troubled Families Programme, East Sussex

7. Whole family resilience – economic inclusion

This section explores the Early Help theme of employability and financial exclusion. It builds on the deprivation and child poverty data in Section 4, by considering the prevalence, distribution and recent trends in factors associated with economic exclusion: income deprivation, temporary accommodation, lone parenting, unemployment, and lack of qualifications.

It shows recent increases in the number of East Sussex families and children in temporary accommodation which are significantly higher than national trends. The affordability gap between house prices and wages means that home ownership is unachievable for many parents. The percentage of lone parents is higher in Hastings and Eastbourne than the average for England and Wales.

In most parts of the county unemployment rates are below the England average, but they are higher in Hastings and Eastbourne. The County's economy lags behind the rest of the South East. In Hastings and Lewes, the highest level of qualification for the working age population is consistently lower than the England average rates, from Level 1 (NVQ) up to Level 4 (degree level) qualifications.

i. Income deprivation

The Indices of Multiple Deprivation (IMD) referred to in Section 4 includes specific figures on income deprivation. This measures the proportion of the population experiencing deprivation relating to low income. The definition of low income used includes people who are out-of-work, and in work but who have low earnings (and who satisfy the respective means tests).

Income deprivation affects 13% (69,500) of people in the county compared to 10% regionally and 15% nationally (source: ESIF IMD 2015 Report). The Department for Education *Social mobility in Great Britain [report 2017](#)* named Hastings as an 'entrenched' social mobility cold spot, rated 299 of 324 local authority districts in England & Wales.

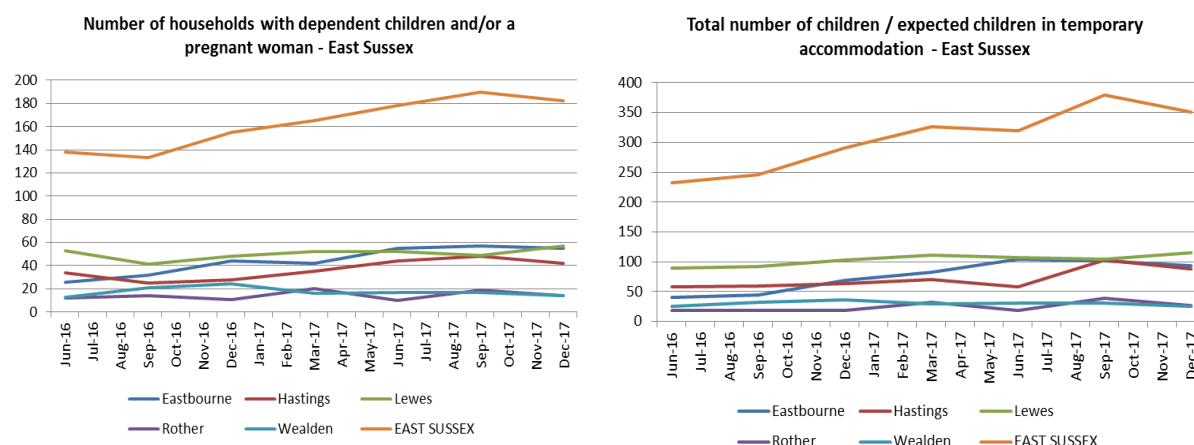
ii. Children in temporary accommodation or poor housing

Experience of poor housing increases children's risk of ill-health and disability by up to 25%, increases the risk of mental health problems and problems with behaviour and is associated with lower educational attainment and ongoing poverty (*Shelter, [Chance of a lifetime: the impact of bad housing on children's lives](#), 2006*).

The following graphs illustrate the rising number of families with children in temporary accommodation, and numbers of children in East Sussex from June 2016 to December 2017. In December 2017, the number of children in temporary accommodation in East

Sussex was 351. The numbers were highest in Lewes (116), Eastbourne (94), and Hastings (88). However, temporary housing may not be in the same neighbourhood as a family's previous address, therefore this information is being considered at county level for the purposes of assessing the needs of families in East Sussex.

Households with children, and children, in temporary accommodation arranged by the local authority at the end of the quarter June 2016 to December 2017



Source: ESCC data provided as a national indicator

Between December 2016 and December 2017 England saw only a small rise in families in temporary accommodation (0.46%) and the number of children in these households (1.33%). In the same 12 month period, the number of families in temporary accommodation in East Sussex increased by 17%, and the total number of children in these households increased by 21%.

Housing in the South East is high cost compared with other areas of the UK, and ESCC staff working with homeless families have reported decreasing numbers of private landlords willing to allow tenants paying via housing benefit (reported by the Operations Manager, CSD Countywide Duty and Assessment Team).

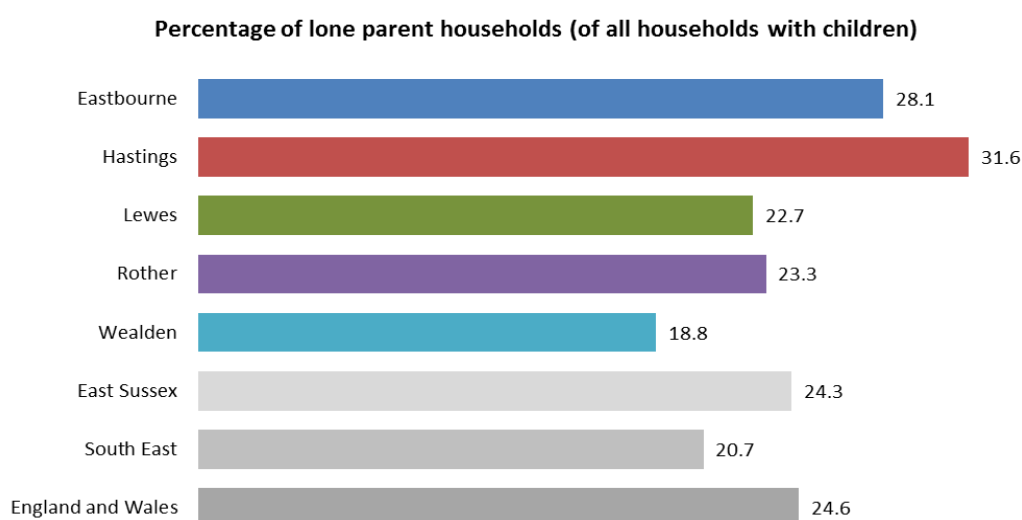
Due to the different housing supply across the county, the figures for families and children in temporary accommodation by district and borough are not necessarily illustrative of the proportion of need in those areas. However a steep rise in demand in Eastbourne and Hastings over 2017 demonstrates that financial hardship and lack of secure housing is a significant and increasing need experienced by families and children in East Sussex.

When low income families do have housing, it is not always suitable for their needs which may contribute to poor outcomes. In 2011, 20.5% of households in Central St Leonards ward had fewer rooms than required; this was over one third in parts of Devonshire ward, Eastbourne, compared with 8.7% in England and 7.5% in the South East (source: Census 2011, MHCLG live tables on dwelling stock).

iii. Proportion of lone parents

Almost 1 in 4 lone parents are out of work, ([Poverty and Social Exclusion, Economic and Social Research Council funded research, 2014](#)). Lone parent families are more likely to be low income, which is a risk factor for stress and a higher chance of poor mental health, with an impact on resilience and health and wellbeing.

The following table shows that East Sussex has a comparable proportion of lone parent households (24.3%) to England and Wales (24.6%). Hastings has a higher percentage of lone parent families (31.6%), followed by Eastbourne (28.1%).



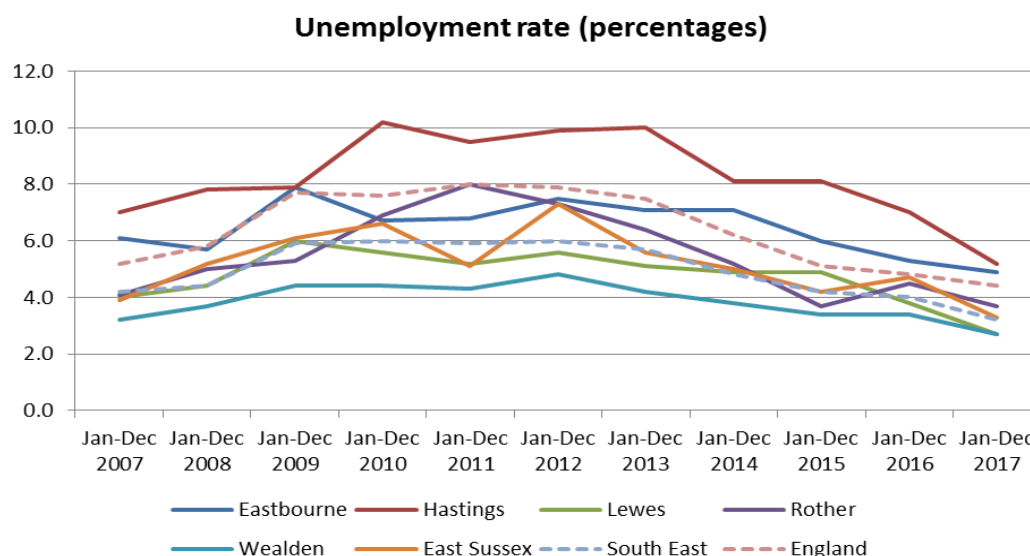
Source: ESIF household projections

The percentage of adults whose current marital status is separated or divorced is significantly higher compared to England across most the county, although similar to the England average in Wealden) – [source East Sussex JSNA](#).

iv. Unemployment

In East Sussex, 12% (32,600) of the working age population experience employment deprivation. This is higher than the 9% in the South East region, but in line with England as a whole (12%) (source: ESIF IMD 2015 Report).

The following chart shows unemployment rates for the ten years from 2007. Unemployment rates in East Sussex reflect the downward England and regional trend since 2013. At the end of 2017, the rate in East Sussex (3.3%) was lower than the England average (4.4%). The rate was above the national average in Hastings (5.2%) and Eastbourne (4.9%), but lower in Lewes and Wealden (both 2.7%).



Source: ESIF Model-based estimates from Annual Population Survey data combined with Claimant Count data.

v. Highest level of educational qualification

A parent's level of education is likely to be linked to their ability to find employment and the salary level and security of their employment (Resolution Foundation, [The Changing Shape of the UK Job Market](#), 2012).

The table below shows the percentage of the population which has at least each level of qualification, ranked in order from the highest to the lowest, and shows that:

- East Sussex qualification levels are broadly comparable to those for England averages up to Level 4 (degree level).
- In Hastings and Eastbourne qualification levels are consistently lower than the East Sussex average from Level 1 (NVQ) upwards.
- Level 4 (degree level) education qualification is notably lower than the England average (38.3%) in Eastbourne (28.1%) and Hastings (31.2%), and above average in Lewes (47.4%) and Wealden (42.8%).

Percentage of highest qualification for the working age population, 2005-2017

Area	No qualifications	Qualified to at least level 1	Qualified to at least level 2	Qualified to at least level 3	Qualified to at least level 4
Eastbourne	4.4	87.6	74.1	50.4	28.1
Hastings	6.5	84.5	73.3	54.6	31.2
Lewes	3.7	90.8	81.2	64.7	47.4
Rother	7.3	90.9	86.3	63.1	37.3
Wealden	5.1	90.5	79.5	62.0	42.8
East Sussex	5.3	89.0	78.7	59.1	37.9
England	7.6	85.5	74.6	57.1	38.3

Source: ESIF [Qualifications of working age population 2017](#)

8. Whole family resilience – community networks

This section explores the potential impact of a family's community and local support network, using information from a recent Wellbeing and Resilience Study as a snapshot of the prevalence and distribution of community resilience.

It indicates that community resilience is lowest in Hastings and Eastbourne. This is consistent with other indicators, although national comparators are not available.

i. Community resilience

Community resilience is about empowering individuals, businesses and community groups to take collective action to both increase their own resilience and that of others [and] come together to identify and support vulnerable individuals ([Cabinet Office, 2016](#)).

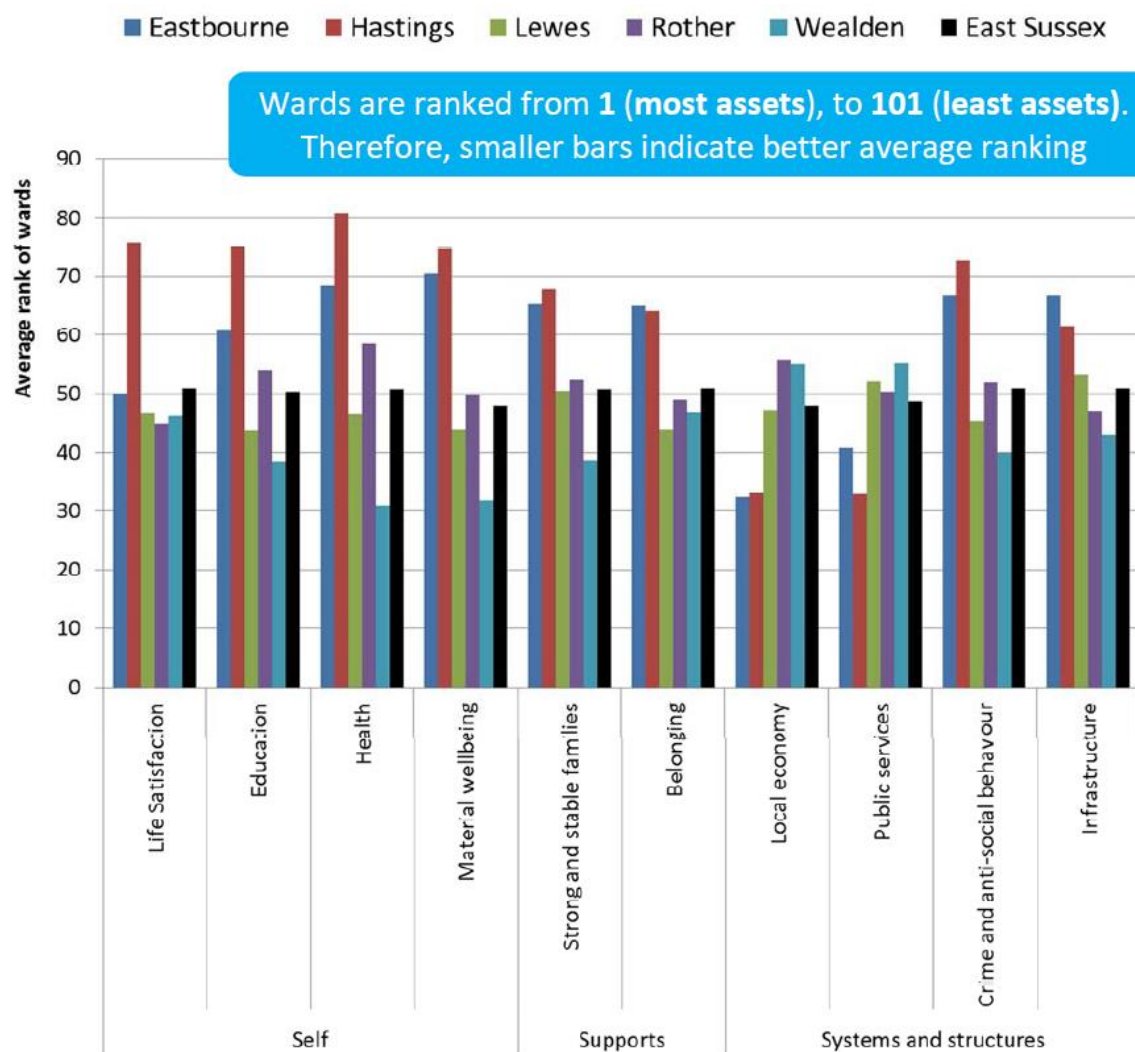
Families are more likely to need early help if they do not have access to a strong community and networks of information, advice, support and activities.

The Wellbeing and Resilience Measure (WARM) measures wellbeing and resilience at community level. WARM 2016, published in the 2016/17 [Wellbeing & Resilience in East Sussex Annual Report](#) includes the results from the first Community Survey.

The survey covered a range of wellbeing topics including: strong and stable families, life satisfaction and belonging. Community resilience was measured in terms of 'assets', with the 101 East Sussex wards ranked from being resilient/having many assets (1) to being less resilient / having fewer assets (101).

No national or regional comparisons are available, but the following can be learned from the WARM data, summarised in the following chart:

- The ranked strength and stability of their families was significantly lower in Eastbourne and Hastings than the rest of the county.
- The ranked sense of belonging to community was significantly lower in Eastbourne and Hastings than the rest of the county.
- Hastings has the worst average ranking for six out of ten components but the best average ranking for Public Services.
- Wealden has the best average ranking for six out of ten components but the worst average ranking for Public Services.



Source: 2016/17 [Wellbeing & Resilience in East Sussex Annual Report](#)

9. Parenting resilience – key parenting risk factors

This section considers the Early Help theme of parenting resilience. It considers key factors associated with parenting vulnerability: mental health issues, substance misuse and domestic abuse.

It finds that the combination of the trio of needs, parent mental health, substance misuse and domestic abuse is associated with children's social care need, but is hard to measure the prevalence. However, extrapolating from the recent findings of a Children's Commissioner report, we believe there may be around 3,800 children in the county living with the 'trigger trio'.

Parental substance misuse is recorded as a contributory risk factor in a large proportion of children in need (CiN) cases in East Sussex, with 38.5% of the 2,160 CiN assessments in 2016/17 involving parental drug misuse and 33.8% involving parental alcohol misuse (it should be noted that there will be some cross over in these figures).

Two-thirds of Child Protection Plans in May 2018 had parental mental ill health recorded as a factor in the case. Numbers of child protection plans due to domestic abuse have been rising and this is the main reason for over a quarter of child protection plans.

Studies indicate a very high level of unmet need when there is alcohol or drug misuse in the family and this is particularly likely for families with older children.

The trigger trio of parental resilience factors are associated with deprivation. Families with very poor levels of parental resilience due to these factors are most likely to be on the cusp of requiring social care interventions and would therefore benefit most from early help support, in collaboration with specialist services as appropriate.

i. Trigger trio of parenting needs

Parenting resilience risk factors often include inter-related mental health, substance misuse, and domestic abuse issues (Department of Work and Pensions, [Improving Lives: Helping Workless Families](#), 2018). According to a recent Children's Commissioner report ([Estimating the prevalence of the 'toxic trio'](#), July 2018), 420,000 children in England under 18 are in homes where all three toxic or 'trigger' trio issues are present to a 'moderate' or 'severe' extent. Using their ONS mid-year estimates for 2017; this equates to 3.5% of all children aged 17 years and under, or around 3,800 children in East Sussex. The Commissioner's report also estimated that about a quarter of these children live in homes with 'severe' parental mental ill-health, domestic abuse and parental drug and alcohol misuse.

Without Children's Services Early Help, these factors can lead to child neglect and child safety risks, and the need for statutory social care interventions.

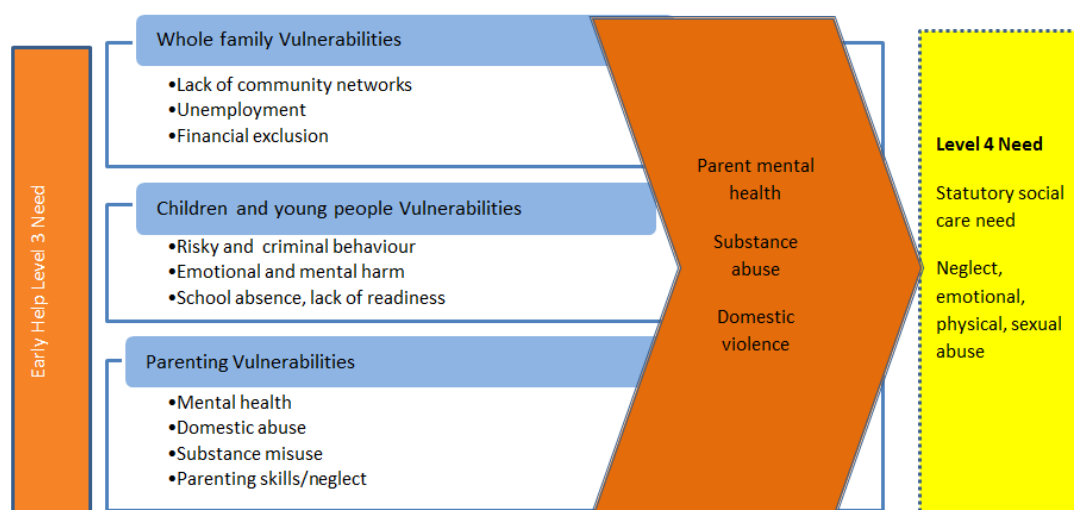
In the sixth phase of *The Association of Directors of Children's Services Safeguarding Pressures Research* (November 2018) evidence from 140 of the 152 local authorities in England revealed the extent of the trigger trio throughout the country. The report documents increasing child safeguarding activity. *"Domestic abuse, poor parental mental health and substance misuse are becoming more common amongst the children and families we work with and it is clear that without addressing unmet parental need we cannot make sustained improvements in the lives of children"*.

Any of these three factors can be damaging to the welfare of every family member and present a risk of harm to children. If children are living with multiple parental difficulties, it is the 'multiplicative' impact of combinations of factors that have been found to increase the risk of harm to children, with family disharmony and domestic abuse posing the greatest risk to children's immediate safety and long-term wellbeing (*University of East Anglia, [Neglect and Serious Case Reviews](#), 2013*). Children living with parents with these issues may also be reluctant to disclose what is happening as they are worried about the consequences, however the family environment often leads them to have mental health issues themselves, as well as poorer adult outcomes (see young carers' section 13ii).

As noted in the Joint Strategic Needs Assessment for co-existing mental health and substance misuses issues, at the present time we lack direct local indicators. The Children's Commissioner's analysis warns that the real trigger trio prevalence rate is likely to be higher than its estimate (at 3.5% of all children under 18) because the estimate cannot factor in when trigger trio issues are divided between the different adults within a household, rather than found in a single individual. However, the available research literature and Public Health England data demonstrates strong links between mental health, alcohol use and drug use. Most users of drug and alcohol services also experience mental health problems.

When we are considering the circumstances which may lead to 'children in need', we need to think about the full range of potential factors for families living in East Sussex, as illustrated in the diagram below.

Examples of Initial Thinking about Need



ii. Substance misuse - parents

Most parents who drink alcohol or take drugs do not cause harm to or neglect their children. However children living with parents with high levels of alcohol or drug use or addiction can be at greater risk.

In 2016/17, there were 729 alcohol and 831 drug misuse episodes identified as a risk factor by Social Workers completing Children in Need assessments, out of a total of 2,160 records in East Sussex. Regional and national proportions are provided below for comparison.

Risk factors identified in CIN assessments	Alcohol	Drugs
East Sussex	33.8%	38.5%
South East regional average	18.7%	19.4%
National (England) average	18.0%	19.7%

Source: Public Health England Problem parental alcohol and drug use toolkit

Note that these figures represent assessment information following a referral to children's social care. An assessment may have more than one factor recorded and many cases will have both alcohol and drug use as risk factors.

National analysis indicates that 7% of young carers are looking after a parent or relative with drug or alcohol use problems. Of these, 28% had received an assessment and 40% were missing school, or had other indicators of educational difficulties ([Dearden & Becker Young Carers in the UK 2004](#)).

The [Department for Education's children in need census](#) showed that in 2016/17, drug use was assessed as a factor in 19.7% of cases and alcohol use a factor in 18%.

Parental alcohol and drug use is a common factor in serious case reviews (local enquiries into the death of, or serious injury to, a child where neglect or abuse is known or suspected). In a recent analysis, problem parental alcohol and drug use were present in over a third of reviews (37% and 38% respectively), with at least one of these in present 47% of cases ([Pathways to harm, pathways to protection, analysis of SCRs 2011-14](#)).

Research has shown that responses to referrals about children with alcohol and drug using parents are often only made when matters have reached a child protection level, rather than providing early support to a child in need ([Nagle & Watson Parental substance misuse: An Islington perspective 2008](#)).

A rapid evidence review on the potential impacts on children of parental alcohol and drug use found that the main evidence was around child substance misuse and externalising difficulties ([McGovern et al Addressing the impact of nondependent parental substance misuse upon children 2018](#)).

Data for the Public Health England (PHE) toolkit used in this section comes from the National Drug Treatment Monitoring System (NDTMS), alongside the estimates of local prevalence for alcohol and opiate dependence. Rates of met need are calculated by dividing

the number of alcohol or opiate users in treatment living with at least one child by the prevalence estimate. [Link to full PHE toolkit.](#)

iii. Alcohol - parents

In 2017 PHE commissioned the University of Sheffield to provide estimates for number of dependent alcohol users with children living in the household and the number of children in those households ([PHE Alcohol dependence prevalence in England](#)).

Adults with an alcohol dependency	East Sussex			Benchmark %	National %
	Prevalence	Treatment	% met need		
Total number of adults with a dependency who live with children	1,066	239	22%	20%	21%
Total number of children who live with an adult with a dependency	1,962	428	22%	21%	21%

Source: [Public Health England Problem parental alcohol and drug use toolkit](#)

Figures for East Sussex are comparable to national averages and benchmarks. This national research highlights the large numbers of children living in households with alcohol-dependent parents whose needs are not currently being recognised or met according to the researchers.

iv. Drugs - parents

Liverpool John Moore's University were commissioned by PHE to provide estimates for the number of adults with an opiate dependency who live with children, and the number of children living in those households ([PHE Estimates of the number of children who live with opiate users, England 2014/15](#)).

	East Sussex			Benchmark %	National %
	Prevalence	Treatment	% met need		
Adults with an opiate dependency					
The number of women with a dependency who live with children	181	118	65.2%	82.1%	59.5%
The number of children who live with a woman with a dependency	314	210	66.9%	78.3%	60.5%
The number of men with a dependency who live with children	218	113	51.8%	59.2%	47.6%
The number of children who live with a man with a dependency	389	190	48.8%	58.4%	48.8%
Total number of adults with a dependency who live with children	399	231	57.9%	67.2%	51.7%
Total number of children who live with an adult with a dependency	703	400	56.9%	65.3%	52.8%

Source: [Public Health England Problem parental alcohol and drug use toolkit](#)

Note that any opiate dependency treatment delivered through hospitals or primary care will not be recorded on this NDTMS data.

Estimated prevalence of opiate and/or crack cocaine use – only collected 2011/12 and 2014/15

Area	2011/12	2014/15	% change
East Sussex	2,152	2,296	6.7%
England	293,879	300,783	2.3%

Source: [Public Health England Problem parental alcohol and drug use toolkit](#)

The most recent data shows an increase in the use of these Class A drugs in East Sussex which is above the national increase for 2011/12 to 2014/15.

The East Sussex SWIFT Drug and Alcohol team had an average of 126 open cases at a given time during 2017/18, where they were offering interventions to parents of school aged children subject to a social care referral.

v. Co-existing mental ill health and substance misuse

East Sussex performs less well than the South East average for the estimated percentage of adults with alcohol dependence (latest data available is 2014/15, [PHE Fingertips](#)). East Sussex scores 1.2, equivalent to 5,297 adults per 100,000 population, whereas the South East average is 1.11, and Brighton and Hove is 1.94 per 100,000); no trends available.

Mental health problems are common among those needing treatment for alcohol misuse and alcohol misuse is common among those with a mental health problem. The figures show the numbers of adults (aged 18 plus) in East Sussex and in England, who when they entered specialist alcohol or drug treatment, were receiving treatment from mental health services for reasons other than substance misuse at the time of assessment. The proportion shown is the number of adults with both mental health and substance misuse problems as a percentage of all the adults receiving specialist substance misuse treatment. Only the last two years of data are comparable following some changes in data collection.

Concurrent mental health issues and services for alcohol misuse

	2015/16		2016/17	
	Number	As % of patients treated for alcohol misuse	Number	As % of patients treated for alcohol misuse
East Sussex	288	49.7	226	55.0
England	11,365	20.8	11,035	22.7

Source: Public Health England

Concurrent mental health issues and services for drug misuse

	2015/16		2016/17	
	Number	As % of patients treated for drug misuse	Number	As % of patients treated for drug misuse
East Sussex	299	46.9	314	54.2
England	16,942	22.1	17,565	24.3

Source: Public Health England

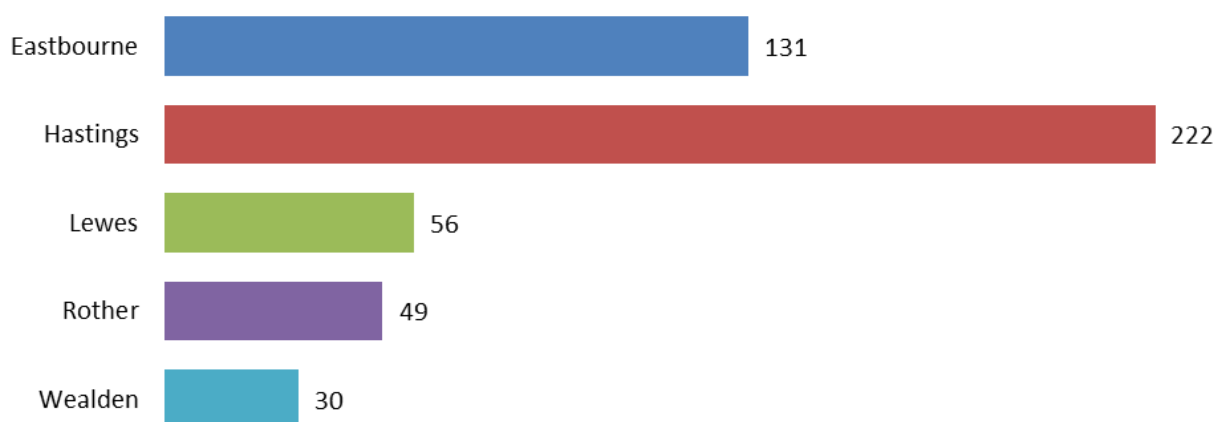
These figures show that a higher than expected proportion of adults receiving treatment for serious substance misuse also have mental health problems; more than half for both drugs and alcohol treatment.

vi. Parental mental health

A recent snapshot (May 2018) of all current Child Protection Plans for East Sussex children showed that parental mental health issues are a recorded factor in two-thirds of cases.

Area	MH issues not recorded	MH is recorded as a factor	Total number of CP Plans	MH factor as % of all cases
Eastbourne	39	92	131	70.2%
Hastings	81	141	222	63.5%
Lewes	18	38	56	67.9%
Rother	21	49	70	70.0%
Wealden	23	30	53	56.6%
Grand Total	182	350	532	65.8%

Source: ESCC Children's Social Care data May 2018

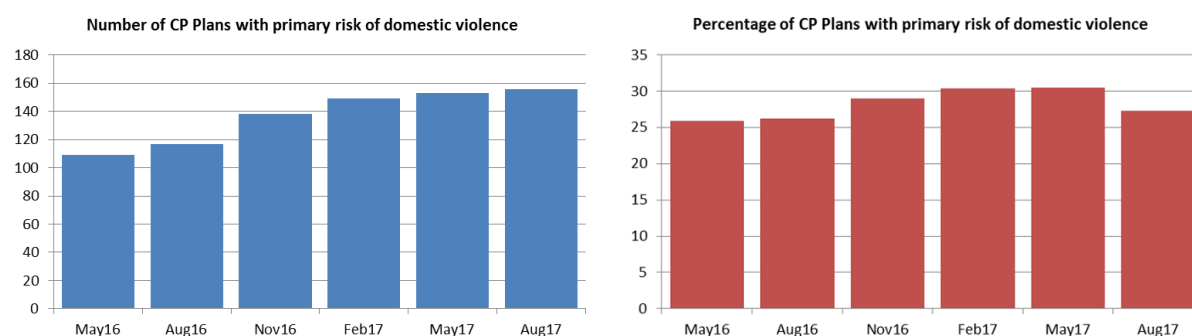
Number of Current CP Plans with parental MH as a factor

Source: ESCC Children's Social Care data May 2018

vii. Domestic abuse

The charts below use the latest available data on child protection plans for which the primary reason was domestic abuse:

- Numbers of child protection plans due to domestic abuse have been rising in the 16 months since May 2016, to 156 plans in August 2017.
- Domestic abuse is the key identified risk for over a quarter of child protection plans.



Source: ESCC Children's Services Social Care Data May 2018

10. Parenting resilience – additional considerations

This section considers indicators of parenting capability and a positive home environment: maternal smoking, children admitted to hospital with injuries and crime.

In Hastings, 19% of new mothers smoke, with an East Sussex average of just under 12%.

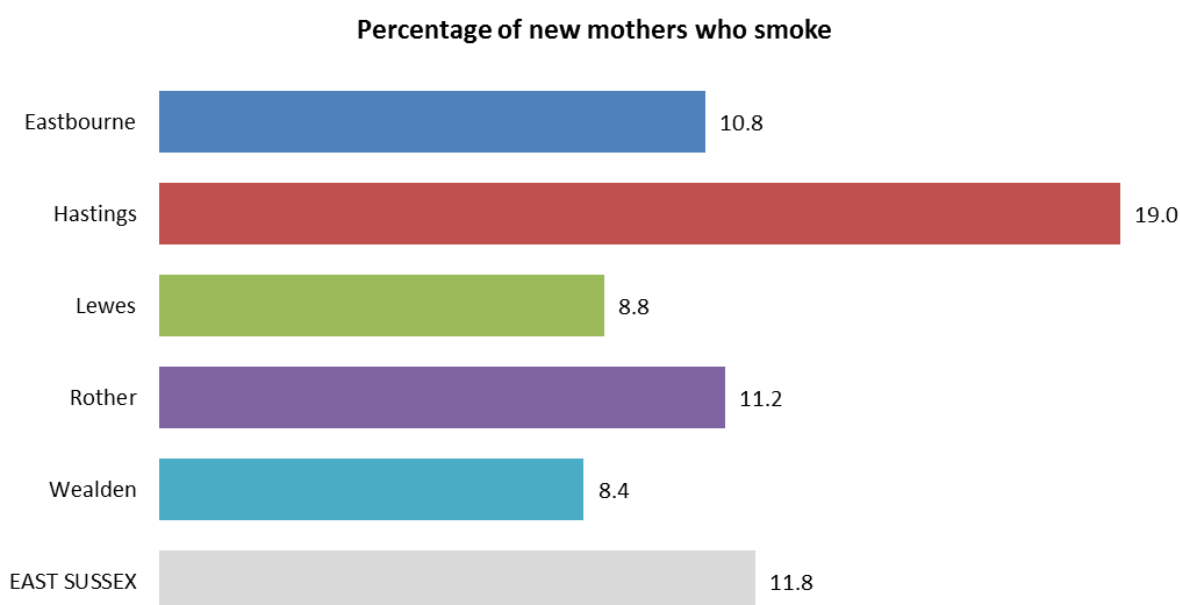
Teenage pregnancy can be an indicator of previously unmet Early Help need and future parenting vulnerability. East Sussex rates of teenage conceptions have fallen below average England rates (19 per 10,000 population), but in Hastings they remain notably higher (25 per 10,000).

Admissions of children to hospital for injuries are consistently higher in East Sussex than the region and England, rising in 2016/2017, and highest in Rother, Hastings and Eastbourne.

In areas in Hastings and Eastbourne the crime domain of the indices of multiple deprivation (violence, burglary, theft and criminal damage) is in the highest 10% in the country.

i. Maternal smoking

Health Visitors record whether a new mother is smoking at the time of birth. There are strong links between poor mental health and smoking, alcohol use and drug use ([Mental Health Foundation research](#)). The percentage of new mothers who were recorded as smoking is shown below, by district and borough. In Hastings, 19% of new mothers smoked, with an East Sussex average of just under 12%.

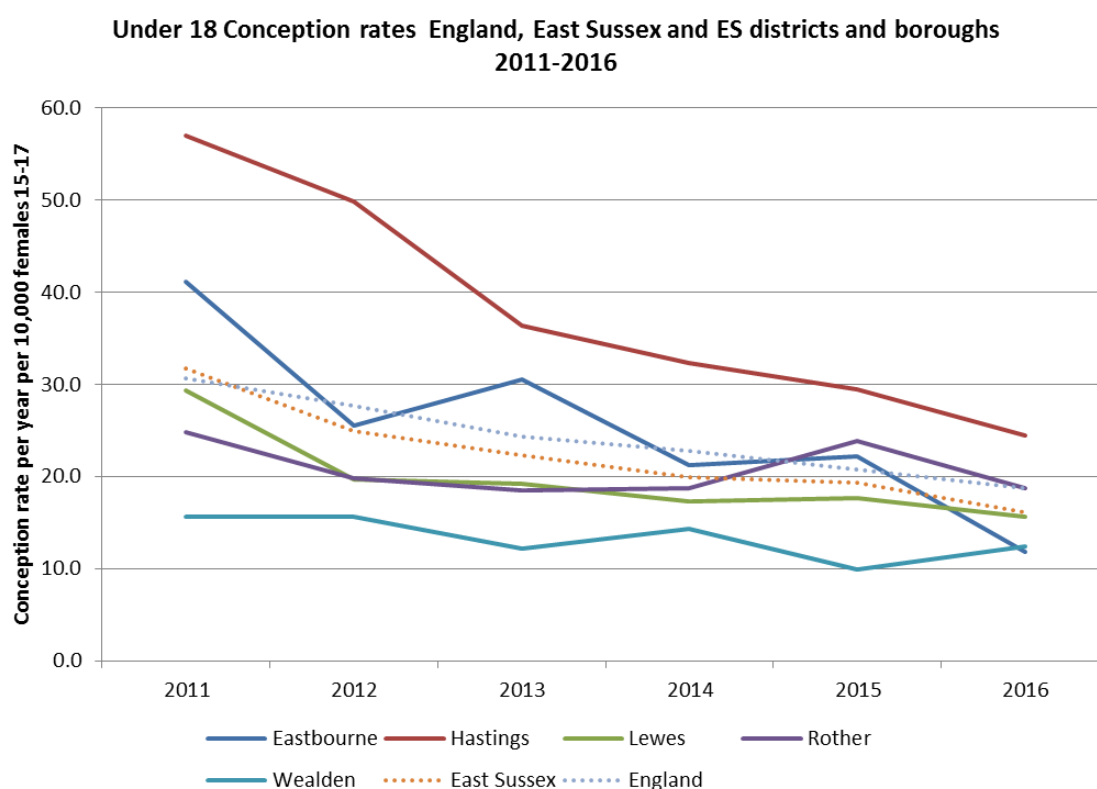


Source: HV data numbers of new mothers smoking March 2017 to March 2018

ii. Teenage conceptions

Teenage conceptions and pregnancy can be an indicator of previously unmet early help need and future parenting vulnerability which may benefit from early help. The graph below shows conception rates per 10,000 population of 15-17 year olds between 2011 and 2016.

- East Sussex rates of teenage conceptions have fallen from 31.8 per 10,000 in 2011 population to 16.1 in 2016, below the England average (18.8).
- In 2016, the teenage conception rate in Hastings remained the highest in East Sussex (24.5 per 10,000 population), and although reducing each year from a 2011 rate of 57.0 per 10,000, it is still well above the England average (18.8).



Source: Public Health Outcomes Framework, Public Health England

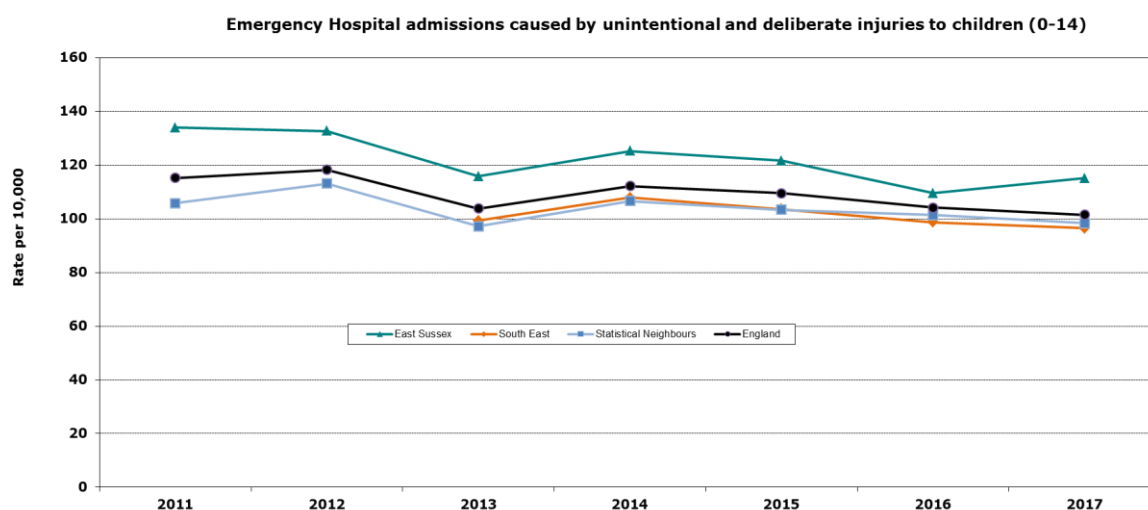
iii. Hospital admissions – injuries to children

The following chart and table show hospital admissions following injuries to children per 10,000 population, between 2011 and 2017.

Admissions have consistently been higher in East Sussex than the South East region and England, rising to 155 per 10,000 population in 2016/17, compared to 126 in England:

- Hastings, Rother and Eastbourne have consistently had worse outcomes than the England average for this indicator.

- In 2017 Rother had 215 admissions per 10,000 population and Hastings 187, compared to the England average of 126.
- In the past three years only Lewes has had better outcomes in this area than the England average.



Source: LAIT website

Hospital admissions caused by unintentional and deliberate injuries, 0-4 years, rate per 10,000 population, by district and borough (as data available)

	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
England	143	148	135	141	137	130	126
East Sussex	192	178	154	182	169	148	155
Eastbourne	188	191	172	192	168	158	153
Hastings	281	241	202	274	241	176	187
Lewes	165	136	119	129	117	105	104
Rother	216	193	156	231	200	170	215
Wealden	135	142	128	115	132	135	133

Local data comparative to England overall

Worse	Similar	Better
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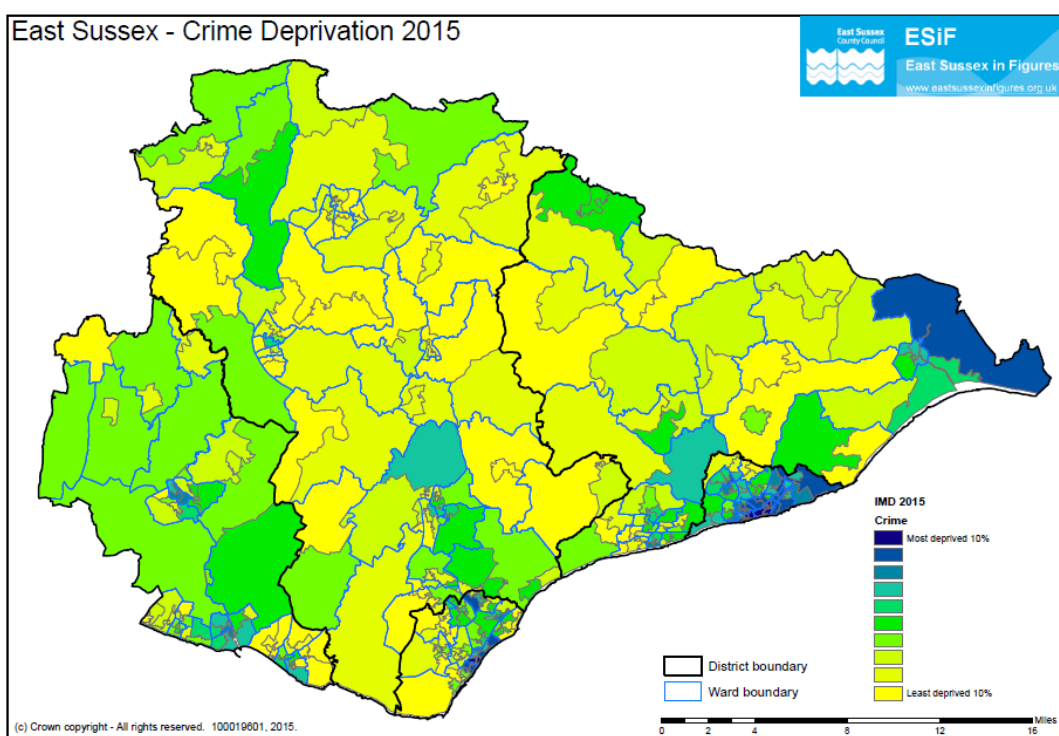
Source: Public Health Outcomes Framework, Public Health England

iv. Crime domain deprivation

Crime by parents is one of the vulnerabilities considered in the Troubled Families Programme.

Crime is included in the Indices of Multiple Deprivation (IMD) considered in Section 4, but the crime domain can be shown separately.

The map below is based on Home Office data about violence, burglary, theft and criminal damage from 2013/14. It shows that in areas of Hastings and Eastbourne, the crime domain of the IMD is in the highest 10% in the country.



Source: ESIF 2018

v. Mental wellbeing

The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) is a measure of mental wellbeing that focuses on the positive aspects of mental health. A WEMWBS community survey was carried out for East Sussex in the [Wellbeing & Resilience in East Sussex Annual Report](#) (2016) by the Director of Public Health. The questionnaire was sent to 42,316 East Sussex addresses, with a 36% return rate.

The aggregated results form an average WEMWBS score on a scale that runs from 14 (the lowest level of mental wellbeing) to 70 (the highest level). For East Sussex, the mean mental wellbeing score was:

- 50.0 across all East Sussex respondents, in line with the latest national data for England (50.8 average score).
- Highest in Wealden (51.0) and lowest in Hastings (48.5) and Eastbourne (48.9).
- Only 47.5 among those aged 18-24 rising to 51.5 among those aged 65-74, before falling to 48.8 among the oldest residents aged 75+.
- Lower for social tenants (43.7) and private renters (47.9) than owner occupiers (51.2).
- Lower for those with no qualifications (47.9) than qualified to A or higher levels (52.2).

This survey does not indicate significantly differing needs across the county, possibly as respondents are self-selecting, and has been included for reference only.

11. Parenting resilience – child safety and need for social care

This section explores the need for social care, using Children in Need or CiN (Level 4) data.

The prevalence of children requiring social care interventions indicates unmet early help needs. Younger and older children have differing needs. Older children requiring interventions due to difficult home circumstances are more likely to be missed, with 0-5 year olds being assessed and monitored through Health Visiting.

The rates of referrals to Children's Social Care decreased in 2012-2015 following investment in early help. However, in line with similar counties, it then increased in 2016-2017, suggesting a rising need for early help.

The reasons for child protection plans can show the specific early help needs which should be targeted to avoid the need for social care intervention. The most frequently used categories under which child protection plans are made are emotional abuse and neglect. These risks usually have an identified association with the trio of parental behaviour needs: mental ill health, substance misuse and domestic violence.

Analysing the CiN data at ward level reveals pockets of potential early help need.

i. Specific parenting needs of 0-5 year olds

Children aged 0-5 have specific needs, with specific vulnerabilities due to their age. They are entirely reliant on the parents and carers around them. If very young children are neglected, they are more likely to die than older children. Children with conditions such as ADHD may not have been diagnosed at this age, and mental health services do not work with children this young. At this age, the child's development needs are primarily addressed through family interventions which support positive and confident parenting.

ii. Potentially unrecognised needs of older children

Ofsted's third joint targeted area inspection programme resulted in a report [Growing up neglected: a multi-agency response to older children](#), July 2018. For the purposes of the report, 'older' children were aged 7 to 15 years old.

The report highlighted the need for a greater awareness of the neglect of older children, often due to domestic abuse or parental substance misuse and/or poor mental health. This neglect can be masked when professionals assume that the problem lies with the young person, who may be exhibiting poor mental and physical health, difficulties with interpersonal relationships, offending or risky behaviour and /or substance misuse.

iii. Early help and children in need

Early help enables families to look after their children themselves. When early help needs are not supported, families' Level 3 needs can escalate into child safety concerns and the children being in need of statutory social care intervention. The prevalence of children in need indicates the likelihood of unmet early help needs.

Children in Need (Level 4) are those who East Sussex County Council has a statutory duty to help and protect, safeguarding them from significant harm. Some children in need are placed on formal child protection plans and some become looked after children.

iv. Child social care data

The section below gives East Sussex County Council child social care data 2013 – 2017, including referrals requesting social care intervention per 10,000 population, re-referrals of the same child more than once, the number of children in need, child protection plans and looked after children per 10,000 population.

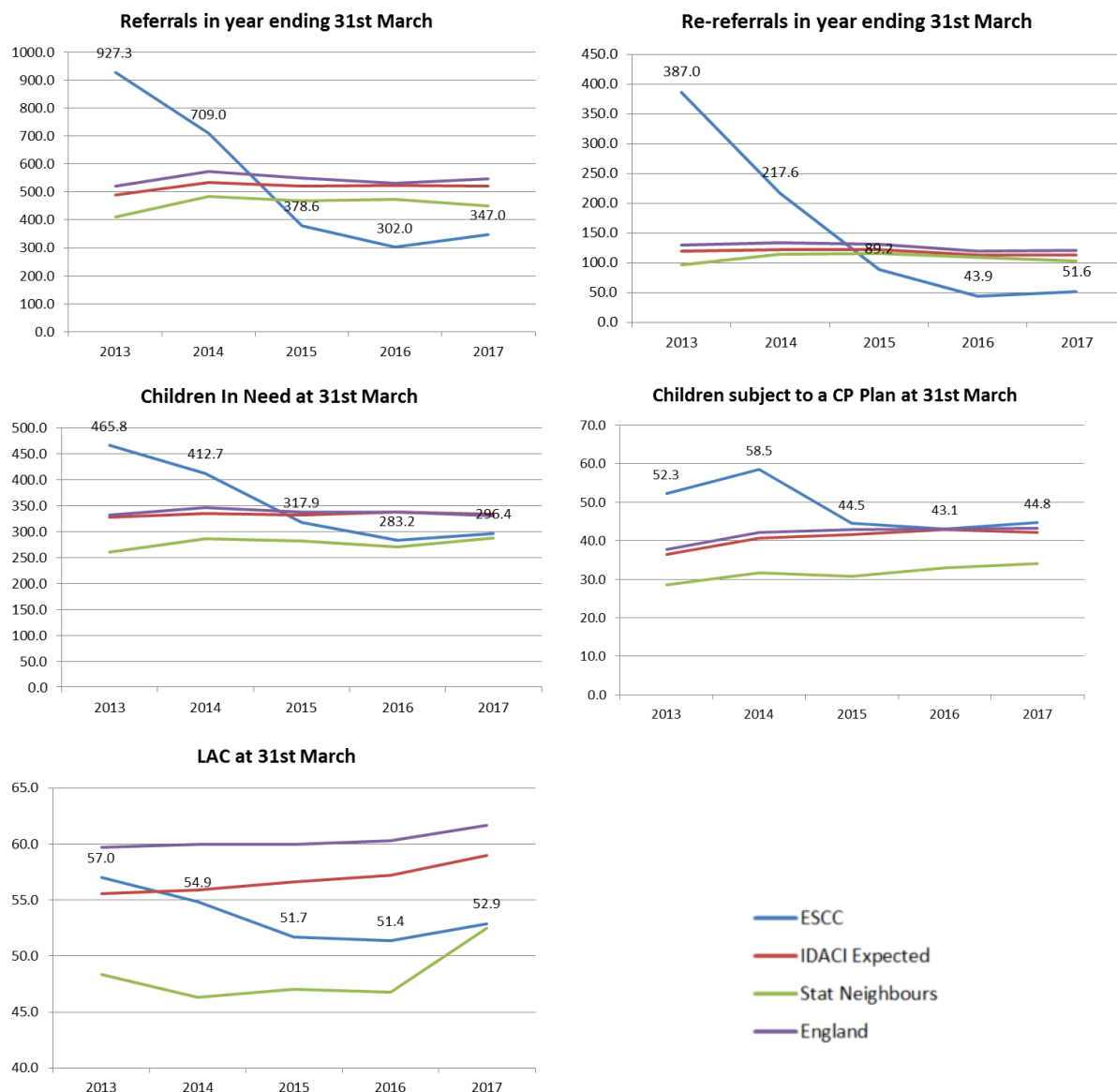
It compares East Sussex care data to:

- England
- Statistical neighbours (counties similar in nature to East Sussex)
- Expected rates calculated using child deprivation statistics based on Income Deprivation Affecting Children (IDACI) scores.

A district / borough breakdown is not available. The data shows:

- A downward trend of referrals and re-referrals for intervention, and Children in Need, between 2012 and 2016, to lower than all comparators. This follows investment in Children's Services Early Help and other changes to Children's Services through the Thrive Programme.
- An increase in referrals from 2016 (302 per 10,000 population) to 2017 (347), and re-referrals from 2016 (44 per 10,000 population) to 2017 (52).
- An increase in children in need in 2017 from 289 to 296 per 10,000 population rising into line with statistical neighbours.
- Child protection plans had been at a consistent rate since 2015, at 43-44 per 10,000 population, although there has been a recent upward trend.

Social care data – referrals, re-referrals, children in need, child protection plans and looked after children, rates per 10,000 population 2013-2017



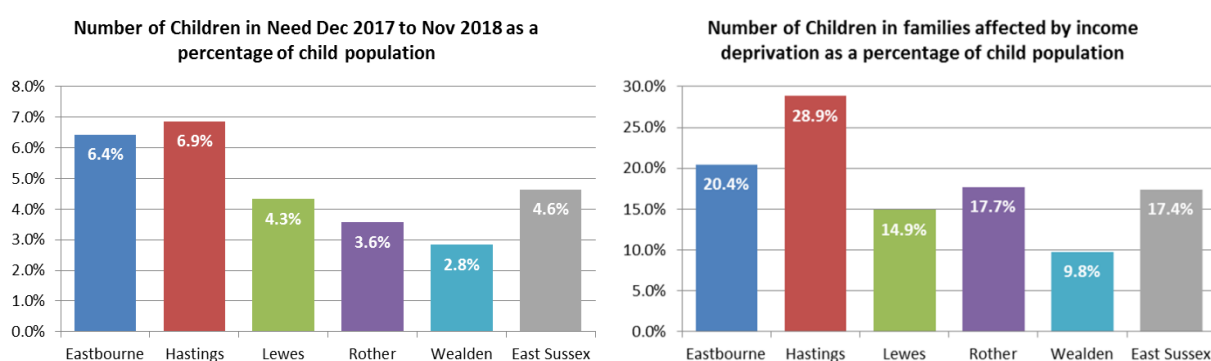
Source: East Sussex County Council Social Care System

A snapshot of ESCC Children In Need relating to social care (CiN) as of November 2018 shows the number of CiN broken down by district or borough for the child's address. This can then be represented as a percentage of the total population of children under the age of 18 years (most recent ONS estimate) to give an indication of the rate of CiN by area.

Area	Number of CiN aged 0-17	0-17 Population total	CiN as a percentage of 0-17 population
Eastbourne	1,281	19,935	6.4%
Hastings	1,331	19,376	6.9%
Lewes	862	19,944	4.3%
Rother	573	16,082	3.6%
Wealden	872	30,708	2.8%
East Sussex	4,919	106,045	4.6%

Source: East Sussex County Council Social Care System, 2017 ONS population estimates

Children living in Hastings and Eastbourne are more than twice as likely to be Children in Need (rates of 6.9%, 6.4%) as children living in Wealden (2.8%) as shown in the chart on the left. These numbers were based on the total number of individual children aged 0-17 who were registered as CiN at any point over the period December 2017 to November 2018.



Source: ESCC CiN Dec17 to Nov18 / ONS 0-17 Population estimates 2017 (latest)

Source: IDACI 2015, Children affected by income deprivation / ONS 0-15 Population estimates 2017 (latest)

These rates by area can be compared with the IDACI numbers for the percentage of children living in families affected by income deprivation (chart on the right).

The two charts suggest some correlation between child income deprivation and the likelihood of a child requiring social care intervention; one key exception is the Rother figures (where we would expect a greater number of children to be CiN from the proportion of children living in families affected by income deprivation).

The CiN data can be further analysed at ward level to show pockets of potential early help need which are otherwise disguised within the district / borough level data.

The following table gives only the 30 East Sussex wards with 50 or more children recorded as CiN at any point over the period Dec 2017 to Nov 2018, also as a percentage of the latest population estimate for the ward. This gives a focus on those wards with the greatest number of children who are likely to benefit from early help support. Eastbourne has several larger wards so has comparatively high numbers of CiN per ward compared with Hastings.

The figures as a percentage of total population of 0-17 year olds for each ward can be compared with the average for East Sussex for this measure, which is 4.6%.

District or borough	Ward	Estimated number of children aged 0 -17 years	Total no.of CiN by postcode Dec17 - Nov18	% of CiN per population of 0-17 year olds	Ranking for number of CiN per ward
Eastbourne	Devonshire	2841	225	7.9%	1
Eastbourne	Hampden Park	2707	221	8.2%	2
Eastbourne	Langney	2517	203	8.1%	3
Eastbourne	St Anthony's	2552	135	5.3%	6
Eastbourne	Sovereign	2200	119	5.4%	9
Eastbourne	Old Town	2692	114	4.2%	11
Eastbourne	Meads	1432	113	7.9%	12
Eastbourne	Upperton	1420	93	6.5%	15
Eastbourne	Ratton	1574	58	3.7%	24
Hastings	Baird	1439	183	12.7%	4
Hastings	Tressell	1509	134	8.9%	7
Hastings	Central St L	1178	132	11.2%	4
Hastings	Gensing	1297	123	9.5%	9
Hastings	Hollington	1719	115	6.7%	10
Hastings	Wishing Tree	1259	104	8.3%	13
Hastings	Castle	1298	99	7.6%	14
Hastings	Braybrooke	1100	77	7.0%	17
Hastings	Ore	1222	71	5.8%	19
Hastings	West St L	1130	71	6.3%	19
Hastings	Ashdown	1336	53	4.0%	27
Lewes	N'ven Denton & Meeching	1970	157	8.0%	5
Lewes	Newhaven Valley	964	75	7.8%	18
Lewes	Ouse Valley & Ringmer	1241	67	5.4%	20
Lewes	E Saltdean & T Cliffs	1553	61	3.9%	22
Lewes	Peacehaven North	984	60	6.1%	23
Lewes	Peacehaven West	805	54	6.7%	26
Lewes	Lewes Priory	1788	51	2.9%	28
Rother	Sidley	1467	123	8.4%	7
Wealden	Hailsham South & West	1852	120	6.5%	8
Wealden	Hellingly	1924	81	4.2%	16
Wealden	Hailsham East	772	63	8.2%	21
Wealden	Polegate North	1336	60	4.5%	23
Wealden	Pevensey & Westham	1893	57	3.0%	25

Source: ESCC Social Care data 2018 / ONS population estimates 2017

Over the period covered, Eastbourne and Hastings have an almost equal level of need with a total of 1,281 and 1,331 CiN respectively in all their wards.

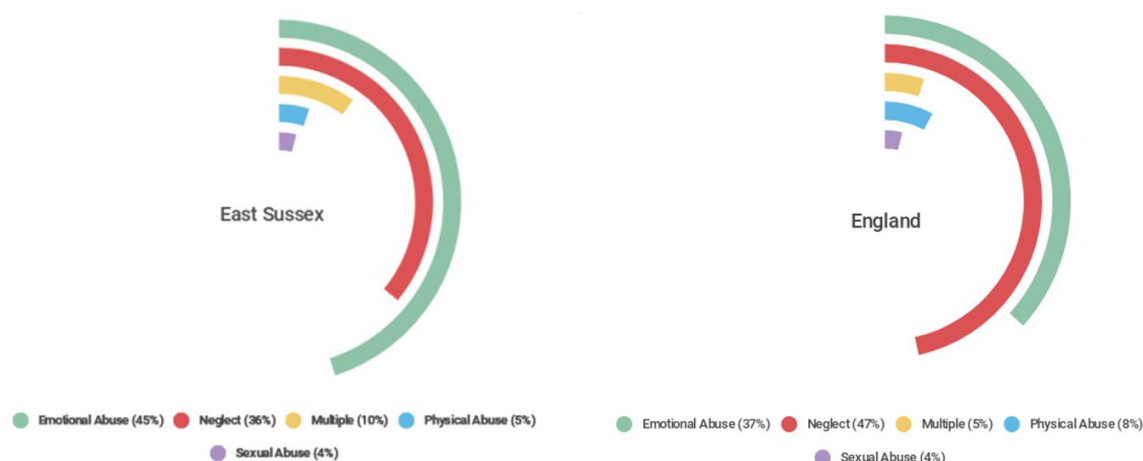
The two Newhaven wards have very high numbers of CiN at 157 and 57, or a rate of 8.0% and 7.8%. The Ouse Valley and East Saltdean are also high at 67 and 61 CiN, although against larger populations. Peacehaven North and West wards have 114 CiN between them. In Rother, Sidley is the only ward with high numbers, 123 or 8.4% of the 0-17 population. In Wealden, Hailsham South and West has 120 CiN (6.5%), and Hellingly has above average numbers. The majority of these figures might be expected from other indicators of deprivation.

v. Categories of child protection plans

The categories for child protection plans can show the specific early help needs which should be targeted to avoid the escalation of risk which might lead to social care intervention. As can be seen in the charts below:

- The categories under which child protection plans are made are emotional abuse (45%), usually associated with domestic abuse, and neglect (36%), usually associated with the trigger trio of needs: mental ill health, substance misuse and domestic abuse.
- Together (81%) they are very similar to the England average (84%)

Child Protection Plans by category of abuse, March 2018



Source: East Sussex County Council Social Care System, nationally published data Characteristics of Children in Need 2018

12. Child and young person resilience - education

This section considers children and young people's educational attendance and progress, an early help theme. Children and young people's vulnerability is indicated by unauthorised absence, exclusion from school, not being in education, employment or training at 16 or 17 years old, and overall by education/skills/training deprivation. A child with special educational needs and disabilities (SEND) can present additional vulnerability and their additional needs can place extra pressures in the family, leading to a need for early help. There are higher rates of children with SEND in Eastbourne and Hastings and we will consider this need regarding specific support for young people, in particular our targeted youth clubs.

School absence is higher in East Sussex than in England and similar counties, and has been rising. It is highest in Hastings.

East Sussex has higher rates of exclusion than the regional and national averages, and similar counties. The number was rising between 2013/14 and 2015/16.

Despite poorer rates of absence and exclusion than England and other similar counties, rates of participation in education employment and training for 16 and 17 year olds have been comparatively high in East Sussex, and have been rising. Hastings and Eastbourne show the lowest rates of participation.

Neighbourhoods in Rye, Hastings, Eastbourne, Hailsham and Peacehaven are amongst the 10% most deprived in the country (for educational achievement and progression).

i. School attendance

The following table shows rates of unauthorised school absence in 2016/17, while the following chart compares East Sussex data from 2008-2017 to rates of unauthorised absence in England and similar counties:

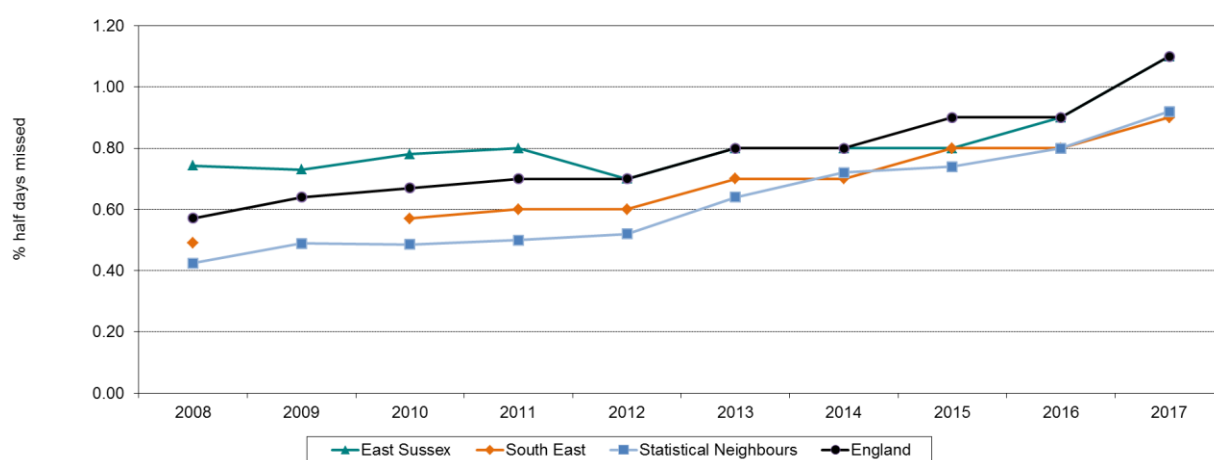
- In East Sussex in 2016/17, 7,017 (12%) of children were absent from school at least 10% of the time.
- Absence was highest in Hastings with 1,603 (14.3%) children absent at least 10% of the time. Eastbourne and Lewes district follow with relatively high rates, with lower rates in Rother and Wealden.
- Total unauthorised absence has been consistently higher in East Sussex than in similar counties and England and at secondary level has been rising since 2015.

Unauthorised school absences 2016/2017 academic year all school age pupils

	10% absence or more	Total	>10% absence as a %
Eastbourne	1,437	11,475	12.5%
Hastings	1,603	11,215	14.3%
Lewes	1,346	10,609	12.7%
Rother	925	8,680	10.7%
Wealden	1,706	15,792	10.8%
Grand Total	7,017	57,771	12.1%

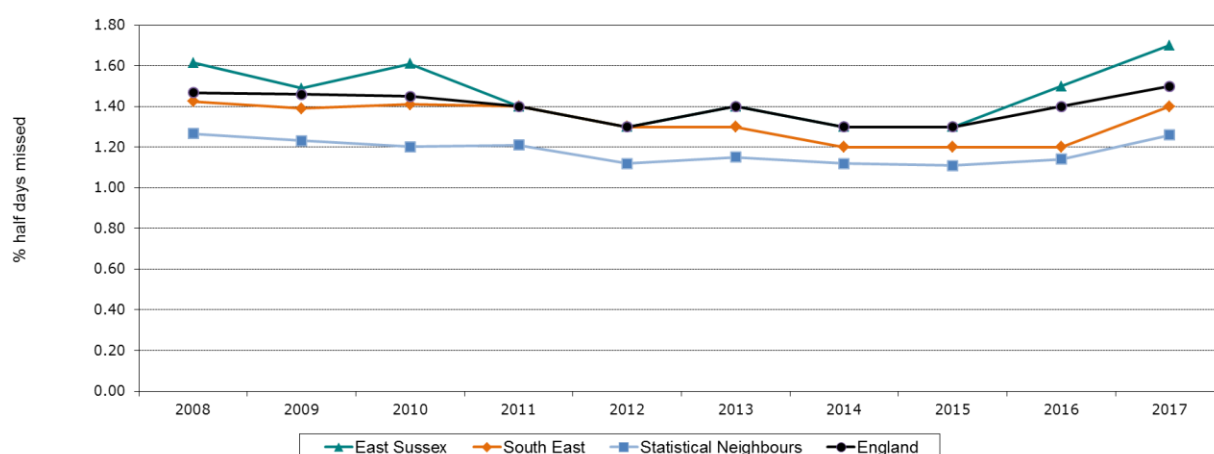
Source: ESCC Access database 2016/17 academic year

Total unauthorised absence from primary schools (including state-funded schools only from 2011)



Source: DFE 2018/LAIT

Total unauthorised absence from secondary schools (including state-funded schools only from 2010)

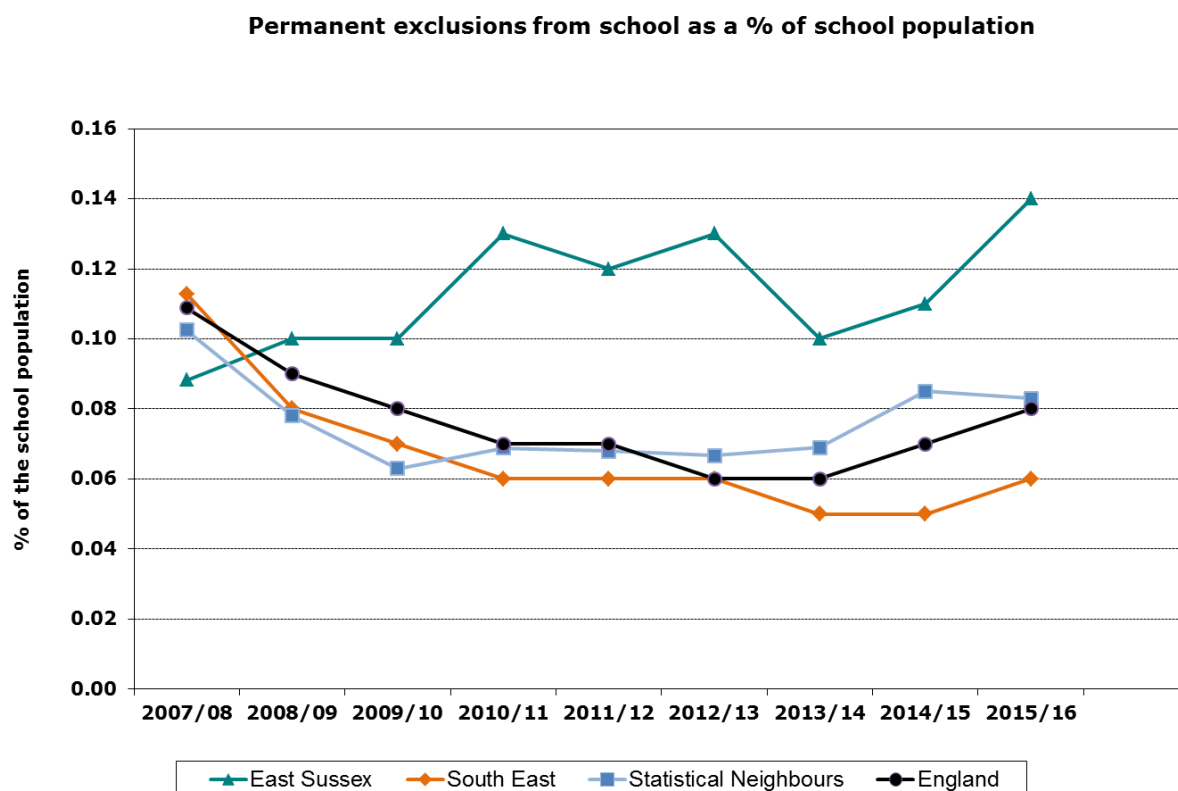


Source: DFE 2018/LAIT

LAIT is the Department for Education Local Authority Interactive Tool; this is an interactive spreadsheet for comparing data about children and young people across all local authorities in England

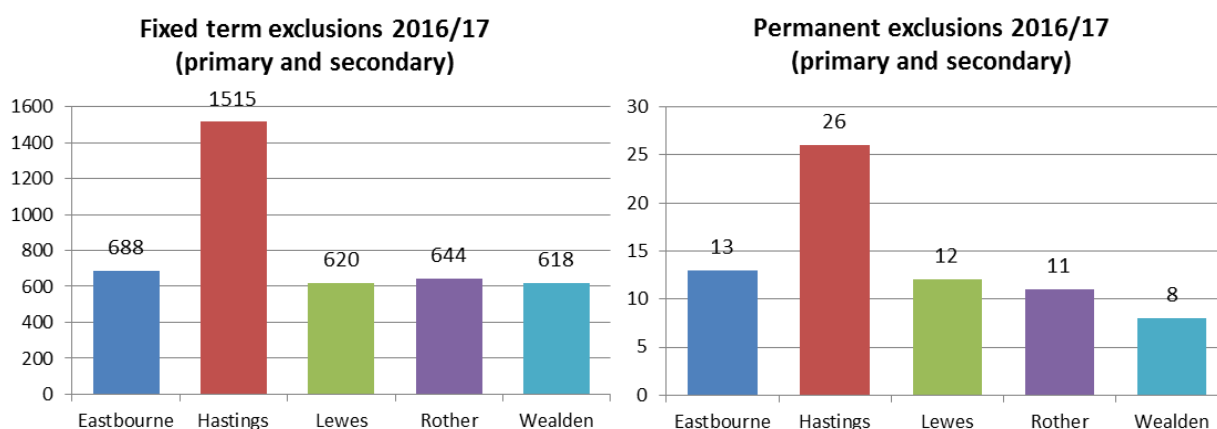
ii. Exclusions from school

The chart below shows East Sussex exclusions from 2007/08 to 2015/16, comparing them to the regional average, England and similar counties. East Sussex has higher rates of exclusion than the regional and national averages, and similar counties. The number was rising to 2015/16.



Source: DFE 2018/LAIT

Hastings has more than twice as many fixed term and permanent exclusions than any other East Sussex district or borough.



Source: ESCC Access database 2016/17 academic year

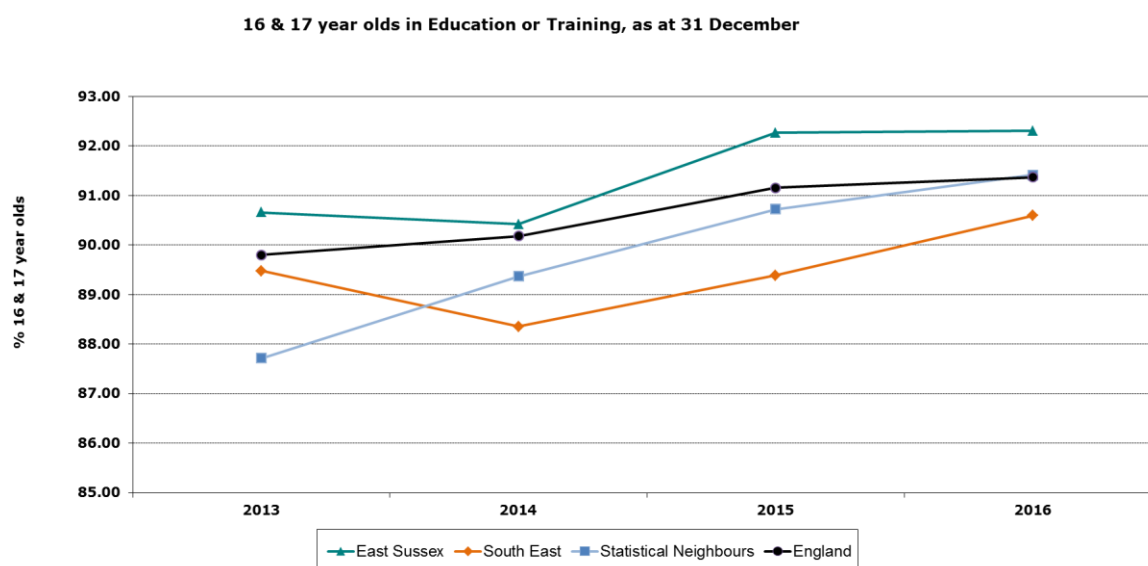
The Hastings Opportunity Area Partnership Board has been funded by the Department for Education, and tasked with improving social mobility in Hastings. In their [Delivery Plan](#) the Board notes that Hastings falls behind in many education success measures, however they also recognise pockets of excellent education in Hastings, partly attributing the fact that so few young people progress to low parental expectations.

iii. Young people over 16 Not in Education, Employment or Training (NEET)

The chart below compares the percentage of 16 and 17 year olds who were in education, employment and training in East Sussex with the regional, England and similar counties between 2013 and 2016.

The following table below shows the numbers and percentage of 16 and 17 year olds living in East Sussex who were not in education, employment or training in March 2018.

- In Autumn 2016, 92% of 16 and 17 years olds in East Sussex were in education, employment or training, slightly higher than all comparators at 90-91%.
- By March 2018, just 5% of 16 and 17 year olds were out of education, employment and training, with Hastings (6.1%) and Eastbourne (5.9%) showing the lowest rates of participation. We do not have the figures for England for 2018.



Source: DfE 2018/LAIT

Percentage of 16-17 year olds not in education employment or training March 2018

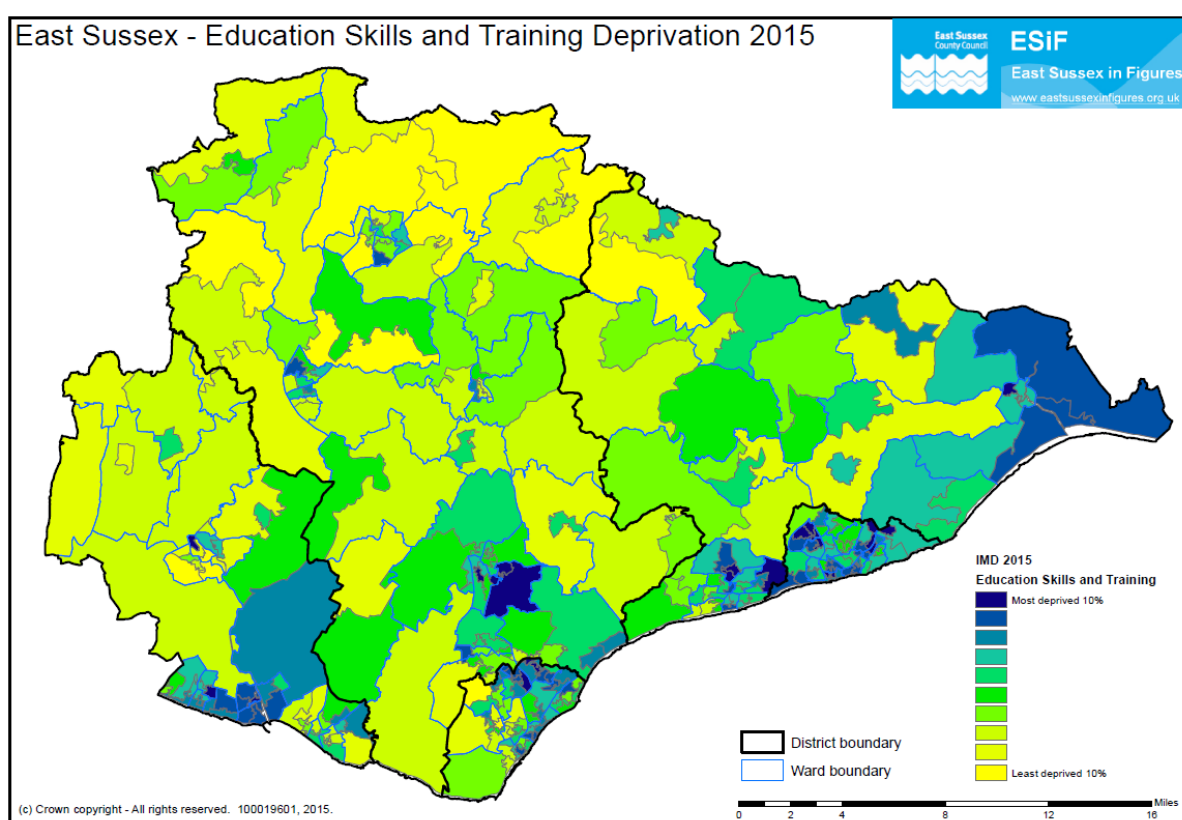
	NEET	Total	NEET as a %
Eastbourne	117	1,981	5.9%
Hastings	124	2,039	6.1%
Lewes	82	2,065	4.0%
Rother	84	1,734	4.8%
Wealden	108	2,957	3.7%
East Sussex	515	10,776	4.8%

Source: ESCC snapshot for March 2018, all 16 & 17 year olds living in East Sussex. The NEET figure includes the categories Not Known, Refused and Currency Expired

iv. Education, skills and training domain in IMD in East Sussex

Education indicators are included in the Indices of Multiple Deprivation considered in Section 4. Education deprivation is mapped separately below, measured as combined Key Stage 2 and 4 attainment, secondary school absence, staying in education after 16 years old, entry to higher education, adult skills, and English language proficiency.

Neighbourhoods in Rye, Hastings, Eastbourne, Hailsham and Peacehaven are within the 10% most education deprived in the country under this measure.



Source: [ESIF Indices of deprivation 2015 \(latest\)](#)

v. Children and young people with special educational needs and disabilities

Special Educational Needs and Disabilities (SEND) need is associated with early help need, being one of the multiple and complex factors that can make families vulnerable. Most families of children and young people with SEND do not require Children's Services Early Help. However, data collected by East Sussex practitioners shows that 21% of families receiving Children's Services Early Help have a child or children with an identified health / behavioural need associated with SEND; predominantly Autistic Spectrum Condition (ASC) or Attention Deficiency Hyperactivity Disorder (ADHD).

The information below is a snapshot of the Children's Services Early Help services caseload in June 2018, and shows that 13.5% (156) of the 1,153 5-19 year olds included in active Early Help Keywork services have a recorded Health condition regarding ASC/ASC traits or behavioural related support. When this is recorded by family, 21% (125) of the 599 families open to keywork in June 2018 included a child with these conditions.

Condition	Number of Individuals on caseload with a recorded condition
Autistic Spectrum Condition (ASC)	62
Displaying traits similar to Autistic Spectrum Condition (ASC)	55
Attention Deficit Hyperactivity Disorder (ADHD)	27
Asperger's Syndrome	4
Attention Deficit Disorder (ADD)	2
Obsessive–Compulsive Disorder (OCD)	3
Oppositional Defiant Disorder (ODD)	1
Pervasive Developmental Disorder (PDD)	1
Pathological Demand Avoidance (PDA)	1
Total	156

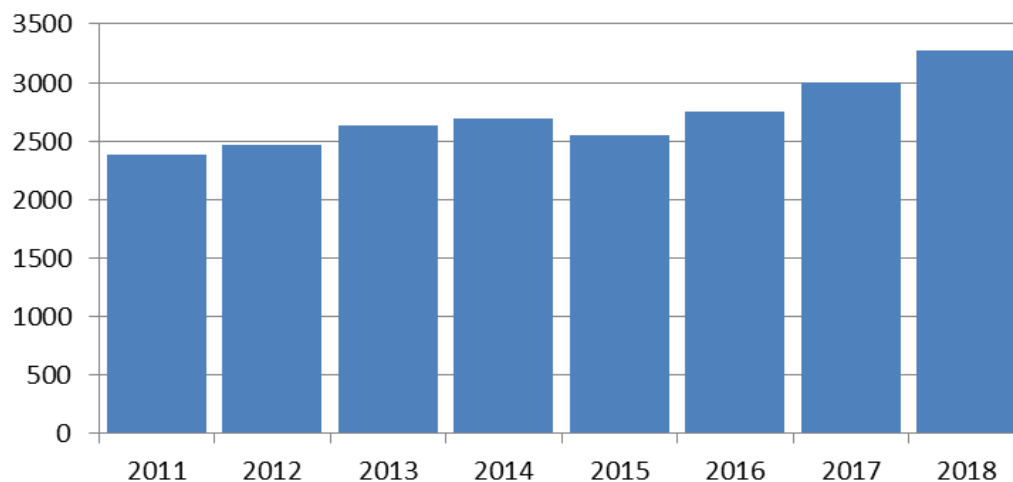
Source: ESCE Family Keywork data 2018 as recorded by EHKWs on their caseload

The percentage of children and young people in the East Sussex population with an Education, Health and Care Plan (EHCP) is only 2.2%, far less than the proportion indicated by Children's Services Early Help Keyworkers (however it should be noted that not all of the identified children will have been issued with an EHCP).

The number and proportion of children and young people with SEND in East Sussex can be measured through numbers of SEN Statements or EHCPs, as shown in the following charts.

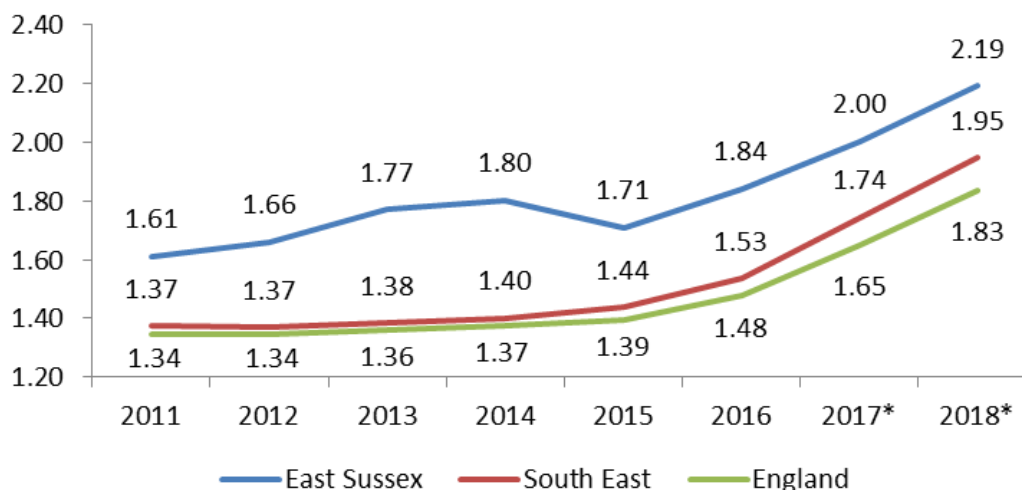
While the number of children with identified SEND has been rising, this is in part due to the recent extension of SEND support from 18 to 25 years old. This adult cohort is not so relevant to Children's Services Early Help, which provides service to families with children to age 19. Therefore the following information is included for reference.

Number of children and young people living in East Sussex with Statements or EHC Plans by year



Source: ESCC

Percentage of children and young people with a Statement or EHCP



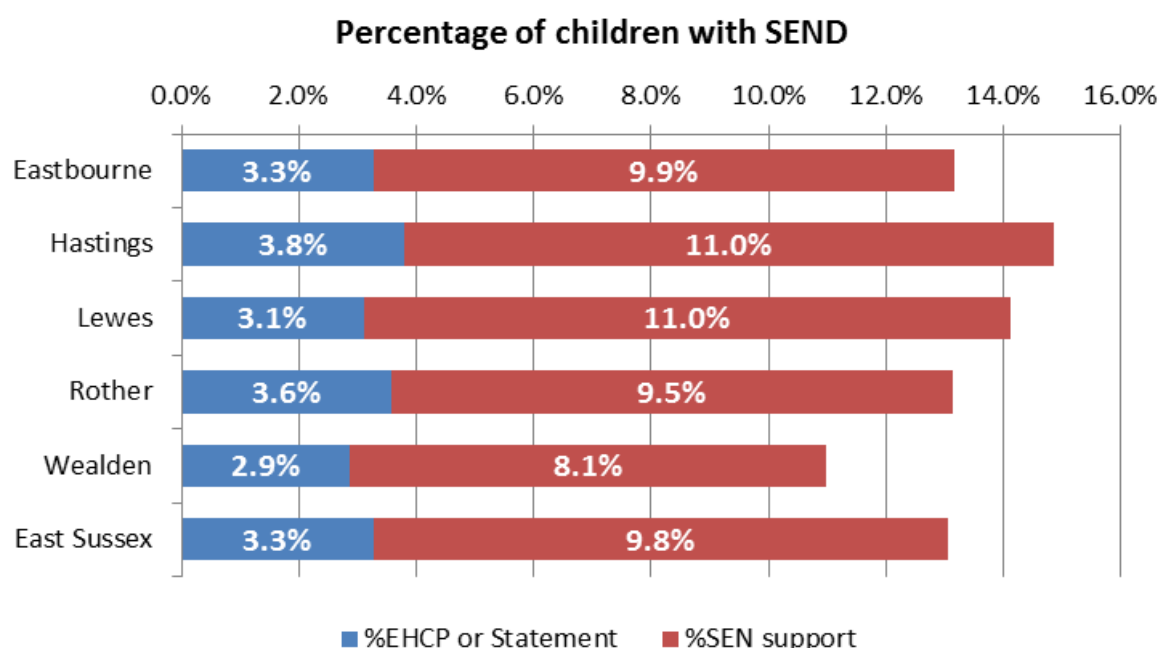
Source: ESCC / DfE / ONS for total populations

Note: 2016 0-25 year old populations (ONS) were used to calculate percentage for 2017 & 2018

The numbers of 4-16 year old children and young people with SEN statements / EHC Plans or lower level 'SEN Support' who were attending maintained schools in East Sussex in January 2018 is shown below by the school's district or borough, and then again as a percentage of total school population per area.

	Total number of children	Number of children with SEN Support	Number of children with SEN Statement or EHCP
Eastbourne	12,996	1,285	425
Hastings	12,751	1,408	485
Lewes	11,840	1,303	368
Rother	9,805	936	351
Wealden	18,097	1,470	519
East Sussex	65,489	6,402	2,148

Source: ESCC School census Jan 2018



Source: ESCC School Census January 2018

The percentage of children with SEND is significantly higher in Hastings (a total of 14.8%), with the Lewes district at 14.1%, Eastbourne 13.2%, and Rother 13.1%. Wealden has a much lower percentage of children recorded as having SEND, with a total of 11.0%.

Families with children with disabilities are known to be more likely to live in poverty, which can increase their vulnerability further. In [Blackburn et al's \(2010\)](#) analysis of the Family Resources Survey, they found the highest proportion reporting debts was among families with both disabled children and disabled adults. Being behind with payments for council tax, water rates and telephone bills were the most commonly reported sources of debt. But households with a disabled child were also more likely to have child-related deprivation such as lacking leisure equipment, having a friend around for tea or a snack once a fortnight and having an outdoor space or facilities nearby where s/he can play. The analysis also highlighted that one third of disabled children lived in lone parent households. Reasons for this relationship between lone parenthood and disability are unclear; possible explanations are divorce rates amongst parents of disabled children, lower rates of re-partnering and a higher prevalence of births of disabled children to lone mothers.

13. Child and young person resilience – emotional and mental wellbeing

This section considers early help needs around emotional and mental health: mental health referrals, young carer referrals and substance misuse by children and young people.

It finds that children and young people's mental health needs are higher than regional and national comparators, and rising. Children and young people's mental health service caseloads are highest in Hastings, Eastbourne, Hailsham and Newhaven.

Numbers of young carers are significant - there are an estimated 4,200 young carers in East Sussex, with some research suggesting more. Between a third and a half of young carers are children of parents with mental health problems. 88% of new referrals are for children 14 years old or younger.

While rates of alcohol related hospital admissions for children and young people have been falling since 2012/13, Hastings children and young people are admitted at around twice the rate of East Sussex and England, with the highest rate in girls. Numbers of children and young people treated for drug use are small but rising.

i. Mental health

The primary provider of support for children and young people with mental health disorders works in close partnership but is outside the Council – the Child and Adolescent Mental Health Service (CAMHS). CAMHS will treat children and young people with diagnosable mental health disorders which are causing significant impairment (Level 3) with tier 4 being admission as an inpatient.

Families with children and young people experiencing poor emotional and mental wellbeing below CAMHS thresholds can seek Children's Services Early Help, if it is beyond the capacity of the school or college to address these needs. Emotional and mental health needs can drive behaviour associated with significant risks to children and young people. Children's Services Early Help staff are not qualified to treat children and young people with diagnosable mental health disorders, but they can provide earlier interventions, and contribute to reducing problems from developing and improving family resilience factors.

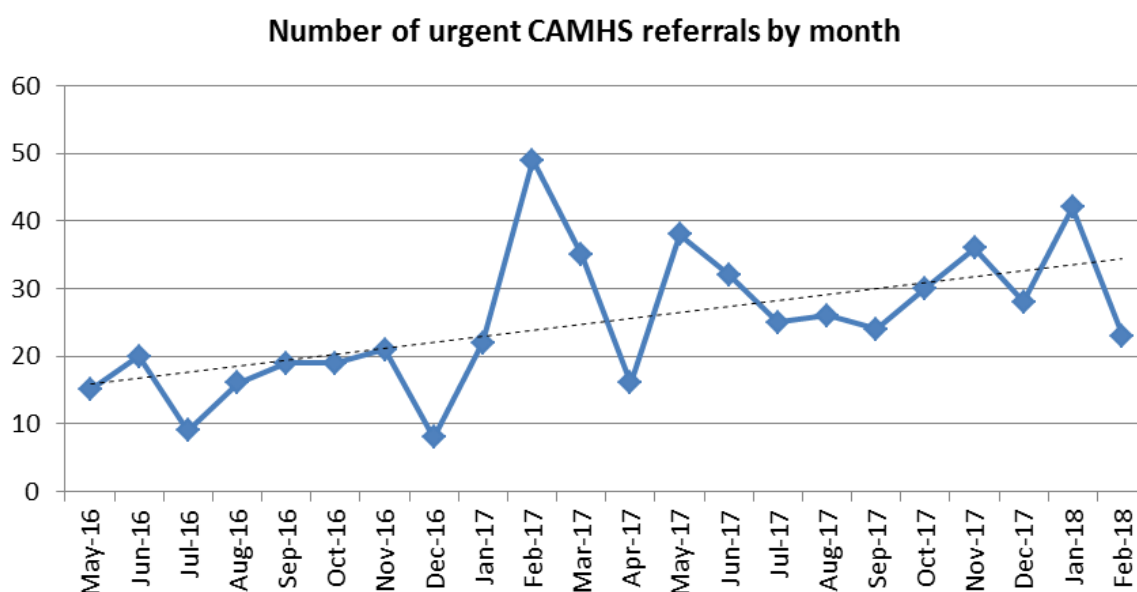
An [Education Policy Institute report](#) (October 2018) suggests that nationally child mental health referrals have increased by 26% in five years, with one in four referrals either rejected or deemed inappropriate for treatment by CAMHS. Referrals failed to meet the criteria for CAMHS support for a range of reasons. This included self-harm referrals only being accepted if accompanied by another mental health condition. This increase in referrals suggests that there may be growing unmet need for mental health support for children and young people.

In the 2017 East Sussex Public Health Schools Health Education Unit (SHEU) [pupil survey](#), 16% of East Sussex Year 10 pupils reported that they sometimes cut or hurt themselves in response to a problem that worried them, or when they were feeling stressed (494 of the 3,089 respondents). In the same survey, 5% of boys and 9% of girls had a low score on the short version of the Warwick Edinburgh Wellbeing scale.

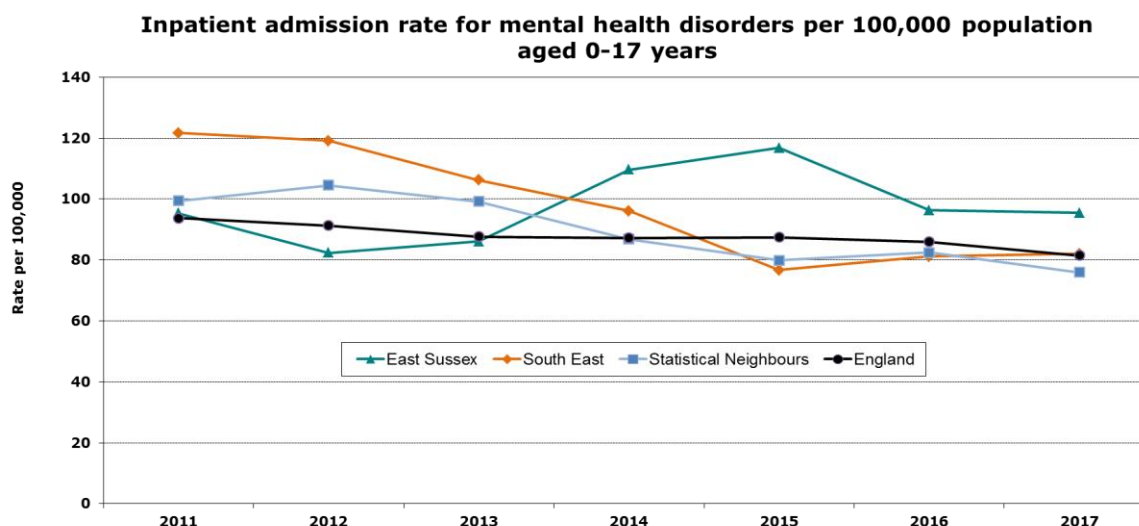
In the year 2016/17, [PHE](#) report that 76 10-14 year olds living in East Sussex were admitted to hospital due to self-harm. At 261.7 per 100,000 of population, this is significantly higher for this age group than the England average of 211.6 per 100,000, with an upwards trend over the previous 6 years.

The two following charts measure the prevalence and trends in mental health needs of children and young people in East Sussex:

- Number of children referred to the CAMHS for an urgent assessment within 4 hours 2016-2018; it should be noted that whilst these are referred as urgent, a proportion are downgraded to non-urgent once assessed
- The rate of children's admissions to hospital for mental health disorders per 100,000 population compared to South East regional and England averages and similar counties from 2011-2017.



Source: East Sussex CAMHS

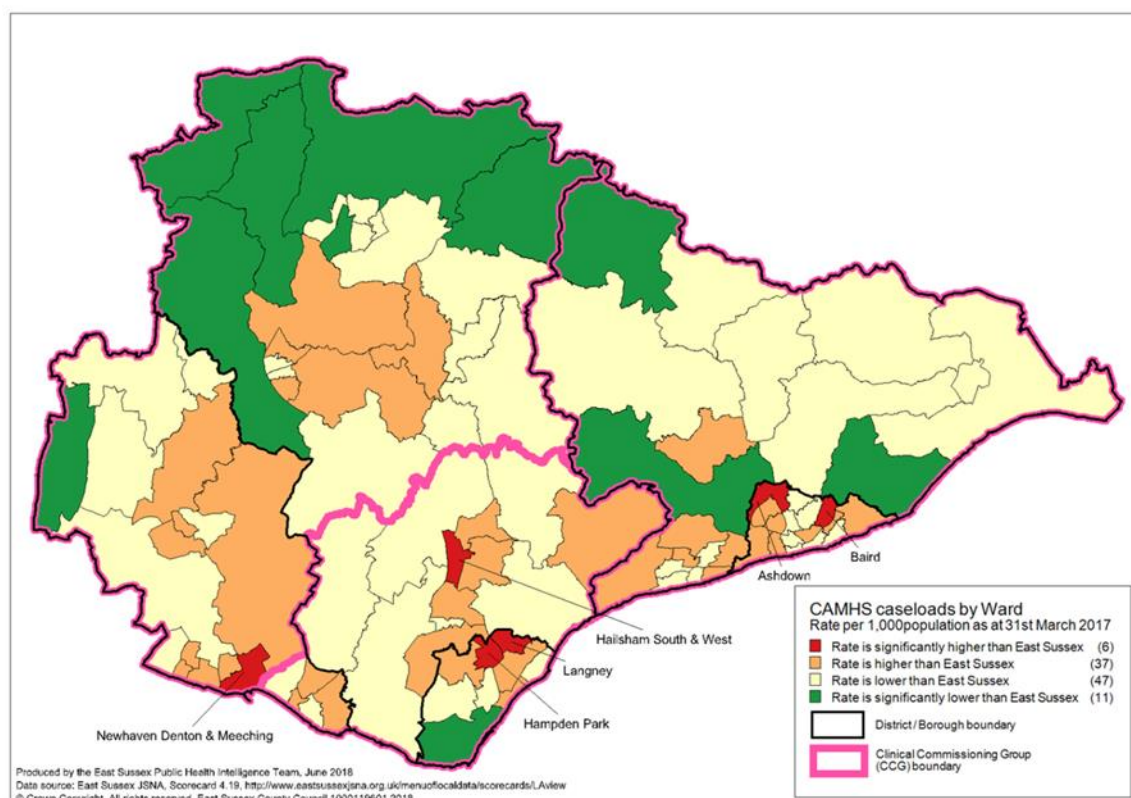


Source: DFE 2018

The charts show that:

- Urgent referrals to CAMHS doubled in the period May 2016 to October 2017 from 15 to 30, with an upward trend over the last 2 years.
- Since 2014, children's inpatient admissions for mental health have been higher than all comparators although falling since 2015. In 2017 in East Sussex they were 95.4 per 100,000 compared to 81.5 per 100,000 in England.

CAMHS caseload data from March 2017 (for 2,499 children in the care of the service) was used to investigate the number of children receiving support from CAMHS at ward level. The following map shows that rates per 1,000 child population were highest in Newhaven Denton and Meeching, Hampden Park and Langney Eastbourne, and Ashdown and Baird in Hastings.



Source: East Sussex CAMHS

ii. Young carers

Young carers may be looking after a parent or sibling with medical, physical or mental health needs, or a parent who is addicted to drugs or alcohol, as well as younger siblings. Young carers are likely to have poorer general health themselves ([ONS A summary of unpaid care by 5-17 year olds](#) 2013). The Department for Education commissioned a report [The lives of young carers in England](#) January 2017, which found that the large majority of carers aged 5-17 looked after someone in their own home. Of these, over half (55%) were caring for their mother and one in four (25%) were caring for a sibling. The younger carers (aged 5 to 11) were more likely to be assisting with the care of a sibling whilst older carers (aged 16 or 17) were most likely to be caring for their mother. Young carers were more at risk of being absent from school than their peers who did not provide care, and to experience tiredness when in school.

The Children's Society [Hidden from view](#) 2013 reported on several thousand 13 and 14 year old carers who were tracked, and had the following key findings:

- The latest census statistics (2011, released 2013) reveal there were 166,363 young carers in England, compared to around 139,000 in 2001. This is likely to be an under-representation of the true picture as many remain under the radar of professionals.
- One in 12 young carers is caring for more than 15 hours per week. Around one in 20 misses school because of their caring responsibilities.

- Young carers are 1.5 times more likely than their peers to be from black, Asian or minority ethnic communities, and are twice as likely to not speak English as their first language.
- Young carers are 1.5 times more likely than their peers to have a special educational need or a disability.
- The average annual income for families with a young carer is £5000 less than families who do not have a young carer.
- There is no strong evidence that young carers are more likely than their peers to come into contact with support agencies, despite government recognition that this needs to happen.
- Young carers have significantly lower educational attainment at GCSE level, the equivalent to nine grades lower overall than their peers e.g. the difference between nine B's and nine C's.
- Young carers are more likely than the national average to be not in education, employment or training (NEET) between the ages of 16 and 19.

Children of parents with mental health problems make up between a third and a half of all children receiving services from young carers' projects, while local service audits indicate that 'parental mental health concerns are likely to be a pressing problem in about a quarter of new referrals to social services, with higher proportions for children involved in protection enquiries or those newly looked after by the local authority' ([*Parental mental health problems: Messages from research, policy and practice*](#), Tunnard, J. Dartington: Research in Practice 2004, p 10).

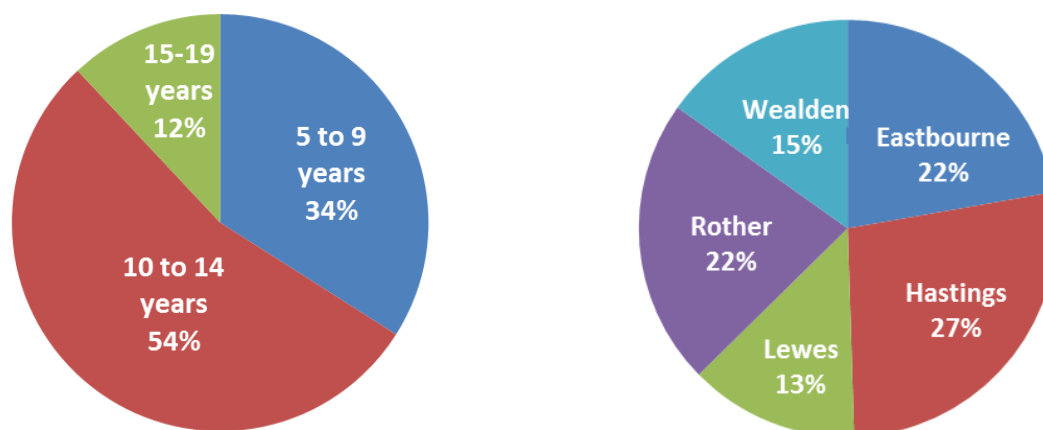
In families where alcohol or drug misuse is a problem, children can be faced with a caring role which can also create huge anxiety, and which like mental health carries additional stigma and likely isolation if the family is not being adequately supported.

There are currently thought to be 4,200 young carers in East Sussex (5% of 5-18 year olds based on 2016 population estimates) with over 1,200 of these known to East Sussex Young Carers. According to [*BBC research in 2010*](#) there could be even more 'hidden' young carers in East Sussex. A BBC survey of more than 4,000 UK school pupils found one in 12 or 8% had moderate or high levels of caring responsibility; a figure that is over 50% higher than population estimates based on census information in 2011.

In the 2017 SHEU pupils survey (see next section) 5% of the responding 3,089 Year 10 pupils said that they were a young carer, 6% weren't sure if they were.

The charts below show referrals to the East Sussex (Local Authority commissioned) Young Carers service in the six months from October 2017:

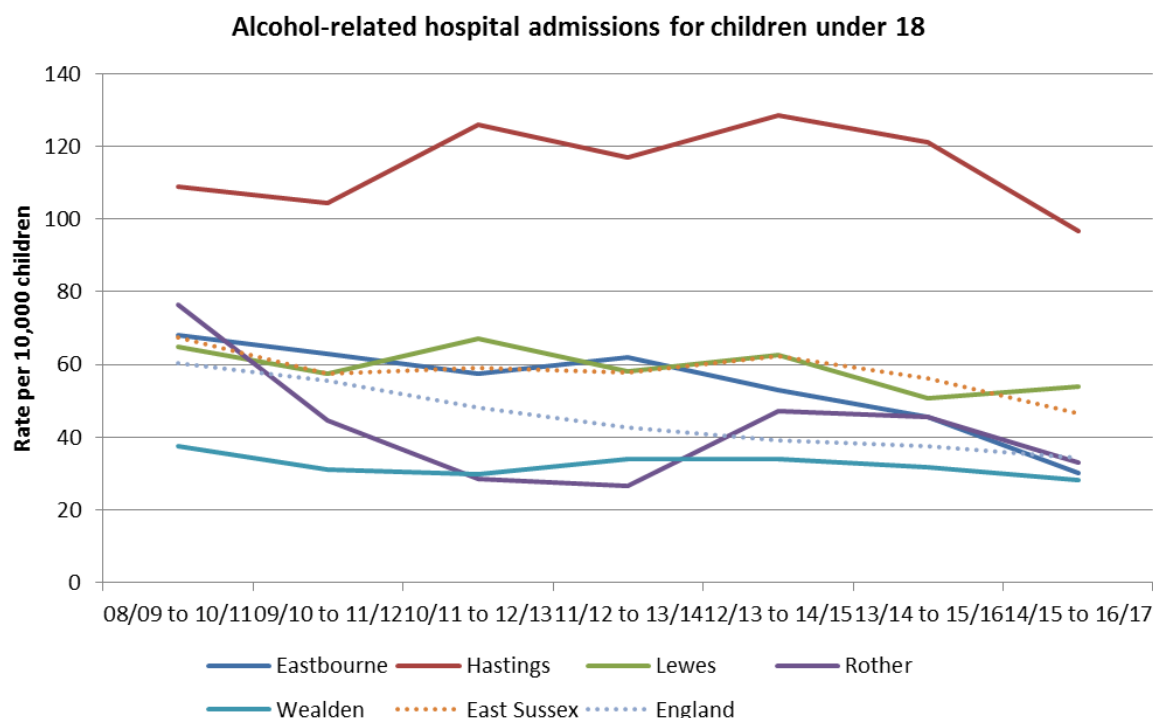
- 158 new referrals were made to East Sussex Young Carers in this period.
- 88% were 14 years old or younger.
- Referrals rates were highest in Hastings (27%), Eastbourne (22%) and Rother (22%), although this does not take into account the size of the local child populations.



iii. Substance misuse in children and young people

As indicators of prevalence and trends in young people's substance misuse, the following charts show alcohol related hospital admissions for children under 18 per 10,000 population 2008/2008 to 2017/2018, and the numbers of under 18 year olds receiving drug treatment 2016-2018.

- The number of alcohol related hospital admissions per 10,000 population has been falling since 2012/13.
- At 96.6 per 10,000 population per year in 2014/15 to 2015/16 (latest available), the rate of children living in Hastings admitted after alcohol use remained double the number of those living elsewhere in East Sussex (46.7), and almost triple the average for England (34.2).



Source: Local Alcohol Profiles for England, Public Health England

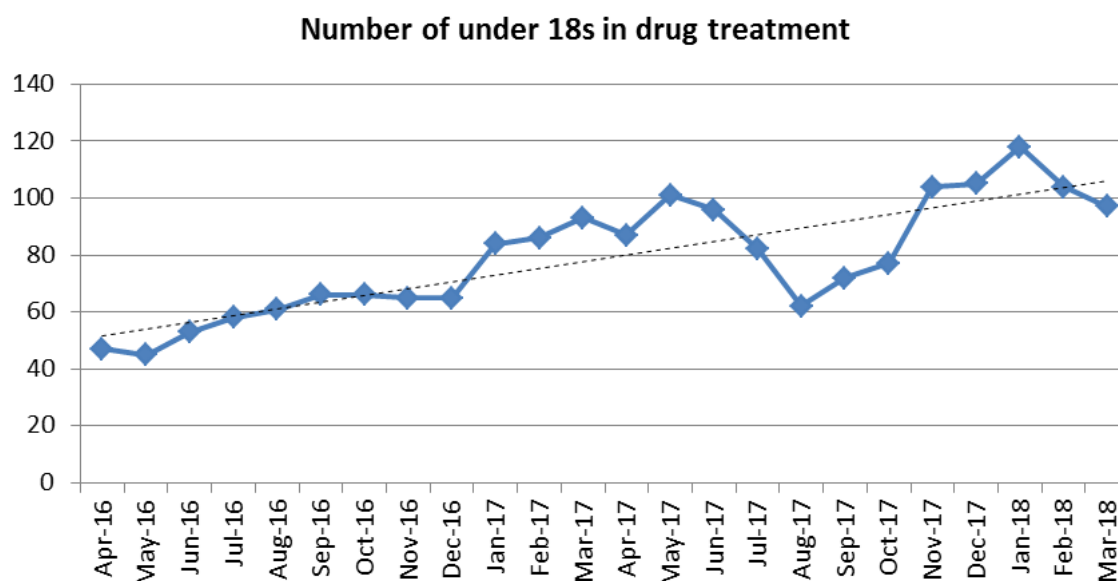
Admission episodes for alcohol-specific conditions under 18s rolling 3 years 2014/15-2016/17, with estimated rates per 100,000 using ONS mid-year population estimates

	Boys count	Boys Rate per 100,000	Girls count	Girls Rate per 100,000
Eastbourne	7	22.9	11	38.0
Hastings	15	50.5	41	145.0
Lewes	14	44.9	18	63.8
Rother	7	28.2	9	38.3
Wealden	13	27.6	13	29.0
East Sussex	56	34.3	92	59.8
England	4,925	27.4	7,062	41.3

Source: [Public Health England Fingertips](#)

Using the most recently available district and borough level 3 year average for East Sussex split by gender, it is clear that excessive alcohol use by under 18s in Hastings is highest in girls. There is also a high rate in the Lewes district. This behaviour has been shown to have a link with percentages of teenage conceptions and pregnancies ([Contributions of alcohol use to teenage pregnancy](#), Centre for Public Health 2009).

Numbers of East Sussex children and young people treated for drug use are small (97 in March 2018) but have more than doubled since April 2016.



Source: Public Health England

At 7%, East Sussex has a significantly higher percentage than England (5%) of 15 year olds who have tried cannabis or taken cannabis over the last month – [source East Sussex JSNA](#).

Within the Troubled Families 2 Programme, Children's Services Early Help Keywork services are asked to retain a local recording of the number of families where a family member has a drug or alcohol problem. At January 2017 there were 1,495 households in TF2 and 194 households were recorded as having a family member with problematic drug/alcohol use; 128 were adults and 66 were children.

In Child Protection Planning, the primary factors reported were similar in 17/18 to 16/17 and were reported as 35% Neglectful Parenting, Domestic Abuse 21%, Drug/Alcohol misuse 12%.

The Under 19's Substance Misuse Service attends multi-agency Child Exploitation meetings and contributes to the planning for young people who are referred. Professionals have advised that as well as young people being exploited by criminal gangs, they are increasingly 'self-medicating' to cope with the situation.

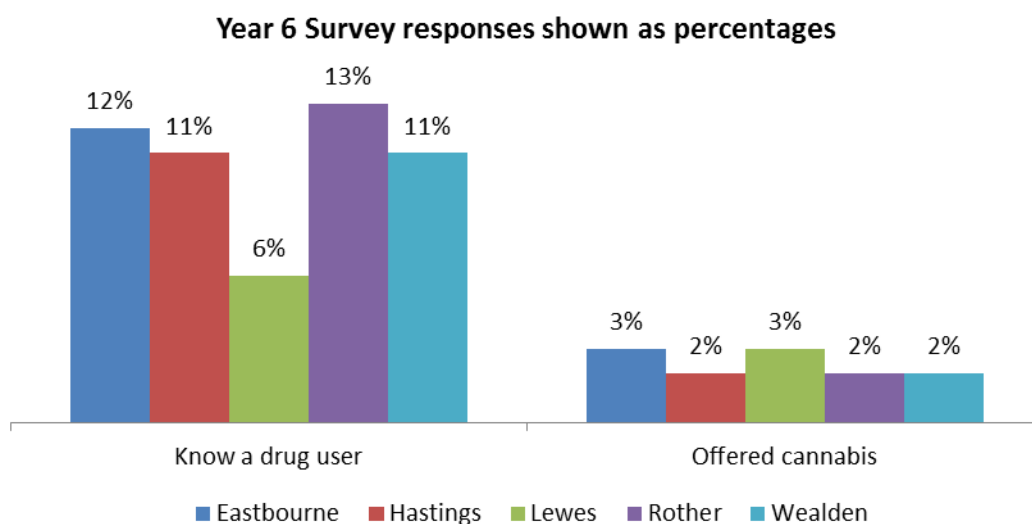
iv. Information from the Pupil Survey into health and wellbeing 2017

During the summer term of 2017, schools across East Sussex were supported by the Schools Health Education Unit (SHEU) to undertake a health related behaviour [survey](#) commissioned by East Sussex Public Health. Age-appropriate surveys were completed by 3,089 Year 10 pupils (14 and 15-year-olds) and 3,260 Year 6 pupils (10 and 11-year-olds) in East Sussex primary, secondary and special schools. For Year 6 (the last year in primary education), the survey was completed by 62% of pupils on the school roll, or 86% of pupils in the participating schools. All the charts in this section originate from the survey data.

The findings offer a snapshot of the experiences of children living in the county, and some of these experiences may indicate vulnerabilities. Using this information we can compare the rates and differences in children's responses for the five districts and boroughs, to help with assessing the potential need for early help for them and their families.

In East Sussex:

- 11% of pupils said that they were 'fairly sure' or 'certain' that they know someone who uses illegal drugs.
- 2% of pupils said they have been offered cannabis.



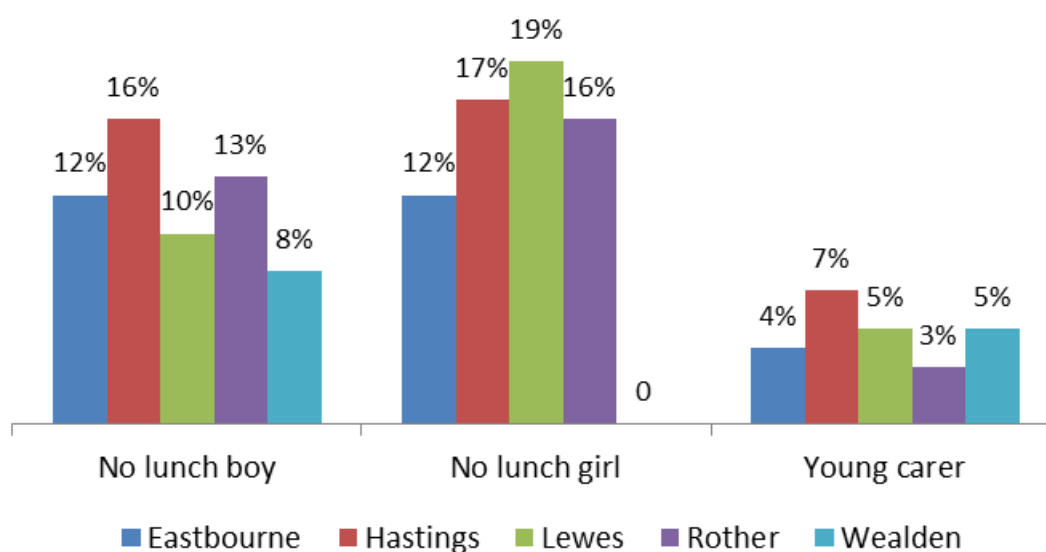
Source: SHEU 2017

A greater proportion of Year 6 pupils living in Eastbourne and Rother disclosed that they knew someone who uses illegal drugs.

As children get older, it becomes more difficult to identify signs of neglect. For Year 10, the longer survey was completed by 65% of pupils on the school roll. In East Sussex in Year 10:

- 12% of boys and 16% of girls said that they had no lunch on the day before the survey.
- 5% of pupils said that they were a young carer, 6% weren't sure if they were.

Year 10 Survey responses shown as percentages

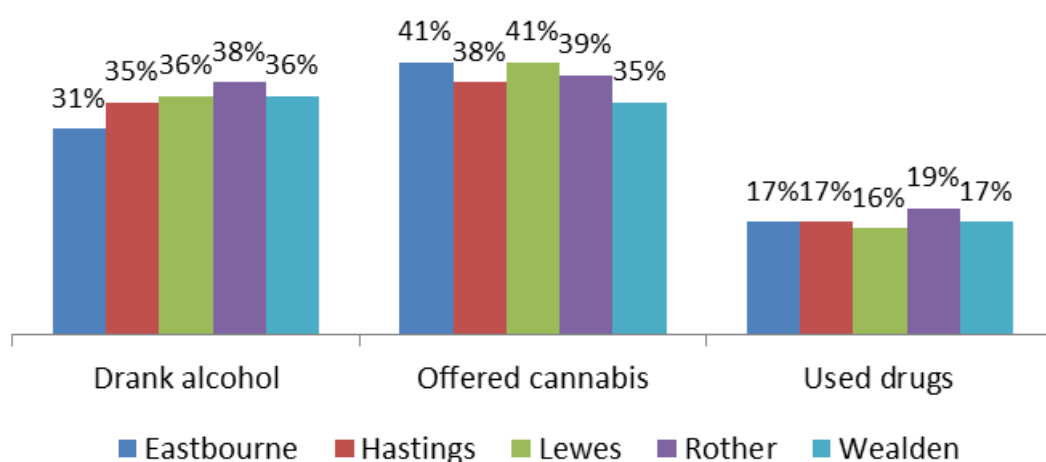


Source: SHEU 2017

There are also more pupils who describe themselves as young carers in Hastings, which matches the referral rate to the East Sussex young carers' service.

- 36% of East Sussex Year 10 pupils said they drank alcohol in the last week. This is significantly higher than the wider SHEU data, where the combined average has been calculated for Cambridgeshire, Devon, Hertfordshire, Plymouth, Somerset, Stockton, Wolverhampton and East Sussex (22%).
- 41% of pupils said they had been offered cannabis.
- 19% of pupils said that they had used cannabis, or another illegal drug.

Year 10 Survey responses shown as percentages



Source: SHEU 2017

14. Child and young person resilience – crime and exploitation

This section considers the prevalence, comparative prevalence and recent trends of criminal and anti-social behaviour in young people, which is an Early Help theme, by looking at first time entrants to the justice system, youth antisocial behaviour (ASB) and measures of sexual exploitation risk.

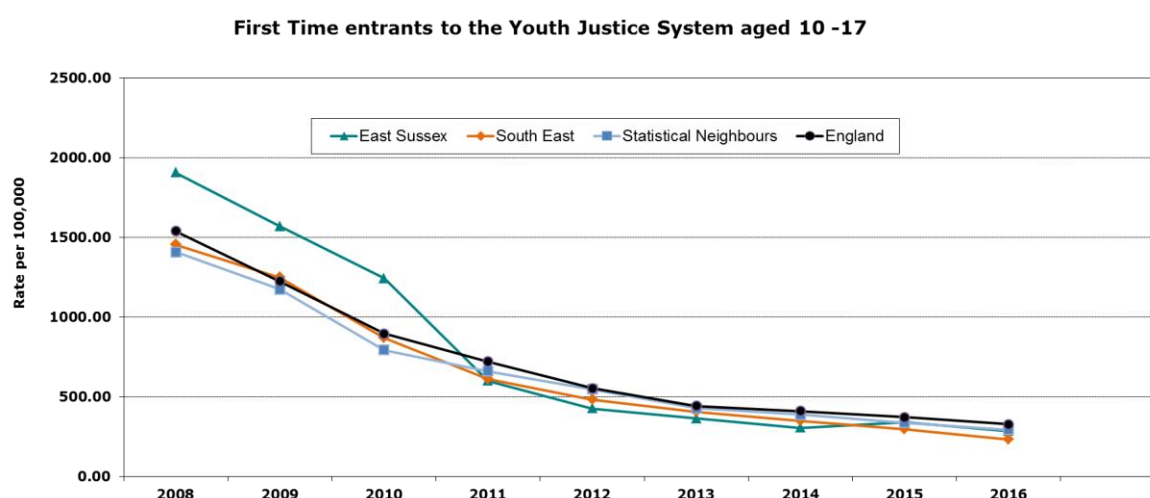
Per head of child population, numbers of ASB incidents are highest in Eastbourne and Hastings. Police records show that crimes occurring in East Sussex categorised as 'violence against the person' involving a child increased by 7.4% over the two years 2015/16 to 2017/18. The specific crime 'possession of weapons' has increased by 11.6% over the same period, and our young people have demonstrated concern about youth knife crime.

There has been a recent increase in child exploitation in East Sussex, particularly as a result of County Lines activity, which has hotspots in Eastbourne and Hastings.

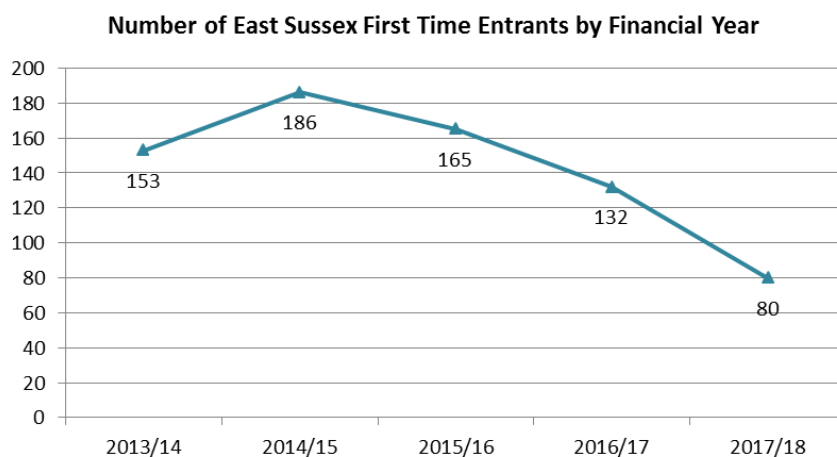
i. First time entrants to the youth justice system

The majority of young people who do become First Time Entrants (FTE) to the justice system do so for violent offences. The most recent data (East Sussex number of FTE per financial year) is shown below. Numbers are too small to be plotted by geographical area.

The Ministry of Justice data shows that we have seen a reduction in the number of FTE over the past four years with East Sussex below both the South East and National rate. There has been a change in that young people are increasingly dealt with through the use of restorative justice interventions. This disguises the need to work with young people due to criminal tendencies. For this reason, we have also included some data on youth anti-social behaviour (ASB).



Source: DFE May 2018



ii. Youth related antisocial behaviour (ASB)

The number of youth related ASB incidents have been recorded by Sussex Police for each district and borough, note that these are recorded where the incident occurred rather than where the perpetrator or victim reside.

Number of youth related ASB incidents 2016/17 and 2017/18

	Total number of youth related ASB incidents in 2016/17 Financial Year	Total number of youth related ASB incidents in 2017/18 Financial Year	As percentage change from 2016/17 to 2017/18
Eastbourne	277	276	-0.4%
Hastings	290	293	+1.0%
Lewes	179	242	+35.2%
Rother	143	135	-5.6%
Wealden	167	187	+12.0%
East Sussex	1,056	1,133	+7.3%

Source: Sussex Police

In order to give some degree of context, these figures are calculated below as a percentage of total estimated population (ONS) for 2016 for each of the areas:

	ASB incidents in 2016/17 FY as % of population	ASB incidents in 2017/18 FY as % of population
Eastbourne	1.81	1.80
Hastings	1.95	1.97
Lewes	1.11	1.50
Rother	1.08	1.02
Wealden	0.67	0.75
East Sussex	1.25	1.34

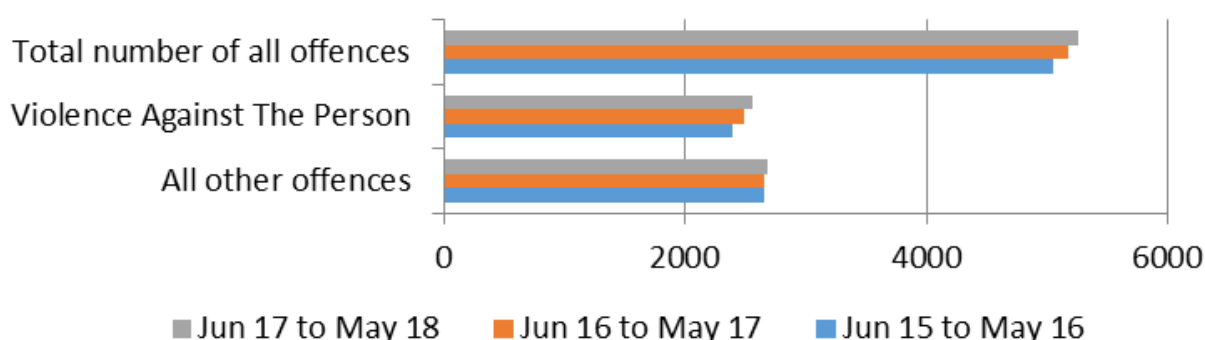
Source: Sussex Police

Per head of child population, numbers of ASB incidents are highest in Eastbourne and Hastings, and lowest in Wealden at less than half the rate, although there was a significant increase in incidents between 2016/17 and 2017/18 in the Lewes district.

The most recent available data from Sussex Police on crimes where the victim is a child between up to 17 years old reflects a national trend of increasing violent crimes against children over the past 5 years. Sussex Police were not able to provide specific details on the perpetrators for the violent crime offences.

The data was provided for three years, reported from the start of June to the end of May. The following chart shows a breakdown of crimes in East Sussex categorised as 'violence against the person' which make up around half of all crimes involving children. It should be noted that the child could be the perpetrator or the victim. Plotting annual numbers for 'violence against the person' alongside the numbers for all other offences demonstrates that the overall increase in crime is mainly due to this category, which increased by 7.4% over the two years 2015/16 to 2017/18, whilst all other crimes combined increased by only 0.7% over the same period.

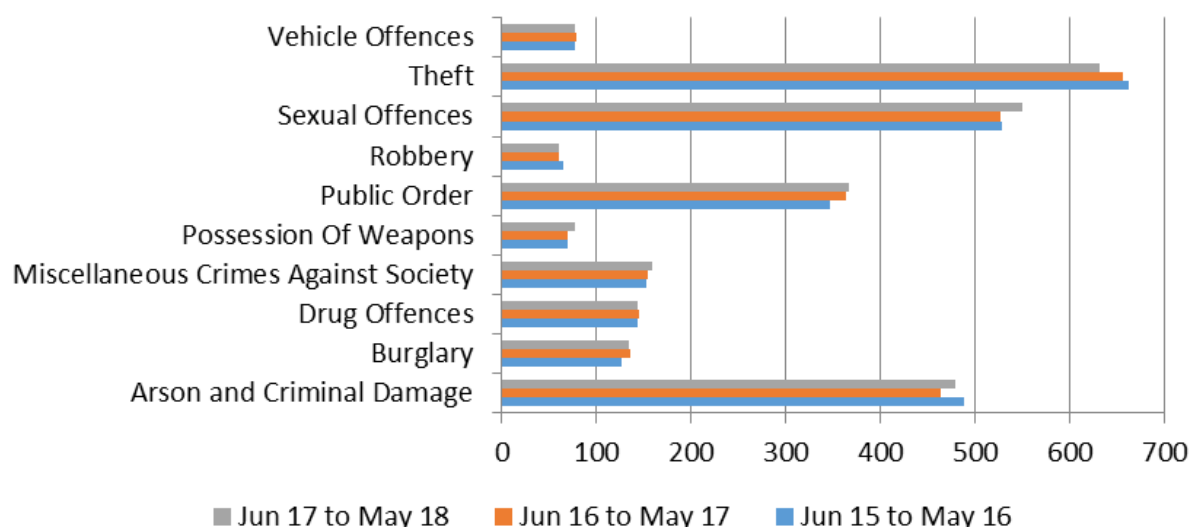
Total number of all crimes involving a child 0-17 by year (from 1 June) - separating violence against the person



Source: Sussex Police 2018

The following chart shows a breakdown of all the other types of crime (other than violence against the person) involving children age 0-17 to pick out any changes in these smaller categories of crime. It shows that theft, the second most common offence involving children has decreased by almost 5%; however sexual offences, public order offences and possession of weapons have increased (by 4.2%, 5.8% and 11.6% respectively) over the same period.

Total number of crimes involving a child 0-17 - by categories excluding violence against the person



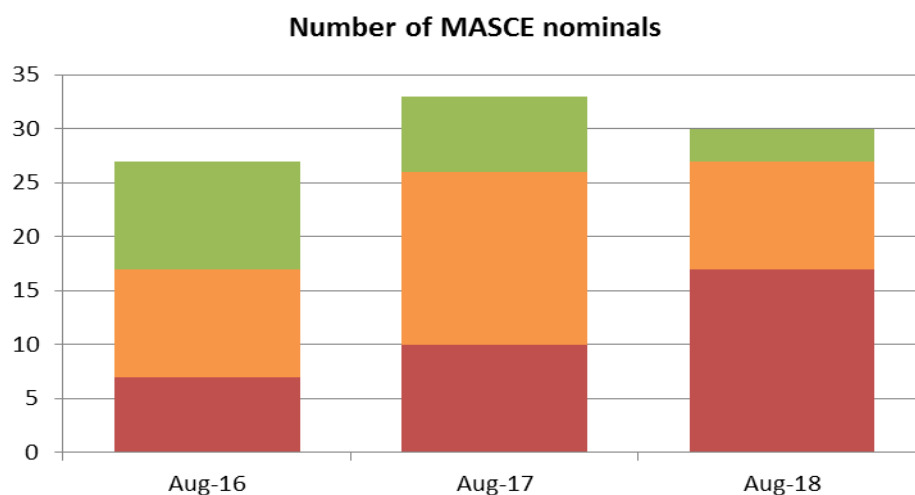
Source: Sussex Police 2018

Knife crime is a concern for children and young people. Limited information is available from schools on knife-related incidents, with 72 incidents for possession of a weapon recorded during 2016/18. Police recorded 342 violent crime offences in the last 12 months where 'knives' has been mentioned in incidents across Hastings. This includes the fatal stabbing of a 16 year-old in St. Leonards. Over this 12 month period violent crime where a knife has been mentioned has increased by 18%. In the September [2018 ESCC 'Make Your Mark'](#) survey for 13-18 year olds, the top issue voted for by young people was 'End knife crime' with 2,406 of 12,166 votes (followed by 'mental health' at 1,889 votes).

iii. Child sexual exploitation

In East Sussex there are Multi-Agency Child Sexual and Criminal Exploitation meetings twice a month (once for each of the East and West areas). Overall numbers are small, however data on sexual and criminal exploitation suggests a gradual increase in high risk cases over the 3 years August 2016 to August 2018.

'MACSE nominals' are children who have been identified as at risk of child sexual or criminal exploitation. At MASCE meetings there is a review of the level of risk to which each child is currently exposed. This generates a high (red), medium (amber) or low (green) risk score. A multi-agency plan is created for each child within the MACSE process which includes; planned engagements, home-visits, and medical assessments.



Source: East Sussex MASCE

iv. Child criminal exploitation

Police and community partners from across East Sussex have identified a recent increase in youth exploitation, especially in relation to local 'County Lines' drug dealing originating from London gangs, where children are being actively exploited to be involved illicit drug supply locally.

Detective Chief Inspector Steve Rayland of Sussex Police has reported that "The groups will sometimes draw vulnerable youngsters, from London or more locally, into their activities, using them as runners to take drugs from one location to another. This exposes them to the risk of violence, gets them involved in other criminality such as sexual exploitation, and cynically introduces them to a criminal lifestyle."

As a result of County Lines, small numbers of East Sussex children have been exploited and some have also become drug users themselves. Criminal exploitation can impact on any child irrespective of gender or age and background but are most common identified profile is male children aged between 12 & 17, who have previous exposure to abuse and neglect and where there is are parenting vulnerabilities. Sussex has 384 County Lines (40% identified regionally and 21% nationally). They have not yet reached the saturation point but an escalation in serious violence is expected as competition increases. Eastbourne has the third highest number of County Lines in the South East with other hotspots in Hastings and St Leonards (source: Sussex Police).

In 17/18, 121 of the 540 East Sussex Child Protection Plans were for older children aged 12 plus which resulted in a rise of 33% for this age group from the previous year. The increase is being partly attributed to child criminal exploitation.

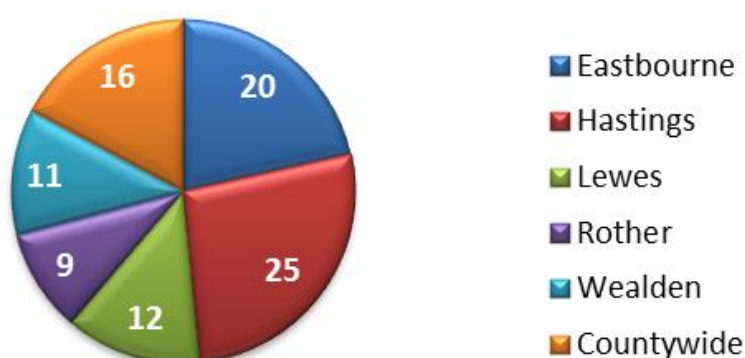
MASCE is an important mechanism for identifying and reducing the ongoing risk for an increasingly complex group of young people and their families.

15. Information from Children's Services Early Help staff and other professionals working with families

Staff working with families to offer early help have direct experience and understanding of the main reasons for families needing extra support. They were asked for their opinions on the current and future service via an online survey in May 2018.

i. Feedback from staff managing and delivering Children's Services Early Help

A total of 93 respondents completed a Children's Services Early Help survey with 11 questions in May 2018. The response rate was 21.5% for Early Help staff, and 9% for Health Visiting staff. The delivery areas for the 93 responding staff are shown below, 16 of them deliver Children's Services Early Help countywide:



Children's Services Early Help and Health Visiting teams work with families assessed at Level 3 on the Continuum of Need. The responses from the survey illustrate that the target families require support to develop their parenting skills. Family members, both adults and children, frequently exhibit mental health and wellbeing issues, and older children often display risky behaviours and poor school attendance.

Children's Services Early Help addresses these needs by empowering families to make positive changes for themselves, through parenting strategies and other motivational and solution-focused approaches. Respondents identified 'Improving parent capacity /positive parenting' as the most effective element of Children's Services Early Help support (score of 84%).

ii. Feedback from associated staff and stakeholder organisations

The survey was sent out to stakeholders via Children's Services, Clinical Commissioning Groups/GPs, Criminal justice/Police/Community safety, district and borough Councils, Public Health ESCC, Schools & colleges and the voluntary and community sector. A total of 137 responses were received, of these 70 were from school staff.

The most 'very important' outcome that Stakeholders identified for a future model was that 'Children are safer'.

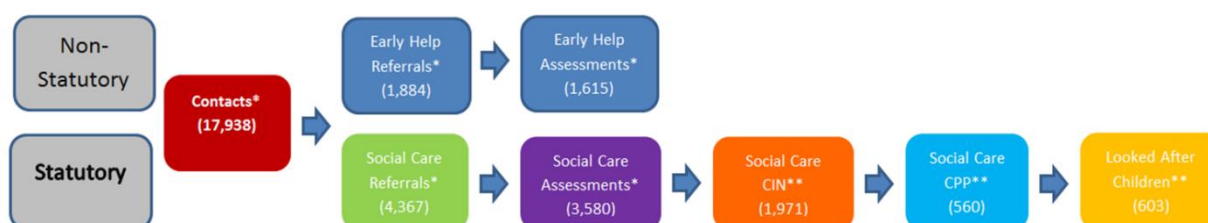
16. Current demand for Children's Services Early Help

When professionals or members of the public have concerns about the safety of a child, and /or their basic needs not being met by their parents or carers, they will make a referral through Children's Social Care. The numbers of referrals are indicative of the potential of many of these families to benefit from early help.

Our recent figures show that more than half of cases assessed as Level 3 or 4 by Children's Services are families living in Eastbourne and Hastings. This indicates a higher level of need in these boroughs (which together have just over one-third of the child age population in East Sussex).

i. SPOA Referrals

The East Sussex Single Point of Advice (SPOA) advises practitioners with concerns reaching Level 3 or 4 (targeted and child protection services) on the Continuum of Need, providing a pathway for children and families who need extra support. The main stages of on the pathway are:



**Total for the year 1st April 2017 to 31st March 2018, **Total at November 2018, national reporting protocols include all CIN, CP and LAC in the CIN total of 3,134. These figures are from the DfE publication "Characteristics of Children in Need 2018" and "Children Looked After in England 2018".*

The type of action following each referral to SPOA is recorded by ESCC, with the detail shown in the following table by district and ward. Cases on the edge or meeting Level 4 criteria (indicating the need for social care intervention) are referred onto the Multi-Agency Safeguarding Hubs (or MASH) which are described in the next section.

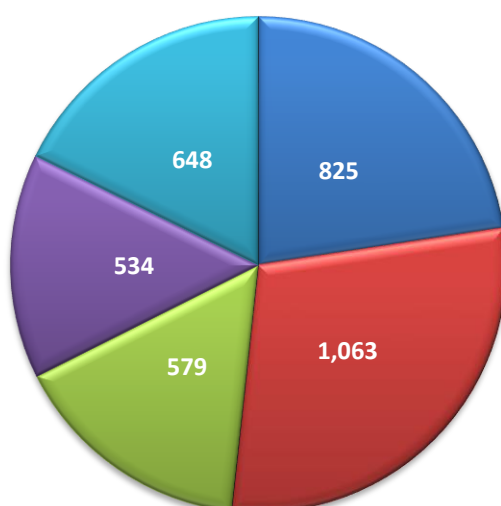
The following tables originate from ESCC Children's Social Care data for the two financial years 2016/17 to 2017/18.

SPOA data FY2016/17 to 2017/18: Actions by numbers of families referred:

	Early Help Hub	Level 1 No Further Action	Level 2 Info Sharing	Level 2 Info, Advice, Guidance	Level 2 No Further Action	Link to Current EH Plan	MASH 3/4	MASH 4	No outcomes recorded	Grand Total
Eastbourne	502	78	517	1,089	470	38	787	542	17	4040
Hastings	621	112	479	1,163	537	48	1,015	499	25	4499
Lewes	474	81	447	961	423	24	555	317	31	3313
Rother	362	57	280	615	285	19	515	220	19	2372
Wealden	526	57	348	1,039	417	26	622	322	19	3376
Out of County	49	40	439	341	184	3	158	197	17	1428
Grand Total	2,534	425	2,510	5,208	2,316	158	3,652	2,097	128	19,028

Around half of the cases which are Level 3 / 4, or which are linked with a current Early Help Plan are families living in Hastings and Eastbourne, reflecting needs in these two districts, which also have higher percentages of referrals assessed as Level 4:

Number of SPOA cases which are assessed as Level 3 / 4 or are linked with a current Early Help Plan 2016/18



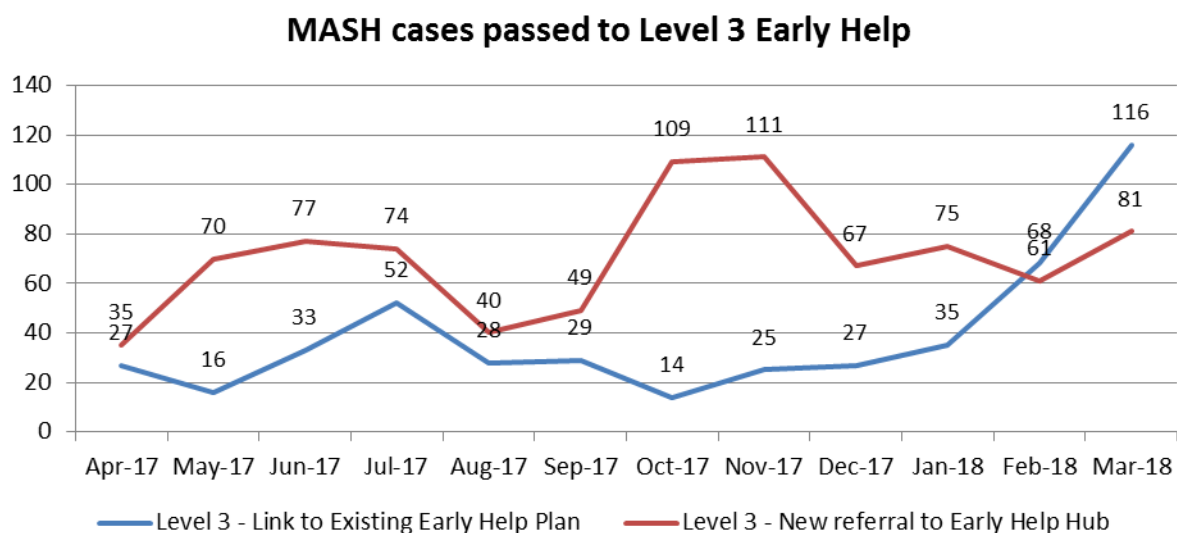
■ Eastbourne ■ Hastings ■ Lewes ■ Rother ■ Wealden

SPOA data FY2016/17-2017/18: Actions as percentages of total referrals by district/ borough:

	Early Help Hub	Level 1 No Further Action	Level 2 Info Sharing	Level 2 Info, Advice, Guidance	Level 2 No Further Action	Link to Current EH Plan	MASH 3/4	MASH 4	No outcome recorded	Grand Total
Eastbourne	12.4%	1.9%	12.8%	27.0%	11.6%	0.9%	19.5%	13.4%	0.4%	100.0%
Hastings	13.8%	2.5%	10.6%	25.9%	11.9%	1.1%	22.6%	11.1%	0.6%	100.0%
Lewes	14.3%	2.4%	13.5%	29.0%	12.8%	0.7%	16.8%	9.6%	0.9%	100.0%
Rother	15.3%	2.4%	11.8%	25.9%	12.0%	0.8%	21.7%	9.3%	0.8%	100.0%
Wealden	15.6%	1.7%	10.3%	30.8%	12.4%	0.8%	18.4%	9.5%	0.6%	100.0%
Out of County	3.4%	2.8%	30.7%	23.9%	12.9%	0.2%	11.1%	13.8%	1.2%	100.0%
Grand Total	13.3%	2.2%	13.2%	27.4%	12.2%	0.8%	19.2%	11.0%	0.7%	100.0%

ii. The Multi-Agency Safeguarding Hubs (MASH) referrals

The MASH process is triggered for cases that are considered to be at levels 3/4 (borderline) or 4. There are two MASH in East Sussex; East and West. The MASH process is led by Children's Social Care, involving partners such as Police, Health, Education, the Youth Offending Team and Children's Services Early Help. When cases are assessed as Level 3, they are passed on to Early Help services, or flagged in regard to a current Early Help Plan where one exists. The numbers for the financial year 2017/18 are shown in the following chart:



Source: ESCC Children's Social Care 2018

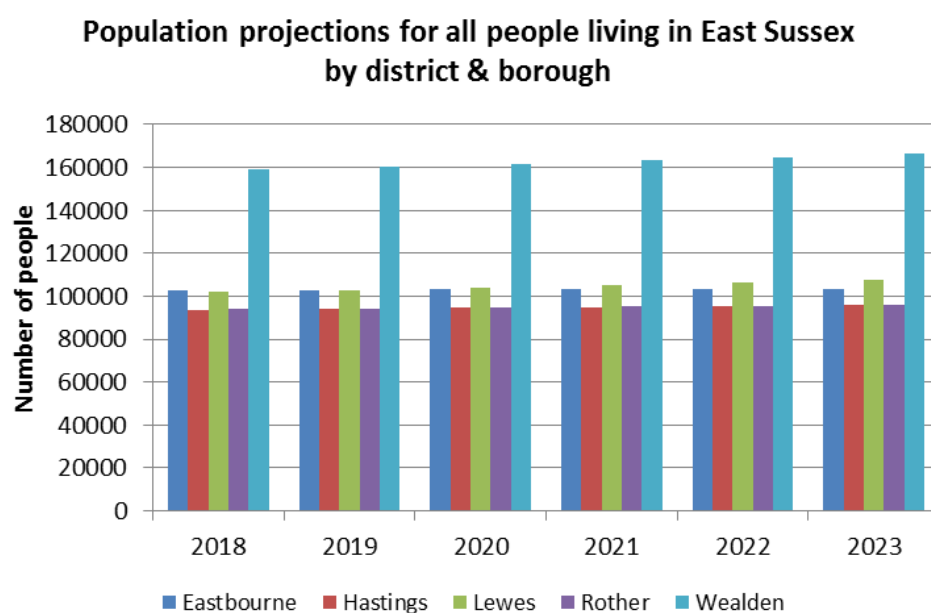
17. Future need for Children's Services Early Help

Forecasting the level of needs for early help services in the coming years must inform the Early Help Strategy. With so many complex and overlapping factors influencing how the county's most vulnerable families are able to cope and keep their children safe, any forecasting will be speculative.

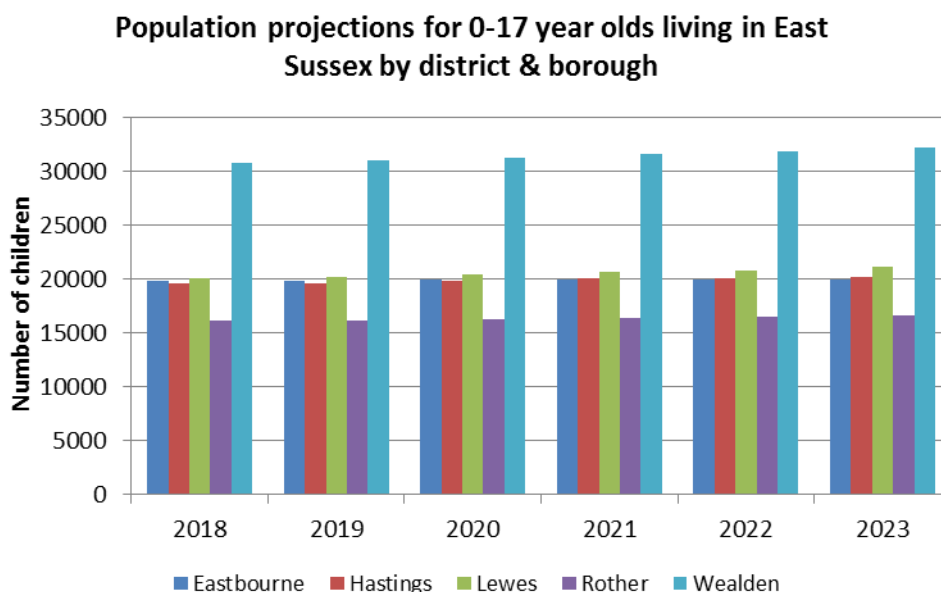
However, we are able to consider estimates regarding the changes in the total child population, the numbers of children with SEND, and the numbers of Children in Need.

i. General population projections

Population growth over the forecast period up to 2031 is projected to be mostly among the over 60s as the population continues to age, with an expected increase of 16,800 between 2018 and 2023 for the whole population. The figures below originate from ESIF.



The population of 0-17 year olds is forecast to increase by a total of 3,600 over the same period, as the age group makes up around 20% of the complete population.



Source: ESiF population projections refreshed April 2018. These projections are based on the very latest 2016 population data, births, deaths and migration released by ONS in March 2018. They also reflect the most up to date planned housing figures available as at April 2018, which have been provided by each borough and district.

The biggest increase in the total population is anticipated to be in the Lewes district (around 5% over the five years), followed by Wealden, Hastings and then Rother. The population is forecast to remain relatively unchanged in Eastbourne.

Percentage increase in forecast populations between 2018 and 2023

	All ages	0-17 only
Eastbourne	0.45	0.27
Hastings	2.43	3.50
Lewes	4.94	5.08
Rother	1.81	2.96
Wealden	4.59	4.49
East Sussex	3.04	3.40

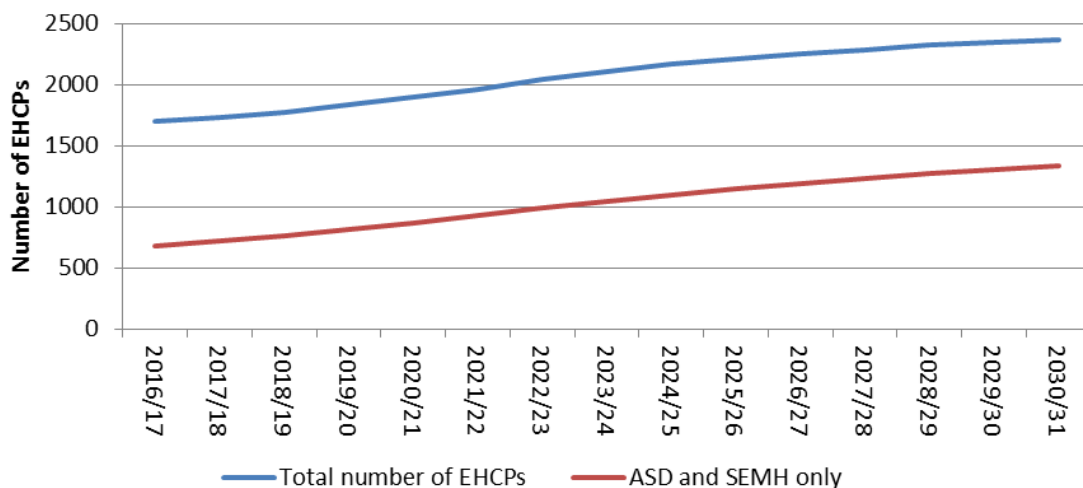
The 0-17 child population is projected to increase in Lewes by 5.08%, Wealden by 4.49%, Rother by 2.96%, and Hastings by 3.50%, but in Eastbourne the population is expected to see little change over the 5 year projection from 2018 to 2023.

The ESCC State of the County 2018 (informed by ONS forecasting) has stated that the number of young people (aged 0-17) will increase by 2.7% in the next three years.

ii. Children with SEND forecast

The number of children age 4-16 with an EHC Plan is expected to steadily increase over the next 10 years. This is directly related to the expected increase in EHC Plans with Autism Spectrum Disorder (ASD) or Social, Emotional and Mental Health (SEMH) as the child's primary need.

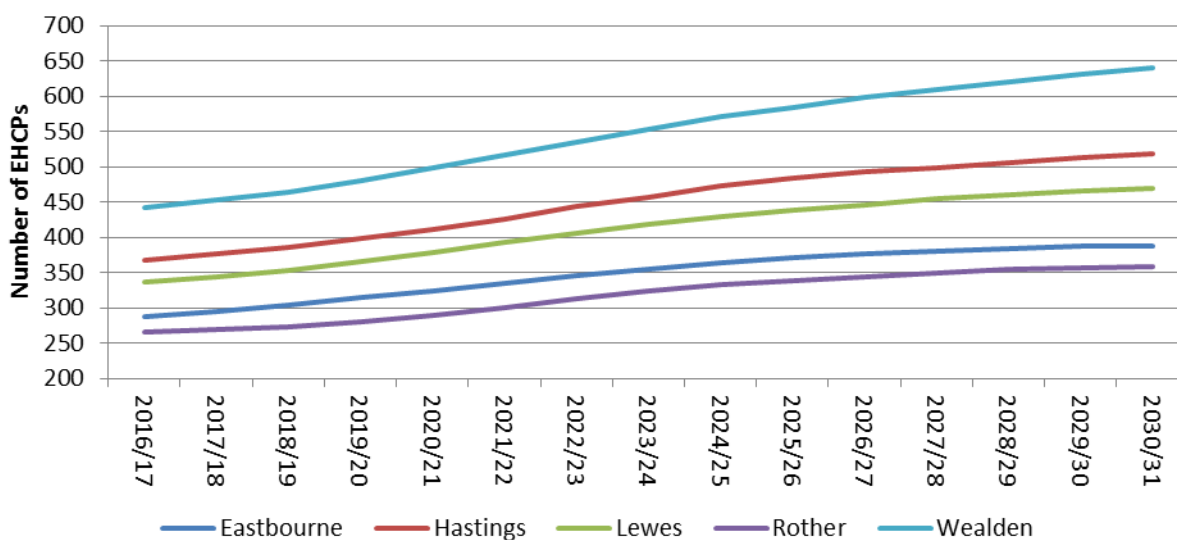
Total number of Education Health and Care Plans for school-aged pupils



Source: ESCC Children's Services 2018

The EHCP forecast shown at district and borough level:

Total number of EHC Plans per district / borough



Source: ESCC Children's Services 2018

Although some of this increase will be due to improvements in ASD diagnosis and appropriate SEN planning, it does indicate that there will be greater numbers of children who may exhibit negative behaviours which then contribute to the vulnerability and needs of their families.

21% of families currently receiving Children's Services Early Help have a child or children with an identified health / behavioural need associated with SEND; predominantly Autistic Spectrum Condition (ASC) or Attention Deficiency Hyperactivity Disorder (ADHD). This EHCP forecast is therefore likely to impact on the number of families who potentially need Children's Services Early Help support in the future.

iii. Children in Need forecast

ESCC does not forecast for Children in Need. The ESCC strategy of using Children's Services Early Help and Child Protection Plans to keep children at home is connected to the rate of Looked After Children (LAC) which remains below IDACI expected rates. However demand for social care intervention is now beginning to increase following the plateau after the implementation of the THRIVE programme. One of the key challenges for Children's Social Care going forward is reconciling available resources with rising demand between 2016/17 to 2017/18 which is likely to continue:

- 21% increase in social care referrals.
- 17% increase in Child Protection Plans.
- 8% increase in the number of Looked After Children.

The numbers of children requiring social care is likely to be impacted by the further deterioration of the economic climate for low income families on the edge of coping with their children. The proportion of children living below the poverty line in the South East is projected by the Institute for Fiscal Studies to rise by 1.5 - 2.0 percentage points between 2017/18 and to 2021/22 ([*Living Standards, poverty and inequality in the UK*](#), Nov 2017).

In October 2017, the Association of Directors of Children's Services published [*A Country That Works For All Children*](#). It stated that the need for early help and statutory services is increasing due to rising levels of child poverty, welfare reforms and austerity resulting in cuts to local services.

East Sussex also continues to have a severe shortage of affordable housing, with a recognised need to provide more suitable accommodation for families on low incomes. The affordability gap between house prices and wages means that home ownership is unachievable for many, and private rental rates are often too high for parents on benefits. If these housing needs are not met it could lead to an increase in the numbers of children living in insecure or unsuitable accommodation (information via the Operations Manager, CSD Countywide Duty and Assessment Team).

18. List of references

Section in document	Title of reference or report	Organisation or author	Date of publication / implementation	Internet link
2 ii	ESCC Council Plan	East Sussex County Council	2018/19	Link
2 ii	National evaluation of the Troubled Families programme 2015-20	Ministry of Housing, Communities & Local Government	Mar 2018	Link
2 v	East Sussex in Figures (<i>web-based information</i>)	East Sussex County Council	N/A	Link
2 v	Joint Strategic Needs & Assets Assessment (JSNA)	East Sussex Public Health / NHS	2018 (or latest)	Link
4 i	Improving Lives; Helping Workless Families	Department for Work and Pensions	Apr 2017	Link
4 i & 17 iii	A Country That Works For All children	The Association of Directors of Children's Services	Oct 2017	Link
4 i	Child poverty in Britain	National Centre for Social Research	May 2013	Link
4 vi	Rolling out Universal Credit	National Audit Office	Jun 2018	Link
4 vi	Left behind: Is Universal Credit really universal?	Trussell Trust	2018	Link
4 vi	Public spending on children in England: 2000 to 2020	Institute For Fiscal Studies	Jun 2018	Link
5 i	The Healthy Child Programme – Health Visitor Fact sheet	Public Health England	Jan 2012	Link
7 i	Social mobility in Great Britain	Social Mobility Commission	No 2017	Link
7 ii	Chance of a lifetime: the impact of bad housing on children's lives	Shelter	Sep 2006	Link
7 iii	Parenting Alone: Work and welfare in single parent households	Poverty and Social Inclusion	Jan 2014	Link
7 v	The Changing Shape of the UK Job Market	Resolution Foundation	Mar 2012	Link
8 i	Community resilience framework for practitioners	Cabinet Office	Oct 2016	Link
8 i	Wellbeing & Resilience in East Sussex	Director of Public Health	2016/17	Link
9 i	Improving lives: Helping Workless Families	Department for Work and Pensions	Apr 2017	Link
9 i	Estimating the	Children's	Jul 2018	Link

Section in document	Title of reference or report	Organisation or author	Date of publication / implementation	Internet link
	prevalence of the 'toxic trio'	Commissioner		
9i	Safeguarding Pressures Research Phase 6	Association of Directors of Children's Services	Nov 2018	Link
9 i	Neglect and Serious Case Reviews	University of East Anglia/NSPCC	2013	Link
9 ii	Young Carers in the UK	Carers UK/The Children's Society	2004	Link
9 ii	Characteristics of children in need: 2016 to 2017	Department for Education	Nov 2017	Link
9 ii	Analysis of serious case reviews: 2011 to 2014	Department for Education	Jul 2016	Link
9 ii	Parental substance misuse: an Islington perspective	Islington Children's Services	Nov 2008	Link
9 ii	Addressing the impact of nondependent parental substance misuse upon children	Public Health England	Apr 2018	Link
9 iii	Alcohol dependence prevalence in England	Public Health England	Mar 2017	Link
9 iv	Estimates of the number of children who live with opiate users, England 2014/15	Public Health Institute	Mar 2018	Link
9 v	Public Health Profiles ('fingertips data')	Public Health England	N/A	Link
10 i	Smoking and mental health	Mental Health Foundation	2018	Link
11 ii	Growing up neglected: a multi-agency response to older children	Ofsted, CQC, HMPPS, HMICFRS	Jul 2018	Link
12 ii	Hastings Opportunity Area Plan 2017-20	Department for Education	2017-20	Link
12 v	Prevalence of childhood disability and the characteristics and circumstances of disabled children in the UK	Blackburn, C.M, Spencer, N.J, Read, J.M	Apr 2010	Link
13 i	Social Mobility & Vulnerable Learners Report	Education Policy Institute (EPI)	October 2018	Link
13 i&iv	SHUE Pupil survey for East Sussex 2017	East Sussex County Council	2017	Link
13 ii	Providing unpaid care may have an adverse	Office For National Statistics	Jun 2013	Link

Section in document	Title of reference or report	Organisation or author	Date of publication / implementation	Internet link
	effect on young carers' general health			
13 ii	The lives of young carers in England	Department for Education	Jan 2017	Link
13 ii	Hidden from view	The Children's Society	May 2013	Link
13 ii	Parental mental health problems	Research in Practice, Jo Tunnard	2003	Link
13 ii	"Hidden Army" of young carers could be four times as high as official figures (<i>online report</i>)	BBC	Nov 2010	Link
13 iii	Contributions of alcohol use to teenage pregnancy	Centre of Public Health, Liverpool John Moores University	2009	Link
17 iii	Living standards, poverty and inequality in the UK: 2017–18 to 2021–22	Institute For Fiscal Studies	Nov 2017	Link



Children's Services
East Sussex County Council
County Hall
St Anne's Crescent
Lewes BN7 1UE
Website: www.eastsussex.gov.uk/earlyhelp
E-mail: earlyhelp.consultation@eastsussex.gov.uk
Phone: 01273 336626

May 2019

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Appendix 4

Children's Services Early Help

Current Service Description and Analysis

Children's Services Early Help

Current Service Description and Analysis

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1. Summary

Early help is about taking action as soon as possible to help families with children to tackle their problems, before they become more difficult to overcome.

This Service Analysis describes East Sussex Children's Services Early Help. It then considers how many families are helped, whether the services are targeting the right family vulnerabilities, in the locations the help is needed, whether services are improving parents' and young people's resilience, and whether they are preventing need for statutory social care interventions.

Children's Services Early Help has a budget to spend £6.8m in 2018/2019. 63% of its budget is targeted to intensive work with vulnerable families in their homes, called keywork. 26% of the budget is spent on a wider continuum of early help services, including youth clubs, support groups for families with additional needs, voluntary and community activities. Support for families of children aged 0-5 is integrated with Health Visiting which is available to all. The remaining 11% of the budget is for property costs.

In 2017/2018 keywork support was provided to nearly 8,400 individual family members. We estimate over 8,000 people use the wider preventative services at least once in a year.

Keywork is targeting families at risk of social care intervention, and the specific needs identified as driving social care demand: economic exclusion and parenting risks of mental health, substance misuse and domestic abuse. The wider services seek to address all the needs in the Needs Assessment to prevent lower level problems escalating.

Keywork activity is concentrated in the locations of highest need in East Sussex. Wider family support activity is more evenly distributed across the county.

Keywork is enabling sustained change in vulnerable families, so they can look after their children preventing the need for social care. 89-95% of service users said things had changed for the better as a result of keywork support. An independent study has confirmed that keywork helps prevent social care demand. While Level 1 and Level 2 services are highly valued in the support they give parents and young people, who report a range of positive impacts, it has not been possible to demonstrate the impact of these services on the need for social care.

2. Introduction

i. Purpose of this document

This document has been developed to provide:

- A **description** of current East Sussex Children's Services funded and delivered early help services – what they are and what they do.
- An **analysis** of how those services meet families' needs for early help in East Sussex.

It follows a Needs Assessment for early help in East Sussex and is one of a suite of analyses provided as supporting evidence to the draft Children's Services Early Help Strategy. All the documents are available [online](#).

The draft Early Help Strategy is based on					
National and Local Context	Needs Assessment	Service Description and Analysis	Options Analysis	Property Analysis	Outcome Analysis
<i>Consultation Analysis (following the close of public consultation)</i>					
Equality Impact Assessment					

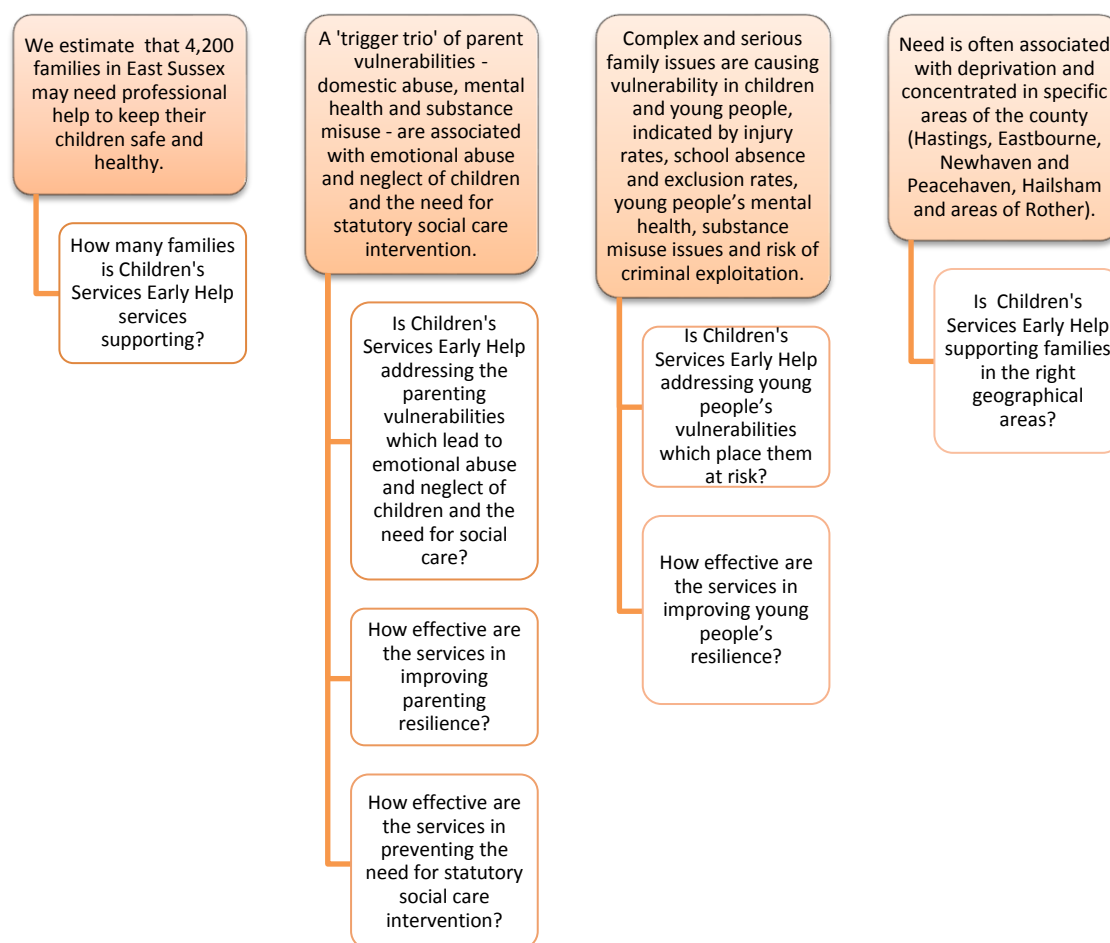
ii. How we developed this document -

The service **description** summarises information about early help services funded and run by Children's Services.

The service **analysis** is based on activity and performance information collected by the services, plus feedback from service users and professionals, and independent reviews by Ofsted and the ISOS Partnership.

The topics explored in the analysis address Council priorities and our understanding of family needs from the Needs Assessment for early help in East Sussex.

Needs Assessment key findings and questions for this Service Analysis



iii. Data used

This analysis uses data about our services in 2017/18. The Social Care Information System was implemented in 2016, and so, with the exception of the Troubled Families Programme, the first full year of data is from the financial year April 2017- March 2018. The Troubled Families data is for the three complete years of the programme, April 2015 – March 2018.

Benchmarking is a term for when one local authority's performance data is compared with another's to evaluate performance. The South East Regional Sector Led Improvement Data Network leads on benchmarking for the region, and comprises members from 19 local authorities. A recent report from the group concluded that due to differences in assumed meaning of the term 'early help', in service definitions and boundaries, service thresholds and interface with social care, that it was not possible to benchmark the performance of early help services. This report therefore contains no comparative information about early help. Comparative information about social care is included in the Needs Assessment.

Data Used in the Service Analysis

Subject	Data we've used
Resources	Information from the Council's budgets
Families helped <ul style="list-style-type: none"> • Demand • Volume of activity 	Social Care Information System Referrals received data 5 -19 Keywork 2017/18 Social Care Information System new episodes data for 0 – 19 2017/18 Social Care Information System referral sources of new episodes 0 – 19 2017/18 Social Care Information System new episodes data 2017/18 Social Care Information System open episodes data 2017/18 Social Care Information System Group Work Module data Q3 – Q4 2017/18 for 0 – 5 group work delivery Health Visiting Children's Centre Service Key Performance Indicator Report 2017 /18 Social Care Information System Group Work Module Data Q2 – Q4 2017/18 for 5 - 19 youth work delivery
Needs addressed	Social Care Information System new episodes data 2017/18 by ward, District and Borough Social Care Information System closed episodes data 2017/18 Social Care Information System Early Help Plans themes 2017/18 Troubled Families database themes 2015-2018
Quality of services	Ofsted inspection 2018 Single Inspection Framework
Outcomes achieved	Social Care Information System closed episodes data 2017/18 – closing reasons Social Care Information System closed episodes data 2017/18 - closing Continuum of Need levels Social Care Information System data duration and closing reasons data 2017/18 for 0 – 19 Keywork Troubled Families database 2015-2018 Service user feedback surveys Service user group work focus group work feedback Staff and stakeholder survey
Children's Services Early Help effect on Social Care costs	ISOS Partnership 2018

The analysis includes the findings of a survey of Children's Services Early Help staff in April/May 2018. Staff were invited to complete a survey to inform the development of the Early Help Strategy. Nearly 100 staff from across the county (21%) responded, as shown in the tables below.

Area of Service	Total	Percentage
Administration – Administrators, Facilities, Finance	10	10.8%
Early Years – Nursery, Early years, Early Years Communication, Volunteer Co-ordinators	18	19.4%
Keyworker – 0-5 Keyworker, Senior and Supervisory roles	28	30.1%
Keyworkers- 5 -19 Keyworker, Senior and Supervisory roles	18	19.4%
Manager – Service Manager, Operational Manager, Practice Manager	7	7.5%
Youth Work Co-ordinator, Parenting, Parenting Worker, Co-ordinator, Area Youth Worker, Co-ordinators	3	3.1%
Health Visitors – Community Nursery Nurse, Senior and Supervisory roles	9	9.7%

The analysis also includes the findings from a survey of partners in May 2018. Professionals in a range of services interacting with Children's Services Early Help were asked to complete a survey to inform Children's Services Early Help Strategy development. The stakeholder groups were:

- Children's Services.
- Clinical Commissioning Groups/GPs.
- Criminal justice/police/community safety.
- District and borough councils.
- East Sussex County Council Public Health.
- Schools and colleges.
- Voluntary and community sector.

A total of 137 responses were received. The largest number of respondents (58%) were from staff in schools and colleges. There was an even spread of respondents across the county.

3. Children's Services Early Help - description

i. What is early help?

Early help is about taking action as soon as possible to help families with children to tackle their problems, before they become more difficult to overcome.

Without early help, family problems can become more complex and serious, sometimes leading to child safety concerns, and the need for statutory children's social care intervention. When the amount of time that children and young people experience family problems is reduced, their outcomes improve.

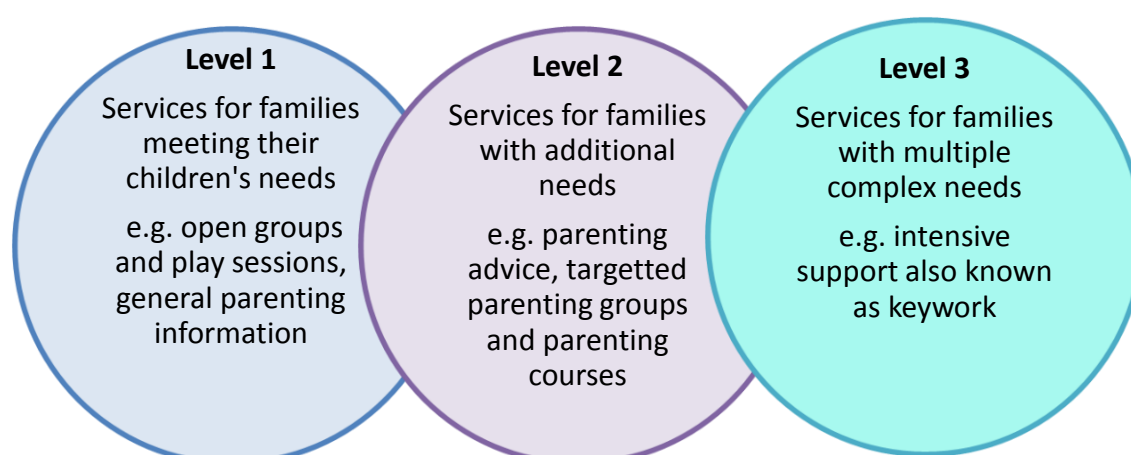
Preventative activity can do more to reduce the incidence of child neglect and abuse than reactive work. Early help supports families at lower cost than social care intervention because:

- Earlier intervention can stop problems escalating.
- Early help staff are less costly than social workers.
- Early help empowers families to help themselves – securing sustainable results.
- Social care statutory interventions have inherent procedural complexities and costs.
- Early help can involve a range of specialist partners to support the family's progress.

Early help services are also used to offer further short-term support for families following social care intervention, to help them to continue with positive changes.

As described in the [Needs Assessment](#) professionals working with children in East Sussex use the Continuum of Need to understand the different levels of families' needs.

Different kinds of early help services meet the different levels of need. They all aim to enable families to help themselves, to prevent their problems becoming more complex or serious, so that they can meet their child's needs without further help. Examples are shown below.



Level 4 is the highest level of need. These are children and young people with acute needs, some will be at risk of significant harm and thus in need of protection. Families at Level 4 will need a multi-agency service response, led by children's social care teams.

ii. Who provides early help?

In East Sussex, early help for families is funded and provided by a wide range of public, private, and third sector organisations, communities and volunteers.

Children's Services Early Help is part of this wider system, as illustrated in the diagram below.

It works in partnership with other providers to help families solve their problems. Support to vulnerable families sometimes involves a range of professionals coordinated by a lead worker from Children's Services.

Early Help Network Diagram

Central Core: Early Help

Inner Ring (Direct Partners): Schools & Colleges, School Nurses, Hospitals, Police & Probation, Children & Adult Social Care

Second Ring (Specialist Services): ISEND, Midwives, Health Visiting, CAMHS, Single point of Advice, *STAR, I-ROCK

Outer Ring (Wider Community): NSPCC, Action for Children, Mind, Waves Seaford, Wealden Counselling, Oasis Project, Wellbeing Hastings, Family Support Work, Virgin Care, Maternity Services, GPs, Dentists, Hospitals, East Sussex Recovery Alliance, *The Portal, Pharmacists, Community Alcohol Partnerships, LSCB, Housing Associations, Safer East Sussex, Culture Shift, Seaview Radar Programme, Education Futures Trust, *RVA, *3VA, Faith – Churches, Mosques, Synagogues, Gurdwaras, *HVA, *SCDA, Food Banks, Job Centre Plus, *Catch-22, Libraries, Listen-Hear, Youth Employability Service, Prince's Trust, Change Grow Live, E-Motion, Clockhouse Sanctuary, *Square Youth Cafe, YMCA, Youth Centres, *Youth Advocacy Project, Youth Counselling Project, Rise & Shine, Kids Count, The Mix, Arty Time, Early Years Providers, Barnardos, Family & childcare Trust, Twins Clubs, Tumble Tots, and NSPCC.

- *Catch-22 – part Government funded, a National Citizens Service
- *HVA – Hastings Voluntary Action, supporting development of local initiatives to meet community needs
- *RVA – Royal Voluntary Action, supporting charities/community groups
- *SCDA – Sussex Community Development Association, supporting community based projects
- *Square Youth Café – funded by Hailsham Town Hall
- *The Portal – Partnership of domestic abuse charities, funded by Public sector
- *Youth Advocacy Project – provided by Brighton and Hove Council
- *3VA – supporting voluntary action across Eastbourne, Lewes District and Wealden

CCGs - Clinical Commissioning Groups
GPs - General Practitioners
ISEND - Inclusion, Special Education Needs and Disability
LSCB – Local Safeguarding Children Board
NSPCC - National Society for the Prevention of Cruelty to Children
*STAR – East Sussex Drug and Alcohol Service
YMCA - Young Men's Christian Association

- Charities
- Private Sector
- Private, NFP
- Partners
- Public Sector
- Faith
- Social Enterprise

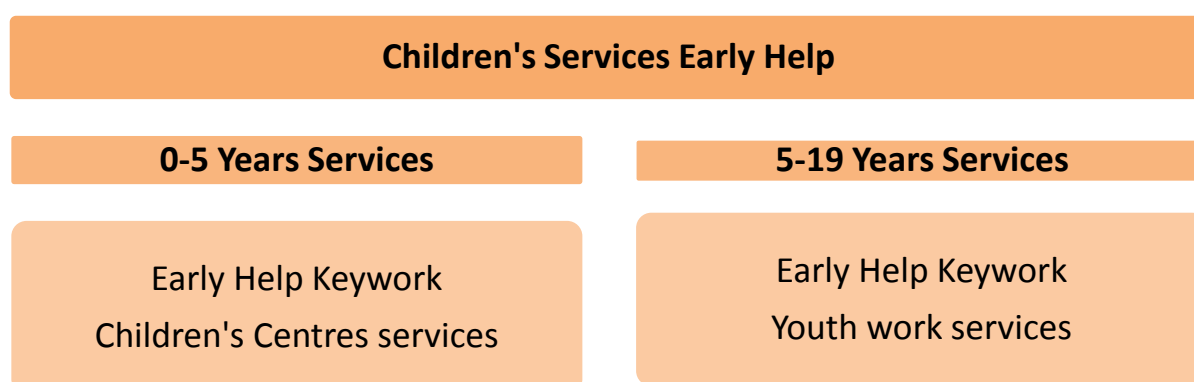
iii. Children's Services Early Help

The early help services both funded and delivered by Children's Services are listed below.

Level 1 Universal services	Level 2 Additional needs	Level 3 Multiple and complex needs
0-5 volunteer programme	0-5 Speech and language groups	0-5 Keywork
0-5 volunteer-run groups and sessions	0-5 Incredible Years Parent Skills	
0-5 All Saints drop in group		
Crèches	→	
Nurseries	→	
Sexual health drop-ins	→	5-19 Keywork
Youth Clubs (open access)	→	5-19 Mentors
Street / mobile Youth Work	→	
	5-19 Group work (gender specific, LGBTQ specific)	
	Youth clubs (physical and learning disabilities)	

This offer is currently delivered by two teams – 0-5 Years and 5-19 Years - which work with a family depending on the age of the children involved, as shown in the diagram on the below.

Summary configuration of Children's Services Early Help services



Children's Services Early Help for families with children aged 0-5 years are offered as an integrated service with the universal Health Visiting service and the Health Child Programme, which are funded by East Sussex County Council Public Health and provided by East Sussex Health Care Trust. The integration of 0-5 services helps ensure:

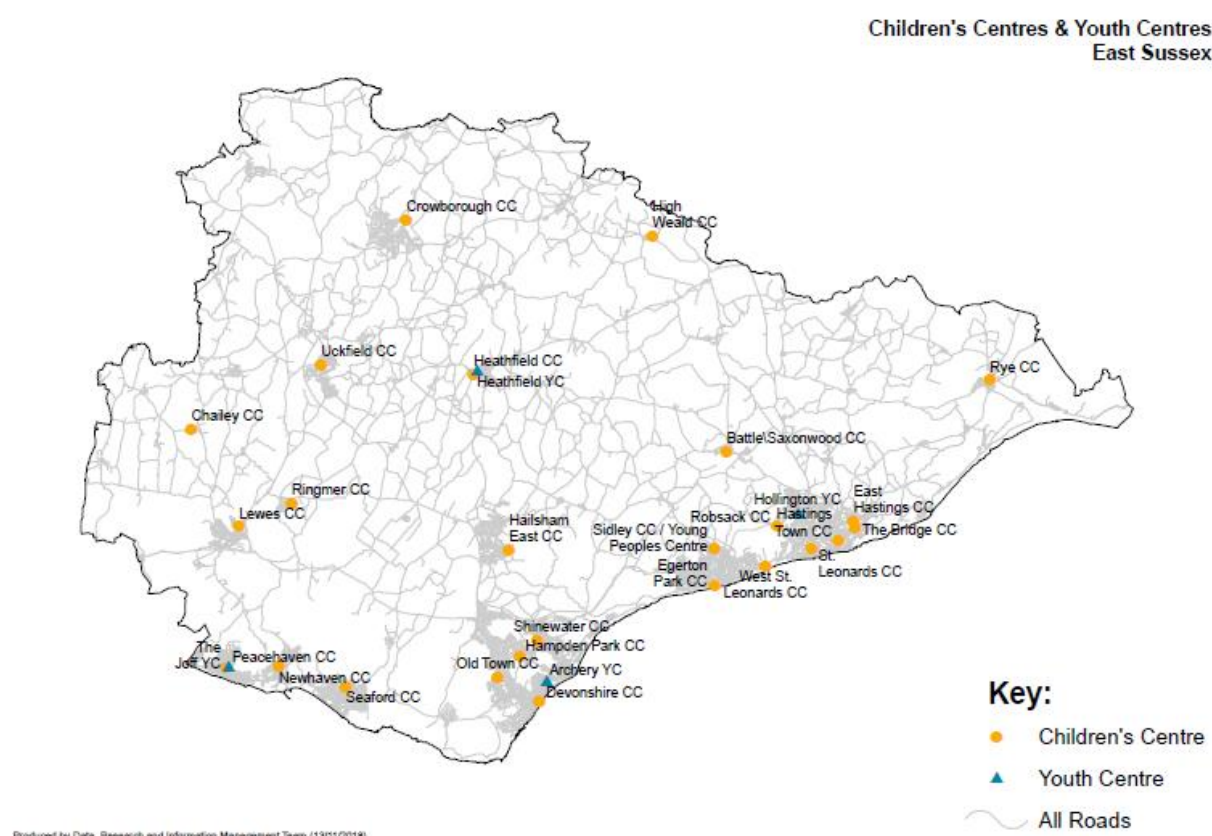
- A continuum of services and support for families of young children from pre-birth to school age.
- Holistic understanding of families' health and other risks.
- Joined up responses to families with additional needs and vulnerabilities.
- Streamlined and co-ordinated services so that families can expect to tell their story once.
- Effective communication and information sharing about families of concern.
- An efficient service through avoidance of process overlaps and duplicated activity.

Services for families of children aged 0-5 years services operate from 26 children's centres.

Services for families of children aged 5-19 years work from three main Council offices and four Youth Centres.

The following map shows the locations of children's centres and youth centres. One centre, Sidley in Bexhill, is both a children's and youth centre.

The number of 0-5 and 5-19 public access points has been reduced in recent years to make budget savings. The current locations of the centres were selected to meet the assessed needs on the coastal strip and to provide reach into inland rural areas.



iv. Current Level 3 Service Offer

The main Children's Services Early Help for Level 3 of the Continuum of Need (families with multiple and complex needs) is keywork.

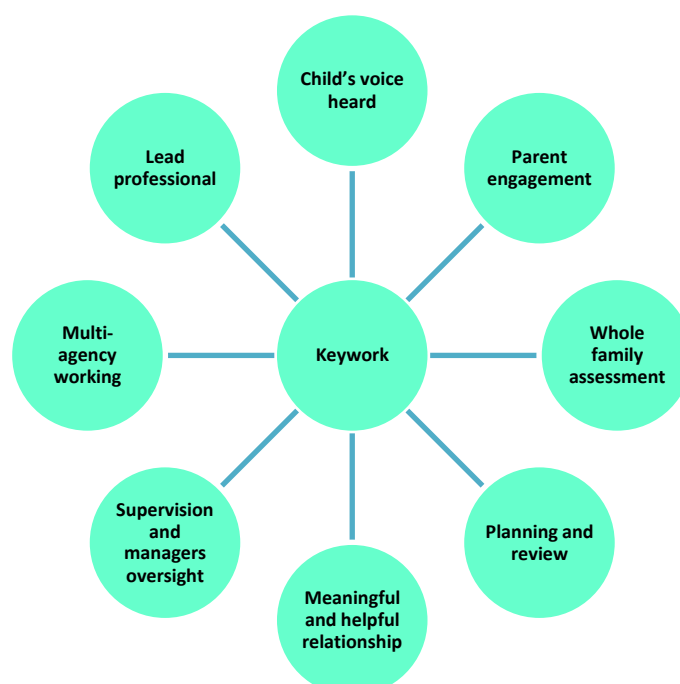
Accessing keywork services starts with a referral to the Single Point of Advice (SPoA), either self-referral by the family or referral with their agreement by a professional such as a health professional, teacher or social worker. The SPoA team assesses the family's level of need and directs each case to the appropriate pathway for support. Referrals assessed as Level 3 will usually be referred for keywork.

One Keyworker is allocated to work intensively with the family to help address identified needs, with the family's agreement. The Keyworker works with parents to build resilience and skills to help them look after their children. This work may include help with accessing emotional health support, helping parents with strategies to reduce the child/young person's vulnerabilities, as well as addressing economic issues, school attendance and other presenting issues.

Keyworkers also work directly with children and young people to offer a range of interventions. These can include work around emotional health and wellbeing, reducing risk taking behaviour, keeping themselves safe, substance misuse, and sexual health.

Most keywork interventions last between 3 and 12 months. Some referred cases are assessed as requiring a shorter term intervention, usually over 3 or 4 weeks e.g. to help a parent with strategies for a child's behavioural issues, or to link the parent with other support agencies.

Keyworkers have a range of vocational qualifications, and have access to the Children's Services training and development programme for continuing professional development. A whole family approach is taken applying relationship based practice. All Keyworkers access regular reflective supervision and there is close management oversight of work.



5-19 services also offer mentors for vulnerable young people. Mentors work alongside Keyworkers and Social Workers, to support young people with needs at Level 3 and 4 of the Continuum of Need to have access to sustainable positive activity as part of a package of support to address their needs. This is intensive targeting of support to prevent social care involvement or the children being taken into local authority care.

v. Current Level 1 and Level 2 Service Offer

Children's Services Early Help contributes to and delivers services at Levels 1 and 2 of the Continuum of Need (universal services and services for families with additional needs).

0-5 Years

Services for families of children 0-5 years old include a volunteer programme which is open to all. Trainee volunteers attend a 12 week accredited training programme, group peer support and 1:1 support. The aim is to build volunteers' confidence and support employment and learning. Volunteers deliver open access sessions at children's centres, e.g. Stay and Play, Treasure Time, Being Creative, Messy Little Monsters. They provide breastfeeding peer support, volunteer in children's centre administrative roles, and support delivery of community-run sessions which are hosted by Children's Centres.

This team also runs a drop-in session at the All Saints Centre, Eastbourne.

Crèches are offered to support families to attend group work sessions. Crèches follow the Early Years Foundation Stage curriculum, and are led by qualified staff and aim to offer a safe, secure and stimulating environment where children's development and learning is supported and shared with parents / carers. Some of the children who attend may have additional needs.

Two nurseries are operated from children's centres in Bexhill: Cygnets Childcare Centre in Egerton and the Rainbow Childcare Centre in Sidley. Both are rated as "Outstanding" by Ofsted (2015). These childcare settings aim to offer a safe, secure and stimulating environment for children aged 0-5 in which children's development and learning is nurtured and supported. Some of the families using the nurseries may have additional needs.

Groups and courses are offered to parents who need additional support and advice to meet their children's needs. Sometimes group work is offered to families who are waiting for Level 3 keywork support. Health Visitors or Keyworkers can refer families for the following parenting groups:

- Incredible Years Pre-school Basic Training – aiming to develop parenting confidence and skills.
- Incredible Years Attentive Parenting – aiming to develop parenting confidence and skills.
- Early Years communication groups – supporting parents to address young children's speech, language and communication development needs.

5-19 years

The 5-19 services offer open access provision for all young people such as youth clubs, and services which support young people with higher levels of needs, such as street based and mobile youth work.

Young people who need additional support can access targeted youth groups for particular needs, such as young people who identify as being Lesbian Gay Bisexual Transgender and Questioning (LGBTQ) and young people with disabilities, or gender specific group work. These provide a safe environment for young people to interact, and seek further support and informal education to improve their resilience. Attendance at targeted youth groups follows self-referral, by the young person or their family, or referral from a professional e.g. a GP or teacher.

vi. Community-run services

Children's centres and youth centres work closely with community groups and community-led activities are carried out on these sites. For example:

- Family Learning, led by external providers, on topics such as cooking, first aid, sign language, understanding autism.
- Bookbugs.
- Makaton.
- Owlets autism group.
- Twins Group.
- Afterthoughts counselling.

Youth Centres host a range of sporting, musical, educational and leisure activities provided by outside organisations.

vii. Public Health and external funding for services

The Level 1 and 2 services which Children's Services Early Help provide are jointly funded, in partnership with East Sussex County Council Public Health, clinical commissioning groups, community safety partnerships, district and borough councils, and Hastings Opportunity Area.

East Sussex County Council Public Health and external funders also commission one-off and fixed term projects from Children's Services, such as:

- Additional keywork funded by the national Troubled Families Programme.
- Triple P Parenting Programme.
- Video Interactive Guidance 0-5.
- Hastings Inequalities 0-5.
- Post-natal depression groups (delivered jointly with Health Visitors).

- Healthy Eating and Physical Activity project.
- i-Rock young people's advice in Hastings 5-19.
- Sexual health outreach 5-19.

4. Current resources

This section describes the resources available for Children's Services Early Help, how they're spent across the county and how they're allocated to different Levels of Need.

Children's Services Early Help has a budget to spend £6.8m in 2018/2019. 63% of its budget is targeted to keywork with vulnerable families in their homes. 26% of the budget is spent on a wider continuum of early help services, including youth clubs, support groups for families with additional needs, voluntary and community activities. The remaining 11% of the budget is for property costs. 83% of spending is on staff.

i. Children's Services Early Help spending

Budgeted council investment in Children's Services Early Help is £6,839k 2018/2019.

55% of resources are deployed to services for families with 0-5 year old children and 45% to services for families with 5-19 year olds.

63% of resources are targeted to intensive keywork at Level 3 of the Continuum of Need. 81% of spending was targeted to Level 3 for the 5 - 19 age group and 49% in services for the 0-5 age group.

Children's Services also contributed resources (26% of the budget) to preventative services for families with Level 1 and Level 2 needs, which are jointly funded with partners.

The remainder of the budget (11%) is spent on premises: 26 children's centres and 4 youth centres.

Children's Services Early Help Budgeted Net Spending 2018/2019 by Age and Level of Need

	0-5 Years £000	% 0-5	5-19 Years £000	% 5-19	Early Help £000	% Early Help
Level 3 Keywork	£ 1,814	49%	£ 2,510	81%	£ 4,324	63%
Contributions to Level 1 and 2 Services	£ 1,202	32%	£ 570	18%	£ 1,773	26%
Premises	£ 721	19%	£ 22	1%	£ 744	11%
	£ 3,737		£ 3,102		£ 6,839	
	55%		45%			

83% of Children's Services Early Help gross spending (i.e. before income) is on employees.

Children's Services Early Help Budgeted Gross Spending 2018/2019 by Age and Type

Service spend by type (gross)	0-5 Years £000	% 0-5	5-19 Years £000	% 5-19	Early Help £000	% Early Help
Total gross	£ 5,069		£ 3,702		£ 8,771	
Employees	£ 3,951	78%	£ 3,287	89%	£ 7,238	83%
Supplies, printing, internal charges	£ 619	12%	£ 263	7%	£ 882	10%
Premises (non-pay)	£ 399	8%	£ 71	2%	£ 470	5%
Transport	£ 101	2%	£ 81	2%	£ 182	2%
	£ 5,069		£ 3,702		£ 8,772	

ii. Geographical structure and spending

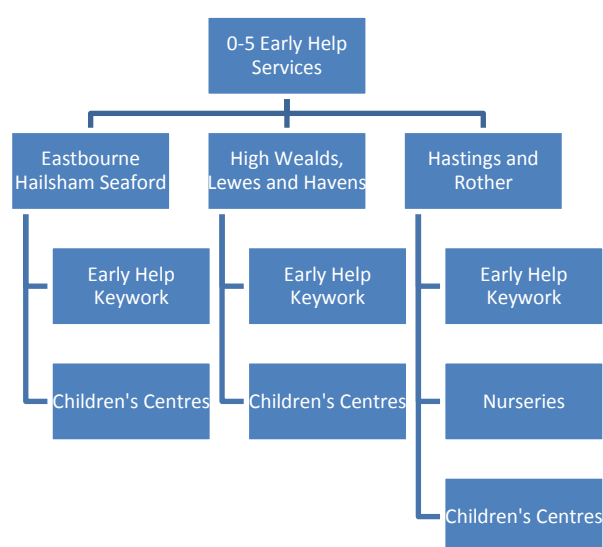
The geographical distribution of Children's Services Early Help spend has been identified at a high level using cost centres.

The service for 0-5 year olds has three geographical areas based on Clinical Commissioning Group boundaries, supporting joint delivery with Health Visiting.

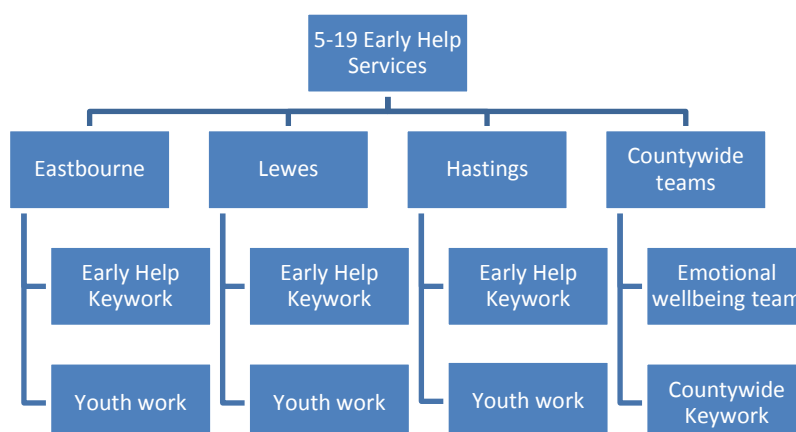
5-19 services also has three areas, based on district and borough council boundaries, supporting joint working with those authorities e.g. on housing issues.

Health and local authority geographical configurations do not match.

Children's Services Early Help Cost Centres – Services for 0-5 years



Children's Services Early Help Cost Centres – Services for 5-19 years



In services for 0-5 year olds, spending is highest in Hastings and Rother (46%). Resources for the older age group appear to be distributed more evenly across the county, although the picture is partial as some teams work countywide. The location of activities is analysed in section 7.

2018/19 Children's Services Early Help Budgeted Net Service Spend by Cost Centre (excludes premises)

Service spending by geography 0-5	Level 3 Services £000	% Level 3	Level 2 Contribution £000	% Level 2	Early Help £000	% Early Help
Eastbourne, Hailsham, Seaford	£ 565	31%	£ 340	28%	£ 905	30%
High Weald, Lewes, Havens	£ 402	22%	£ 319	27%	£ 721	24%
Hastings and Rother	£ 847	47%	£ 543	45%	£ 1,390	46%
	£ 1,814		£ 1,202		£ 3,016	
Service spending by geography 5-19	Level 3 Services £000	% Level 3	Level 2 Contribution £000	% Level 2	Early Help £000	% Early Help
Eastbourne	£ 456	18%	£ 91	16%	£ 548	18%
Lewes and Wealden	£ 747	30%	£ 129	23%	£ 877	28%
Hastings	£ 641	26%	£ 133	23%	£ 774	25%
Countywide teams	£ 664	26%	£ 217	38%	£ 882	29%
	£ 2,510		£ 570		£ 3,080	

iii. Spending on nurseries

Full costs for nurseries include staff, premises, supplies, management and overheads. The nurseries do not currently break even when these costs are taken into account. The estimated net cost to the Council of operating Cygnets Nursery is £76k. The estimated net cost to the Council of operating Rainbow Nursery is £84k.

iv. Income generation - fees and charges

Children's Services Early Help is provided free of charge. The vulnerable families supported by these services often face economic hardship, and would be unlikely to engage with the support offered if it were charged for.

Both 0-5 and 5-19 teams continuously seek ways to generate income from their assets, for example by hiring out rooms in Children's Centres and Youth Centres to other organisations, community groups and members of the public. Rental income in excess of £120k is expected in 2018/19.

v. Previous reductions in Children's Services Early Help

Children's Services Early Help has previously made the following budget savings:

- 2017/2018 £673k
- 2016/2017 £2,071k

In 2016, following public consultation, children's centres and Health Visiting services were integrated and Children's Centre services were targeted to vulnerable families. Open access services from children's centres were replaced by volunteer-run services.

In 2014, five children's centres were transferred to other 0-5 service providers: Polegate, Willington Trees (Eastbourne), Silverdale and Churchwood (St Leonards), and Redlake (Hastings).

vi. Staffing

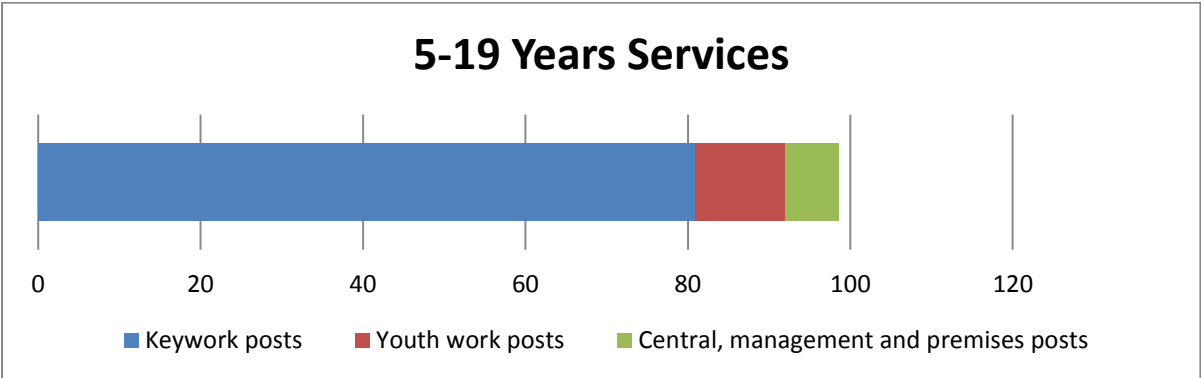
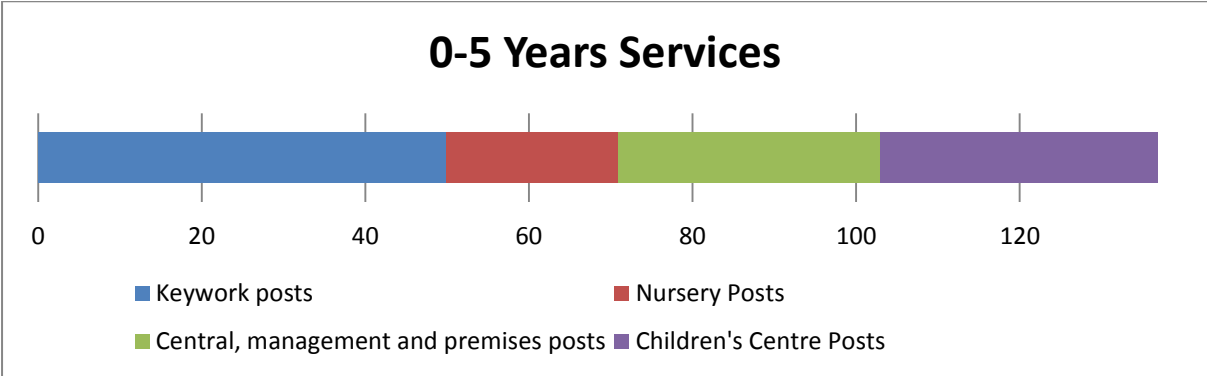
Based on budgeted figures, Children's Services Early Help staff numbers for 2018/19 are 136.94 full time equivalent (FTE) in services for 0-5 year olds and 94.73 FTE in services for 5-19 year olds (an additional 18.44 staff are funded by East Sussex County Council Public Health or externally).

The numbers of posts is reduced by 3.8 FTE from the previous financial year.

The charts below show the distribution of posts across functions:

- In 0-5 services 36% of posts are in keywork, 25% are children’s centres posts associated mainly with the broader preventative offer, 15% of posts are in nurseries, and the remaining 23% are management, support and facilities posts.
- In 5-19 services 83% of posts are in keywork, 11% in youth work and the remaining 7% in other roles.

2018/19 core Council funded whole time equivalent posts by functions in Early Help teams



5. Numbers of families helped

This section describes how many families receive support from Children's Services Early Help.

The Needs Assessment estimates that there are around 60,000 households with children in East Sussex, of which approximately 4,200 need help to keep their children safe and well.

In 2017/2018 2,300 Level 3 keywork episodes (cases), helped nearly 8,400 individual family members, adults and children, in families with multiple and complex problems and potentially at risk of needing social care intervention.

Over 8,000 people are estimated to use Level 1 and 2 services at least once in a year. These include parents, other adults training as volunteers, children and young people.

i. Demand for keywork

Keywork received 1,724 referrals in 2017/2018. There were 529 referrals for relating to families with children aged 0-5 years, and 1,195 for families with children aged 5-19 years.

All 529 of the 0-5 referrals resulted in the allocation of a Keyworker whilst 5-19 referrals had other outcomes as shown below:

Referral outcome	0-5 referrals	5-19 referrals
Allocated a Keyworker – keywork episode (intensive longer term intervention) opened	529	728 (61%)
Short term piece of work delivered by Keyworker as an alternative to a full keywork episode	0	450 (38%)
Referred to Level 4 social care after initial assessment	0	17 (1%)
Total referrals	529	1,195

Source: Social Care Information System referral data financial year 2017/2018

Early Help keywork referrals originate mainly from the Single Point of Advice (SPoA), but also come direct from Social Care and the Multi Agency Safeguarding Hub (MASH):

Referral routes of new keywork episodes in 2017/18

New episodes – referral route	0-5	5-19 (including referrals received 2016-17)	Combined 0-19 Keywork
SPoA referral – assessed at Level 3 following referral	383 (72%)	694 (71%)	1,077 (72%)
Social Care team referral - safe alternative or follow-up to a Level 4 social care intervention ('step down')	89 (17%)	124 (13%)	213 (14%)
MASH referral – families directly on the cusp of Level 4 social care intervention	57 (11%)	155 (16%)	212 (14%)
Total	529	*973	1,502

Source: Social Care Information System referral data financial year 2017/2018

*In 2017/2018, the 5-19 keywork service also worked on 245 episodes referred to them in 2016/2017 as well as the 728 referred in-year, making a total of 973 new episodes in the 2017/18 financial year.

Based on data about referral sources through SPoA, we estimate that almost a third of 0-5 episodes originated from Health Visitors and more than a fifth of 5–19 episodes originated from contact by schools or colleges.

ii. Keywork activity

A keywork episode refers to intensive work over weeks or months with a family group to address their multiple or complex needs. A number of individuals may receive support within a family. Early Help keywork episodes supported 2,301 families and 8,381 individuals in 2017/18.

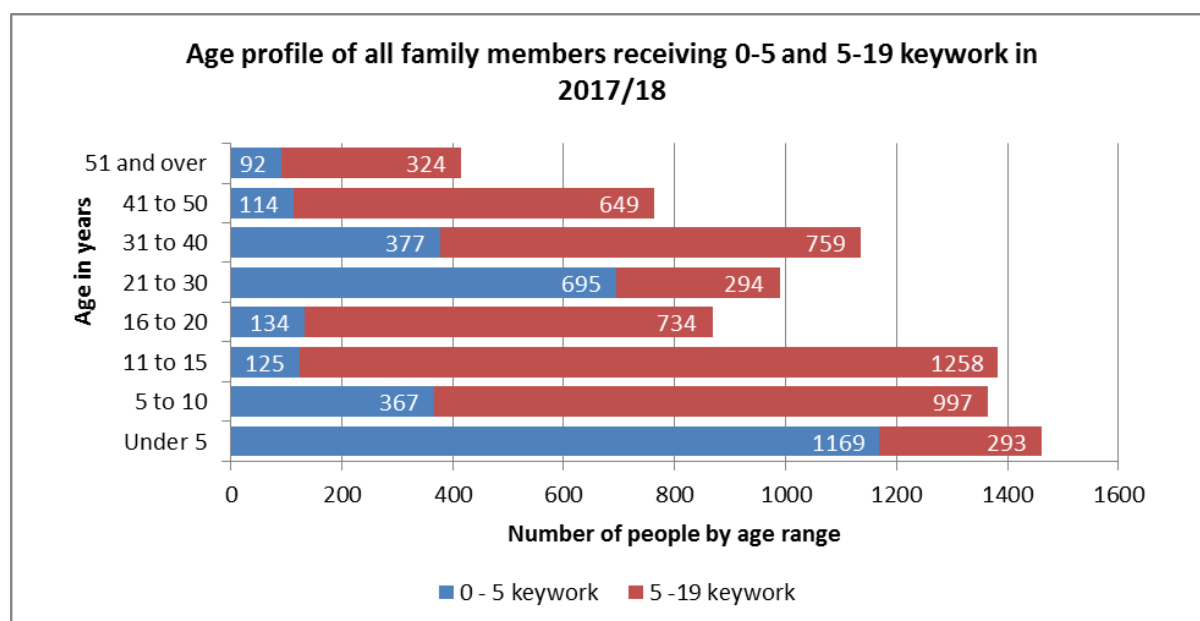
The table below shows total numbers of active keywork cases across the 2017/18 financial year, including keywork episodes that began in the previous year.

Keywork activity in 2017/18

Numbers	0 – 5 keywork	5 -19 keywork	Combined 0 – 19 keywork
New episodes of keywork begun 2017/18	529	973	1,502
Keywork episodes delivered in 2017/18	692	1,615	2,307
Individuals supported by keywork	3,073	5,308	8,381

Source: Social Care information System

0-5 keywork services worked mainly with families with children in that age range, but some older children were also included in the family groups. 5-19 keywork services worked mainly with young people aged 10-19 and their families.



Source: Social Care information System

Of the 2,307 families worked with and 8,381 individuals supported by 0-19 keywork, the progress of 1,149 families and 4,200 individuals were tracked as part of the national Troubled Families Programme payment by results scheme.

iii. Level 3 mentoring

Between July 2017 and April 2018, 7 mentors worked with 14 young people to address their multiple and complex needs, some from the same families.

iv. Level 1 and 2 activity - 0-5 Years

Nurseries in Bexhill

Rainbow Childcare Centre (Sidley) has the capacity for 42 children and in autumn 2018 had 80 children on roll, and was at 83% capacity.

Cygnets Childcare Centre (Egerton) has the capacity for 62 children and also had 80 children on roll, and was at 74% capacity.

Other activities

Early years services delivers are used by thousands of people each year in the county's children's centres:

- An estimated 110 volunteers are trained a year.
- Over 3,200 individual family members attend volunteer-run sessions each year, with most activity in Rother.
- Around 400 children a year attend a crèche at least once whilst a parent attends a session.

Estimate of numbers of attendee and volunteers trained over a year - volunteer-led sessions

CCG	Estimates for 12 month period				
	Locality	Number of unique Individuals	Number of Attendances at sessions	Number of volunteers trained	Unique Attendances at crèche
Eastbourne, Hailsham and Seaford	Eastbourne	429	1910	30	122
	Hailsham & Seaford	519	2335	0	
	Total	948	4245	30	
Hastings and Rother	HV CC Hastings	470	2561	18	165
	HV CC Rother	987	4886	22	
	HV CC St Leonards	285	1281	0	
	Total	1742	8727	40	
High Weald, Lewes and The Havens	HV CC High Weald	297	1380	0	156
	HV CC Lewes & Havens	250	814	40	
	Total	547	2194	40	
All areas	Grand total	3237	15166	110	443

Source: ESCC CC data 2018

The numbers attending volunteer-led sessions (unique attendees and total attendances) is an estimate of family members (adults and children combined) based on attendances from 1st September 2017 to the end of March 2018. The numbers of unique attendances at a crèche is an estimate based on data for unique number of children that attended at least once for the same period. The estimate for the number of volunteers trained in 12 months is based on figures for the Volunteer Programme October 2017 to March 2018.

Group work sessions for families with additional needs are attended by thousands of parents each year. We estimate that:

- Up to 400 parents per year attend a parenting group at least once.
- Up to 2,800 parents per year attend an early years communication session at least once.

The following table shows the highest attendance rates at parenting groups provided between October 2017 and March 2018.

0-5 parenting group sessions - highest recorded attendance at group sessions October 2017 to March 2018

Area	Highest attendance numbers in the period				
	All Saints Drop-in Group	Incredible Years pre-school basic training	Incredible Years attentive parenting	Post-natal depression and anxiety group (with Health Visitors)	Total (may include duplicates)
	Open	Additional needs	Additional needs	Additional needs	Additional needs
Eastbourne	37	23	n/a	n/a	60
Hailsham & Seaford	n/a	n/a	6	n/a	6
Hastings	n/a	n/a	4	n/a	4
St Leonards	n/a	n/a	n/a	n/a	0
Lewes and Havens	n/a	14	n/a	n/a	14
Rother	n/a	n/a	n/a	6	6
High Weald	n/a	7	n/a	n/a	7
East Sussex Total	37	44	10	6	97

Source: Social Care Information System

v. Level 1 and Level 2 activity – 5-19 Years

Based on data for a year from July 2017, around 1,500 named young people attended the council-funded Level 1 and 2 youth work sessions. These included open access sessions (centre based work, street based work and sexual health drop-ins), referral-only groups and mentoring sessions. Around 100 young people attended more than one session type. Attendance records show that there were:

- 45 projects that delivered 1,497 sessions.
- 29 open access projects including youth clubs and street based youth work.
- 15 referral-only targeted projects, including sessions for young people who identify as LGBTQ and young people with disabilities, as well as gender specific referral only group work.
- 10,453 attendances by 1,492 named young people, with an average attendance rate of 7 sessions per young person over the year.
- Around 2,400 attendances by an unknown number of young people who did not give their name.

Regular attendance is tracked for youth work as a measure of engagement:

- Centre-based youth club sessions had many regular attendees who attended up to 46 times in the period.
- Sexual health sessions and street based youth work had a greater proportion of unnamed or one off attendances.

- Referral-only groups also had a significant proportion of regular attendees with up to 36 attendances for LGBTQ groups and 45 for young people with disabilities groups.

Data provided by the service in January 2019 showed that the number of sessions per week had reduced to 35.

Number of youth work projects, sessions, unique attendees (registered young people), footfall of named attendees, average number of sessions attended by named for one year from July 2017 and footfall of unnamed (anonymous) attendees

Type of youth work	Locality	Projects	Sessions	Unique attendees (registered named YP)	Footfall of named attendees	Average number of sessions per named attendee	Footfall of unnamed attendees
Open Access – Targeted by Location	Eastbourne and South Wealden	9	231	340	1,535	4.5	540
	Hastings and Rother	9	233	453	1,976	4.4	210
	Lewes and North Wealden	11	326	480	3,138	6.5	1,368
	Open Access total	29	790	1,265	6,649	5.3	2,118
Referral only – LGBTQ, YP with disabilities and gender specific	Eastbourne and South Wealden	4	131	126	1,242	9.9	42
	Hastings and Rother	4	151	67	999	14.9	70
	Lewes and North Wealden	7	222	121	1,335	11	198
	By referral total	15	504	313	3,576	11.4	310
Mentoring	Countywide Total	1	203	14	228	16.3	0
	Grand Total (all Youth Work)	45	1,497	1,492	10,453	7.0	2,428

Source: Social Care Information System

NB Some named young people attended more than one session type and/or attended in more than one area so totals of unique attendees are estimates.

6. Needs addressed by current services

There is evidence that Level 3 keywork is responding to the needs of families at risk of social care intervention, and in particular the specific needs identified as driving social care demand by the Needs Assessment: economic exclusion (deprivation), and parenting risks of mental health, substance misuse and domestic abuse.

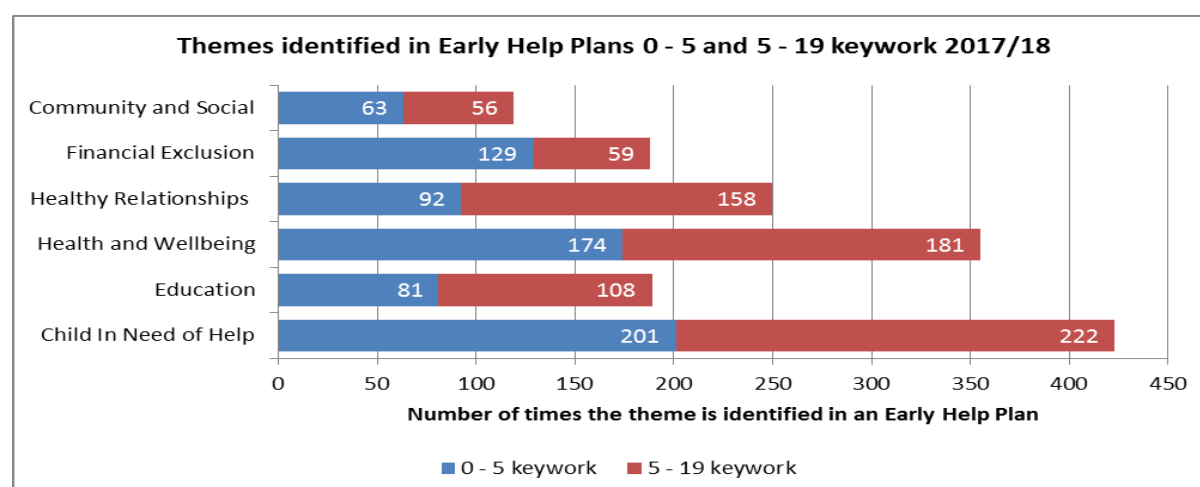
Current Level 1 and Level 2 services aim to address all the early help needs explored in the Needs Assessment, to prevent lower level problems escalating.

i. Needs addressed by keywork

Keywork is intended to support families with Level 3 multiple and complex needs. Of families whose keywork cases were closed in 2017/2018, 98% had been assessed as having Level 3 needs at the start of the intervention.

The specific needs to be addressed by keywork are agreed with families in Early Help Plans.

As shown in the chart below, in 2017/2018 the theme most frequently identified in the plans was Level 3 'Child or Children in Need of Help'. In keywork, this indicates a focus on child safety and tackling the risk of a need for social care intervention. The second most prevalent theme was 'Health and Wellbeing', which includes mental health and substance misuse. For 0–5 keywork the third most common theme was 'Financial Exclusion' and for 5–19 this was 'Healthy Relationships'. This suggests that keywork is directly targeting those families where an escalation of risk may lead to social care intervention by targeting the issues identified in the Needs Assessment as likely to drive social care demand: economic deprivation and the 'trigger trio' of parenting needs – mental health, substance misuse and domestic abuse.



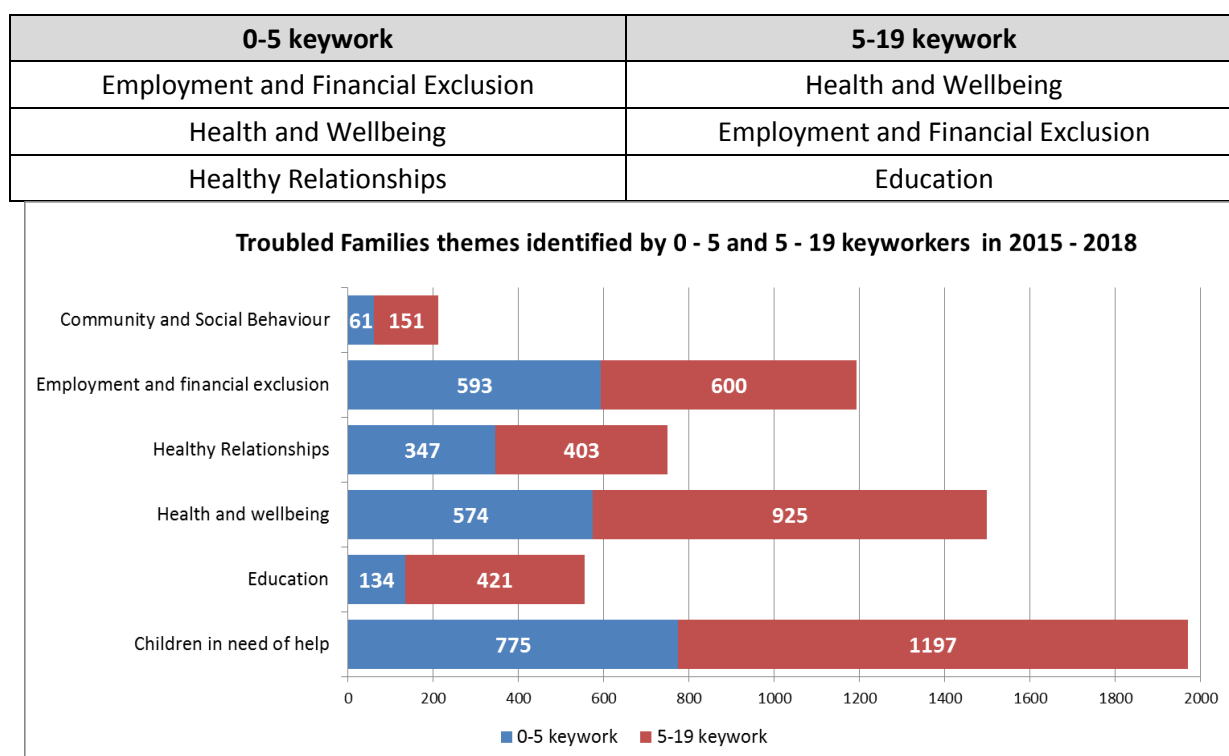
Source: Social Care Information System

This is confirmed by information collected about families worked with under the national Troubled Families Programme over the three years 2015-2018. In this scheme, themes are agreed with the family and later become the measurement by which to assess payment by results.

All families supported under the Troubled Families Programme met the criterion of Child in Need of Help. At Level 3, this indicates that the family is at risk of requiring social care intervention. The second and third most frequent themes were:

- Employment and Financial Exclusion – support on worklessness, homelessness and debt.
- Health and Wellbeing, which includes addressing substance misuse and mental health.

Top 3 Early Help themes for families worked with under the Troubled Families Programme, other than Child in Need of Help



Source: Troubled Families Database

Note: during this period, some services for 5-13 years were delivered by external organisations. This data is not included in the table.

ii. Needs addressed by Level 1 and 2 services

Children's Services Early Help contributes to and delivers wider preventative services at Level 1 and 2 which aim to support a wider cohort of families to become more skilled, confident and resilient across the following range of early help needs:



Level 1 and 2 services do not collect data about the specific risks, problems and vulnerabilities that families have sought to address through voluntarily engaging with early help services, but examples of how services support families to address specific needs are:

- Nurseries support educational progress.
- Volunteering programme supports employability.
- 0-5 parenting groups and courses support parenting resilience.
- Early years communication groups support parenting resilience, school readiness and educational progress.
- Young people with disabilities and/or LGBTQ and gender specific groups support educational attendance/progress and emotional and mental health, and reduce risk of exploitation.
- Street youth work reduces the risk of crime and exploitation.

This approach aims to stop problems escalating, preventing multiple and complex Level 3 needs, and ultimately the future need for statutory social care intervention.

iii. Feedback from professionals on needs addressed

In a survey of partner organisations in May 2018, partners were asked the outcomes that Children's Services Early Help contributes to. The most frequently cited outcomes are shown below.

1. Child or young person's improved mental health /emotional wellbeing.
2. Children are safer.
3. Improved behaviour at home/in the community (joint third).
3. More involved in positive activities (joint third).

5. Improved relationships with other family members.

Children and young people's mental health and wellbeing, and their safety, are early help needs which are directly related to their potential need for social care. The remaining three point to broader needs to which Children's Services Early Help contributes.

7. Locations of service offer

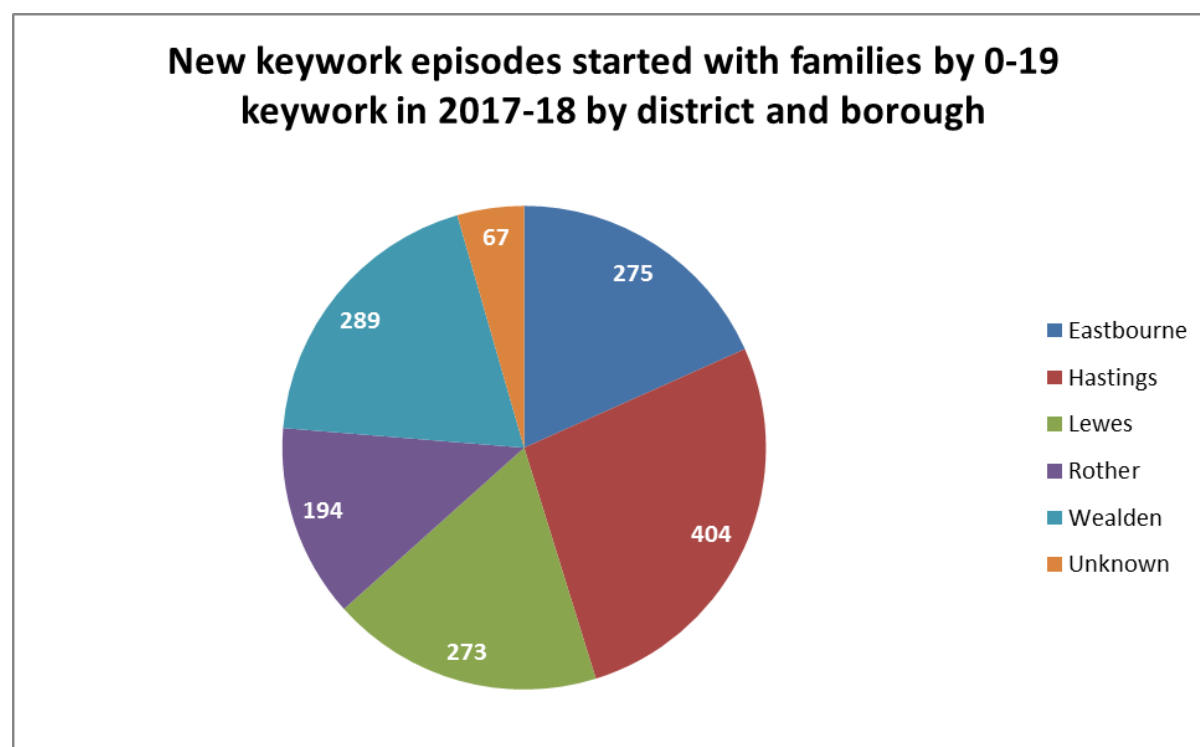
This section considers the current geographical distribution of services in light of Needs Assessment findings about the areas of greatest need. Keywork activity is being carried out in the geographical areas indicated by the Needs Assessment. Level 1 and Level 2 activity contributed to and delivered by Children's Services Early Help is distributed fairly evenly across the county.

i. Distribution of keywork activity across East Sussex

The distribution of keywork activity has been assessed against needs by:

- Examining numbers of new episodes by borough / district.
- Mapping number of new episodes at ward level in comparison with deprivation data from the Needs Assessment.
- Comparing borough / district rates of new keywork episodes as a % of households with children with the rates of Level 4 Child in Need (subject to social care interventions).

As shown in the table and chart below, the highest number of new episodes was in Hastings (27%). Similar numbers of new episodes (18%) began in Lewes district which includes Newhaven and Peacehaven, Wealden (19%) and Eastbourne (19%). Rother had the lowest level of new activity (13%).

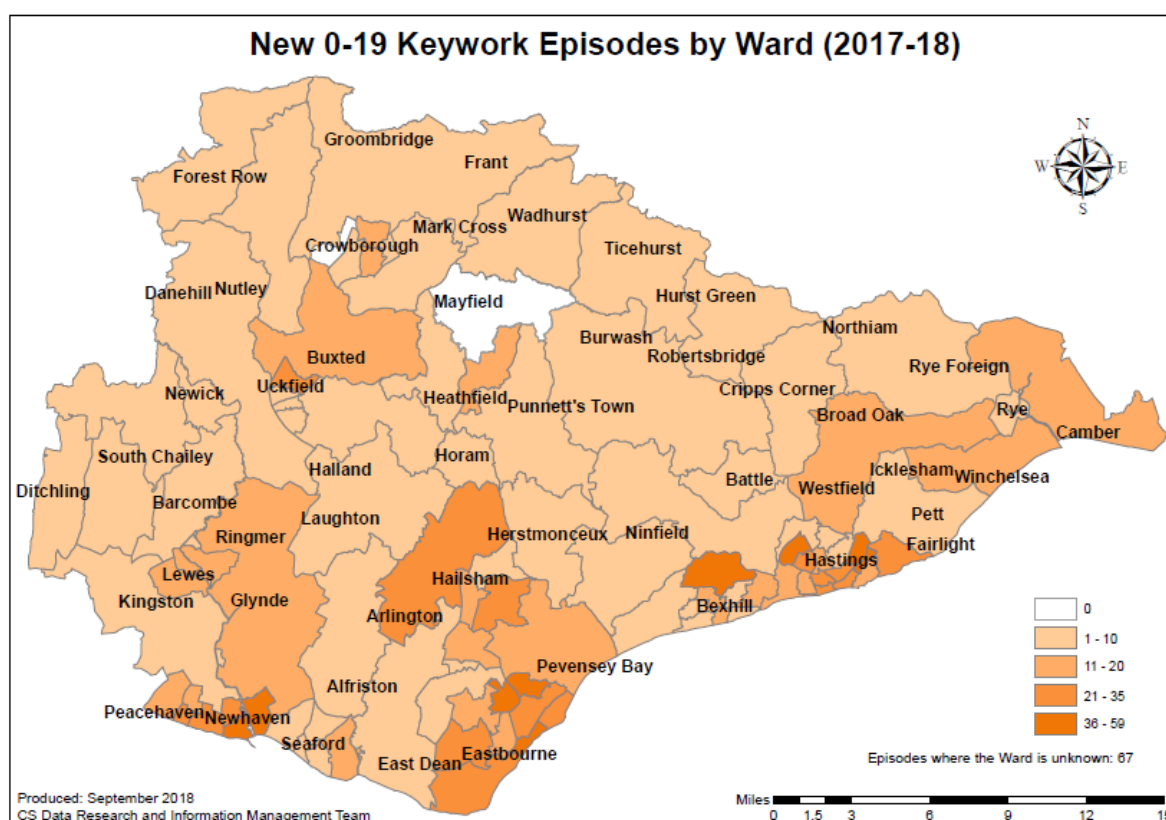


	Eastbourne	Hastings	Lewes	Rother	Wealden	Unknown*
Shown as % share	18%	27%	18%	13%	19%	5%

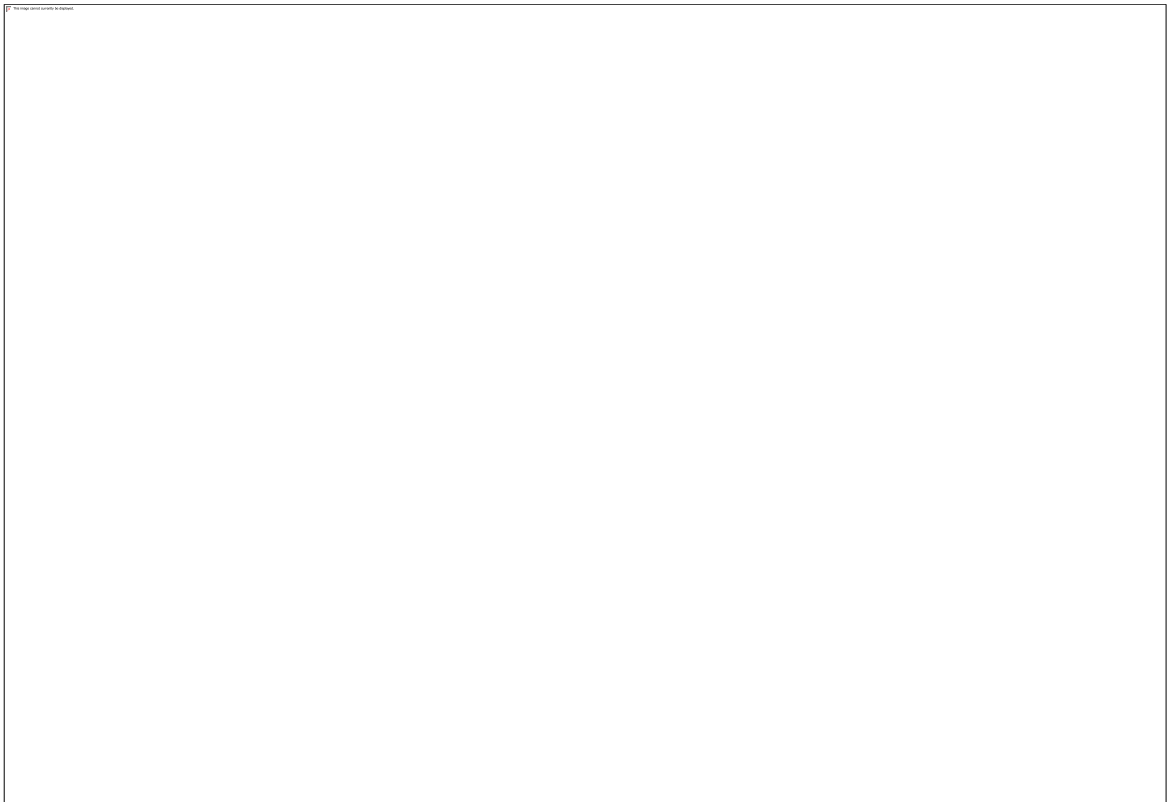
*Ward data was not provided for these families due to the way information was held on SCIS.

**A family could live in 2 households in 2 different wards which this analysis would not allow for.

More detailed information, from the map of new keyword episodes at ward level, shows that the highest number of new episodes (30 or more) were in the areas identified in the Needs Assessment as experiencing higher levels of deprivation: Hastings, Eastbourne, Newhaven and Sidley ward in Bexhill, therefore intervention appears to be matching need.

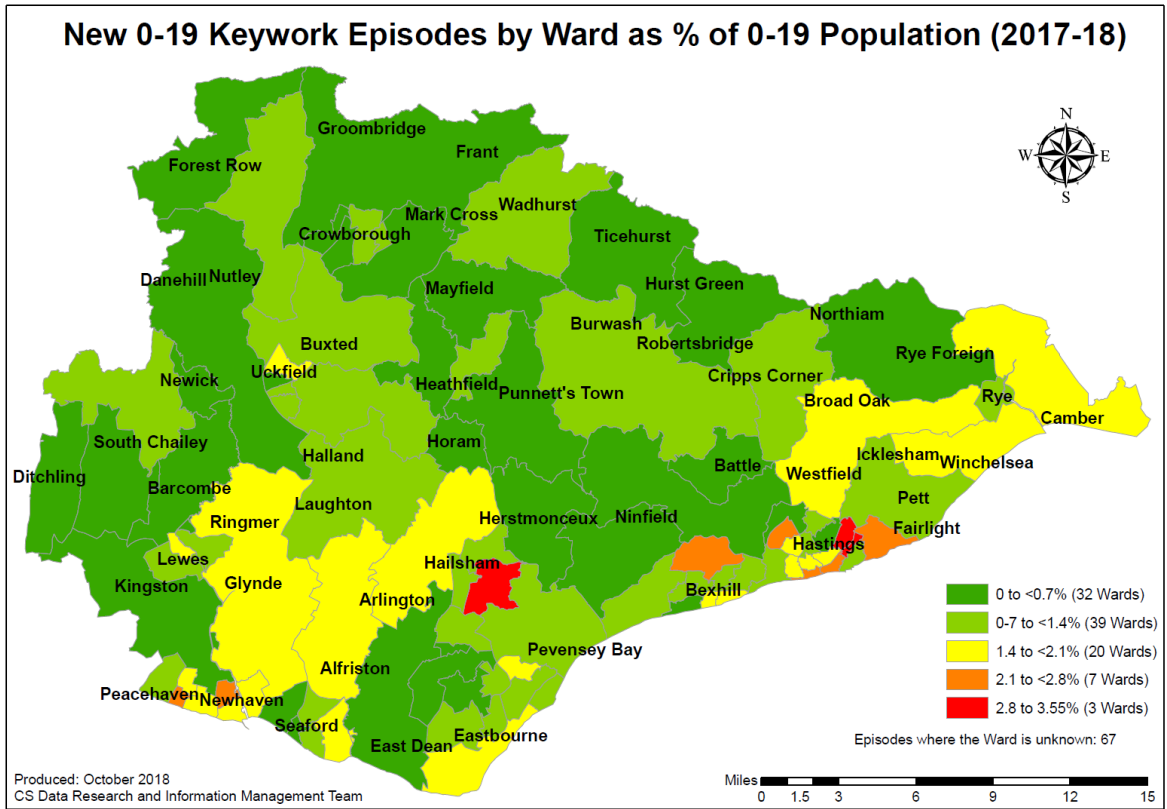


Source: Social Care Information System



Source: East Sussex in Figures

The number of keyword cases per ward can also be plotted as a percentage of the estimated child population in each of the wards. This gives a slightly different pattern of delivery:

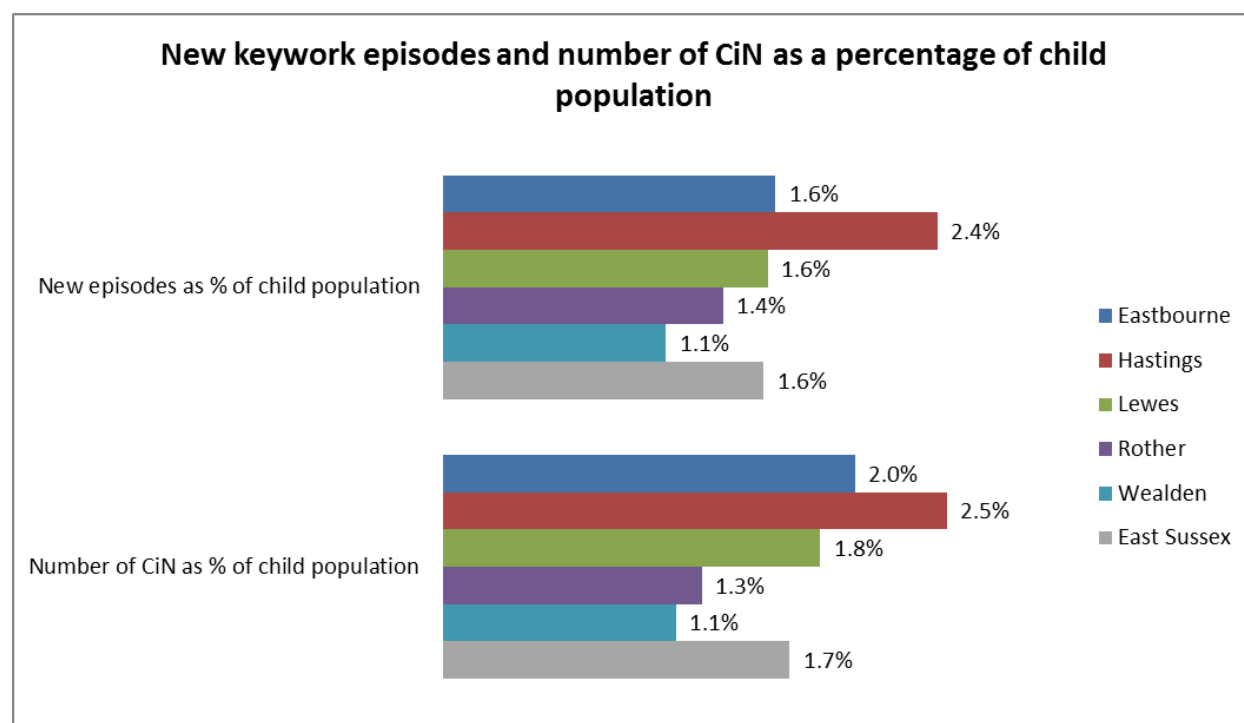


Source: Social Care Information System / East Sussex in Figures(child population estimates)

This comparison indicates that Eastbourne wards with the highest level of deprivation are somewhat under-represented in terms of new referrals and keywork episodes.

Finally, the relationship between keywork activity and the number of Children in Need of Level 4 social care (CiN) has been investigated by comparing rates per child population, by district or borough.

The rates of new keywork episodes and CiN as a percentage of child population are represented in the following charts. This shows a broad consistency in the distribution of keywork activity and needs at Level 3 and 4.



Source: ESCC Social care data / DCLG 2014 household projections/ ONS Population estimates 2016 (latest) May include re-referrals. For 67 families no ward was recorded.

ii. Locations of Level 1 and Level 2 activity for 0-5 Years

Children's Services Early Help contributes to and delivers Level 1 and Level 2 activity around the county. The table below illustrates a typical timetable, taken from the spring and summer terms 2018. Activity is fairly evenly distributed.

Delivery of recent Level 1 and Level 2 activities for 0-5 Years by location

Locality	Family groups	Early Communication Support	Volunteers
Eastbourne	Open Drop-in Session	Bookstart Corner	Settle and Play (Shinewater)
	Incredible Years Pre-School Basic Training	Language Through Play	
	Confidence & Self-Esteem Building	Toddler Talk	
Hailsham and Seaford	Incredible Years Attentive Parenting	Bookstart Corner	Settle and Play (Hailsham)
		Early Words	
	Resilience Course-Stronger You	Language Through Play	
		Toddler Talk	
Hastings	Incredible Years Attentive Parenting	Bookstart Corner	
		Language Through Play	
		Toddler Talk	
Rother		Bookstart Corner	Treasure Time, Being Creative (Battle)
		Language Through Play	Make and Tell (Rye)
		Toddler Talk	Mini Explorers (Bexhill)
HVCC St Leonards	Parent champions	Bookstart Corner	
		Early Words	
		Language Through Play	
		Toddler Talk	

Locality	Family groups	Early Communication Support	Volunteers
High Weald	Incredible Years Pre-School basic training	Bookstart Corner	Settle and Play (Uckfield)
		Early Words	
	Building Confidence Course (Uckfield)	Language Through Play	Messy Little Monsters, Rockabye Babies (High Weald)
		Toddler Talk	Story Sacks
Lewes and Havens	Incredible Years Pre-School Basic Training	Bookstart Corner	Settle and Play (Ringmer)
		Early Words	
	Confidence & Self Esteem Building	Language Through Play	Breastfeeding Peer Supporter (Ringmer)
		Toddler Talk	

iii. Locations of Level 1 and Level activity for 5-19 Years

Children's Services Early Help contributes to youth work sessions across the county which are generally weekly, except Funky Teens which is fortnightly. Activity is delivered fairly evenly across the county.

Council part-funded youth work sessions July 2017 to March 2018

Area	Level 1 - Open Access universal sessions targeted by location	Level 2 - Referral Only Groups
Hastings and Rother	<p>3 open access youth clubs at Hollington Youth Club, Sidley Youth Club and Robertsbridge Youth Club</p> <p>Music at Hollington Youth Club</p> <p>Street based session in Hastings</p> <p>1 youth centre drop-in, 1 street based in Hastings and 2 x mobile sessions at Sussex Coast and Bexhill College</p>	<p>Funky Teens and Nik Naks (for young people with disabilities)</p> <p>1 LGBT group</p> <p>1 Young Woman's group</p>

Area	Level 1 - Open Access universal sessions targeted by location	Level 2 - Referral Only Groups
Eastbourne and South Wealden	3 open access youth clubs at Archery Youth Club, Eastbourne Old Town Community Centre and Polegate Community Centre 1 music session at Archery Sussex Downs College, Willingdon School, Street based Eastbourne, Uckfield and Polegate mobile sessions.	Funky Teens and Nik Naks 1 LGBT group 1 young men's session at Willingdon Community Centre
Lewes and North Wealden	8 x open access youth clubs at JOFF Youth Centre, Heathfield Youth Centre, Landport Community Centre, Denton Youth Club, Crowborough and Wadhurst, 1 street based session in Lewes Health Bus Sessions x 2 In Peacehaven and Lewes	Heathfield Funky Teens and JOFF Funky Teens 2x LGBT groups 3x gender specific sessions

8. Quality of services

Council services for children in need of help and protection, which includes early help services, have recently been rated as 'good' by Ofsted.

i. Ofsted findings

Ofsted recently published the findings of its July 2018 inspection of East Sussex Children's Services under the 'Framework and Evaluation Schedule for the Inspections of Services for Children in Need of Help and Protection, Children Looked After and Care Leavers' (2017).

The findings are that East Sussex is an outstanding local authority and that the experiences and progress of children who need help and protection are **good**.

With reference to the characteristics of a good authority, in East Sussex:

- A good preventative service is provided to reduce the likelihood of risk of harm escalating and reduce the need for statutory intervention.
- Children and young people who are, or who are likely to be, at risk of harm or who are the subject of concern are effectively identified and well protected.
- Thresholds between early help and statutory child protection work are appropriate, understood and operate well.
- Those children and young people who have been assessed as no longer needing a child protection plan, but who may have continuing needs for help and support are well supported.
- Children and young people are listened to and heard.
- Children and young people experience timely and effective multi-agency help and protection through risk-based assessment, authoritative practice, planning and review that secures change.
- Management oversight of practice, including practice scrutiny by senior managers, is well established, systematic and demonstrably used to improve the quality of decisions and the provision of help to children and young people.

The following diagram shows features of current Children's Services Early Help which managers assess as being effective.

What's Working Well – Children's Services Early Help

Thresholds and levels of need are defined and understood by all partners via the Continuum of Need	Whole family approach - with a single lead worker for each family	A single integrated front door for advice and referrals 0-19 at all levels of need, managing the decision making processes and pathway to service
Information sharing agreements between key partners	Continuum of services for families with additional and multiple/complex needs	Packages of support for specific needs driving increasing vulnerability e.g. substance misuse or domestic abuse
Comprehensive Early Help offer providing a meaningful alternative to social care	Integrated Health Visitors with Early Help workforce provides a joined-up service to families with new babies	Smooth transitions between Early Help and Social Care which enabling families to get the appropriate support they need from the most appropriate part of the system
Integrated Troubled Families and parenting programmes - East Sussex was in the top 10% of all LAs nationally in the TF Programme	Keyworkers can access supervision and support from Level 4 services	Support available to families waiting for keywork

ii. Children's centres nurseries

Both Cygnets and Rainbow Child Care Centres have been measured as outstanding by Ofsted.

9. Outcomes achieved

This section describes the outcomes which Children's Services Early Help is achieving using recorded outcomes, feedback from service users and professionals.

Level 3 keywork has demonstrable success in tackling multiple and complex problems (over 80%), and enabling sustained change so families could look after their children (61%) preventing the need for social care. 89-95% of service users said things had changed for the better as a result of keywork support.

0-5 Level 1 and Level 2 services record high rates of positive outcomes (74-93%) for parents supported through groups and courses, supported with communication needs and all crèche attendees. Service user feedback was positive about the impact of all groups, most positive about groups for parents with additional needs.

Service users of 5-19 Level 1 and Level 2 open and targeted groups also recorded high rates of positive impacts, from a relatively small survey sample, indicating that these services are valued by the young people supported.

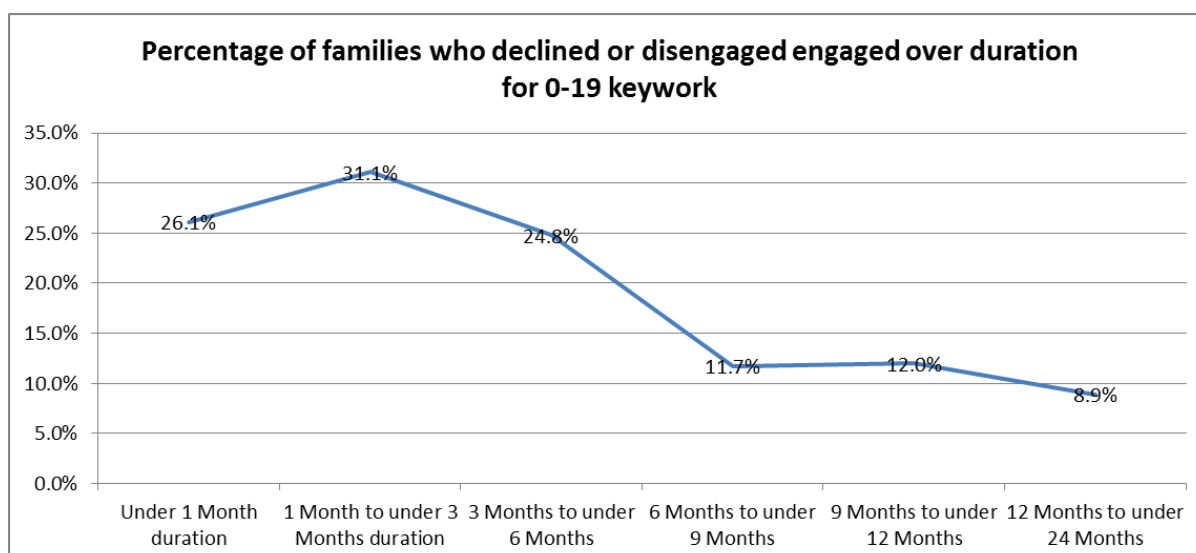
While Level 1 and Level 2 services are highly valued in the support they give parents, it has not been possible to demonstrate the impact of Level 1 and Level 2 services on the need for social care intervention.

Professionals report positive impacts at all levels of service.

i. Outcomes recorded by Level 3 keywork services

Episodes of keywork can be closed in two ways – by the family declining support or by the Keyworker when work with the family is complete.

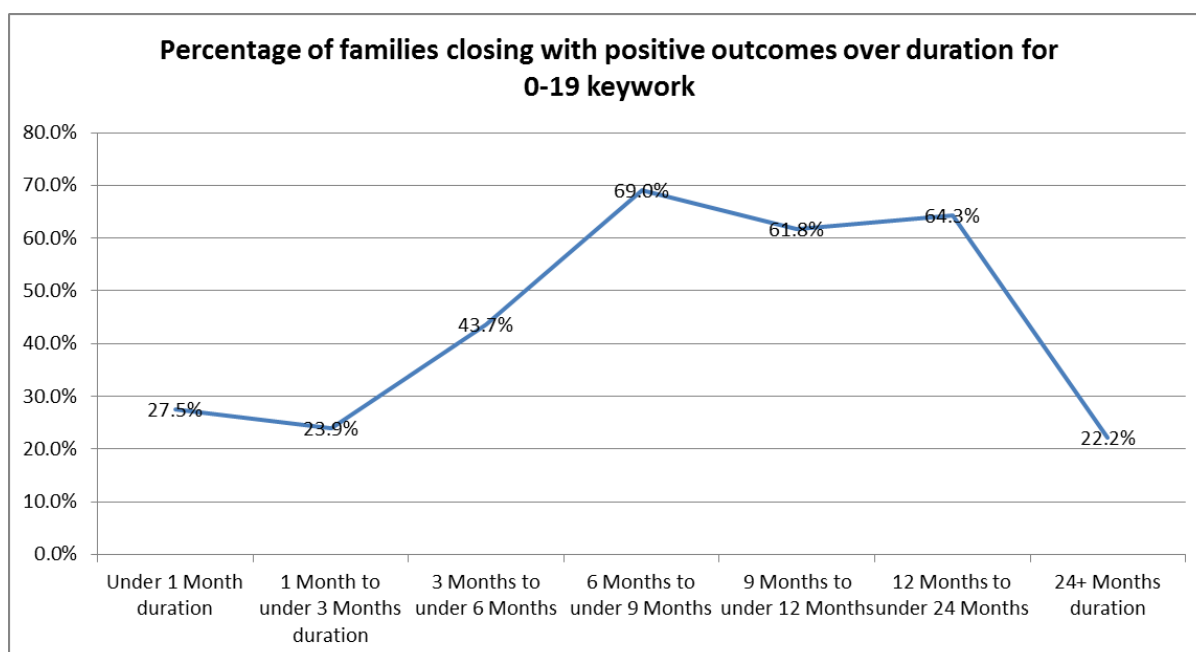
Families engage with keywork on a voluntary basis. In 2017/18, 302 families declined support (19.5%). Families are most likely to decline support during the initial assessment and Early Help Planning phase, as illustrated in the chart below.



Source: Social Care Information System

When Keyworkers end their work with a family, a supervised assessment of the family's ongoing risk and vulnerability is carried out, with reference to the Continuum of Need. A closing status is recorded, which can be used as an indicator of the outcomes of key work intervention. The main positive outcome keywork seeks is a reduction in need to Level 1 or Level 2, with the family able to look after their own children with access to universal services and advice.

In 2017/18 this was achieved with 49% of the 1,549 families with whom work ended, with success rates of 60+% for the families which did not decline support during the initial assessment phase, as shown in the following chart.



Source: Social Care Information System

Other positive outcomes, depending on the family's needs, can include:

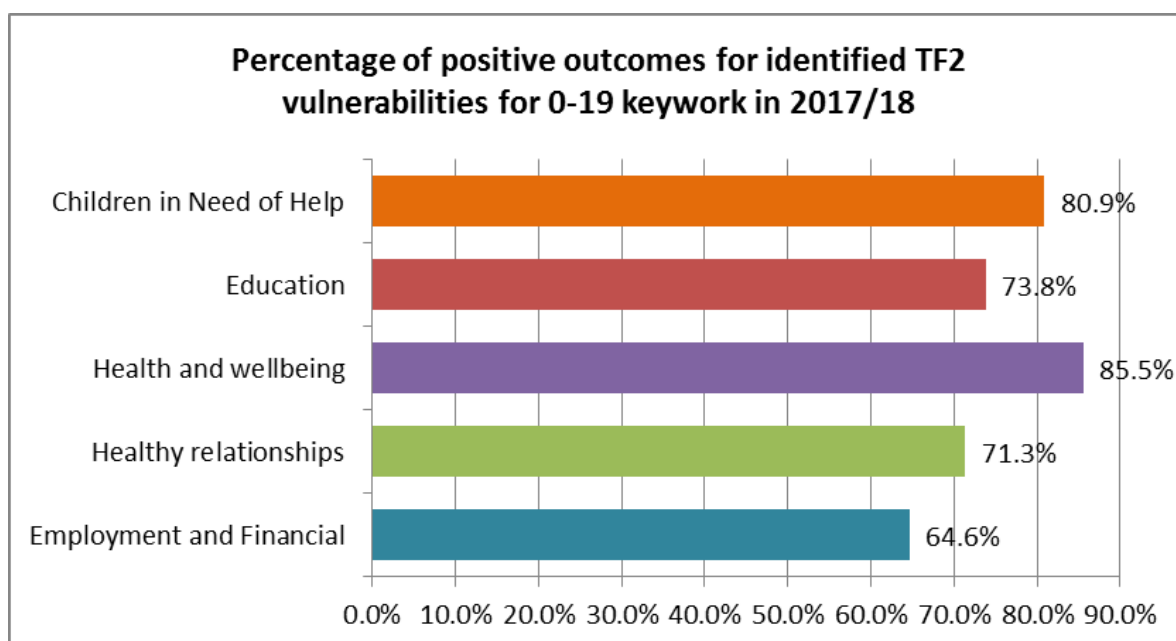
- Not increasing in need and so not requiring social care (2% of families whose keywork finished in in 2017/2018).
- Identifying the need for statutory intervention, where this is necessary for acute needs or child safety concerns (12% of episodes in 2017/2018).

The table below shows the complete breakdown of closing reasons in 2017/2018:

Keyword episode closing reason	Number of families and %
Positive outcome - risks reduced	763 (49%)
Positive outcome - level of need remained the same at Level 3	34 (2%)
Level of need remained or increased to Level 4	202 (13%)
Child/children left the area or left the home	59 (4%)
Support refused or family disengaged from the service	302 (19%)
Other: notes on the episodes show a variety of explanations, including family / member moved away, others who felt their needs had been met and so the episode was closed.	180 (12%)
Not relevant in episode - included in error e.g. adult sibling no longer in the family home	9 (1%)
Total	1,549

ii. Outcomes recorded by Level 3 Troubled Families Programme keywork

As part of the national Troubled Families Programme (TF2), Children's Services Early Help tracks the progress of families with multiple and complex needs, using professionally supervised assessments. The results are independently audited. The chart below shows recorded positive outcomes as a proportion of all identified vulnerabilities at the start of keywork in 2017/2018, by Troubled Families theme. This shows positive impacts for 86% of identified vulnerabilities under the theme of health and wellbeing (including mental health and substance misuse) and 81% of identified vulnerabilities under the theme of children in need of help were successfully addressed, which includes preventing the need for social care intervention.



Source: ESCC TF 2017/18

Troubled Families have at least two vulnerability themes. A family must make significant or sustained progress on all vulnerabilities, or a parent must move from benefits to employment, to achieve a payment by results. Receiving payments by results is an indicator of sustainable positive outcomes from keywork. The success rates between 2015 and October 2017 are shown in the table below. 61% of Troubled Families have made sustained progress on all vulnerabilities or a parent has moved into employment.

Service	Cases Closed	Successful against payment by results criteria	Not successful against payments by results criteria	Success rate
5-19 keywork	767	448	319	58%
0-5 keywork	529	349	180	66%

Source: ESCC TF October 2017

iii. Service user feedback on Level 3 keywork

Families offered keywork are routinely asked to complete questionnaires at the end of the support.

Between February 2017 and January 2018, parents completed 414 and 467 responses for 0–5 and 5–19 keywork respectively. Children and young people provided 336 responses for the same period.

The table below shows the top 5 positive impacts reported of keywork. 89-95% of respondents said things had changed for the better as a result of keywork support.

Parents report coping better (91% / 82%) and that they were keeping their children safer (69% / 65%). Children and young people reported feeling there were a lot of good things about them (86%) and that their family was getting on better (71%).

Keywork service user feedback positive impacts most frequently identified February 2017 to January 2018

0 – 5 Parents	5 – 19 Parents	5 – 19 Children and Young People
93% said that things had changed for the better as a result of contact with the service.	89% said that things have changed for the better as a result of Keywork support.	95% said things have changed for the better as a result of working with the service.
91% said being able to cope with problems had got better.	82% said that coping with new problems had got better.	86% said they were “feeling a lot of things were good about me.”
70% said helping their child to learn had got better.	72% said that keeping a routine had got better.	71% said that their family was getting on better.
70% said keeping their child out of trouble had got better.	70% said helping their children to learn had got better.	69% were doing more things to keep themselves healthy.
69% said keeping their children safe had got better.	65% of parents said that keeping their children safe had got better.	62% said that they were more able to join in with fun things where they live.

Parents made more than one hundred positive comments about how Keyworkers have helped them. Examples are included below.

It has helped me amazingly, not only with issues of domestic violence but with parenting skills also.

Always showed passion and listened to me and didn't instantly think I was wrong, but showed me a way of being right. I've learnt a lot and will use everything on a daily basis.

It's great to have support when you feel very low about family situations, and need extra ideas to cope with daily living.

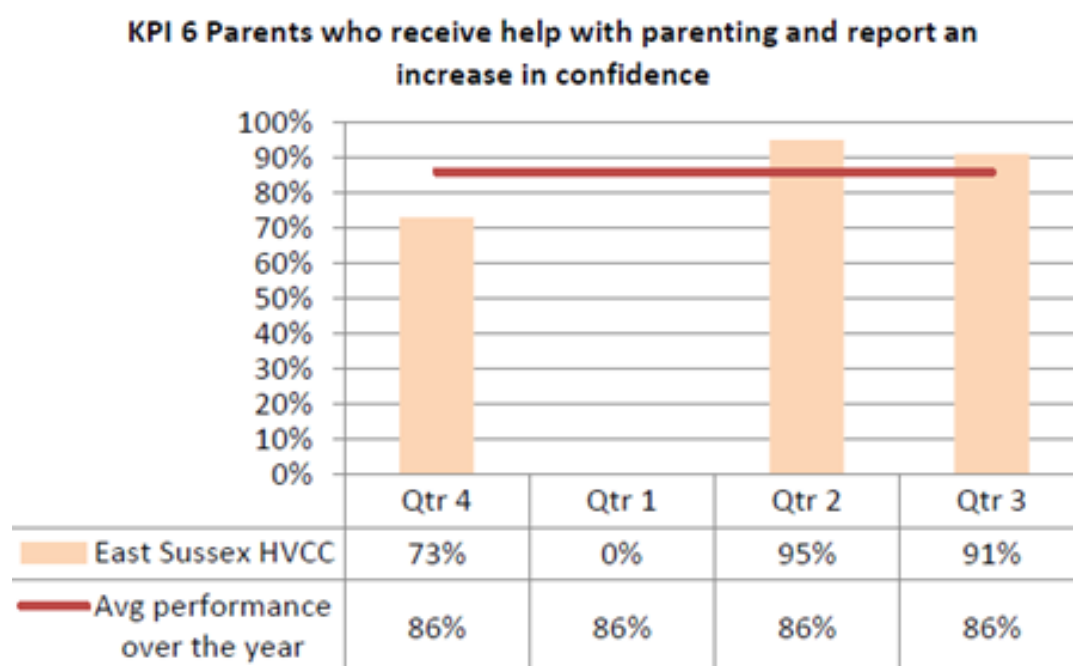
We have our freedom back, our courage, our self-worth and a family that is closer and stronger than ever.

iv. Outcomes recorded by 0-5 Level 1 and Level 2 services

Outcomes are recorded for targeted parenting groups (for families with additional needs), early years communication support and crèches which Children's Services Early Help contributes to and delivers.

Outcomes of parenting groups are shown in the chart below, which is an extract from the Health Visiting and Children's Centre early help service's performance report (KPI is key performance indicator). In the calendar year 2017 on average 86% of parents receiving

advice and group support on parenting reported an increase in confidence. Data for April-June 2017 is not available. Performance ranged from 73% to 95%.

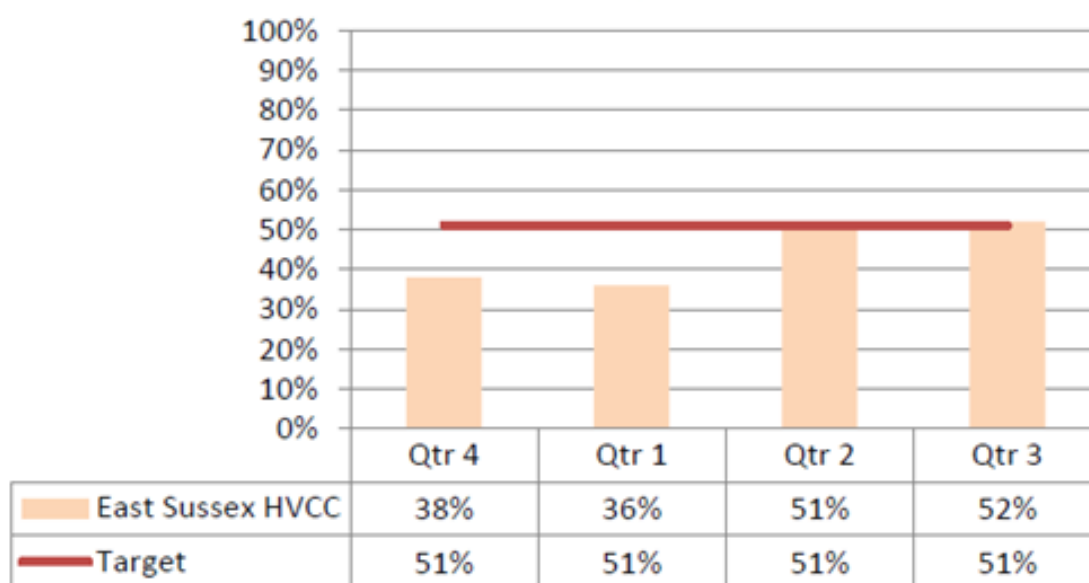


Source: Health Visiting and Children's Centres Key Performance Indicators 2017 -2018 East Sussex - Summary Document

The charts below show outcomes from early years communication support, and are also extracts from service performance reporting. In the calendar year 2017, 44% of the children supported with communication had reached the expected level of speech and language development within a year of intervention. The performance ranged from 36% to 52%.

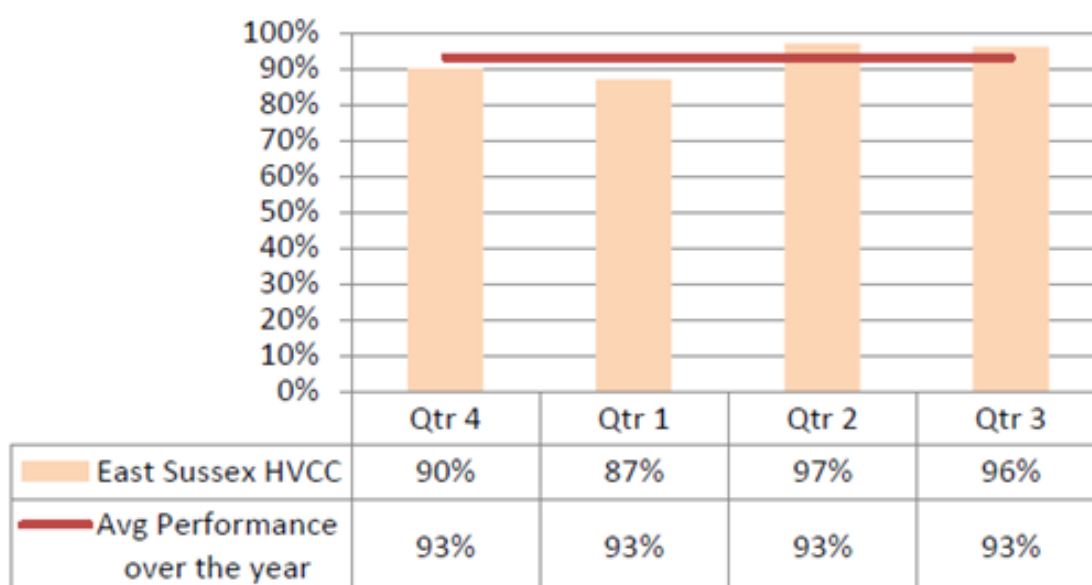
If the need was not successfully addressed, this was followed up in 93% of cases and appropriate onward referral made for specialist support. Performance ranged from 87% to 97%.

KPI 5 at risk of delay from impoverished language and as expected within 1 year



Source: Health Visiting and Children's Centres Key Performance Indicators 2017 -2018 East Sussex - Summary Document

KPI 5 at risk of delay from impoverished language and rechecked and as expected or referred to S&L



Source: Health Visiting and Children's Centres Key Performance Indicators 2017 -2018 East Sussex - Summary Document

Educational outcomes for crèche attendees for the period September 2017 to March 2018 are shown in the table below. Of 258 attendees, 197 (76%) completed the work planned while attending the crèche with 97% showing a positive impact with indicators of development against the Early Years Foundation Stage curriculum (or 74% of all attendees).

Area	Unique attendances	Number completing crèche	Number showing impact	Percentage showing impact against number completed
Eastbourne, Hailsham & Seaford	71	60	59	98.3%
Hastings & Rother	96	66	62	93.9%
High Weald, Lewes & The Havens	91	71	70	98.6%
Grand Total	258	197	191	97.0%

Source: Social Care Information System

In addition, the two nurseries run in Bexhill children's centres address children's needs in terms of educational progress. Summative data on the attending children from between October 2017 and July 2018 shows the following:

Rainbow Childcare Centre

- 90.5% of children made good progress in relation to their starting point.
- 5% of children made some progress.
- 4.5% of children made no progress (children with very low attendance).

Cygnets Childcare Centre

- 80% of children made good progress in relation to their starting point.
- 15% of children made some progress.
- 5% of children made no progress (new attendees / new in age group).

v. Service user feedback on 0-5 Level 1 and Level 2 services

Parents attending group sessions were surveyed in support of this service analysis in Spring 2018. 410 responses were received - 203 for volunteer-led open groups and 198 for staff-run targeted parenting groups. This compares to about 6,000 individuals attending these groups at least once in a year.

Open groups' most frequent positive impacts were developing and learning, feeling confident as a parent, having friends, and helping their child to learn. The staff-run groups for parents with additional needs most frequently achieved positive impacts of developing skills, having access to help and advice, helping their child to learn and feeling confident as a parent.

Reported positive impacts of attending groups in order of frequency reported

	Volunteer-run open groups (203 responses)	Staff-run parenting groups (198 responses)
1	Developing their skills and learning new things– 61%	Developing their skills and learning new things– 83%
2	Feeling confident as a parent - 58%	Getting help and advice when they need it – 75%
3	Having friends to support me – 58%	Helping their child to learn - 68%
4	Helping their child to learn – 57%	Feeling confident as a parent - 66%
5	Getting help and advice when they need it – 54%	Knowledge about keeping their child healthy- 58%
6	Knowledge about keeping their child healthy- 29%	Having friends to support me – 54%
7	Knowledge about keeping my child safe – 27%	Knowledge about keeping my child safe – 52%

Of those responding to the survey on the open access volunteer-run sessions 30% had attended for more than a year. Most of the targeted parenting groups are fixed term and respondents had attended for a few weeks at the time of survey.

Examples of free text comments from the survey:

It has helped me and my son communicate better and listen and learn.

Have developed confidence in my ability and knowledge about how to best support my baby.

We have both learned new skills to do at home. E absolutely loves the group and his concentration has improved immensely. E is saying more words.

It's invaluable to have inexpensive/free places to go in order to socialise, get out, get information and support and to break the new baby loneliness.

vi. Service user feedback on 5-19 Level 1 and Level 2 services

Outcomes of 5-19 Level 1 and Level 2 work are not currently recorded by the service.

Young people attending youth clubs and group sessions were surveyed in spring 2018 in support of this service analysis. 96 responses were received:

- 61 responses from attendees of open access youth clubs.

- 35 responses from attendees of groups for young people with particular needs e.g. young people with disabilities, who identify as LGBTQ.

This compares to around 1500 named individual attendees a year. The young people who responded to the survey reported positive impacts as shown in the table below. The highest rates of positive impact (80%+) related to joining in fun things, feeling good about themselves and, for attendees of targeted groups, keeping themselves healthy.

Reported positive impacts of attending groups in order of frequency reported

	Open access youth clubs (61 responses)	Groups for young people with specific needs (35 responses)
1	Feeling more able to join in fun things to do where they live – 80%	Feeling more able to join in fun things to do where they live – 91%
2	Feeling things are good about themselves – 69%	Feeling things are good about themselves – 80%
3	Enjoying being at school/college – 64%	Doing things to keep themselves healthy – 80%
4	Staying out of trouble in their neighbourhood – 59%	Feeling safe where they live – 66%
5	Doing things to keep themselves healthy – 57%	Their family getting on well together – 63%
6	Going to school/college as often as they should – 55%	Going to school/college as often as they should – 60%
7	Feeling safe where they live – 51%	Enjoying being at school/college – 44%
8	Their family getting on well together – 43%	Staying out of trouble in their neighbourhood – 39%
9	Drinking or drug taking not causing them problems - 5% but 74% said this wasn't relevant.	Drinking or drug taking not causing them problems - 6% but 77% said this wasn't relevant.

Examples of free text comments from the surveys:

Not being shy anymore, not being myself before I came, feel like I belong

The Youth Workers are great and have supported me in many different ways, and are always there when I need someone to talk to

I used to be violent, since coming to the club I am better now

vii. Evaluating the effectiveness of children's centres

Sure Start Children's Centres originated from a 1998 government initiative intended to give children in disadvantaged areas the 'best start in life' through a broad range of early interventions, which integrated early education, childcare, healthcare and family support services. The present 0-5 Children's Services Early Help offer has been shaped through the initiative. The [National Evaluation of Sure Start \(NESS\)](#) project ran from 2001 until 2012. The objectives of the Sure Start were to improve the health and well-being of families and young children, so that the children would have a greater opportunity to do well in school and later in life. The 2012 evaluation of families and children then aged 7, who attended Sure Start, suggests that Sure Start paid off to some degree with parent outcomes, but not with regard to child (educational) outcomes. For the whole population, mothers in Sure Start areas relative to their counterparts in control areas reported:

- Engaging in less harsh discipline.
- Providing a more stimulating home learning environment for their children.
- Providing a less chaotic home environment for boys (not significant for girls).
- Having better life satisfaction (lone parent and workless households only).

[Pressures on Children's Social Care](#) was published by the National Audit Office in January 2019. It states that where local authorities have closed children's centres it has not resulted in increased statutory children's social care activity. For those local authorities which had closed centres there was a slight fall in the number of child protection plans in future years.

viii. Evaluating the effectiveness of youth work

Youth work is described as a Level 1 or 2 offer due its lower level of intensity, although many of the young people who use the services will be from vulnerable families and may be at Level 3. Whether open youth groups in a building or street-based work, young people engaging with youth work interventions may prefer to remain anonymous, with fewer opportunities to request feedback or track progress and longer term outcomes.

Providing evidence of the impact of youth work for the targets and outcomes agenda is a nationally recognised challenge, despite services directly supporting young people in a range of fields including sexual health and teenage pregnancy, anti-social behaviour, employability, radicalisation and child exploitation.

The government's strategy for children and young people's health ([Healthy Lives, Brighter Futures](#), Department of Health, 2009) recognised the role of integrated youth support services in providing young people with information, advice, healthy opportunities and support, and the importance of services that 'are offered in a way and with a focus that speaks to their particular needs'. Several reports that evidence the impact of youth work on improving mental health, sexual health and reducing teenage pregnancy were noted.

More recently, the government announced that it is to undertake a review of statutory guidance that requires local authorities to provide youth services under plans outlined in its Civil Society Strategy ([Building a Future that works for everyone](#), 2018):

"The government recognises the transformational impact that youth services and trained youth workers can have, especially for young people facing multiple barriers and disadvantage."

It also recognises difficulties in tracking outcomes, and commits to developing the evidence base for what good youth work looks like, including improving the quality of data, and the beneficial impact this can have on young people's life outcomes.

ix. Professional feedback on Children's Services Early Help

Children's Services Early Help staff were very positive about the effectiveness of services delivered, the top three areas colleagues feel services make a difference in are:

- Improving parent capacity / positive parenting – 84% responded most effective.
- Healthier lifestyles – 81%.
- Child safety – 81%.

Examples from free text comments about service strengths:

Strongest aspects of children's centre keywork is to adopt the whole family approach when working with young children and families, otherwise progression for family would be limited.

Early Help Keywork teams are vital, so important in preventing issues from worsening within a family.

Early Years - we base our work on the child's voice, closely working with nurseries and schools.

Targeted early help reduces demands on Social Care and avoid escalation of children's issues.

Keyworkers excel at 'getting the child's voice and views' allowing them to remain at the centre of the work being carried out.

Professionals from social care and partner organisations who responded also described the positive impacts of services. The majority of respondents that had accessed the service felt the services had met their expectations. The most frequently reported positive impacts are shown in the table below by service.

Survey of professionals 2018: most frequently reported positive impacts of services

Volunteer run open groups (Level 1 universal)	Parenting groups (Level 2 additional needs)	0 – 5 keywork (Level 3 multiple and complex needs)
Child or young person's improved mental health/emotional wellbeing	Children are safer (joint first)	Children meeting physical and emotional developmental milestones
Developing community led support for children and families	Children meeting physical and emotional developmental milestones (joint first)	Children's improved readiness to start school
Socialising more/made new friends	Improved parenting capacity/more positive parenting (joint first)	Children are safer (joint third)
More involved in positive activities	More involved in positive activities	Improved parenting capacity (joint third)
Improved parent capacity/more positive parenting	Developing community led support for children and families	Safer/more hygienic home environment
Open access youth clubs (Level 1 universal)	Youth groups targeted at specific needs (Level 2 additional needs)	5 – 19 keywork (Level 2 multiple and complex needs)
Young people making safer choices including online (joint first)	Child or young person's improved mental health/emotional wellbeing	Children are safer (joint first)
Reduced risk of child sexual exploitation (joint first)	Reduced risk of child sexual exploitation	Improved behaviour at home/in the community (joint first)
Child or young person's improved mental health/emotional wellbeing (joint second)	More involved in positive activities	Child or young person's improved mental health/emotional wellbeing
More involved in positive activities (joint second)	Young people making safer choices including online	Improved behaviour/attendance/engagement at school
Socialising more/made new friends (joint second)	Reduced drug and alcohol misuse	Improved parenting capacity/more positive parenting
	Socialising more making new friends	

This indicates that partners consider services at all levels to be addressing many of the needs highlighted by the Needs Assessment such as child safety and parenting capacity, educational progress, young people's mental health and risk of exploitation. However, impact on economic exclusion, parental mental health, domestic abuse and parental substance abuse were not emphasised by partners.

Examples of free text comments from professionals outside Children's Services Early Help:

Good value for money that reduces the need for more costly intervention.

They ensure children don't slip through the net.

Early Help appears to be the only service that considers the whole family approach.

They have an excellent relationship with other agencies.

10. Effect on social care costs

An independent study has confirmed that Level 3 services (keywork) prevent social care demand and costs. This has been corroborated by the findings of an internal audit of keywork referrals.

The ISOS Partnership was engaged in 2018 to consider the effect of Children's Services Early Help on social care costs. Its summary findings were:

- The current service model in East Sussex is effective at containing social care demand and costs when compared with statistical neighbours and other comparators.
- The THRIVE [Children's Services Early Help] initiative has been clearly instrumental in reducing demand for CSC although there is evidence that need is rising, with higher numbers of referrals and social care interventions in the last two years than the immediate post-THRIVE period.
- Level 3 keywork services have played a critical role in managing and reducing need for social care intervention. Around 75% of keywork referrals would, in the absence of the service, go to Children's Social Care.

Children's Services also conducted an internal audit of keywork referrals. The caseload of the Single Point of Advice (SPoA) team was the primary source of data for the audit. Each of the cases which were referred to keywork during May 2018 was considered individually three months later by senior practitioners. The goal of the audit was to develop a clear picture of the proportion of Level 3 cases which would have likely been escalated to social care at Level 4, if there had been no option to refer to keywork.

The key finding from the process was that keywork intervention prevented 76% of the cases from being referred on to social care.

11. References

Section in document	Title of reference or report	Organisation or author	Date of publication / implementation	Internet link
9 vii	National Evaluation of Sure Start (NESS)	Birkbeck University / DfE	2012	Link
9 vii	Pressures on Children's Social Care	National Audit Office	Jan 2019	Link
9 viii	Healthy lives, brighter futures – the strategy for children and young people's health	Department for Education	Feb 2009	Link
9 viii	Civil Society Strategy: building a future that works for everyone	Department for Digital, Culture, Media and Sport	2018	Link



Children's Services
East Sussex County Council
County Hall
St Anne's Crescent
Lewes BN7 1UE
Website: www.eastsussex.gov.uk/earlyhelp
E-mail: earlyhelp.consultation@eastsussex.gov.uk
Phone: 01273 336626

May 2019



Appendix 5

Children's Services Early Help Options Analysis

Children’s Services Early Help Options Analysis

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1. Summary

We've explored the options for delivering a Children's Services Early Help service targeted to managing demand for social care – by offering targeted and intensive interventions.

We explored the best options for future services, including stopping services, in-house and external services and new delivery models. They were assessed for feasibility and affordability, keeping children safe and flexibility.

This document explains why the Council is the only viable provider of keywork services in East Sussex for families with multiple and complex needs. As a result the shortlisted options for further development were identified as: in-house services redesigned to make best use of assets and resources; sharing more children's centres with other providers of family services; exploring opportunities to bid for grant funding in partnership with other partners, where that supports Council priorities.

2. Purpose of this document

This document summarises the work to identify and assess options for providing early help in East Sussex.

The Council's strategic commissioning approach seeks to identify the best option for meeting known needs within available resources, be it decommissioning services, in-house or external services, or new delivery models.

It is one of a suite of analyses provided as supporting evidence to the draft East Sussex Children's Services Early Help Strategy, all of which are available [online](#).

The draft Early Help Strategy is based on					
National and Local Context	Needs Assessment	Service Description and Analysis	Options Analysis	Property Analysis	Outcome Analysis
<i>Consultation Analysis (following the close of public consultation)</i>					
Equality Impact Assessment					

i. How the options were identified

The Council aims to provide the best early help services to increase families' resilience, improve their lives, and manage demand for social care intervention.

The Needs Assessment identified trigger parenting vulnerabilities which lead to social care intervention - mental health, substance misuse and domestic violence issues - and their concentration in specific geographical areas.

The Service Analysis demonstrated that keywork is effective in tackling parenting risks and directly preventing the need for social care interventions. Like national studies, it was unable to demonstrate the effectiveness of wider preventative services in these terms.

Based on this information, we explored the options for delivering a Children's Services Early Help service targeted to manage demand for social care.

A long-list of theoretical options for providing targeted/intensive interventions with the most vulnerable families was identified by our research into:

- International and national studies of delivery models.
- Local innovative pilots.
- Delivery models of councils rated 'Good' by Ofsted at keeping children safe and interviews with a selection of those councils.
- External providers of early help services.

ii. How the options were assessed

The long list of theoretical options was assessed for feasibility using the following as criteria:

- Can be implemented by 1 April 2020 (the time by which we expect resources for Children's Services Early Help will have significantly reduced).
- Achievable within funding constraints: known short term funding and uncertain medium term funding.
- Addresses the priority to keep children safe.
- Builds in flexibility for different funding positions.

This process discounted a number of options, leaving a shortlist of options to take forward as the basis of the strategic commissioning proposal.

3. Findings from research and market analysis

i. Research on good practice

We researched what makes early help effective at supporting vulnerable families to be able to look after their children without social care intervention.

There is considerable variation at national level as to what kind of delivery makes up an early help service offer.

There is increasing recognition of the importance of local commissioning, understanding the local context and the particular needs and demands of the local population to inform prioritisation and targeting of services ([Early Intervention Foundation report 2018](#)).

[ADCS Research in Practice 2014](#) emphasised the need for responsive early help services to recognise and respond to the distinct needs of adolescents. ADCS '[Evaluation of Effective Early Help Services](#)' recommended a focus on early years and school readiness.

Ofsted's thematic inspection of early help services ([Early Help – Whose Responsibility? 2015](#)) highlighted the value of targeting support at families with parental drug and alcohol dependency, domestic abuse and poor mental health.

The [National Troubled Families \(TF\) Programme Evaluation](#) (DCLG 2017) emphasised the benefits of multi-agency working, but stressed the need to improve engagement between local authorities and the voluntary and community sector to ensure that families are supported beyond their involvement with the Troubled Families programme.

Although the literature proposed good practice in delivering services for families with multiple and complex needs, there was no validated evidence to indicate the particular effectiveness of any model over another.

Our literature review suggested the importance of:

- A child / young person centred approach.
- Offering parenting support across all ages.
- Using relationship-based practice.
- Effective assessment and planning.
- Multi-agency communication and cooperation.
- Good leadership, management and supervision.

Research into international practice in early help support mirrored national findings and recommendations. There is some innovative practice in this area, however much of this involves a much higher level of investment and delivery of a universal offer (with some targeted provision).

We explored early help models delivered by four other local authorities with 'good' or 'outstanding' Ofsted reports (North Yorkshire, North East Lincolnshire, Essex and Hackney) – all had:

- A Continuum of Need model.
- A single front door.
- Similar models of assessment, targeted and solution-focused interventions.

- Closed a number of Children's Centres.
- Recognised the value of step up / step down activity (moving families between early help and social care).

East Sussex Children's Services has been developing the offer of short term work, and there is ongoing exploration of 'minimal sufficiency' and doing enough to prevent escalation to the need for social care. We have been piloting Intensive Family Keywork. This is partnership delivery of highly intensive (almost daily) keywork for families on the cusp of social care involvement, particularly for older children. There are initial positive indications that this approach benefits families and young people and could be an enhancement to the current keywork model.

ii. Market Analysis

External providers of early help for East Sussex were researched in detail in a Market Analysis. This took information from the East Sussex Community Information Service, East Sussex Better Together provider mapping activities, and from stakeholder engagement work and research on other councils to identify current providers of relevant services in the public, private, voluntary and community sectors. It enabled the evaluation of potential market development opportunities for delivery of early help services.

Nearly 70 providers were identified in the private, public and third sectors, ranging from a local support group for toddlers to national organisations.

Potential providers based in East Sussex are small in size and are currently providing lower intensity interventions with families with additional needs, rather than families at risk of needing social care intervention. Experience of previously outsourcing Children's Services Early Help suggests that smaller local providers may struggle to develop their offer:

- Across wider geographies.
- To lead a multi-agency approach to families.
- To build relationships with families unwilling to engage.
- Changing from preventative services for families needing extra support to intensive services for families with complex needs, especially managing the risks at the threshold with statutory intervention.
- Applying the required professional standards and providing the necessary supervision and professional development.
- Meeting additional training costs / training support requirements.

The market analysis identified low likelihood that existing providers will be able to meet early help needs. Further, taking on responsibility for early help elements of safeguarding at reducing levels of funding may not be an attractive proposition for providers of family support and advisory services.

NSPCC and Barnardo's, as large national organisations providing a range of children's services, might theoretically be potential providers. Barnardo's is involved in a strategic partnership with Newport in which they work together to provide a continuum of family support services with some shared funding. However, there are no examples of NSPCC or Barnardo's acting as outsourced provider of early help.

4. Options and discounting

24 potential options were identified, in the following groups:

- No change.
- Decommission.
- External options.
- Partnership model options.
- Funding model options.
- ESCC service redesign options.

The options were not mutually exclusive. They were assessed against four feasibility criteria. The assessment's goal was to discount unfeasible options and arrive at a shortlist of options for further evaluation.

The assessment was carried out by a Review Board which included Children's Services Early Help managers, Orbis Business Services, Children's Social Care, Public Health and Communities departments.

The **no change** option was discounted because it would not be achievable within the known short term funding (from April 2020).

The **decommission** option means no longer providing any Children's Services Early Help services. It was discounted because not providing them would increase social care costs, as described in the [Service Analysis](#).

External options for early help have been discounted on the grounds that:

- They could not be implemented by 1 April 2020.
- Medium term funding uncertainty prevents effective procurement and/or due diligence activities.
- Risks to child safety – around splitting child protection systems between two organisations.

Externalising early help is considered a risk to children's safety as it involves the separation of provision from in-house social services, i.e. dividing child safeguarding arrangements between suppliers. The current Children's Services Early Help service is strongly connected to social care through a single triage and records system and a single joined up process across the Continuum of Need. In the current in-house system, families move smoothly between the two services when their needs reduce or increase. Externalising would increase risks to children as a result of the following:

- Probability that the record systems would be separate.
- Costs and risks of information sharing.
- Handover risks.
- Potentially disrupting current workers' relationships with families.
- Families obliged to re-tell stories.
- Reduced ability to move cases between early help and Children's Services social care and vice versa, in children's interests.

If early help was outsourced, there could be a perverse incentive for an early help provider to assess more complex families requiring intensive or extended support as requiring statutory social care intervention. This might lead to friction in the system or cost shunting.

The review of other councils' delivery models found no examples of externalising early help, except as part of the outsourcing of Children's Services. Essex County Council has recently outsourced wellbeing services to Virgin Care, this overlaps the early help scope, but is too new to evaluate. East Sussex previously outsourced 11-19 Keywork to East Sussex voluntary organisations, and later brought the service back in-house to improve performance. These organisations no longer provide any keywork service. A market analysis has identified a low likelihood that existing East Sussex providers of family support and advisory services will be able to meet high risk early help need within the available resources.

Partnership options were discounted for similar reasons to external options: implementation timelines, impracticable in the uncertain medium term funding context and because they would divide provision of children's safeguarding services, increasing risk to children.

Some **funding models** were not feasible. Crowdfunding and civic crowdfunding were discounted on the grounds that they are unlikely to generate funding for children's centres or Children's Services Early Help. These services do not have the characteristics of a successful crowdfunding campaign, which are:

- Citizen to citizen, or initiated by citizen campaign/petition to local government.
- Focussed on public spaces and facilities available to whole communities.
- For something new/additional, rather than replacing public funding.

(Source: Nesta, *Crowdfunding Public Services*, 2015)

Successful civic crowdfunding project examples identified by desktop review are urban, and based on shared responsibility for improving a city/district of a city.

Establishing commercial early years / Children's Services Early Help universal services was discounted due to market conditions, and the expectation that income would not justify the cost.

Service redesign options for internally delivered services were also discounted because they were not expected to ensure child safety. Targeting services to pre-birth and 3 years or younger (including the first 100 days) was felt to be insufficient to manage the risks to children up to 18 years old, as family circumstances can change over time. Integrating with ESCC Early Years services was not expected to yield significant savings. Integration with emotional and wellbeing support in education services was discounted due to proposals for reductions in those services. Absorption of Children's Services Early Help into social care services was discounted due to the risk that resources would be drawn from preventative to reactive activity. Withdrawing from the current integration of Children's Services Early Help services for 0-5 Years with Health Visiting was also discounted, because it did not support affordability of the service, nor promote child safety.

Integration of 0-5 Children's Services Early Help services with Health Visiting delivers the following benefits:

- Ensures co-location of services.
- Enables a single, joined up offer to families with children 0-5, national good practice recommends this as the most crucial period to influence families.
- Integrated health and social care information systems in the age range in which the risk of child deaths from neglect are highest.
- Some shared financial management, with scope to develop this further.

Conclusions from the feasibility assessment are summarised in the table over page.

Assessment of option feasibility against criteria

Group of options	Options	Assessing Feasibility of Options				Conclusion
		Feasible within timescale (1/4/2020)	Feasible within funding constraints and uncertainty	Prioritises keeping children safe	Builds in flexibility	
Feasibility Criteria met: High-3, Medium 2, Low 1, Not met 0						
No change	1. Do nothing (status quo)	3	0	3	2	Discount
Decommission	2. Do not provide early help Services	3	0	0	0	Discount
External options	3. Commission early help from external provider or providers	0	0	0	1	Discount
	4. Create an early help social enterprise	0	0	0	1	Discount
	5. Transfer early help activity into schools and/or School Nursing	0	0	0	1	Discount
Partnership options	6. Jointly commission early help services with Accountable Care Bodies	0	0	0	1	Discount
	7. Partner Children’s Services Early Help Activity with onsite commercial Early Years provision	1	1	3	1	Explore via public consultation
	8. Merge early help activity with an external service e.g. <ul style="list-style-type: none">Food banksCitizens AdviceJob Centre PlusSTAR/relevant ASC ServicesAdult Education	0	0	0	1	Discount
	9. Merge Children’s Services Early Help with other Local Authority	0	0	0	1	Discount
Funding Model options	10. Commercial services: charge families and/or schools for a broader universal early years service	0	0	2	1	Discount
	11. Generate new grant funding for Children’s Services Early Help – working in partnership as appropriate	1	1	3	1	Ongoing

Group of options	Options	Assessing Feasibility of Options				Conclusion
		Feasible within timescale (1/4/2020)	Feasible within funding constraints and uncertainty	Prioritises keeping children safe	Builds in flexibility	
Feasibility Criteria met: High-3, Medium 2, Low 1, Not met 0						
Funding Model Options	12. Generate crowdfunding or civic crowdfunding for Children’s Services Early Help	1	0	3	1	Discount
In-house service redesign options	13. Provide Children’s Services Early Help Services integrated 0-19	3	1	3	2	Short list
	14. Target Children’s Services Early Help activity to higher levels of need	3	3	3	1	Short list
	15. Target activity to those family vulnerabilities most likely to lead to crisis and social care intervention	3	3	3	2	Short list
	16. Deliver activities from fewer locations	3	2	3	2	Short list
	17. Focus activity on keywork services	3	2	3	2	Short list
	18. Target activity to first 100 days of a child’s life	3	3	0	1	Discount
	19. Target activity to edge of care	3	2	1	2	Shortlist
	20. Target activity into shorter, more intense interventions where appropriate	3	2	1	2	Shortlist
	21. Integrate Children’s Services Early Help with teams related to school attendance, behaviour, emotional wellbeing	3	0	1	0	Discount
	22. Integrate Children’s Services Early Help y with statutory social work	3	1	0	3	Discount
	23. Integrate Children’s Services Early Help with Early Years sufficiency activity	3	0	1	3	Discount
	24. Offer universal health services separately from early help	0	0	0	2	Discount

5. Options moving forward

The following options were identified to be taken forward together through development of the proposal.

1. Increasing **grant funding bids** for Children's Services Early Help activity, in partnership with the voluntary and community sector as appropriate, where this supports Council priorities. The context, however, is funding restrictions from many sources, e.g. local and central government, trusts and foundations. This creates challenging bidding conditions, meaning this option can realistically only offer additionality rather than replacing funding streams.
2. Children's Services Early Help **service redesign**, which should take into account:
 - Integrated management for the service from 0 to 19 years.
 - Targeting activity to keywork, higher levels of need and those family vulnerabilities most likely to lead to crisis and social care intervention, and support to children and young people on the edge of care.
 - Delivering activities from fewer locations.
 - Working with the right children for the right amount of time - shorter, more intense interventions where appropriate.
3. **Sharing centres** with private sector providers. The feasibility of sharing more children's centres with private sector providers has been considered in outline. Public consultation provides the opportunity for potential private, public or third sector partners to make proposals for sharing or re-designating centres.

6. References

Section in document	Title of reference or report	Organisation or author	Date of publication / implementation	Internet link
3	What is Early Intervention?	Early Intervention Foundation	2018	Link
3	That Difficult Age	Research in Practice / ACDS	2014	Link
3	Evaluation of effective early help services	ACDS	2016	Link
3	Early help: whose responsibility?	Ofsted	2015	Link
3	National evaluation of the TF Families Programme	Department for Communities and Local Government	2017	Link

The following references and sources were used for the literature review and research into early help services and support nationally and internationally:

Title of reference or report	Organisation or author	Date of publication / implementation	Internet link
Scrutinising alternative delivery models for children's services	Centre for Public Scrutiny / Local Government Association	Dec 2017	Link
A framework of outcomes for young people	The Young Foundation	2012	Link
Essex Virgin Care (website for info)	Essex County Council, Virgincare	current	Link
Infants and Young Children - an interdisciplinary journal of Early Childhood Interventions	Journal	current	Link
Eurochild - Compendium of Inspiring Practices, Early Intervention and Prevention in Family and Parenting Support	Eurochild	2012	Link
Evaluation of a LENA-Based Online Intervention for Parents of Young Children	Research Gate - Journal of Early Intervention	Jul 2017	Link



Children's Services
East Sussex County Council
County Hall
St Anne's Crescent
Lewes BN7 1UE
Website: www.eastsussex.gov.uk/earlyhelp
E-mail: earlyhelp.consultation@eastsussex.gov.uk
Phone: 01273 336626

May 2019



Appendix 6

Children's Services

Early Help Review Property Analysis

Early Help Review Property Analysis

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1. Summary

This document assesses whether East Sussex County Council Children's Services Early Help could make better use of property to provide future services.

Children's Services Early Help operates 26 buildings designated as children's centres for services to support families with children aged up to 5 years, and 4 youth work centres used for support for older children and their families.

As part of the early help strategic commissioning review, these properties were assessed to check they are in the local areas identified with higher needs, are currently well-used to provide Children's Centres and Health Visitors services, offer accommodation and are suitable to act as hubs for services in future, or whether activities could be relocated to nearby Council properties.

This document identifies 16 buildings which are more suitable for future service provision and 14 which are less suitable.

As part of a consultation with the public and our stakeholders, we are seeking expressions of interests from organisations able to provide services to families with children aged 0-5 years or education services, in any of the children's centres which are proposed for re-designation or closure.

2. Introduction to the Property Analysis

This Property Analysis is one of the documents which together form the evidence base for the draft Children's Services Early Help Strategy, supporting our proposal for future use of properties. These documents are available [online](#) as follows:

The draft Early Help Strategy is based on					
National and Local Context	Needs Assessment	Service Description and Analysis	Options Analysis	Property Analysis	Outcome Analysis
<i>Consultation Analysis (following the close of public consultation)</i>					
Equality Impact Assessment					

A wide range of factors were used to inform the assessment of East Sussex children's centres, the key factors to consider being:

- Current usage to provide activities/sessions/services to families.

- No council buildings nearby into which services could be integrated.
- Capacity and suitability for providing staff accommodation for future services.
- Suitably located to service areas of high need / countywide reach.
- Value for money.

The analysis has taken into account findings from the Needs Assessment, Service Analysis, and Options Analysis as well as considerations for each building.

Section 3 of this document details key findings of the Needs Assessment exercise, first in summary and then at ward level. This has provided high level information on the level of needs in local populations. The key factors used to assess the potential early help needs of the population local to each building are:

- Indices of multiple deprivation 2015 (latest available figures).
- Assessment of need for families with 0-5 year olds, snapshot April 2018 (Health Visiting Continuum of Need level assessment data was used to estimate the number and percentage of the 0-5 year old caseload per level on the Continuum of Need).
- Number and percentage of Children in Need of social care, snapshot May 2018 (children aged 0-15 years old recorded as at Level 4 on the Continuum of Need).

Section 4 maps the locations of each of the current children's centres in East Sussex.

Section 5 presents a list of the current children's and youth centres and the assessment findings.

3. Assessing the needs of the East Sussex population by area

i. Headlines from the Needs Assessment

It is estimated that over 7% of families with children need help to keep their children safe and well. Evidence from the needs assessment indicates that parenting vulnerabilities are closely associated with deprivation, and are prevalent on the coastal strip.

Their prevalence is expected to increase where economic vulnerabilities are increasing and impacting the most vulnerable families.

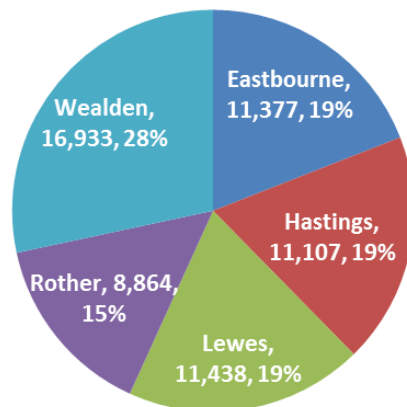
Hastings and Eastbourne boroughs have the poorest outcomes or scores for the majority of measures documented in the Needs Assessment, suggesting that these areas should be prioritised for early help support.

Pockets of need in other locations may be masked by the grouping of data under the districts e.g. communities in Wealden and Rother, or the borough of Lewes, which includes Newhaven, Peacehaven, Seaford and Telscombe.

ii. Numbers of families with children living in East Sussex by district and borough

Eastbourne, Hastings and Lewes have approximately the same number of households with children (11,100 to 11,400) whilst Rother has fewer, and Wealden has a larger population overall and therefore significantly more households with children:

Number of Households with children (latest available, 2014)



iii. Areas of highest deprivation and potential need

Social and economic deprivation is strongly associated with need for early help services (Department of Work and Pensions, *Improving lives: Helping workless families*, 2017). East Sussex has seen improvements in comparative deprivation, but Eastbourne, Hastings, Rye and Newhaven have deprivation in the highest 20% nationally.

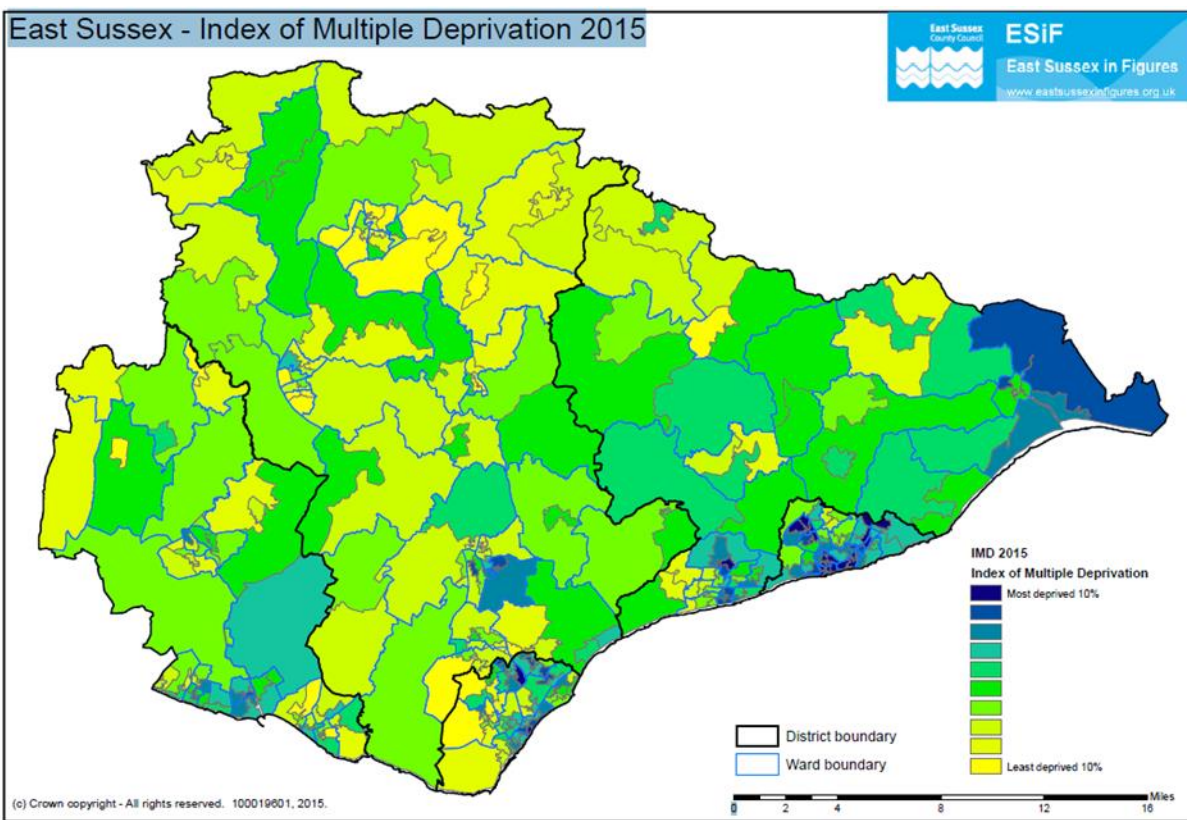
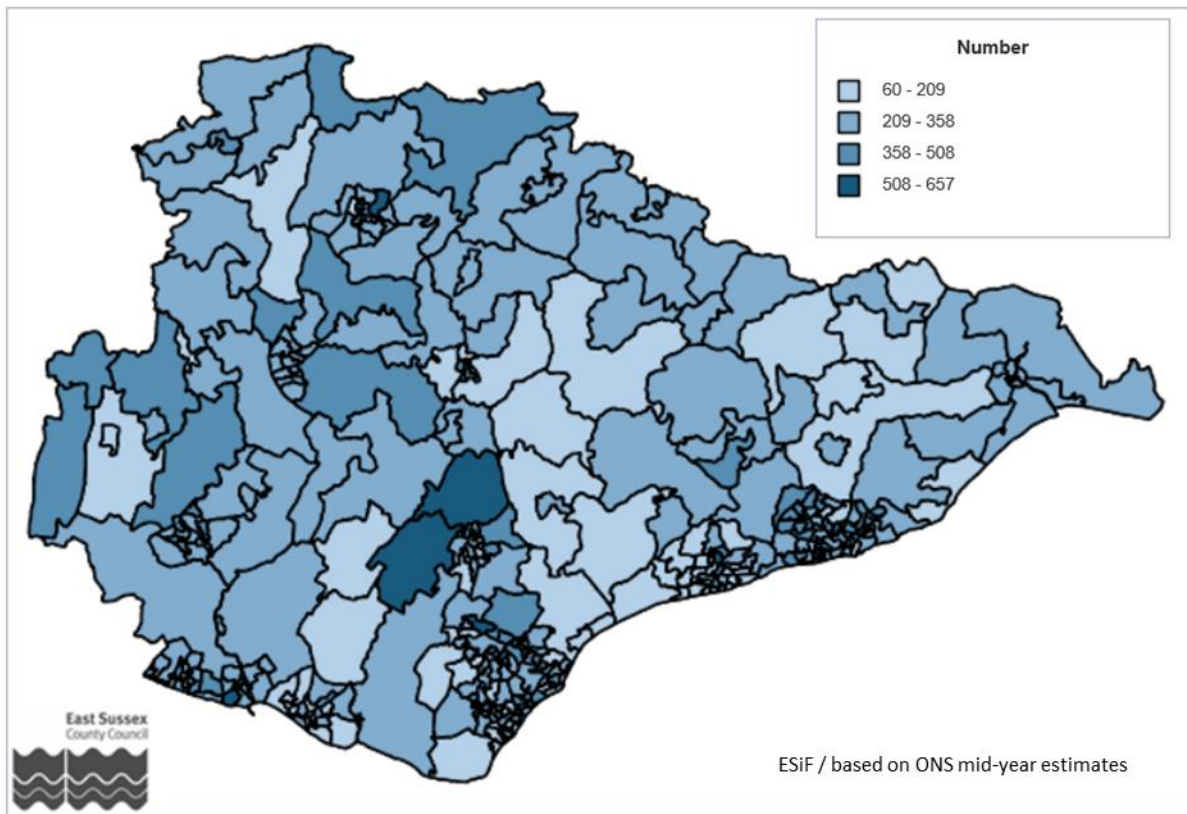
In Hastings, Eastbourne and Rother crime domain of indices of deprivation (violence, burglary, theft and criminal damage latest available comparable data) was recorded in 2013/14 as the highest 10% in the country.

Neighbourhoods in Rye, Hastings, Eastbourne, Hailsham and Peacehaven are amongst the 10% most education deprived in the country (for educational achievement and progression).

19 out of 329 neighbourhoods in East Sussex are among the 10% most deprived in England. 16 of these are in Hastings, two are in Eastbourne and one in Rother (Sidley, Bexhill).

An East Sussex map showing the estimated 0-15 population by Lower Super Output Area (LSOA) follows on the next page, above the map for the 2015 Index of Multiple Deprivation (latest available) for comparison.

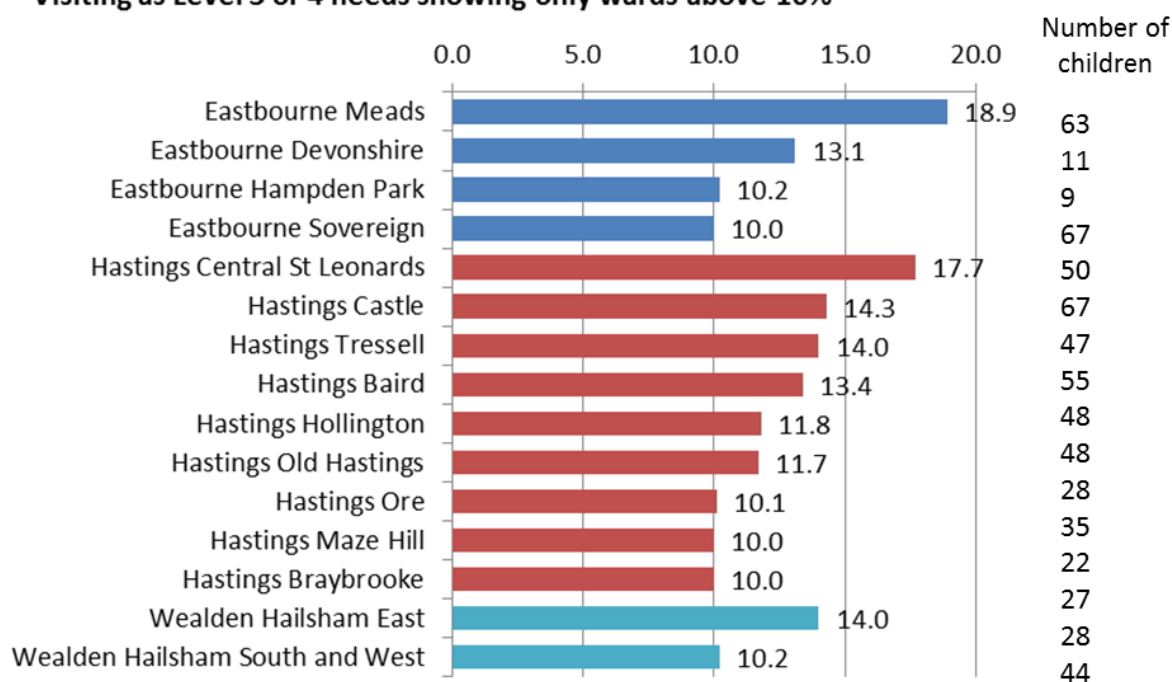
Population estimates children age 0-15 years, number per LSOA, 2016



iv. Health Visiting measurement of need by postcode – highest need areas

Health Visiting Continuum of Need level assessment data (April 2018 snapshot) was used to estimate the number and percentage of the 0-5 year old caseload per level on the Continuum of Need. The data showed that in 4 Eastbourne wards, 9 Hastings and St Leonards wards, and in 2 Hailsham wards, 10% or more children have been assessed as having L3 or 4 needs. There were no wards in either Rother or Lewes with this proportion of L3 / 4 needs. The percentages and actual numbers of children with L3 / 4 needs are shown in the following chart.

Percentage of 0-5 child population assessed by Health Visiting as Level 3 or 4 needs showing only wards above 10%



Source: HV data April 2018

v. Children in Need of social care by postcode

The following table lists the wards with 50 or more Children in Need of social care or CiN (at Level 4 of the Continuum of Need) over the period December 2017 to November 2018, also as a percentage of the latest population estimate for the ward. This measure gives a focus on those wards with the greatest number of children who are likely to benefit from early help support. These are the figures used to illustrate potential early help need in the subsequent summaries for each children's centre and youth work centre site. The ranking for the total number of CiN per ward is also shown (where 1 is the highest number of CiN).

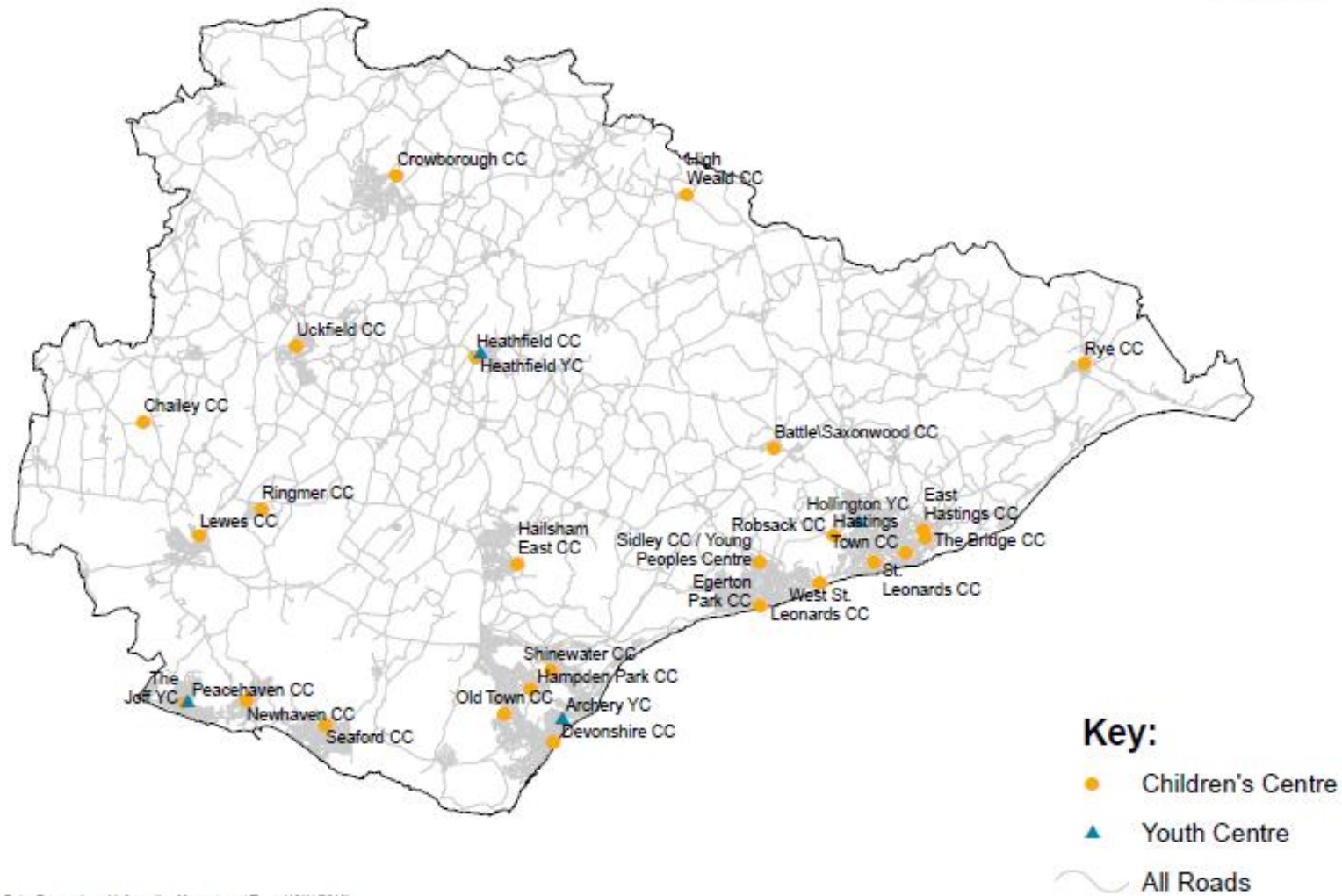
District or borough	East Sussex wards with 50 or more CiN	Estimated number of children aged 0 -17 years	Total no.of CiN by postcode Dec17 - Nov18	% of CiN per population of 0-17 year olds	Ranking for number of CiN per ward
Eastbourne	Devonshire	2841	225	7.9%	1
Eastbourne	Hampden Park	2707	221	8.2%	2
Eastbourne	Langney	2517	203	8.1%	3
Eastbourne	St Anthony's	2552	135	5.3%	6
Eastbourne	Sovereign	2200	119	5.4%	9
Eastbourne	Old Town	2692	114	4.2%	11
Eastbourne	Meads	1432	113	7.9%	12
Eastbourne	Upperton	1420	93	6.5%	15
Eastbourne	Ratton	1574	58	3.7%	24
Hastings	Baird	1439	183	12.7%	4
Hastings	Tressell	1509	134	8.9%	7
Hastings	Central St L	1178	132	11.2%	4
Hastings	Gensing	1297	123	9.5%	9
Hastings	Hollington	1719	115	6.7%	10
Hastings	Wishing Tree	1259	104	8.3%	13
Hastings	Castle	1298	99	7.6%	14
Hastings	Braybrooke	1100	77	7.0%	17
Hastings	Ore	1222	71	5.8%	19
Hastings	West St L	1130	71	6.3%	19
Hastings	Ashdown	1336	53	4.0%	27
Lewes	N'ven Denton & Meeching	1970	157	8.0%	5
Lewes	Newhaven Valley	964	75	7.8%	18
Lewes	Ouse Valley & Ringmer	1241	67	5.4%	20
Lewes	E Saltdean & T Cliffs	1553	61	3.9%	22
Lewes	Peacehaven North	984	60	6.1%	23
Lewes	Peacehaven West	805	54	6.7%	26
Lewes	Lewes Priory	1788	51	2.9%	28
Rother	Sidley	1467	123	8.4%	7
Wealden	Hailsham South & West	1852	120	6.5%	8
Wealden	Hellingly	1924	81	4.2%	16
Wealden	Hailsham East	772	63	8.2%	21
Wealden	Polegate North	1336	60	4.5%	23
Wealden	Pevensey & Westham	1893	57	3.0%	25

Source: ESCC Social Care data 2018 / ONS population estimates 2017

4. The location of current children's centres in East Sussex

A map of East Sussex giving the locations of the existing 26 children's centres and 4 youth centres funded by Children's Services is shown overleaf followed by the map of ward and district / borough boundaries for reference for the remainder of this document.

Children's Centres & Youth Centres East Sussex



Produced by Data, Research and Information Management Team (13/11/2018)

Boundary map of East Sussex 2002/03 – wards including 2007 Wealden parish amendments



WEALDEN

- 49. Crowborough East
- 50. Crowborough Jarvis Brook
- 51. Crowborough North
- 52. Crowborough St. John
- 53. Crowborough West
- 54. Hailsham Central & North
- 55. Hailsham East
- 56. Hailsham South & West
- 57. Polegate North
- 58. Polegate South
- 59. Uckfield Central
- 60. Uckfield New Town
- 61. Uckfield North
- 62. Uckfield Ridgewood

ROTHER

- 40. Central
- 41. Collington
- 42. Kewhurst
- 43. Old Town
- 44. Sackville
- 45. St. Marks
- 46. St. Michaels
- 47. St. Stephens
- 48. Sidley

LEWES

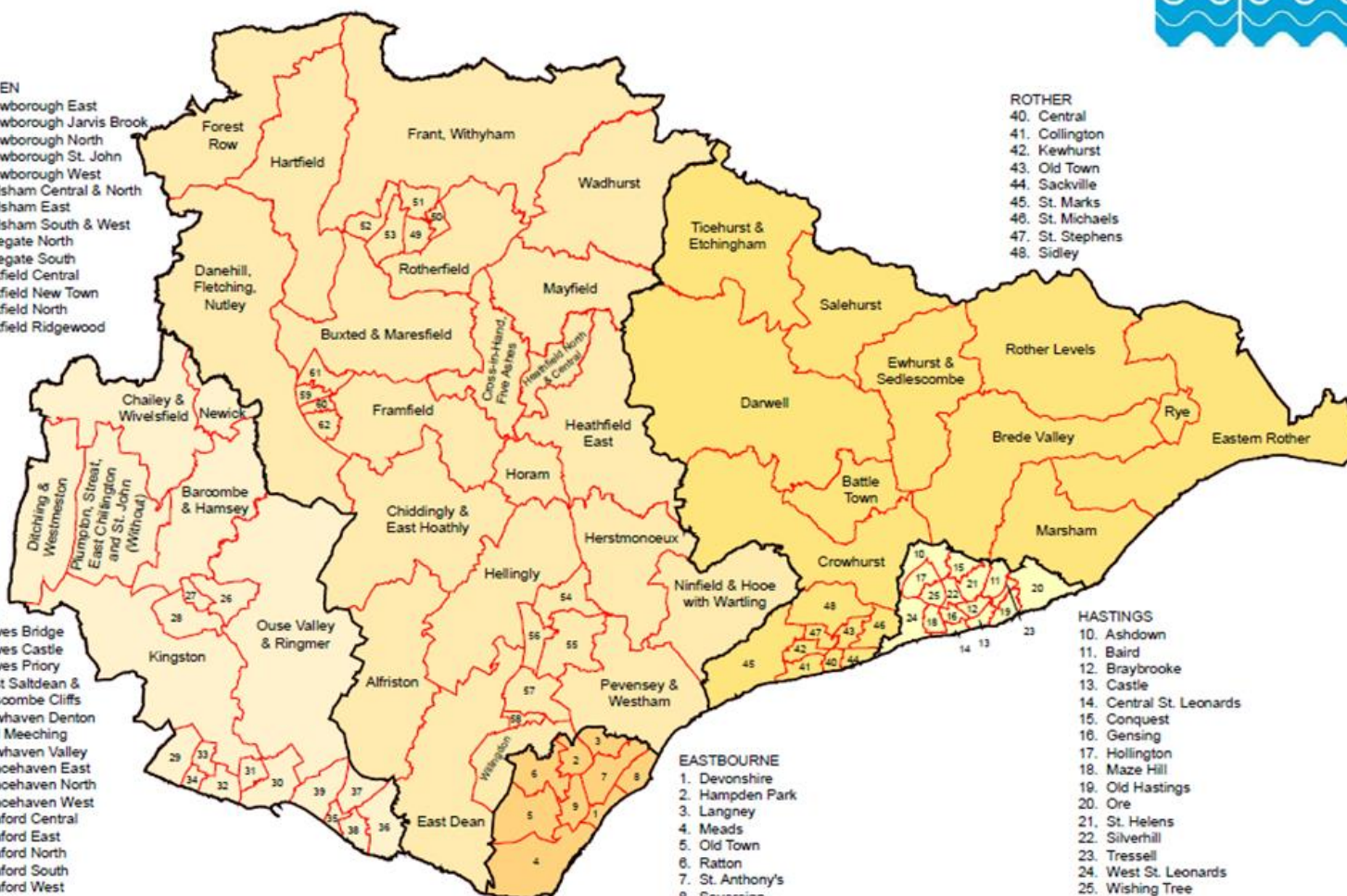
- 26. Lewes Bridge
- 27. Lewes Castle
- 28. Lewes Priory
- 29. East Saltdean & Telscombe Cliffs
- 30. Newhaven Denton and Meeching
- 31. Newhaven Valley
- 32. Peacehaven East
- 33. Peacehaven North
- 34. Peacehaven West
- 35. Seaford Central
- 36. Seaford East
- 37. Seaford North
- 38. Seaford South
- 39. Seaford West

EASTBOURNE

- 1. Devonshire
- 2. Hampden Park
- 3. Langney
- 4. Meads
- 5. Old Town
- 6. Ratton
- 7. St. Anthony's
- 8. Sovereign
- 9. Upperton.

HASTINGS

- 10. Ashdown
- 11. Baird
- 12. Braybrooke
- 13. Castle
- 14. Central St. Leonards
- 15. Conquest
- 16. Gensing
- 17. Hollington
- 18. Maze Hill
- 19. Old Hastings
- 20. Ore
- 21. St. Helens
- 22. Silverhill
- 23. Tressell
- 24. West St. Leonards
- 25. Wishing Tree



5. Current children's centre and youth centre information

A list of the 26 current children's centres and 4 youth centres funded by ESCC Children's Services is shown below:

Eastbourne Borough	<ul style="list-style-type: none"> •Shinewater Children's Centre •Hampden Park Children's Centre •Old Town Children's Centre •Devonshire Children's Centre •Archery Youth Centre Eastbourne
Hastings Borough	<ul style="list-style-type: none"> •Robsack Children's Centre •West St Leonards Children's Centre •Hastings Town Children's Centre •St Leonards Children's Centre •East Hastings Children's Centre •The Bridge Hastings Children's Centre •Hollington Youth Centre Hastings
Lewes District	<ul style="list-style-type: none"> •Chailey Children's Centre •Lewes Children's Centre •Ringmer Children's Centre •Peacehaven Children's Centre •Newhaven Children's Centre •Seaford Children's Centre •Joff Youth Centre Peacehaven
Rother District	<ul style="list-style-type: none"> •Sidley Children's Centre •Egerton Park Children's Centre •Saxonwood (offices only) •Battle Children's Centre •Rye Children's Centre
Wealden District	<ul style="list-style-type: none"> •Uckfield Children's Centre •Crowborough Children's Centre •Hailsham Children's Centre •High Weald Children's Centre •Heathfield Children's Centre •Heathfield Youth Centre

Information about each of the Children's Centres in turn is given in the remainder of this section.

Estimated annual running costs are based on an average of all building, utilities and associated costs for the financial years 2016/17 and 2017/18.

Average one off maintenance including capital spend is based on an average of itemised spends over £10,000 which are not needed on an annual basis e.g. on a new boiler or redecoration, for the financial years 2016/17 and 2017/18.

Staff accommodation information provides:

- The number of NHS staff currently based at the location.
- The number of ESCC Early Help staff currently based at the location.
- The total number of current work spaces (noting that one work space can accommodate more than one member of staff due to part-time and mobile working).

The building's cost and suitability for the provision of the Early Help service is rated in terms of value for money (good or less good).

Recent activities are sessions which have been delivered at the location in the past 12 months.

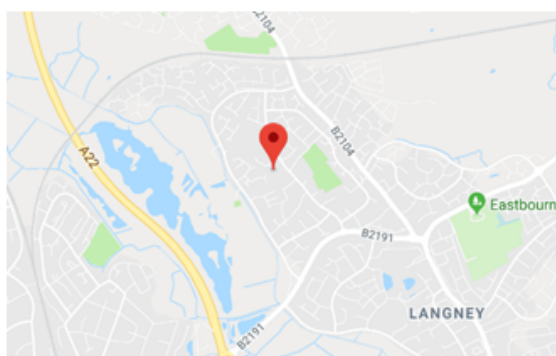
Shinewater Children's Centre

LOCATION Milfoil Drive Eastbourne BN23 8ED

CONCLUSION : suitable for providing future services

Shinewater Children's Centre is central to a number of the most deprived northern Eastbourne wards, and this could therefore be an efficient and appropriately positioned staff hub for Early Help activity in Eastbourne.

This property is frequently used to offer Early Help services and community activity, there are no alternative Council buildings nearby. It offers good accommodation for staff, and is good value for money.



LOCATION AND LOCAL NEEDS

Shinewater Children's Centre is positioned in the Langney ward, about a mile from the edge of the Hampden Park ward and about 3 miles from Devonshire ward. It is fairly central to a number of Eastbourne wards with LSOAs assessed as the most 20% deprived in England.

Langney ward has a high percentage and very large population of 0-17 Children in Need at 8.1% (203 children). Health Visitor assessments for 0-5s at Level 3 or 4 were only just above the average at 8.8%.

Shinewater is the current nearest centre for St Anthony's and Sovereign wards, which have relatively low needs but a large population of families.

INTEGRATION OPTIONS

There are no suitable Council buildings nearby into which services could be integrated

£ FINANCIAL

Freehold, owned by ESCC

Estimated annual running costs £27k

Average one off maintenance including capital spend based on 2016/17 and 2017/18 = £0k

Planned capital spend 2018/19 = £0k

STAFF ACCOMMODATION



ESCC = 14

NHS = 0

(current number of workspaces = 12)

RECENT ACTIVITIES

ESCC / NHS	Community /voluntary
Family Learning, HENRY, Child health clinics, Post natal group, Incredible Years, Small Beginnings, Early years speech & language, Stories & Singing,	Buddies Den Bizzy kidz Settle & Play Art Therapy

Hampden Park Children's Centre

LOCATION 12 Broderick Close Eastbourne BN22 9NQ

CONCLUSION : unsuitable for providing future services

Hampden Park is not frequently used to offer Early Help services and has limited capacity to accommodate staff. ESCC do not maintain the centre, but pay a £30,000 a year fee, which is less good value for money than other centres.

Shinewater Children's Centre is 2 miles away and provides an appropriately positioned staff hub for Early Help activity in Eastbourne. Archery Youth Centre is just over 2 miles away.



LOCATION AND LOCAL NEEDS

Hampden Park has one LSOA rated as one of the most deprived 10% in England.

The ward has a high percentage and very large population of 0-17 Children in Need at 8.2% (221 children).

10.2% of 0-5s were assessed as L3 or 4 by Health Visiting 67 children),

INTEGRATION OPTIONS

Early Help services could be integrated into the Shinewater site and local community buildings

£ FINANCIAL

Leasehold, ESCC do not own this property

Estimated annual running costs = £32k

Average one off maintenance including capital spend based on 2016/17 and 2017/18 = £0k

Planned capital spend 2018/19 = £0k

STAFF ACCOMMODATION



ESCC = 0

NHS = 0

(current number of workspaces = 3)

RECENT ACTIVITIES

ESCC / NHS	Community /voluntary
Health clinic	No courses currently offered

Old Town Children's Centre

LOCATION Pavilion Ocklynge Primary Academy Eastbourne BN20 8XN

CONCLUSION : unsuitable for providing future services

This building is not frequently used to offer Early Help services and is in an area of relatively low need.

The distance between Shinewater Children's Centre and Old Town Children's Centre is 3.9 miles.

There are currently no Early Help activities offered at Old Town Children's Centre, with no staff accommodated at the site.



LOCATION AND LOCAL NEEDS

The Old Town ward does not exhibit deprivation on average.

4.2% of 0-17 year olds were Children in Need, which is less than the county average of 4.6%. However, as Old Town is a ward with a very large population, there was a large total number of CIN over the given period (113 children under 18).

Only 5.5% of 0-5s (29 children) were assessed as L3 or 4 by Health Visiting, compared with the average of 7.2% for East Sussex.

INTEGRATION OPTIONS

Early Help services could be integrated into the Shinewater site and local community buildings


£ FINANCIAL

Leasehold, ESCC do not own this property

Estimated annual running costs = £2k

ESCC rent back our centre from the academy on a peppercorn rental agreement, no other costs

STAFF ACCOMMODATION

ESCC = 0 NHS = 0
 (current number of workspaces = 2)

RECENT ACTIVITIES

ESCC / NHS	Community /voluntary
No courses currently offered	No courses currently offered

Devonshire Children's Centre

LOCATION 43 Seaside Eastbourne BN22 7NB

CONCLUSION : suitable for providing future services

The Devonshire Children's Centre is central to a number of the most deprived southern Eastbourne wards, and this could therefore be an efficient and appropriately positioned staff hub for Early Help activity in Eastbourne.

Devonshire is frequently used to offer Early Help services and community activity, and has some staff accommodation. The centre offers reasonable value for money.



LOCATION AND LOCAL NEEDS

Devonshire has one LSOA rated as one of the most deprived 10% in England.

The ward has a high percentage and very large population of 0-17 Children in Need at 7.9% (225 children). 13.1% of 0-5s are assessed as L3 or 4 by Health Visiting, the largest number of children in any East Sussex ward (119) due to the large population.

Devonshire Children's Centre is the closest current centre to the Meads ward, which despite including the seafront has high deprivation, with a high percentage and large population of 0-15 Children in Need at 7.9% (113 children) and 18.9% L3 or 4 0-5s as assessed by Health Visiting (63 children).

INTEGRATION OPTIONS

The Archery Youth Centre is nearby, however it would require refurbishment and would not be an appropriate site for 0-19 Early Help services.

£ FINANCIAL

Leasehold, ESCC do not own this property

Estimated annual running costs = £31k

Average one off maintenance including capital spend based on 2016/17 and 2017/18 = £0k

Planned capital spend 2018/19 = £0k

STAFF ACCOMMODATION



ESCC = 6

NHS = 0

(current number of workspaces = 5)

RECENT ACTIVITIES

ESCC / NHS

HENRY
Child health clinics
Family Learning
Incredible Years
PND group
Money Matters

Community /voluntary

Bizzy Bees
Arts & Crafts
ESOL -English for speakers of other languages
Family Cookery

Archery Youth Centre

LOCATION Seaside Eastbourne BN22 7RR

CONCLUSION : suitable for providing future services

The Archery Youth Centre is positioned in Shinewater, and has good facilities for activities and some accommodation for staff working in and around Eastbourne.

This centre is frequently used to offer Early Help services and community activity, serving a large housing estate, and is close to a playground and sportsground. It is neutral cost to run the centre due to rental income.



LOCATION AND LOCAL NEEDS

The Archery Youth Centre is in the Devonshire ward.

Devonshire has one LSOA rated as one of the most deprived 10% in England.

The ward has a high percentage and very large population of 0-17 Children in Need at 7.9% (225 children).

13.1% of 0-5s were assessed as L3 or 4 by Health Visiting, the largest number of children in any East Sussex ward (119) due to the large population.

INTEGRATION OPTIONS

There are no Council buildings nearby into which youth services could be integrated

£ FINANCIAL

Leasehold, ESCC do not own this property

Estimated annual running costs £8k, with 8.5k income from rentals

Average one off maintenance including capital spend based on 2016/17 and 2017/18 = £31k

Planned capital spend 2018/19 = £0k



STAFF ACCOMMODATION

ESCC= 11

NHS = 0

RECENT ACTIVITIES (selection)

Youth related	Support activities
Youth club	Staff activities
Music, funky teens, NikNaks	Family Group Conferences
Scouts	Triple P discussion groups
Young Carers	Meetings with clients
DoEdinburgh	Cookery with clients
	Youth Cabinet, CIC Council
	Care Leavers

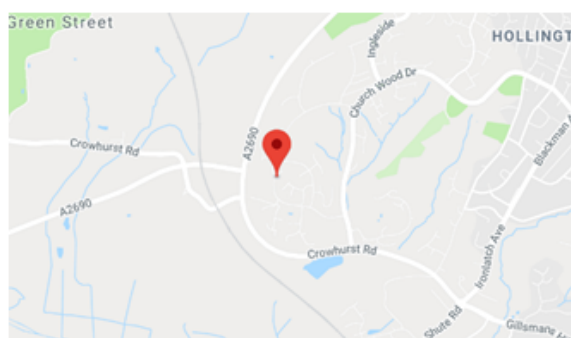
Robsack Children's Centre

LOCATION Bodiam Drive Hastings, TN38 9TW

CONCLUSION : suitable for providing future services

Robsack Children's Centre is in the Hollington ward, and is the closest current Children's Centre to some of the most deprived communities in East Sussex.

There are high numbers of Early Help and Health Visitor staff already based here, with good office space and some facilities for activities as appropriate. The site offers good value for money.



LOCATION AND LOCAL NEEDS

St Leonards Hollington ward and the adjacent Wishing Tree ward contain 4 LSOAs which are in the 10% most deprived nationally.

The Robsack Children's Centre is centrally situated to serve this community.

Hollington ward has a smaller than expected population of 0-17 Children in Need at 6.7% (115 children), although 11.8% of 0-5s (48 children) were assessed as L3 or 4 by Health Visiting at the time of the snapshot.

Wishing Tree ward has an assessed 8.3% 0-17 Children in Need (104 children), with 8.8% of 0-5s (27 children) assessed as L3 or 4 by Health Visiting.

INTEGRATION OPTIONS

There are no Council buildings nearby into which current services could be integrated

£ FINANCIAL

Leasehold, ESCC do not own this property

Estimated annual running costs = £14k

Average one off maintenance including capital spend based on 2016/17 and 2017/18 = £0k

Planned capital spend 2018/19 = £0k

STAFF ACCOMMODATION



ESCC = 10

NHS = 11

(current number of workspaces = 10)

RECENT ACTIVITIES

ESCC / NHS	Community /voluntary
Child Health Clinic	Twins Group
Family Learning	Shine & Sign
HENRY	
Mindfulness Yoga	

West St Leonards Children's Centre

LOCATION 464 Bexhill Road, Hastings, TN38 8AU

CONCLUSION : unsuitable for providing future services

West St Leonards Children's Centre is not sited in one of the highest areas of need in St Leonards. There are three Children's Centres proposed to be retained in the local area (Robsack at 2.6 miles, Sidley at 2.6 miles, and Hastings Town at 3.7 miles). There are currently no Early Help activities offered at West St Leonards Children's Centre, with some health activities. There are no staff accommodated at the site and only one workspace.



LOCATION AND LOCAL NEEDS

The West St Leonards ward has a very low proportion of 0-5s assessed as L3 or 4 by Health Visiting at 5.0% (14 children).

The area is not within the 20% most deprived in the Indices of Multiple Deprivation.

The rate of Children in Need in the West St Leonards ward is higher than the 4.6% East Sussex average at 6.3% (71 children) but ranks in the middle of all Hastings wards .

INTEGRATION OPTIONS

Early Help services could be integrated into other Children's Centres in Hastings and St Leonards

£ FINANCIAL

Freehold, owned by ESCC

Estimated annual running costs = £11k

Average one off maintenance including capital spend based on 2016/17 and 2017/18 = £0k

Planned capital spend 2018/19 = £0k

STAFF ACCOMMODATION



ESCC = 0

NHS = 0

(current number of workspaces = 1)

RECENT ACTIVITIES

ESCC / NHS

Mindfulness yoga
Postnatal depression
group

Community /voluntary

No courses currently
offered

Hastings Town Children's Centre

LOCATION Waterworks Road Hastings TN34 1RT

CONCLUSION : suitable for providing future services

Hastings Town Children's Centre is situated in an area of high need, in the centre of Hastings and St Leonards.

Early Help and Health Visitor staff are already based here, with good facilities for activities as appropriate, including a sensory room. The centre is frequently used to offer Early Help services and community activity, and offers moderate value for money.



LOCATION AND LOCAL NEEDS

The 2 wards (Braybrooke and Castle) served by the Children's Centre do have relatively high proportions of 0-5s assessed as L3 or 4 by Health Visiting at 10.0% and 14.4% (27 and 47 children) compared with the East Sussex average of 7.2%.

Castle ward also has a high percentage and number of 0-17 Children in Need at 7.6% (99 children). Braybrooke has 7.0% Children in Need (77 children), compared with the East Sussex average of 4.6%.

INTEGRATION OPTIONS

There are no Council buildings nearby into which current services could be integrated



FINANCIAL

Leasehold, ESCC do not own this property

Estimated annual running costs = £42k

Average one off maintenance including capital spend based on 2016/17 and 2017/18 = £6k

Planned capital spend 2018/19 = £43k

STAFF ACCOMMODATION



ESCC = 6

NHS = 8

(current number of workspaces = 10)

RECENT ACTIVITIES

ESCC / NHS

Child Health Clinic

Afterthoughts Counselling

Sensory Room

Family Learning

Bumps to Babies

Volunteer Programme

Community /voluntary

No courses currently offered

St Leonards Children's Centre

LOCATION Clyde Road, St Leonards-on-Sea TN38 0QE

CONCLUSION : suitable for providing future services

The St Leonards Children's Centre is sited in one of the highest areas of need in St Leonards.

The centre has food facilities and is frequently used to offer Early Help services , offering moderate value for money.

The NHS staff are based in the FSN St Nicholas Centre next door and this building is used for the delivery space.



INTEGRATION OPTIONS

Building may be retained as part of the Public Health offer to families with children 0-5 years



FINANCIAL

Leasehold, ESCC do not own this property

Estimated annual running costs= £22k

Average one off maintenance including capital spend based on 2016/17 and 2017/18 = £0k

Planned capital spend 2018/19 = £0k

STAFF ACCOMMODATION



ESCC= 0

NHS = 0

(current number of workspaces = 0)

LOCATION AND LOCAL NEEDS

St Leonards Children's Centre is in the Gensing ward, where 2 of the 4 LSOAs are ranked as among the 10% most deprived in the country.

The assessed rate of Children in Need is high in Gensing ward at 9.5% (123 children).

However, the proportion of 0-5s assessed as L3 or 4 by Health Visiting was not far above the county average at 8.7% (32 children) at the time of the May 2018 snapshot.

This site is the closest to the Central St Leonards ward, which is the only ward in East Sussex where all (4) LSOAs are amongst the most deprived decile nationally.

The ward has a very high proportion of 0-5s assessed as L3 or 4 by Health Visiting at 17.7% (67 children), and a high CiN rate of 11.2% (132 children).

RECENT ACTIVITIES

ESCC / NHS	Community /vol
Child Health Clinic, Birth/ Bump & Beyond, Henry, Bookstart Corner, Family Learning, Toddler Talk, Small Beginnings, Language Checkers / Through Play	Tiny Turtles

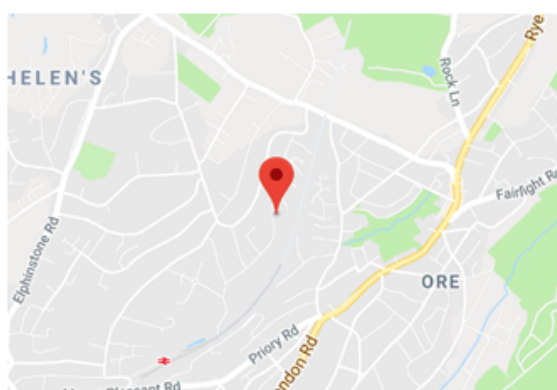
East Hastings Children's Centre

LOCATION 46-48 Chiltern Drive Hastings TN34 3PZ

CONCLUSION : suitable for providing future services

East Hastings Children's Centre is situated in an area of extremely high need, with some areas measured as the 1% most deprived in the county. Therefore large numbers of Early Help and Health Visitor staff are already based here, with good facilities for Early Help and community activities.

The building provides good value for money. Staff based here can also serve the east of the county.



INTEGRATION OPTIONS

There are no Council buildings nearby into which services could be integrated

£ FINANCIAL

Leasehold, ESCC do not own this property

Estimated annual running costs = £34k

Average one off maintenance including capital spend based on 2016/17 and 2017/18 = £5k

Planned capital spend 2018/19 = £51k

STAFF ACCOMMODATION



ESCC = 19

NHS = 12

(current number of workspaces = 12)

LOCATION AND LOCAL NEEDS

East Hastings Children's Centre is in the Baird ward. LSOAs in Baird and neighbouring Tressell wards are amongst the most deprived 1% in the country.

The Baird LSOA is ranked 11 nationally for both income deprivation and Income Deprivation Affecting Children Index (IDAC), the worst in the South East region.

Baird ward has the highest percentage of 0-17 Children in Need in East Sussex, at 12.7% (183 children), Tressell is also high at 8.9% (134 children).

Both wards had high numbers of 0-5s assessed by Health Visiting as Level 3 or 4: Baird 13.4% (48 children), Tressell 14.0% (55 children).

RECENT ACTIVITIES

ESCC / NHS	Community /voluntary
Henry, Child health & breastfeeding clinics, Birth /Bump & Beyond, Bookstart Corner, Volunteer training, Language Through Play / Checkers	No courses currently offered

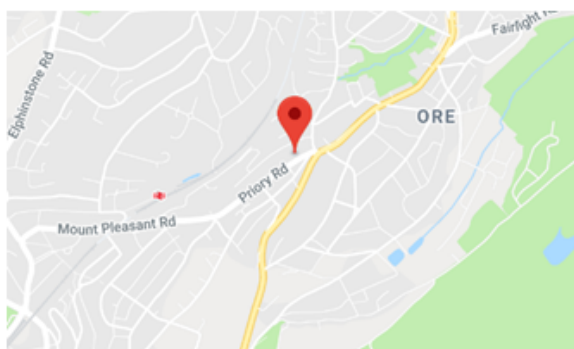
The Bridge Children's Centre

LOCATION 361 Priory Road Hastings TN34 3NW

CONCLUSION : unsuitable for providing future services

The Bridge Children's Centre is in an area of high need, however it is only about a mile to the East Hastings Children's Centre to the east, and Hastings Town Children's Centre to the west.

There are currently no Early Help activities offered at The Bridge Children's Centre, with no staff accommodated at the site and no workspaces. There is 1 hour of community activity per week.



LOCATION AND LOCAL NEEDS

The Bridge is located in the Tressell ward, one of the most deprived 1% in the country.

Tressell ward has a high percentage of 0-17 Children in Need, assessed at 8.9% (134 children) compared with an East Sussex average of 4.6%.

Tressell also had high numbers of 0-5s assessed by Health Visiting as Level 3 or 4, at 14.0% (55 children), compared with an East Sussex average of 7.2%

INTEGRATION OPTIONS

Early Help services could be integrated into other Children's Centres in Hastings and St Leonards

£ FINANCIAL

Leasehold, ESCC do not own this property
Estimated annual running costs= only just over £1k as ESCC rents the space for 2.5 hours/week, with no other costs

STAFF ACCOMMODATION



ESCC = 0

NHS = 0

(current number of workspaces = 0)

RECENT ACTIVITIES

ESCC / NHS	Community /voluntary
No courses currently offered	Starlings Music Group

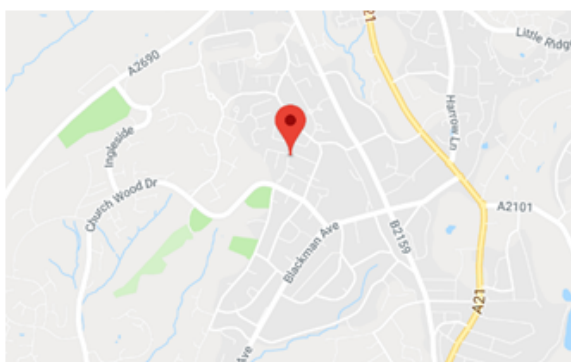
Hollington Youth Centre

LOCATION Wishing Tree Road Hastings TN38 9LL

CONCLUSION : suitable for providing future services

This property is frequently used to offer Early Help services and community activity, operating six days a week between 9.30am and 9.30pm, and offering good value for money.

The site includes a sports hall, chill out room, offices, adapted kitchen and has some accommodation for staff.



LOCATION AND LOCAL NEEDS

The youth centre is in the Hollington ward, where the proportion of 0-5s assessed as L3 or 4 by Health Visiting was high compared with the 7.2% average rate, at 11.8% (48 children) at the time of the May 2018 snapshot.

The rate and number of Children in Need in Hollington is also higher than average at 6.7% (115 children) compared with the East Sussex average of 4.6%.

INTEGRATION OPTIONS

There are no Council buildings nearby into which youth services could be integrated

£ FINANCIAL

Freehold, owned by ESCC

Estimated annual running costs minus income £8k

Average one off maintenance including capital spend based on 2016/17 and 2017/18 = £0k

Planned capital spend 2018/19 = £23k

STAFF ACCOMMODATION

 ESCC = 8

(current number of workspaces = 6)

RECENT ACTIVITIES (selection)

Youth related	Support activities
Youth club	Staff activities
Girls Group, funky teens, NikNaks	Keywork 1:1s
Under 19s fitness	Family Group Keywork
Young Carers	Youth Offending Team activities
Street Bites	CAMHS
	Education Futures Trust

Chailey Children's Centre

LOCATION Mill Lane Chailey BN8 4PU

CONCLUSION : unsuitable for providing future services

Chailey Children's Centre is not frequently used to offer Early Help services and community activity, with the secondary school using the site 3 days a week. There are no staff accommodated here.

Chailey is generally an area with less deprivation and with fewer families requiring Early Help interventions.

Lewes Children's Centre could provide an appropriate staff hub to serve this community (7 miles away).



LOCATION AND LOCAL NEEDS

Chailey and surrounding areas score relatively low on measures of deprivation and need and the area would be expected to have lower early help needs, with the exception of South Chailey which has an LSOA in the 30% most deprived under IMD.

The Chailey and Wivelsfield ward has a very low percentage of L3 and L4 0-5s (1.3%) as assessed by Health Visitors, compared with the East Sussex average of 7.2%.

The assessed figure for 0-17 Children in Need was below the 4.6% East Sussex average at 3.1% (38 children).

INTEGRATION OPTIONS

Early Help activities could be delivered at alternative community locations as needed

£ FINANCIAL

Freehold, owned by ESCC

Estimated annual running costs = £11k

Average one off maintenance including capital spend based on 2016/17 and 2017/18 = £0k

Planned capital spend 2018/19 = £0k

STAFF ACCOMMODATION



ESCC = 0

NHS = 0

(current number of workspaces = 3)

RECENT ACTIVITIES

ESCC / NHS

No courses currently offered

Community /voluntary

No courses currently offered

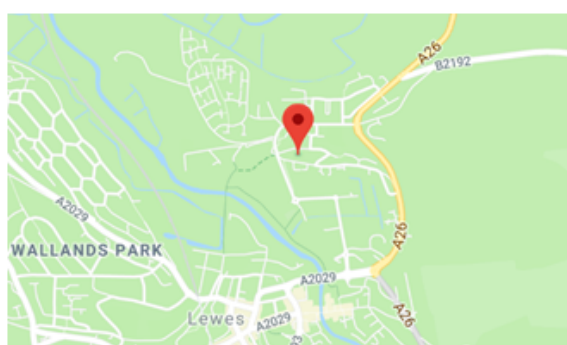
Lewes Children's Centre

LOCATION Spences Lane Lewes BN7 2HQ

CONCLUSION : suitable for providing future services

Although needs in the local community are relatively low, Lewes Children's Centre is in a good, central community setting, and offers good value for money.

A large number of Early Help and Health Visitor staff are based here, with reasonable facilities for Early Help activities. This property is used to offer Early Help services and community activity.



INTEGRATION OPTIONS

There are no Council buildings nearby into which services could be integrated

£ FINANCIAL

Leasehold, ESCC do not own this property

Estimated annual running costs = £19k

Average one off maintenance including capital spend based on 2016/17 and 2017/18 = £0k

Planned capital spend 2018/19 = £0k

STAFF ACCOMMODATION



ESCC = 8

NHS = 14

(current number of workspaces = 18)

LOCATION AND LOCAL NEEDS

The three wards in Lewes have a combined Children in Need rate of 3.4% with 131 children in total (the average for East Sussex was 4.6%).

Health Visitor assessments are well below the average for rates of L3 and L4, with 4.3% for Lewes Bridge, 1.9% for Lewes Priory and 1.1% for Lewes Castle, compared with an East Sussex average of 7.2%.

Lewes is in the eighth IMD decile (20% least deprived nationally).

RECENT ACTIVITIES

ESCC / NHS

Child health clinics
Toddler Talks

Community /voluntary

Breastfeeding support group

Ringmer Children's Centre

LOCATION Lewes Road Ringmer BN8 5RB

CONCLUSION : unsuitable for providing future services

Ringmer Children's Centre is frequently used to offer health visitor services and community activity. There is a low number of staff based here.

There is limited car parking, the site is shared and on an academy site, with the school using the site 3 days a week. Ringmer is a relatively less deprived area with few families requiring Early Help interventions.

Lewes Children's Centre can provide an appropriate staff hub and facilities for this community.



LOCATION AND LOCAL NEEDS

Ringmer and surrounding areas score relatively low on measures of deprivation and need, with the exception of the Firle area, north of Newhaven (4th decile, IMD or 60% least deprived).

The Ouse Valley and Ringmer ward has a rate of 0-17 Children in Need above the 4.6% East Sussex average at 5.4% (67 children).

The rate of L3 and L4 for 0-5s (Health Visiting) is well below the 7.2% average for the county at 4.9% (14 children).

INTEGRATION OPTIONS

Early Help activities could be delivered in Lewes and at alternative community locations as needed

£ FINANCIAL

Freehold, owned by ESCC

Estimated annual running costs = £11k

Average one off maintenance including capital spend based on 2016/17 and 2017/18 = £0k

Planned capital spend 2018/19 = £0k

STAFF ACCOMMODATION



ESCC = 2

NHS = 0

(current number of workspaces = 4)

RECENT ACTIVITIES

ESCC / NHS	Community /voluntary
Family Learning	Breastfeeding Peer Support group
Breastfeeding Peer	Let's Play
Supporter Training	Music Group
Small Beginnings	Messy Play
Postnatal workshops	Little Bubbles

Peacehaven Children's Centre

LOCATION Meridian Way Peacehaven BN10 8NF

CONCLUSION : suitable for providing future services

This is an area with relatively high need within a 5 mile radius, which can serve the Newhaven area.

Relatively high numbers of Early Help staff are already based here, with good facilities for Early Help activities and good value for money. The site is frequently used to offer Early Help services and community activity at this central location with its own car park.



INTEGRATION OPTIONS

There are no Council buildings nearby into which services could be integrated



FINANCIAL

Leasehold, ESCC do not own this property

Estimated annual running costs = £23k

Average one off maintenance including capital spend based on 2016/17 and 2017/18 = £0k

Planned capital spend 2018/19 = £0k

STAFF ACCOMMODATION



ESCC = 10

NHS = 0

(current number of workspaces = 11)

LOCATION AND LOCAL NEEDS

2 LSOAs in Peacehaven are amongst the most 30% deprived, one of which is also in the most 20% deprived for child poverty (IDACI).

One LSOA is also one of the 10% most deprived areas under the Education, Skills and Training domain.

Relatively high number of Children in Need (the three Peacehaven wards had a total of 163 Children in Need, at 5.4% of the total 0-17 child population compared with the 4.6% county average).

The Peacehaven Children's Centre is well situated to serve the Newhaven community (where needs are highest in the adjoining ward).

RECENT ACTIVITIES

ESCC / NHS	Community /voluntary
Family Learning, HENRY,	Settle & Play
Child health clinics, Post	Family cookery
natal and PND work-	Family First Aid
shops, Incredible years --	Baby Time
Attentive Parenting, Child	First Steps
language groups	Just Play

Newhaven Children's Centre

LOCATION Denton Island Community Centre Newhaven BN9 9BA

CONCLUSION : unsuitable for providing future services

Although designated, ESCC now only hire rooms as needed at this site.

Newhaven Children's Centre is not frequently used to offer Early Help services or community activity , with no staff accommodated at the site. Access is challenging due to transport links.

Peacehaven Children's Centre could provide an appropriate staff hub to serve this community (3.2 miles away with 11 current workspaces).



INTEGRATION OPTIONS

Activities could still be delivered in the Community Centre through renting the space, and in alternative community locations as needed.

£ FINANCIAL

Leasehold, ESCC do not own this property

Estimated annual room hire costs = £8k

Average one off maintenance including capital spend based on 2016/17 and 2017/18 = £0k

Planned capital spend 2018/19 = £0k

STAFF ACCOMMODATION



ESCC = 0

NHS = 0

(current number of workspaces = 0)

LOCATION AND LOCAL NEEDS

One LSOA is in the 20% most deprived, and three in the 30% most deprived under IMD. Central Newhaven LSOA is one of the 10% most deprived under the Education, Skills and Training domain.

There is a higher than average Children and Adolescents Mental Health Service (CAMHS) caseload in Newhaven.

Newhaven Denton and Meeching and Newhaven Valley have a high number of Children in Need with 157 and 75 children under 18, at 8.0% and 7.8% of the total 0-17 population respectively.

However, the rate of L3 and L4 for 0-5s (Health Visiting) is only just above average for the county at 7.9%.

RECENT ACTIVITIES

ESCC / NHS	Community /voluntary
Postnatal workshops	No courses currently offered

Seaford Children's Centre

LOCATION Lexden Road, Seaford, BN25 3BA

CONCLUSION : unsuitable for providing future services

Seaford Children's Centre is on Cradle Hill Primary School's site, with shared access with the school, which is not ideal for Early Help services. The local population does not have high needs in comparison with other areas of the county. However, the centre is used to offer Early Help services and community activity, with a private nursery on site.

Peacehaven Children's Centre is 7.3 miles away and could provide an appropriate staff hub.



LOCATION AND LOCAL NEEDS

One LSOA in the top 20% under IDACI (child deprivation), although Seaford is not deprived under IMD.

All 5 wards are below the county average in number of children assessed by Health Visiting as Level 3 or 4, at between 3.0% and 4.8% (average 7.2%).

There are relatively low numbers of Children in Need in the Seaford population, with the exception of Seaford East (assessed as 43 children, rate of 5.5%).

INTEGRATION OPTIONS

Early Help activities could be delivered at alternative community locations as needed

£ FINANCIAL

Freehold, owned by ESCC

Estimated annual running costs = £10k

Average one off maintenance including capital spend based on 2016/17 and 2017/18 = £0k

Planned capital spend 2018/19 = £0k

STAFF ACCOMMODATION



ESCC = 1

NHS = 0

(current number of workspaces = 3)

RECENT ACTIVITIES

ESCC / NHS	Community /voluntary
Balanceability	Time To Play
Language Through Play	
Mum and Baby Yoga	
Sensory Room	
Child health clinic	

The Joff Youth Centre

LOCATION Roderick Avenue Peacehaven BN10 8BL

CONCLUSION : suitable for providing future services

The Joff Youth Centre is frequently used to offer Early Help services and community activity, and has recently benefited from investment. The site is regularly used by keyworkers for Early Help delivery and administration.

The building has good facilities including a gym hall and adapted kitchen, and offers good value for money.



INTEGRATION OPTIONS

There are no Council buildings nearby into which youth work services could be integrated

£ FINANCIAL

Freehold, owned by ESCC

Estimated annual running costs £19k, with £13k income from rentals

Average one off maintenance including capital spend based on 2016/17 and 2017/18 = £41k

Planned capital spend 2018/19 = £131k

STAFF ACCOMMODATION

ESCC = 13

(current number of workspaces = 6)

LOCATION AND LOCAL NEEDS

2 LSOAs in Peacehaven are amongst the most 30% deprived, one of which is also in the most 20% deprived for child poverty (IDACI).

One LSOA is also one of the 10% most deprived areas under the Education, Skills and Training domain.

Relatively high number of Children in Need (the three Peacehaven wards had a total of 163 Children in Need, at 5.4% of the total 0-17 child population compared with the 4.6% county average).

Well situated to serve the Newhaven community (where needs are highest in the adjoining ward).

RECENT ACTIVITIES (selection)

Youth related	Support activities
Youth club	Staff activities
Girls Group, funky teens	Keywork 1:1s
CR8 Group	Family Group Keywork
Rhythmix	Family Group Conferences
Dance / yoga	CAMHS
	Youth Offending Team

Sidley Children's Centre

LOCATION 121 Ninfield Road Bexhill TN39 5BD

CONCLUSION : suitable for providing future services

Sidley is an area of high need, therefore large numbers of Early Help and Health Visitor staff are already based here, with reasonable facilities for family activities including a sensory room.

The centre is frequently used to offer Early Help services and community activity and offers good value for money, with the potential for more income generation.



INTEGRATION OPTIONS

No Council buildings nearby into which services could be integrated other than Egerton Park

£ FINANCIAL

Leasehold - Rainbow Childcare Centre on site

Estimated annual running costs = £40k

Average one off maintenance including capital spend based on 2016/17 and 2017/18 = £0k

Planned capital spend 2018/19 = £76k

STAFF ACCOMMODATION



ESCC = 22

NHS = 12

(current number of workspaces = 16)

LOCATION AND LOCAL NEEDS

One of Sidney's LSOAs is one of the 5% most deprived wards nationally. There are high levels of deprivation concentrated in the north and south of Bexhill, with communities exhibiting average or very low level of need running east to west.

The Sidney ward has the largest number of Children in Need in the Rother district (123), 8.4% of the 0-17 population against a county average of 4.6%.

The Sidney ward has an above average rate of 0-5s assessed as L3 or 4 by Health Visiting at 9.7% (33 children). All other Bexhill wards are average or well below for this measure with lesser need.

RECENT ACTIVITIES

Children's Centre nursery on site

ESCC / NHS	Community /voluntary
Family Learning	Owlets
Bumps & Beyond	Shimmy Shakers
Bookstart Corner	Baby sign
Language checkers	
Sensory Room	

Egerton Park Children's Centre

LOCATION Egerton Road Bexhill TN39 3HL

CONCLUSION : unsuitable for providing future services

The population in the Egerton Park area has relatively high needs, on average. However Sidley Children's Centre is only 2 miles away and provides an appropriately positioned staff hub for Early Help activity in Bexhill and surrounds. Egerton Park Children's Centre is used to offer some Early Help services and community activity. ESCC has not been successful in renting space in the building, which offers less good value for money.



INTEGRATION OPTIONS

Early Help services could be integrated into the Sidley site and local community buildings

£ FINANCIAL

Leasehold, ESCC do not own this property
 Estimated annual running costs = £54k
 Average one off maintenance including capital spend = £24k
 Planned capital spend 2018/19 = £2k

STAFF ACCOMMODATION



ESCC = 14

NHS = 0

(current number of workspaces = 12)

LOCATION AND LOCAL NEEDS

The Children's Centre is in the Central ward, and a 1.9 mile walk south from the Sidley Children's Centre.

Although not as high need as Sidley, the Bexhill Central Ward is amongst the 20% most deprived in England.

Rother Central has an assessed rate of Children in Need matching the county average of 4.6% (49 children), and so has significantly lower needs than the Sidley ward for this measure.

The Central ward has 4.5% 0-5s assessed as L3 or 4 by Health Visiting (14 children), compared with the East Sussex average of 7.2%.

RECENT ACTIVITIES

Children's Centre nursery on site

ESCC / NHS	Community /voluntary
Antenatal classes	Cookery
Family Learning	Mini Explorers
HENRY	
Language Through Play	

Saxonwood Children's Centre

LOCATION 8 Market Square Battle TN33 0XB

CONCLUSION : suitable for providing future services

Saxonwood is currently used as office space only, with no service activity on site, but with good accommodation for the NHS and ESCC staff already on site. The proposal is to retain the site as good value for money and staff require a base in the rural community.

First floor good quality office space above Battle Library.



LOCATION AND LOCAL NEEDS

Not applicable as has always been offices only, with Battle Children's Centre nearby.

INTEGRATION OPTIONS

There are no Council buildings nearby into which services could be integrated

£ FINANCIAL

Freehold, owned by ESCC

Estimated annual running costs = £7k

Average one off maintenance including capital spend based on 2016/17 and 2017/18 = £0k

Planned capital spend 2018/19 = £0k

STAFF ACCOMMODATION



ESCC = 4

NHS = 9

(current number of workspaces = 12)

RECENT ACTIVITIES

ESCC / NHS

No courses
currently offered

Community /voluntary

No courses
currently offered

Battle Children's Centre

LOCATION Market Road Battle TN33 0HQ

CONCLUSION : unsuitable for providing future services

Battle Children's Centre is used to some offer Early Help services and community activity.

The site is in effect a small office space only, with limited staff accommodation, being an extension of the school rather than a separate building. Battle is a relatively low area of need, although in a remote area of the county. Battle Library offers some services.



INTEGRATION OPTIONS

Early Help activities could be delivered at alternative community locations as needed

£ FINANCIAL

Freehold, owned by ESCC

Estimated annual running costs = £7k

Average one off maintenance including capital spend based on 2016/17 and 2017/18 = £0k

Planned capital spend 2018/19 = £0k

STAFF ACCOMMODATION



ESCC = 2

NHS = 0

(current number of workspaces = 4)

LOCATION AND LOCAL NEEDS

Battle and surrounding communities score relatively low under the Indices of Multiple Deprivation, indicating less potential need for early help.

Battle Town ward has a low rate of 0-17 Children in Need at 2.4% (31 children) compared with the East Sussex average of 4.6%.

The rate of children assessed by Health Visiting at Level 3 or 4 is below the East Sussex average of 7.2%, at 5.2% of 0-5s in Battle Town ward (13 children).

RECENT ACTIVITIES

ESCC / NHS

Child Health Clinic
Family Learning
Postnatal workshops
Bookstart Corner

Community /voluntary

Treasure Time Arts & Crafts

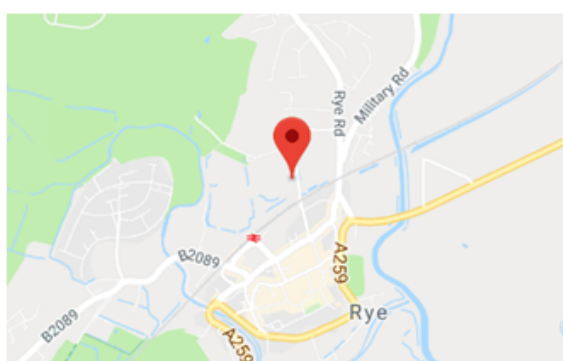
Rye Children's Centre

LOCATION The Grove Love Lane Rye TN31 7ND

CONCLUSION : unsuitable for providing future services

The Children's Centre is on Rye Academy's site, which is very secure making the centre quite hard to access, with high cost parking in the sports centre. The centre is used to offer Early Help services and community activity. A low number of staff are currently accommodated here.

There is a Health Visitor base at Rye Memorial Hospital which Keyworkers can use.



INTEGRATION OPTIONS

Early Help activities could be delivered at the Health Visitor base at the hospital, or alternative community locations as needed



FINANCIAL

Freehold, owned by ESOC

Estimated annual running costs = £14k

Average one off maintenance including capital spend based on 2016/17 and 2017/18 = £0k

Planned capital spend 2018/19 = £0k

STAFF ACCOMMODATION



ESCC = 2

NHS = 0

(current number of workspaces = 5)

LOCATION AND LOCAL NEEDS

Eastern Rother ward (adjoining Rye) has LSOAs which fall into the 20% most deprived, and part of north Rye is also in the second decile for multiple deprivation.

LSOA in north Rye is one of 10% most education deprived in the country (for educational achievement and progression). However, data for Health Visitor assessment of level of need at L3 or 4 and the numbers of Children in Need do not correspond with the expected level of need indicated by the IMD for these communities, with rates below average for the county.

Children in Need rates against population of children for Rye and Eastern Rother are 2.5 and 4.8% respectively (the East Sussex average for all wards is 4.6%). This relates to 21 and 35 Children in Need in the two wards over the assessment period.

RECENT ACTIVITIES

ESCC / NHS

Family Learning
Postnatal workshops
Volunteer training

Community /voluntary

Make & Play
Baby Sweetpea Group

Uckfield Children's Centre

LOCATION 1 Manor Close Uckfield TN22 1DL

CONCLUSION : suitable for providing future services

While local populations are relatively low need on average, there are pockets of deprivation and need in Uckfield and more widely the north of East Sussex. The Uckfield Children's Centre site could provide a good location for a staff hub to serve this community.

The centre is frequently used to offer Early Help services and community activity, has good staff accommodation, and offers good value for money.



INTEGRATION OPTIONS

There are no Council buildings nearby into which services could be integrated

£ FINANCIAL

Freehold, owned by ESCC

Estimated annual running costs = £18k

Average one off maintenance including capital spend based on 2016/17 and 2017/18 = £0k

Planned capital spend 2018/19 = £21k

STAFF ACCOMMODATION

ESCC = 8 NHS = 8
 (current number of workspaces = 7)

LOCATION AND LOCAL NEEDS

All 4 Uckfield wards are well below the county average in percentage of children assessed by Health Visiting as Level 3 or 4, at between 0.6% and 2.6% (average 7.2%).

There are relatively low numbers of Children in Need in the Uckfield population, between 1.8% and 3.3% of the 0-17 child population (average 2.7%, 85 children altogether).

However, Uckfield contains a ward with a higher than average percentage of children entitled to Free School Meals and is the most deprived area in Wealden other than Hailsham.

RECENT ACTIVITIES

ESCC / NHS	Community /voluntary
Child health clinics	Discovery Tots
HENRY	
Postnatal Depression	
Incredible Years	
Afterthoughts Counselling	
Building Confidence	
Bookstart Corner	

Crowborough Children's Centre

LOCATION Green Lane Crowborough TN6 2DY

CONCLUSION : unsuitable for providing future services

Crowborough is in an area of East Sussex with relatively few families requiring Early Help interventions.

Although currently the centre is used to offer Early Help services and community activity, it has limited accommodation for staff, with moderate value for money.

The Children's Centre is on Beacon Academy's site.



INTEGRATION OPTIONS

Early Help activities could be delivered at alternative community locations as needed



FINANCIAL

Freehold, ESCC is landlord to private nursery on site

Estimated annual running costs = £13k

Average one off maintenance including capital spend based on 2016/17 and 2017/18 = £0k

Planned capital spend 2018/19 = £0k

STAFF ACCOMMODATION



ESCC = 1

NHS = 0

(current number of workspaces = 3)

LOCATION AND LOCAL NEEDS

Crowborough and surrounding areas score relatively low on measures of deprivation, indicating low levels of need.

All of the 5 Crowborough wards have relatively low levels of Children in Need, between 0.6% and 3.4% of the 0-17 child population (average 2.4%, 104 children altogether).

All 5 wards are below the average for the Health Visitor Level 3/4 measure.

RECENT ACTIVITIES

ESCC / NHS	Community /voluntary
Family Learning	Explore & Play
Baby clinic with breastfeeding support	Bumps & Babies
ISEND Small Beginnings	
Volunteer training	

Hailsham Children's Centre

LOCATION Vega Close Hailsham BN27 2JZ

CONCLUSION : suitable for providing future services

Hailsham Children's Centre is situated in the centre of the county, and can therefore act as a well-located hub for staff. This is central to a wider area of high need, therefore large numbers of Early Help and Health Visitor staff are already based here. The centre is frequently used to offer Early Help services and wider community activity to benefit all ages, and has good facilities. It offers good value for money.

Car park (public but we maintain), Sensory Room, Community Centre. Income from room hire use.



INTEGRATION OPTIONS

There are no Council buildings nearby into which services could be integrated

£ FINANCIAL

Freehold, owned by ESOC

Estimated annual running costs = £62k

Average one off maintenance including capital spend based on 2016/17 and 2017/18 = £59k

Planned capital spend 2018/19 = £0k

STAFF ACCOMMODATION



ESCC = 20

NHS = 12

(current number of workspaces = 45)

LOCATION AND LOCAL NEEDS

2 LSOAs in Hailsham are in the most deprived 20% areas nationally. There is also a high level of eligibility for Free School Meals.

4 LSOAs are amongst the 10% most deprived areas under the Education, Skills and Training domain of the Indices of Multiple Deprivation. Large CAMHS caseload in Hailsham.

In 2 wards over 10% of 0-5s have been assessed as L3 or 4 by the Health Visiting service.

Hailsham South & East (120 children, 6.5%), and Hailsham West (81 children, 8.2%) have high rates of Children in Need. Hellingly, just north of Hailsham, has a large assessed number of Children in Need (63 children, although the rate is only 4.2%).

RECENT ACTIVITIES

ESCC / NHS	Community /voluntary
HENRY, Child health clinics. Incredible Years,, Family Cookery, Volunteer Induction, Family Learning, After-thoughts counselling	Buddies Play Time Parent & Child Signing Little Flowers

High Weald Children's Centre

LOCATION Steelands Rise Ticehurst TN5 7DH

CONCLUSION : unsuitable for providing future services

High Weald is generally a less deprived area with few families requiring Early Help interventions. There is currently some Early Help activity offered at the site and very limited accommodation for staff.

The centre is within the Ticehurst and Flimwell School site, and offers less good value for money.

There is a private nursery on site.



LOCATION AND LOCAL NEEDS

Ticehurst and surrounding areas score relatively low on measures of deprivation, indicating low levels of need.

Ticehurst and Etchingham ward has a rate of 0-5s assessed as L3 or 4 by Health Visiting at 6.5% (12 children).

The ward has a low rate of 0-17 Children in Need at 2.8% against the county average of 4.6% (30 children).

INTEGRATION OPTIONS

Early Help activities could be delivered at alternative community locations as needed

£ FINANCIAL

Leasehold - Private nursery on license agreement

Estimated annual running costs = £10k

Average one off maintenance including capital spend based on 2016/17 and 2017/18 = £0k

Planned capital spend 2018/19 = £0k

STAFF ACCOMMODATION



ESCC = 0

NHS = 1

(current number of workspaces = 2)

RECENT ACTIVITIES

ESCC / NHS	Community /voluntary
HENRY	No courses
Family Learning	currently offered

Heathfield Children's Centre

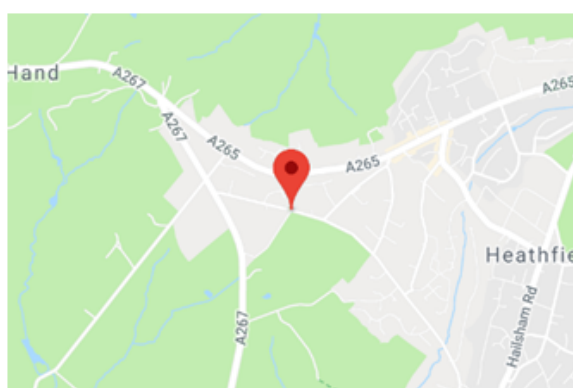
LOCATION Sheepsetting Lane Heathfield TN21 0XG

CONCLUSION : unsuitable for providing future services

Heathfield is a less deprived area with few families requiring Early Help interventions. The centre is not frequently used to offer Early Help services and community activity.

Heathfield Children's Centre is based in the community centre, where Health Visitors are based and will continue to be based. The Council currently hire the hall for Early Help activity as required.

It is possible for Heathfield Youth Centre to be used for keywork activities.



INTEGRATION OPTIONS

Heathfield Youth Centre is very close and has capacity to integrate with the Children's Centre.

£ FINANCIAL

ESCC do not own - room hire only

Estimated annual running costs = £8k

Average one off maintenance including capital spend based on 2016/17 and 2017/18 = £0k

Planned capital spend 2018/19 = £0k

STAFF ACCOMMODATION



ESCC = 0

NHS = 8

(current number of workspaces = 0)

LOCATION AND LOCAL NEEDS

Heathfield and surrounding areas score relatively low on measures of deprivation, indicating low levels of need.

Both Heathfield wards have very low levels of Children in Need with a combined rate of 2.2% of the child population (43 children in total) compared with the East Sussex average of 4.6%.

Both wards have very low levels of 0-5s measured by Health Visiting as L3 or 4, with none at all in Heathfield East and only 6 children in Heathfield North and Central. 1.6% against an East Sussex average of 7.2% for this measure). This equates to 6 children in total in Heathfield recorded as Level 3 or 4 during the assessment period.

RECENT ACTIVITIES

ESCC / NHS	Community /voluntary
Postnatal workshops	No courses currently offered

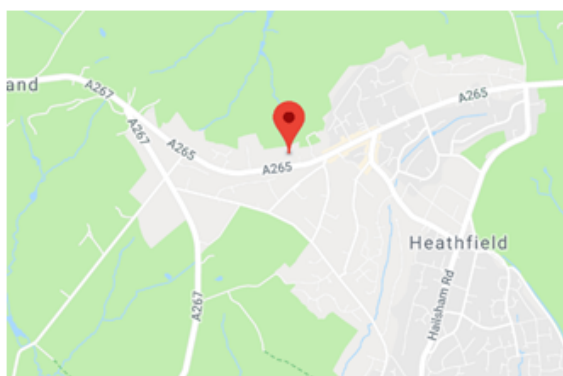
Heathfield Youth Centre

LOCATION High Street Heathfield TN21 0UP

CONCLUSION : suitable for providing future services

The local community has very low levels of potential need for Early Help support. However, Heathfield is in the centre of the county and could serve as a good staffing base. It is used to offer Early Help services and community activity and offers good value for money due to rentals.

There is a lack of other suitable community buildings in Heathfield. There are good facilities including a play barn, sports hall, disabled toilet, and kitchen.



LOCATION AND LOCAL NEEDS

Heathfield and surrounding areas score relatively low on measures of deprivation, indicating low levels of need.

Both of the Heathfield wards have very low levels of Children in Need with a combined rate of 2.2% of the child population (43 children in total).

Both wards have very low levels of 0-5s measured by Health Visiting as L3 or 4, with none at all in Heathfield East and only 6 children in Heathfield North and Central.

INTEGRATION OPTIONS

There are no Council buildings nearby into which services could be integrated, other than Heathfield Children's Centre.

£ FINANCIAL

Freehold, owned by ESOC

Estimated annual running costs £13k, with £11k income from rentals

Average one off maintenance including capital spend based on 2016/17 and 2017/18 = £0k

Planned capital spend 2018/19 = £47k



STAFF ACCOMMODATION

ESCC = 9

(current number of workspaces = 6)

RECENT ACTIVITIES

Youth related	Support activities
Youth club	Staff activities
Boys Group	Keywork 1:1s
Funky Teens	Family Group Keywork (Family Learning)
Wealden Works (employment)	



Children's Services
East Sussex County Council
County Hall
St Anne's Crescent
Lewes BN7 1UE
Website: www.eastsussex.gov.uk/earlyhelp
E-mail: earlyhelp.consultation@eastsussex.gov.uk
Phone: 01273 336626

May 2019



Appendix 7

Children's Services Early Help

Draft Outcome Analysis

Children's Services Early Help Draft Outcome Analysis

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1. Summary

The draft East Sussex Children's Services Early Help Strategy addresses identified needs and the four Council priorities, seeking to improve outcomes for the most vulnerable families by helping them help themselves.

It will improve economic inclusion and parenting resilience in families at risk of needing social care intervention, improve educational attendance and progress of children and young people in those families, improve their online safety and emotional and mental wellbeing and reduce their exposure to risk and exploitation.

We acknowledge that the service offer proposed in the draft Children's Services Early Help Strategy represents a change from current services. We believe this reduction to be mitigated through targeted and evidence based strategy, partnership working, improved structures and processes and fundraising in support of priorities.

2. Introduction

This Outcome Analysis considers the strategic outcomes of Children's Services Early Help in terms of meeting families' needs in East Sussex. It states how proposed future services would deliver those outcomes, and evaluates the potential impacts of proposed changes from current services on service users and partners, identifying mitigations for inclusion in the proposals.

It is one of the documents which together form the evidence base for the draft Children's Services Early Help Strategy. These documents are available [online](#) as follows:

The draft Children's Services Early Help Strategy is based on					
National and Local Context	Needs Assessment	Service Description and Analysis	Options Analysis	Property Analysis	Outcome Analysis
<i>Consultation Analysis (following the close of public consultation)</i>					
Equality Impact Assessment					

This analysis is based on the needs identified in the [Needs Assessment](#), Council priorities, and evidence of current service outcomes from the [Service Analysis](#), including feedback from staff, partners and service users. It is presented as a draft assessment of outcomes and impacts. We are seeking feedback from service users, local families and communities

and partners through public consultation, as described in the [Strategy](#). This analysis will be updated for the results of public consultation.

The information in this document derives from professional advice and local knowledge together with the findings of service user and stakeholder surveys to consider for each change:

- The potential impact of proposed changes on service users – families, children, and young people.
- Risks to the ability of Children's Services to deliver strategic outcomes including preventing social care referrals.
- The potential effect of changes to Children's Services Early Help on other services and stakeholders.

Mitigations have been identified to potential impacts and risks through continued improvements to Children's Services Early Help processes and practice and through services provided in partnership and with East Sussex County Council Public Health and external funding.

An initial [Equality Impact Assessment](#) has been drafted to assess the proposal's impact on protected groups. It is a separate document, which will also be completed following the public consultation.

3. Children's Services Early Help Strategic Outcomes

East Sussex County Council Plan priorities are: driving economic growth, keeping vulnerable people safe, helping people help themselves and making best use of resources. These priorities underpin the early help themes on which the Needs Assessment focussed.

The Council Plan for 2019/2020 focuses on providing people with the support they need as early as possible, reducing demand for care services. One of the key objectives in the plan is an effective multi-agency early help system. The Council's Core Offer of services is supporting the Council's planning for how best to deploy funding in the Medium Term Financial Plan to 2021/2022. It includes an Early Help Service for 0-19 year olds where it helps to manage the demand for higher cost services, including an integrated service with Health Visitors for 0-5 year olds. Council priorities and the findings of Needs Assessment and Service Analysis drive the proposed strategic outcomes for Children's Services Early Help:

Early help theme and summary of findings	Proposed strategic outcomes – we aim to:
Requirement for social care intervention. The interrelated risks from parental mental ill health, substance misuse, and domestic abuse are leading to emotional abuse and neglect of children, and to rising need for social care intervention. 75% of Children's Services Early Help keywork activity is directly preventing social care demand and higher total costs.	Support the most vulnerable families to tackle triggers of social care need, preventing escalation of risks and the requirement for social care intervention.
Economic inclusion and financial resilience Social and economic deprivation is strongly associated with need for early help services.	Improve economic inclusion and financial resilience for families at risk of needing social care intervention.
Parenting resilience Around 4,200 families in East Sussex are likely to need help to keep their children safe and healthy.	Improve parenting resilience, so that families can keep their children safe and well.
Educational attendance and progress Unauthorised absence is higher in East Sussex than in similar counties and England. East Sussex has higher rates of exclusion than the regional and national averages.	Improve educational attendance and progress for children and young people at risk of needing social care intervention.
Children and young people's emotional and mental health Children and young people's mental health inpatient admissions are higher than regional and national comparators.	Improve the online safety, emotional and mental health of children and young people at risk of needing social care intervention.
Children and young people becoming victims of crime and risk of exploitation. Violent crimes, sexual offences, public order offences and possession of weapons involving children 0-17 years increased 2015/16 to 2017/18.	Reduce the risk of children becoming victims of crime and reduce the risk of exploitation for children and young people.

Delivering Strategic Outcomes

The Needs Assessment identified trigger parenting vulnerabilities which lead to social care intervention. The Service Analysis demonstrates that Level 3 keywork is effective in tackling risks to children and parenting vulnerabilities and is directly preventing social care demand. Like national studies, it was unable to evidence the effectiveness of local Level 1 and 2 services in these terms.

Based on this information, the Options Analysis explored alternative models for delivering a Children's Services Early Help service targeted to manage demand for social care. It drew on the evidence base for the most effective early help interventions, including national studies, research on high performing councils, local data on outcomes and feedback from families and young people who have received help.

The services identified address the proposed Children's Services Early Help strategic outcomes, as shown below.

Proposed strategic outcomes –we aim to:	Identified services addressing the outcomes
Support the most vulnerable families to tackle need, preventing escalation of risks and the requirement for social care intervention.	<p>We aim to support over 2,100 vulnerable families per year, rising to 2,300 if Troubled Family Programme Funding continues. We also aim to support 500 vulnerable young people.</p> <p>Services will target the triggers that lead to social care intervention, implement models of evidence-based practice, offering short interventions where that is appropriate, to maximise the number of families supported.</p> <p>Services will be tailored to meet families' specific needs: economic inclusion and financial resilience, parenting resilience, their children's educational attendance and progress, online safety, emotional and mental health, and risk of crime and exploitation.</p> <p>Interventions will empower families to help themselves, becoming stronger families for the future, and preventing those families' need for social care.</p>
Improve economic inclusion and financial resilience for families at risk of social care intervention.	
Improve parenting resilience, so that families can keep their children safe and well.	
Improve educational attendance and progress for children and young people at risk of needing social care intervention.	
Improve the online safety, emotional and mental health of children and young people at risk of needing social care intervention.	
Reduce the risk of children becoming victims of crime and reduce the risk of exploitation for children and young people.	

4. Proposed changes to Children's Services Early Help

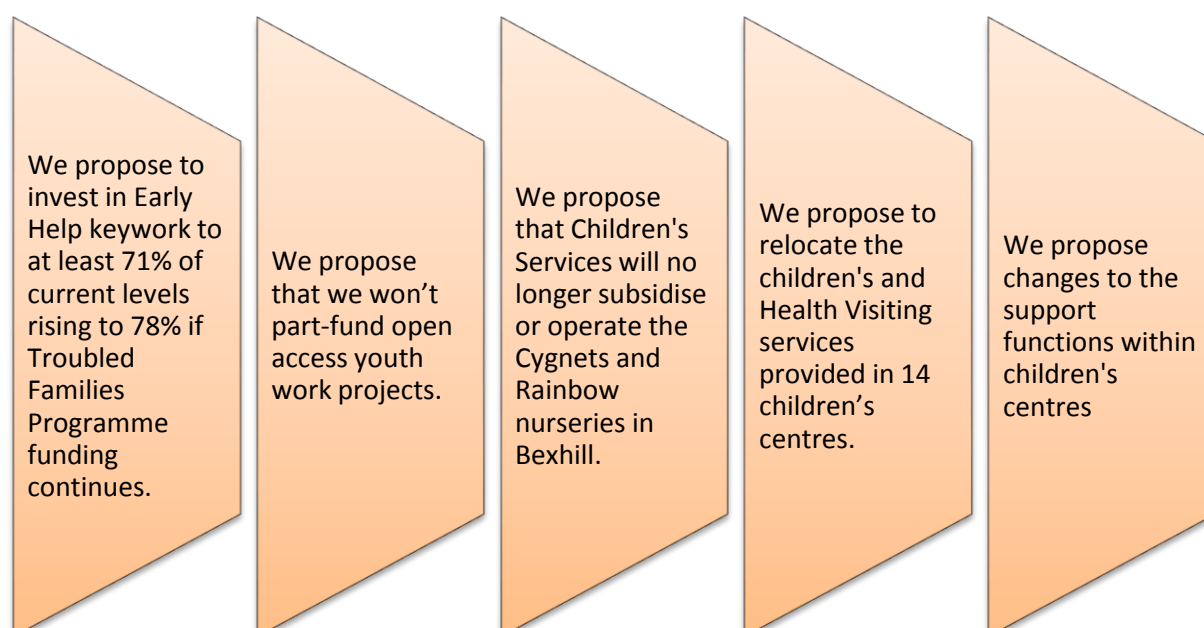
The draft [Early Help Strategy](#) focuses on providing support to families and young people at risk of needing social care intervention in their homes, through keywork.

The keywork offer, provided in families' homes, will be targeted to the triggers driving the need for social care intervention, such as parent mental ill health, substance misuse and domestic abuse.

It will be supported by family group work and youth work with these vulnerable families to maximise the number we can work with, provided in the localities where it is needed, in children's and youth centres, Council and community buildings as appropriate.

The best use of resources will be enhanced through use of short interventions where appropriate, evidenced-based practice and improved evaluation of outcomes where needed.

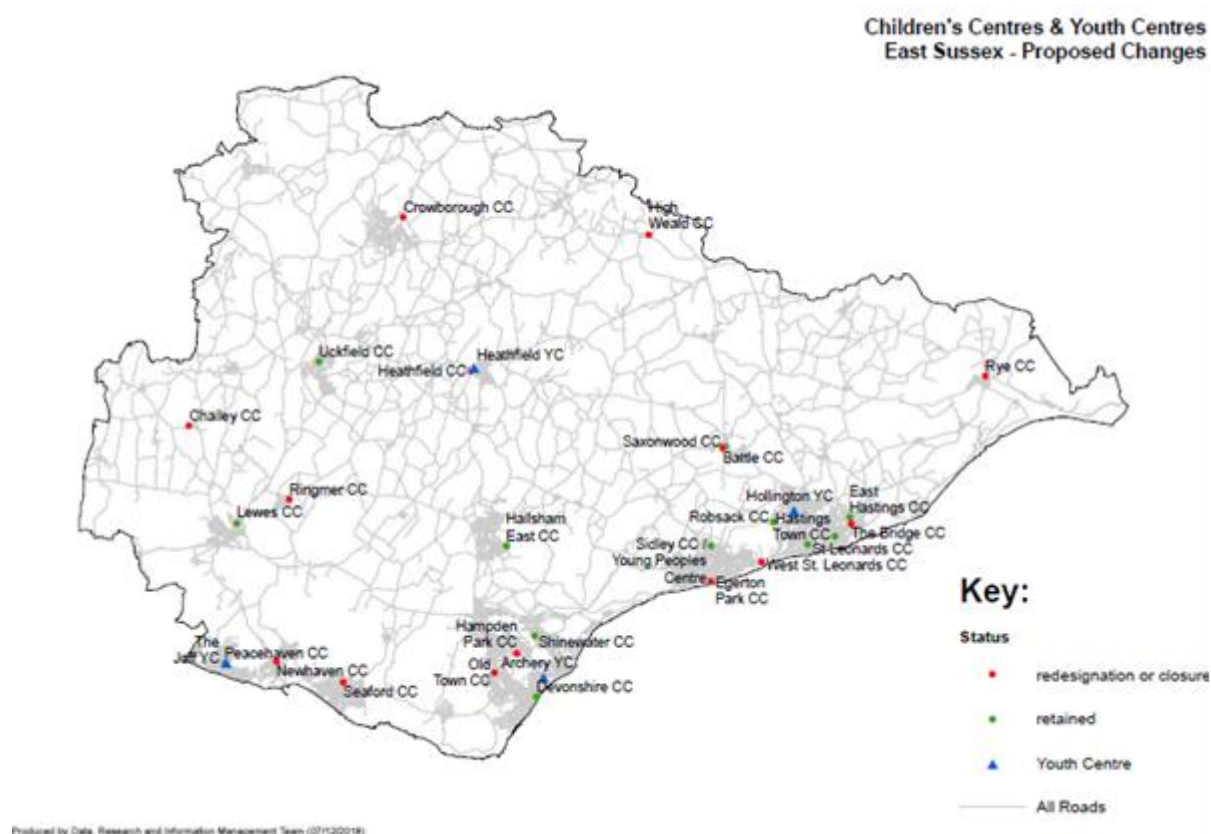
The key changes can be summarised as:



The children's centres from which we propose to relocate services are as follows:

Hampden Park	Battle	Newhaven
Old Town, Eastbourne	Egerton Park, Bexhill	Ringmer
The Bridge, Hastings	Rye	Seaford
West St Leonards	Crowborough	High Weald, Ticehurst
Chailey	Heathfield	

The location of the 26 current children's centres and proposals for their retention or service relocation are shown in the map of East Sussex below, along with the 4 youth centres it is proposed to retain (Sidley is both a children's centre and a youth centre).



5. Draft impacts, risks and mitigations

i. Changes to keywork

Summary	We propose to invest in Early Help keywork to at least 71% of current levels rising to 78% if Troubled Families Programme funding continues. We'll focus our teams on family problems that can lead to the need for social care intervention, such as parent mental ill health, substance misuse and domestic abuse. Potential reductions in the number of families worked with will be mitigated by evidenced based deployment, appropriate short and group interventions, improved structures and processes and alternative services from the County Council, funded externally or offered by other providers.
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FOR SERVICE USERS

Potential impacts and risks

- The reduction in resources might reduce the number of families we are able to offer keywork to. About 400 - 600 vulnerable families who would currently receive support in a year may not do so as quickly - the wide range is because we don't know if Troubled Families Programme Funding will continue. The families no longer offered services would be those not identified as being at risk of needing social intervention. Every family's vulnerabilities are unique and individually assessed. Examples of circumstances where keywork service might not be provided include advice and support to new teenaged parents, interventions with children and young people with emotional wellbeing issues, support to parents struggling to manage family conflict, preventative work on young people's emerging substance misuse issues.

Identified mitigations

- The Single Point of Advice will assess families' needs to identify those we should work with intensively. We will improve signposting and our online information for families needing advice and support but not at risk of needing social care intervention.
- We will make use of evidenced based interventions including shorter interventions and targeted group work whenever appropriate to support as many families as possible.
- By integrating keywork services for 0-19 years we expect to improve the service's efficiency. Children's Services will continue to review and improve our processes, leading to less administration and more time to spend with families.
- We hope our youth work will reach about 200 vulnerable young people per year more than currently.
- Online safety, emotional and mental health wellbeing expertise will be available in all keywork teams for families at risk of needing social care interventions.
- We will match the geographical distribution of activity to evidence of need – keywork and family group work will be provided in the locations they are most needed.

Potential impacts and risks**Identified mitigations**

- Alternative support includes Health Visiting support to all families with children 0-5 years old (integrated with keywork), school nurses, sources of legal, housing and parenting advice, community activities.
- Additional keywork will be funded by the Troubled Families Programme if funding continues, which is likely to be focused more widely than the trigger trio of needs, as now.
- Additional support will be available from the Positive Parenting Programme funded via Clinical Commissioning Groups (CCGs), if funding continues
- Children's Services will continue to work with schools to ensure that appropriate services are being accessed for children and young people with emotional and psychological needs.
- Mental Health Support Teams for children are to be piloted during 2019 from funding as part of the Child and Adolescent Mental Health Service (CAMHS) Transformation grant.
- The proposal builds in flexibility to respond to a dynamic funding environment. Children's Services will seek to increase grant funding bids for Early Help activity, in partnership with public sector partners and the third sector as appropriate, to support a broader preventative offer, where this supports Council priorities.
- The Council will continue to lobby for a fair funding settlement for Children's Services and for a Troubled Families third programme which will help prevent rising social care costs.

FOR CHILDREN'S SERVICES

Potential issues and risks

- If rising demand from families continues, and if it is at the higher end of need, there is a risk that not all families whose needs could lead to social care intervention will receive support, resulting in the associated Children's Services social care costs.
- There is a risk that underlying triggers of social care need, such as domestic abuse, parent mental health issues and substance misuse may not be apparent during an initial assessment for Early Help – so that a family does not receive keywork and as a result their needs may increase to require social care intervention.
- The focus on families at risk of needing social care intervention may highlight skills and confidence gaps for some keywork staff.
- The proposed changes to Early Help services may potentially cause a drop in staff morale leading to difficulties with recruitment and retention.
- There is a risk that, if a continuing Troubled Families 3 Programme from April 2020 includes Payments By Results (PBR), success rates may be lower through focussing exclusively on families with more complex needs. Success rates may also be impacted by any staff recruitment and retention challenges arising from the proposed changes.
- Some SWIFT services, e.g. Domestic Abuse, have been commissioned based on assumptions made about in-house services at current levels.

Identified mitigations

- Thorough assessment of all referred cases will continue. The change in approach will be carefully managed, including supervision and risk-based decision making by experienced professionals, to minimise risks to children and young people's safety.
- Revised assessment processes will be kept under review and informed by the level of re-referrals to the SPoA.
- The change to the service offer and referrals assessment will be communicated as part of an ongoing multi-agency approach, to ensure they are understood and operate well.
- We will continue to keep good records of all referrals in our Children's Social Care case management system, to allow safeguarding, tracking and review.
- Training and development needs will be reviewed through learning needs analyses, and we will look to work more closely with specialist teams and providers to improve service delivery.
- The review incorporates a staff communication plan which will include regular updates. Staff have been asked for their views and will have a further opportunity to feed in during the public consultation.
- The effect of the changes on Children's Services Early Help and social care referrals and budgets will be closely monitored.
- We are considering issues around this and other related services as part of the review.

FOR STAKEHOLDERS

Potential issues and risks

- Schools may not be able to access the support they seek from Children's Services Early Help regarding support with young people's mental and emotional wellbeing or behaviour, if the young person is not at risk of needing social care intervention. Like all public services, schools have challenging budgets and multiple pressures and priorities.
- If the focus on preventing the need for social care intervention reduces preventive work around young people's emotional wellbeing, this could lead to later acute need for support from CAMHS.

Identified mitigations

- We will make sure, as far as possible, that key stakeholders understand the changes and potential impact.
- Plans are in place to trial a combined 'front door' for CAMHS and the SPoA, and to extend the current I-Rock mental health drop in services for young people aged 16-25. The current online counselling services will also be extended to improve accessibility of provision.
- Children's Services will continue to work with schools to ensure that appropriate services are being accessed for children and young people with emotional and psychological needs. The Council is a partner in the Local Transformation Plan led by the CCGs which aims to optimise outcomes for children's mental health and wellbeing in the county through a number of collaborative initiatives with schools.
- We will continue to offer support to children, families and schools through the ISEND Education Support Behaviour and Attendance Service team and the specialist Communication, Learning and Autism Support Service. The ISEND offer will include support on behaviour and/or autism. Schools have specific budgets for this purpose and will be encouraged to access available support, with development of positive communication between parents, schools and ISEND.
- Following stakeholder feedback on the need to improve communication between keywork services and schools, we will review and refresh our processes to ensure Early Help Plans are shared, with improved collaboration in the support of families to improve the family/school relationship and longer term outcomes.

ii. Changes to youth work

Summary	The youth work we invest in will support keywork with young people at risk of needing social care intervention. We propose that we won't part-fund open access projects, however we will continue targeted projects for young people most at risk, and provide additional sessions whenever the full costs are covered by external funders.
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FOR SERVICE USERS

Potential issues and risks

- Around 1700 young people in East Sussex use our open access youth clubs in a year. Young people who are not vulnerable may no longer be able to access youth groups.
- If young people can't access youth groups, there is a possible risk over the medium term of increased antisocial behaviour, risk of exploitation, health and mental health issues, worklessness, school attendance and behaviour issues.

Identified mitigations

- Youth work projects for young people not on the edge of social care intervention will continue to be provided whenever partners fully fund them.
- Youth groups for young people with disabilities will continue as part of the Council's short break offer.
- The offer will continue to include sessions targeted to specific needs, such as LGBTQ and gender-based groups, and will make use of improved intelligence from Children's Services Early Help and social care systems, as well as working more broadly in partnership, to target the offer to the specific communities and locations which need them.
- Children's Services will encourage schools to make better use of the specialist direct behavioural support offered to children and families through ISEND Education Support Behaviour and Attendance Service) team, and to offer appropriate support for mental health and wellbeing issues.
- The proposal builds in flexibility to respond to a dynamic funding environment. Children's Services will seek to increase grant funding bids for Early Help activity, in partnership with public sector partners and the third sector as appropriate, to support a broader preventative offer, where this supports Council priorities.

FOR CHILDREN'S SERVICES AND STAKEHOLDERS

Potential issues and risks

- If young people accessing drop-in and open access groups are vulnerable, there is a risk of their vulnerability increasing, potentially leading to increased demand for Children's Services Early Help.
- If a reduction in drop-in and open access youth work leads to increases in negative outcomes, this would impact on partners from police, housing and the community and voluntary sector.

Identified mitigations

- We will monitor the effects of reductions in the youth work offer with reference to Children's Services Early Help and social care referrals and will review provision as appropriate.
- We will make sure, as far as possible, that key stakeholders understand the changes and potential impact.

iii. Changes to nurseries in Bexhill

Summary	We propose to no longer operate the Cygnets (Egerton Park) and Rainbow (Sidley) nurseries in Bexhill. We are seeking expressions of interest from other nursery providers who would like to operate in these children's centres.
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FOR SERVICE USERS

Potential issues and risks

- If no alternative provider is confirmed, parents whose children attend Cygnets or Rainbow nursery may have to look for an alternative nursery.
- If the nurseries close, parents in the Bexhill area may not be able to find a nursery place for their child.

Identified mitigations

- We will provide parents with information about the future of nurseries as soon as possible after the consultation.
- We are seeking expressions of interest from other nursery providers who would like to operate in these children's centres.

iv. Changes to children's centres

Summary	To maximise the staff resources available to support vulnerable families, we propose to relocate the services provided in 14 children's centres which are in areas of less need, and/or are currently lightly used by Children's Services and Health Visitors, and/or which do not provide the accommodation needed for future services, and/or which are nearby another centre. The activities needed in those local areas will continue in other Council and community buildings. We are seeking to transfer those centres to other providers of 0-5 or education services.
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FOR SERVICE USERS

Potential issues and risks

- A small number of service users may experience a reduction in accessibility of 0-5 integrated family support and Health Visiting services when they move to a nearby building (others may find it improved).
- Community and volunteer-led activities provided in the centres would need to relocate, potentially impacting on specific support sessions for local parents, such as progress to work, money matters.
- Having fewer physical locations or centres will mean fewer places to display and distribute information and guidance for parents and carers.

Identified mitigations

- Children's Services Early Help services will continue in those local areas in other council and community buildings. We are exploring potential community sites for relocation of 0-5 services from the 14 identified sites, and will continue providing these services to the communities which would most benefit from them.
- Some community-led activities might be relocated to nearby children's centres youth centres, libraries or other Council buildings. We will provide community organisations with information about possible new locations.
- We will continue to work closely with Public Health and other partners to maximise opportunities to signpost information, advice and support available for families.
- We will continue to improve our online information for families and partners.

FOR CHILDREN'S SERVICES AND STAKEHOLDERS

Potential issues and risks

- East Sussex Healthcare Trust will need to relocate some Health Visiting and Community Nursery Nurse Services to retained sites.
- Family Learning, commissioned by ESCC, may need to find alternative locations.
- Community provision and events which currently use accommodation and equipment at no or minimal charge may have to pay at alternative locations or may not have access to the equipment they have been using.
- Private nurseries in Ticehurst, Crowborough and Seaford may need to relocate from children's centres if proposals went forward, or make a new agreement with the Council.
- The timeline for implementation is challenging – between October 2019 and April 2020.

Identified mitigations

- We will continue to work in close partnership with ESH to accommodate Health Visiting and Community Nursery Nursing.
- We are seeking expressions of interest from other organisations in a position to take over the sites from the Council to offer services to those communities.
- We will explore the impact of proposals on community provision and events as part of public consultation.
- Rooms will continue to be available for hire by partners and the community in retained children's centres.
- We will work with the private nurseries to explore the impacts of the proposals and options for the future.
- We will make sure, as far as possible, that key stakeholders understand the changes, the timescales of these, and their potential impact on service delivery.

v. Changes within children's centres

Summary	We propose a significant reduction in admin support for services in children's centres. We also propose a reduction in early years resources, which provide crèches in children's centres to help parents attend sessions and meetings.
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FOR SERVICE USERS

Potential issues and risks

- The resources for crèche quality control would be reduced, causing a risk that standards would fall from current high levels.
- We may not be able to offer crèche facilities to families attending support sessions, especially those taking place away from children's centres in community buildings. This may make it more difficult for some families to attend.

Identified mitigations

- By developing the skills of front-line staff, we hope to maintain quality standards.
- We will provide crèches where they are most needed.
- We will continue working with volunteers to maximise crèche support available to families.

FOR CHILDREN'S SERVICES AND STAKEHOLDERS

Potential issues and risks

- Increased time and attention spent on administrative activities by managers and front line staff.

Identified mitigations

- We will simplify processes and reduce bureaucracy wherever possible.

6. Wider Early Help System and Potential Changes

The draft Children's Services Early Help Strategy includes continued joint work with other services in the Council and external partners. Some of the mitigations for the impact of changes are based on effective partnership working with the wider early help system. Continuing austerity and cuts across the public sector, including other Council services, health, schools and the police, may impact the ability of public and voluntary / community sector providers to offer services to families.

This section explores the known potential changes to Council and externally funded initiatives which could also change the services available to vulnerable families from 2020. It reflects current available information at the point of writing in a dynamic and challenging funding environment for public and third sectors.

Public Health – contributes almost £7 million annually for integrated 0-5 family support and Health Visiting services, which is delivered by Children's Services Early Help. This funding is currently protected by a Government ring-fence, which may be reviewed after 2020.

Troubled Families Programme - the Ministry for Housing, Communities and Local Government funds this initiative until March 2020. Children's Services Early Help receives £1,000 for each new family registered for the programme, and if successful against specific outcomes, a further £800 per family. East Sussex expects to receive income of £1.68m in 2018/2019. We await details of whether a similar programme will continue beyond April 2020.

District, borough, town and parish councils – fund youth work which is provided by Children's Services Early Help. All local councils have experienced reductions in available funding as a result of national austerity. Funding is confirmed annually.

Positive Parenting Programme (Triple P) – provides training and support to improve parenting skills and resilience at all levels of need across the county. This receives a combination of funding from Public Health, Hastings and Rother CCG and Hastings Opportunities Area (HOA), which have different timescales for ending funding (the last being HOA in 2020).

Other fixed term externally funded projects expected to end before 2020 include Video Interactive Guidance, Hastings Inequalities support to 0-5 services.

Homeworks – is a charity offering support for vulnerable people experiencing housing difficulties in East Sussex, and offers a universal service which currently supports keywork. The budget available is being reduced and the service recommissioned by ESCC in April 2019.

Child and Adolescent Mental Health Service (CAMHS) – the aspects of the service that fall within the CAMHS Transformation Plan are to be recommissioned from April 2019, with funding confirmed by CCGs for the next 2 years. The wider CAMHS contract is also being

reviewed across Sussex but CAMHS will continue to treat children and young people with diagnosable mental health disorders which are causing significant impairment (level 3); with tier 4 being admission as an inpatient. The Transformation Plan will include funding for an integrated single point of advice (with Children's Services Early Help and social care) and for primary mental health staff for children and young people. It will also extend the i-Rock drop-in clinics and access to online counselling services.



Children's Services
East Sussex County Council
County Hall
St Anne's Crescent
Lewes BN7 1UE
Website: www.eastsussex.gov.uk/earlyhelp
E-mail: earlyhelp.consultation@eastsussex.gov.uk
Phone: 01273 336626

May 2019

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Appendix 8

Children's Services Early Help

Initial Equality Impact Assessment

Initial Equality Impact Assessment

(The final equality impact assessment will be completed following public consultation period from May to July 2019)

Name of the proposal, project or service
Draft Children's Services Early Help Strategy

File ref:		Issue No:	
Date of Issue:	May 2019	Review date:	

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Part 1 – The Public Sector Equality Duty and Equality Impact Assessments (EIA)

- 1.1** The Council must have due regard to its Public Sector Equality Duty when making all decisions at member and officer level. An EIA is the best method by which the Council can determine the impact of a proposal on equalities, particularly for major decisions. However, the level of analysis should be proportionate to the relevance of the duty to the service or decision.
- 1.2** This is one of two forms that the County Council uses for Equality Impact Assessments, both of which are available on the intranet. This form is designed for any proposal, project or service. The other form looks at services or projects.

1.3 The Public Sector Equality Duty (PSED)

The public sector duty is set out at Section 149 of the Equality Act 2010. It requires the Council, when exercising its functions, to have “due regard” to the need to

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under the Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it (see below for “protected characteristics”)

These are sometimes called equality aims.

1.4 A “protected characteristic” is defined in the Act as:

- age;
- disability;
- gender reassignment;
- pregnancy and maternity;
- race (including ethnic or national origins, colour or nationality);
- religion or belief;
- sex;
- sexual orientation.

Marriage and civil partnership are also a protected characteristic for the purposes of the duty to eliminate discrimination.

The previous public sector equalities duties only covered race, disability and gender.

1.5 East Sussex County Council also considers the following additional groups/factors when carrying out analysis:

- Carers – a carer spends a significant proportion of their life providing unpaid support to family or potentially friends. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems. [Carers at the Heart of 21st Century Families and Communities, 2008]
- Literacy/Numeracy Skills
- Part time workers
- Rurality

1.6 Advancing equality (the second of the equality aims) involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristic

- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people including steps to take account of disabled people's disabilities
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low

NB: Please note that, for disabled persons, the Council must have regard to the possible need for steps that amount to positive discrimination, to "level the playing field" with non-disabled persons, e.g. in accessing services through dedicated car parking spaces.

1.7 Guidance on Compliance with The Public Sector Equality Duty (PSED) for officers and decision makers:

- 1.7.1 To comply with the duty, the Council must have "due regard" to the three equality aims set out above. This means the PSED must be considered as a factor to consider alongside other relevant factors such as budgetary, economic and practical factors.
- 1.7.2 What regard is "due" in any given case will depend on the circumstances. A proposal which, if implemented, would have particularly negative or widespread effects on (say) women, or the elderly, or people of a particular ethnic group would require officers and members to give considerable regard to the equalities aims. A proposal which had limited differential or discriminatory effect will probably require less regard.
- 1.7.3 *Some key points to note :*
- The duty is regarded by the Courts as being very important.
 - Officers and members must be aware of the duty and give it conscious consideration: e.g. by considering open-mindedly the EIA and its findings when making a decision. When members are taking a decision, this duty can't be delegated by the members, e.g. to an officer.
 - EIAs must be evidence based.
 - There must be an assessment of the practical impact of decisions on equalities, measures to avoid or mitigate negative impact and their effectiveness.
 - There must be compliance with the duty when proposals are being formulated by officers and by members in taking decisions: the Council can't rely on an EIA produced after the decision is made.
 - The duty is ongoing: EIAs should be developed over time and there should be evidence of monitoring impact after the decision.
 - The duty is not, however, to achieve the three equality aims but to consider them – the duty does not stop tough decisions sometimes being made.
 - The decision maker may take into account other countervailing (i.e. opposing) factors that may objectively justify taking a decision which has negative impact on equalities (for instance, cost factors).
- 1.6.4 In addition to the Act, the Council is required to comply with any statutory Code of Practice issued by the Equality and Human Rights Commission. New Codes of Practice under the new Act have yet to be published. However, Codes of Practice issued under the previous legislation remain relevant and the Equality and Human Rights Commission has also published guidance on the new public sector equality duty.

Part 2 – Aims and implementation of the proposal, project or service

2.1 What is being assessed?

- a) **Proposal or name of the project or service.** The proposal is the draft [Children's Services Early Help Strategy](#), *Building Stronger Families*.

The draft Strategy sets out Children's Services proposal to invest in Early Help from 2019-2022, and the proposed changes to current services which would result.

- b) **What is the main purpose or aims of proposal, project or service?** We think these proposals are the best way to meet vulnerable families' needs in East Sussex and spend the available resources in the best way possible.

The vision is that we will fund and provide Children's Services Early Help that supports the most vulnerable families and reduces child safety concerns. We will:

Prioritise children's safety, ensuring child safeguarding systems are resilient and managing the amount of people who need social care involvement.

Target the resources we have to make effective early interventions with the right families.

Tackle the specific issues that cause people to need help from social workers, at the right time and for the right duration, building stronger families for the future.

Build in flexibility so that our services can adapt to having less resources and also take-up new funding opportunities.

Work in partnership with other Council services, and partners across public sectors, businesses voluntary organisations and health, to ensure the best combined support to vulnerable families.

Connect with ongoing projects to develop community resilience.

We will offer:

- Family keywork with families at risk of needing social care intervention, offering short interventions term help where that is appropriate, to maximise the number of vulnerable families supported.
- Evidence-based and targeted family group work to support keywork and maximise the number of vulnerable families worked with.
- Evidence-based youth work with vulnerable young people, in support of keywork.

We will continue to deliver additional early help services on behalf of East Sussex County Council Public Health team and external partners. Our services for families of 0-5 year olds will continue to be integrated with Health Visiting services.

- c) **Manager(s) and section or service responsible for completing the assessment**

Brian Hughes and Celia Lamden (Heads of Service, Early Help)

2.2 Who is affected by the proposal, project or service? Who is it intended to benefit and how?

Parents/carers who attend children's centre groups, children aged 0-5 as the key beneficiaries of children's centre groups, where activities are proposed to relocate from current children's centres to community locations.

Parents/carers and children aged 0-19 who receive Early Help keywork support and have a lower level of need.

Children who attend the two children's centre nurseries, as well as their families.

Young people currently attending open access youth clubs which may no longer operate, and their families.

2.3 How is, or will, the proposal, project or service be put into practice and who is, or will be, responsible for it?

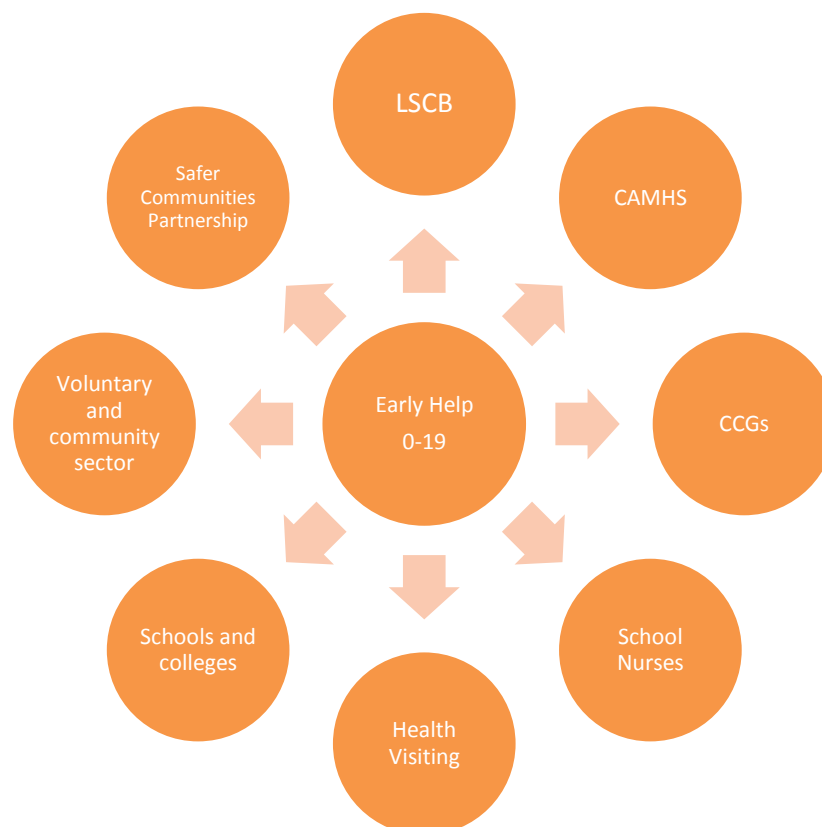
The new service offer is proposed to be implemented from 1 April 2020. Public consultation on the proposal begins May 2019.

Proposals for changes to staff structures and to delete some posts will be implemented using the Council's managing change suite of policies. Staff consultation will take place between October and December 2019.

The change process will be led by the Heads of Service with support from the Assistant Director for Early Help and Social Care.

Service users, partners and other stakeholders will be consulted about these proposals through face to face and online consultation.

2.4 Are there any partners involved? E.g. NHS Trust, voluntary/community organisations, the private sector? If yes, how are partners involved?



Children's Services Early Help works with a range of partners across the statutory, voluntary and community sector.

Partners are involved as referrers, providers of services, as partners in delivery and as joint commissioners.

2.5 Is this proposal, project or service affected by legislation, legislative change, service review or strategic planning activity?

Providing early help services for children, young people and families helps the Council meet its statutory duties, particularly safeguarding children. 'Working together to safeguard children' is the government's statutory guidance on promoting the welfare and safeguarding of children through inter-agency working. Early help is included as part of meeting duties under the Children Act 2004 to promote the wellbeing of children working with partners. Early help arrangements are inspected by Ofsted alongside social services in the Single Inspection Framework. Under The Childcare Act 2009, local authorities must 'so far as is reasonably practicable, include arrangements for sufficient provision of children's centres to meet local need'.

Local authorities have duties under the Childcare Act 2006 to consult before opening, closing or significantly changing children's centres, and to secure sufficient provision to meet local need so far as is reasonably practicable. Statutory guidance (published in April 2013) accompanies these duties.

The national government strategy shaping children's services early help services is the Troubled Families Programme. We await confirmation that the Troubled Families Programme will continue after 2020.

The government's Civil Society Strategy states that 'The government recognises the transformational impact that youth services and trained youth workers can have.' Statutory guidance for councils about youth work is being reviewed.

There is no national strategy for children's centres. A recent report by the House of Commons Science and Technology Committee recommended a national strategy for early intervention.

Preventative early help for children, young people and families has been a key element of several service strategies in East Sussex, including the Council Plan and Child and Young People's Plan, and the State of Child Health in East Sussex report 2017/2018.

The draft Early Help Strategy supports Council Plan priorities. The Council Plan for 2019/2020 focuses on providing people with the support they need as early as possible, reducing demand for care services. One of the key objectives in the plan is an effective multi-agency early help system.

Children's Services Early Help for families with children 0-5 years old is integrated with Health Visiting services in children's centres through a strategic partnership with East Sussex Healthcare Trust. Health Visiting is a universal service available to all. It is funded by East Sussex County Council Public Health through ring-fenced funding.

2.6 How do people access or how are people referred to your proposal, project or service? Please explain fully.

Families and professionals working with families can continue to request Children's Services Early Help by contacting the Single Point of Advice (SPoA).

Families with children aged 0-5 will continue to have access to universal Level 1 and Level 2 preventative health and wellbeing services provided in children's centres through East Sussex County Council Public Health ring-fenced funding e.g. early years communication support, crèche provision for families attending children's centres sessions, community development and volunteering activity.

2.7 If there is a referral method how are people assessed to use the proposal, project or service? Please explain fully.

The Single Point of Advice (SPoA) will assess a family's needs and refer for full assessment, or signpost to alternative sources of information and support. SPoA and other professionals working with children in East Sussex use the Continuum of Need framework to understand the different levels of families' needs. Children's Services Early Help services will be provided to meet needs at Level 3 of the Continuum of Need (CoN) where there is a risk of needs escalating to a need for social care intervention.

Families, and children and young people assessed as being at risk of needing social care intervention will, with their agreement, be allocated a keyworker. The keyworker will support the family, child or young person to identify their specific needs. Where appropriate, short term support and advice will be provided for the family, child or young person to address their problems. Where longer term support is appropriate, the keyworker will support the family, child or young person to agree an Early Help Plan, coordinating with other professionals, to improve skills and resilience. The keyworker will support and empower the family, child or young person to take the steps they have identified. Keyworkers normally work on a 1:1 basis in family homes.

Children's Services will provide group work to families assessed as being at risk of needing social care intervention. It will be offered either as part of an Early Help Plan or as an appropriate alternative to ongoing keywork. The groups will seek to improve parenting skills and resilience through courses, informal learning and group support.

Children's Services will provide youth work to young people assessed as being vulnerable or at risk of needing social care intervention. It will be offered either as part of an Early Help Plan or as an appropriate alternative to ongoing keywork. Youth work will seek to improve vulnerable young people's safety, skills and resilience through informal learning and group support.

Families not assessed as needing keywork will be signposted to alternative sources of information and support. Information will continue to be available in children's centres, and the Council's digital information will continue to be improved. The wider system of support, includes continuing partnership activity e.g. integrated support to families of 0-5 year olds in children's centres, offered in partnership with Public Health and East Sussex Healthcare Trust. The wider system of support also includes school nurses, sources of legal, housing and parenting advice, national resources to support online safety and mental wellbeing, along with support on emotional and behavioural issues available to schools from Inclusion Special Educational Needs and Disability. (a traded service from 2020).

2.8 What are the key changes proposed?

Keywork

We propose to invest in Early Help keywork to at least 71% of current levels rising to 78% if Troubled Families Programme funding continues. We'll focus our teams on issues that can lead to children being unsafe, such as parent mental ill health, substance misuse and domestic abuse, to prevent the need for social care teams to get involved. The number of families we work with is expected to reduce , but we'll use shorter interventions and targeted group work whenever appropriate to support as many families as possible.

The families no longer offered keywork or group work services will be those assessed as less likely to need social care intervention. Every family's vulnerabilities are unique and individually assessed. Examples of circumstances where keywork service might not be provided include advice and support to new teenaged parents, interventions with children and young people with emotional wellbeing issues, support to parents struggling to manage family conflict, preventative work on young people's emerging substance misuse issues. However, families not offered keywork or group services will be signposted to other sources of information, advice and support e.g. our externally funded parenting programmes and youth projects, health visitors and school nurses, improved online advice from Children's Services or support available from other organisations such as online and social media safety advice, family legal services, child bereavement support, housing advice.

Youth work

The youth work we invest in will support keywork with young people at risk of needing social care intervention. We hope to reach about 200 vulnerable young people per year more than currently. We propose that we won't part-fund drop in or open access youth clubs located as follows:

Eastbourne	3
Hastings	1
Lewes	3
Rother	2
Wealden	4

Around 1700 young people in East Sussex use our open access youth clubs a year. These drop in and open access youth work projects will continue to be provided whenever partners fully fund them.

We will target our activity to where it is most needed, using improved information from Children's Services Early Help and social care systems.

Children 0-5 Years

To enable the maximum investment in services for the most vulnerable families, we propose to no longer subsidise universal support for families with children aged 0-5 run from children's centres with Health Visiting. While most services will continue, they'll change.

There would be a reduction in admin support for the services.

We would no longer subsidise and provide the Cygnets (Egerton Park) and Rainbow (Sidley) nurseries in Bexhill - though we are seeking expressions of interest from other nursery providers who would like to operate in these children's centres.

We propose to relocate the services provided in 14 children's centres, shown in the table below. These are the centres which are in areas of less need, and/or are currently not used or lightly used by Children's Services and Health Visitors, and/or which do not provide the accommodation needed for future services, and/or which are nearby another centre. The activities needed in those local areas will continue in other council and community buildings. Through this consultation, we aim to transfer the centres to other providers of services for 0-5 years.

We also propose a reduction in crèches in children's centres which help parents attend sessions and meetings. It may not be possible to offer crèche facilities for parents attending all activities, especially those taking place away from children's centres in community buildings.

The private nurseries in High Weald Children's Centre (Ticehurst), Crowborough Children's Centre and Seaford Children's Centre are affected by the proposals for these Centres. However, we are seeking expressions of interest from providers of services in a position to take over the sites

.

Centre	Proposal for relocation of current services (early years, community development, volunteering and integrated Health Visiting)
Hampden Park	Seek to relocate to community buildings
Old Town, Eastbourne	Seek to relocate to community buildings
The Bridge, Hastings	Seek to relocate to community buildings
West St Leonards	Seek to relocate to community buildings
Chailey	Seek to relocate to community buildings
Newhaven	Seek to relocate to community buildings
Ringmer	Seek to relocate to community buildings
Seaford	Seek to relocate to community buildings
Battle	Seek to relocate to community buildings
Egerton Park, Bexhill	Relocate to Sidley Children's and Youth Centre
Rye	Seek to relocate to community buildings
Crowborough	Seek to relocate to community buildings
Heathfield	Relocate to Heathfield Youth Centre
High Weald, Ticehurst	Seek to relocate to community buildings

Part 3 – Methodology, consultation, data and research used to determine impact on protected characteristics

3.1 List all examples of quantitative and qualitative data or any consultation information available that will enable the impact assessment to be undertaken.

Types of evidence identified as relevant have X marked against them			
	Employee Monitoring Data		Staff Surveys
X	Service User Data		Contract/Supplier Monitoring Data
X	Recent Local Consultations		Data from other agencies, e.g. Police, Health, Fire and Rescue Services, third sector
	Complaints		Risk Assessments
X	Service User Surveys	X	Research Findings
X	Census Data	X	East Sussex Demographics
	Previous Equality Impact Assessments	X	National Reports
	Other organisations Equality Impact Assessments	X	Any other evidence? Early Help Review Board documents: <ul style="list-style-type: none"> - Needs assessment - Outcome Analysis - Service Analysis - National and East Sussex Context

3.2 Evidence of complaints against the proposal, project or service on grounds of discrimination.

There have been no complaints received on the grounds of discrimination.

3.3 If you carried out any consultation or research on the proposal, project or service explain what consultation has been carried out.

Surveys, discussions and meetings were held with Stakeholders (statutory and voluntary sector partners across East Sussex) to help inform the options and the commissioning outcomes.

Existing Children's Services Early Help keywork service user data was analysed.

A survey was undertaken in Children's Centres and Targeted Youth Support groups to understand outcomes.

The State of Child Health report in East Sussex 2017/18

Children's Services Service User Feedback Report 2018

The following documents were produced as part of a strategic commissioning review which underpins the draft Children's Services Early Help Strategy:

- National and East Sussex Context
- Needs Assessment
- Service Analysis
- Options Analysis
- Property Analysis

- Outcome Analysis

N.B: A public consultation will be undertaken on the final proposal from May to July 2019.

3.4 What does the consultation, research and/or data indicate about the positive or negative impact of the proposal, project or service?

The proposals have been developed using strategic commissioning - the approach the Council uses to underpin business planning. It aims to secure the best outcomes for East Sussex residents by:

- Understanding need.
- Matching services with need.
- Making the most effective use of all available resources.

Developing these proposals has been an evidence-driven process. We've researched national and local developments affecting early help. We've analysed data about families in East Sussex and the services we're currently providing. We've studied the approaches to early help taken by other Councils with good Ofsted inspection results and those recommended nationally and internationally, and identified other providers of family support services in East Sussex. We've considered the views of service users and staff, and those of other professionals working with children in East Sussex.

We think these proposals are the best way to meet vulnerable families' needs in East Sussex and achieve value for money within the resources available, by preventing the need for statutory social care interventions. The draft aims to support consultation with service users, partners and local families and communities, on alternative ways of using Children's Services resources to meet families' needs, get value for money, and prevent the need for children's social care interventions, given the budget available.

This EQIA considers the proposal to change Children's Services Early Help to:

- Support the most vulnerable families and manage the demand for social care.
- Invest in youth work supporting keywork, working with vulnerable young people. We propose that we won't part-fund open access youth work projects.

To enable the maximum investment in services for the most vulnerable families, we propose to stop contributing funds to universal support for families with children aged 0-5 run from children's centres with Health Visiting. While most services will continue, this will lead to a reduction in management and admin support, no longer subsidising two nurseries in Bexhill, a reduction in the early years (crèche) offer and relocation of Early Help services from 14 children's centres to alternative venues nearby. This will impact on the following groups in the following ways:

- 0-5s in the centres from which it is proposed to relocate services.
- 0-5s who attend the two children centre-run nurseries and the private nurseries located in three centres.
- BME parents attending children's centres groups in Egerton.
- Boys attending children's centres early intervention groups and whose families are receiving 0-5 keywork with lower levels of need.
- Women will be more affected by the proposal to relocate services from children's centres and a reduction in keywork to families with lower levels of need.
- Children from the 30% most deprived areas who attend children's centres early intervention groups, volunteer led groups and crèche.

- Families from the most deprived areas with lower levels of need accessing keywork
- Those with protected characteristics with lower levels of need that access keywork
- Looked after children and their families who access contact at a children's centre proposed for relocation of services.

A number of partnership stakeholder groups requested more detailed information about the proposals as soon as the East Sussex County Council decision-making processes allowed, so that they could take appropriate account of the Children's Services Early Help proposals in their own service-planning.

Part 4 – Assessment of impact

4.1 Age: Testing of disproportionate, negative, neutral or positive impact.

a) How is this protected characteristic reflected in the County/District/Borough?

The table below shows the population of East Sussex districts and boroughs broken down by age range.

Age group	All ages	0-15	16-29	30-44	45-64	65 and over
England	55,619,430	10,637,971	9,888,889	10,842,801	14,219,258	10,030,511
South East	9,080,825	1,737,533	1,509,572	1,711,121	2,386,833	1,735,766
East Sussex	552,259	94,004	77,123	86,325	154,337	140,470
Eastbourne	103,251	17,725	15,737	17,820	26,436	25,533
Hastings	92,813	17,274	15,363	16,541	25,627	18,008
Lewes	102,257	17,651	13,780	16,275	28,724	25,827
Rother	94,997	14,156	11,770	11,976	26,997	30,098
Wealden	158,941	27,198	20,473	23,713	46,553	41,004

Source: ESiF 2017 Mid-Year Estimates ONS

The chart below, taken from East Sussex in Figures (ESiF), shows numbers of households with dependent children across the county, 2016.

Area	All households	Households with children	Households with children as % of all households
England	22,884,532	6,461,070	28.2%
South East	3,704,853	1,058,949	28.6%
East Sussex	242,208	58,901	24.3%
Eastbourne	46,558	11,084	23.8%
Hastings	42,367	10,360	24.5%
Lewes	43,850	11,224	25.6%
Rother	42,498	8,952	21.1%
Wealden	66,934	17,281	25.8%

Source: East Sussex in Figures (ESiF) from 2016-based household projections

According to the school census 2017, there were 64,987 children on roll in East Sussex.

	Eastbourne	Hastings	Lewes	Rother	Wealden	Total
School age	12,605	10,851	12,258	11,158	18,115	64,987
0-5 years ESiF, 2015 ONS	6,898	6,779	5,970	4,771	9,172	33,600

b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?

A total of 1,312 0-5 year olds accessed children's centre (CC) early intervention groups between 1 Sep 2017 and 31 Mar 2018 (approximately 3% of the total 0-5 population).

Locality	Number 0-5s who used early intervention groups	Total number of 0-5 in the locality (as at 7.1.19)
HVCC Eastbourne	194	4,803
HVCC Hailsham and Seaford	339	3,399
HVCC Hastings	163	1,854
HVCC High Weald	102	3,316
HVCC Lewes and Havens	145	2,742
HVCC Rother	197	3,489
HVCC St Leonards	172	3,416
Grand Total	1,312	23,019

Most parents accessing children's centre early intervention groups (between 1 Sep 17 and 31 Mar 2018) are between the ages of 21 and 40 but Hastings has a higher proportion of young parents accessing early intervention groups, with 8.7% of parents being under 21.

Locality	11-20	21-30	31-40	41-50	51-60	60 Plus	Grand Total
HVCC Eastbourne	<5	96	81	8	<5		190
HVCC Hailsham and Seaford	<5	138	146	28	<5	<5	320
HVCC Hastings	20	102	96	11	<5	<5	231
HVCC High Weald		32	55	12			99
HVCC Lewes and Havens	<5	59	69	15	<5		145
HVCC Rother	<5	80	114	24	<5	<5	225
HVCC St Leonards	7	113	110	13	<5		246
Grand Total	36	620	671	111	11	7	1,456

993 0-5s accessed volunteer-led children's centre activities (from 1 Sep 17 – 31 Mar 2018):

Locality	Number 0-5s
HVCC Eastbourne	130
HVCC Hailsham and Seaford	168
HVCC Hastings	143
HVCC High Weald	95
HVCC Lewes and Havens	72
HVCC Rother	300
HVCC St Leonards	85
Grand Total	993

Most parents who attended volunteer led children's centre activities between 1 Sep 17 and 31 Mar 2018 were aged between 31-40.

Locality	11-20	21-30	31-40	41-50	51-60	60 Plus	Grand Total
HVCC Eastbourne	<5	41	60	10		<5	114
HVCC Hailsham and Seaford		55	66	8	<5		131
HVCC Hastings		34	80	12		<5	127
HVCC High Weald		18	48	5	<5		72
HVCC Lewes and Havens	<5	28	40	<5			74
HVCC Rother	<5	79	147	30		<5	259
HVCC St Leonards	<5	36	34				73
Grand Total	9	291	475	69	<5	<5	850

The following table shows how many children accessed a children's centre group by children's centre, and the number of individual children who attended a crèche over the period (1 Sep 17-31 Mar 2018).

Children's Centre	Numbers of children accessing group	Numbers of children accessing crèche (where applicable)
Battle CC	17	9
Crowborough CC	34	11
Devonshire CC	54	36
East Hastings CC	40	15
Egerton Park CC	7	<5
Hailsham East CC	271	23
Hampden Park CC	21	12
Hastings Town CC	62	26
Heathfield CC	<5	n/a
High Weald CC	14	7
Lewes CC	14	n/a
Old Town CC (Eastbourne)	<5	n/a
Peacehaven CC	46	42
Ringmer CC	30	25
Robsack CC	43	21
Seaford CC	92	10
Shinewater CC	35	11
Sidley CC	87	13
St Leonards CC	71	14
Uckfield CC	92	13
West St Leonards CC	<5	<5
Grand Total	1,669	293
Average number of attendances	49.5	16.3

Note: The highlighted centres are those proposed for services to be relocated where there have been attendances. Centres that have had no attendances are not on list.

The table below shows the ages of children in cases open to keyword 5-19 2017-18.

Age	Numbers of children
0	25
1	38
2	65
3	86
4	79
5	120
6	139
7	176
8	190
9	185
10	187
11	207
12	221
13	274
14	285
15	270
16	286
17	235
Grand Total	3,068

c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?

0-5s and their parents may be affected by the relocation of services from 14 children's centres. This is particularly the case for Seaford Children's Centre which has attendances greater than the average number of attendances per centre. They will also be affected by the reduction in early years resources as it may not be possible to offer crèches in support of activities. This is particularly the case at Ringmer because it has had more children attending crèche than the county average.

0-4 year olds enrolled at the two children's centre nurseries in Bexhill may be affected by the proposal to no longer subsidise and provide them.

Looked after children (LAC) who attend contact at the centres proposed for relocation of services (Egerton Park and High Weald) may be impacted by the proposal as they and their birth families may have to travel further for contact or attend contact at less child friendly venues. A greater percentage of young parents access children's centre groups in Hastings. However centres in Hastings where there are greater attendances will continue.

Families with 0-19 year olds that have lower levels of need and are less likely to require social care intervention will be affected by the proposal to reduce keyword, particularly those aged 14 and 16 as they are over-represented in keyword figures.

d) What is the proposal, project or service's impact on different ages/age groups?

Parents reported that attending children's centres groups helped things change for the better for them and their child. For children's centres early intervention groups parents said that attending had helped them: develop their skills and learn new things; get help and advice when they needed it; help their child to learn; get information and support; make new friends; and improve their emotional wellbeing. For children's centre volunteer led groups parents said attending had helped them; develop their skills and learn new things, feel confident as a parent, and have friends to support them. They also spoke of the groups being friendly and enjoyable for their children.

If services relocate from centres, families that attend groups at those centres may be negatively impacted by the proposal as they may have to travel further to an alternative site in order to achieve the outcomes listed above, this may impact on attendance.

If it is not possible to offer crèche provision, this may negatively impact 0-5s, and their parents, particularly in Ringmer and Seaford, as parents will have to travel further to access a crèche so that they can attend groups/courses. This may impact on attendance at courses deemed necessary to divert families from social care.

Children attending the nurseries and their families may be affected as they may have difficulty accessing alternative provision; if there are insufficient places in the locality of a good standard e.g. Bexhill.

Contact with birth families is the key issue that our Looked After Children (LAC) raise every year through service user feedback. Relocation of services from the centres will mean that contact will need to occur at alternative venues. These may be further from the family or in less child friendly venues, which may result in birth families being less able to attend.

Young people report that attending Targeted Youth Support youth clubs help things change for the better for them.

Young people said that attending had helped them: feel more able to join in fun things to do where they live; feel things are good about themselves; do things to keep themselves healthy; enjoy being at school/college; help them make friends; improve their emotional wellbeing; keep them off the street and out of trouble.

0-19 year olds and their parents will be negatively impacted by the proposal to target keywork to those at risk of needing social work intervention, as these families with lower levels of need e.g. needing support and advice will no longer be able to access support from Children's Services Early Help. **What actions have been/or will be taken to avoid any negative impact or to better advance equality?**

Whilst the proposals recommend changes to the Early Help service which will result in some reductions of service across all age groups, the five mandatory Health Visiting checks will continue. As such 0-5s will still be seen by Health Visitors and those identified as requiring support (that are more likely to result in social care intervention) can still be referred to keywork support or family group work if this is deemed the most appropriate way forward.

The children's centres which are proposed for relocation of services have been assessed in order to consider where need is greatest and also where attendance is least, in order to minimise impact on 0-5s and their families. Services that will continue will be transferred to other community locations.

In locations where targeted family group work or youth work are needed but no East Sussex County Council building is available, community venues and buildings will be used.

Room hire will also be available at other children's centre sites for community organisations to continue to run activities (although it may not be possible to provide a crèche in all cases).

Other services, e.g. schools, can still refer families who may at risk of referral to social care to the keywork service for support.

Other providers are being sought for the two nurseries in Bexhill.

e) Provide details of the mitigation.

Children's Services will continue to provide services at level 1 and 2 for 0-5s on behalf of Public Health.

Discussions are being planned with potential alternative providers for nurseries and to take over the sites from which activities will be relocated, by proactively identifying interested parties in the community.

f) How will any mitigation measures be monitored?

Through existing partnership arrangements with Public Health, Clinical Commissioning Groups and the Children's Services Strategic Planning Group, and the Children's and Young People's Mental Health and Emotional Wellbeing Transformation Programme.

4.2 Disability: Testing of disproportionate, negative, neutral or positive impact.

a) How is this protected characteristic reflected in the County /District/Borough and in the population of those impacted by the proposal, project or service?

The exact numbers of children and parents/carers who have a disability is not known. The Cabinet Office (2005) suggests that 7% of all children in the UK are disabled. Mooney (2008) estimated the number of disabled children in England as between 3.0% and 5.4% with prevalence higher among boys and lower among children under five. It is therefore estimated that there are 7,000 disabled children living in East Sussex. The table below shows the numbers of pupils with Special Educational Needs and Disabilities (SEND), DfE 2017. 13% of East Sussex children have SEN.

	Total Pupils	Pupils with statements or EHC plans		Pupils on SEND support		Total pupils with SEND	
		Number	%	Number	%	Number	%
ENGLAND	8,669,080	242,184	2.8	1,002,069	11.6	1,244,253	14.4
East Sussex	73,414	2,629	3.6	7,150	9.7	9,779	13.3

The following data from the Census 2011 shows households with one person in the household with a long-term health problem or disability with dependent children. From the data we can see that the county is largely in line with regional and national levels, only Hastings experiences a relatively higher average.

Area	count of Household; All households		One person in household with a long-term health problem or disability: With dependent children	
	number	%	number	%
Eastbourne	45,012	100.0	1,926	4.3
Hastings	41,159	100.0	2,104	5.1
Lewes	42,181	100.0	1,781	4.2
Rother	40,877	100.0	1,599	3.9
Wealden	62,676	100.0	2,401	3.8
East Sussex	231,905	100.0	9,811	4.2
South East	3,555,463	100.0	146,190	4.1
England and Wales	23,366,044	100.0	1,088,011	4.7

b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?

Ten disabled parents and less than five disabled children were registered as having accessed children's centre early intervention groups between 1 Sep 2017 to 31 Mar 2018. Less than five disabled parents and less than five disabled children accessed children's centre volunteer led groups 1 Sep 2017-31 Mar 2018.

No disabled children accessed a crèche at a children's centre.

96 young people attended 'Funky Teens' and 'Nik Naks' the targeted youth groups aimed at children with SEND, 1 July 2017 – 30 June 2018.

We do not know how many disabled children, young people or disabled parents Early Help Keywork is working with.

c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?

According to the statistics available, disabled children and parents are not likely to be more affected than non-disabled children or parents by the relocation of services from children's centres, as disabled children and parents are not over-represented in attendance figures.

d) What is the proposal, project or service's impact on people who have a disability?

It is not expected that disabled children or parents will be negatively impacted by the relocation of children's centre groups or limited crèche offer in community locations, because they are not over-represented in attendance figures.

e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?

Children's Services will ensure that 'disability' is included in the monitoring categories for children, young people and families that the services work with.

There is flexibility in the proposal – any group work or detached youth work that is deemed necessary for disabled children, young people or parents could be carried out when needed in ESCC/partner community locations. Current youth groups for young people with SEN and disabilities have dedicated funding and will continue. *Funky Teens* and *Nik Naks* will continue.

Twelve children's centre sites and four youth work sites will be retained to enable services to be scaled up or down in support of external fundraising, so groups for disabled children and parents may be able to be run should external or additional funding be achieved in the future. Room hire will also be available at these sites for community organisations to continue to run activities for disabled children, young people and parents (although no crèche will be available).

The five mandatory checks Health Visiting checks will continue. As such disabled 0-5s and 0-5s with disabled parents will still be seen by Health Visitors and those identified as requiring support (that would otherwise result in social care intervention) can still be referred to keywork support or family group work if this is deemed the most appropriate.

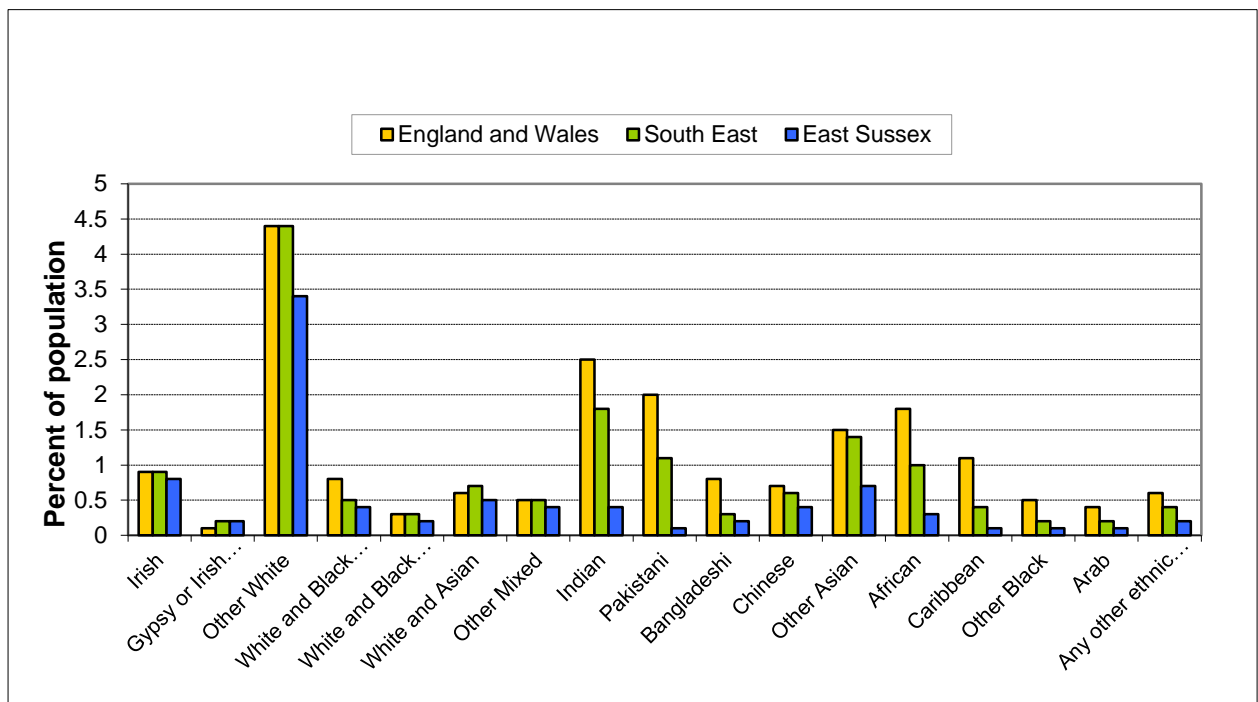
Other services, e.g. schools, can still refer families with disabled children, young people or disabled parents directly at risk of referral to social care to the keywork service for support.

4.3 Ethnicity: Testing of disproportionate, negative, neutral or positive impact.

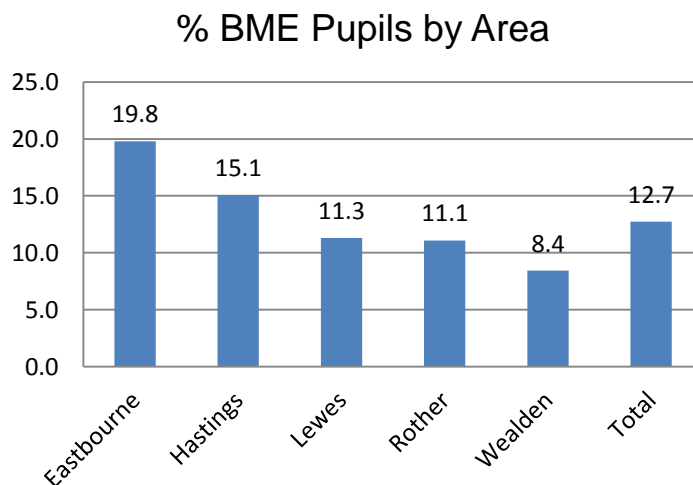
a) How is this protected characteristic reflected in the County /District/Borough?

8.3% of the population identified as Black and Minority Ethnic in East Sussex according to 2011 Census data.

The chart below shows the percentage of people within 17 minority ethnic groups in 2011. Please note it does not show White British people. 'White Other' is the largest Black and Minority Ethnic (BME) group in East Sussex.



The chart below shows the percentage of the pupil population who identify as BME which according to school census data 2017, 12.7% of pupils identify as such. Eastbourne at 19.8% and Hastings at 15.1% have the highest percentage of minority ethnic pupils in East Sussex.



b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?

The table below shows the numbers and percentage of BME children attending children's centres Early Intervention groups (EIGs) 1 Sep 17 – 31 Mar 18. 45% of the BME children who attend these groups identify as White Other.

Locality	BME children attending EIGs	All	%BME
HVCC Eastbourne	26	194	13.4
HVCC Hailsham and Seaford	9	339	2.7
HVCC Hastings	15	163	9.2
HVCC High Weald	<5	102	2.0
HVCC Lewes and Havens	6	145	4.1
HVCC Rother	15	197	7.6
HVCC St Leonards	20	172	11.6
Grand Total	93	1,312	7.1

The table below shows the number and percentages of BME parents who attended children's centres Early Intervention groups 1 Sep 17 – 31 Mar 18. 51% of the BME parents who attend these groups identify as White Other.

Locality	BME parents attending EIGs	All	BME %
HVCC Eastbourne	25	190	13.2
HVCC Hailsham and Seaford	13	320	4.1
HVCC Hastings	22	231	9.5
HVCC High Weald	<5	99	4.0
HVCC Lewes and Havens	6	145	4.1
HVCC Rother	13	225	5.8
HVCC St Leonards	25	246	10.2
Grand Total	108	1,456	7.4

The following table shows the number and percentages of BME parents who attended children's centres volunteer led groups 1 Sep 17- 31 Mar 2018.

Locality	BME parents attending volunteer led groups	All	BME %
HVCC Eastbourne	19	114	16.7
HVCC Hailsham and Seaford	<5	131	3.1
HVCC Hastings	10	127	7.9
HVCC High Weald	5	72	6.9
HVCC Lewes and Havens	7	74	9.5
HVCC Rother	26	259	10.0
HVCC St Leonards	8	73	11.0
Grand Total	79	850	9.3

The table below shows the number and percentages of BME children who attended children's centres volunteer led groups 1 Sep 17-31 Mar 2018.

Locality	BME children attending volunteer led groups	All	BME %
HVCC Eastbourne	21	130	16.2
HVCC Hailsham and Seaford	5	168	3.0
HVCC Hastings	9	143	6.3
HVCC High Weald	8	95	8.4
HVCC Lewes and Havens	5	72	6.9
HVCC Rother	28	300	9.3
HVCC St Leonards	12	85	14.1
Grand Total	88	993	8.9

The table below shows the numbers and percentages of BME children attending children's centres groups by centre 1 Sep 17-31 Mar 18. There are three centres with a higher percentage of attendances by BME children than the county and district/borough averages i.e. Devonshire, St Leonards and West St Leonards. West St Leonards has very low numbers of attendees overall.

Location where intervention ran	BME children attending CC groups	All	% BME
Battle CC	0	17	0.0
Crowborough CC	<5	34	2.9
Devonshire CC	13	54	24.1
East Hastings CC	<5	40	2.5
Egerton Park CC	0	7	0.0
Hailsham East CC	7	271	2.6
Hampden Park CC	<5	21	4.8
Hastings Town CC	7	62	11.3
Heathfield CC	0	<5	0.0
High Weald CC	<5	14	7.1
Lewes CC	0	14	0.0
Old Town CC (Eastbourne)	0	<5	0.0
Peacehaven CC	<5	46	8.7
Ringmer CC	<5	30	3.3
Robsack CC	<5	43	7.0
Seaford CC	<5	92	4.3
Shinewater CC	<5	35	11.4
Sidley CC	10	87	11.5
St Leonards CC	17	71	23.9
Uckfield CC	<5	92	2.2
West St Leonards CC	<5	<5	33.3
Grand Total	89	1,669	5.3

The table below shows the number and percentage of BME parents attending children's centre groups by centre from 1 Sep 2017 – 31 Mar 2018. There are four centres with a higher percentage of attendances by BME children than the county and district/borough averages i.e. Devonshire, Egerton, Old Town and St Leonards. Old Town has very low numbers of attendees overall.

Location where Intervention Ran	BME parents attending CC groups	All	% BME
Battle CC	<5	31	3.2
Crowborough CC	<5	33	6.1
Devonshire CC	13	55	23.6
East Hastings CC	14	124	11.3
Egerton Park CC	<5	11	18.2
Hailsham East CC	11	250	4.4
Hampden Park CC	<5	23	8.7
Hastings Town CC	10	92	10.9
Heathfield CC	0	<5	0.0
High Weald CC	0	11	0.0
Lewes CC	0	15	0.0
Newhaven CC	0	<5	0.0
Old Town CC (Eastbourne)	<5	<5	33.3
Peacehaven CC	<5	41	2.4
Ringmer CC	<5	37	5.4
Robsack CC	<5	47	2.1
Seaford CC	6	94	6.4
Shinewater CC	<5	36	11.1
Sidley CC	8	89	9.0
St Leonards CC	25	158	15.8
Uckfield CC	<5	85	3.5
West St Leonards CC	0	<5	0.0
Grand Total	106	1,797	5.9

The table below shows BME children who accessed crèche 1 Sep 17- 31 Mar 18. We can see that 4 centres have a higher percentage of attendances by BME children than the county and district/borough averages i.e. Devonshire, Hastings Town, St Leonards, and West St Leonards, although West St Leonards has few attendees overall.

Location where crèche ran	BME children accessing a crèche	All	% BME
Battle CC	0	9	0
Crowborough CC	0	11	0
Devonshire CC	10	36	27.8
East Hastings CC	0	15	0
Egerton Park CC	0	<5	0
Hailsham East CC	<5	23	4.3
Hampden Park CC	<5	12	8.3
Hastings Town CC	<5	26	15.4
High Weald CC	0	7	0
Peacehaven CC	<5	42	9.5
Ringmer CC	<5	25	4
Robsack CC	<5	21	4.8
Seaford CC	<5	10	10
Shinewater CC	<5	11	9.1
Sidley CC	<5	13	7.7
St Leonards CC	<5	14	35.7
Uckfield CC	0	13	0
West St Leonards CC	<5	<5	33.3
Grand Total	31	293	10.6

The table below shows the numbers and percentages of BME children and parents open to the Keywork 0-5 service in 2017.

	Parent	Child
BME	85	125
BME %	6.8	10.7
Total	1,257	1,167

The table below shows the numbers and percentage of BME children and adults open to the Keywork 5-19 service in 2017.

	Adult	Child
BME	119	283
BME %	5.3	9.2
Total	2,239	3,068

There is no ethnicity information about service users in relation to Targeted Youth Support (TYS) group sessions available. However, ethnicity data was captured in the group feedback survey and 9% of respondents who attended TYS targeted support groups were BME and 16% of respondents who attended youth club sessions identified as such. However, the samples achieved were not statistically significant therefore we cannot

generalise that the same proportion of BME young people exist as a percentage of all users.

BME young people that attend current TYS groups that completed the user feedback survey were more likely to say that things had changed for the better, that their 'family is getting on better', 'they were staying out of trouble', 'enjoying being at school', 'feeling more able to join in with fun things to do where they live', 'going to school/college as often as they should', 'doing things to keep themselves healthy' and 'feeling a lot of things are good about me'.

c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?

It is not expected that BME children or parents who attend most centres will be more affected than White British children and parents by the relocation of children's centre groups or potential it will not be possible to make a crèche offer away from children's centres because they are not over-represented in attendance figures.

However for St Leonards there is an over-representation of BME children and parents who attend groups and crèche. There is also an over-representation of BME parents at Egerton and BME children attending the crèche at Hastings Town. Therefore these BME children and parents in these localities will be more affected by a relocation of services if it is not possible to provide crèche support in all cases.

BME children and BME parents with lower levels of need are not likely to be more affected than others by the proposal to reduce keywork to only work with those that would otherwise result in social care intervention.

d) What is the proposal, project or service's impact on those who are from different ethnic backgrounds?

BME children and parents who attended groups and crèche at St Leonards, BME parents at Egerton and BME children attending crèche at Hastings Town may be negatively impacted by the proposal to relocate services from these centres as it may not be possible to provide crèches at community locations.

BME parents who attend children's centre groups who completed the survey were more likely to report that things had changed for the better and that 'getting support and advice when they need it', 'having friends to support them', 'knowledge about keeping child safe' and 'healthy' were all better now.

BME children and BME parents with lower levels of need may be negatively impacted by the proposal to target keywork to those at risk of needing social work intervention.

e) What actions are to / or will be taken to avoid any negative impact or to better advance equality?

Plans to include ethnicity service user data in relation to TYS group sessions available will be developed to understand take up and differences in outcomes for different groups.

There is flexibility in the proposal – any group work or detached youth work that is deemed for BME children, young people or parents could be carried out when needed in ESCC/partner community locations. Some sites will be retained to enable scalability of services in support of external fundraising, so groups for BME children, young people and parents may be able to be run should funding be achieved in the future. Room hire will also be available at these sites for community organisations to continue to run activities for BME children, young people and parents (although no crèche will be available).

The five mandatory checks Health Visiting checks will continue. As such, BME 0-5s and their parents will still be seen by Health Visitors and those identified as requiring support (that would otherwise result in social care intervention) can still be referred to keywork support or family group work if this is deemed the most appropriate.

Other services, e.g. schools, can still refer BME families directly at risk of referral to social care to the keywork service for support.

f) Provide details of any mitigation.

The East Sussex Equality and Involvement Group and local BME community groups will be proactively sent the consultation documents to ensure they have the opportunity for commenting on the proposals.

Ethnicity will be included in ongoing monitoring of family keywork and targeted youth groups.

4.4 Gender/Transgender: Testing of disproportionate, negative, neutral or positive impact

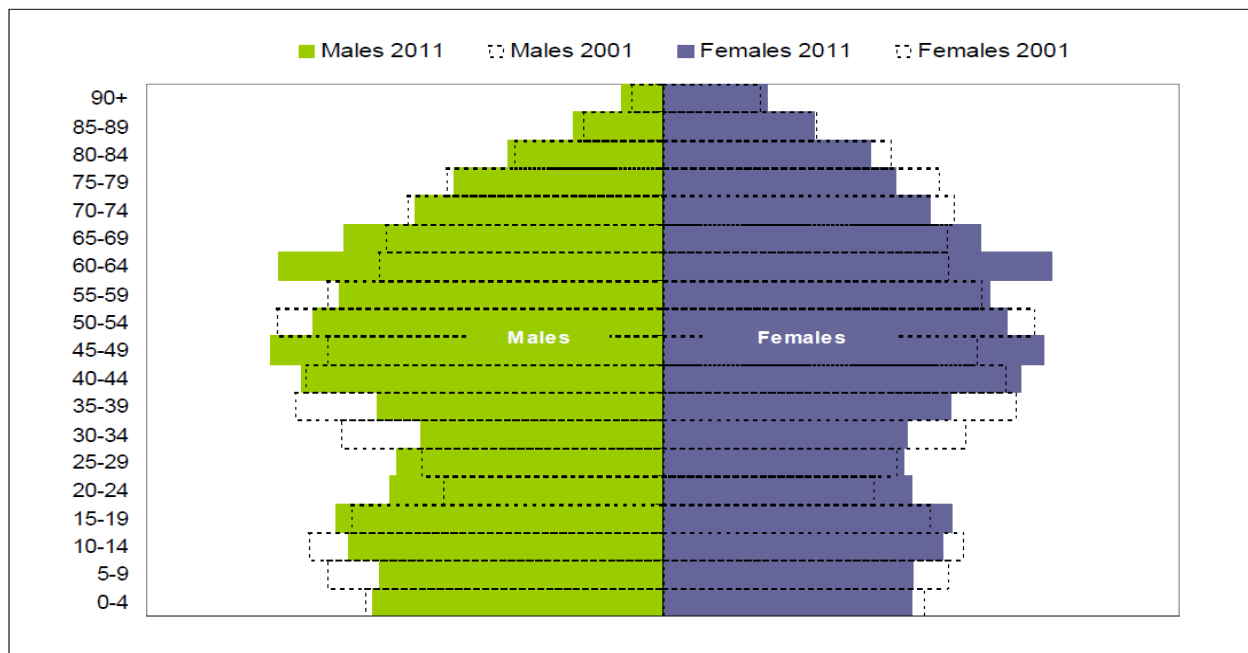
a) How is this protected characteristic target group reflected in the County/District/Borough?

The table below shows the gender breakdown across East Sussex according to the 2011 Census.

Protected characteristic		East Sussex	Eastbourne	Hastings	Lewes	Rother	Wealden
	Total population, 2010	515,500	97,000	87,200	97,500	89,800	144,100
Sex	Male (%) (2011)	47.9	47.3	48.5	48.2	47.4	48.2
	Female (%) (2011)	52.1	52.7	51.5	51.8	52.6	51.8

The following chart gives breakdown by age-group and shows population change since the last Census in 2001.

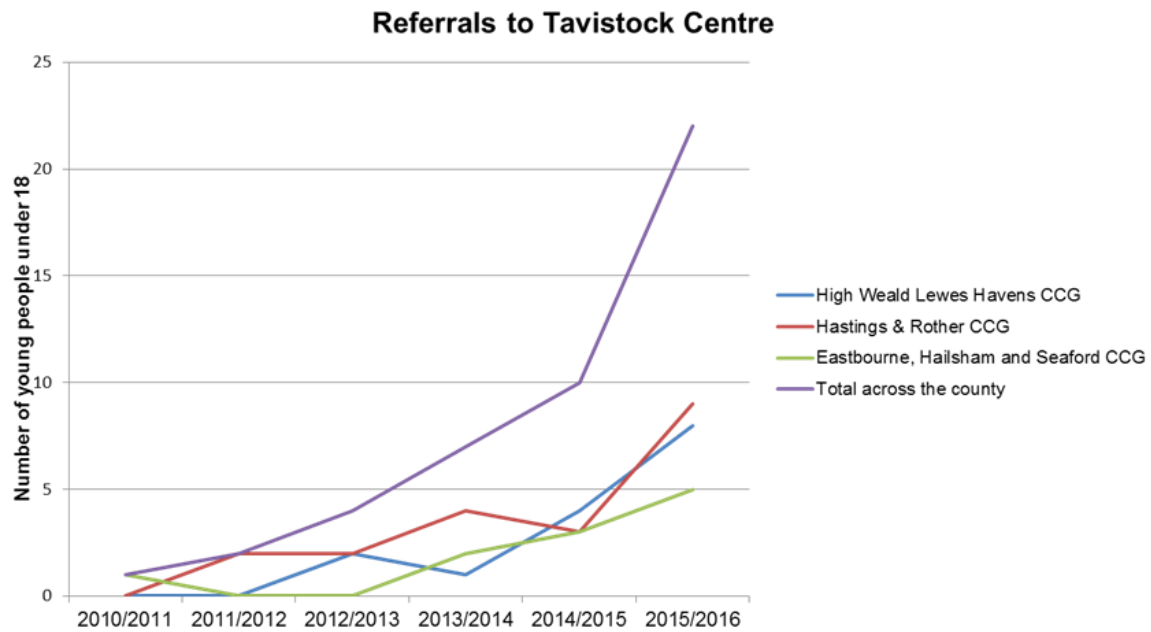
East Sussex population in 2001 and 2011 by age and gender



The table below shows the number and percentage of male and females on school roll according to the school census 2017.

Gender	Number	%
Female	31,407	48.3
Male	33,580	51.7
Total	64,987	

There is no verifiable data on the number of Transgendered people in East Sussex, however anecdotal information would suggest that the figure is around 1%. The chart below shows East Sussex referrals of under 18s to the Tavistock gender reassignment clinic by Clinical Commissioning Group (CCG).



b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?

The table below shows the numbers and percentage gender split of 0-5s attending children's centre early intervention groups 1 Sep 17-31 Mar 18.

Locality	Female	Male	Grand Total
HVCC Eastbourne	73	120	194
HVCC Hailsham and Seaford	158	180	339
HVCC Hastings	73	90	163
HVCC High Weald	38	64	102
HVCC Lewes and Havens	58	86	145
HVCC Rother	82	115	197
HVCC St Leonards	64	105	172
Grand Total	546	760	1,312
%	41.6%	57.9%	

The table below shows the number and percentage gender split of parents attending early intervention groups 1 Sep 17- 31 Mar 18.

Locality	Female	Male	Grand Total
HVCC Eastbourne	164	24	190
HVCC Hailsham and Seaford	294	24	320
HVCC Hastings	216	14	231
HVCC High Weald	96	3	99
HVCC Lewes and Havens	137	8	145
HVCC Rother	211	14	225
HVCC St Leonards	210	36	246
Grand Total	1,328	123	1,456
%	91.2%	8.5%	

The table below shows the number and percentage gender split of 0-5s attending children's centre volunteer led groups 1 Sep 17-31 Mar 18.

Locality	Female	Male	Grand Total
HVCC Eastbourne	64	64	130
HVCC Hailsham and Seaford	76	92	168
HVCC Hastings	72	71	143
HVCC High Weald	50	45	95
HVCC Lewes and Havens	27	45	72
HVCC Rother	142	158	300
HVCC St Leonards	40	45	85
Grand Total	471	520	993
%	47.4%	52%	

The table below shows the numbers and percentage gender split of parents attending volunteer led children's centre groups 1 Sep 17- 31 Mar 18.

Locality	Female	Male	Grand Total
HVCC Eastbourne	106	6	114
HVCC Hailsham and Seaford	130		131
HVCC Hastings	115	12	127
HVCC High Weald	69	3	72
HVCC Lewes and Havens	72	2	74
HVCC Rother	240	19	259
HVCC St Leonards	69	4	73
Grand Total	801	46	850
%	94.2%	5.4%	

The following table shows the gender split of those named young people that attend TYS targeted support groups and youth club sessions 1st July 2017 -30th June 2018.

Female	618	41.8%
Male	860	58.1%
Other	2	0.14%
All	1,480	100%

The table below shows the gender distribution of children open to Keywork 5-19 in 2017.

Female	1,478	48%
Male	1,585	52%

The table below shows the gender distribution of adults open to keywork 5-19 in 2017.

Female	1,397	62.4%
Male	840	37.5%

The table below shows the gender distribution of children open to keywork 0-5 in 2017.

Female	508	42.7%
Male	672	56.4%

The table below shows the gender distribution of parents open to keywork 0-5 in 2017.

Female	789	60.5%
Male	512	39.2%

Boys that attend TYS groups that completed the survey were more likely to say that things had changed for the better as a result of going to group. Further, that 'they were staying out of trouble', 'enjoying being at school/college', 'their drug/alcohol use wasn't causing them problems', and that 'they were doing things to keep themselves healthy'.

c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?

Boys attending children's centres early intervention groups, and whose families are receiving 0-5 keywork, may be more affected by relocation of these groups, and targeting keywork to those who are at risk of needing social care intervention, as they are over-represented in attendance figures.

Women are likely to be more affected than men by the proposal to relocate children's centres groups and target keywork to those at risk of needing social work intervention, because they are over-represented in service user figures.

d) What is the proposal, project or service's impact on different genders?

Boys attending children's centres early intervention groups may be negatively impacted by the relocation of these groups as they and their parents may find it more difficult to attend.

Women who attend children's centres groups may be negatively impacted by the relocation of these groups as they may find it more difficult to access the support to achieve the positive change that they indicate achieving through attending children's centres groups.

Boys (aged 0-5) and women with lower levels of need may be negatively affected by the proposal to target keywork to those families at risk of needing social care intervention as they are over-represented in the current cohort.

e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?

There is flexibility in the proposal – any group work or detached youth work that is targeted for boys or mothers could be carried out when needed in ESCC/partner community locations.

Twelve children's centre sites and four youth work sites will be retained to enable services to be scaled up or down in support of external fundraising, so groups for boys or mothers may be able to be run should funding be achieved in the future. Room hire will also be available at these sites for community organisations to continue to run activities for boys or mothers (although it may not always be possible to offer a crèche in community locations).

The five mandatory Health Visiting checks will continue. As such boys or mothers will still be seen by Health Visitors and those identified as requiring support (that would otherwise result in social care intervention) can still be referred to keywork support or family group work if this is deemed the most appropriate.

Other services, e.g. schools, can still refer families with boys, or mothers directly at risk of referral to social care to the keywork service for support.

4.5 Marital Status/Civil Partnership: Testing of disproportionate, negative, neutral or positive impact.

a) How is this protected characteristic target group reflected in the County/District/Borough?

Protected characteristic		East Sussex	Eastbourne	Hastings	Lewes	Rother	Wealden
	Total population, 2010	515,500	97,000	87,200	97,500	89,800	144,100
Marriage	Single (%)	24.6	28.2	29.8	24.2	21.4	21.4
	Married & remarried (%)	53.2	46.7	45.7	54.8	55.7	59.5
	Separated and divorced (%)	11.6	13.3	14.9	10.7	10.5	9.9
	Widowed (%)	10.6	11.8	9.6	10.3	12.5	9.3

The above table shows Census data 2011 in relation to marriage.

b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?

No foreseen impact on marital status/ civil partnerships.

4.6 Pregnancy and maternity: Testing of disproportionate, negative, neutral or positive impact.

a) How is this protected characteristic target group reflected in the County/District/Borough?

East Sussex rates of teenage conceptions have fallen below average England rates (16.1 compared with England's rate of 18.8 per 10,000 population). However in Hastings, they are notably higher (24.5 per 10,000).

b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?

The proposal to relocate services from particular children's centres will specifically affect mothers and pregnant women, as they may have accessed pre and post-natal information and support from the children's centres.

c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?

Yes (as above).

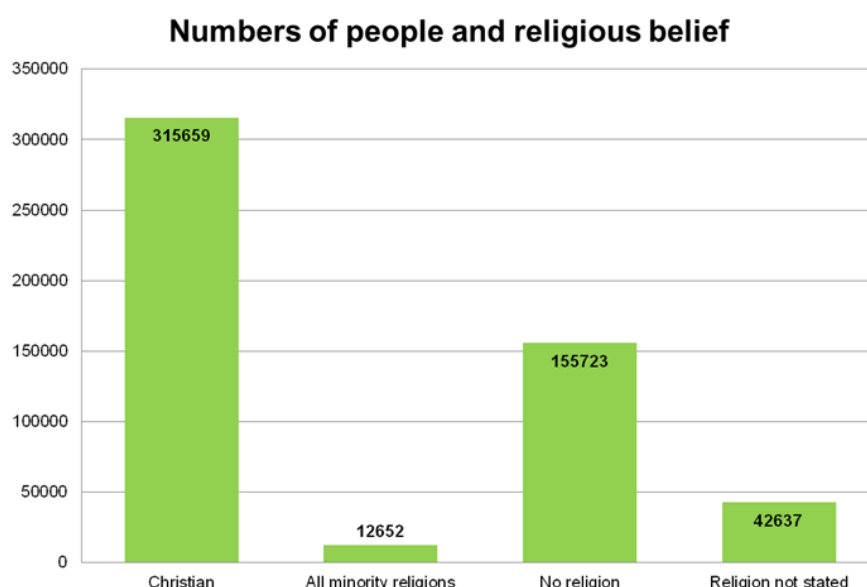
d) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?

The five mandatory Health Visiting checks will continue. As such, mothers will still be seen by Health Visitors and those identified as requiring support (that would otherwise result in social care intervention) can still be referred to keywork support or family group work if this is deemed the most appropriate.

The two currently subsidised nurseries at the Bexhill children's centres are proposed to close. Potential providers are being sought to take over this provision

4.7 Religion, Belief: Testing of disproportionate, negative, neutral or positive impact.

a) How is this protected characteristic reflected in the County/District/Borough?



The chart above shows people's stated religion in East Sussex according to Census 2011.

b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?

Data is not collected about religion of current users.

4.8 Sexual Orientation - Gay, Lesbian, Bisexual and Heterosexual: Testing of disproportionate, negative, neutral or positive impact.

a) How is this protected characteristic reflected in the County/District/Borough?

Protected characteristic	East Sussex	Eastbourne	Hastings	Lewes	Rother	Wealden
Total population, 2010	515,500	97,000	87,200	97,500	89,800	144,100

Sexual orientation: data not available

Government estimates that 5-7% of population is Lesbian, Gay and Bisexual.

b) How is this protected characteristic reflected in the population of those impacted by the proposal, project or service?

65 young people attended TYS targeted support groups for LGBTQ young people in 1 July 2017 – 30 June 2018.

c) Will people with the protected characteristic be more affected by the proposal, project or service than those in the general population who do not share that protected characteristic?

No, as these LGBTQ groups will continue to be supported.

d) What is the proposal, project or service's impact on people with differing sexual orientation?

There is positive impact on LGBTQ groups, as it has been proposed to retain the LGBTQ young people's groups.

e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?

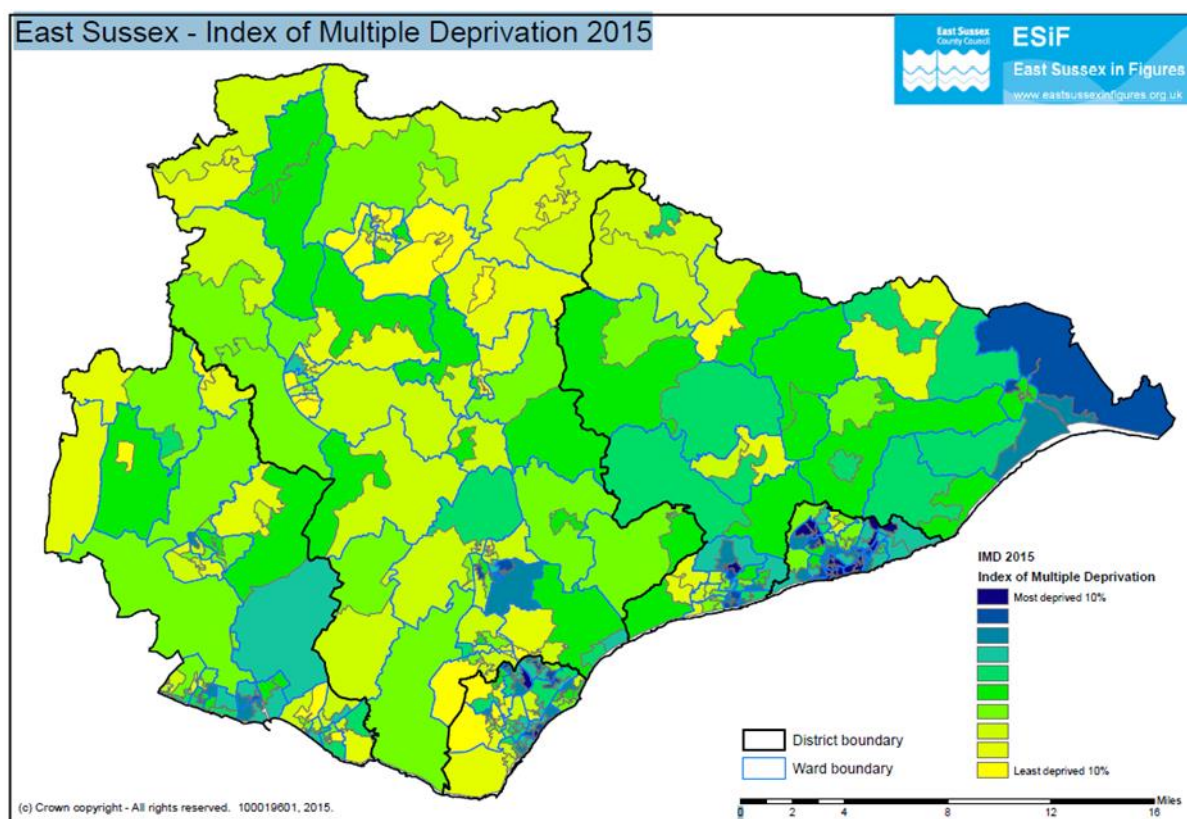
Other services, e.g. schools, can refer LGBTQ young people, directly at risk of referral to social care to the keywork service for support.

Additional external funding is being sought to enhance support the work with LGBT young people.

4.9 Other: Additional groups/factors that may experience impacts - testing of disproportionate, negative, neutral or positive impact.

a) How are these groups/factors reflected in the County/District/ Borough?

Deprivation



The above map shows the deprivation across East Sussex using the IMD indices of deprivation.

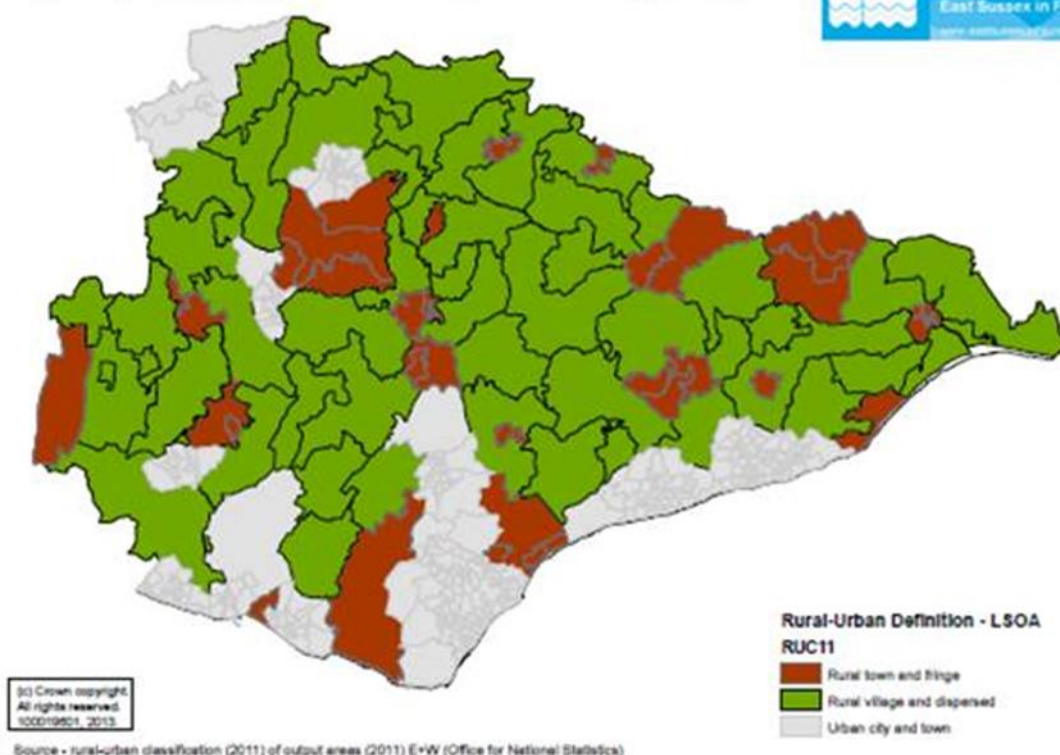
The table below shows numbers of children affected by income deprivation.

Area	Number of children 0-15	Number of children in families affected by income deprivation	As % of population
Eastbourne	17,008	3,478	20.4%
Hastings	16,768	4,838	28.9%
Lewes	17,283	2,575	14.9%
Rother	14,228	2,521	17.7%
Wealden	26,630	2,599	9.8%
East Sussex	91,917	16,011	17.4%

Rurality

The map below shows indicates the nature of urban and rural areas in East Sussex.

Lower super output areas: Rural-Urban Typology



b) How is this group/factor reflected in the population of those impacted by the proposal, project or service?

Deprivation

The table below shows the numbers and percentages of how many parents and children who attended the children's centres early intervention groups 1 Sep 17 -31 Mar 18, live in the 30% most deprived areas.

Locality	Parent 30%	Child 30%	Parent all	Child all	All 30%	All
HVCC Eastbourne	97	100	190	194	202	396
HVCC Hailsham and Seaford	82	85	320	339	171	669
HVCC Hastings	141	96	231	163	269	444
HVCC High Weald	<5	<5	99	102	<5	206
HVCC Lewes and Havens	55	59	145	145	116	298
HVCC Rother	68	62	225	197	140	446
HVCC St Leonards	152	116	246	172	303	504
Grand Total	596	519	1,456	1,312	1,203	2,963
%	40.9%	43.1%			40.6%	

The following table shows the numbers and percentages of how many parents and children who attended the children's centres volunteer led groups 1 Sep 17 -31 Mar 18, live in the 30% most deprived areas.

Locality	Parent 30%	Child 30%	Parent all	Child all	All 30%	All
HVCC Eastbourne	46	55	114	130	101	250
HVCC Hailsham and Seaford	25	34	131	168	59	303
HVCC Hastings	66	69	127	143	135	274
HVCC Lewes and Havens	25	25	74	72	50	146
HVCC Rother	72	72	259	300	148	576
HVCC St Leonards	50	48	73	85	102	166
Grand Total	284	303	850	993	595	1888
%	33.4%	30.5%			31.5%	

The table below shows the numbers and percentages of attendees at a crèche, 1 Sep 17 - 31 Mar 18, who live in the 30% most deprived areas.

Children's centre where crèche(s) were run	Number of children using Crèche	Numbers from 30% most deprived areas	As %
Battle CC	9	<5	11.1
Crowborough CC	11	<5	9.1
Devonshire CC	36	18	50.0
East Hastings CC	15	7	46.7
Egerton Park CC	<5	<5	100.0
Hailsham East CC	23	12	52.2
Hampden Park CC	12	9	75.0
Hastings Town CC	26	21	80.8
Peacehaven CC	42	24	57.1
Ringmer CC	25	<5	8.0
Robsack CC	21	15	71.4
Seaford CC	10	<5	40.0
Shinewater CC	11	7	63.6
Sidley CC	13	8	61.5
St Leonards CC	14	10	71.4
West St Leonards CC	<5	<5	66.7
Total	273	143	52.4

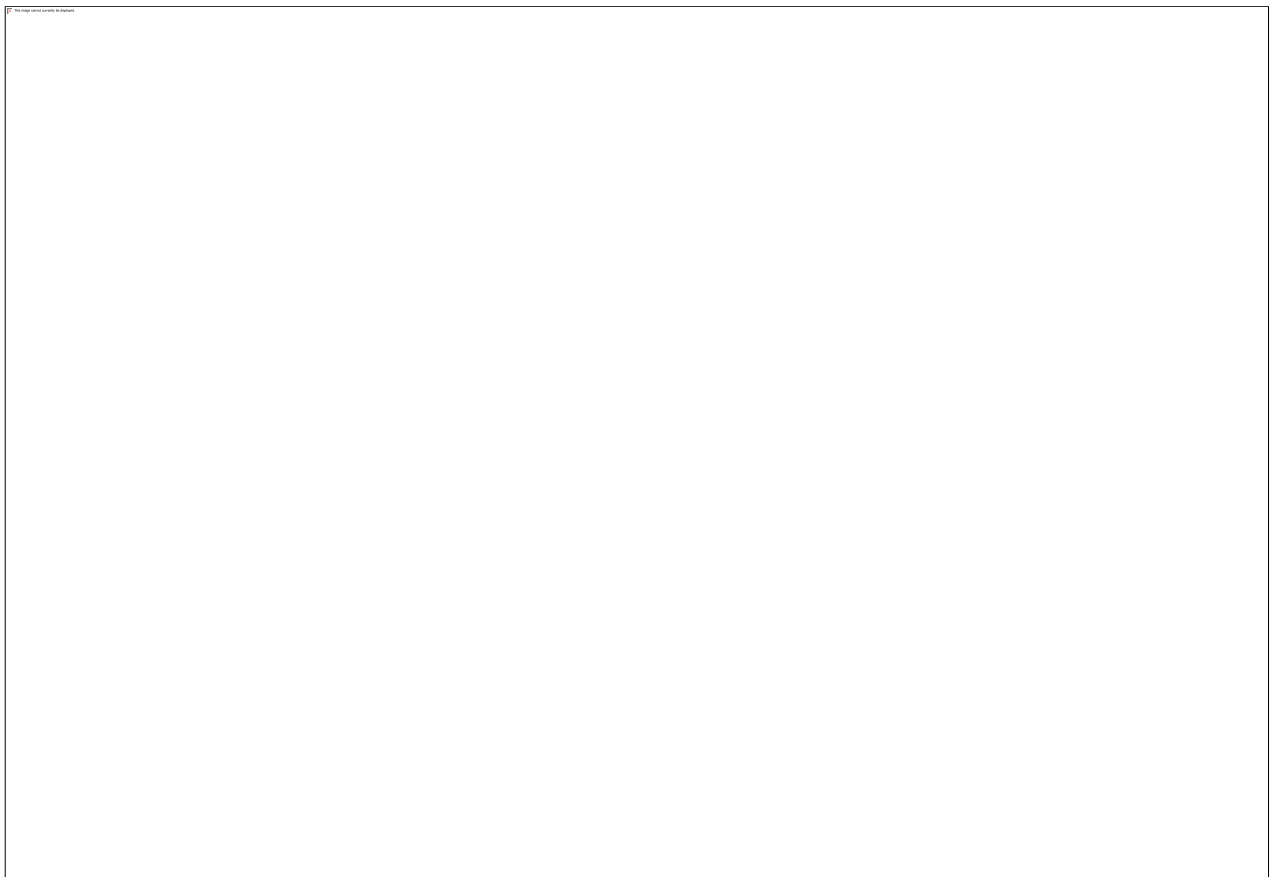
The following map shows 0-19 keywork episodes distribution across the county. If we consider this and the table below which shows the top 20 most deprived wards and the number of 0-19 keywork episodes 2017-18, we can see that the higher concentrations of keywork episodes are in the most deprived wards.

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Top 20 most deprived wards ranked by deprivation (most deprived at the top)	Area	Total number of children aged 0-15	Number of children living in families affected by income deprivation	Percentage of children living in families affected by income deprivation	KW episodes	KW episodes as a percentage of whole population
Central St Leonards	Hastings	983	459	46.7	33	3.4
Tressell	Hastings	1,338	602	45.0	59	4.4
Baird	Hastings	1,077	464	43.1	47	4.4
Castle	Hastings	1,195	467	39.1	32	2.7
Hollington	Hastings	1,484	568	38.3	46	3.1
Sidley	Rother	1,343	494	36.7	36	2.7
Ore	Hastings	1,046	348	33.3	30	2.9
Gensing	Hastings	1,166	382	32.8	26	2.2
Hampden Park	Eastbourne	2,429	707	29.1	38	1.6
Central	Rother	865	248	28.7	17	2.0
Hailsham East	Wealden	698	201	28.7	24	3.4
Langney	Eastbourne	2,189	619	28.3	51	2.3
Devonshire	Eastbourne	2,376	667	28.1	50	2.1
Newhaven Valley	Lewes	818	222	27.1	23	2.8
Braybrooke	Hastings	945	252	26.7	22	2.3
Rye	Rother	688	183	26.6	9	1.3
Wishing Tree	Hastings	1,025	268	26.2	27	2.6
Peacehaven West	Lewes	670	167	25.0	23	3.4
Eastern Rother	Rother	684	157	23.0	15	2.2
Newhaven D & M	Lewes	1,602	357	22.3	42	2.6

Rurality

The maps below are set together to demonstrate the correlation between urban/rural geographical designations in East Sussex and the Children's Centres that are proposed for change:



- c) Will people within these groups or affected by these factors be more affected by the proposal, project or service than those in the general population who are not in those groups or affected by these factors?**

Deprivation

Social and economic deprivation is strongly associated with need for early help services (Department of Work and Pensions, Improving lives: Helping workless families, 2017).

43.5% of children who use children's centre early intervention groups are from the 30% most deprived areas.

30.5% of children who access the children's centre volunteer led groups are from the 30% most deprived areas.

52.4% of crèche attendees are from the 30% most deprived areas.

There are a particularly high percentage of users from the 30% most deprived areas, i.e. over 50% of all users in the following children's centres; Devonshire, East Hastings, Hampden Park, Hastings Town, Newhaven, Peacehaven, Robsack, Shinewater, St Leonards, West St Leonards.

There are higher concentrations of keywork episodes in wards with higher levels of deprivation.

Rurality

Children's Centres which are proposed for relocation of services which are in or near rural areas (rural towns and fringe and in rural villages and dispersed rural areas) are:

- High Weald Children's Centre
- Chailey Children's Centre
- Ringmer Children's Centre
- Battle Children's Centre
- Rye Children's Centre
- Crowborough Children's Centre**

**Although Crowborough Children's Centre is proposed for relocation of services, and it is in an 'urban' area, it is on the geographical border of an area designated as rural village and dispersed rural area. Therefore, the proposal to relocate services from Crowborough Children's Centre may also affect the rural populations nearby.

- d) What is the proposal, project or service's impact on the factor or identified group?**

Deprivation

Children from the most deprived areas attending children's centre early intervention groups, volunteer led groups and crèche may be negatively impacted by the relocation of these groups if they and their parents are unable to attend they will be unable to achieve the outcomes identified in the survey of group users.

Families with lower levels of need that are from the most deprived areas may be negatively affected by the proposal to target keywork to those at risk of needing social care intervention as they might no longer be able to access support.

Rurality

There may be a negative impact on the families who may currently attend groups in the rural areas, as they may have to travel further to attend any groups currently operation from these areas.

e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?

There is flexibility in the proposal – any group work or detached youth work that is deemed for children, young people and families affected by deprivation could be carried out when needed in ESCC/partner community locations in both urban and rural areas. This will include support being provided in people's own homes, rather than in external settings.

Twelve children's centre sites and four youth work sites will be retained to enable services to be scaled up or down in support of external fundraising, so groups for families or young people affected by deprivation may be able to be run should funding be achieved in the future. Uckfield Children's Centre is also proposed to be retained, and this serves the rural areas nearby.

Room hire will also be available at these sites for community organisations to continue to run activities families or young people affected by deprivation (although no crèche will be available).

The five mandatory Health Visiting checks will continue. As such 0-5s and their parents affected by deprivation will be seen by Health Visitors and those identified as requiring support (that would otherwise result in social care intervention) can still be referred to keywork support or family group work if this is deemed the most appropriate.

Other services, e.g. schools, can still refer families affected by deprivation, directly at risk of referral to social care to the keywork service for support.

4.10 Human rights - Human rights place all public authorities – under an obligation to treat you with fairness, equality, dignity, respect and autonomy. **Please look at the table below to consider if your proposal, project or service may potentially interfere with a human right.**

Articles	
A2	Right to life (e.g. pain relief, suicide prevention)
A3	Prohibition of torture, inhuman or degrading treatment (service users unable to consent, dignity of living circumstances)
A4	Prohibition of slavery and forced labour (e.g. safeguarding vulnerable adults)
A5	Right to liberty and security (financial abuse)
A6 & 7	Rights to a fair trial; and no punishment without law (e.g. staff tribunals)
A8	Right to respect for private and family life, home and correspondence (e.g. confidentiality, access to family)
A9	Freedom of thought, conscience and religion (e.g. sacred space, culturally appropriate approaches)
A10	Freedom of expression (whistle-blowing policies)
A11	Freedom of assembly and association (e.g. recognition of trade unions)
A12	Right to marry and found a family (e.g. fertility, pregnancy)
Protocols	
P1.A1	Protection of property (service users property/belongings)
P1.A2	Right to education (e.g. access to learning, accessible information)
P1.A3	Right to free elections (Elected Members)

Part 5 – Conclusions and recommendations for decision makers

5.1 Summarise how this proposal/policy/strategy will show due regard for the three aims of the general duty across all the protected characteristics and ESCC additional groups.

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010.
- Advance equality of opportunity between people from different groups.
- Foster good relations between people from different groups.

5.2 Impact assessment outcome Based on the analysis of the impact in part four mark below ('X') with a summary of your recommendation.

X	Outcome of impact assessment	Please explain your answer fully.
X	A No major change – Your analysis demonstrates that the policy/strategy is robust, and mitigation proposals have been identified where there is potential for negative impact. There is no unlawful discrimination and you have taken all appropriate opportunities to advance equality and foster good relations between groups.	<p>The proposals take into account other relevant services and include measures to mitigate potential negative impact. These include the following:</p> <p>Healthy Child Programme Activities funded through the Public Health ring-fenced grant will continue to be delivered. Activities delivered by communities will be signposted to other possible venues.</p>
	B Adjust the policy/strategy – This involves taking steps to remove barriers or to better advance equality. It can mean introducing measures to mitigate the potential effect.	<p>A wide range of factors were used to inform the assessment of East Sussex children's centres, in order to minimise impact on vulnerable 0-5s and their families. The key factors considered were:</p>
	C Continue the policy/strategy - This means adopting your proposals, despite any adverse effect or missed opportunities to advance equality, provided you have satisfied yourself that it does not unlawfully discriminate	<ul style="list-style-type: none"> • Current usage to provide activities/sessions/services to families. • No council buildings nearby into which services could be integrated. • Capacity and suitability for providing staff accommodation for future services. • Suitably located to service areas of high need / countywide reach. • Value for money.
	D Stop and remove the policy/strategy – If there are adverse effects that are not justified and cannot be mitigated, you will want to consider stopping the policy/strategy altogether. If a policy/strategy shows unlawful discrimination it <i>must</i> be removed or changed.	<p>Services may be transferred to other nearby community locations.</p> <p>Although the number of families that the service will work with is expected to reduce, shorter interventions and targeted group work will be used whenever appropriate, in order to support as many families as possible.</p> <p>In locations where targeted family group work or youth work are needed but no East Sussex County Council building exists, nearby community</p>

		<p>venues and buildings will be used.</p> <p>Room hire will also be available at the twelve retained children's centres and four youth centres for community organisations to continue to run activities.</p> <p>The five mandatory Health Visiting checks will continue. As such 0-5s will still be seen by Health Visitors and those identified as requiring support (that are more likely to result in social care intervention) can still be referred to keywork support or family group work if this is deemed the most appropriate. Those children identified as Level 2 will be referred to Community Nursery Nurse support as required.</p> <p>Other services, e.g. schools, can still refer families directly at risk of referral to social care to the keywork service for support.</p> <p>Other providers are being sought for the 2 nurseries in Bexhill which it is being proposed to no longer subsidise.</p> <p>Mitigations include identifying two elements in the new vision and Strategy which focus on collaboration, such as seeking external funding in collaboration with partners for early help preventative services.</p> <p>Children's Services will ensure that 'disability' and 'ethnicity' are included in the monitoring categories for children, young people and families that the services work with.</p> <p>Keyworkers will continue to work with families in a range of appropriate settings including the family home, schools and other community venues.</p> <p>In summary: the proposal contains some flexibility - there is scope to deliver group work sessions if deemed necessary. Health Visiting will continue and, as such families at risk of social care intervention can still be identified and referred for early help. Others services e.g. schools can continue to refer families that are high risk. Some buildings will be retained that will be available for community use or should future funding become available.</p>
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5.3 What equality monitoring, evaluation, review systems have been set up to carry out regular checks on the effects of the proposal, project or service?

Children's Services Strategic Planning Group

5.6 When will the amended proposal, project or service be reviewed?

Ongoing service review through service user feedback and audits.

Date completed:	Tbc following end of public consultation in October 2019	Signed by (person completing)	Atiya Gourlay
		Role of person completing	Equality & Participation Manager
Date:	3 May 2019	Signed by (Manager)	Liz Rugg, Assistant Director

Part 6 – Equality impact assessment action plan

If this will be filled in at a later date when the final proposals have been decided please tick here and fill in the summary report.

X

The table below should be completed using the information from the equality impact assessment to produce an action plan for the implementation of the proposals to:

1. Lower the negative impact, and/or

2. Ensure that the negative impact is legal under anti-discriminatory law, and/or

3. Provide an opportunity to promote equality, equal opportunity and improve relations within equality target groups, i.e. increase the positive impact

4. If no actions fill in separate summary sheet.

Please ensure that you update your service/business plan within the equality objectives/targets and actions identified below:

Area for improvement	Changes proposed	Lead Manager	Timescale	Resource implications	Where incorporated/flagged? (e.g. business plan/strategic plan/steering group/DMT)

6.1 Accepted Risk (to be completed following the public consultation period ends in October 2019)

From your analysis please identify any risks not addressed giving reasons and how this has been highlighted within your Directorate:

Area of Risk	Type of Risk? (Legal, Moral, Financial)	Can this be addressed at a later date? (e.g. next financial year/through a business case)	Where flagged? (e.g. business plan/strategic plan/steering group/DMT)	Lead Manager	Date resolved (if applicable)



Children's Services
East Sussex County Council
County Hall
St Anne's Crescent
Lewes BN7 1UE
Website: www.eastsussex.gov.uk/earlyhelp
E-mail: earlyhelp.consultation@eastsussex.gov.uk
Phone: 01273 336626

May 2019

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