

Essex County Council

Essex Children's Centres (2012 – 2014)

Services Specification:

To deliver a community resource for children
pre-birth - 5 years, and their families in Essex.

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1 Introduction

Essex County Council (the **Authority**) is the accountable body for eighty-six (86) existing children's centres across the county delivering preventative services to, in the region of, 78,580 children aged 0-5 and their families which are currently being provided by 13 providers, including the Authority.

The Quadrants

The children's centres across Essex have been allocated into four quadrant areas (the **Quadrants**), which will each form one of four lots within the Children's Centres 2012 Tender. The Authority is seeking to commission a provider for each Quadrant (each a **Lead Body**) to provide effective early intervention and preventative services for children aged 0-5 and their families in accordance with this Services Specification. A copy of a map showing the Quadrants is included as part of the Invitation to Submit Outline Solutions (ISOS) a copy of which will be available on the Bravo portal. A Quadrant provider could comprise of a consortia of providers with one formally nominated Lead Body.

For detailed information on each Quadrant lot see:

- Appendix A – North East Essex (Colchester and Tendring)
- Appendix B – Mid Essex (Braintree, Chelmsford and Maldon)
- Appendix C – South Essex (Basildon, Brentwood, Rochford and Castle Point)
- Appendix D – West Essex (Harlow, Epping Forest and Uttlesford)

2 The Services Specification

The Authority is seeking to commission the provision of a community resource for prospective parents and for children pre-birth to 5 years and their families to be delivered within localities across Essex for the period from April 2012 to March 2014. This community resource needs to be innovative, flexible and able to respond to the needs of the relevant area(s). This community resource is being commissioned at Quadrant level in order to ensure that it reflects the needs of the 0-5 population and their families within the relevant area(s) and is driven by local priorities, as identified as part of the Local Children's Commissioning and Delivery Board Commissioning Plans. Full details of the current Plans can be found on the children's pages of the essexpartnershipportal.org.uk website.

2.1 Outcomes

The core purpose of the children's centre provision will be to improve the outcomes and life chances for children and their families by offering a service that focuses on those that are hardest to reach and delivers early identification and early intervention services tailored to meet individual needs, which means *"intervening early, and as soon as possible, to tackle problems emerging for children, young people and their families or with*

a population most at risk of developing problems. Early intervention may occur at any point in a child or young person's life.

Early intervention is a force for transforming the lives of children, families and communities, particularly the most disadvantaged. Its importance today in terms of policy and practice owes as much to its economic sense, as well as the social and personal benefits that it can generate”¹.

Effective preventative and early intervention services are essential in supporting vulnerable children and young people to reach their potential. Without the provision of such services many of these children and young people will require more intensive services which incur additional costs for the local authority, partners and the public tax payer.

Children should have positive wellbeing throughout their emotional, intellectual and social development: good physical and mental health; a strong and stable family unit; safeguarding; and economic wellbeing. The core elements of this are that children:

- develop a secure attachment, bond of affection and trust with parents / carers
- are cared for within safe and secure environments at home and in the community
- develop positive relationships with adults and other children
- develop effective language and communication skills
- have access to learning and education
- have access to play
- receive positive interaction, support, guidance and encouragement from others
- have consistent boundaries and fair discipline
- have a healthy lifestyle
- do not experience disadvantage due to disability or prejudice
- do not experience disadvantage due to poverty

The Lead Body should deliver a community resource for prospective parents, children from pre-birth to 5 years and their families with a focus on the specific vulnerable/disadvantaged families in the area to provide:

- universal services, in the form of high quality, accessible information, advice, guidance and signposting to other services
- delivery of evidence-based, effective, targeted services which are tailored to the specific needs of individual children and families
- early intervention services that are focused on antenatal assessments in-line with the Pre-birth - 5 Integrated Care Pathway (See Appendix E)
- services that directly target the most vulnerable families
- a multi-disciplinary team able to respond promptly to the needs of the community
- an effective method of engaging and working with other local, relevant agencies such as housing, Jobcentre Plus, early years, education, community health services and policing within the area to provide appropriate services to support families
- an effective method of families informing and shaping service delivery.

¹ C4EO Grasping the Nettle

The services provided by the community resource must deliver towards the required outcomes, detailed in this service specification, and embed and embody the principles of early intervention and prevention, based on a partnership, place-based approach. Services must be flexible and responsive to the needs of individual localities and communities, and should be tailored where required. These services should be pro-actively targeted at those most in need of support and ensure wide coverage across the specified area.

The Lead Body will need to ensure that services delivered will have the flexibility to respond to concerns raised by other partners at key points on the Pre-birth - 5 Integrated Care Pathway and to deliver appropriate interventions in support.

The Lead Body will be responsible for delivering a community resource for each specified locality within their Quadrant (see Appendix A, B, C and D as applicable). The level of provision must be aligned to the number of children aged 0-5 years within the localities of each Quadrant and reflect the Local Children's Commissioning and Delivery Board Commissioning Plans. Details of the current Plans can be found as Appendices A-D.

Services should be developed to be available flexibly at times that most suit the needs of families and partners within the local communities within the quadrant, including both outreach and centre-based services and must be available all year round. Where services are delivered from a community base these should also be available at times defined by the community, and should aim to offer services between the hours of 08.00 and 18.00 Monday to Friday, with evening and weekend services developed to support working parents/carers. Opportunities for families and children to engage during school holidays and Bank Holidays should also be offered as required. A key responsibility for the Lead Body will be to take an active role in increasing the community's capacity to deliver appropriate universal services and the development of effective peer networks that support effective parenting experiences.

The Lead Body should work with other agencies to ensure that specified venues are made best use of to provide services for the whole family, including other wider health and well-being needs.

Outreach services should be delivered to those families identified as being vulnerable through the analysis of demographic and other relevant data and local knowledge. These services must be provided flexibly, at evenings and weekends and as a priority, include work with families in their own home.

The community resource delivered by the Lead Body must contribute towards the following outcomes, working effectively in partnership with others, including mainstream provision:

- Parents / carers ensure that their children are safe and secure within the home and community.
- Parents / carers and unborn children are supported to access available services that promote a healthy pregnancy.
- Breastfeeding is encouraged and supported, leading to an increase in the number of mothers breastfeeding at 6-8 weeks and at 6 months.
- Parents / carers develop a bond / attachment with their children from pregnancy onwards.
- Parents act as positive role models, and are able to demonstrate affectionate but authoritative parenting.

- Parents / carers maintain and model healthy lifestyles and are positive role models, as their children grow, including having the knowledge and confidence to ensure that their children eat healthily and are active, leading to a reduction in the prevalence of childhood obesity.
- Parents / carers understand child development and their role as their child's first educator, enabling children to develop optimum speech and communication skills, positive emotional wellbeing, mental health and social resilience and to be ready for school.
- Parents / carers are supported to understand the range, availability and value of both statutory and voluntary services for children and families, and are empowered to make appropriate choices to access services which meet their needs, without creating service dependency.
- Parents / carers and children at risk of poor outcomes, including those with additional needs and/or disabilities are identified early and there is an effective and targeted response to their needs.
- Effective promotion of early intervention and prevention services to families.

2.2 Principles of service delivery

The Lead Body will be responsible for providing:

- priority targeting of the greatest resource to the highest area of need, whilst ensuring appropriate universal provision is accessible
- quick response, flexible and reactive services
- Family Worker capacity, with a range of skills and knowledge to support individual families and groups e.g. coaching skills, early child development and health needs
- outreach (within homes where appropriate) as well as community-based intervention and support
- infant development pre-birth - 5 years advice to underpin all the work
- equality of access and consistency in provision across the area, to include diverse groups within the community, children with SEN and minority ethnic groups
- consistent, accessible and up-to-date information, advice and guidance for parents
- clear referral pathways that are well communicated and understood
- the involvement of children and families in the design and delivery of services
- a workforce and organisation(s) that recognise and execute their safeguarding responsibilities effectively
- a competent multi skilled workforce able to deliver universal and targeted interventions to support family life and/or signpost to appropriate services
- the overcoming of barriers to partnership work, engagement with integrated processes and multi agency working
- joined up work, where appropriate, preventing duplication of effort and resource.

2.3 Interventions to achieve outcomes

The Authority requires the Lead Body to evidence how these specified outcomes will improve for children aged 0-5 and families within their Quadrant as a result of services delivered through the community resource.

There will be an expectation that the Lead Body will share good practice around interventions and approaches that are successful in providing effective early intervention and prevention services with the Local Authority and the other quadrants.

Research shows that *'early intervention as a policy issue reflects the widespread recognition that it is better to identify problems early and intervene effectively to prevent their escalation, rather than to respond only when the difficulty has become so acute as to demand action.'*²

Services must be focused at the earliest point of intervention to enable the best outcomes for children and their families. The Lead Body will be expected to prioritise vulnerable and disadvantaged children up to 5 years and their families and those with risk factors focussing the greatest proportion of funds towards services that support children and their families during the antenatal period and during the first two years of a child's life. Key transition stages for children should also be a priority and services must be developed to support families at these times, particularly the transition into school/education.

Where parents are identified as having risk factors and needing additional support or services, and require intervention from more than one agency, a Common Assessment Framework (CAF) assessment should be completed and, where appropriate, a referral to a partner agency or Multi Agency Allocation Group (MAAG) should be made.

The Lead Body must supply all families that have been identified, either by the Lead Body or another agency or through Multi-Agency Allocation Group meetings as requiring additional support with an appropriate, tailored package of support. The Lead Body is expected to have an available menu of effective evidence-based services from which to create personalised support packages.

The Lead Body will be expected to monitor and be able to demonstrate positive outcomes following on from interventions.

2.4 Assessment of and response to need

The Lead Body will work with partner and statutory services to ensure that a holistic assessment is undertaken and risk factors are identified for all parents during the antenatal period between 28-32 weeks and subsequently in alignment with the Pre-birth - 5 Integrated Care Pathway and that the Healthy Child Programme is delivered.

The purpose is to assess the level of support or intervention required by the prospective parents in preparing to become parents, and following the birth of their child, using a recognised screening tool. This assessment will be based on a range of criteria, i.e. universal, targeted or intensive – see the Pre-birth - 5 Integrated Care Pathway for more information. (The Lead Body will be required to work closely with health colleagues to ensure pregnant women are referred to the service as required.)

Children's centre practitioners undertaking assessments will be expected to have training in the use of the SOUL record and use this tool as part of evaluation and service impact.

The Lead Body must supply all families identified as Tier 1 with access to quality and accurate information and signposting to self access services. Where parents are identified

² Grasping the Nettle

as needing additional support or services at a level of need that is Tier 2 or above, a Common Assessment Framework assessment should be completed and, where appropriate, a referral to a partner agency or MAAG panel should be made. The Lead Body is expected to have an available menu of effective evidence based services from which to create personalised support packages.

Outreach and ongoing assessment are required in partnership with health colleagues and in-line with the Healthy Child Programme.

The Lead Body will be required to work with other partners to identify families that historically do not access services to ensure that services are targeted at these groups.

2.5 Interventions to deliver outcomes and respond to assessed needs

The Lead Body will be expected to use a range of creative, flexible, locally appropriate and responsive interventions to meet needs and ensure outcomes are achieved:

Parents / carers ensure that children are safe and secure within the home and community

Universal:

- Provision of high quality information available on child safety in a format that is easy to understand for all community groups.

Targeted:

- Parenting support to enable parents / carers to understand their role in keeping their child safe.
- Support to identify risk areas within the home and community and support to identify solutions and ways to avoid risk.

Parents / carers and unborn children experience a healthy pregnancy and early bonding and attachment.

Universal:

- Provision of high quality information to parents, via links with the health visitors that undertake the holistic antenatal assessment at 28 weeks, on the services available at the community resource and how these can be accessed.
- Access to high quality information, advice and guidance on, and promotion of, healthy lifestyles, including breastfeeding, smoking cessation, healthy eating and stress reduction. Parents/ carers are exposed to Start4life a part of the Change4life programme and are encouraged to sign up in preparation.

Targeted:

- One-to-one support for identified needs.
- Outreach work within the home.
- Targeted support for smoking cessation, healthy eating, stress management and antenatal depression.
- Facilitating access to peer support networks and groups.
- Lead Professional role in undertaking a Common Assessment Framework and ensuring that a referral is made where appropriate.

Parents / carers develop a bond / attachment with their children, are positive role models able to demonstrate affectionate, but authoritative parenting.

Universal:

- Provision of high quality information on the importance of showing affection, bonding, interacting and playing with children to support healthy child development.
- Provision of information, advice and guidance to parents / carers on bonding techniques and parenting strategies, particularly when tired, busy or stressed.
- Reassuring and empowering parents by dispelling myths and supporting them to understand that children develop at different rates and have individual personalities and interests.
- Enabling families to take the lead on developing and implementing parent-led sessions.
- Signposting to wider services.
- Baby massage.

Targeted

- Outreach services within the home.
- Baby massage.
- Parenting interventions and programmes, particularly on behaviour management and for parents with children with disabilities. Interventions should be available on a one-to-one and small group basis, including outreach services within the home. These could be delivered by the Lead Body or commissioned from other organisations. The Lead Body would be expected to work with the Parenting Commissioners.
- Tailored counselling, practical advice, modelling and assistance to families in their home provided by volunteers and/or Family Support Workers as appropriate to assist families with relationships, behaviour management and child development.
- Peer support groups.

Breastfeeding is encouraged and supported, leading to an increase in the number of mothers breastfeeding at 6-8 weeks and at 6 months.

Universal

- Provision of high quality, information to parents, delivered in partnership with health visitors to promote breastfeeding and services offering relevant advice and support.
- Access to high quality information on breastfeeding and Start4Life.
- Promoting a welcoming environment which encourages and supports breastfeeding mothers.
- Where the local community health provider is signed up and working towards the UNICEF Baby-Friendly Standard, children's centres should work collaboratively to support in achieving the status by ensuring adherence to best practice standards and the seven point plan.
- Where the local community health provider is yet to sign up to the UNICEF Baby-Friendly Standard, children's centres should work collaboratively with health providers to develop and use good practice policies, protocols and information materials relating to infant feeding which are compatible to UNICEF Baby Friendly in support of any future applications.

Targeted

- Work collaboratively with community health provider services and associated breastfeeding coordinators/health visitors to support the provision of adequately supervised volunteer breastfeeding support groups.

Parents / carers maintain and model healthy lifestyles and are positive role models, as their children grow, including having the knowledge and confidence to ensure that their children eat healthily and are active, leading to a reduction in the prevalence of childhood obesity.

Universal

- Encourage families/parents with children under 2 to sign up for the Start4Life programme and for those with children over the age of 2 to sign up for the Change4Life programme, and provide health promotion messages and information in line with Start4Life, Change4Life and the Early Years Guide.
- To support and work with Essex-wide Obesity Service Provider(s) by recruiting and referral into the services.

Targeted

- Use of local Healthy Weight, Healthy Lives social marketing information and data to inform targeted service delivery and planning (see DH Healthy Weight Healthy Lives Consumer Insight Summary located here: <http://www.nhs.uk/Change4Life/Pages/partner-guidance-insight.aspx>)
- Support and work with Essex-wide Obesity Service Provider(s) by recruiting and referral into the services.
- Deliver programmes which take account of national and international evidence of intervention effectiveness, which will increase healthier eating and physical activity amongst families.
- Promotion, encouragement and support in accessing Healthy Start scheme, alongside health visitors, through provision of information.

Parents / carers understand child development and their role as their child's first educator, enabling children to develop optimum speech and communication skills, positive emotional wellbeing, mental health and social resilience, and to be ready for school

Universal:

- Access to high quality information, advice and guidance on child development, communication and speech development, emotional wellbeing and mental health, and the Early Years Foundation Stage.
- Signposting to wider services and support groups, including community based support groups.
- Information about available childcare and early learning options and their affordability.
- Baby massage.
- Facilitate access to peer support networks and groups.
- Support in the imaginative use of play and resources.
- Provision of an environment which promotes listening and attention; particularly with adults talking and listening to children.

- Parents / carers supported to lead by example through their use of language and interaction with children and able to recognise and respond to early signs of communication and speech difficulties within children or families in need of targeted support.

Targeted:

- Early identification and targeted response to a lack of attachment, interaction and bonding between parents / carers and children.
- Early identification of children experiencing delay or difficulties in communication and language development and the delivery of targeted support or referral to specialist services as appropriate (staff should be trained to use Every Child A Talker speech and language monitoring tool/ELKLAN).
- Signposting, brokerage and support to families in accessing local childcare or established community provision, for instance baby and toddler groups.
- Identification of early signs of depression and response with specialist early interventions, including referral to child and adult mental health services.
- Links to wider services, including Community Mental Health Teams.
- Supporting parents to understand child development and how to respond as a parent (avoiding overreaction or denial).
- Supporting parents to play with their children, through the provision of activities with music, song, rhyme, story-telling and books.
- Supporting parents to recognise and understand bullying and how to respond to it.
- Outreach and home visiting.

Parents / carers are supported to understand the range, availability and value of both statutory and voluntary services for children and families, and are empowered to make appropriate choices to access services which meet their needs, without creating service dependency.

Universal:

- High quality information, guidance and advice to parents, including child development, childcare, early years provision and healthy lifestyle options.
- Information, links to and support to access wider services.
- Drop in sessions for families led by local parents.
- Facilitate peer networks and support groups.
- Provision of information and support to use technology and national resources.

The universal offer may be delivered in a variety of ways but must meet the needs of local communities and enable them to easily access services. The Lead Body will be expected to link with partner agencies, be able to report and measure their customers' journeys and outcomes.

Targeted:

- Outreach services for families who experience barriers to participation or vulnerable parents, children and families, including, but not restricted to, ethnic minority groups, families without English as a first language; parents / carers with physical or learning disabilities or mental health problems; teenage parents.
- These outreach services should provide families with a Key Worker who should act as the Lead Professional and, where required, complete a Common Assessment

Framework assessment and ensure referral to the Multi Agency Allocation Group or single agency as appropriate. Where the most appropriate referral is to a service delivered or commissioned by the Lead Body, the children's centre Key Worker should ensure that the family receives this service.

- Provision of antenatal and postnatal support.
- Targeted support to help parents / carers, children and families to access services.

Parents / carers are able to access employment, education and skill training

Universal:

- Information, advice and guidance about available education and skills courses and how to access them.
- Links with schools and adult learning colleges.
- Information, advice and guidance about how to access employment; links to Jobcentre Plus.
- Information about local childcare and crèche facilities.
- The promotion of parental involvement and volunteering with links into skills and employability.

Targeted:

- Support to access education and skills training.
- Support to access employment (in partnership with Jobcentre Plus).

Parents / carers and children at risk of poor outcomes, and with additional needs and disabilities are identified early and there is an effective and targeted response to their needs.

Universal:

- Information and services to support parenting (by mothers, fathers and carers) are available and coordinated through local multi-agency partnerships.

Targeted:

- Parents whose children are experiencing difficulties (for example, because of learning disabilities and/or difficulties or challenging behaviour) receive early support and evidence-based interventions.
- Collaborative arrangements are in place between services for adults and those for children and families to ensure effective joint assessment and support/treatment to enhance parent's parenting capacity and protect and promote the wellbeing and welfare of children.
- Adults caring for looked after children have early, accessible, multi-disciplinary support.

2.6 Policies and Procedures

Child Protection

The Authority is committed to safeguarding all children. The Lead Body will be expected to fully comply with the statutory guidance on making arrangements to safeguard and

promote the welfare of children under Section 11 of the Children Act 2004. The Lead Body will ensure that all staff are fully aware of the Lead Body's policy with regard to their own responsibility for reporting any safeguarding concerns, which will be in-line with the Authority's policy.

Where there is more than one service provider or occupier resident in a children's centre a joint protocol must be developed to ensure consistency in child protection processes.

Data Handling

The Lead Body will be expected to have an information retention and information sharing policy. This will need to be developed taking into account the Authority's information, security and communication processes, guidance and policies to:

- ensure consistency with and compliance with the Data Protection Act 1998
- ensure maintenance of the confidentiality of personal data to which the Lead Body has authorised access under the terms of this Agreement
- indemnify the Authority against loss, destruction or processing contrary to the Data Protection Act 1998 of data by the Lead Body , including its employees and agents
- in accordance with paragraph 12 of Part II of Schedule 1 to the Data Protection Act 1998 (a) process any personal data supplied to the Lead Body by the Authority only on instructions from the Authority and (b) comply with obligations equivalent to those imposed on a data controller by the seventh principle of Part I of the said Schedule.

Recording

- Family data relating to children's centre use and access must be recorded using the Authority's preferred software and protocols.
- The SOUL record must be used for assessing and evaluating all appropriate family interventions.

Participation

The Authority has made a commitment to children, young people, families and communities for them to be able to actively take part in design, development, delivery, governance and evaluation of services. Children, young people, families and communities have said the most important things to consider when involving them are:

- to treat service users with respect, to listen to what is said and value individuals
- to provide support to help everyone take part in opportunities
- to provide clear information about opportunities and the benefits for everyone involved
- to make sure everyone has access to a range of opportunities appropriate to individual needs
- to receive feedback so everyone is clear about what has happened as a result of individual/group input
- to work together to provide the widest range and the best possible opportunities.

Equal Opportunities

The Lead Body must have a clear written Equal Opportunities policy for staff and service users, and enable access to their services for all local families.

The Lead Body will need to demonstrate how they will meet the general equality duties of the Equality Act 2010, including how they will:

- plan inclusive services that meet the needs of people from protected groups where these are different from the needs of other people
- consult with families from all protected groups proportionately within the area served by the centre
- implement inclusive services, and consider specialist services (e.g. culturally specific) where these are necessary to meet the needs of protected groups
- ensure staff in the relevant children's centre reflect the diversity of the local community and/or understands the needs of the local community
- ensure that baseline data for the children's centre area has reliable demographic data which can be broken down into all protected characteristics
- conduct annual equality monitoring of service users
- consider issues relating to living in a multicultural society and address issues of community cohesion in areas that are ethnically homogenous
- ensure that all services are inclusive and readily accessible by children and families with disabilities and special needs.

3 Staffing

The Lead Body will be expected to comply with the Transfer of Undertaking (Protection of Employment) Regulations 2006 in relation to any transfer of staff from the existing children's centres employers.

In providing the services, the Lead Body will ensure that at all times they have sufficient numbers of people of appropriate ability, qualification, skill, knowledge, training and experience available to provide and supervise the provision of the services and cater for staff holiday, sickness and absence. The Lead Body shall ensure that safe recruitment procedures are in place and the recruitment and selection procedures include the following matters:

- The Lead Body shall be registered with the Criminal Records Bureau ("The CRB") and/or umbrella agency and shall ensure that all employees and volunteers who may work with or have access to information about children or young people (or vulnerable adults) are checked to an enhanced level through the CRB, which includes the Protection of Children Act (POCA) and this is repeated a minimum of every three years. The Lead Body shall provide written confirmation of the enhanced CRB Check to the Authority's Authorised Officer where requested. No member of staff shall be employed or work in the delivery of this service with children or young people (or vulnerable adults) prior to receipt of satisfactory enhanced CRB checks by the Lead Body. No agency staff or volunteer will work in the delivery of this service with children or young people (or vulnerable adults) prior to receipt of satisfactory enhanced CRB checks by the Lead Body.
- Staff will be trained on child protection and promoting the welfare of children. This training will be made available for all staff who may work with or have access to information about children or young people (or vulnerable adults).

- All such questions as shall reasonably be required to assess the suitability of the applicant for the position and are permitted by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended).

Please see Appendix 6 for further required standards.

It is expected the Lead Body will adopt the following four workforce development priorities:

- To develop a common set of knowledge, skills and behaviours with which the children's workforce (delivery and commissioning) in Essex will be equipped to work effectively with children, young people and their families and which is based on the needs, including diverse and different needs, of children, young people and their families.
- To develop the knowledge, skills and behaviours to involve children, young people and their families i.e. to listen to and to act accordingly to the views of children, young people and their families.
- To develop and implement the necessary policies, practices and protocols to embed joint working across the partnership including the involvement of children, young people and their families.
- To develop a process to ensure that commissioning informs the development of a skilled workforce.

The following workforce competencies are required for practitioners delivering services:

Knowledge

- Child development
- Emotional health and wellbeing
- Safeguarding/Threshold of Need
- Integrated Working processes
- Healthy child
- Principles of involvement
- Early intervention and prevention
- Knowledge of services available
- Knowledge and understanding of Early Years Foundation Stage
- Awareness of tools to identify children at risk of language delay

Skills

- Working with children and young people
- Working with families
- Engagement
- Key Person approach
- Listening skills

Behaviours

- Solution focussed
- Inclusive and fair
- Respectful

- Energetic
- Supportive

The following qualifications or training are required for the appropriate staff within each children's centre:

- SOUL Record training
- Common Assessment Framework training
- Safeguarding training
- Appropriate food hygiene or safety certificate which is appropriate for the provision of food and cooking skills courses provided.
- Any staff delivering healthy lifestyle information and messages should have training covering basic childhood obesity awareness, family cluster types, the key messages and information (including Start4Life and Change4Life), the health benefits of being active and eating healthier food and maintaining a healthy weight and signposting/referral routes.
- Any staff delivering interventions to promote healthier eating, increase physical activity and or support behaviour change should have specific accredited or recommended training covering healthy eating and cooking skills and active play. Training to be sourced by the provider should be demonstrated on application.

The Lead Body will be required to ensure that there is a robust induction and supervision process in place which should include induction, staff development, case management and individual staff records.

4 Premises

The Authority has invested in various premises through the Sure Start funding grants. Accordingly, the Authority requires that the premises identified as main sites for the provision of the children's centre continue to be used for the provision of the children's centres. The Lead Body will be required to enter into a tenancy document in relation to each children's centre within each Quadrant. Details of the relevant required tenancy document for each existing children's centre will be set out within the Invitation to Submit Outline Solutions (ISOS) along with any other relevant information.

5 Standards

Guidance, Evidence Base and Standards relating to children's centre providers on healthy lifestyles and childhood obesity prevention include:

- Obesity: guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children (NICE 2006)
- Promoting physical activity for children and young people (NICE, 2009)
- Maternal and Child Nutrition (NICE, 2008)
- Behaviour Change (NICE, 2007)
- Healthy Weight, Healthy Lives: A Cross Government Strategy for England (DoH&DCSF, 2008)

- Change4life and Start4Life policies, terms and conditions, and messages
- Healthy Start Scheme terms and conditions and messages
- DH Infant Feeding Recommendations
- UNICEF Baby Friendly Initiative (where applicable)

6 Performance monitoring via the Local Children's Commissioning Delivery Boards (LCCDBs)

The Lead Body will be expected to use the Children's Centre Performance Management Toolkit to enable effective measuring of impact.

The Lead Body will be required to demonstrate how it will ensure that it manages its resources so that it is able to respond to changing need throughout the course of the financial year and contract. As part of this process the Lead Body will be expected to fulfil reporting and performance management processes in place by the relevant LCCDB.

7 Equality Act 2010 – Public Sector Equality Duties in Relation to Children's Centres

Requirements of the Act:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

In addition to the general duties above, the Authority is covered by specific duties currently being agreed by Government. Any requirements relating to these will be communicated to Lead Bodies, once they are known.

There will be a requirement for the Lead Body to provide the following information to the Authority, and/ or such information as is required to meet the specific duties of the Equality Act 2010:

- Take up of children's centre services*
- Complaints records, reasons and outcomes*
- Records of groups/services (within the children's centre) that support those with protected characteristics
- Results of access audits/equality impact checks carried out at children's centre level
- Equality actions or objectives identified at children's centre level
- Staff training records, relating to equality
- Records of the service-user engagement that have been carried out (e.g. surveys, focus groups, parent forums)
- Workforce data* (if the organisation employ 150 or more people):

- the number of part-time/full-time staff by protected group (given that women usually make up the majority of part-time staff)
- recruitment, training, performance assessment, promotion, redundancy, and leavers
- grievances, including reported incidences of harassment
- the results of staff satisfaction surveys by protected group
- the rates of return to work of women on maternity leave (allowing you to check how your rates compare with those of other similar organisations)
- contract workers
- public office holders such as the members of the Board or committees

*All information needs to be dis-aggregated by protected characteristic. The protected characteristics are:

- Sex (gender)
- Religion/belief
- Disability
- Sexual Orientation
- Gender reassignment
- Pregnancy/Maternity
- Race/ethnicity
- Age (only in relation to employment currently)
- Marriage/civil partnership (only in relation to employment)

8 Critical Success Factors

Possible measures to be discussed and agreed with long listed bidders:

Indicators

- Percentage of re-referrals to Social Care (under 5s).
- Percentage of referrals made where child is active to a Children's Centre (under 5s).
- Number of Domestic Abuse Notifications involving children (under 5s).
- Reduce emergency hospital admissions caused by unintentional and deliberate injuries to children and young people for under 5s.
- Percentage pupils achieving 78+ points with at least 6 in each stage of PSE and CLL in the EYFSP (NI 72).
- Narrowing the gap between the lowest achieving 20% in the EYFSP and the rest (NI 92).

Local Monitoring Measures

- Percentage of babies born weighing under 2.5kg.
- Percentage of mothers still breastfeeding after 6-8 weeks.
- Percentage of 1 year olds immunised for (Hib) (DTaP/IPV/Hib).
- Percentage of 2 year olds immunised for (PCV)-(PCV).
- Percentage of 2 year olds immunised for (Hib) (MenC) (Hib/MenC).
- Percentage of 2 year olds immunised for (MMR)-(MMR).
- Percentage of 5 year olds immunised for (DTaP/IPV).

- Percentage of 5 year olds immunised for (MMR).
- Percentage of children in reception year who are obese.
- Percentage of children in poverty in a children's centre reach area - NI 116
The proportion of children (under 5s) living in families in receipt of out of work benefits or tax credits where their reported income is less than 60% median income.
- Percentage of families benefiting from childcare element of WTC - NI118
The number of working families benefiting from the childcare element of Working Tax Credit as a percentage of the number of working families receiving WTC and CTC, plus the number of working families receiving CTC only above the family element.
- Parental/service user satisfaction with service.

Numbers / percentages of:

- Children in poverty accessing the children's centre.
- Lone parents accessing the children's centre.
- Teenage mothers and pregnant teenagers accessing the children's centre.
- BME children accessing the children's centre.
- Disabled children accessing the children's centre.
- Children with disabled parents reached.
- Fathers accessing the children's centre.

Appendix A: North East Essex Quadrant

North East Essex Local Children's Commissioning and Delivery Board (LCCDB)

Early Years Commissioning

1. Introduction

The purpose of the LCCDB is to bring together agencies and organisations at a local level to determine needs, identify priorities, plan and commission services that will secure positive outcomes for children and young people by aligning resources in the most effective and efficient manner.

The vision for the North East LCCDB is: ***'to make a difference and help improve the lives of local children, young people and their families'***.

The North East LCCDB has been developing its commissioning plan, which describes the joint commissioning process for resources that are primarily Essex County Council (ECC) resources in respect of:

- The Local Priority Fund
- Children's Centre re-commissioning
- CAMHS Tier 2

The focus for North East LCCDB Commissioning Plan is on Preventative and Early Intervention Services which are one part of the overall Essex Commissioning Strategy. Early intervention at a young age is critical, and the LCCDB would aim to target parents and children from minus 9 months to 5 years of age and this is the focus of this paper.

The process of developing the Commissioning Plan has involved a series of workshops with key partners and stakeholders to:

- define priorities - the evidence telling us what children, young people and families need
- develop our Intervention and Prevention Strategy – the evidence telling us what works and the desired intervention to deliver outcomes and impact
- understand the resource available to enable the LCCDB to outline its commissioning intentions and recommendations.

2. Priorities and commissioning intentions

The North East LCCDB has currently identified the following priorities:

- Emotional health and wellbeing
- Parenting support
- Young people not in education, employment or training (NEET)
- Child poverty

The need to safeguard children and young people runs through all the priorities.

The commissioning intentions for the North East in respect to children's centres are to identify specific interventions that make an impact on the above priorities by working with

children and families at an early stage. Consequently, the actual commissioning intentions are to:

- Provide swift and easy access to a range of emotional health and wellbeing support.
- Provide a range of opportunities to encourage young people identified as NEET, or at risk of becoming NEET, to engage in positive activities around employment, education and training.
- Provide swift and easy access to a range of parenting and family support services for vulnerable families.
- Provide a range of provision to support parents and children from minus nine months to five years of age.
- Provide a comprehensive range of support e.g. finances, housing, health, employment, benefits, training for vulnerable families that is easily accessible.
- Ensure that people who work with children, young people and families are equipped with appropriate knowledge and skills, and processes are in place to ensure sharing of information as necessary.
- Develop a communication strategy to ensure effective cascade of relevant information.

3. Outcomes

The outcomes that the LCCDB works to achieve on across all priorities identified above are:

- Young people have a positive experience of work.
- Young people have raised aspirations and motivation to engage in positive activities such as employment and training.
- Young people are better equipped to access employment and training.
- Young people are equipped with the information about different career routes to enable them to choose a career that is attainable.
- Young people are equipped with the skills, knowledge and experience to choose a career that is attainable.
- Children and young people are emotionally resilient, have improved self esteem and are able to engage in positive activities and build positive relationships.
- Children and young people feel better understood; better understand themselves and have easy access to the right services at the time of need.
- Children and young people have improved self esteem, confidence and resilience and feel safer.
- Children and young people, parents and families know where to access appropriate support at the time of need.
- Children and young people are healthier and achieve better educational outcomes.
- Parents are better able to understand and manage their own presenting issues and those of their children including those around separation and drugs and alcohol.
- Improvements are made in emotional health and well-being for children, young people and their families.
- The needs of parents and families do not escalate.
- Families are better informed about the impact of welfare reforms.

Clearly, Early Years commissioning can make a significant contribution to many of these outcomes.

4. Principles of Early Years delivery in North East Essex

The following principles were identified during the workshops and should underpin the work within Early Years.

- Information should be shared securely and safely across partners as appropriate.
- Information about services, priorities and targets should be shared to prevent duplication, enhance the knowledge base and improve communication and signposting.
- Services should be flexible, easy to access and able to respond to issues as they arise with a mix of community based services and outreach as needed.
- There should be integrated, joined-up, localised provision with good partnership working, networks and processes particularly with health colleagues.
- There should be co-location of services where feasible.
- There should be a systematic approach for the whole family with closer links to adult services.
- Practitioners working with children, young people and families should be appropriately trained, maximising knowledge and existing skills base and mix.
- Practitioners working with children, young people and families should possess the skills to be competent key workers.
- There should be appropriate supervision and training for practitioners at all levels
- There should be a stable and consistent workforce where possible.
- The workforce should understand and be able to execute their safeguarding responsibilities effectively.
- There should be a single point of referral with improved holistic assessment of need.
- 'Equality of opportunity for all' should underpin all services.

5. Service Delivery

- Focus on early intervention services that are flexible and that take into account differing family models e.g. lone parent, blended families and the issues that can differ from that of the traditional family.
- Parents and carers should be empowered to provide their own on-going support and not create dependency, making use of volunteering/peer mentoring/coaching models.
- There should be effective, accessible front line support to recognise and respond to the emotional needs of parents and young children (depression and social isolation) through tier 1/2 activities and interventions, particularly for those in isolated rural areas and the areas serving the Colchester Garrison. There should be particular reference to peri-natal and post natal emotional health and well being.
- There should be effective, accessible front line support to respond to families suffering from domestic violence.
- Services need to be able to respond to the issues that compound or lead to child poverty and or put children at risk e.g. benefits and housing advice; nutrition; physical activity; health and education advice; drug and alcohol; and domestic violence.

- There should be support to raise parental awareness of, and to recognise the signs of, sexual abuse.
- There needs to be support for early learning and development particularly speech and language and communication skills to ensure children are ready for school, and effective liaison between home and school by key workers at transition. Within the Tendring area there should be enhanced access to speech therapy.
- There should be support for parents and children particularly in the Tendring area to increase motivations and aspirations.

6. Programmes

There should be a locally available, high quality menu of:

Evidenced Based Programmes i.e. they have undergone extensive academic evaluation and are based on sound theoretical knowledge e.g. Triple P, Webster Stratton, Incredible Years etc, and are delivered over an extended timeframe by suitably qualified and supervised facilitators.

Knowledge Based Programmes – i.e. they have been developed by practitioners based upon their professional knowledge. Initial evaluation has shown impact but this has not been tested through academic rigour. They would be delivered by a suitably qualified and supervised facilitator.

Parents/carers should be provided with opportunities for self development which in turn will lead to recognition of risk and resilience within self and family and increasing confidence to parent effectively.

Parents/carers should be provided with opportunities to understand child development and increase skills and knowledge to manage the behaviour of their children effectively.

Parents need to support their children to be ready for school and this will require a menu of support classes/courses that empower parents to do so, particularly where there are low levels of numeracy and literacy.

7. Geographic areas for targeted work

The areas identified overleaf are the wards in North East Essex that fall within the top 30% most deprived in Essex. The families in these areas are the key ones to be supported by this resource through the delivery outlined above. The wards identified are those of high deprivation within the main towns in North East Essex and those areas where families could also be at risk of rural isolation. There may be a need to further align the wards with Super Output Areas (SOAs).

North East Essex	
Colchester	Tendring
	Rush Green
St Andrews	Golf Green
St Anne's	St Osyth & Point Clear
Highwoods	St James
Berechurch	Alton Park
Harbour	Peter Bruff
New Town	Thorrington, Frating, Elmstead Mkt & Gt Bromley
Shrub End	Lt Clacton & Weeley
Birch & Winstree	Bockings Elm
Castle	St Johns
Mile End	Haven
Lexden	Burrsville
Stanway	Beaumont & Thorpe
	Holland & Kirby
	Homelands
	Walton
	Manningtree, Mistley, Lt Bentley & Tendring
	Harwich East
	Harwich East Central
	Harwich West Central
	Harwich West
	Gt & Little Oakley
	Ramsey & Parkston
	St Bartholomews
	St Paul's
	St Mary's
	Pier

Further information on deprivation can be found in the county and unitary authority level child health profiles <http://www.chimat.org.uk/resource/view.aspx?QN=PROFILES>

8. Monitoring outcomes

In addition to the monitoring requirements outlined in the specification the LCCDBs would also expect:

- Through the provision of data on interventions and provision, engagement with the NE Locality Commissioning team to contribute to the LCCDB quarterly needs analysis
- Reporting on a quarterly basis to the relevant LCCDB Sub-Group, providing information on: impact; gaps; partnership engagement; workforce and finance.

Appendix B: Mid Essex Quadrant

Mid Essex Children's Partnership (MECP) Local Children's Commissioning and Delivery Board

Early Years Commissioning

Overview:

The Mid Essex Children's Partnership (MECP) consists of local organisations from the statutory, voluntary and community sectors including those that have a statutory duty to cooperate in the provision of services to children and young people. It aims to ensure all children, young people and their families in Mid Essex have a better quality of life.

Through Early Years Commissioning, MECP would look to target early intervention at an early age particularly focusing on vulnerable children and families in the community. Within the resources available, the Board would aim to target parents and children from minus 9 months to 5 years. The provider would be required to have an available menu of effective evidenced based services from which to create personalised support packages.

From a range of partnership workshops, local data and needs analysis, the following overarching priorities have been identified by the MECP Board to be the focus of 2011/12 Commissioning and Collaboration plan. Also listed are the ten intended outcomes for children, young people and their families.

Priorities

- **Emotional wellbeing and mental health**
- **Family support and parenting**
- **Young People, Not in Education, Employment, or Training (NEET)**

Safeguarding underpins all the priorities.

Outcomes:

1. Parents and carers understand their child's development and their role as their child's first educator and have access to support for early learning and development, particularly speech and language and communication skills to ensure children are ready for school.
2. Children feel better understood by their parents and carers and are able to articulate their needs.
3. Families have a better understanding of family emotional wellbeing so they are able to: form secure attachments; implement effective support; implement effective family relationships.
4. Parents/carers and children and young people have the skills and resilience to manage and cope with relationship breakdowns both within the family and with separation and divorce.
5. Parents understand how to keep their children safe from risk and harm in all sorts of situations that include bullying, crime, relationships, substance misuse, and know what to do and where to seek support should the need arise.
6. Parents/carers and children at risk of poor outcomes, and with additional needs and disabilities are identified early and there is an effective and targeted response to their needs.

7. Children and young people are emotionally resilient and have improved self esteem and the skills to manage their own behaviour, resulting in self control and self-regulated boundaries.
8. Children and young people know how to keep themselves and each other safe from risk and harm in all sorts of situations that include bullying, crime, relationships, substance misuse, and know what to do and where to seek support should the need arise, keeping them free from pressure and harm.
9. Children and young people have developed skills to cope with attachment issues.
10. Vulnerable children and young people at risk of becoming or who are already NEET have enhanced their self esteem and resilience and their ability to access appropriate training or employment.

The outcomes highlighted above are those that have been identified to be specifically targeted by Early Years Commissioning, and to be delivered through a community based or outreach resource for children aged minus 9 months - 5 years and their families.

Commissioning Intentions

The MECP has identified six commissioning intentions which will aim to deliver effective interventions, approaches and ways of working to support children and families which will impact on the identified priorities and outcomes. This resource will specifically support the following two commissioning intentions:

- To provide an effective early years community resource for children aged minus 9 months to 5 years and their families.
- To provide interventions for vulnerable families at risk of poor outcomes requiring parenting and family support.

Principles of Early Years delivery in Mid Essex

The following key principles were identified to underpin delivery in Mid Essex by members of the Mid Essex Children's Partnership through the local child poverty audit, partnership activity and workshops to identify needs and outcomes for children and young people across the area:

- A workforce and organisations that recognise and execute their safeguarding responsibilities effectively
- Priority targeting of the greatest resource to the highest area of need whilst ensuring appropriate universal provision is accessible.
- Infant development (minus 9 months to 5 years) advice to underpin all the work.
- The involvement of children and families in the design and delivery of service.
- A competent multi-skilled workforce able to deliver universal and targeted. Interventions to support family life and/or signpost to appropriate services.
- Key worker capacity with a range of skills and knowledge to support individual families and groups e.g. coaching skills, early child development and health needs.
- The overcoming of barriers to partnership work, engagement with integrated processes and multi agency working.
- Joined-up work where appropriate preventing duplication of effort and resource.
- Consistent accessible up-to-date information advice and guidance for parents.
- Equality of access and consistency in provision across the area, to include diverse groups within the community, children with SEN and minority ethnic groups.

- Outreach (within homes where appropriate) as well as community based intervention and support.
- Clear referral pathways that are well communicated and understood.
- Quick response, flexible and reactive.

Location

The service will be delivered through a range of locations across the locality providing varied and flexible access which will include local community outlets and the home. There should be a focus on an outreach model to ensure the most vulnerable hard to reach families are accessed. The service should ensure that vulnerable families in rural areas of need are able to access support either through appropriate outlets or outreach work.

Service delivery

- Focus on early intervention services that are flexible and should take into account differing family models e.g. lone parent, blended families and where there are issues that can differ from that of the traditional family.
- Pre and post-birth emotional needs of parents should be catered for with robust links to adult services where appropriate.
- There should be effective, accessible front line support to recognise and respond to the emotional needs of parents and young children (depression and social isolation) through Tier 1/2 activities and interventions, particularly for those in isolated rural areas.
- Parents and carers should be empowered to provide their own on-going support whilst not creating dependency, making use of volunteering/peer mentoring/coaching models.
- Teenage parents need an approach that takes into account their individual adolescent needs, including that of access to specialist advice e.g. education and sexual health and relationships. Fathers, including teenage fathers, need to be supported to be involved in their children's development.
- There needs to be support for early learning and development particularly speech and language and communication skills to ensure children are ready for school with effective liaison between home and school by key workers at transition.
- Services should support the understanding and enhance the skills and knowledge of parents to keep children safe within the home and beyond
- Access to support for families suffering the effects of domestic abuse.
- Services need to be able to respond to the issues that compound or lead to child poverty and or put children at risk e.g. benefits and housing advice; nutrition; physical activity; health and education advice; drug and alcohol; and domestic abuse.

Programmes

There should be a locally available, high quality menu of:

Evidenced Based Programmes i.e. they have undergone extensive academic evaluation and are based on sound theoretical knowledge e.g. Triple P, Webster Stratton, Incredible Years etc. and are delivered over an extended timeframe by suitably qualified and supervised facilitators.

Knowledge Based Programmes i.e. they have been developed by practitioners based upon their professional knowledge. Initial evaluation has shown impact but this has not been tested through academic rigour. They would be delivered by a suitably qualified and supervised facilitator.

NB: It is anticipated that any practitioner/organisation delivering programmes will be suitably qualified/supervised and have a sound knowledge of our commitment to: Integrated Working Processes, a 'Think Family' approach and the SET Child Protection procedures.

Provision should consider the following thematic areas, responding to local identified need and best practice early intervention:

- Parental self development which includes developing an understanding of risk and resilience factors to improve family relationships, emotional wellbeing and the reduction of harm linked with domestic violence, substance misuse and offending behaviour. Including skills to manage relationship breakdowns – both within the family and through separation or divorce.
- Support to become confident effective parents who understand child and adolescent behaviour so they are able to form secure attachments, implement effective support, discipline, boundaries and the implementation of strategies to address behaviour issues and engagement with education.
- Enabling parents to understanding the key developmental stages of children (minus 9 months to 18), the difficulties young people face as they grow up, the implications of lifestyle choices and the improved outcomes linked with the Healthy Child programme.
- Improve parents' knowledge about: the significance and importance of parenting and the quality of a child's early relationships and learning experiences within the family; the critical impact this has on social & emotional development*; and wellbeing, and achievement. Where appropriate, this should include an understanding of how effective interventions can break damaging cycles and prevent the transmission of social and emotional disadvantage through successive generations.
- Education – supporting parents to ensure that they are 'child ready'* so that they understand their role as the child's first educator and that, in turn, their children are ready for school*. This will require a menu of support classes/courses that empower parents to do so, particularly where there are low levels of numeracy and literacy. Programmes should also address the crucial developmental links with speech, language and communication skills.

**Definitions*

School Ready:

Having the social and emotional foundation skills to progress in speech, perception, ability to understand numbers and quantities, motor skills, attitude to work, concentration, memory and social conduct, have the ability to engage positively and without aggression with other children and ability to respond appropriately to requests from teachers.

Child Ready:

Having an understanding of what it is like to build and sustain a relationship, to have a family and look after a small child, of how babies grow and develop and how parents can best promote this development.

Social Capabilities:

A child will engage in give-and-take exchanges with an adult; will engage with other children; will demonstrate the ability to get along with others; will understand and respond to the emotions of others; will develop a sense of belonging to a larger community through social interactions and relationships and will have an awareness of his or her relationship to others in a group; will develop the ability to interact co-operatively with others.

Emotional Capabilities:

A child has secure attachment; is able to experience, recognise and express a variety of emotions, and to recognise and empathise with those emotions in others; will manage his or her internal states and feelings, as well as stimulation from the outside world; will develop strategies to control emotions and behaviours; will manage his or her behaviour, and will recognize his or her ability to do things.

NB Definitions taken from the Allen Report, Early Intervention: The Next Steps, January 2011

Monitoring outcomes and links to the MECP

In addition to the monitoring requirements outlined in the specification the MECP would expect the Lead Provider to:

- Engage with the Mid Locality Commissioning team so as to contribute to the MECP quarterly needs analysis through the provision of data on interventions and provision.
- Report on a quarterly basis to the relevant MECP Sub-group providing information on impact; gaps, partnership engagement, workforce and finance.
- Attend district parenting platforms and other Task and Finish groups as appropriate.

Geographic areas for targeted work

The areas identified below are the wards in Mid Essex that fall within the top 45% most deprived in Essex. The families in these areas are the key ones to be supported by this resource through the service delivery outlined above. However, a significant proportion of the population of Mid Essex resides in rural areas particularly in Maldon and Braintree. This needs to be taken in to consideration by the provider when planning and delivering services to ensure that families in need in these areas do not become at risk of rural isolation.

Wards across Mid Essex		
Braintree DC	Chelmsford Borough	Maldon DC
Bocking North & South Bradwell Silver End Braintree Central Braintree East Braintree South Halsted Trinity Hedingham & Maplestead Panfield Stour Valley North & South Three Colnes Three Fields Upper Colne Witham Central Witham Chipping Hill Central Witham North Yeldham	Chelmsford West Rural Gt Baddow East & West Marconi Patching Hall Rettenden and Runwell St Andrews Waterhouse Farm Writtle	Althorne Burnham on Crouch North Burnham on Crouch South Heybridge West Maldon East Mayland Southminster

Appendix C: South Essex Quadrant

This appendix contains two Early Years Commissioning documents relevant to this quadrant:

1. South East Essex Local Children's Commissioning and Delivery Board
 2. South West Local Children's Commissioning and Delivery Board
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1 South East Essex Local Children's Commissioning and Delivery Board

Early Years Commissioning

The priorities of the South East Board were reached after a robust needs analysis. The Board seeks to target early years' funding to the most vulnerable families in the community and as such would wish to influence the forthcoming early years' commissioning for children minus 9 months to 5, and their parents by commissioning a menu of effective evidenced based services from which to create personalised and group support packages.

The Priorities of the Board are; Safeguarding; Parenting; Emotional health and wellbeing; and as result of its commissioning and collaboration expects that:

1. Parents/carers will have access to services and information that will support and develop their understanding of child and adolescent behaviour so they are able to; form secure attachments; implement effective support; implement effective discipline and boundaries.
2. Parents/carers will be able to access services and information that enable them to respond appropriately to the violent behaviour of their children.
3. Children and young people will have access to services and information that will enable them to develop the self-awareness and skills to manage their own behaviour, violence and aggression resulting in self control and self-regulated boundaries.
4. Parents/carers and children and young people will get support to build the skills and resilience to manage and cope with relationship breakdowns both within the family and with separation and divorce and the behaviours that manifest themselves as a result of these issues. These include anger, violence, poor attachments and self harm amongst others.
5. Parents/carers will have information on how to keep their children safe from risk and harm, including bullying, crime, relationships, substance misuse, and know what to do and where to seek support should the need arise.
6. Children and young people will have information on how to keep themselves and each other safe from risk and harm, including bullying, crime, relationships, substance misuse, and know what to do and where to seek support should the need arise keeping them free from pressure and harm.
7. Parents/carers will be able to access support and information relating to their own mental health needs.

8. Children and young people will be provided with access to opportunities that keep them free from feeling isolated and solitary and build social skills and resilience leading to improved self-perceptions, confidence and self esteem.

Principles of Early Years' Delivery in the South East Locality

Within the context of early years, children aged minus 9 months - 5 years and parents/carers, all Outcomes 1-8 would be expected to be addressed through Early Years Commissioning. The following information has been drawn together from a range of workshops with stakeholders and LCCDB partners and the recent child poverty audits. It is agreed that early years' provision ensure:

- the name should say what it does
- a workforce that can execute their safeguarding responsibilities
- a competent, flexible, skilled workforce, conversant with integrated processes
- pathways and gateways should be fully understood and engaged with
- work is targeted at the areas of highest need alongside universal provision
- involve children and families in the design of services
- that infant development minus 9 months - 5 years advice should underpin all the work
- delivery through outreach to reach those most vulnerable families
- that first contact should be high quality and effective
- there is consistency of provision within any given targeted area
- that information for parents/carers should be up to date, consistent and accessible
- avoidance of duplication, and joined up work should happen where appropriate
- there should be consistent key worker capacity
- there should be accessible delivery time solutions

Location

Work should be delivered from a range of locations, not just in central bases but preferably negotiated locally e.g. outreach workers based in local teams/co-location of the service base. This will enable flexible delivery and access. Adoption of outreach models will ensure those hard to reach groups are prioritised and a variety of delivery points as well as home and centres.

Geographic areas and communities for targeted work

South East	
Castle Point Borough	Rochford District
Canvey Island Central	Foulness and Great Wakering
Canvey Island East	Rochford
Canvey Island North	Sweyne Park
Canvey Island South	
Canvey Island West	
Canvey Island Winter Gardens	
St Mary's	
Thorney Bay	
Victoria	

Services

There are increasingly diverse communities located across South Essex including transient and displaced families in the south east, and increasing numbers of those from ethnic minority backgrounds. The cultural needs of these communities must be understood to ensure that maximum potential for engagement is achieved.

Services should take into account differing family models e.g. lone parent, blended families and the issues that can differ from that of the traditional family.

Pre and post-birth emotional needs of parents should be catered for with robust links to adult services where appropriate.

There should be effective frontline support to recognise and respond to the emotional needs of parents and young children through tier 1/2 activities and interventions.

Universal and targeted services should be empowering and not create dependency, making use of volunteering/peer/mentoring/coaching models, with clear pathways that are understood by parents/carers.

There needs to be an approach for teenage parents that takes into account their individual adolescent needs, including that of access to specialist advice e.g. education and sexual health and relationships.

Fathers, including teenage fathers, need to be supported to be involved in their children's development.

Parents of those children with disabilities and special educational needs need to be supported and due consideration given to the fact there are high numbers of undiagnosed children and young people on the autistic spectrum in the south.

There needs to be a key effective evidenced-based model of support for early learning and development particularly speech and language and communication skills to ensure children are ready for school. This will have particular impact on raising the Early Years Foundation Stage (EYFS) profiling score and the percentage of children in the reach area who achieve a total of at least 78 points across the EYFS profile with at least 6 points scored in each of the Personal Social Emotional Development (PESD) and Communication, Language and Literacy (CLL) scales.

There needs to be effective liaison between home and school by key workers at transition.

Services need to be able to respond to the issues that compound or lead to child poverty and/or put children at risk e.g. unemployment, benefits and housing advice; nutrition; physical activity; health and education advice; drug and alcohol; and domestic violence.

Programmes

There should be a menu of evidenced parenting programmes e.g. Strengthening Families that are delivered in communities at accessible locations.

Parents/carers should be provided with opportunities for self development which in turn will lead to recognition of risk and resilience within self and family and increasing confidence to parent effectively.

Parents/carers should be provided with opportunities to understand child development and increase skills and knowledge to manage the behaviour of their children effectively.

Parents need to support their children to be ready for school and this will require a menu of support classes/courses that empower parents to do so, particularly where there are low levels of numeracy and literacy.

Measuring outcomes

In addition to the monitoring requirements outlined in the Essex specification the LCCDBs would expect:

- engagement with the South Locality Commissioning team to contribute to the LCCDB quarterly needs analysis, through the provision of data on interventions and provision
 - reporting on a quarterly basis to the relevant LCCDB with information on impact; gaps; partnership engagement; workforce and finance
 - evidence of impact by thorough use of longitudinal study and analysis.
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2 Early Years Commissioning South West Local Children's Commissioning and Delivery Board

The priorities of the South West Board were reached after a robust needs analysis. The Board seek to target early years' funding to the most vulnerable families in the community and as such would wish to influence the forthcoming early years' commissioning for children minus 9 months - 5 years, and their parents by commissioning a menu of effective evidenced based services from which to create personalised and group support packages.

The Priorities of the Board are: Safeguarding, Parenting, Emotional health and wellbeing, NEET and as a result of its commissioning and collaboration expects that:

1. Parents/carers will have access to services and information that will support and develop their understanding of child and adolescent behaviour so they are able to: form secure attachments, implement effective support, implement effective discipline and boundaries.
2. Parents/carers will be able to access services and information that enable them to respond appropriately to the violent behaviour of their children.
3. Children and young people will have access to services and information that will enable them to develop the self-awareness and skills to manage their own behaviour, violence and aggression resulting in self-control and self-regulated boundaries.
4. Parents/carers and children and young people will get support to build the skills and resilience to manage and cope with relationship breakdowns both within the family and with separation and divorce and the behaviours that manifest themselves as a result of

these issues. These include anger, violence, poor attachments and self harm amongst others.

5. Parents/carers will have information on how to keep their children safe from risk and harm, including bullying, crime, relationships, substance misuse, and know what to do and where to seek support should the need arise.
6. Children and young people will have information on how to keep themselves and each other safe from risk and harm, including bullying, crime, relationships, substance misuse, and know what to do and where to seek support should the need arise keeping them free from pressure and harm.
7. Parents/carers will be able to access support and information relating to their own mental health needs.
8. Children and young people will be provided with access to opportunities that keep them free from feeling isolated and solitary and build social skills and resilience leading to improved self-perceptions, confidence and self-esteem.

Principles of Early Years' Delivery in the South West

Within the context of early years, children aged minus 9 months - 5 years and parents/carers, all Outcomes 1-8 would be expected to be addressed through Early Years Commissioning. The following information has been drawn together from a range of workshops with stakeholders and LCCDB partners and the recent child poverty audits. It is agreed that early years provision ensures:

- the name should say what it does
- a workforce that can execute their safeguarding responsibilities
- a competent, flexible, skilled workforce, conversant with integrated processes
- pathways and gateways should be fully understood and engaged with
- work is targeted at the areas of highest need alongside universal provision
- involve children and families in the design of services
- that infant development minus 9 months - 5 years advice should underpin all the work
- delivery through outreach to reach those most vulnerable families
- that first contact should be high quality and effective
- there is consistency of provision within any given targeted area
- that information for parents/carers should be up to date, consistent and accessible
- avoidance of duplication, and joined up work should happen where appropriate
- there should be consistent key worker capacity
- there should be accessible delivery time solutions

Location

Work should be delivered from a range of locations, not just in central bases but preferably negotiated locally e.g. outreach workers based in local teams/co-location of the service base. This will enable flexible delivery and access. Adoption of outreach models will ensure those hard to reach groups are prioritised and a variety of delivery points as well as home and centres.

Geographic areas and communities for targeted work

South West	
Basildon Borough	Brentwood Borough
Dale Farm, Crays Hill Fryerns Highcliffe Wickford Hovefields Lee Chapel North Nevendon Pk, Wickford Pitsea North West Pitsea South East Queens Park Billericay South Green Billericay St. Martins Vange	Hutton Ingrave Pilgrims Hatch Warley Rural communities Traveller sites

Services

There are increasingly diverse communities located across south Essex including travelling communities and transient families in the south west and increasing numbers of those from ethnic minority backgrounds. The cultural needs of these communities must be understood to ensure that maximum potential for engagement is achieved.

Services should take into account differing family models e.g. lone parent, blended families and the issues that can differ from that of the traditional family.

Pre and post-birth emotional needs of parents should be catered for with robust links to adult services where appropriate.

There should be effective front-line support to recognise and respond to the emotional needs of parents and young children through tier 1/2 activities and interventions.

Universal and targeted services should be empowering and not create dependency, making use of volunteering/peer/mentoring/coaching models, and with clear pathways that families understand.

There needs to be an approach for teenage parents that takes into account their individual adolescent needs, including that of access to specialist advice e.g. education and sexual health and relationships.

Fathers, including teenage fathers, need to be supported to be involved in their children's development.

Parents of those children with disabilities and special educational needs need to be supported and due consideration given to the fact there are high numbers of undiagnosed children and young people on the autistic spectrum.

There needs to be a key effective evidenced-based model of support for early learning and development particularly speech and language and communication skills to ensure children are ready for school. This will have particular impact on raising the Early Years Foundation Stage (EYFS) profiling score and the percentage of children in the reach area who achieve a total of at least 78 points across the EYFS profile with at least 6 points scored in each of the Personal Social Emotional Development (PESD) and Communication, Language and Literacy (CLL) scales.

There needs to be effective liaison between home and school by key workers at transition.

Services need to be able to respond to the issues that compound or lead to child poverty and/or put children at risk e.g. unemployment, benefits and housing advice, nutrition, physical activity, health and education advice, drug and alcohol and domestic violence.

Programmes

There should be a menu of evidenced parenting programmes that are delivered in communities at accessible locations.

Parents/carers should be provided with opportunities for self-development which in turn will lead to recognition of risk and resilience within self and family and increasing confidence to parents effectively.

Parents/carers should be provided with opportunities to understand child development and increase skills and knowledge to manage the behaviour of their children effectively.

Parents need to support their children to be ready for school and this will require a menu of support classes/courses that empower parents to do so, particularly where there are low levels of numeracy and literacy.

Measuring outcomes

In addition to the monitoring requirements outlined in the Essex specification the LCCDBs would expect:

- engagement with the South Locality Commissioning team to contribute to the LCCDB quarterly needs analysis, through the provision of data on interventions and provision
- reporting on a quarterly basis to the relevant LCCDB with information on impact; gaps; partnership engagement; workforce and finance
- evidence of impact by thorough use of longitudinal study and analysis.

The South West LCCDB is in the process of commissioning early and intensive support for first time parents who are identified early by midwives as disengaged and vulnerable. Any successful provider will be expected to use the learning from this work and incorporate that which is identified as effective into outreach models and practice.

Appendix D: West Essex Quadrant

West Essex Local Children's Commissioning and Delivery Board (LCCDB)

Early Years Commissioning

Overview

West Essex would expect to focus on early intervention for families and children from an early age, particularly focusing on vulnerable families in the community from minus 9 months to 5 years. The provider/s would be expected to have available a menu of effective evidenced based services from which to create personalised support packages for children and families. The estimated funding value for 2011/12 is £2.8 million and reducing in year 2 (2013/14) to £2.5 million.

West Essex total population of 0-19 year olds is 64,500 (24% of Essex total); Epping Forest 28,000, Harlow 18,800, Uttlesford 17,700 (Essex JSNA 2008).

The West Essex Local Children's Commissioning and Delivery Board (LCCDB) is a partnership of local organisations from the statutory, voluntary and community sectors including those that have a statutory duty to cooperate in the provision of services to children and young people. It aims to ensure all children and young people have a better quality of life. The LCCDB have outlined the following priorities which have been identified from a range of partnership workshops, local data and needs analysis:

Priorities

- **Emotional wellbeing and mental health**
- **Family support and parenting**
- **Early years**
- **Supporting vulnerable young people**

Safeguarding and reducing the impact of child poverty are integral to and underpin these priorities.

The outcomes highlighted below are all those that we addressed in West – there is necessarily overlap between them. Those in italics in the sections other than early years have been identified as those that Early Years Commissioning will also be helping deliver, delivered through a community based or outreach resource for children aged minus 9 months to 5 and their families.

Early years

- Increase breastfeeding support available
- Improved speech and language by children
- Improved outcomes for children with special needs and their families

Emotional health and wellbeing

- Improved emotional wellbeing and mental health for children and young people in West Essex.
- Improved social and anger management skills and self esteem and confidence among young children aged 4 to 8 from vulnerable families.
- Improved emotional wellbeing through developing attachment between parents and their children for the first two years.

Family support and parenting

- Swift and easy access to family support and parenting.
- Parents feel confident supporting their children's speech and language early development, are able to recognise delays and use techniques to help address, i.e. songs, interactive play and reading with pictures.
- Vulnerable families better able to manage through transition times.
- Sustained improved parenting skills and confidence through efficient and coordinated provision of evidenced based parenting approaches.
- Improved self esteem and behaviour in children.
- Parents and carers positively parent and meet their children's needs, preventing negative impact and stress from further escalation requiring more intensive interventions.
- Improved relationships and collaboration to jointly parent for families experiencing/post relationship breakdown.
- Identified needs of families are met.
- Improved emotional wellbeing/mental health and family support/parenting.
- Improve the life chances of children living in poverty.
- Enable the best outcomes for teenage parents.

Supporting vulnerable young people

- Reduced teenage conception and substance misuse
- Reduced number of young people at risk of becoming NEET
- Improved awareness and coordination of youth provision across WE (process/output)
- Increased participation by parents in volunteering, family learning and accreditation to contribute as work related activity.

Local Demographics

West Essex is a diverse area. There is considerable variation in need across West Essex. For example, the % children living in poverty is Harlow 21.9% (highest in Essex 15.7% overall), Uttlesford 7.3% (lowest in Essex) and Epping Forest 14.9%; (in the middle). (2006/7 NI116). West Essex locality has three District Councils; Epping Forest, Harlow and Uttlesford.

Epping Forest is an area of distinctive towns and rural villages set in countryside. It is seen as an area of large houses and great wealth. Yet there are also real difficulties for local people. These range from access to affordable housing, through difficulty in recruiting and retaining staff both in essential care services, but also in other service areas necessary to support the community, to activities for the whole community.

Unemployment is generally low and many residents commute to the city and elsewhere. Epping Forest District Council is made up of 32 wards and there is an estimated total population of 124,000. It is the 6th most densely populated area in Essex. Child poverty is most prevalent in Grange Hill, Alderton, Fair Mead, St Mary's, Broadway, Hemnall, Waltham Abbey North East/South West, Paternoster, Honey Lane, Roding, Bassett. There are 15.1% of children living in poverty and 8.0% of households are in areas with high levels of deprivation. (IDACI) 2007).

Harlow district is made up of 11 wards and there is an estimated population of 80,600. It is the 9th most densely populated area in Essex. Harlow continues to grow and proximity to London, Cambridge and Stansted International Airport, make it a magnet for businesses, shoppers and commuters. Child poverty is most prevalent in the following areas:

Toddbrook, Netteswell, Staple Tye, Sumners and Kingsmoor, mark Hall, Bush Fair, Harlow Common, Little Parndon, Hare Street and Potter Street. It has an above average level of statutorily homeless households and very little vacant property. It has the highest percentage of terraced housing (52%) and flats (22%) in Essex. It has the highest proportion of cohabiting households and single person households and the highest rate of separation and divorce in Essex. There are 24.0% of children living in poverty and 31.0% of households are in areas with high levels of deprivation (*IDACI* 2007; the highest in the county).

Uttlesford is located in the North West corner of Essex. The district borders Hertfordshire to the West and Cambridgeshire to the North and is mainly rural in character with four market towns - Saffron Walden, Great Dunmow, Stansted Mountfitchet and Thaxted. It has 27 wards and there is an estimated population of 75,600. The Indices of Multiple Deprivation (IMD) rank for Uttlesford falls in the fourth quartile at 341, which makes it one of the most affluent areas in the Country. Uttlesford is the least deprived district in Essex, however, due to its rural nature there are areas which are amongst the 25% most 'access deprived' wards in England (IMD, 2004). Child poverty is most prevalent in Stansted South, Mountfitchet and Takeley. There are 7.6% of children living in poverty and 0% of households are in areas with high levels of deprivation (*IDACI*, 2007).

West Essex covers a considerable area and there are many small isolated villages in Epping Forest and Uttlesford. Although not necessarily economically deprived, families living here are at a disadvantage due to poor access to local services. This is compounded by a lack of public transport with one car families with one parent out at work all day or lone parents with no car experiencing this as well as families without a car at all. Hence, the service must also ensure that vulnerable families in rural areas of need are able to access support either through appropriate outlets or outreach work.

The data for West highlights the following:

- West Essex is below target for prevalence of breastfeeding. Although there has been improvement, West remains below Essex wide and National Target.
- Obesity at reception continues to be an issue across West Essex.
- Infant mortality rates are a particular issue in Harlow: Harlow 5%, EF 2.6%, Uttlesford 2.1% Harlow is the highest in Essex. Essex average 3.9 %; national average 5%.
- There is a significant population of families from black and minority ethnic families including Gypsies and Travellers especially in Epping Forest and Harlow.
- Teenage parents support - (Essex per 1000 15-17 year olds= 32.1.)
- Support with raising the EYFS profiling score. The percentage of children in the reach area who achieve a total of at least 78 points across the EYFS profile with at least 6 points scored in each of the PSED and CLL scales (Essex 49.6)
- Support with narrowing the gap EYFS. The gap between the median Foundation Stage Profile score of all children in the reach area and the mean score of the lowest achieving 20% of children locally, as a percentage of the median score of all children (Essex 32.1)

Local needs and priorities for service delivery

County principles will need to be implemented locally and local relationships and agreements will need to be developed and maintained.

The service must be flexible and responsive to the particular needs of West Essex. It must take into account the following priorities identified through the West Essex Children's Partnership:

- Develop effective collaborative arrangements with key stakeholders, including health professionals and work in partnership, engaging with integrated processes and multi agency working and where appropriate, join up work to prevent duplication of effort and resource.
- Equality of access and consistency in provision across West quadrant.
- Reach out proactively to, and prioritise provision of coordinated intervention to targeted groups i.e. vulnerable and disadvantaged families.
- Provide whole family support to specific identified families with needs.
- Develop opportunities with accredited training for parents to become active in the local community.
- Improve join up with schools and support transition from early years into school.
- Provide a menu of evidence parenting programmes e.g. STEP, Webster Stratton or Mellow parenting programme.

With reference to the previous section on data, local needs are that the service particularly addresses:

- improving breastfeeding
- promoting healthy lifestyles to reduce obesity in children and to reduce infant mortality rates
- reaching out to and responding to the specific needs of black and minority ethnic, refugee, migrant and asylum seeker and gypsy and traveller communities especially those for whom English is an additional language and ensuring inclusive provision.
- rural isolation
- the needs of teenage parents
- parents of those children with disabilities and special needs are to be supported. (particularly in the Uttlesford district there is a high percentage of reception children identified as having a special educational need)
- supporting adults with employment and training including provision of opportunities for volunteering and peer support to address the high levels of unemployment especially in Harlow
- domestic violence which has been identified as a particular need by local agencies. There is a women's refuge in the area
- the impact of child poverty and parental separation especially high in Harlow
- supporting parents to develop skills in talking and reading to their children and support language development of children with the advice of speech and language specialists
- the needs of families in the army (Carver) Barracks in Uttlesford.

Monitoring and links to West Essex Children's Partnership

In addition to the monitoring requirements outlined in the specification, the West Essex LCCDB would expect that the Lead Provider:

- engages with the West Locality Commissioning team to contribute to the West Essex Children's Partnership quarterly needs analysis, through the provision of data on interventions and provision (see the West Essex Children's Partnership structure attached)
- reports on a quarterly basis to the LCCDB and appropriate subgroups, providing information on impact, gaps, partnership engagement, workforce and finance.
- attends the district Children's Partnerships and Parenting Platforms
- attends other relevant West Essex Children's Partnership groups including task and finish groups as appropriate.

Please note that from April 2012 we would expect that each centre has its own local advisory group and that there is a West wide overview of children's centres with a clear focus on ensuring centres reflect local and district specific needs.

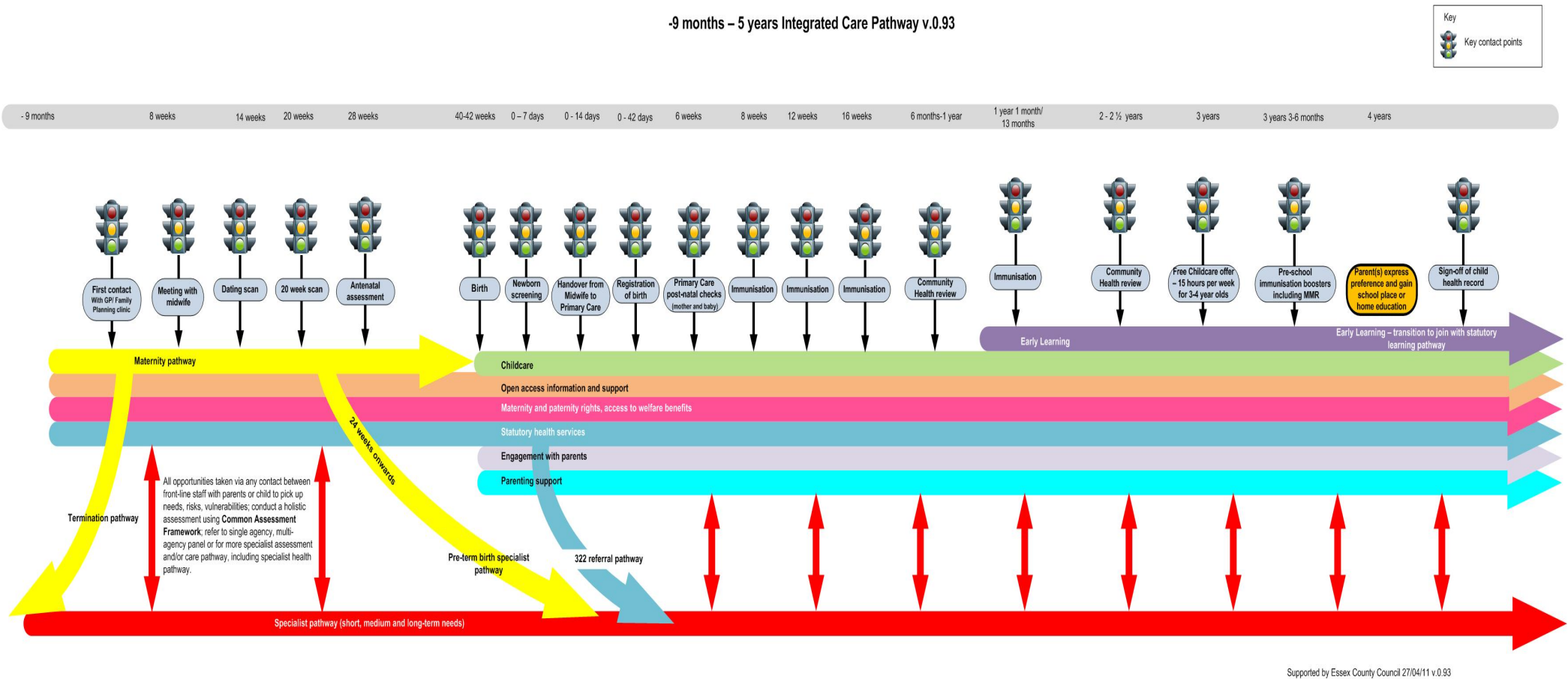
Geographic areas for targeted work (need to be aligned to SOAs)

The areas identified opposite are the wards in West Essex, which include neighbourhoods that fall within the top 40% most deprived in Essex. The families in these areas are the key ones to be supported by this resource through the service delivery outlined above. The wards identified are those of high deprivation within the main towns in West Essex and those areas where families could also be at risk of rural isolation.

West Essex		
Harlow DC	Uttlesford DC	Epping Forest DC
Bush Fair Great Parndon Harlow Common Little Parndon and Hare Street Mark Hall Netteswell Old Harlow Staple Tye Sumners and Kingsmoor Toddbrook	Saffron Walden Castle Stansted South	Broadley Common, Epping Upland and Nazeing Epping Hemnall Epping Lindsey and Thornwood Common Grange Hill Hastingwood, Matching and Sheering Village High Ongar, Willingale and The Rodings Lambourne Loughton Alderton Loughton Broadway Loughton Fairmead Loughton Roding Loughton St Mary's North Weald Bassett Passingford Shelley Waltham Abbey High Beach Waltham Abbey Honey Lane Waltham Abbey North East Waltham Abbey Paternoster Waltham Abbey South West

The service will be delivered from the existing children's centres bases into a range of locations across the locality providing varied and flexible access which will include local community outlets and the home with the focus on an outreach model to ensure the most vulnerable hard to reach families are accessed.

Appendix E: Pre-birth - 5 Integrated Care Pathway



Appendix F: Role Requirement

Requirements when working with children / vulnerable adults, in a specified place or post

Pre-Employment Check	Definition
Self Declaration (Spent and unspent convictions)	A declaration of spent and unspent convictions must be completed by employees who work with vulnerable adults or children
CRB Enhanced Level (best practice renewed every three years)	The CRB (Criminal Records Bureau) check will be sought by the Bidder
ISA Registration – Regulated (Currently subject to Home Office review)	The Bidder will administer the ISA Register check
References	<p>All posts defined as Regulated or Controlled as outlined in the ISA Regulations will require:</p> <ul style="list-style-type: none"> • At least two employer references – one reference is required prior to interview and should ideally be from your current/most recent employer • Reference history covering a minimum of five years employment • A reference from the last employer where the post gave access to children or vulnerable adults <p><i>Any gaps of 4 weeks or more will be explored by the manager at interview stage. Where appropriate additional character references will be taken up</i></p>
Medical	All new recruits and employees whose role changes significantly are required to complete a medical health questionnaire
Eligibility / Right to work in the UK	Proof is required and original documentation will be sought i.e. passport or full birth certificate
Regulatory qualifications and professional registration (subject to role)	Original qualification certificates and proof of registration with a professional body are required (if applicable)