1. **RECOMMENDATIONS**

1.1 The following recommendations cover 4 key areas that have been identified through this review:

1. **Lack of Health visitors, ratios of over 600 children under 5 per Health Visitor, 1 home Visit only (unless there are counter indications)**

   The review has established that the Health Visitor Service is highly valued and contributes significantly to improving the life opportunities for children.

   High turnover of staff, an ageing workforce and difficulty in Recruiting have left the service with a high vacancy level combined with a low establishment.

   **Recommendation 1:**
   To reduce the ratio of children per Health Visitor moving towards a more ideal number. The Health Visitors Union recommends 250 children per Health Visitor, and the Laming report recommends 400 children per health visitor.

2. **Lack of the 2 – 2 half year development check.**

   The lack of the universal 2 year check was raised as a significant concern by all Officers interviewed as part of this process. Without doubt they all said that the withdrawal of this function has had a negative impact on their services.

   **Recommendation 2:**
   For the reasons above, NHS Enfield needs to re consider how the 2 year development check is provided. The current arrangements for this function do not appear to be meeting the needs of the children, or the partner services that work with those children.

3. **Families not on the radar**

   The changing nature and culture of Enfield and its transient population needs to be reflected in the provision of current and future services.

   The survey has also highlighted that communication and information sharing is patchy.

   **Recommendation 3:**
   For NHS Enfield, the Council, schools, pre-school Area Sencos, Pre-School Support Service, Children’s Centres and the voluntary sector to work together to continue to shift the ethos of service provision away
from a presumption that parents will seek help, towards intervening in a more proactive way to address the unmet health needs identified by this working group.

4. SEN processes

This was highlighted as a prolonged and difficult process as part of the school survey.

Recommendation 4:
Education Children’s Services and Leisure have recently undertaken a review of the process and it is recommended that the review and its outcomes are scheduled to be looked at in more detail by the Children’s Scrutiny Panel.

2. BACKGROUND:

2.1 The working group was set-up to scrutinise how the shortage of Health Visitors in LBE was having direct consequences for children’s readiness for school.

2.2 The Chairman of the Children’s Scrutiny Panel identified this as an issue to be reviewed after being notified of the problem by Head teachers in the Children’s Area Partnership 2, however, the review highlighted that this is a borough wide problem.

2.3 The working group was provided with evidence to show that children are arriving at school without having reached a variety of physical, intellectual, social and emotional milestones.

3. RESEARCH AND INVESTIGATION:

3.1 A questionnaire was sent out to all Infant and Primary Schools in the Borough, and 28 schools responded.

3.2 Interviews were also undertaken with Officers within Education Children’s services, the Health Sector, and the voluntary sector, all having worked for Enfield and in their sector for many years.

Schools:

3.3 Initial interviews with three Head Teachers from primary schools in Cap 2 highlighted the significant difficulties they are dealing with.

3.4 They spoke about their current reception intake. Their frank revelations presented a shocking picture to the working group.

3.5 It was clear that these schools were working creatively to improve outcomes for their children, but the numbers of children needing extra resources was increasing year on year, this resulted in demands on
administration and teachers time which impacted on the whole school and other children in the class.

3.6 Head Teachers felt that the lack of Health Visitor contacts, and the stopping of the universal two year check was a key contributor to children with additional needs not being identified and referred to the appropriate services at the appropriate time.

3.7 A questionnaire (appendix A) was sent out to all infant and primary schools in the Borough, 46% of schools returned the questionnaire.

3.8 The full details of the questionnaire responses have been analysed, however below is a small summary of themes:

- More children with lower baseline assessments not even reaching the pre-school skill achievements
- Noticeable increase in the number of children with communication and speech and language difficulties
- Families that are not linked into any agency/service/not registered with GP’s
- Schools that are having difficulties coping with the increased support they are having to provide to children
- SEN funding processes that are prolonged, children receiving funding at pre-school stage not receiving the funding at reception.
- Variances in the transition processes between pre-schools and schools.
- Health Visitor contact decreased or non existent
- Under 5’s Liaison stopped
- Educational Psychology, and SALT on overload, not getting time to see and assess the children

3.9 It is recognised that some of the children highlighted within the survey will be new to the Borough and therefore could not have been expected to be identified earlier, however, this will not apply to all the children. Further work can be undertaken with schools to explore this further.

3.10 The survey results below show that there needs to be continuity in service provision and information sharing with all agencies involved in the early years care and provision.

The categories below were provided by Head teachers as part of the survey:

- 28 infant & Primary schools responded,
- 421 children are identified by these schools as requiring additional support:
  - 256 children with Speech & Language, and communication difficulties;
  - 13 children with medical conditions;
  - 37 children with Autistic Spectrum Disorder;
- 24 children with Emotional, Behavioural difficulties
- 13 children with Complex needs;
- 78 children with Early Years Action/ Action Plus

- 77 of the above number were identified prior to them attending school.
- Therefore 344 were unknown to schools prior to them turning up on the first day.

3.11 Headteachers felt that children were not being identified early enough, so services and resources were not put in place causing a strain on school resources, and an impact on the rest of the pupils in the class.

3.12 Pre-School Support Service.

3.13 This service is based at Russet House. Children are referred to this service that have significant special educational needs/disabilities and that may require additional support in school. They are identified early and a placement is planned and prioritised with a school.

3.14 The data below from the Pre-School support service shows the marked decrease in referrals from Health Visitors since the two year check was dropped in December 2006.

3.15 In December 2006 the number of referrals from Health Visitors was 24, compared to 5 referrals for that same period in December 08.

3.16 The total figures show that these children are not being picked up elsewhere.

- The impact on the service means that these children are coming to them when it’s too late to find placements for them. Thus some children have not had any pre-school/nursery experience before going to mainstream school.
- The impact on the children means they are not receiving the resources that could have been available to them had they been identified in a timely manner.

3.17 The Russet House School Outreach Teacher reports a 30% increase in referrals from mainstream schools for their advice and support in reception classes when compared to their Outreach figures for the last 8 years. This would correlate with the stopping of the universal 2 year check in Sept 06.
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<th>Sep 06 – Dec 06</th>
<th>Jan 07 – Mar 07</th>
<th>Apr 07 – Aug 07</th>
<th>Sep 07 – Dec 07</th>
<th>Jan 08 – Mar 08</th>
<th>Apr 08 – Aug 08</th>
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3.18 Community Consultant Paediatrician

3.19 The Community Consultant Paediatrician was concerned that Enfield was adopting practices with no evidence of success. It was the consultant’s opinion that the 2 year check makes the biggest difference in outcomes for children, this was where most cases of autism would be identified, with 55% of all autism referrals occurring at this check.

3.20 Area SENCo

3.21 The Area SENCo Manager raised concerns that became evident after the 2 year check changed.

3.22 Prior to the changes made, all children were seen at age 2 and those children that were identified at the 2 year development check with additional needs were referred to the child development team, Area Senco’s were notified and were aware of the additional support required before the children started at a pre-school.

3.23 However, since the universal two year check was stopped, some children are starting at pre-school with no prior identification or support put in place, and if the children don’t attend pre-school, then there is a possibility that they are not identified until they actually start at school.

3.24 Under the previous system Health Visitors also signposted parents to pre schools and encouraged parents to use them.

3.25 The tables below demonstrate the correlation between the cessation of the universal 2 year check and the increase in age for requests for involvement from the Area SENco team.

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<table>
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<td>Percentage Under 3</td>
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<tr>
<td>Percentage Over 3</td>
<td>35%</td>
<td>65%</td>
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3.26 NHS Enfield*

3.27 The Health Visiting Service has for a number of years been facing challenges both nationally and locally, these have included changes to the Health Visitor function, difficulties with recruitment and retention combined with a changing demography and increased birth rate.

* This Service has recently been reorganised with NHS Enfield as the Commissioners of the service and Enfield Community Services as the provider.
3.28 The first development check to go was the 3 and a half year check, then the 3 month contact went, followed by the 8 month hearing test, which was replaced by a neonatal hearing test instead. A book pack was introduced for the 8 month, and 2 year checks, until we currently have 1 follow-up visit after the birth of a new baby, and an open invitation to attend the baby clinics. However, if after the first visit a Health Visitor has any concerns then an 8 month check and 2 year check will be arranged, although the Children’s Panel is unclear what criteria would trigger these concerns and additional visits.

3.29 Therefore after the birth of the baby, families will receive 1 home visit from a Health Visitor, and access to baby clinics for weighing etc, and Children’s Centres for groups such as first time mum’s group etc. further contact by Health Visitors is not routine.

3.30 The role of Health Visitor was revised, this meant a basic universal service was maintained but by using a skill mix within a multi-disciplinary team of Health Visitors, Health Visitor Assistants, and nursery nurses working in the Children’s Centres, it was felt the capacity could be widened.

3.31 However, the lack of capacity is a major difficulty with Health Visitors in Enfield with a caseload of 662 children under 5 each.

3.32 The result of this is that some children and families that should be receiving support are not, and Health Visitors have to prioritise their most concerning cases.

3.33 We have heard that with the increased reporting of safeguarding issues, Health Visitors are attending more case conferences, which is another pressure on their time.

3.34 In April 2009 YouGov collated data from every PCT in the country on Health Visitor budgets, and staff ratios. Enfield Community Services did not fare well in either category:

3.35 Staff Ratio’s:
Out of 137 PCT’s Enfield was 12th from the bottom.

3.36 Health Visitor Budgets:
Out of 134 PCT’s Enfield was 11th from the bottom.

3.37 It is proving increasingly difficult to recruit to the Health Visiting Service at both a national and local level, this is partly due to an ageing workforce and shortage in newly qualified staff, but locally neighbouring boroughs have more competitive salary packages.

3.38 In Enfield Community Services this translates to a vacancy level as at end of October 2009 of 6.5 wte health visitors.
3.39 Enfield Community Services is addressing the shortfall in newly trained staff by developing local training posts, 4 of which began in Enfield in September 09.

4.0 National Standards – Child Health Promotion Programme

4.1 The Child Health Promotion Programme provides the core standards for the early intervention and prevention public health programme that lies at the heart of universal services for children and families. At crucial stages of life, the CHPP’s universal reach provides an invaluable opportunity to identify families that are in need of additional support and children who are at risk of poor outcomes.

4.2 The National Standards for the Child Health Promotion programme states that the effective implementation of the CHPP should lead to:

- Readiness for school and improved learning
- Early detection of – and action to address developmental delay, abnormalities and ill health, concerns about safety

4.3 Universal health and development reviews are a key feature of the CHPP and the recently updated CHPP places an increased emphasis on the review at two to two-and-a-half years.

5.0 Young People’s Life Opportunities Commission

5.1 Scrutiny was commissioned by Full Council to look into Young People’s Life Opportunities in the Borough. This has been an extensive review and the report and recommendations were agreed at full Council in September 2009. Conclusions identify that early intervention is key to outcomes for children, and one of the commission’s recommendations is to ensure that all families receive more than the single statutory visit they currently receive from Health Visiting.

6.0 Conclusion

6.1 It is clear that the Health Visitor service is valued by all professionals working in the Early Years environment. It is these professionals who have been able to assess the impact of changes to the Health Visitor role in the last few years.

6.2 Health Visitors have a key role to play in meeting the early years outcome duty, and providing children with the best possible start in life.

6.3 The Panel recognises that Health Visitors cannot resolve all of the difficulties described by schools regarding children’s development, this is influenced by many factors outside their control, but what Health Visitors can provide is Increased awareness by parents and carers of
infant health issues, and awareness of developmental milestones which will impact positively on physical, emotional, social and intellectual baseline assessments for children entering school, enabling them to meet their potential.

6.4 Children’s experiences in the early years have a major impact on later life, therefore the advice, guidance and early intervention that Health Visitors provide is essential in giving young children a sound basis to enable them to take full advantage of later opportunities to learn and develop.

6.5 Increasing numbers of children are arriving at school not ready to learn. The consequences that a poor start has on educational attainment are well documented.