

Children, Sports and Leisure Services Policy and Scrutiny Committee

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Title:	Children's Centres - progress in implementing the recent changes.
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Cabinet Member Portfolio	Danny Chalkley, Cabinet member for Children and Young People.
Wards Involved:	All
Policy Context:	City for Choice / Heritage / Aspiration
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1. Executive Summary

The purpose of this report is to give an update on the changes to children's centres that have resulted from the decisions taken by cabinet in February. These changes were laid out in the report, 'Service Proposals for Early Help' dated 23 February.

The revised budget and resulting new service delivery arrangements started on 1 July 2015 and can be summarised into 3 areas:

- The need to ensure that resources are focused on those families with greatest need. The main change to support this was to replace the universal stay and play sessions, where data suggested that centres were not reaching the families at risk of the poorest outcomes, with **delivery of the free 2 year early education offer**.
- **A reduction in staffing, property and overhead budgets**, including management costs.
- Investment of £62k into the **creation of an Early Years Systems Change Lead post**, which would be jointly funded by Public Health and Central London Community Health (CLCH) with the aim of achieving **greater integration with**

health professionals – health visitors, midwives and GPs - as part of the ‘Best Start in Life’ vision so that need can be identified as early as possible and to make it easier for parents to access coordinated health, childcare, education, training and employment services.

This report outlines that progress has been achieved in all these areas.

2. Key Matters for the Committee’s Consideration

The committee are asked to:

- Note the progress made in implementing the new arrangements;
- Discuss the proposed principles that will underpin any further re-shaping of children’s centres.

3. Background

3.1 Core Purpose of Children's Centres

The core purpose of children's centres is to improve outcomes for young children (up to 5 years) and their families, with a particular focus on those in greatest need. The main aim being to reduce inequalities in the following areas:

- child development and school readiness;
- parenting aspirations and parenting skills; and
- child and family health and life chances.

Children's centres offer a unique opportunity to intervene early. A wide range of research now shows that the early years, and particularly conception to age 2, is a crucial phase of human development and is the time when focused interventions can reap outcomes for individual children, their families and the wider society. This is well summarised in the Wave Trust's Report, *Conception to Age Two - the Age of Opportunity* (March 2013) and evidence emerging from the work of the Early Intervention Foundation.

The Apprenticeships, Skills and Learning Act 2009 sets out both the duties of Local Authorities in relation to children's centres and the OFSTED inspection regime for them.

In July this year, **childcare and education minister Sam Gyimah announced that he will be consulting on the future of children's centres**. The details of the consultation will be announced in the autumn and will include a discussion of what accountability framework is needed to best demonstrate their effect. In light of this, the **DfE have agreed with Ofsted to pause the children's centre inspection cycle**, pending the outcome of the consultation. This means that any children's centre inspections due in the 2015 to 2016 academic year will not now take place until after the conclusion of the consultation.

3.2 Children's Centres in Westminster

Westminster has twelve children's centre sites grouped into 3 localities - south, north-east and north-west. Each locality has one "hub", with attached "spokes". In terms of OFSTED, we are registered for 3 centres (group inspection), with the main focus being on the hub centres. Attached at appendix 1 is a list of the 12 children's centre sites.

Each of the 3 hubs has a children's centre leader, who oversees delivery in their locality. In Westminster, 2 of the hub leads are the headteachers of statutory nursery schools (Portman Early Childhood Centre and Dorothy Gardner Nursery) and the third hub is directly managed by family services. There are a range of services

(outreach, parenting, speech and language and domestic violence support) that are commissioned separately to deliver in children's centres.

The range of services provided in children's centres is attached at appendix 2.

3.3 Recent changes to Childrens Centres

On the 23rd February 2015, Cabinet approved the report entitled 'Service Proposals for Early Help'. In relation to children's centres the cabinet gave agreement for the 'new service arrangements being implemented for the delivery of children's centre services to ensure that they focus on children and families most in need, and support the expansion of the City's 2 year old early education programme'. This also identified savings of 474K to be achieved in 2015 / 16 from children's centres and a further 191k in 2016 / 17 from early years commissioned budgets. The changes to children's centres can be summarised into 3 areas as outlined below:

- **A need to ensure resources in children's centres are focused on those families with greatest need.** The main change to support this was to replace the universal stay and play sessions, where data suggested that centres were not reaching the families at risk of the poorest outcomes, with **delivery of the free 2 year early education offer**. This was particularly the case at Paddington Green, Micky Star and Essendine, where data, and local intelligence, suggested that the families accessing the stay and plays at these centres were not from the targeted groups.
- **A reduction in staffing, property and overhead budgets**, including management costs.
- Investment of £62k into the **creation of an Early Years Systems Change Lead post**, which would be jointly funded by Public Health and Central London Community Health (CLCH) with the aim of achieving **greater integration with health professionals** – health visitors, midwives and GPs - as part of the 'Best Start in Life' vision so that need can be identified as early as possible and to make it easier for parents to access coordinated health, childcare, education, training and employment services.

3.4 Embedding the changes

Despite these budget reductions, a high level of service has been maintained and further developed in children's centres with all 12 sites remaining open. Progress against each of the areas, where there was change will be considered below:

3.4.1 Implementation of the 2 year early education offer in children's centres

The two year old free entitlement enables children from low income families to access free early years education a year earlier than the universal early years entitlement, to support their development and enable them to be school ready. The offer is delivered through all early years services, such as nurseries, childminders,

pre-schools and children centres, and a growing number of schools are also participating. The 2 year old offer was originally introduced as a pilot in 2009 across all local authorities (Westminster was funded for 135 places) but expanded into a programme in September 13.

The pilots were evaluated by the DfE and two key benefits emerged:

- Children with any developmental delay catch up quickly with their peers thereby ensuring that they do not enter the universal entitlement with an even greater disadvantage.
- Children who catch up and perform well at EYFS Profile Stage also do well at Key Stage 1 and the gains remain constant at least till age 11.

Like the universal offer at 3 years, the entitlement equates to 570 hours per year and can be delivered flexibly which supports parents to access employment and training opportunities as well.

Each local authority receives a termly DWP list, via the DfE, which identifies the number of eligible families living within each borough. There are currently 709 eligible families in Westminster, although this will drop to 658 from Spring 16. The eligibility criteria is listed under appendix 3.

Two year old take up has increased this term to 56% (395 families) and there are a further 52 applications pending, with a further 45 applications from families who will be eligible from next term. There are currently sufficient places for 65% of eligible families in Westminster and additional places will become available over the coming year.

The provision of the 2 year free entitlement in children's centres has made a significant contribution to increasing the number of places available to families. In September 2015 eight new places were opened at Paddington Green Children's Centre and all have been filled. 32 places were opened at Essendine School, of which 21 are currently occupied. Micky Star Children's Centre offered a further 24 places last month and nine are filled with increased take up expected from the applications currently being processed. In addition, new places will also be opened at Bayswater Children's Centre by next term and there is scope to deliver places at Queensway Children's Centre and to expand places at Essendine. **To date, children's centres are offering 71 new places for those eligible for the 2 year free entitlement.**

A comprehensive marketing campaign is now in place supported by the Family Information Service and the children's centres outreach team provided by Family Lives. The Early Years Team have reported that this outreach is helping to drive up applications.

3.4.2 Changes to Stay and Play sessions

As stated above, the number of stay and play sessions were reduced in 3 centres – Harrow Road, Micky Star and Paddington Green - because data demonstrated that they were not reaching families most in need and replaced with the 2 year free entitlement. However, across Westminster there are still 60 stay and play sessions each week for families, not including those provided by the voluntary and private providers. These play a vital role in supporting families to increase their parenting capacity. Talking Boxes is a method of evaluating the impact of drop-ins against specific measurable aims that relate directly to the core purposes of Children's Centres. The results of the 'talking boxes' work for 2013 and 2014 at Church Street Children's Centre are attached, as an example, at appendix 4.

3.4.3 A reduction in management and staffing costs

Alongside the reduction in stay and play sessions at the 3 centres identified above there has been a decrease in management and staffing costs in order to achieve the savings target. The 2 children centre managers in the north-west and north – east were made redundant and leadership of the centres in these areas is now undertaken by the headteachers at Portman Early Childhood Centre and Dorothy Gardiner Nursery Schools. The number of staff, who were made redundant equated to 9.3 FTEs.

3.4.4 Commissioned services

The core children's centre delivery is enhanced by a number of commissioned services. The annual value of the commissioned contracts is £1,143,583. The 2 key contracts - parenting and outreach - have been extended for 12 months (until October 2016) and following commercial negotiations with the providers, commissioners have also achieved contract efficiencies for 2016/17. The re-shaped service maintains the core focus on supporting the most vulnerable families through targeted work. The other contracts fund 2 toy libraries (Westbourne and Pimlico) and targeted support to families experiencing domestic violence. The domestic abuse offer in children's centres is an integral part of the Tri-borough's Violence against Women and Girls (VAWG) strategy and forms a part of the Integrated Support Service (ISS). The service operates across the Westminster localities, and offers one to one support and safety planning for women with at least one child under 5 as part of a package of early intervention and support. The new VAWG model started on 1 July 2015 and is an 18 month contract in line with the MOPAC funding (Mayor's Office for Policing and Crime).

3.4.5 Integration with health

The integration of health work into children's centres has seen significant growth. The joint appointment of a dedicated staff member leading on this work has supported the development.

Maternity services in children's centres

In the north of the borough **midwives are now delivering antenatal booking and follow up appointments from 4 children centre sites** – Queens Park, Church Street, Bayswater and Westbourne. For example, in October 2015, 31 women had their antenatal booking appointment at Portman Early Childhood Centre. This means that the centres are able to introduce the support services of the children's centre and identify families with additional needs much earlier. Midwives are now beginning to attend the multi-agency early identification meetings, which are held monthly in each locality - EAST (Early Access and Support Team). These enable families with need to be systematically flagged earlier and at key points like the antenatal and new birth period. The EAST meetings are attended by the children's centre outreach workers, health visitors, early help team members and members of the third sector who support children and families.

Antenatal classes

There is also a plan to deliver **antenatal classes** run by both midwives and health visitors from children's centres as part of a universal offer and for more targeted families, the **NSPCC Baby Steps programme** will be run by the children's centre parenting practitioner, midwives and health visitors. Baby Steps was developed jointly by the NSPCC and Warwick University. It is a perinatal education programme for parents who need additional support, including those who may have chaotic lifestyles and who traditionally might be called 'hard to reach'. It is a nine-session group programme for mums- and dads-to-be. It begins with a home visit, and then parents attend six weekly group sessions before the baby is born, followed by three more after the birth. Baby Steps is based on the latest science, theory and research and focuses on building positive relationships between parents and their baby, as well as between the parents themselves. Evaluation of the programme has found that 96% of parents said it had made them feel more confident as a parent, 98% felt they knew how to look after their baby as a result of the programme and were prepared for going home with them, 93% agreed that attending baby steps had helped them to better understand their baby. Parents were also more aware of wider support opportunities with 98% saying they knew where to get help. Compared to the general population Baby Step mums have had lower rates of: caesarean sections, prematurity and low birth rate.

The Connected Care for Children Programme

The children's centres are now beginning to be linked into the Connected Care for Children (CC4C) programme, which is commissioned by the CCG and delivered by paediatric consultants from Imperial supports a multi-disciplinary approach to children with complex medical needs. Children centre managers or the early help manager now work with GP's, school nurses, health visitors and dieticians to identify those children where the social context of a family is delaying the improvement in a medical condition and a whole systems approach to these children leads to better outcomes for them. A small cohort of children discussed in the CC4C paediatric hubs will have been discussed at the EAST meetings, feedback from the paediatric consultants has

been that the children centre managers have made a valuable contribution to the overall care plan for these children and families.

Integrated 2 year check

In 2011 the Government committed to explore options for bringing together the EYFS (Early Years Foundation Stage) progress check at age 2-3 and the healthy child programme (HCP) health and development review at age 2-2 ½. A pilot testing phase ran until the end of 2013 and an evaluation was led by the National Childhood Bureau reported in 2014. The evaluation of the pilots identified clear potential benefits from integrated approaches, two examples of viable models for the face to face meeting with parents were identified:

- Single integrated meetings involving health and early years professionals, parents and children.
- Retaining separate progress check and HCP review meetings and achieving integration via information sharing and joined-up responses to needs.

In Westminster, following discussion with the Early Years’ service and Central London Community Health (CLCH), as the provider of Health visiting, it was agreed that we would pilot the second model – the information sharing model - in Queens Park. The pilot ran from September 2014- January 2015, the key deliverables are outlined in the table below.

Key Deliverables	Status
Improved multi-agency working and information sharing	Achieved
Clearer and more holistic information for parents	Achieved
Earlier identification of need and earlier access to relevant support	Too soon to identify
Contribution to improved outcomes for children, including improved school-readiness	Too soon to identify

From September 2015 phase 1 of the roll out began with those settings that offer the 2 year free entitlement places. From January 2016 it will be rolled out universally. Children’s centres are key both as the place where childminders and the health visiting team can share information (with consent from the family) about children who are 2 years of age. Children’s centres also coordinate the termly integrated review, evaluation meetings between childcare settings, ealth visiting and children’s centres, which allows for the integrated review to be continuously improved and so better meet the needs of the local population.

Information sharing developments

Underpinning the greater integration with health is the development of a new information sharing agreement between all key partners which once completed in January 2016 will also produce multi-disciplinary information sharing training, based on information sharing training already piloted in the Queen’s Park Children’s Centre.

Increasing Access to Psychological Therapies (IAPT)

IAPT provides talking therapy and self-help courses for adults with common mental health difficulties such as stress, worry and low mood. It is now becoming available in children's centres. In Churchill Gardens Children's Centre 5 IAPT groups have been offered to postnatal women. The recovery rate within the groups has been 71.9%, with a reliable improvement in depression or anxiety scores by the last group session of 72.5 %. This is far higher than the national IAPT recovery target and higher than average Westminster IAPT rate.

3.5 Public Health initiatives in Children Centres and other interdepartmental links:

The services that public health commission are now well integrated into the children's centre service offer. Commissioning responsibilities for health visiting (HV) services and the Family Nurse Partnership (FNP) transferred to local authority public health on 1st October 2015. Health visitors are responsible for delivering the 0-5 healthy child programme through 5 mandated universal contacts and targeted services for children at increased need (partnership and partnership plus). Each children's centre has a named health visitor and as already stated some health visitors conduct their clinics within children centres.

Healthy Early Years

Children's centres are supported and encouraged to work towards the Bronze, Silver and Gold Healthy Early Years Awards programme funded by Public Health. Healthy Early Years is a local preventative programme that has four theme areas, Healthy Eating, Physical Development, Emotional Health and Wellbeing and Safety. The Healthy Early Years Award compliments national policy e.g. the Early Years Foundation Stage and Start4Life and provides leadership inspiration so they play their part in tackling local health priorities like childhood obesity, increasing activity levels and health eating.

Healthy Start Vitamins – Vitamin D

There is much published evidence on the resurgence of rickets and hypocalcaemic fits in children in the UK as a consequence of vitamin D deficiency. Local population is particularly at risk given the ethnic, cultural and religious background and inner city dwellings. The DoH current recommendation is that all pregnant and breastfeeding women and all infants aged 6 months to 5 years should take a daily vitamin D supplement. The National Healthy Start initiative allows pregnant women who receive specific benefits or any pregnant woman under 18 and any children under 4 to obtain vitamins for free. In order to improve the low uptake, reduce the population risk and avoid high cost consequences, Healthy Start Vitamins have been made available to all pregnant and breastfeeding women and children under 5 through Children's Centres and Health Centres across the borough since 2014.

Child Obesity Prevention and Healthy Family Weight Services

With 23.1% of reception age children overweight or obese and 40% of year 6 children overweight or obese, tackling childhood obesity is a local priority. Children's Centres are used as one of the venues for delivery of the newly commissioned (by public health) child obesity prevention services. The services include MEND Mums which is designed for post natal women with a baby up to 2 years and MEND 2-4 that shows parents creative ways to get children tasting and enjoying different fruits, vegetables and other healthy snacks, and taking part in active play. One to one sessions with a dietitian are available for families where one of the group programmes does not answer their needs effectively.

In addition Children's Centre Staff are being offered training so that they can ensure they are providing an environment that promotes healthy eating and physical activity and can skillfully address the issue and promote consistent evidence based health messages to families.

Oral Health Resource Pack and Training for Early Years Settings

Westminster children experience significantly worse oral health compared to London and England with 40% of children suffering from decayed, missing or filled teeth by the age of 5. Teeth extraction is the top cause of hospital admissions for Westminster children. In recognition of this, a resource pack and accompanying training have been developed locally to support Early Years settings including Children Centres to deliver the key messages and skills for maintaining good oral health. These resources follow the Early Years Foundation Stages (EYFS) standards of learning and development, ensuring the benefit of each activity goes beyond the oral health messages.

3.6 Outcomes

The Early Years Foundation Stage Profile (EYFSP) is the main outcome measure that gives an indication of how effective services have been in preparing children for school. The EYFSP data for Westminster remains at the national average, and the gap between the average and lowest attaining is narrowing year on year. However, this aggregate data does mask significant variations within schools in Westminster, which has been the focus of work over the last 2 years. The data is attached at appendix 5.

The other measure that is used by OFSTED is how successfully the children's centres are reaching children, who live in the most deprived wards (10% and 30% most deprived areas using the IDACI¹ deprivation measures). Our performance in

¹ IDACI (The income deprivation affecting children index) is an index of deprivation used in the UK. The index is calculated by the Office of the Deputy Prime Minister and measures in a local area the proportion of children under the age of 16 that live in low income households.

reaching children up to their 5th birthday is attached at appendix 6. It is important to note that the overall reach has remained relatively stable despite the recent budget reductions. It is worth noting, however, that this data is challenging to analyse because these figures do not get a true reflection of work and need further exploration. For example, the majority of parents accessing the centres are now under 2 years as after this age many children are accessing the early education free entitlement. It is also in the first 2 years that research suggests early intervention has the greatest impact. If you therefore look at the data for September 2015 and look at reach for the under 1 years in the 10% most deprived areas the reach rises to 87% (NE), 90% (NW) and 82% (S) and in the 30% most deprived areas it is 89% (NE), 87% (NW) and 87% (S).

The centres are constantly looking at new ways to increase these figures and the growing integration with health is likely to have the largest impact in children's centres increasing their reach further.

3.7 The Future

Nationally, there is uncertainty about the future direction of children's centres. The pending national consultation and the 'pausing' of OFSTED inspections leaves local areas unsure of future requirements at a time when there is further pressure on local authority budgets. These budget pressures have led family services to start a review of its early help services, of which children's centres form a key part. It is inevitable that as a part of this process children's centres will need to find significant savings and to go further in prioritising those families with the greatest need.

At this early stage, **some principles and key priorities can be debated and agreed**, as being essential ingredients in any future re-shaping of children's centres in Westminster and a proposal is that these should be as follows:

- **Targeted:** We will need to increasingly target resources to those at risk of the poorest outcomes; aiming to reduce referrals for social work intervention, and entry to care. This will inevitably mean a further reduction in universal provision in children's centres.
- **Better use of buildings:** The current overhead costs of running 12 children centre sites is expensive and will need to be reviewed. This may be best achieved with partner agencies with some future sharing of premises between health and family services.
- **Collaboration and co-production:** We will need to work even closer with universal services and communities to increase their capacity to offer support to families at the earliest point. This may involve looking at new models with parents involved in running the more universal services in children's centres and professionals focusing on the targeted work.
- **Strengthening Communities:** Communities, families, young people and children have a significant role to play in outcomes. We need to invest more in building self-organisation and local capacity. This could explore interventions

by volunteers and training members of the community to deliver parenting groups as we have achieved in Queens Park.

- **Independence and resilience:** Help families to help themselves through developing new ways of delivering services. This may include web based parenting support, self- assessment and signposting.
- **Integration and Partnerships:** Multi-agency working that ensures a consistent approach to the application of levels of need and has agreed response frameworks. We will use a model of key working lead professional and encourage and build the confidence of partner agencies to lead the co-ordination or team around work, to avoid escalation to social care referrals. **Partnerships:** to develop new partnerships with philanthropists, national and local organisations to enable new early help developments.
- **Evidence of impact:** Choosing interventions based on acknowledged evidence of what works for example the range of parenting interventions on offer in children's centres. This may involve stopping services where there is no evidence base.

Appendix 1 – A list of the Children’s Centres in Westminster

Children’s Centre Name	Address
North West Locality	
Queens Park (Hub)	Dorothy Gardner Centre 293 Shirland Road, W9 3JY Queen’s Park Children’s Centre 88 Bravington Road, W9 3AL
Westbourne	Edward Wilson Primary School Senior Street W2 5TL
Queensway	Hallfield Primary School, London W2 6JJ
Bayswater	St Mary of the Angels RC Primary School Shrewsbury Road, W2 5PR
Harrow Road	Essendine School, London W9 2LR
North East Locality	
Church Street (Hub)	Portman Early Childhood Centre 12-18 Salisbury Street NW8 8DE
Paddington Green	Paddington Green Primary School Park Place Villas W2 1SP
Micky Star	Micky Star Nursery, 58-61 St Michael’s Street W2 1QR
Maida Vale	St Augustine’s C.E. Primary School Kilburn Park Road NW6 5XA
South Locality	
Churchill Gardens (hub)	Churchill Gardens Primary School Ranelagh Road SW1 3EU
West End	Soho Family Centre St James’ Residences 23 Brewer Street, W1R 3FF & Fitzrovia Community Centre , 2 Foley St W1
Marsham Street	Marsham Street Nursery, 121 Marsham Street SW1P 4LP

Appendix 2 - Services provided in Children's Centres

Children's centres offer a range of services, which include the following:

- **Early learning opportunities** – there are a range of stay and play sessions for parents and their children.
- **Health support** – from antenatal clinics, child health clinics, breastfeeding support to oral health promotion advice.
- **Prevention of obesity** – healthy eating sessions and kick start programme (a programme that promotes physical activity and is commissioned by public health).
- **Adult learning and routes into employment** – English as a second language classes, IT classes and advice from JCP
- **Parenting support** – a range of parenting groups and one to one support.
- **Outreach** – home visits to families who are more isolated to encourage them to connect with services.
- **Support for fathers through dedicated activities.**
- **Promotion of speech and language with support as needed.**
- **There are some limited advice and guidance sessions about benefits too.**

Appendix 3 – Eligibility criteria for the 2 year free entitlement

Eligibility Criteria since September 13	Eligibility Criteria since September 14
<ul style="list-style-type: none"> ▪ Families meet the eligibility criteria also used for Free School Meals ▪ Children are looked after by the local authority 	<ul style="list-style-type: none"> ▪ Families meet the eligibility criteria also used for Free School Meals; or Receive Working Tax credits and have annual gross earnings of no more than £16,190; or Receive Universal Credit and have annual gross earnings of no more than £16,190. ▪ Children have a current statement of special educational needs/ an Education, Health and Care plan; or They attract Disability Living Allowance (DLA) ▪ Children are looked after by the local authority; or Children have left care through special guardianship or an adoption or residence order

Appendix 4 - Evaluation of Stay and Play sessions at Portman Early Childhood Centre

Aims	2013 Percentage of parents attending drop- in groups who indicate a significant increase in.....	2014 Percentage of parents attending drop- in groups who indicate a significant increase in.....
a. Social networks	81%	82%
b. Understanding of role as first educator	66%	86%
c. Children's ability to play co-operatively	64%	82%
d. Play opportunities re-created at home	24%	90%
e. Understanding of communicating and interacting	60%	84%

Appendix 5 - Early Years Foundation Stage Profile (EYFSP)

Attainment	2013		2014		2015	
	GLD	Gap	GLD	Gap	GLD	Gap
Westminster	50%	38.7%	59%	35.9%	65%	tbc
England	50%	36.6	60%	33.9%	65%	tbc

GLD – Good Level of Development

Gap – Achievement gap between lowest attaining 20% and mean average

- In 2015, the good level of development (GLD) score will be released in October; early indications are that Westminster is in line with national levels at 65% of children reaching GLD. This compares with 58% of children attaining GLD in 2014 and 50% in 2013.
- Over last three years there has been a 15% increase in GLD score
- In 2014, the achievement gap between the lowest attaining 20% and the mean average was 35.9% compared to 38.7% in 2013. We do not yet have the figures for 2015.
- Subject areas which have seen the highest increase in scores include Numbers (7%) and Writing (5%).
- The deprivation gap narrowed from 12% in 2013 to 3% in 2014. We do not yet have the figures for 2015.

Source: Early Years Foundation Stage Profile

Appendix 6 - Children's centre reach data

Reporting period	Data Description	Measure	North West	North East	South
March 2014-15	How many people use the service currently? What is this as a % of Westminster's population?	All under 5 yr olds in reach	1899/43%	2157/36%	1265/38%
		Under 5s in 30% most deprived areas	1609/47%	1147/59%	632/41%
		Under 5s in 10% most deprived areas	1509/47%	795/51%	144/51%

Reporting period	Data Description	Measure	North West	North East	South
March 2013-14	How many people use the service currently? What is this as a % of Westminster's population?	All under 5 yr olds in reach	2054/46%	2199/37%	1178/36%
		Under 5s in 30% most deprived areas	1705/49%	930/48%	639/41%
		Under 5s in 10% most deprived areas	1604/49%	790/51%	142/51%

Data Source: estart 2015, IDACI 2011, MYE (mid-year estimate) Population figures 2014

**If you have any queries about this Report or wish to inspect any of the
Background Papers please contact Jayne Vertkin x 5745
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APPENDICES:

For any supplementary documentation; especially from external stakeholders or documents which do not fit this template.

BACKGROUND PAPERS

This section is for any background papers used to formulate the report or referred to in the body of the report.