

Essex Child and Family Wellbeing Service (ECFWS)

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Chris Martin, Director: Strategic Commissioning Children's and Families, ECC

Katherine Thompson, Public Health Consultant - Wellbeing, Public Health and Communities, ECC

Carolyn Terry, Early Years Strategic Lead, ECC

Ros French, Assistant Director of Commissioning for CYP, HWE ICB

Objectives

1. Provide background on the existing service provision.
2. Provide an overview of the current health, family support and wellbeing needs of babies, children and young people in Essex.
3. Share our underpinning principles and initial thinking on priority outcomes, priority places and priority people for the future Essex Child and Family Wellbeing service.
4. Share our thinking on the evolution of family hubs.
5. Summarise the scope of services for the future provision of the service, including areas still under exploration.
6. Summarise the likely timeline and process.
7. To discuss the content covered and answer questions



1. Background

From 2017 to 2027



In 2017, we embarked on a mission to give children and young people in Essex the **best start in life**

...and we knew that

parents are key

Children and young people getting the best start in life is perhaps our most important and unifying passion for Essex.

We know that supporting children and their families from conception, through birth and the early years, and into young adulthood will give them the best possible chance to succeed.

Pre-Birth to 19: A New Vision for Essex

Parents are children's first and most enduring educators. Building the capability and capacity of parents and family members to support themselves and support one another must be central to our approach.

Communities too can play a big role in providing support and growing the protective factors that help families navigate the ups and downs of life successfully.

In 2017, Essex Co-developed & Commissioned a New System Vision

We will...



Look first at families' strengths

especially those of parents (both Mums and Dads) and take time to understand their needs fully



Focus on preventing problems

before they occur and offer flexible, responsive support when and where it's required



Build the resilience of parents

and communities to support each other



Work together across the whole system

– aligning our resources so we can best support families and 'do what needs to be done when it needs to be done' (not necessarily what is on our job description)



Base all we do on evidence

of both what is needed and of what works, and be brave enough to stop things that aren't working



Be clear and consistent about the outcomes

we expect, and judge what we do against them

We will know our system is successful if it delivers these outcomes:



Children...

- Are physically and emotionally healthy
- Are resilient and able to learn well
- Are supported by their families, their community, and - when necessary - professionals to thrive and be successful
- Live in environments that are safe and support their learning and development



Parents...

- Are supporting one another in their communities
- Know where to get help if they need it
- Have trusted relationships with practitioners, neighbours and other parents
- Are well informed about how best to help their child develop, and motivated to make great choices



Communities...

- See it as their collective responsibility to support parents and young children
- Are providing sustainable support through individuals, community groups, businesses and voluntary organisations
- Are seen, understood and valued by practitioners as being 'part of the solution'



Practitioners...

- Focus first on families and their strengths
- Work closely with families to understand what they need, and build trusting relationships
- Have a shared vision and understanding of outcomes and success
- Are skilled, knowledgeable and are co-creating and co-delivering approaches that work

Current ECFWS Commissioning & Delivery Structure

Strategic Influences



Commissioner Partners



Essex Child & Family Wellbeing Service



Delivery Partners



Current Outcome Measures

Outcomes for children and young people are joined up and aligned around a goal-focused approach, with goals that complement each other across services. **5 community healthcare outcome measures.** **22 PB19 outcome measures (shown here in 8 priority area groupings)**

Community Healthcare

Avoid Hospital:

Children and young people avoid hospital for their healthcare needs, where safe to do so

Personal Goals:

Children and young people feel they are supported in reaching their personal goals

Family Support:

Parents and carers feel they are able to support their child to meet their personal goals

Joined-Up Care:

Families report they feel services are working together to help their child and/or meet their child's needs

Transition:

Young people follow a care plan which enables smooth and well planned transition to adult services

Pre-Birth to 19

Children & young people **feel safe**; parents feel their CYP are safe; identified risks to safety are removed/mitigated

Supporting children to be **school ready** and achieving the best **transition** into school

All children are supported to **be ready for the next stage** of life by 19 years of age

All mothers have good **emotional wellbeing** in the perinatal period

All CYP have good **emotional wellbeing**

All children and young people have strong **attachment** to at least one adult or other person in their life

Children and young people make **positive lifestyle choices**

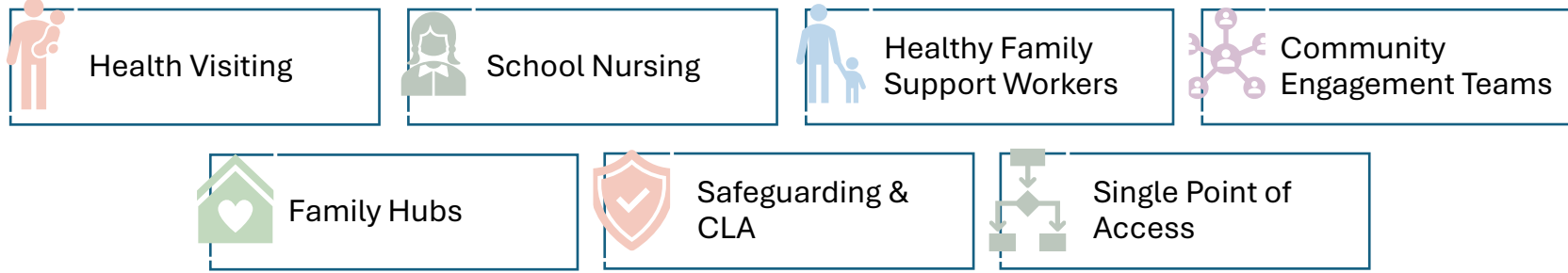
Children, young people and parents feel connected and included in a **community**

Essex Child & Family Wellbeing Services

Current

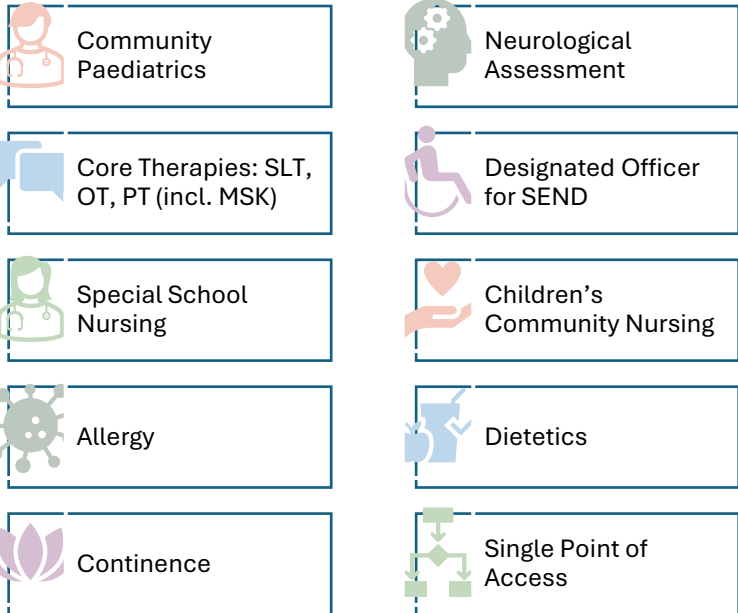
Essex Wide

(Essex County Council Local Authority Area; excl. Southend & Thurrock)




West Essex

(Uttlesford, Harlow, Epping Forest)

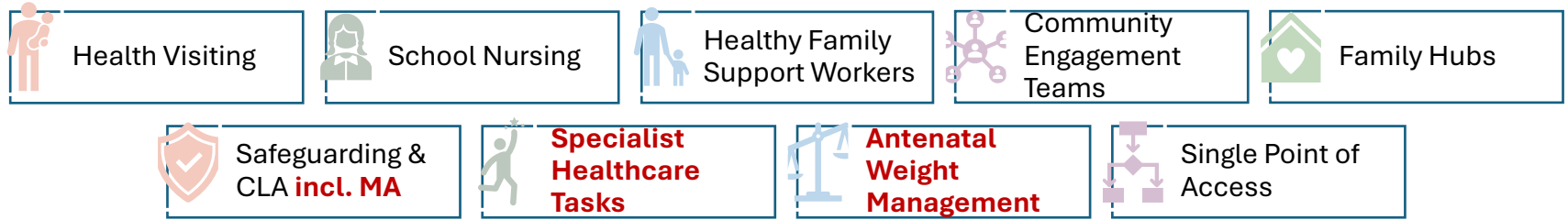


Essex Child & Family Wellbeing Services

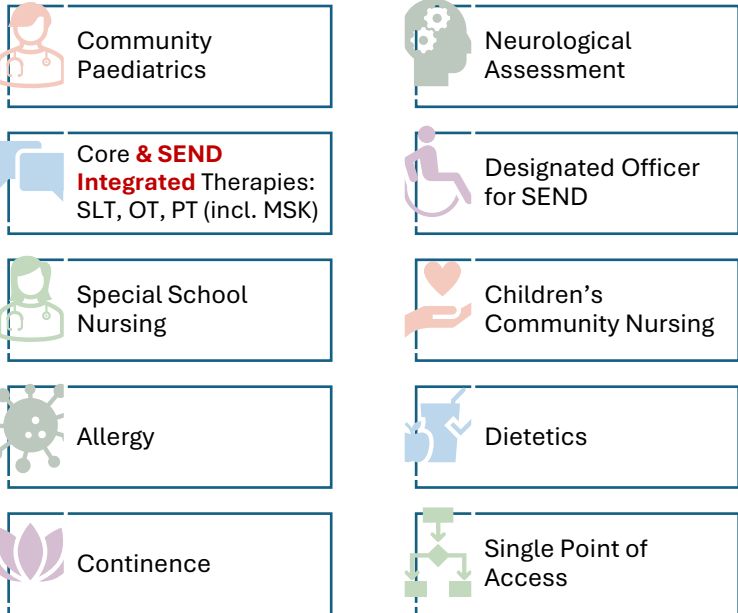
From April 2027

Essex Wide

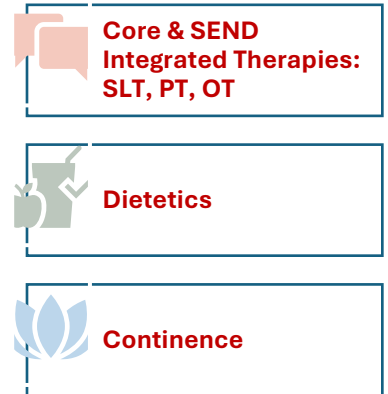
(Essex County Council Local Authority Area; excl. Southend & Thurrock)



NHS West Essex (Uttlesford, Harlow, Epping Forest)



NHS North East Essex (Colchester, Tendring)



6 principles that have underpinned our work:

Focus

We stay relentlessly focused on citizens' outcomes and experiences as the only measures of success that really matter.

Adapt

We intentionally seek out opportunities to create and innovate as a core part of what we do, always staying focused on citizens' outcomes and being savvy about risk.

Believe

We strongly believe that most citizens want and are able to own their own outcomes and be masters of their own destinies, and that we should promote and support independence wherever possible and appropriate.

Collaborate

We know we need to think about the whole system, and we take every opportunity to understand and solve problems together – even when this feels like it adds complexity.

Engage

We are deeply committed to listening to citizens and communities, and to involving them directly in understanding problems, designing and testing solutions, and co-producing outcomes.

Learn

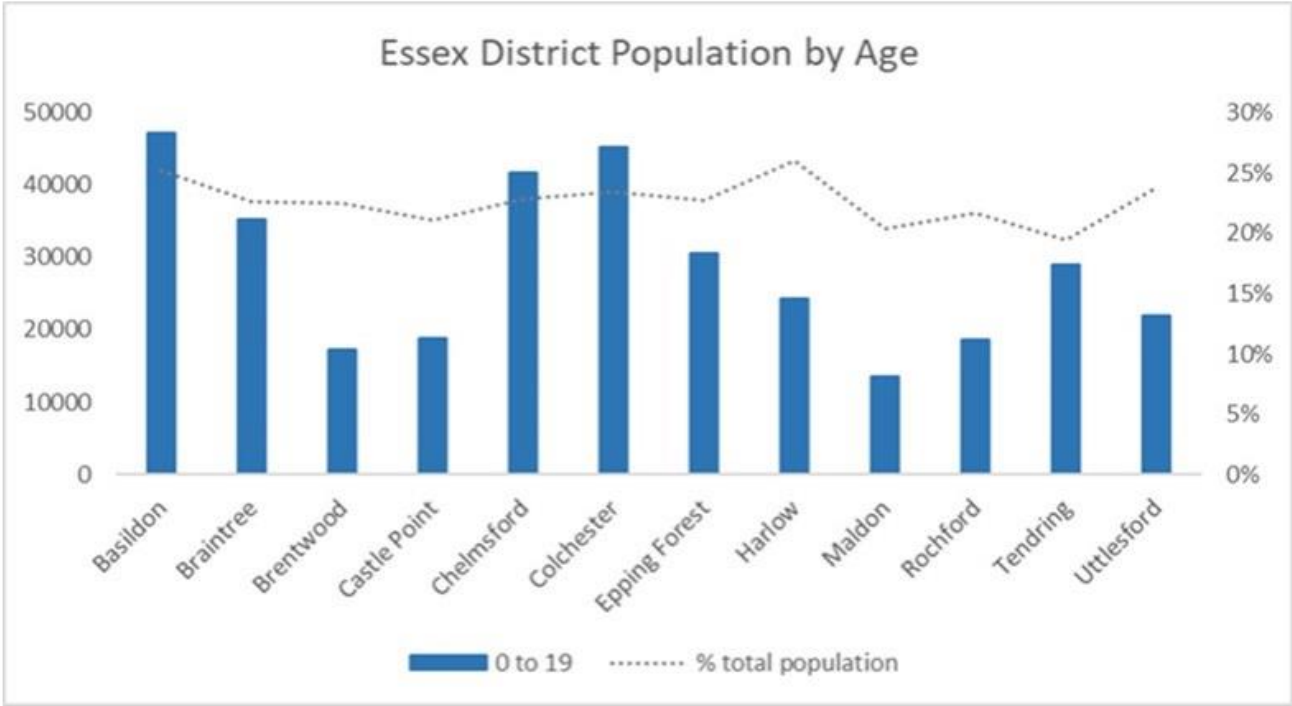
We know that change starts with us, both as individuals and collectively, so we make time for our own learning, and to come together to analyse, reflect and learn in an honest and open way.



2. Health, family support and wellbeing needs in Essex

In 2020, there were 357,000 0 to 19 year olds, making up nearly 23% of the Essex population.

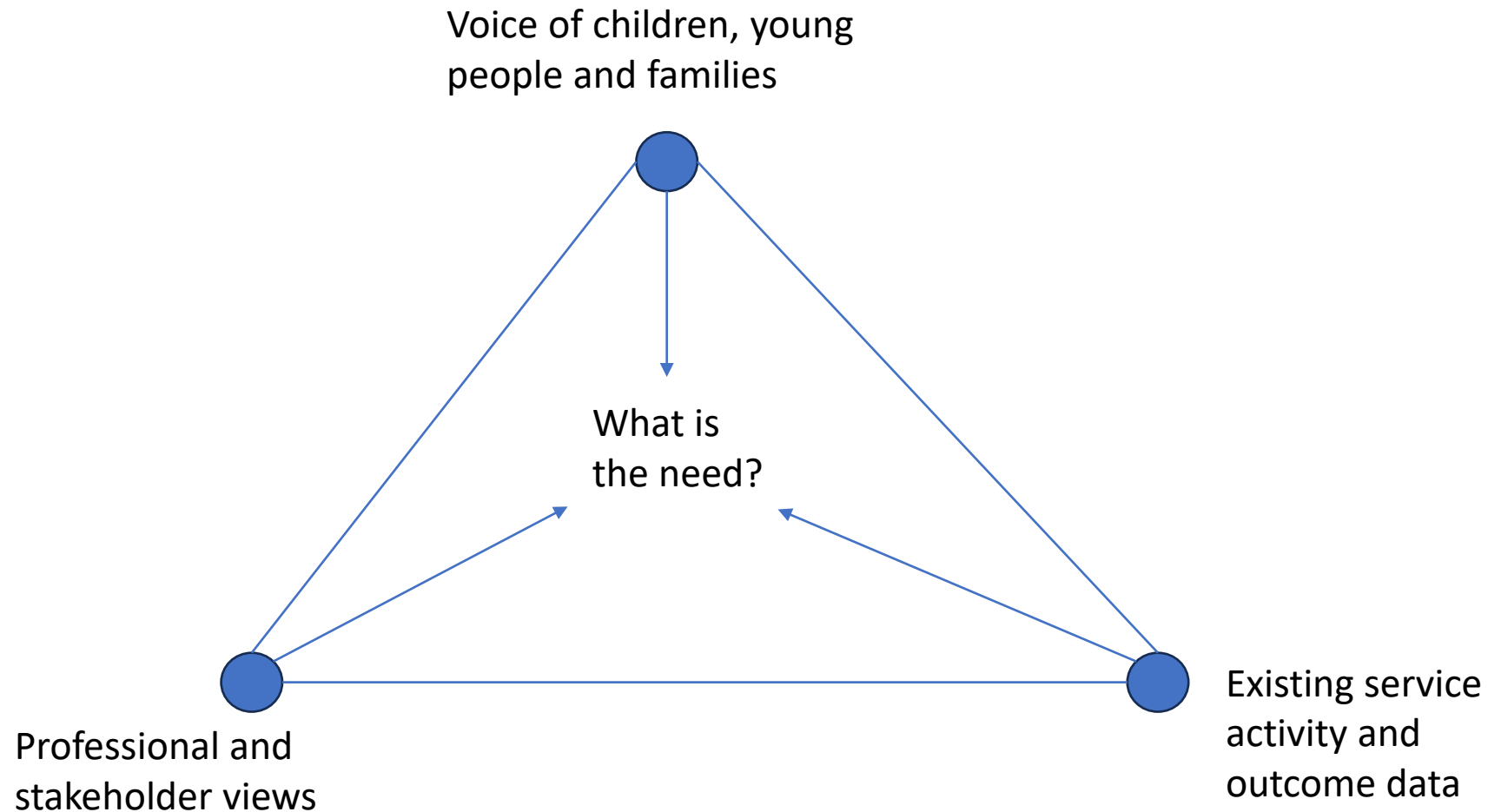
0-19 year olds are not equally distributed across the 12 Essex districts



- While Harlow has a high proportion of 0-19 year olds the total number is the 5th lowest of the districts.
- Our more urban areas tend to have the higher proportion and total number of 0-19 year olds.
- The 0 – 19 population is forecast to rise evenly across age groups to 26% by 2040.
- Some districts such as Uttlesford will see a far larger growth in their 0-19 population i.e. 12.2% by 2037 and 15.2% by 2042.

Source: [Population in Essex](#)

We have drawn on a variety of sources of information to help us understand the need in Essex



The picture is generally positive, Essex is a good place to grow up. However, data from multiple sources highlight...



Safe

Homelessness and financial instability, impact on parent/carer and child emotional wellbeing.



Healthy

Increasing childhood obesity rates, stalling vaccination rates impact on physical health and development.



Happy

Social Emotional and Mental Health needs increasing overall, but at a faster pace for vulnerable children such as those in care. It's a top issue for local young people.



Learning

High school absenteeism, NEET, achievement gaps for vulnerable children. Lower attainment among children in care and those eligible for free school meals, increase in exclusions. Children not school ready



Engaged

Parents have high aspirations for their children but there is a low sense of community, feelings of social isolation.

Insights from Essex Research

Collated from existing qualitative research with children, families and practitioners in Essex

TONIC

1. Social Isolation & Lack of Support Networks

Parents and caregivers often experience social isolation, which limits their access to informal support networks.

This is particularly true for single parents, young parents, and those living in temporary or suboptimal housing.

Children and young people also experience isolation, especially in rural areas or during periods like lockdowns.

Parents' social isolation affects their children's social and emotional development.

5. Physical & Developmental Health Needs

Children's physical health is influenced by socioeconomic factors.

Children from low-income households face greater developmental and health challenges.

Access to opportunities for **physical activity** is limited by costs, availability of facilities, and safety concerns, contributing to lower levels of engagement in sports and active lifestyles.

Particularly for older children & girls.

2. Emotional & Mental Wellbeing Challenges

Both **parents and children** frequently struggle with emotional wellbeing.

Stressors include financial instability, lack of adequate housing, and poor mental health support.

Children's emotional and mental health is further impacted by **stress at school, social pressures**, and often feeling disconnected from their parents or other support structures.

6. Housing & Financial Instability

Poor housing conditions, including overcrowding and substandard accommodations, were prevalent across many families.

This creates a ripple effect, negatively impacting both the physical and emotional wellbeing of children and caregivers.

Financial difficulties, exacerbated by the cost-of-living crisis, limit parents' ability to focus on child development.

This often leads to reliance on food banks and other short-term support systems.

3. Barriers to Accessing Services

Limited awareness of available services and difficulty accessing them due to practical issues like:

- transportation
- financial constraints
- lack of time (especially for working parents)

Parents' reluctance to engage with certain local services.

Particularly due to previous negative experiences or feelings of being judged, emerged as a recurring.

7. School Readiness & Child Development

Parents often lack understanding or are unaware of what constitutes **school readiness**. Particularly in practical life skills like:

- communication
- socialisation
- emotional regulation

Developmental progress is often deprioritised due to immediate **family stressors**, such as:

- financial instability
- mental health challenges

4. Parental Confidence & Capabilities

Many parents expressed **low confidence** in their parenting skills, particularly when facing additional pressures such:

- mental health challenges
- difficult work-life balances

Early Years provisions often focus heavily on children, with less emphasis on building sustainable **parental capabilities**.

Opportunities to foster better parenting behaviour and improve parent-child relationships are being missed.

8. Children's & Parents' Aspirations

Despite these challenges, parents and children have **high aspirations**.

Parents want their children to succeed academically and professionally, though they often lack the tools and knowledge to support this progression effectively.

Young people expressed a desire for **freedom and independence**.

But this was often at odds with the constraints imposed by financial insecurity and safety concerns.

Staff Feedback on how the current approach is working

Collated from WE Community staff engagement during Aug24 and 0-19 Focus Groups Nov24.



Strengths

- **Integrated and collaborative** service model.
- **Empowering** local communities.
- **Partnerships** with health, education and social care; shared goals.
- Multidisciplinary and **holistic** approach.
- Better journey for families.
- Staff **enjoy** working in the service and feel valued.
- **Adaptable** to need.
- Ability to be **innovative**.
- Enhanced safety and quality.



Challenges

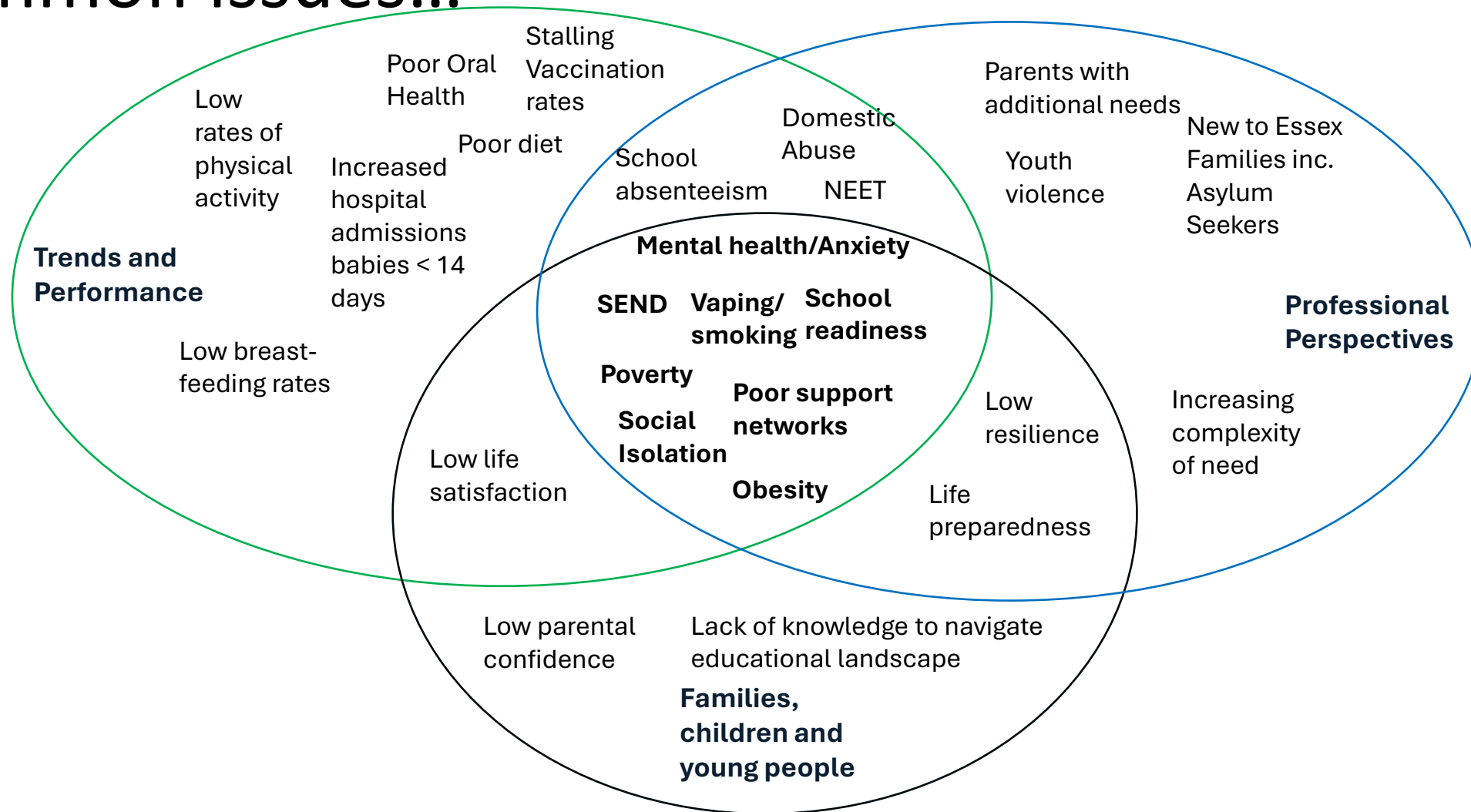
- Staffing levels, high caseloads, increased complexity of need.
- Enabling effective transition to adult services.
- Identifying the right balance of F2F and virtual interactions to meet both need and demand.
- Some building limitations.
- Reaching families in rural areas.
- Outcome flexibility and fit for some services.
- Budget pressures impacting on capacity and ability to adapt.



Opportunities

- Outcomes capturing qualitative impact e.g. resilience, reduced isolation, family relationships.
- Complement quantitative metrics with qualitative measures,
- Strengthened support for SEND and mental health needs.
- Initiatives to improve workforce sustainability.
- Resources and 'space' to allow for innovation and growth.
- Strengthen partnerships with partners including housing, financial support.

Performance data, research with local children and families and feedback from professionals highlight common issues...





3. Developing Priority Outcomes, Places & People

The service will continue to offer help to all families in Essex through a universal provision. Some families will receive additional support on the basis need, for example...



Specialist

Family hub team work closely with others as part of a multiagency team to support a family where there are complex health needs. This may include delivering services in the home.

Targeted

Priority people and places means some interventions will only be available to particular people and/or in places where we know there is a greater need.

Universal

All families can access information, advice, support, services health checks for 0-5 year in family hubs, over the phone or online.

System Priorities



Safe



Happy



Healthy



Learning



Engaged

Priority service outcomes*: As a result of the ECFWS Babies, Children and Young People in Essex are...

Empowered to make safe choices

Connected

Vaccinated

Ready and supported through school

Empowered to express views / contribute to decisions

Safe, happy and cared for

Attached to/have a positive relationship with parent/carer

A healthy weight

Ready for each learning experience

Free from dental caries

Health literate

Able to cope with all key transitions

Given a voice in care planning

Supported with joined-up care around them

Supported with Special Educational Needs

Given opportunities to play and socialise

Socially/emotionally resilient into adulthood

Cared for outside of a hospital/clinic setting where safe to do so

Supported to reach personal goals

Enjoy learning

Able to step-up/down as needs change

Aspire to achieve

Able to follow a smooth transition to adulthood

*Some priority service outcomes may be more pertinent to west Essex where the integrated service with specialist NHS community services exists.

System priorities



Safe



Happy



Healthy



Learning



Engaged

Priority service outcomes*: Parents and carers in Essex are...

Supported with a positive transition to adulthood

Supported to make positive choices

Connected

Able to support their child's emotional wellbeing

Socially/emotionally resilient

Health literate

Able to support their child in reaching their personal goals

Able to easily access the right services in the right place, at the right time

Experiencing care that is joined up around the child and family's needs and circumstances

Able to support their child to learn and develop

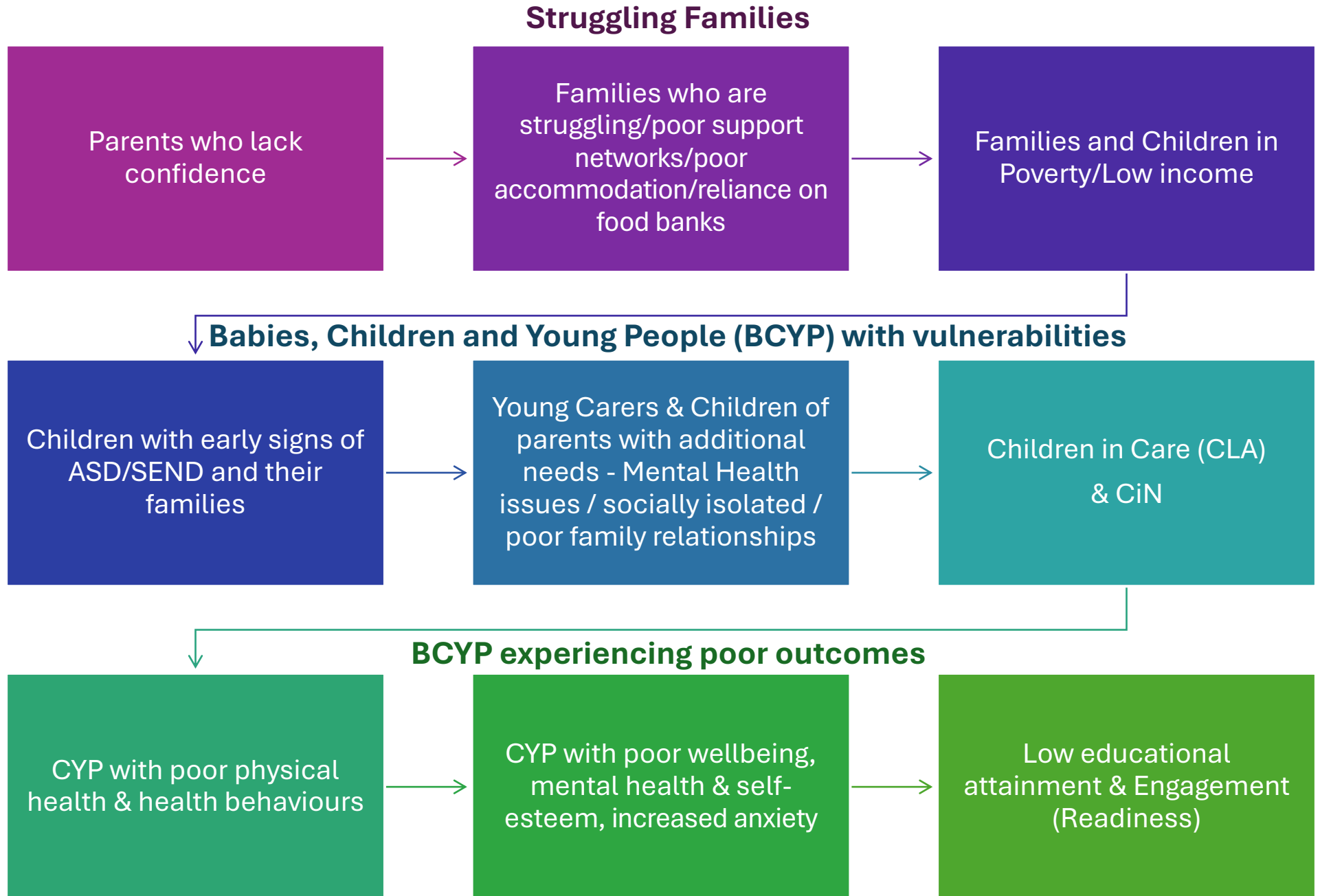
Able to access information, advice and guidance to support their child's health needs

Able to support children and YP to engage with peers and communities

Able to meet with other parents/carers and develop local support networks

**Some priority outcomes may be more pertinent to west Essex where the integrated service with specialist NHS community services exists.*

Priority People

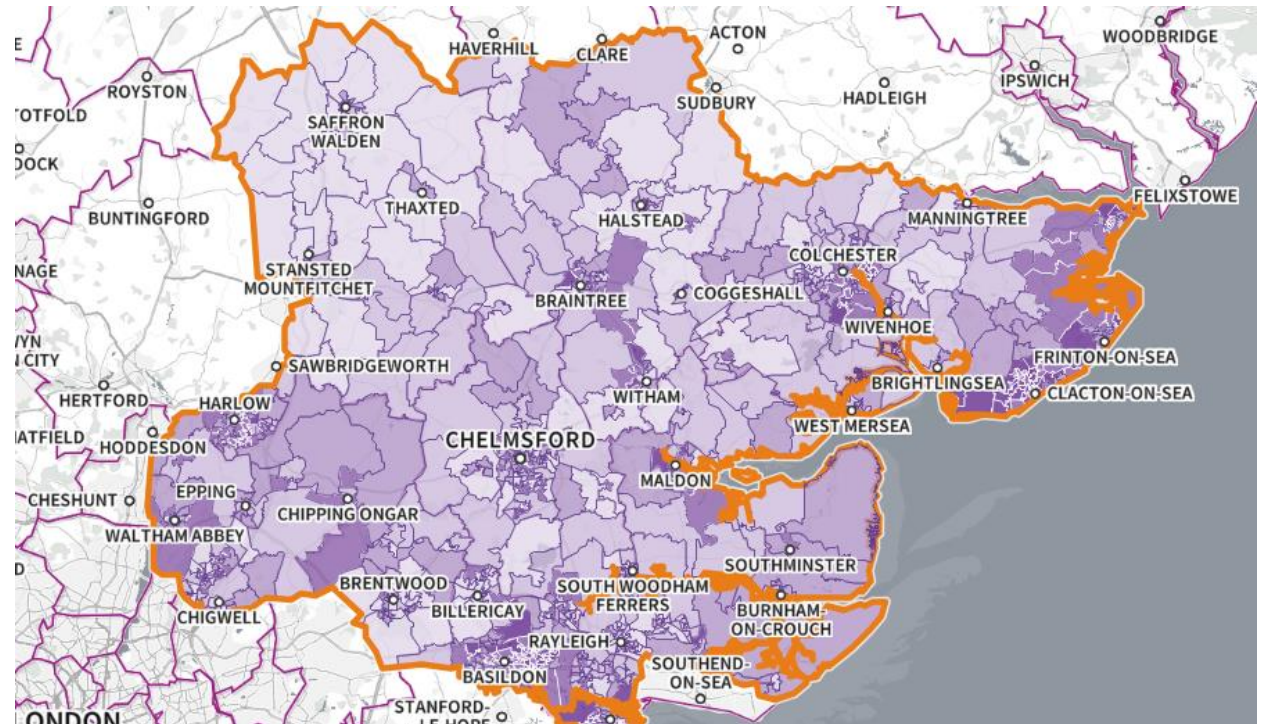


Priority Places

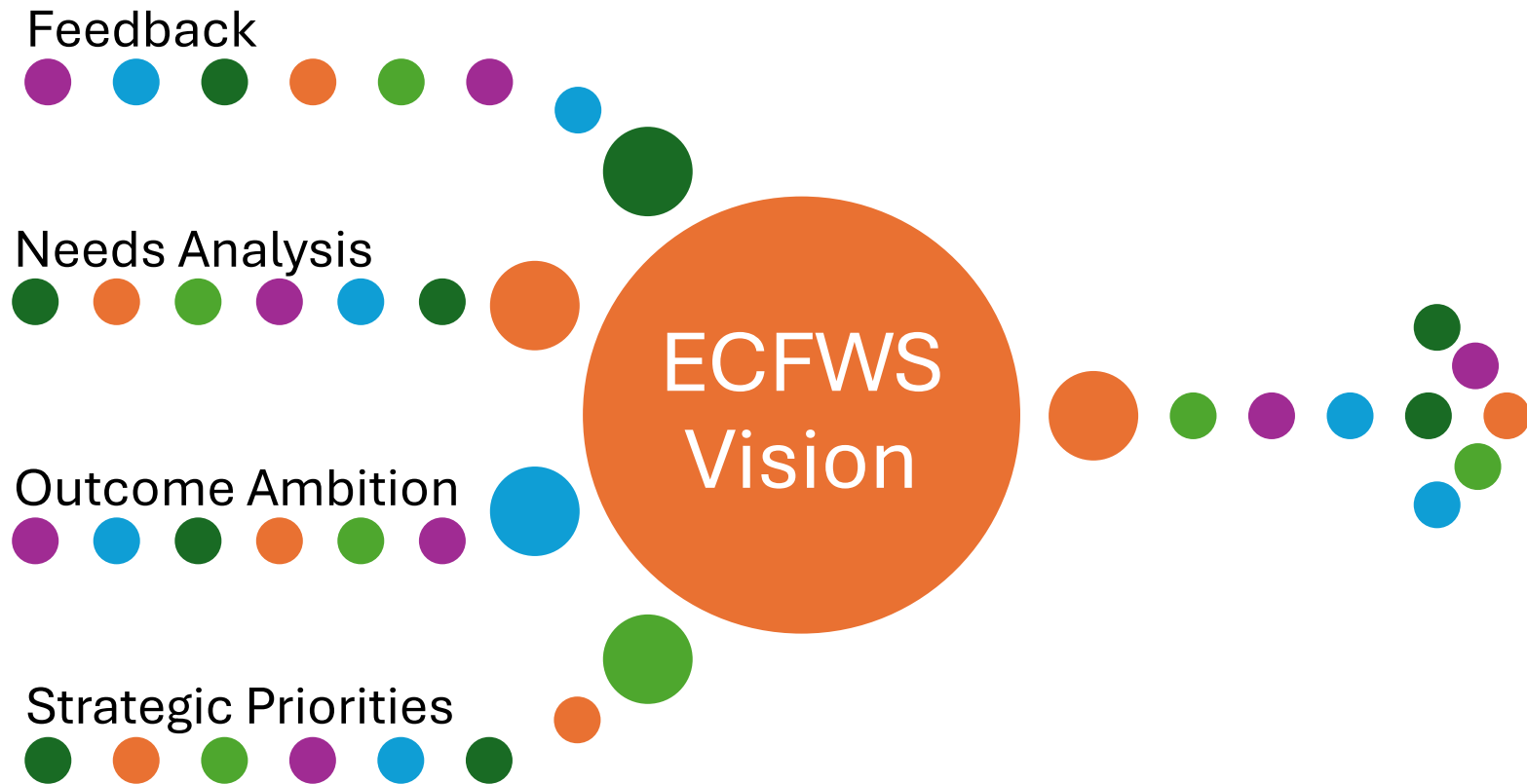
We know that place can have a bearing on current and future outcomes

- Areas of high child poverty
- Levelling up areas
 - Tendring (Clacton, Jaywick and Harwich)
 - Basildon
 - Colchester
 - Harlow
 - Rural Braintree
 - Canvey Island
- Areas with higher numbers of children with poorer outcomes

Income deprivation affecting children index



Renewing the ECFWS Vision *(working draft)*



Building on successes of current contract

Maximising impact by continuing with identified outcomes for long term benefits

Prioritisation for priority group and areas for greater support

Future proofing service design

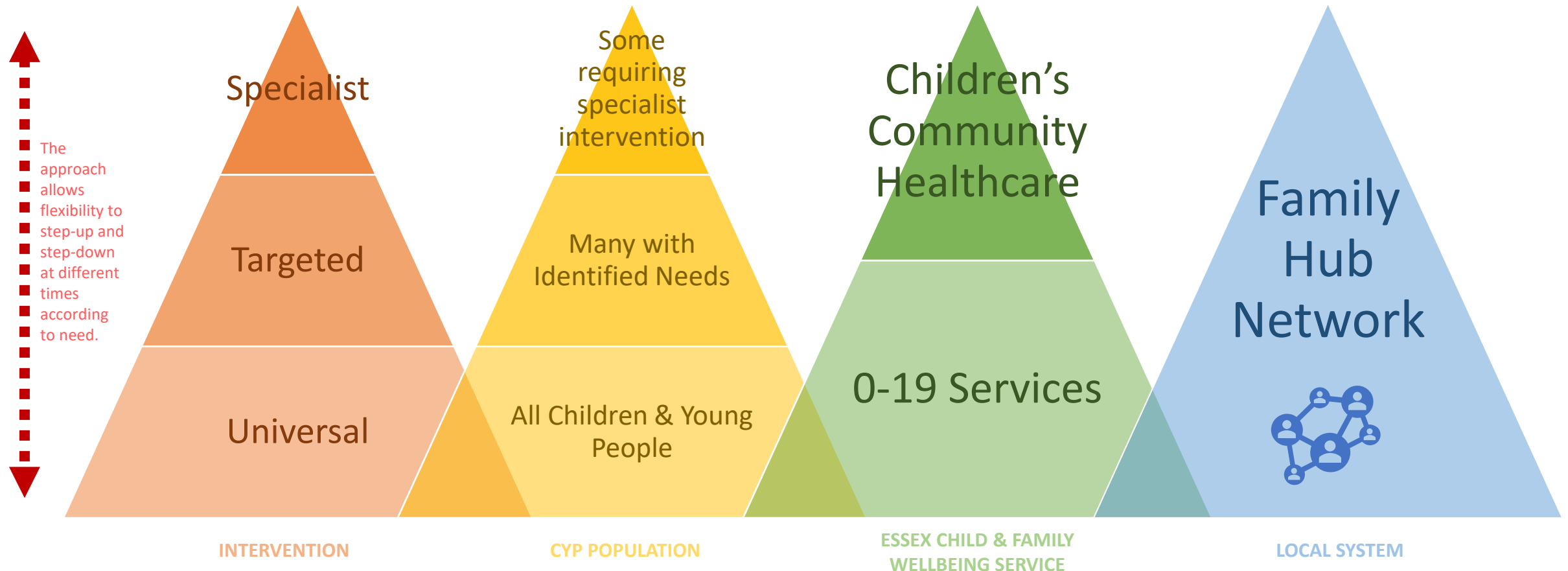
Focus on this contract's role to support the further evolving whole system outcomes



4. Evolving the ECFWS

The West Essex Approach (Model) - Draft

Integrated and **flexible** provision of care & support for **children and families** across **universal**, **targeted** and **specialist** tiers, focusing on **prevention** and **early intervention**, delivered as part of a **Family Hub** approach alongside a **network** of organisations working together to ensure children and families can access the **right support** at the **right time** provided by the **right people** in the **right places**.

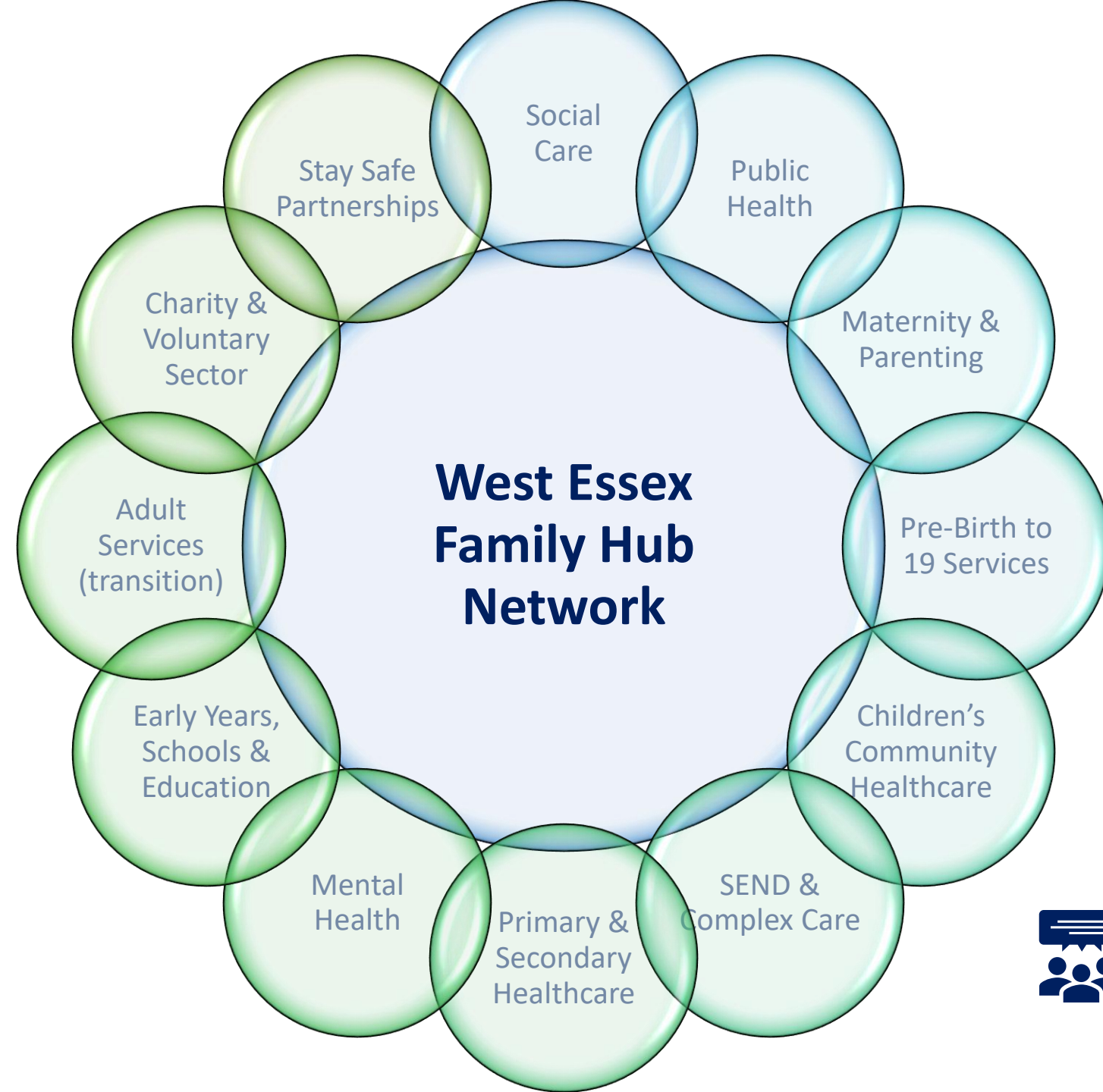


A Shift Forward for West Essex

In the development of the model, the Integrated 0-19 Services and Children's Community Healthcare becomes one of many members of a Family Hub Network for West Essex, building on the **WE CYP Partnership** and application of the **National Common Outcomes Framework**.

Through proactive engagement, building relationships and establishing joined-up approaches, the commissioners and provider of the Integrated 0-19 Services and Children's Community Healthcare Service in West Essex have the potential to lead a shift in the development of the local children's system, leading to greater achievement of outcomes for children, young people and families.

Parent/Carer Advisory Panel – learning from Family Hubs established in other parts of the country, not only for the procurement but also for ongoing oversight and assurance of the service and effectiveness of the network.



West Essex Family Hub Network

Social
Care

Public
Health

Maternity &
Parenting

Pre-Birth to
19 Services

Children's
Community
Healthcare

SEND &
Complex Care

Primary &
Secondary
Healthcare

Mental
Health

Early Years,
Schools &
Education

Adult
Services
(transition)

Charity &
Voluntary
Sector

Stay Safe
Partnerships



5. Timeline and process



Procurement Route

- Provider Selection Regime
- Formal Competitive Process
- Led by ECC as Contracting Authority, with input from HWE ICB
- Single lot for whole of Essex
- Procurement planned for Q2 25/26 to Q1 26/27
- Process will include a parent/carer and young people evaluation panels
- Followed by approx. an 8-to-9-month mobilisation period
- Go-Live on 01 April 2027



Contract & Budget

- Term: proposing min 10yrs with break clauses to reflect any future commissioning landscapes
- Type: potential LA/NHS hybrid or dual contract
- Holder: Essex County Council
- Arrangement: Section 75
- LA and NHS Budgets to remain distinct, with exception of SEND Therapies with potential to be pooled
- Pressures on HWE ICB budgets will be unknown for 2027, therefore financial envelope for procurement needs to be based on current expenditure.
- Indicative budget circa £38million per annum, with additional functions that could increase up to £60 million per annum.

Questions & Discussion



- Which outcomes do you feel should be prioritised?
- Where do you feel there are opportunities for improvement within the existing service provision?



6. Additional Information

Services in scope – Essex County

Activity	Start from commencement	Footprint
0 – 5 mandated healthy child checks	Yes	Essex county
Essex Healthy Schools programme	Yes	Essex county
5 – 19 Healthy child programme	Yes	Essex county
Maternal Early Childhood sustained home visiting	Yes	Essex county
Children’s Centres	Yes	Essex county
Family Hubs	Yes	Essex county
Transition from primary to secondary review point yr6/7	Yes	Essex county
Preparing for adulthood – mid teen review	Yes	Essex county
National Child Measurement programme	Yes	Essex county
Safeguarding, child sexual exploitation and domestic abuse	Yes	Essex county
Universal information advice and guidance for Special Educational Needs	Yes	Essex county
Implementing school guidance for medical conditions	Yes	Essex county

Services in scope – Essex County Cont.

Activity	Start from commencement	Footprint
Transfer, tracking and storage of child health records for children moving in/out of area	Yes	Essex County
Looked after children care pathway, universal training and awareness	Yes	Essex County
Looked after children review health assessments	Yes	Essex County
Looked after children initial health assessments	Yes	West Essex
Medical assessments for children and their carers/foster carers/supported lodging carers	Yes	Essex County
Specialist Healthcare Tasks	Yes	Essex County

Services in scope – West Essex NHS Services

Activity	Start from commencement	Footprint
Community Paediatrics	Yes	West Essex
Autism & ADHD Assessment & Diagnosis	Yes	West Essex
Designated Officer for SEND	Yes	West Essex
Speech & Language Therapy (incl. SEND)	Yes	West Essex
Occupational Therapy (incl. SEND)	Yes	West Essex
Physiotherapy (incl. SEND)	Yes	West Essex
Children's Community Nursing	Yes	West Essex
Special School Nursing	Yes	West Essex
Community Dietetics	Yes	West Essex
Community Allergy	Yes	West Essex
Continence & Products	Yes	West Essex

Other possible services

Activity	Start from commencement	Footprint
Oral health prevention programme	TBC	TBC
Child and maternal weight management programmes	TBC	TBC
Child Protection Medicals (NHS)	TBC	West Essex
Children's Community Nursing Expansion to PAHT Catchment (NHS)	TBC	ENH
Health visitor and school nurse prescribing	No	Essex wide
Children's Therapy Services (NHS & LA, incl. SEND)	No	NEE & MSE