

Cabinet

10 JANUARY 2011

**CABINET MEMBER
FOR CHILDREN'S
SERVICES**

*Councillor Helen
Binmore*

**HAS A EIA BEEN
COMPLETED?
YES**

**HAS THE REPORT
CONTENT BEEN
RISK ASSESSED?
YES**

CONTRIBUTORS

DChS
DFCS
ADLDS

FAMILY SUPPORT PROGRAMME

The Family Support programme has explored support in the Borough for vulnerable families. Key conclusions include a need to reduce the fragmentation of current provision, and to reinforce support through communities and local front line professionals. Proposals are made in this report to restructure current tier 2 and 3 provision into three locality based multi-disciplinary teams. We also expect to have to restructure provision for children's centres in line with grant reductions to fully directly fund no more than six centres, to be provided by schools or privately, whilst maintaining a full network through 'hub and spoke' provision. A small pilot of 'community champion' local volunteers to aid signposting to universal services and a conference of LBHF professionals working with vulnerable families are also proposed. Direct savings from restructuring would be around £3.2m, with indirect benefits through expected reductions in the LAC caseload and other public service impacts. Costs would be around £66k to April 2011 then £766k in year one, mainly from expected redundancy costs.

**Wards:
All**

Recommendations:

- 1. That the implementation of a locality team model for Family Support at a total cost of £832k, as set out in para. 3.7 of the report, be approved.**
- 2. That approval is given to change the children's centre programme, within financial constraints.**

1. BACKGROUND

1.1. In April of this year, the Council initiated a project to explore local support for vulnerable families. The project has two key objectives:

- better outcomes for children in need or at risk
- efficiencies for LBHF and other public service providers in total spend on these cases.

1.2. The findings were as follows:

We need a new approach to targeting interventions with families to break the inter-generational cycle of poor parenting. Key intervention points are at birth, and at transition from primary to secondary school. Where support to the family will not bring the required changes, we need to move faster to secure permanent alternative care arrangements for the children. **Current services are fragmented** and can be hard for professionals and families to navigate and access. We need to restructure provision for support to vulnerable families into **multi-disciplinary teams**. These can be locality based and develop closer links into the universal services, and the local community they aim to support.

Queries to children's social care about support can by-pass options for more universal provision in the community. **We need to reposition the 'front door' for services** to make sure the full range of options are considered – while retaining a keen eye on any need for child protection.

We could do more to help communities to help themselves – a useful option could be to create a network of community champions – local volunteers to act as a bridge to professional services, offering both signposting and support within the community. This would fit well with the 'Big Society' policy theme.

Many H&F professionals can be involved with the same families without sharing a picture of that family. **Professionals do not have a good understanding of each others' services** and do not always form a 'Team around the Family'. There are options to help build this network ranging from IT solutions (eg common access to a web portal) to annual conferences or joint training events. Having good joined-up intelligence and understanding of family circumstances – a picture in the round and over time rather than a snapshot – can improve support to families.

Housing is a significant problem area for vulnerable families – but there are no easy solutions. We need to ensure that families get a clear, realistic and consistent message about housing options from the professionals that support them – not just housing officers.

Social care processes, especially legal proceedings, are slow, complex and bureaucratic. We can change some of how this works to gain efficiencies – but some can only be significantly improved through government-led policy change.

1.3. Children's services will now work up proposals to implement this approach. The most significant of these is to address the issue of fragmented services,

which is addressed in the paper below.

2. LOCALITY TEAMS

2.1. The most significant change proposal in this package is to restructure current tier 2 and 3 children's provision into multi-disciplinary locality based teams. This will:

- Reduce the numbers of transfers and hand-offs in supporting families – providing more consistent relationships with professionals which helps to support them, and deliver more efficient provision
- Reinforce the role of universal, community and 3rd sector provision as the first line of support for families through relationships built with these teams; the locality teams will both refer and 'step down' families to this provision
- Provide more effective interventions with vulnerable families through joined up provision including direct expert advice on specialist issues.
- Make the 'front door' easy for other professionals and families to find

2.2. We would replace our current multi-disciplinary teams focused on different children and age groups (Family ASSIST, Targeted Youth Support and Family Support Team) with this single joined up team. We would additionally build in specialist support for children and adults on domestic violence, drug and alcohol misuse, sexual health and risk taking behaviours, anti-social behaviour, mental health and housing issues. This would enable the team to directly support on most of the key issues impacting vulnerable families. Provision for young carers and for Roma children would be subsumed into the team, although on these and any other specialist areas an operational lead would be identified as responsible.

2.3. The objectives for the teams with families would be:

- wherever possible, preventing children and young people coming into care – fewer looked after children.
- keeping children safe at home with their families
- enabling families to function as normally/effectively as possible
- keeping children alive – identifying danger signs
- addressing drug and alcohol issues early
- stopping children and young people getting into trouble with the police
- preventing exclusions from school/improving attendance & engagement at school
- improving children's life chances through better attainment at school
- better health outcomes for children and families

2.4. Although the direct focus of the team would be on outcomes for children, there should also be benefits for the families – eg reducing worklessness, ASB, improving health through helping to tackle other issues in the family. Measures are being developed to baseline and track outcomes for children and families in line with these objectives.

2.5. The team would develop strong relationships with local universal provision – offering schools, police and GPs advice on how best to support and encourage vulnerable families . It would also develop very strong relationships with social care services for escalation of more serious cases and when accepting ‘step down’ cases. The team would work closely with local community champions (volunteers) and 3rd sector providers to help support people from within the community.

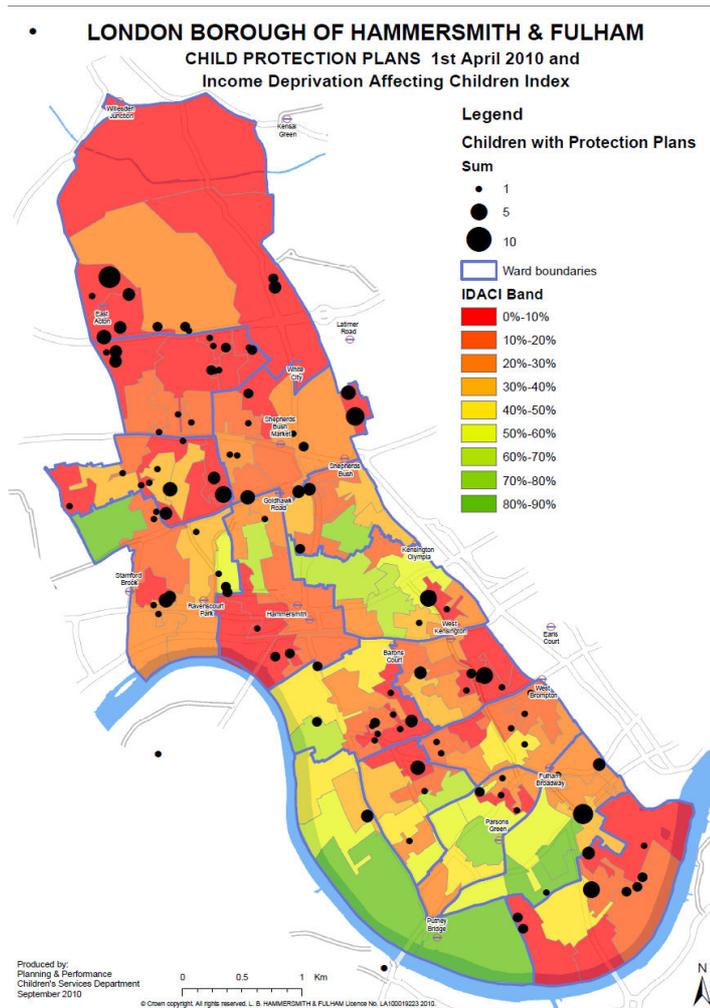
Geography and number of teams

2.6. The teams would be aligned to existing distribution of local need. We know that there are more children in the north and south of the borough, fewer in the middle. We also know the distribution of child protection plans, which is highest in the extreme north and south of the borough, with the highest concentration in the north, but there is also a noticeable cluster in the centre. This is mirrored in the general distribution of income deprivation. [see map]

2.7. We initially propose three locality based teams aligned to school cluster and Children’s centre boundaries (rather than introducing a new set of geographic boundaries), but aiming for a roughly even distribution of caseload. Note there is some risk of a change to these clusters for schools (post reduction in funding for extended services) and post PCT and the development of GP consortia, so we will need to stay flexible to developments. Plans will also depend upon the final resource envelope available.

The police are also moving to a locality model and we will aim if possible to align boundaries between the teams to maximise ease of collaboration between these teams.

We know there is a clear pattern of differing levels of need across the borough. With several teams we can tailor the size, make-up in terms of experts, and caseload volume capacity for these teams to the local level



analysis of types and levels of need, and the teams can form stable relationships with key local professionals – head teachers, GPs etc in a way that a fully borough-wide single team could not.

Catchment

- 2.8. We could either cover families with children of any age, or run a separate service for older youths at some age-based cut off point on the basis that they might tend to have a different range of problems. However families do not tend to come in this neat separation of types – there might well be children especially in extended families running across the full age range. The recommended approach is therefore for the support team to deal with families with children of any age and to do so holistically – focusing on the family as the ‘case’, not any individual child, but with interventions and the skills of the team appropriately tailored to age and developmental stage.
- 2.9. There will be a capacity limit to how many cases these teams can support requiring some kind of decision on ‘thresholds’ for referrals. The principle should be that families not supported by these teams either have problems of such a severe nature that they are into child protection procedures (tier 4) or that they can safely be supported within the community or by universal services (tier 1). So these teams will be primarily only for tier 3 families but essentially the decision will be ‘where can the family best be helped’ rather than ‘do they meet the threshold?’.
- 2.10. We need to distinguish the work of these teams from the planned integrated approach to youth offending across three boroughs. For older children to young adults, a specialist youth offending team for issues related to criminal activity will be the best approach. Unlike younger children, they might be much more independent of their families – eg issues might be much more about connections with gangs than with relationships with parents. However we should ensure that we are only handling separately those cases where it is of clear benefit to do so – ie clear youth offending cases where the child is involved in criminal activity that would not apply for most younger children. Offending prevention work should be retained in the multi-disciplinary team (for any age of child), and the teams should form close relationships with the youth offending team to avoid unnecessary duplication or hand-offs.

Capacity and Structures

- 2.11. There are about 500 children – 400 families approx referred for support annually¹ as children in need. We have designed a team to deliver support for these families costed at around £4.8m pa for staffing and running costs. (see organisation chart attached) . In practice the levels of resource assigned to each family would vary, with only the most vulnerable families receiving the highest intensity of support. Where the issues expected to arise are relatively rare (fewer cases) the expert resource can be shared part-time across

¹ Uses average family to child ratio in current targeted T2/3 services. Note around half of these are children with disabilities, for whom we do not plan to change support; so the catchment for the Family Support Team would go beyond just children in need.

several teams or treated as a 'central' resource. The bulk of the local teams will therefore be made up of more 'generalist' family workers for adults and children. To maintain specialisms, the expert advisors on the team would be 'matrix' managed, with a dotted reporting line eg to a clinical supervisor for professional management. But operational day to day management will come via the Locality Team manager.

- 2.12. The full team would be run by a senior service manager and deputy, with local service managers for each local team, and supported by a central analyst who would pull together information about the families being supported using specialist software. There should also be administrative support.
- 2.13. The teams would form close relationships with local universal and lower tier providers including schools, primary care and children's centres – and would liaise with and consult them about families regularly. This close connection would be most difficult for secondary schools where children might not attend a school in the locality – nor even in the borough. The teams will also need to have very good awareness of the voluntary sector and other commissioned provision available for mainstream support to families.
- 2.14. Having and maintaining this good working relationship with other universal and voluntary providers will be very important for the success of this delivery model. The local nature of the teams, and the inclusion of specialists should make it easier to build these connections with universal and specialist providers. Team members will know the professionals 'on their patch' or in their specialist area of expertise. It is proposed to develop an annual conference/ training event for key LBHF professionals who work to support vulnerable families. This would be a low cost way of building and reinforcing the support available to families within universal and voluntary services, and to help professionals to build awareness of each others services, and a strong underpinning support network across the borough. The cost of an annual event has been estimated at around £14,000.
- 2.15. It will be vital to target this resource only on families who can have a genuine willingness to engage. We will still aim for persistent outreach to families who may be initially reluctant. However it will be essential to balance this against the need not to waste resource in cases where no change can be achieved. Equally where child protection procedures are the right answer, we must progress to these rapidly. We must also ensure that the incentives are there for families to participate – so they can see what they will get out of it. Operational guidance on engaging families and support for making these judgements will need to be developed. Tracking outcomes over time for the families supported by this service will enable evaluation of its impact, and inform future provision.
- 2.16. It is also proposed to pilot supporting a network of community champions in the north of the borough – local volunteers who will receive training on signposting people in need of support to help available from universal and voluntary provision. As this can be built on the current network of Health

champions costs to develop this pilot should be quite low at around £10,000.

3. CHILDREN'S CENTRES

- 3.1. We currently expect to lose over £4.2m of external grants in the spending review for early intervention services, including a significant part of the current funding for later (phase 3) children's centres. In addition we need to make over £4m of efficiencies to meet the council budget requirements, representing in total almost a third of our current total budget of £26m for tier 2 & 3 services. It is therefore highly unlikely that we could continue to fund all current children's centres and targeted provision for vulnerable families whilst meeting these savings targets. However cutting targeted support for the most vulnerable families would almost certainly lead to a direct rise in volumes of 'looked after children', raising costs elsewhere. It must be a priority to support children and families who are vulnerable and to ensure the provision of targeted services.
- 3.2. At present H&F has a network of 15 children's centres, providing a wide range of support from universal provision through to targeted support for the most vulnerable families (tier 4). Although these are clearly popular with families, and seem likely to have some preventive impact, we have much less clear evidence about the degree of impact this has – including on the ultimate number of children falling into child protection. Although early studies showed no clear evidence of impact on early school results², overall Sure Start seems to have had a positive impact especially on parenting and social behaviour for 3 year olds¹. The *Effective Provision of Pre-School Education Project* (EPPE) examines the effect of preschool education for three and four year olds on children's development at key ages. EPPE found that involvement in high-quality early years education from age two onwards can lead to better educational and social outcomes for all children. It is also the case that Children's Centres fill a gap in universal provision for 0-5 year olds who will not be in school, or who have not taken up any other early years provision through schools or private sector. They provide the opportunity for a layer of preventive intervention, as opposed to reactive targeted intervention. They have become integral to the delivery of a wide range of services – midwifery, parenting programmes, obesity services, etc. we have begun to link them with primary care through health visiting and GPs.
- 3.3. We are looking at options to restructure this provision in line with the likely levels of efficiency and grant reductions expected, whilst targeting the remaining provision more closely on vulnerable families, so as to reduce the impact as much as possible. In doing so we will take account of need in each part of the borough, as well as reasonable travelling distance to access support, aiming to retain full borough coverage. This is in line with the Coalition commitment to refocus Sure Start "on its original purpose of improving the life chances of disadvantaged children"

² <http://www.dur.ac.uk/research/news/?itemno=5685>

- 3.4. However, it is not likely under this scenario that LBHF could continue to directly fund more than 6 Children's centre teams. In any case we would no longer seek to directly run centres but would contract out provision either to schools or private sector providers. Several centres are already attached to or run by schools and we expect that many would in any case wish to continue making some provision for children (eg after school clubs) at these centres. Depending on the terms of any grant funding, we will seek to maintain a full wider network of outlets, on a 'hub and spoke' model. We aim to maintain some provision at most centres, through small amounts of pump-priming funding. A separate briefing paper to Cabinet will expand on these proposals.
- 3.5. The nature of the service provided at the remaining centres will need to be better targeted on vulnerable families. Support to the most vulnerable will be subsumed into the new locality teams. A public consultation on these proposals is planned to commence in January. The loss of more significant grant levels would require a more drastic level of reduction in provision. The remaining children's centres could provide a drop-in hotdesking base of operations for locality teams, and be the main provider of eg parenting sessions for the client group.

What isn't included

- 3.6. Some specialist functions would still be provided on a cross-borough basis eg for legal/ enforcement procedures (e.g. prosecution for non-attendance at school). Both Educational Welfare and Educational Psychology would retain a small high-level specialist team, which will be part of the plans for merged services with Westminster. Embedded staff in the locality team could have a 'dotted line' of accountability also reporting to their head of profession.
- 3.7. We propose to leave a centralised team for child protection cases – however these staff could also be structured to align with the locality teams (ie have locality based caseloads) to help build relationships, understanding and improve handovers – step up and step down. In the longer term we could look at closer bringing together of the management structures for these teams.

Costs

- 3.8. The major cost elements would total £66k for Jan 2011 to April 2011 and then £766k pa from April 2011 as follows (some further implementation costs may arise eg for training/relocating the localities team – plans yet to be developed). Costs have been apportioned between financial years where the bulk is most likely to fall.

3.8.1. Programme team

- Programme director already in place to April 2011 (funded for 2010-11)
- Programme management £90k per annum from Jan 2011 to Mar 2012 (£22.5k up to April 2011)

- Main implementation leads for locality teams and CCs projects provided by ChS through internal secondments and not backfilled
- Implementation lead to support on above and for projects on referrals handling and possible integration with social care on £62k (£15.5k to April 2011)
- Administrative support for programme management absorbed by ChS from executive support team

3.8.2. Redundancy costs

We currently expect around 50 posts (a smaller number of full time equivalent staff) to be lost from the restructuring overall. Staff consultations are being prepared for a 90 day period to start following Cabinet clearance. Using the corporate average of £12000 per post we could expect redundancy costs of around £600k. Precise figures would depend on actual posts lost and might be somewhat lower than this as many of these posts are not FTE so costs might be below corporate average. (costs likely to fall post April 2011)

3.8.3. IT costs

- for adapting Frameworki case management software for use by locality teams (of the order of) £10000
- for specialist intelligence software to provide analysis of key events involving individuals and those associated with them £8000

IT colleagues will continue to refine these costs as more detail is developed on the operational plan. (Some costs likely to fall pre April 2011)

- Providing a family view of the social care data held in Frameworki is in the vendor's product roadmap, possibly for 2012. However this would not be available in time for launch of the locality teams next Spring, hence the suggested use of specialist software in the interim. H&F customisations proposed for Frameworki will be checked against the vendor's plans to avoid wasted effort. In the medium term we will need to consider IT in the wider strategic context, both for the local authority and in the context of three borough working. For example, Westminster's Family Recovery Project uses corporate IT resources such as their Children's Hub and online collaboration spaces (SharePoint).

3.8.4. Pilot network of community champions (Big Society) in White City £10,000 for training [some spend likely to fall pre April 2011]

3.8.5. Joint conference/ training event for LBHF professionals supporting vulnerable families (schools, GPs, health professionals, police) £14,000 [main spend likely to fall post April 2011]

Savings

3.9. Savings arise through a reduced total resource compared to the sum of current provision, and through supporting more cases in the community

rather than these becoming looked after children or Child Protection cases.

- 3.10. The reduction on current spend has been estimated at approximately [£7.4m. Much of this reduction in spend would come from running reduced support for children's centres. However around £4.2m of that is expected to be lost in currently ring fenced grants, leaving a net reduction in spend of £3.2m]]. ChS is exploring further options for making savings. These benefits would be delivered in line with the implementation timetable – from Spring 2011.
- 3.11. Indirect benefits would also accrue to LBHF as staffing and location changes would reduce demands on overheads, and would enable the release of infrastructure assets [subject to consultation]. This would contribute to the council's asset savings programme.
- 3.12. Savings on volumes of LAC are much more difficult to estimate. Estimating based on performance of existing teams and national experience with the Family Intervention projects, we might reasonably hope for a 5% reduction in resulting LAC cases for the families supported or eg $5\% \times 400 = 20$. This level of reduction would broadly equate to an immediate social care saving of $20 \times £50,000 \text{ pa} = £1\text{m}$. So the long run savings if we can focus resources on the most vulnerable look likely to exceed £1m a year. However these savings are clearly based on broad brush figures, and very dependent on the success of the scheme, and the underlying trends on child protection. For this reason we do not think they are sufficiently robust to count on as savings for Children's Services at this time.
- 3.12 There are also likely to be knock-on benefits from working more effectively with these families. National research on the success of Family Intervention projects (FIPs) has shown on average: child protection concerns declining by 42%; truancy, exclusion and disruptive behaviour in school reducing by 55%; antisocial behaviour reduced by two-thirds; reductions in parental drug, alcohol use, domestic violence incidents and eviction/housing enforcement. Early evidence for 108 families showed these outcomes were sustained 9-14 months after the end of the intervention. The Family Support programme will operate a FIP-type model.

Transition

- 3.13 This would represent a dramatic change to our current shape of provision and would take some time to implement fully. An outline implementation plan could run as follows, but full plans would need to be worked up by an implementation team. Illustrated below is a 'big bang' implementation approach. These plans would need to be worked up in considerably more detail to see if we could realistically implement on this timescale. In particular we will need to consider constraints such as the need to consult on changes, which could delay a Spring go-live. Plans would need to be in place for handling surplus staff or potential redundancies by the point of go live.

4. TIMETABLE

Winter 2010

Cabinet go live decision

Staff consultation period begins (3 months)

Implementation team formed to: work up reorganisation proposal, implementation plan; run recruitment exercise for new team; identify and secure accommodation and resources; finalise make-up of teams for new areas and caseload volumes; handling any exits of staff; develop training for new teams

Operational and intervention approach developed

IT support decided and sourced

consultation on Children's Centres model

early Spring 2011

Team recruitment and training starts in parallel with identification of actual caseload for new teams – made up of cases taken over from existing teams (where services being replaced) and priority CIN cases to be 'stepped down' from social care. Cases to be prioritised in line with H&F data research on areas of overlap. Other cases to be stepped down to support from universal services or progressed to child protection.

New operational processes implemented

IT and accommodation implemented

Issue new service level agreements to Children's Centre providers

Start external communications

From late Spring 2011

Go live for 3 locality based teams

Implementation of Children's Centres changes

5. RISK MANAGEMENT

5.1 The proposals in the report have been considered by the Family Support programme Board in relation to potential risks, and will be tracked on the programme risk register. Key risks to be tracked relate to:

- implementation risks - handover from current teams could be difficult for current caseload (ie risk of stepping down support prematurely); control for that is to set up a Board to review all transfers (with service heads)

- risk of negative impact on staff; extended period of uncertainty on future model could impact morale, performance. Risk losing expertise and knowledge in existing teams Control: we need to positively plan for communications to staff around the change in communications plan for programme, and track impact on morale by monitoring absence data (baselined from same time last year). Plan for skills and knowledge transfer where necessary.

- risk to plans of unexpectedly high drop in Government grant income;
Control - we need to develop alternative options for higher than currently expected levels of loss

- adverse publicity/ public reaction around Children's Centres. Control: developing the clear case for restructuring, decision on where hubs are best placed, and how coverage across the borough will be ensured. Communications strategy to explain the need and rationale for changes.

- The timing of implementation is also very tight – a late Spring start is likely to be difficult to achieve. Although this is not yet flagged as a risk, once a firm date is set in line with a more developed implementation plan, there could be a risk of project slippage.

6. EQUALITY IMPLICATIONS

6.1 These are in the EIA (Appendix 1).

7. COMMENTS OF THE DIRECTOR OF FINANCE AND CORPORATE SERVICES

- 7.1. The Family Support Programme is part of a wider review of Tier 2 and 3 services provided by the Children's Services Department, as part of the medium term financial strategy.
- 7.2 The operating model proposed under the Family Support Programme is significantly different from current arrangements. The programme approach was to restructure current tier 2 and 3 children's provision into locality based multi-disciplinary locality based teams. Once the structure of these teams was finalised it became possible to compare the cost of the new provision against current arrangements.
- 7.3 The cost of current provision totals £25.974m, of which £11.613m is received in the form of grants, contributions from the PCT, schools and other authorities leaving a net spend of £14.361m.
- 7.4 In spite of the recent Comprehensive Spending Review, the financial situation remains uncertain. The Early Intervention Grant will be ring-fenced and will include sure-start funding. However until the total allocation of grant is announced and the attendant terms and conditions become clearer it is not possible to confirm that the assumptions made in the review of Tier 2 and 3 services are robust. In particular, assumptions around the loss of grant totalling £4.209m p.a. are pivotal in terms of funding the multi-disciplinary teams, the provision of children's centres, and in terms of delivering revenue savings.
- 7.5 The cost of the multi-disciplinary teams to the General Fund is estimated to cost £4.828m and it is currently assumed that to operate 6 children's centres would cost £2.016m, at an average cost of £372k. The net cost to the General fund would be £1.733m.

- 7.6 The review of Tier 2 and 3 services including the Family Support Programme have identified savings of £3.172m p.a. subject to assumptions relating to the CSR.
- 7.7 Having moved to implementation of the Family Support Programme, attention is focussing on Retained services, overheads and commissioned services to derive further efficiencies and cost reductions. The level of expenditure in this area is set out below:

| | |
|------------------------------|------------|
| Retain Services | 6,353,663 |
| Overheads | 4,195,000 |
| Commissioned services | 2,114,400 |
| | 12,663,063 |

- 7.8 Savings under the Family Support Programme are included within the department's MTFs but the likely cost of redundancies will reduce the savings deliverable in 2011/12.
- 7.9 Additional costs relating to programme management and implementation have been identified, although it is not possible to quantify them at this stage. Programme Board will identify, estimate and review costs throughout the project and seek to contain them within available resources.

8. COMMENTS OF THE ASSISTANT DIRECTOR (LEGAL AND DEMOCRATIC SERVICES)

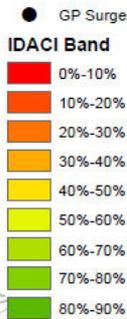
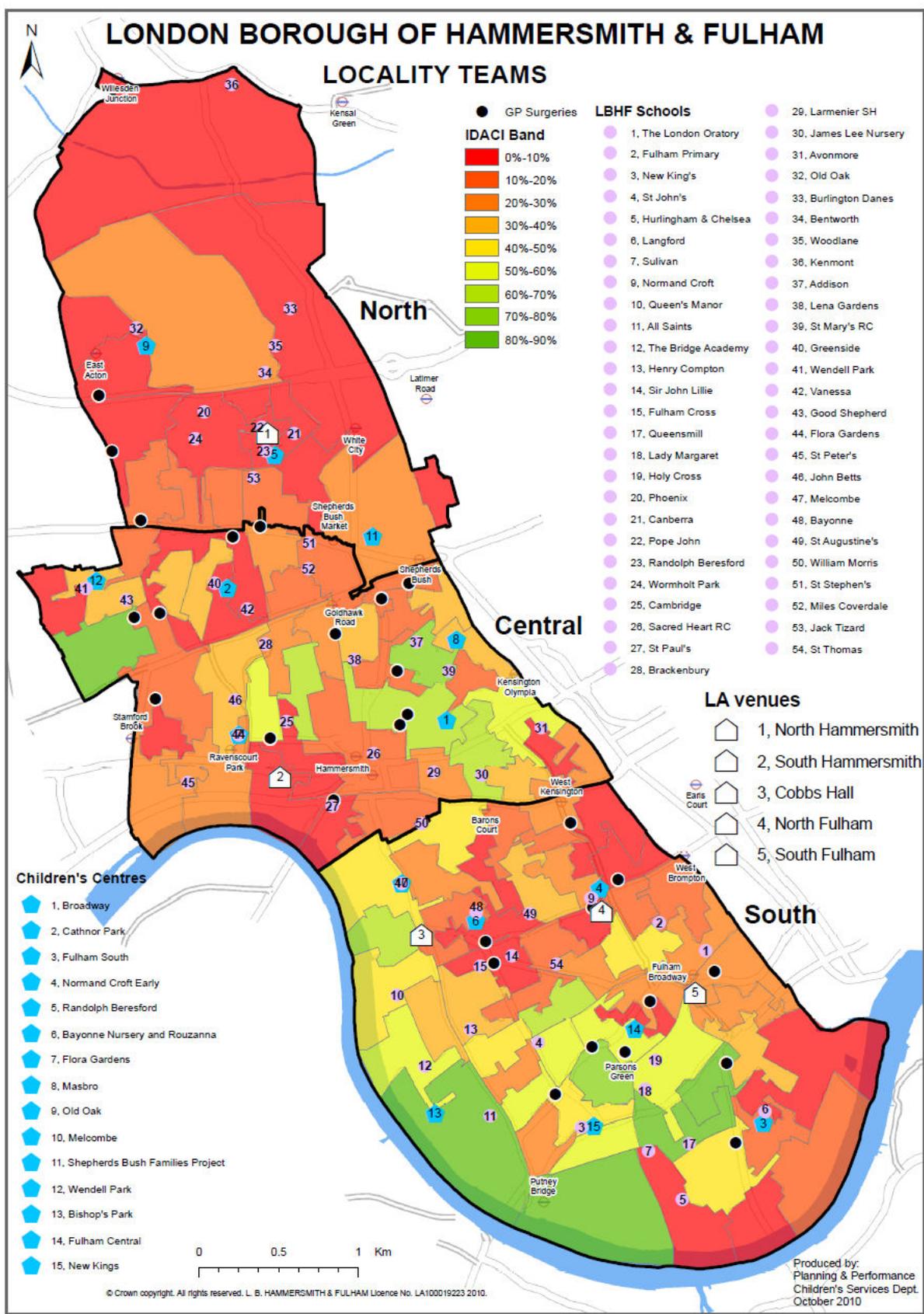
- 8.1 There are no direct legal implications for the purposes of this report.

LOCAL GOVERNMENT ACT 2000 **LIST OF BACKGROUND PAPERS**

| No. | Description of Background Papers | Name/Ext of holder of file/copy | Department/ Location |
|-------------------------|---|--|-----------------------------|
| 1. | Programme Definition Document | Clare Potts x6018 | CHS |
| 2. | | | |
| CONTACT OFFICER: | | NAME: Clare Potts EXT. 6018 | |

LONDON BOROUGH OF HAMMERSMITH & FULHAM

LOCALITY TEAMS



- GP Surgeries**
- East Acton
 - White City
 - Shepherds Bush Market
 - Shepherds Bush
 - Goldhawk Road
 - Stamford Brook
 - Ravenscourt Park
 - Hammersmith
 - Kensington Olympia
 - West Kensington
 - Barons Court
 - Parsons Green
 - Putney Bridge
- LBHF Schools**
- 1, The London Oratory
 - 2, Fulham Primary
 - 3, New King's
 - 4, St John's
 - 5, Hurlingham & Chelsea
 - 6, Langford
 - 7, Sullivan
 - 9, Normand Croft
 - 10, Queen's Manor
 - 11, All Saints
 - 12, The Bridge Academy
 - 13, Henry Compton
 - 14, Sir John Lillie
 - 15, Fulham Cross
 - 17, Queensmill
 - 18, Lady Margaret
 - 19, Holy Cross
 - 20, Phoenix
 - 21, Canberra
 - 22, Pope John
 - 23, Randolph Beresford
 - 24, Wormholt Park
 - 25, Cambridge
 - 26, Sacred Heart RC
 - 27, St Paul's
 - 28, Brackenbury
 - 29, Larmenier SH
 - 30, James Lee Nursery
 - 31, Avonmore
 - 32, Old Oak
 - 33, Burlington Danes
 - 34, Bentworth
 - 35, Woodlane
 - 36, Kenmont
 - 37, Addison
 - 38, Lena Gardens
 - 39, St Mary's RC
 - 40, Greenside
 - 41, Wendell Park
 - 42, Vanessa
 - 43, Good Shepherd
 - 44, Flora Gardens
 - 45, St Peter's
 - 46, John Betts
 - 47, Melcombe
 - 48, Bayonne
 - 49, St Augustine's
 - 50, William Morris
 - 51, St Stephen's
 - 52, Miles Coverdale
 - 53, Jack Tizard
 - 54, St Thomas

- Children's Centres**
- 1, Broadway
 - 2, Cathnor Park
 - 3, Fulham South
 - 4, Normand Croft Early
 - 5, Randolph Beresford
 - 6, Bayonne Nursery and Rouzanna
 - 7, Flora Gardens
 - 8, Masbro
 - 9, Old Oak
 - 10, Melcombe
 - 11, Shepherds Bush Families Project
 - 12, Wendell Park
 - 13, Bishop's Park
 - 14, Fulham Central
 - 15, New Kings

- LA venues**
- 1, North Hammersmith
 - 2, South Hammersmith
 - 3, Cobbs Hall
 - 4, North Fulham
 - 5, South Fulham

