# CHESHIRE EAST COUNCIL

### Cabinet

**Date of Meeting:** 23<sup>rd</sup> February 2016

Report of: Kath O'Dwyer, Deputy Chief Executive/Director

of Children's Services

**Subject/Title:** Children's Centre Consultation

Portfolio Holder: Cllr Rachel Bailey, Children and Families

# 1. Report Summary

- **1.1** Between January 4<sup>th</sup> 2016 and February 12<sup>th</sup> 2016 the Council undertook a statutory consultation exercise as part of plans to make significant changes to the Children's Centre delivery in Cheshire East, as is required by the duty set out in Section 5D of the Apprenticeship Skills, Children and Learning Act 2009.
- 1.2 Respondents were invited to submit a consultation response either via an online survey, via a paper survey, or by submitting written responses either via email or post. The consultation was promoted via the Council's website, Children Centres websites/Facebook, displays in all Children's Centres and Family Centres, discussions with partner agencies and Children's Centres Advisory Boards. In addition paper copies of the consultation and questionnaire were available from all Children's Centres.
- **1.3** The following responses were received during the consultation period:
  - 538 online survey completions
  - 103 paper survey completions
  - 3 petitions:
    - Nantwich 284 signatures
    - Knutsford 418 signatures
    - Broken Cross 780 signatures
  - 27 written submissions received via post or email.
- **1.4** This report summarises the findings of the consultation.

#### 2. Recommendation

2.1 That Cabinet consider the contents of this report along with the attached Equality Impact Assessment and confirm their previous recommendation to Budget Council regarding the rationalisation of Children's Centre Provision to save £0.5million.

#### 3. Other Options Considered

3.1 The closure of two Children's Centres with the reduction of all of their staffing compliment. This option with the reduction of frontline staff would have a greater impact on the ability to work with the most vulnerable families than the proposals being consulted on due to the loss of staffing capacity. The services provided to families by Children's Centres are relationship based and as such require skilled staff to deliver. The option being consulted on retains this cohort of skilled and experienced staff.

#### 4. Reasons for Recommendation

- **4.1** There is a need to address a significant financial shortfall in the Council's budget associated with reducing Central Government grant and increasing costs.
- 4.2 The Government's policy on free early education for disadvantaged two year olds and the announcement of the increase to 30 hours a week of the free early education entitlement for working parents of three and four year olds next year means that fewer and fewer children will be in a position to access Children's Centres.
- 4.3 There has been significant change in both national and local policy on early years since the Children's Centres were first established. Nationally the Childcare Minister has emphasised the importance of delivering support in the community rather than focusing on the buildings. Locally the use of partnerships with midwifery, health visiting, childcare providers and schools will allow us to deliver effective support to those families that most need it where they are able to access it, ensuring that more children have the best start in life and are ready for school.
- 4.4 There is currently a parliamentary enquiry into the future of Children's Centres. In addition the government has announced a national consultation to look at the future core purpose of Children's Centres and the inspection regime that they operate within. It is conceivable that these developments will significantly change the functioning of Children's Centres in the future.
- 4.5 In a Local Authority with a very significant rural population it is often difficult for some children and families to access services delivered from centralised buildings.
- 4.6 There is a need to substantially review the delivery of Children's Centre and health services to the pre-school age group. To further this the council is working with the newly commissioned 0-19 yrs community health provider to develop a new delivery model for families with 0-4 yr old children. This will involve greater integration between the two services and provisionally £120k of Transitional funding has been allocated to expedite this work.

**4.7** Some initial discussions have taken place with the Community Health provider to secure the delivery of their services from the venues being consulted on with the possibility of where appropriate taking over the running of the buildings should they be de-designated as Children's Centres.

### 5. Consultation Findings

## 5.1 Survey Qualitative Question Analysis

The consultation survey open questions asked respondents their opinions in an open comments format. All of these comments have been reviewed and the following were the themes that emerged most frequently in descending order.

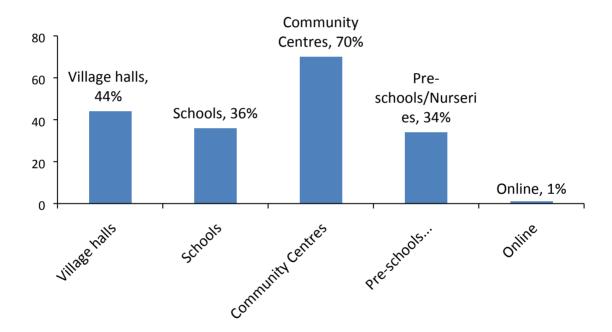
- 1. Objection to the de-designation of either one or all of Children's Centres being consulted on.
- 2. The impact on accessibility of Children's Centre services should services not be maintained in the existing network of centres respondents were concerned about the cost and availability of transport and the travelling distances involved.
- 3. Living in deprived localities is not the sole determinant of vulnerability and need services for new mothers especially in respect of breastfeeding support and those suffering from post-natal depression were highly valued and seen as a universal need.
- 4. The value placed on the availability of universal services which can identify those families that need additional support and the value placed on these services by parents who don't consider themselves to be vulnerable.
- 5. A significant number of respondents suggested that they would be prepared to pay for some groups and services. A smaller proportion of respondents said that they used Children's Centre Services because they were not in a position to pay for already existing facilities in their communities.
- A number of respondents said that alternative funding streams should be sought for Children's Centres by renting out premises for commercial and community uses.
- 7. The use of volunteers to deliver or support the delivery of services received a mixed response.
- 8. There was broad support for outreach delivery of Children's Centre services particularly amongst parents who had experience of accessing such existing provision.

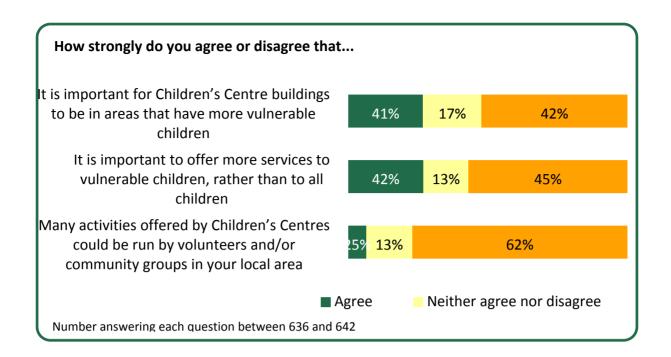
- 9. The impact on demand of new housing developments was raised by a number of respondents
- 10. Some respondents suggested that they would rather see shorter opening hours and reduced staffing at all Children's Centres in order to protect the existing network of centres.

## 5.2 Survery Quantitative Question Analysis

Which of the following alternative venues do you think the de-designated Children's Centre services could be delivered from?

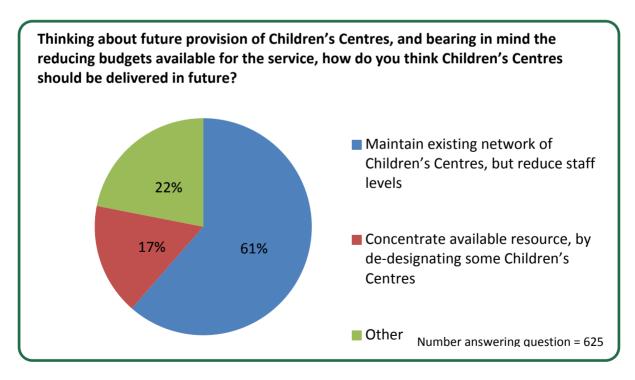
Analysis: The responses to this question are self-evident though it is acknowledged that a number of responses in subsequent questions emphasised that the best place to deliver Children's Centre services was in a specific Children's Centre building and that option was not given as a possible response





Analysis: In the responses there was no clear consensus about the need to target services with the results being fairly evenly split.

A majority of respondents wished to see services led by professional staff rather than volunteers and community groups.



Analysis: From the responses received there was a strong view that the existing network of Children's Centres should be maintained.

# 5.4 The Characteristics of the respondents to the consultation

7. Which of the following are you completing this survey as?	Percent
Parent / Guardian of a current Cheshire East Children's Centre user	68%
Parent / Guardian of a past Cheshire East Children's Centre user	20%
A Cheshire East Children's Centre employee	2%
Other	19%

8. If you have children or care for a child, how old is your youngest?	Percent
0 to 1 year old	37%
1 to 2 years old	22%
2 to 3 years old	15%
3 to 4 years old	6%
4 to 5 years old	5%
More than 5 years old	13%
Prefer not to say	3%

Analysis: 59% of respondents with children had children under 2 years old – This may reflect that 98% of 3 and 4 year olds in Cheshire East are already taking up their free 15 hours 3 and 4 year old child care entitlement.

9. Are you	Percent
Male	8%
Female	91%
Prefer not to say	2%

10. Which age group are you in?	Percent
Under 18	0%
18 to 24	3%
25 to 34	46%
35 to 44	35%
45 to 54	8%
55 to 64	4%
65 plus	0%
Prefer not to say	4%
Total	

Analysis: The majority of respondents were women in the 25 – 44 age range.

11. Do you consider yourself to be a lone parent?	Percent
Yes	8%
No	88%
Prefer not to say	4%

12. Do you consider yourself to have a disability or long term illness?	Percent
Yes	9%
No	86%
Prefer not to say	5%

13. Which of these activities best describes what you are doing at present?	Percent
Employed full or part time	59%
Self-employed full or part time	12%
Unemployed	2%
Permanently sick/disabled	1%
Wholly retired from work	2%
Full time education or apprenticeship	1%
Looking after the home	18%
Prefer not to say	4%
Total	

# Analysis: 71% of the respondents were in full time or part-time employment.

14. Do you consider yourself to be:	Percent
Heterosexual	86%
Bi-sexual	1%
Homosexual	1%
Transgender	0%
Prefer not to say	12%

15. What is your ethnic origin?	Percent
White British	88%
Mixed multiple ethnic group	2%
Asian/ Asian British	0%
Black/African/Caribbean/Black British	0%
Prefer not to say	8%
Other (see below)	2%

Other responses	Count
Chinese	1
French	1
New Zealander	1
Not expecting to be treated differently	1
Polish	1
White - New Zealand & Irish	1
White European	1
White Irish	2
White Polish	1
White Other	2

# 6. Wards Affected and Local Ward Members

# Knutsford Wards

Knutsford	Councillor Stewart Gardiner
	Councillor Tony Dean
	Councillor Hayley Wells-Bradshaw
Mobberley	Councillor Jamie Macrae
High Leigh	Councillor Olivia Hunter
Chelford	Councillor George Walton

# **Broken Cross Wards**

Broken Cross and Upton	Councillor Liz Durham
·	Councillor Martin Hardy
Macclesfield West and Ivy	Councillor Nick Mannion
,	Councillor Alift Harewood

# Sandbach Wards

Sandbach Town	Councillor Barry Moran
Sandbach Heath and East	Councillor Sam Corcoran
Sandbach Emily Health and Wheelock	Councillor Gail Wait
Sandbach Elworth	Councillor Gill Merry
Old Rode	Councillor Rhoda Bailey
Alsager	Councillor Martin Deakin
	Councillor Rod Fletcher
	Councillor Derek Hough
Middlewich	Councillor Michael Parsons
	Councillor Simon McGrory
Brereton Rural	Councillor John Wray

# Nantwich Wards

Nantwich North and West	Councillor Penny Butterill Councillor Arthur Moran
Nantwich South	Councillor Peter Groves
Bunbury	Councillor Michael Jones
Wrenbury	Councillor Stan Davies
Audlem	Councillor Rachel Bailey
Wynbunbury	Councillor Janet Clowes

### 7. Implications of Recommendation

### 7.1. Policy Implications

The national policy on Children's Centres appears to be in flux and is closely linked to policy on Early Years provision which is to ensure that more young people are in high quality early years child care providers.

### 7.2. Legal Implications

Section 5D of the Apprenticeship Skills, Children and Learning Act 2009 requires any significant changes to Children's Centres are consulted on publicly.

### 7.3. Financial Implications

The changes being consulted upon achieve a saving of £500k against the Council's base budget.

### 7.4. Equality Implications

See the attached Equality Impact Assessment.

## 7.5. Rural Community Implications

The Children's Centres being consulted on have large rural areas within their footprints which they serve through outreach services. These outreach services will continue and may be enhanced by the development of a specific Children's Centre outreach service.

#### 7.6. Human Resources Implications

Should the decision be made to de-designate these Children's Centres the existing frontline staff will be relocated to other bases. Staff placed at risk will go through a redeployment process. Currently it is envisaged that three staff may be placed at risk.

#### 7.7. Public Health Implications

These proposals will include close partnership working with the community health providers to embed the public health outcomes.

### 7.8. Other Implications (Please Specify)

None Known.

#### 8. Risk Management

- **8.1** There are a number of risks associated with Children's Centre provision. The national policy framework is unclear at the moment with the likely direction of travel being towards a more targeted framework.
- **8.2** The current model of Children Centre delivery may become unsustainable with the extension of free childcare for 3 and 4 year olds of working parents. This will be most pronounced in the areas where the bulk of parents are in employment and qualify for the offer.
- **8.3** Currently Children's centres are inspected provision and need to be staffed and resourced to a degree that is capable of delivering against an inspection framework. Spreading the available resource too thinly represents a risk to this.

### Access to Information/Bibliography

**8.1.** Surestart Children's Centre Statutory Guidance 2013 https://www.gov.uk/government/uploads/system/uploads/attachment\_data/file/273768/childrens\_centre\_stat\_guidance\_april\_2013.pdf

#### 9. Contact Information

Contact details for this report are as follows:-

Name: Jonathan Potter

**Designation:** Head of Service – Preventative Services

Tel. No.: 01606 275891

Email: jonathan.potter@cheshireeast.gov.uk

Equality impact assessment is a legal requirement for all strategies, plans, functions, policies, procedures and services under the Equalities Act 2010. We are also legally required to publish assessments.

**Section 1: Description** 

Department	Children and F	amilies	Lead offic	er responsible ment	Jonathan	Potter
Service	Children's Ser Cheshire East Service		Other members of team undertaking assessment		Mark Stanley, Locality Manager Jan Cooper, Localit Manager	
Date	18 <sup>th</sup> February	2016	Version		V.2	
Type of document (mark as appropriate)	Strategy					
Is this a new/existing/revision of an existing document (mark as appropriate)	New	1				
Title and subject of the impact assessment (include a brief description of the aims, outcomes, operational issues as appropriate and how it fits in with the wider aims of the organisation)	Service The Council's £500,000 to be Centres opera	Pre Budge e achieved ted. This r	et Report (Oci I from change need relates to	ober 2015) sets of the number of the national ausonal and grants proves	out a require of designate sterity meas	ed saving of ed Children's sures and
Please attach a copy of the strategy/plan/function/policy/procedure/service	consequent cuts in the level of funding and grants provided to the authority. The level of savings required can only be achieved through ensuring that we				ng that we is can be is can be ion were: OA's by	

childcare in the immediate area

- The potential of buildings to house a wider range of services
- The level of service requests received by each Children's Centre footprint
- The need to maintain a geographic spread of Children's Centres and delivery points

Broken Cross, Knutsford, Nantwich and Sandbach Children's Centres were the centres identified within that process.

It is the intention t to achieve the required savings through a reduction in the number of managers and support staff employed, and for the building costs to be met by other partner agencies who will chiefly occupy those 4 dedesignated delivery points. Subject to the polital decision to de-designate the four centres identified, plans can progress to ensure that early childhood services, including the delivery of midwifery clinics, health visiting clinics and a level of universal and targeted groups and programmes can continue at each of the de-designated sites. Children's Centre services are much more broadly delivered and are not confined to designated Children's Centres. A significant proportion of Children's Centre services are already delivered on an outreach basis at community venues and the

vast majority of case work provision occurs in the service users own home. There is no plan to reduce the number of Family Service Worker staff grades or reduce outreach services within the proposal

It is important to point out two key related issues:

- A national consultation on the future purpose of Children's Centres was announced by the Minister for C hildren in July 2015 and the Ofsted Inspections of Children's Centres are officially "paused" pending the launch and findings of that national consultation
- Work is progressing within Cheshire East, in collaboration with midwifery and health visiting services, to introduce the Parenting Journey programme. This programme will ensure that all pregnant

Who are the main stakeholde (eg general public, employee partners, specific audiences)	s, Councillors,	mothers to be are seen post natally through to 12 "stops" or appointments with health profressionals in conjunction with Children's Centre Family Service Workers. This vast majority of these stops will be offered at Children's Centres, included the sites where de-designation is proposed, this will ensure that universal support is in place and locally accessable for expectant and new parents with their children. It will further strengthen the identification of parents who may need additional advice, information or support and ensure that preventative support is locally and speedily available  The main stakeholders are the children aged 0-4 together with their parents and carers living within Cheshire East and currently served by Nantwich, Sandbach, Broken Cross and Knutsford Children's Centres Additionally the key partners include midwifery and health visiting services, other Children's Services, pre-school providers, childminders, pre-school providers, commissioned service providers and local schools.	
Section 2: Initial screening Who is affected? (This may or may not include the stakeholders	The stakeholders a	is identified above, also including Children's Centre Managers, caretakers and taff within Cheshire East Family Service and at the centres identified	
listed above) Who is intended to benefit and how?	The main beneficiaries of the Children's Centre services are children aged 0-4 and their parents and carers.  Additionally, within this proposal is the intention to provide increased local accesability to those children and families who live in our rural communities through the provision of a new travelling Children's Centre mobile facility staffed by an Outreach Team		
Could there be a different impact or outcome for some groups?	There is a gap in lift and all other childre consultation docum	re chances and educational attainment between children who are disadvantaged en. Those groups at risk of disadvantage are listed and identified within the nent and will have enhanced opportunities to prepare for learning and school occess pre-school provision. The potential for a differential impact in the	

		Pregnancy &		Sex		Socio-economic	N
Age	N	Marriage & civil partnership	N	Religion & belief	N	Carers	N
is there an actual or	potentia	al negative impact on t	nese s	pecing characteristics	sr (Piea	ise lick)	
to prove otherwise)'		l nogativo impact on t	hoso s	nocific characteristics	2 (Dlac	neo tiek)	
you have enough ev							
of unequal outcome	•	progress and outcome	es as o	ther groups and popula	tions		
equality? Is there a						eving as well in their educ	
targeted action to p						nost vulnerable and those	
Is there any specific	<u> </u>	that is of high quality  The proposals are de-	signed	to ensure that a greate	r proport	tion of our resources are to	argeted to the
opportunities for otl	ners?)	· ·	ss to pr	re-school provision, and	all wou	lld want locally accessable	provision
particular group or o	_	the number of family					
eg will it favour one		1			rt servic	es. There is no reduction p	proposed in
affected?						rovision, high quality child	
communities likely 1	o be					n of the Parenting Journe	
Are relations betwee different groups or	#11					or communities. We seek t n question through mainte	
needs or circumstar		additional needs	mnost s	anticipated on different	arousos	or communities Manager	to mitigata
individual character	•		of econo	omic disadvantage, our	most vu	Inerable children and thos	se with
decisions based on	-	disadvantaged childre	en are tl	hose identified as poter	ntially ele	gible for the 2 Year Old Of	ffer, these
Does it include mak	ing	<u> </u>	impact	t on individual characte	ristics, n	eeds or circumstances. The	ne most
		anticipated	i aliu i.	. I fairilly support. Two u	merenda	al impact outcomes are the	sielole
						d specialist services will stall impact outcomes are the	
		including the Parentin	_	•			
						arly childhood services at	ti iooo oitoo,

Gender reassignment	N	Race	N	Sexual orientation	N			
	nformati	to support your findir on that you wish to in						ion/involvement it
Early Years Founda	tion Sta	ge Profile data, Key St ts between our most					Yes	No
Age		the quality Those at m opportunity	and acc ost disa to acc	ed 0-4 will continue essibility of pre-so advantage already l ess the 2YO offer, v 5 hrs pw free childo	thool proving the a which is a	rision. addition		No
Disability		The service disability a	is inclure speci	usive and children ifically able to accessment / EHCP	aged 0-4		if	No
Gender reassignme	nt	The service barrier to se		usive, gender reass lelivery	signment	is not a		No
Marriage & civil par	tnership	The service service deli		usive, marital statu	s is not a	barrier	to	No
Pregnancy & matern	nity	There is no this protect natal) will c designated	anticip ed grou ontinue and de offer n	ated change to ser up. Clinic provision to be locally acces designated sites. I nidwifery services a	(anti and ssable at Health au	post all thorities	<b>3</b>	No
Race				usive, race is not a	barrier to	service	•	No
Religion & belief		The service barrier to se		usive, religion and lelivery	belief is	not a		No

Sex	The service is inclusive, service delivery	)	No	
Sexual orientation	The service is inclusive, barrier to service delivery		No	
Carers	The service is inclusive, service delivery	er to	No	
Socio-economic status	The provision of designal become more increasing and families at the greate largest cohort of these fadisadvantaged LLSOA's	en e	No	
Proceed to full impact assessment? (Please tick)	YES	Date November 2015		)15

If yes, please proceed to Section 3. If no, please publish the initial screening as part of the suite of documents relating to this issue

Section 3: Identifying impacts and evidence
This section identifies if there are impacts on equality, diversity and cohesion, what evidence there is to support the conclusion and what further action is needed

Protected characteristics	Is the policy (function etc) likely to have an adverse impact on any of the groups?  Please include evidence (qualitative & quantitative) and consultations	Are there any positive impacts of the policy (function etc) on any of the groups?  Please include evidence (qualitative & quantitative) and consultations	Please rate the impact taking into account any measures already in place to reduce the impacts identified High: Significant potential impact; history of complaints; no mitigating measures in place; need for consultation Medium: Some potential impact; some mitigating measures in place, lack of evidence to show effectiveness of measures Low: Little/no identified impacts; heavily legislation-led; limited public facing aspect	Further action (only an outline needs to be included here. A full action plan can be included at Section 4)
Age	Designated Children's Centre services are targeted on children aged 0-4. No adverse impact is anticipated as mitigating measures are proposed	The proposed national increase of pre school provision for all 3 and 4 year olds of working parnets from 15 to 30 hours, together with the provision of the targeted 2 Year Old offer will ensure more children have access to good or outstanding pre school learning	MEDIUM	Statutory consultation with parents and carers of children aged 0-4 and with the identified stakeholders
Disability	Children and parent /carers with a disability will continue	Engagement with the Parent Carers Forum is	LOW	

	to have a service – Early Help offers are increasing for this population group	helping the service shape and develop specialist services for this group of children. Most services are currently based centrally in Macclesfield and Crewe		
Gender reassignment	No adverse impact anticipated		LOW	
Marriage & civil partnership	No adverse impact anticipated		LOW	
Pregnancy and maternity	Post and anti natal servcies provided by midwifery and health visiting services will continue to be locally accessable at designated Children's Centres and dedesignated sites		MEDIUM	Agreement on the provision of locally accesable midwifery and health visiting provision in the local areas affected
Race	No adverse impact anticpated		LOW	
Religion & belief	No adverse impact anticipated		LOW	
Sex	No adverse impact anticipated		LOW	
Sexual orientation	No adverse impact anticipated		LOW	
Carers	Carers of children aged 0-4 with a disability will continue to have a service – Early	Engagement with the Parent Carers Forum is helping the service	LOW	

	Help offers are increasing for this population group	shape and develop specialist services for this group of children. Most services are currently based centrally in Macclesfield and Crewe		
Socio-economics		Services will be increasingly targeted towards our most disadvantaged communities and will seek to narrow the attainment gap and meet public health outcomes	LOW	

Is this project due to be carried out wholly or partly by contractors? If yes, please indicate how you have ensured that the partner organisation complies with equality legislation (e.g. tendering, awards process, contract, monitoring and performance measures)

No, Children's Centre services are performed and delivered by Cheshire East Council staff members

### Section 4: Review and conclusion

Summary: provide a brief overview including impact, changes, improvement, any gaps in evidence and additional data that is needed

The de-designation of four Children's Centres meeting the range of criteria set out in Section One does have potential impacts for those local communities. There are active plans for the retention of locally available midwifery and health visiting clinic provision in those 4 local areas affected. The Parenting Journey is an important factor in mitigating potential impacts – ensuring that all expectant mother and new parents are seren locally by health professioanls alongside Children's Centre staff members. This coupled with the provision of a mobile children's centre Outreach Team to specifically serve our outlying rural areas will ensure that services remain available and in our rural villages and communities they will actually become more accessable

There is no proposal to reduce the number of family service workers employed, reduce univerdsal or targeted group work offers or the provision of 1:1 support work which will all continue unaltered by this proposal (unless the national framework and purpose for Children's Centres ais amended).

It is our conclusion that our services will remain locally accessable, become more effectively targeted to those children at greatest risk of disadvantage, that our rural communities will be better served and that support services to our most vulnerable children will remain unaltered by these proposals

There is a statutory duty to consult with the public and with stakeholders on the potential to de-designate a Children's Centre and to consult with staff members who may be affected. These duties have been complied with.

Discussions in principal with partner agencies wanting to take over the building costs and staff accommodation (but retaining clinic facilities and group work room spaces as a children's centre delivery space) have indicated their strong willingness to proceed towards primary occupancy. These discussions together with the necessary procurement and permission stages can progress relatively quickly once a decision on de-designation is reached

Specific actions to be taken to reduce, justify or remove any adverse impacts	How will this be monitored?	Officer responsible	Target date
Statutory consultation with parents, carers and stakeholder	Formal consultation responses	Jonathan Potter	4 January 2016 To 12 February 2016
Statutory consultation with affected staff members	Formal consultation responses	Jonathan Potter	Completed January 2016
Agreement with midwifery and health visiting services for the retention of locally accessable clinic provision	Through the statutory consultation above and by negotiation with the NHS trusts concerned with this delivery	Jonathan Potter	Can commence once decision on de-designation is reached
Deployment to the affected areas and our rural communities of the mobile children's centre facility	Timetabled and advertised activity programme	Jonathan Potter	From April / May 2016
Introduction of "the parenting journey" – to ensure every child has appropriate screening and support from health services and that those in need of	Reporting of appointments and assessment activity undertaken by health visiting commissioned services	Jonathan Potter with Wirral Community NHS Trust officers	From March 2016

additional support are identified and referred for such support			
Please provide details and link to full action plan for actions			
When will this assessment be reviewed?	This assessment will be reviewed following interogated	consultation periods closir	ng and responses
Are there any additional assessments that need to be undertaken in relation to this assessment?	None are identified at this stage		
Lead officer signoff	Jonathan Potter	Date 18/2/16	
Head of service signoff	Nigel Moorhouse	Date 19/2/16	

Please publish this completed EIA form on your website