

# Cabinet – Supplementary agenda No.1

**A meeting of the Cabinet will be held on:**

**Date:** 8 August 2017

**Time:** 3.00pm

**Venue:** Civic Suite - Level 2, Gun Wharf, Dock Road, Chatham ME4 4TR

## Items

4. **Transformation of Early Help Services - Outcome of the Consultation and Business Case** (Pages 3 - 86)

The Cabinet is asked to accept this report as urgent to enable consideration of the outcome of consultation, the comments of the Children and Young People Overview and Scrutiny Committee and the business case prior to making a final decision on the way forward at the earliest possible time in light of the budget agreed by Full Council on 23 February 2017.

For further information please contact Joseph Dance/Wayne Hemingway, Democratic Services Officers on Telephone: 01634 332008/332509 or Email: [democratic.services@medway.gov.uk](mailto:democratic.services@medway.gov.uk)

Date: 3 August 2017



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## **CABINET**

**8 AUGUST 2017**

### **TRANSFORMATION OF EARLY HELP SERVICES – OUTCOME OF THE CONSULTATION AND BUSINESS CASE**

Portfolio Holder: Councillor Andrew Mackness, Children's Services  
(Lead Member)

Report from: Ian Sutherland, Director of Children and Adults  
Services

Author: Helen Jones, Assistant Director of Commissioning,  
Business and Intelligence

#### **Summary**

This report provides Cabinet with feedback from the Transformation of Early Help Services' public consultation carried out between 31 May and 12 July 2017. It also provides an overview of the business case, which analyses all the counter proposals, the comments of the Children and Young People Overview and Scrutiny Committee and makes a recommendation for the way forward for a Cabinet consideration and approval. The business case recommends that Early Help Services are transformed by developing four Children and Family Hubs, supported by nine Children and Family Wellbeing Centres.

#### **1. Budget and Policy Framework**

- 1.1 The Council priority of 'supporting Medway's people to realise their potential' leading to resilient families has a focus on strengthening the Early Help offer.
- 1.2 The legal and policy framework under which Children's Centre services are provided is the Childcare Act 2006 which places a duty on local authorities to secure early childhood services to improve the well-being of young children in their area and reduce inequalities between them; and to ensure that there are sufficient Children's Centres, so far as reasonably practicable, to meet local need.
- 1.3 The Education and Skills Funding Agency (ESFA) has introduced new directives requiring local authorities to pass a higher proportion of government funding to nursery and childcare providers. This means that, while Government support for childcare is increasing, a smaller proportion of the funding is available to the Council for other early years services including Children's Centres.

- 1.4 The overall 2017/18 budget for Early Years services is £16.715m, of which £15.842m represents the Designated School Grant (DSG) funded spend, with £14.733m being passed to providers. This leaves the centrally retained spend within Early Years at £1.982m. To remain within the available budget in year savings of £963k (£1.6m full year effect), are required to be delivered from savings attributed to this transformation.
- 1.5 The Cabinet is asked to accept this report as urgent to enable consideration of the outcome of consultation, the comments of the Children and Young People Overview and Scrutiny Committee and the business case prior to making a final decision on the way forward at the earliest possible time in light of the budget agreed by Full Council on 23 February 2017.

## **2. Background**

- 2.1 Changes in national policy and funding arrangements for local government, including Early Years provision, require the Council to review its offer, including the number of Children's Centres and the scope of services provided. To meet its statutory responsibilities for early childhood services and reducing inequality and our ongoing budget pressures, it was proposed that the Council refocuses its resources to target children and families in greater need and takes the opportunity to better integrate the range of services available to children and families, and to provide a model that offers more outreach into the community for those who need it the most.
- 2.2 The Transformation of Early Help Services paper presented at Cabinet on the 9 May 2017 recommended a transformation of Early Help services, including Children's Centres, to maximise opportunities for Children's Centres to work collaboratively with Early Help services and alongside schools and early years providers in the community.
- 2.3 The Council is obliged to consult widely prior to making any significant changes to Children's Centres. Taking into account budgetary pressures and implementation timelines it was, therefore, recommended to Cabinet that a public consultation took place for a period of six weeks, with a wide range of opportunities for parents and service users to give their views in person, in writing and online during that period. Cabinet agreed with the recommendation to carry out a public consultation. In addition, a staff consultation also took place and staff have submitted a counter proposal for the staffing structure which will be considered and determined in accordance with the Council's Organisational Change Policy (see paragraph 10.5).

## **3 Consultation**

- 3.1 Medway Council undertook a consultation exercise between 31 May and 12 July 2017 on proposals to transform early help services for families of children and young people aged 0 to 19 years by providing a broader range of services through Children and Family Hubs (designated Children's Centres) and satellites, rather than the 0-5 year age range separately.

- 3.2 The consultation sought:
- Opinions on the suggested proposals
  - Views on expanding the service age range from 0-5 years to 0-19 years
  - Options for delivering the proposed service
  - Alternative suggestions about services and how they could be provided within the budget envelope
  - Other comments and suggestions
- 3.3 The consultation captured a broad range of views and included ten public consultation meetings, five meetings with professional representatives from education and health, a direct e-mail address for comments, 19 meetings at existing centres with staff and users and an online and paper based survey. It was widely advertised in the local media and in libraries and community hubs. The outcome of the consultation is attached as Appendix 2.
- 3.4 The website and intranet pages received just under 2,500 views, of which 1,867 were unique. On average, visitors spent just under 5 minutes on the pages.
- 3.5 89 people (excluding consultation staff) attended the 10 public meetings. Some 14 people attended more than one session; with two attending four sessions.
- 3.6 Five meetings were held with professional partners. Two meetings included representation from Medway Maritime Hospital, Medway Community Health, Public Health, Early Years and Commissioners. However, representatives from health also attended all the other professional partner meetings as well.
- 3.7 A further session was held with Clinical Commissioning Group (CCG) partners and the Director of Children and Adult Services made a formal presentation to the Governing body. One meeting had an education focus, attended by 11 head teachers or their representatives from the schools where the centres are located.
- 3.8 Eight Cluster meetings were held with Children's Centre staff who have provided a formal response.
- 3.9 There was also a provider engagement event with 27 Early Years Private and Voluntary Independent (PVI) provider representatives.
- 3.10 A petition with 1,274 signatures was presented at Council on 20 July 2017 calling on '...Medway Council to stop the closure of 19 Sure Start Centres'. This is currently being dealt with in accordance with the Council's Petition Scheme. A response was sent out by the Director of Children and Adults Services to the Lead Petitioner on 25 July 2017 and she exercised her right to refer the matter to the Children and Young People Overview and Scrutiny Committee. The Lead Petitioner addressed the Committee on 1 August 2017. A summary of the points raised by the Lead Petitioner are included in the comments referred by the Committee to Cabinet for consideration as set out in section 6 below.

## 4. Options

4.1 The original cabinet paper cited the following options:

- **Option A: Single team**  
Organising Children's Centre staff into a single team based centrally but working with families in local venues across the Medway area.
- **Option B:** to cease all Children's Centre services was dismissed as it would not enable the Council to undertake its statutory responsibility.
- **Option C: Hub model**  
The Council establishes integrated hub buildings in each of the four children's services areas to support a transformation of Early Help services.

4.2 During the consultation, a number of alternative options were put forward by service users, front-line staff, professionals and support staff involved in the provision and delivery of service. A number of new options have been considered:

- **Option D: Do nothing**  
Continue to deliver services at the current level, through all 19 existing Children's Centres.
- **Option E: Alternative funding**  
Continue to deliver services at the current level, through all 19 existing centres, but actively seek alternative funding to meet the budget shortfall.
- **Option F: Hubs and Child Wellbeing Points**  
Establish four new Children and Family Hubs supported by the 15 remaining Children's Centres, re-branded at Child Wellbeing Points.
- **Option G: Children and Family Hub and Children and Family Wellbeing Centres**  
Establish four new integrated Children and Family Centre Hubs supported by nine satellites and outreach service.

4.3 Each option is described and assessed in the business case, attached as Appendix 1.

## 5. Advice and analysis

5.1 The Business Case examines each option and recommends that Option G is implemented.

The benefits of the proposals in Option G include:

- Establishment of four new Children and Family Hubs with a more joined-up approach to provision of family, youth and early years services, including health services through co-location and close integrated working.

- Reach of Early help services increased through nine Children and Family Wellbeing Centres.
- Emphasis on service delivery and not buildings, with increase of outreach
- Achieves required reduction in revenue budget

5.2 It is recommended that 13 Centres are developed to support the delivery of a new model of Early Help Services. The proposed model will enable flexibility in the future budget constraints and provide a stable landscape going forward. In addition a new Child Development Centre will be opened to provide co-located and integrated specialist services for children with special educational needs and disabilities. Medway Council is also undertaking a review of its services delivered at Parklands and Aut Even to ensure services for SEND are more joined up to support families.



5.3 A map of the location of the Centres is in Appendix 1.iii of the business case. The proposed locations are:

#### **Children and Family Hubs**

All Saints – Magpie Hall Road, Chatham  
 Strood - Montfort Road and Gun Lane, Strood  
 Wayfield - Wayfield Road, Wayfield  
 Woodlands - Woodlands Road, Gillingham

#### **Children and Family Wellbeing Centres**

St James' - Isle of Grain  
 Bligh - Bligh Way, Strood  
 Deanwood - Long Catliss Road, Rainham  
 Delce - Fleet Road, Rochester  
 Hand in hand - Romany Road, Twydall  
 Lordswood - Lordswood Lane, Chatham  
 Oaklands - Weedswood Road, Walderslade  
 Riverside - St Edmund's Way, Rainham  
 Saxon Way - Ingram Road, Gillingham

#### **Outreach locations**

##### **Cliffe and Hoo Peninsula**

Allhallows hall, Chattenden, Cliffe memorial hall, Cliffe Woods primary school, Grain village hall, Hoo leisure centre, Hundred of Hoo nursery, St Helen's House Cliffe, Stoke village hall.

### **Chatham**

All Saints church, Luton library, White Road community centre, The Lampard centre.

### **Rochester**

ABC pre-school Borstal, Rochester hub/library, St. Peters church hall, The Pilgrim school, Warren Wood social club.

### **Gillingham/Rainham**

Baptist church, Barnsole primary school, Napier community primary academy, Rainbow room Hazlemere drive, St. Barnabas church hall, Parkwood health centre.

### **Strood/Cuxton/Halling**

Bo Peeps nursery Halling, Cuxton library, Elaine primary academy, Halling community centre, Wainscott primary school.

- 5.4 The expected locations of the Children and Family Hubs and Children and Family Wellbeing Centres are unlikely to be changed, but it may be that during implementation a site proves unusable (for example issues with regard to planning permission for a hub or structural defect, or it is felt that it will not have sufficient reach). It is, therefore, recommended that the decision for the final location is made by the Director of Children and Adults Services in consultation with the Lead Member for Children's Services.
- 5.5 The proposed model addresses the key issues raised in the Consultation, including:

Issue Raised	Council Proposal
Fear of social isolation and lack of support for maternal mental health	Delivery through 13 centres and outreach will continue to offer services at a local level. The Council will commission the voluntary and community sector to build support and peer networks
Concerns about long-term additional costs, especially for health	The proposed model will enable services to continue to be delivered locally. There will be targeted services for the most vulnerable so that they get support early
Concerns that the hubs will be too large and users will be stigmatised	The proposal is to retain the Children and Family Wellbeing Centres in existing Children's Centres. Two of the hubs will also be in or based alongside an existing Children's Centre. The centres will not be permanent bases for Social Workers or safeguarding services but will enable families to have access to a range of services that they are working with
Issues about travel and accessibility	The proposed model has 13 centres as well as outreach. Services will, therefore, remain local, reducing the need for families to travel



5.6 A Diversity Impact Assessment has been undertaken on the proposals, as set out in Appendix 3 to the report.

## **6. Children and Young People Overview and Scrutiny Committee**

6.1 At the Children and Young People Overview and Scrutiny Committee on 1 August 2017, the Committee noted the outcome of the consultation and agreed that the key points made during the discussion be referred to Cabinet for consideration. The minutes of the Committee are summarised below:

6.2 Members considered a report on the results of a public consultation carried out between 31 May and 12 July 2017 on the transformation of the Council's early help services. The consultation had sought views on the proposal to transform early help services for families of children and young people aged 0 to 19 years by providing a broader range of services through Children and Family Hubs (designated Children's Centres) and satellites, rather than the 0-5 year age range separately.

6.3 The Director of Children and Adult Services praised the respondents to the consultation for the quality of their contributions and assured them that their feedback would inform the business case that would underpin the new service. A recommended way forward and the business case would be considered by Cabinet at its meeting on 8 August 2017 together with the views of the Children and Young People Overview and Scrutiny Committee.

6.4 The Director advised that, whilst comments from staff had been received in response to this consultation, a separate formal consultation had been conducted with staff that would be affected by the proposals.

6.5 The Assistant Director, Commissioning, Business and Intelligence, outlined the consultation process and identified the outcomes, as detailed in Appendix A to the report. Approximately 1/5<sup>th</sup> of families who attended a Children's Centre during the consultation period responded to the consultation. Of these, 85% had disagreed with the proposed four hub model although many had appeared not to have understood that the proposal included the establishment of a number of additional satellite sites, believing that the existing 19 Children's Centres would reduce to just four. The majority cited the excellence of existing services and would wish them to remain the same. There was recognition of the need for budget reductions, but a strong message was given that these should be sought from elsewhere.

6.6 It was noted that a petition containing 1,274 signatures had been presented at the Full Council meeting on 20 July 2017 calling on 'Medway Council to stop the closure of 19 Sure Start Centres'. A response from the Director of Children and Adult Services had been sent to the lead petitioner who had subsequently asked that the petition be referred to this Committee for further review as she was not satisfied with the Director's response.

6.7 The lead petitioner, Katie Clifford, provided a written statement and addressed the Committee. She said that parents did not accept any alteration to the current model and were concerned that the proposed model would not enable the Council to fulfil its duty to secure sufficient Children's Centres accessible to all families with young children. One of the core principles of the Sure Start provision was school readiness such as basic academic knowledge and the

social skills required by children to enable them to function in the classroom. Prior to Sure Start, many children who had joined school at age four were already two years behind in their development. Current demands on children were much greater and schools would not have the resources to pick up the slack if the current model was not maintained. Ms Clifford expressed concern that, through the proposed model, the Council would be experimenting with children's futures and she questioned whether this was a viable risk to take.

- 6.8 Ms Clifford also referred to improved child health and development and the development of parental aspirations and skills as core purposes of the Sure Start provision and gave examples of how the services and support available at Children's Centres fulfilled these needs by helping to ease social isolation and by identifying issues at an early stage. In addition, she highlighted the potential longer term negative impact of the proposals if they led to poorer life chances and education.
- 6.9 Ms Clifford concluded that, in her view, the consultation exercise had been flawed as the questionnaire had been challenging to complete and meetings had not always been held at convenient times. There was a lack of clarity about what the satellites would provide and when they would be available. The users of Children's Centres had therefore found it difficult to comment on proposals that were not fully explained. Ms Clifford requested that the consultation exercise be extended and that more research and analysis be conducted.
- 6.10 The Committee then heard from Lia Mandaracas, a parent and Children's Centre user. She questioned the validity of the consultation exercise and expressed the view that it had not engaged all relevant groups. She highlighted the Council's duties under the Childcare Act including the requirement to provide sufficient Children's Centres to meet the needs of the community. Ms Mandaracas questioned the ability of the hub model to fully address safeguarding concerns and also the capacity of social workers to maintain an increased caseload should the proposals lead to this outcome.
- 6.11 Finally, the Committee heard from Joanne Murray, co-ordinator of the Save Our Sure Start Children's Centres in Medway campaign. She circulated her statement in full together with a document detailing testimonials gathered from Sure Start users and said that these gave valid reasons of how the current model met the varied needs of users while the proposed hub model would not. Ms Murray also expressed concerns about the consultation document which she believed had not allowed respondents to answer in their own words. The views of health partners and of the Council's Public Health directorate had not been clarified and it was not clear whether transport providers such as Arriva buses had been consulted. Ms Murray expressed concern that Councillors had not had sufficient time to view the notes from the public consultation meetings and had not been sent the notes from the consultation meetings at Children's Centres. In addition they had not received feedback from the staff consultations. Ms Murray also said that the formal process for answering public questions at full Council had not been followed correctly by the Council. She advised the Committee that discussions with Children's Centre users had highlighted that there had been an insufficient explanation of what services would be provided at satellites.
- 6.12 Ms Murray gave the example of other Councils which had moved to the hub model and said that no evidence was available on the effectiveness of this

model. Although there had been no Ofsted inspections, there had been failed inspections on the provision for Looked After Children. As Medway Sure Starts were performing at above the national average, there was an opportunity for them to attain “Beacon Status” and charge other authorities to shadow and learn from Medway’s model.

- 6.13 Ms Murray concluded that she had only found evidence that the status quo should be maintained as the current model was effective and benefitted the people of Medway. She expressed concern that the Council was making a decision based on no evidence and requested that her campaign be given time to conduct its own consultation.
- 6.14 Members then raised the following comments and questions:
- 6.15 **Maintaining the status quo** – Some Members considered that the current model, developed over a number of years to meet the needs of Medway, should be retained. Local Children’s Centres were accessible for all users, including those with prams and buggies. This option would be consistent with the Council’s preventative health care agenda. It was questioned whether the risks of lower achievement at Key Stage 2 in future years had been assessed should the proposed hub model be adopted.
- 6.16 **The Milton Keynes model** – Members cited the example of Milton Keynes as an authority with many similarities to Medway which had achieved a reduction in expenditure of £1m while keeping all of its 17 Sure Start Centres open.
- 6.17 **Consultation Exercise** – Some Members requested that the consultation period be extended as it was considered that six weeks had been insufficient. The proposals set out in the consultation had not been sufficiently clear or specific to enable respondents to fully understand them. It was unclear whether advice had been sought from the Director of Public Health. The Director of Children and Adults Services confirmed that health colleagues had been fully engaged in the consultation process. It was suggested that more time was needed to fully assess the short and longer term risks associated with moving away from provision of a universal Children’s Centre service.
- 6.18 **Access to Information** – A Member expressed concern that he had not been given sufficient time to adequately review the consultation responses. Another Member questioned the Committee’s ability to scrutinise the proposals when the full details of the proposed future model of service delivery had not been provided. It was not clear where the hubs would be located and the provision of satellites had not initially been included in the proposals which had led to a lack of clarity about their intended function. The Director of Children and Adults Services advised Members that the satellites had been referred to in the last report to the Committee on 30 May 2017. Officers had been minded not to provide a level of detail on locations as this might have given the impression that these had been predetermined. The Council had been keen to hear from service users about what services they would wish to see provided at the satellites.
- 6.19 Other Members expressed the view that Cabinet should now consider all available information and consultation outcomes and reach a decision.

- 6.20 **Location of Hubs** – A Member stressed the need for there to be adequate provision in rural areas and another Member requested that one of the hubs be located on the Hoo peninsula.
- 6.21 **Charge for services** – It was noted that some respondents had felt that a small voluntary donation or charge would be appropriate. Members were advised that funding options would be considered as part of the business case.
- 6.22 The Committee considered a proposal that the consultation be extended. On being put to the vote, the proposal was lost.
- 6.23 Councillors Cooper, Johnson and Price requested that their votes for this proposal should be recorded in the minutes as provided for in Council Rule 12.6.
- 6.24 The Committee noted the outcome of the consultation and agreed that the key points made during the discussion be referred to Cabinet for consideration.

## **7. Director's comments**

- 7.1 The Overview and Scrutiny Committee received a report on the outcome of the consultation exercise presented by the Assistant Director; Commissioning, Business and Intelligence.
- 7.2 The potential risks highlighted during discussion at the meeting such as child development, social isolation and maternal mental health have been fully considered by officers in the development of the model being presented to Cabinet. The Business Case clearly addresses all these key issues which have shaped the proposed model of 13 centres. The Children and Family Hubs and Wellbeing Centres will enable easy access and most are current Children Centres. In addition, a new Child Development Centre will be opened to provide co-located and integrated specialist services for children with special educational needs and disabilities.
- 7.3 The model of hub and satellite is not experimental as the business case demonstrates. The provision of 13 centres, will, I believe, not only allow sufficiency of provision but enable more integrated and joined up services for families, especially those who need our support more.
- 7.4 Due to budget reductions and the need to provide more joined up services to families, we are not in a position to maintain the status quo. Like Milton Keynes, Medway Council has made significant savings in early years in the last year without closing Children's Centres. The further reduction of £1.6 million cannot be absorbed through continuous 'salami slicing' of services.
- 7.5 I firmly believe that we have listened to service users and carefully considered the issues they raised. These views have shaped the model in the Business Case. The Director of Public Health has been consulted and supports the proposals in this report. We used a range of channels including social media, the local press, leaflets and posters in libraries, Children's Centres and community hubs to engage a wide range of service users. Officers ran sessions in all 19 Children's Centres to help parents and carers complete questionnaires, including those for whom English is an additional language. I

would also like to recognise the efforts of the Parents and Carers Forum to engage families of children with a special educational need and/or disability.

7.6 Subject to their agreement, the full text of the statements by Ms Katie Clifford and Ms Joanne Murray when they addressed the Overview and Scrutiny Committee will be published on the Council’s website alongside the agenda for the Children and Young People’s Overview and Scrutiny Committee for Cabinet Members to view.

## 8. Risk management implications

8.1 A number of key risks have been identified and mitigating actions proposed. These are outlined in the table below:

Risk	Description	Rating		Mitigation
		Likelihood	Impact	
Reduced attendance	If the location of Children’s Centres is changed (especially away from school settings) and adds a strong social care presence, then families may feel stigmatised.	D	3	Children and Family Wellbeing Centres to be located in schools as presently. Two Hubs are located within existing Children’s Centres. Social workers will only have drop-in access.
Planning permission	Property development of the proposed hubs could require planning permission to be granted before building work can commence. The standard timescale for this is three months. This would be extended if any challenges are received	B	2	Work with capital project team and partners to reduce any impact of planning permission. All Saints is already established and the programme can adopt a phased approach to the moving of staff if required.
Consequential costs	Potential costs incurred by other services as a result of a reduction in early years services. For example, a lack of early years services could increase the likelihood of isolation and mental health problems, child development problems or propensity of domestic violence. This could have an adverse effect on other services, primarily health and social care agencies.	C	2	Ensure a wide range of Early Help services continue to be delivered in the new model, with extra planning around targeted services for more vulnerable families. Commission Voluntary and Community Sector to deliver universal support, especially around peer networks.

## **9. Financial implications**

- 9.1 Changes to Education and Skills Funding Agency (ESFA) regulations introduced from April 2017 require local authorities to pass to nurseries, schools and private providers a minimum of 93% of the Early Years block of the Dedicated Schools Grant (EY DSG), leaving only 7% which can be retained by local authorities. The minimum pass-through percentage will increase to 95% from April 2018.
- 9.2 The 2016/17 Early Years budget retained over 15% of the EY DSG to run central services and the 2017/18 budget transferred £1.343m of Early Years spend back to the General Fund as a pressure, in order to reduce the centrally retained element of the EY DSG block to 7%.
- 9.3 The overall 2017/18 budget for the Early Years services is £16.715m, of which £15.842m represents DSG funded spend and of this 93%, or £14.733m will be passed to providers. This leaves the centrally retained spend within the Early Years division, including Children's Centres and corporate recharges, at £1.982m.
- 9.4 The current service structure would cost £3.584m, however savings in response to the capping of the DSG reduced this figure to the £1.982m referred to above. This included the one off use of £431,000 of DSG reserves and £215,000 representing an estimate of the part year effect of a review of Children's Centre.
- 9.5 This service review is expected to deliver savings equivalent to £1.6m which includes the planned additional capping when the centrally retained spend cap reduces from 7% to 5%.
- 9.6 Costs associated with establishing hub team bases, and those costs incurred in advance of implementing the staff reorganisation, will be met from within the 2017-18 budget. The review of Early Years provision could result in up to 50 staff redundancies, with redundancies being met from the Council's earmarked severance reserve were possible.
- 9.7 Capital funding will be sourced from within the Children's and Adults service budget.

## **10. Legal implications**

- 10.1 Legislation about early years and Children's Centres is contained in the Childcare Act 2006 (as variously amended by subsequent Acts including the Apprenticeships, Skills, Children and Learning Act (ASCL) 2009, Education Act 2011, and Children and Families Act 2014). This refers to the following sections of the Childcare Act:
- Section 1: Duty on local authorities to improve the well-being of young children in their area and reduce inequalities between them
  - Section 3: Duty on local authorities to make arrangements to secure that early childhood services in their area are provided in an integrated manner

- in order to facilitate access and maximise the benefits of those services to young children and their parents
- Section 5A: Arrangements to be made by local authorities so that there are sufficient Children's Centres, so far as reasonably practicable, to meet local need.
  - Section 5D: Duty on local authorities to ensure there is consultation before any significant changes are made to Children's Centre provision in their area.
- 10.2 The decision as to what would constitute "sufficient" Children's Centres is for the local authority to assess, and is not determined in statute or guidance.
- 10.3 The local authority is responsible for determining the duration and scope of the consultation before significant changes are made according to local circumstances.
- 10.4 The scale of the financial savings required means that any of the range of options for future services is likely to require a significant reduction in the number of early years and Children's Centre staff employed by Medway Council.
- 10.5 The Organisational Change Policy sets out Medway Council's approach to dealing with potential redundancies, team/service and organisational changes, which would have a material impact on individual's roles and/or responsibilities.
- 10.6 Members need to balance the cost to Council tax payers of any budget reductions against the need for services of the particular nature, range and quality under consideration. If, having taken into account all relevant (and disregarding all irrelevant) considerations, Members are satisfied that it is financially prudent and reasonable to make any budget cuts proposed and adopt the recommendation as proposed, then they may properly and reasonably decide to do so.

## **11. Recommendations**

- 11.1 It is recommended that Cabinet notes the outcome of the Consultation (Appendix 2).
- 11.2 It is recommended that Cabinet considers the comments of the Children and Young People Overview and Scrutiny Committee.
- 11.3 It is recommended that Cabinet approves the option to establish four integrated Family and Children Hubs (Designated Children's Centres) and nine Children and Family Wellbeing Centres as set out in the Business Case (Appendix 1).
- 11.4 It is recommended that Cabinet agrees to delegate authority to the Director of Children and Adults Services, in consultation with the Portfolio Holder for Children's Services (Lead Member), to decide the final location of the Children and Family Hubs and Children and Family Wellbeing Centres within the agreed capital budget.

## **12. Suggested reasons for decision**

- 12.1 The recommended option will allow Medway Council to continue to deliver flexible and effective Early Help services within a significantly diminished revenue budget. Creation of four new Family Hubs will allow the extension of services to a wider range of families. The proposed model delivers the most effective and far-reaching service within the reduced budget envelope.

### **Lead officer contact**

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### **Appendices**

- Appendix 1 Business Case
- Appendix 2 Public Consultation Results Summary
- Appendix 3 Diversity Impact Assessment

### **Background papers:**

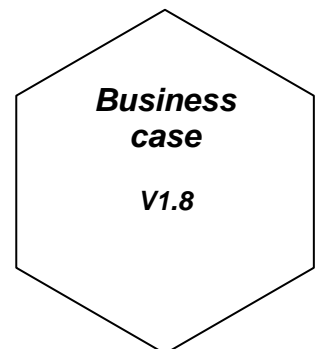
None



## APPENDIX 1

# TRANSFORMATION OF EARLY HELP SERVICES

## Business Case Version: 1 Final



**Document Owner:**

Helen Jones, Assistant Director - Commissioning, Business and Intelligence

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### 1. Executive summary

The recent consultation on the transformation of Children's Centres provided invaluable input to help the Council remodel its Early Help services in the best possible way. Due to the financial challenges, there are tough decisions to be made as the Council cannot make a decision to do nothing about these services, as it has a statutory duty to deliver a balanced budget. Medway's children and families are at the heart of what the Council does and their best interests will be at the centre of the recommendations in this report. It is recommending that 13 centres are developed to support the delivery of a new model of Early Help services. The proposed model will enable flexibility to meet future budget constraints and provide a stable landscape for the next four years. In addition, a new Child Development Centre will be opened to provide co-located and integrated specialist services for children with special educational needs and disabilities.

Cabinet is asked to approve the recommendations made in this business case, summarised below:

1.1 This business case recommends that Early Help services are transformed by developing four Children and Family Hubs, supported by nine Children and Family Wellbeing Centres, the latter within existing Children's Centres as service access points across Medway.

1.2 The Early Help service will be re-structured to best accommodate the transformation and meet the constraints of the reduced operating budget (£1.982m).

1.3 In order to refurbish and alter existing Council buildings to accommodate the Hubs a capital investment is estimated at £614k, plus professional fees.

1.4 Benefits will include:

- Establishment of four new children and family hubs, designated as Children Centres, with a more joined-up approach to provision of family, youth and early-years services including health services through co-location and close integrated working.
- Reach of Early Help services increased through nine Children and Family Wellbeing centres (satellites), allowing many of the locally delivered services currently enjoyed by families to be continued through use of a mobile and flexible Early Years team,

as well as service delivery by health partners and the voluntary and community sector.

- Achieves the reduction in the revenue budget by £1.6m, allowing the Designated Schools Grant (DSG) allocation to be met and not exceeded for Early Help services.

## 1.5 Key risks and challenges

These are detailed in section 5.2 with mitigating actions and strategies. In summary:

### 1.5.1 Reduced attraction

The consultation has shown that if the location of Children's Centres is changed (especially away from school settings) then some parents may not attend due to the social stigma attached to "visiting the Council".

### 1.5.2 Planning permission

Capital development of the proposed hubs could require planning permission to be granted before building work can commence. The standard timescale for this is three months and would impose a three month delay on the capital programme.

## 1.6 Timescales

Section 6.2 outlines the implementation plan. The business case will go to Cabinet for decision on 8<sup>th</sup> August 2017.

## 2. Background and rationale for project

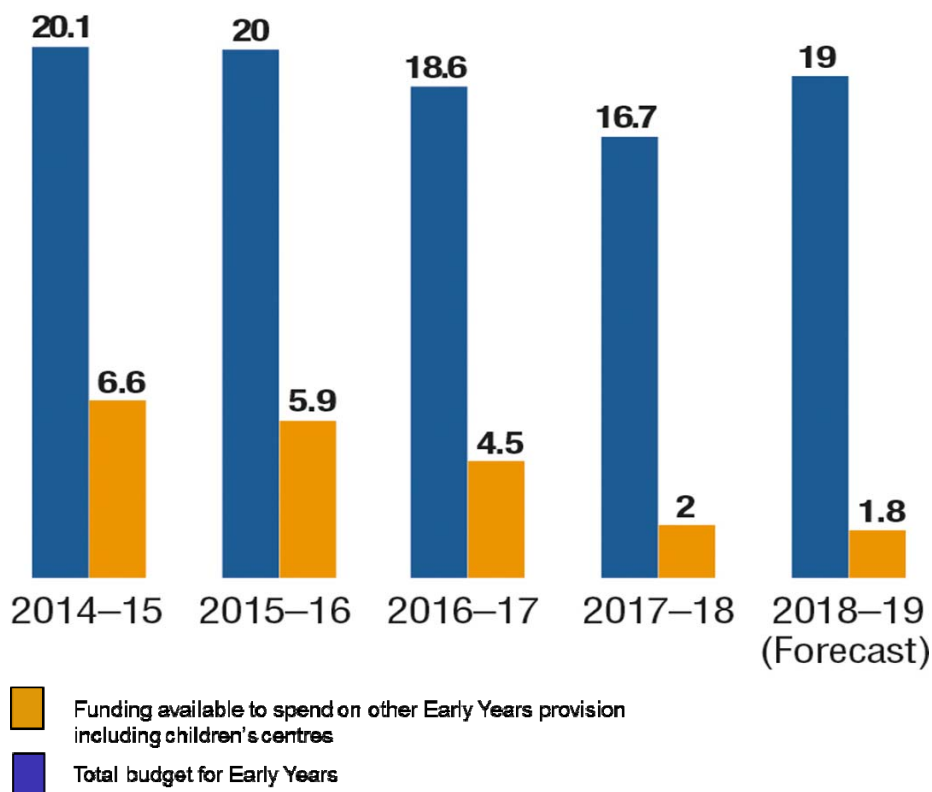
Changes in national policy and funding arrangements for Local Government, including Early Years provision, require the Council to review its existing Early Help offer, including the number of Children's Centres and the scope of services provided. In meeting its statutory responsibilities for early childhood services and reducing inequality, it is proposed that the Council refocuses its resources to target children and families in greater need. It is intended to better integrate the range of services available to children and families, and to provide a model that offers more outreach into the community for those who need it the most.

The Council's Public Health team and Health partners will continue to provide universal services through the centres and some universal provision will be commissioned from the voluntary and community sector.

Changes to Education and Skills Funding Agency (ESFA) regulations introduced from April 2017 require local authorities to pass to providers (nurseries and schools) a minimum of 93% of the early years block of the DSG in 2017-18. From 2018 the minimum passport will be 95%.

The overall 2017/18 budget for Early Years services is £16.715m, of which £15.842m represents DSG funded spend, with £14.733m being passed to providers. This leaves the centrally retained spend within Early Years, at £1.982m. To remain within the available budget, in-year savings of £963k (£1.6m full year effect), have to be delivered through savings attributed to this transformation.

The table below shows the reduction in funding available for the Local Authority to retain compared to the amount that is passported to Early Years providers:



Medway has nineteen Children’s Centres with all, except one, based in primary schools. Currently, the centre at St James’ on the Hoo Peninsula is not in use due to fire damage. They have all achieved Ofsted ratings of good or better and the consultation has confirmed that they are highly regarded within the communities they serve. Each Centre is well established within its locality, and excellent links have been made between staff, volunteers and the families visiting each centre. However, the current model has a number of weaknesses:

- (1) Families that face multiple barriers to sustained engagement with services need services to be delivered from a single point in the community. Having to access services in multiple locations presents a significant barrier.
- (2) The current system is fragmented – the Children’s Society Report *“Breaking Barriers: how to help Children’s Centres reach disadvantaged families”* argues that the best Children’s Centres are seen as one stop shops and community hubs. This is the ambition of developing integrated Children and Family Hubs in Medway.
- (3) The current model is financially unsustainable.

Locally, an area-based Children’s Service is being developed, bringing together multi-agency Early Help Teams with local Safeguarding pods, in partnership with schools and community provision, to coordinate work with families who require intensive Early Help or safeguarding services known as Level 3 and Level 4 services. Each multi-disciplinary team will serve one of four defined areas of Medway. Bringing Children’s Centres within this model will ensure families have a single point of access to a range of services through four Children and Family Hubs. The Hubs will be supported by nine Children and Family Wellbeing Centres, delivering many Early Years and health services in local community settings.

This model is evidenced through a number of similar transformations undertaken by other Local Authorities. Research is based primarily on the following reports:

(i) All Parliamentary Group on Children's Centres – Family Hubs: The Future of Children's Centres, July 2016.

(ii) Children's Commissioner Family hubs – a discussion paper, October 2016 (Ann Longfield).

### **All Parliamentary Group on Children's Centres**

The All Party Parliamentary Group on Children's Centres (APPG) undertook an inquiry into the future of Children's Centres as the centrepiece of its programme of activity for the 2015-16 Parliamentary session. The focus of this report – Family Hubs: The Future of Children's Centres – is on the role that Children's Centres can potentially play as hubs for local services and family support. In recent years, the idea of expanding Children's Centre provision to provide holistic support which joins up services for the whole family is one which has received an increasing amount of attention. In 2014, the Centre for Social Justice proposed a model that they termed "Family Hubs", which would see Children's Centres become:

*The 'go to' place for any parent (including fathers) to access services or information about all family-related matters including: birth registration, antenatal and postnatal services, information on childcare, employment and debt advice, substance misuse services, relationship and parenting support, local activities for families and support for families separating.*

The APPG believes that there is significant potential in the Family Hub model. Its inquiry, therefore, set out to examine the benefits and case for Family Hubs, to highlight examples of best practice which already exist to demonstrate how the work of Children's Centres can be augmented, and to consider the challenges around implementation and how these can be overcome.

The APPG's inquiry encompassed four evidence sessions held in Parliament. At each session, a number of witnesses with first-hand experience of working in or with Children's Centres, provided oral testimony. Each evidence session looked at a particular form of support that could be delivered within the Family Hub model, with the topics covered encompassing:

- Health and Development
- Employment Support and Childcare
- Relationship Support
- Supporting Families with Complex Needs

### **Children's Commissioner Family hubs discussion paper**

The Children's Commissioner's report cites consistent evidence that demonstrates one of the major obstacles to children in need flourishing lies in their disrupted home life. This suggests that interventions need to focus on strengthening family relationships and providing additional support for children outside the home environment. Services are, therefore, necessary to help parents overcome the problems they are facing, and to help improve the confidence skills and wellbeing of children in need.

The report argues that having dedicated teams working closely with vulnerable families is an important part of effective family support. This should involve supporting and

challenging families and backing this up with coordinated and responsive action. At the same time, it is important to offer children the additional support that they need, be this additional support with learning and communications skills, help to develop behaviour and social skills, or support to build confidence and discover new opportunities.

Children's Centres have led the development of integrated support around the needs of the whole family. Children's Centres already:

- Provide an environment for services to work together and not in isolation
- Offer and co-ordinate 'step up' and 'step down' support
- Work with families as part of a team and deliver specialist interventions when needed

Many areas are bringing a range of services together around a next phase for their Children's Centres as is proposed in Medway. In this context, Family Hubs offer the potential for a new model of delivery of co-ordinated support for children in greater need and their families.

By building on the existing infrastructure of Children's Centres and extending their offer to include support for parents and all children regardless of age, Family Hubs can deliver holistic, early intervention services to a whole community. Their introduction is seen by the Children's Commissioner as a clear step to better co-ordinate existing services and support, thereby creating better information-sharing networks, ensuring that children and families no longer go missing between services and making effective use of funds.

The report outlines the negative impact of the lack of readily accessible support for the entire family for the most vulnerable. Family Hubs could, it is argued, coordinate statutory and voluntary approaches to tackling the root causes of intergenerational poverty, family breakdown and poor outcomes for children.

Both of these reports recommend that developing Children and Family Hubs is considered best practise in order to provide a better, joined-up service starting from pre-birth through to young adulthood. Corresponding support for parents, carers and families with children can be addressed through centralised Hubs, supported by a range of 'satellite' points and outreach. Service structure to support this allows centralisation and co-location of front-line, back-office and administration staff to better coordinate early years, youth and health service delivery.

A number of Local Authorities have already adopted this approach, for example Wakefield, Nottingham, Dudley, Derby, Kirklees, Wokingham and Isle of Wight. It is also well known that many other Local Authorities (e.g. Kent and Oxford) have undertaken Children's Centre transformation in light of reduced funding. Wolverhampton and Harrow have adopted Hub-based models for delivery of Children's services and have received Ofsted "good" ratings.

Nottingham City Council has adopted a Hub and spoke model, reducing 18 Children's Centres to six Hubs, with supporting satellite and outreach community service points. The Children's Centres were leased to the schools with which they were co-located and a legal agreement put in place to allow the Council to still have partial use of the spaces, while the school enjoyed more use of the former Children's Centre. This also mitigated the risk of clawback of Sure Start funding by Central Government. The impact of this model is proving successful with an increase in positive outcomes and good feedback from families.

Wakefield has also moved to a Hub and area-based model, rationalising its Children's Centre provision down to seven integrated Early Help Hubs sites, supported by local

satellites and access points delivering a range of services best targeted to the communities in which they are based.

Dudley Council is currently transforming its Children's Centre provision into a Hub model. There are plans to reorganise 20 centres into five Hubs with supporting local service access points.

Many County Councils have also followed suit with Children's Centres being rationalised and Early Help services being transformed to be more flexible through rationalised structures. For example, Derbyshire Council closed 29 of 50 Centres.

The Isle of Wight has also successfully implemented a transformation programme, developing Early Help Family Centres as hubs supporting former Children's Centres.

The Children's Commissioner's paper on Family Hubs concludes that "*A commitment to Family Hubs is a commitment to giving children in need and their families the tools to transform their lives, to reduce family breakdown, to give children the best start in life and improve social mobility*"

Given the reduced budget available, it is recommended that the proposed hub model will provide the best value for money option to achieve successful outcomes.

In May 2017, Cabinet agreed to undertake consultation based on a proposal to re-organise the Children's Centre staffing structure to support a model of four service areas. A comprehensive six week consultation has been undertaken. The results of the consultation have been carefully analysed and considered in the development of this business case.

### **3. Options and analysis**

The original cabinet paper cited the following options:

#### **Option A: Single team**

Organising Children's Centre staff into a single team based centrally but working with families in local venues across the Medway area.

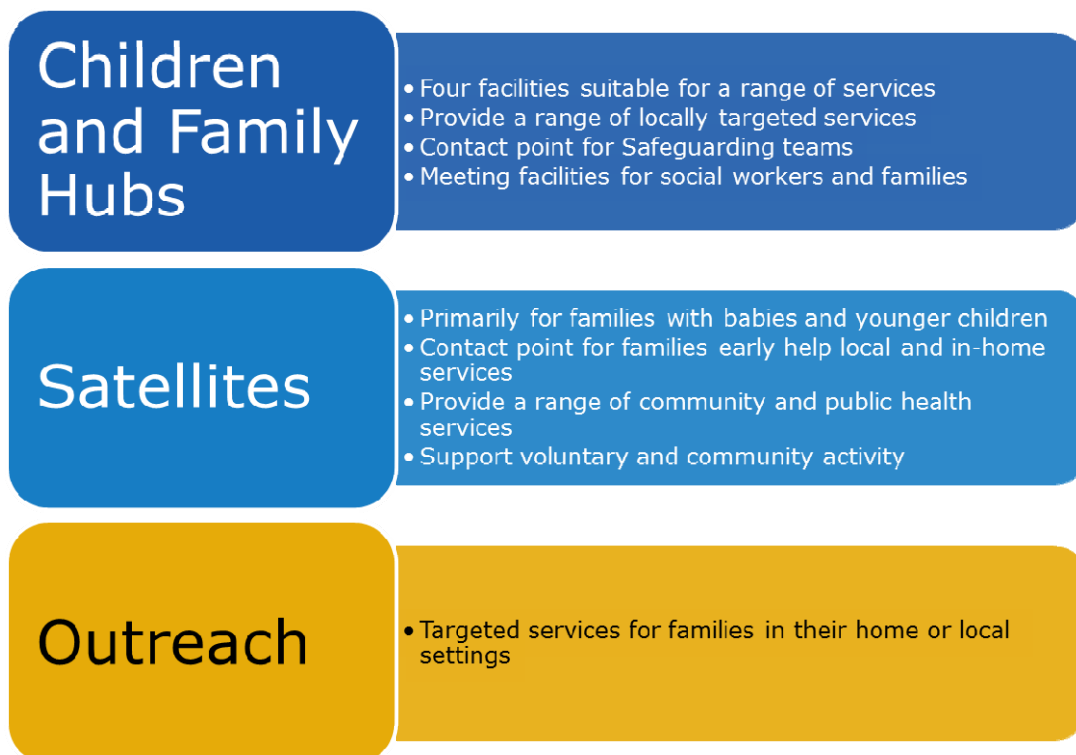
#### **Option B: Cease service**

To cease all Children's Centre services was dismissed as it would not enable the Council to undertake its statutory responsibility.

#### **Option C: Hub model**

The Council establishes integrated hub buildings in each of the four children's services areas to support a transformation of Early Help services.

Proposed model for Consultation:



With each of these options it was proposed that a condensed local authority early years service, focusing on statutory early education and childcare duties, would remain outside of the area hub teams and continue to be based at Gun Wharf.

During the consultation, a number of alternative options were put forward by service users, front-line staff, professionals and support staff involved in the provision and delivery of the service. A number of new options have been considered:

**Option D: Do nothing**

Continue to deliver services at the current level through all 19 existing Children's Centres.

**Option E: Alternative funding**

Continue to deliver services at the current level, through all 19 existing centres, but actively seek alternative funding to meet the budget shortfall.

**Option F: Hubs and Child Wellbeing Points**

Establish four new Children and Family Hubs supported by the 15 remaining Children's Centres, re-branded as Child Wellbeing Points.

**Option G: Children and Family Hub and Children and Family Wellbeing Centres**

Establish four new integrated Children and Family Centre Hubs supported by nine satellites and outreach services.

Each option is described and assessed below:



### 3.1 Option A: Single team

#### 3.1.1 Outline:

Children's Centre staff would be organised into a single team based centrally but working with families in local venues across Medway. Savings could be realised by centralising and reorganising staff, whilst retaining access to the Children's Centre premises within schools. The disadvantage of this option is that resources that could be directed to enhance the Early Help services for the most vulnerable families are too thinly spread across a wide geographical area.

#### 3.1.2 Timescale:

The implementation of this option could be achieved within the current financial year.

#### 3.1.3 Financial:

Option A Summary	Costs
Staff	£ 1,519,159
Premises costs	£ 239,800
Other	£ 464,600
<b>GRAND TOTAL</b>	<b>£ 2,223,559</b>

#### 3.1.4 Evaluation:

##### **Advantages:**

- Retains use of all existing Children's Centres

##### **Disadvantages:**

- Risk of losing staff with local experience
- Does not align with service areas for Children's Services
- Service spread thinly across Medway
- Significant increase in travelling for staff (and associated cost)
- Estimate suggests a revenue budget pressure of approximately £244k

**Financial Summary:** This presents a budget pressure.

**Service Summary:** Does not align with Children's service areas. Service could not be efficiently operated using a single team model as it would be too thinly spread. Some Children's Centres would be too small to accommodate an integrated service. Does not allow development of a Family Hub model.

**Risk Summary:** **A2** A budget pressure remains. Does not allow best reach of service.

### 3.2 Option B: Cease service

Discounted due to high risk, especially financially, and inability to meet statutory requirements.

### 3.3 Option C: Hub model

#### 3.3.1 Outline:

An integrated hub would be established in each of the four children's services areas. Children's Centre permanent provision would be withdrawn from the current nineteen sites, with staff located in four Children and Family Hubs. The four hubs would be designated as Children's Centres, and would additionally host and provide a range of services for families with children of all ages. Each Hub would operate as a base for outreach work, taking services to where families live and to accessible locations.

In order to meet the reduced budget envelope, the service staffing structure would have to be revised. This will be a reduced service compared to the existing one, concentrating resources on Level 3 and 4 services (families requiring intensive Early Help or safeguarding services). As part of the transformation, other early help services will be co-located to, or available from the Hubs.

### 3.3.2 Timescale:

The implementation of this option could be achieved within the current financial year, although there are risks with regard to planning permission timescales.

### 3.3.3 Financial

Costs are estimated as follows:

Summary	Cost
Staff	£ 1,519,159
Premises costs	£ 120,600
Other	£ 342,000
<b>GRAND TOTAL REVENUE</b>	<b>£ 1,981,759</b>
<b>GRAND TOTAL CAPITAL INVESTMENT</b>	<b>£ 613,300</b>

### 3.3.4 Evaluation

#### Advantages:

- Aligns with Council's vision of four service areas
- Allows service transformation to develop with co-location of other services
- Meets statutory duty for provision of children's service
- Meets savings requirement of £1.6m

#### Disadvantages:

- Risk losing detailed staff local experience from current 19 localities
- Loss of permanent Children's Centre facilities at the current 19 centres
- Does not align with Children's Services or Health local service models
- Overwhelming feedback from consultation does not support a model of only Hubs
- Risk of claw-back of Sure Start funding from DfE
- Risk of social isolation and poor access to services

**Financial Summary:** This model would come within the financial envelope. Capital funding will be required (this is outlined in Option G).

**Service Summary:** This option offers a streamlined and revised service that could meet statutory obligations but would offer a reduced and thinly spread service compared to other options available. This overwhelmingly was not supported by the consultation responses.

**Risk Summary:** A3 Achieves revenue savings target but does not deliver reach that the consultation response was clear is needed.

## 3.4 Option D: Do nothing

### 3.4.1 Outline:

Services would be delivered at the current level, at a cost of £3.6M, through all 19 existing Children's Centres. This would realise a revenue budget pressure of £1.6M.

### 3.4.2 Timescale:

The implementation of this option could be achieved within the current financial year.

### 3.4.3 Financial:

This option presents a significant budget pressure of £1.6M.

### 3.4.4 Evaluation:

#### **Advantages:**

- Maintains current service level to all 19 Children's Centres
- Retains current staff level with locally valued knowledge and experience

#### **Disadvantages:**

- Does not align with the reorganisation of Children's Services into four service areas
- Does not allow development of a Hub model
- Does not allow service transformation to develop with integration of other services
- Does not address the £1.6M budget pressure

**Financial Summary:** Full £1.6M budget pressure not addressed

**Service Summary:** Provides current good level of service but not sustainable

**Risk Summary:** D1 Would result in £1.6M annual budget pressure.

## 3.5 Option E: Alternative funding

### 3.5.1 Outline

Services would continue to be delivered at the current level through all 19 existing centres, but would have to secure a significant level of alternative funding. Exploration of this option has considered seeking funding from a variety of sources. During the consultation a number of funding suggestions were proposed including:

- increased use of voluntary services and resources to reduce Council investment
- charge for some or all services
- funding from other agencies, organisations and key partners

This model will require significant Council resources such as legal, finance and officer time to secure funding. Additionally, the Council cannot charge for statutory services. Discretionary services can only be charged to recover actual costs. A realistic estimate of potential income is only £656k as outlined below:

- £360k savings by use of volunteers delivering some aspects of the service
- £176k income generated by charging for some services
- £120k income from partners charged for use of premises

Other options, such as releasing funds from other Council services, using Council reserves or increasing Council tax were not considered viable due to their adverse effect on other financial priorities.

One proposal put forward was to seek corporate and local sponsorship in order to meet the £1.6m funding deficit. Any sponsorship or advertising rights given to sponsors must conform to statutory guidelines and the code of practice from the Advertising Standards Authority. Each sponsor must also be vetted against the Revised Best Value Statutory Code. The Council would then need a contractual agreement (Sponsorship Agreement) to govern the relationships with each sponsor. In order to pursue these, there would also be substantial officer resource required to research, negotiate, set-up and maintain each

sponsorship on an annual basis. There is significant risk of not achieving £1.6m income per annum.

### 3.5.2 Timescale

This option could not be achieved within the current financial year as no sponsorship has been secured. Sponsorship and other revenue income will have to be negotiated annually.

### 3.5.3 Financial

Summary	
Costs (staff/premises)	£ 3,600,000
Income generated	-£ 656,000
Government funding	-£ 1,980,000
<b>GRAND TOTAL REVENUE</b>	<b>£ 2,944,000</b>

### 3.5.4 Evaluation

#### Advantages:

- Maintains current service level to all 19 Children’s Centres
- Retains much of current staff level and locally appreciated knowledge and experience

#### Disadvantages:

- Does not address £1.6M budget pressure. At least £964k would still need to be found
- Does not align with Council’s vision of four service areas
- Does not allow service transformation to develop with co-location of other services
- No financial security assured

**Financial Summary:** An operating budget of £3.6M would still be required, against a grant income of £1.98m and an estimated best case income generation of £656k which would leave a budget pressure of £964k.

**Service Summary:** Service would be maintained at current level, only if funding met.

**Risk Summary: B2** Would result in a significant annual budget pressure and a complex funding collection arrangement with substantial risk of withdrawal of sponsor funding. The Service should, however consider broader funding options as part of its future development plan.

## 3.6 Option F: Hub and Child Wellbeing Community Points model

### 3.6.1 Outline:

The Council would create integrated hub buildings in each of the recently established four Children’s Services areas to support a transformation of Early Help services. These would be supported by part-time local community buildings to be known as Child Wellbeing Community Points, all of which would be in existing Children’s Centres, i.e. four hubs and all remaining Centres. Children’s Centre permanent provision will be withdrawn from the current nineteen sites and staff located in the four Children and Family hubs. The four hubs would be designated as Children’s Centres, and would additionally host and provide a range of staff and services for families with children of all ages. Each Hub would serve a wider area and operate as a base for the Wellbeing Points (service access points) and outreach work, taking services closer to where families live and in accessible locations.

To support this model, significant funding would need to be sought from Health and other partners order to meet the premises costs of the Wellbeing Points.

The existing Children’s Centre premises would not be maintained by Medway Council and would be signed over to Health or other partners. These premises could be shared with host schools/academies and voluntary organisations to deliver related services for local children and families. The Council could rent partial use of the centres for outreach service delivery.

To avoid confusion, the four new hubs would be designated as Children’s Centres and the other buildings as Child Wellbeing Community Points.

In order to meet the reduced budget envelope, the service staffing structure would be revised and significant reductions made. This will be a reduced service compared to the existing one, concentrating resources on Level 3 services.

As part of the transformation, other early help services would be co-located or available from the Hubs.

### 3.6.2 Timescale:

The implementation of this option could be achieved within the current financial year, although there are some risks with regard to planning permission timescales.

### 3.6.3 Financial

Costs are estimated as follows:

Summary	Cost
Staff	£ 1,519,159
Premises costs	£ 120,600
Other	£ 342,000
<b>GRAND TOTAL REVENUE</b>	<b>£ 1,981,759</b>
<b>GRAND TOTAL CAPITAL INVESTMENT</b>	<b>£ 613,300</b>

### 3.6.4 Evaluation

#### Advantages:

- Meets savings requirement of £1.6m
- Aligns with Council's vision of four service areas
- Allows service transformation to develop with co-location of other services
- Meets statutory duty for provision of children’s service
- Retains significant staff local area knowledge and expertise
- Accommodates issues raised during consultation
- Avoids risk of clawback of Sure-Start funding by Central Government

#### Disadvantages:

- Heavily reliant upon Health and other partners funding the Wellbeing Points and agreeing to take over the lease
- Spreads service staff too thinly across Medway
- Risks losing detailed staff local experience from current 19 localities
- Requires capital investment of £614k plus professional fees

**Financial Summary:** The required £1.98m operating budget could be achieved, saving £1.6M. Capital funding of £614 will be required

**Service Summary:** This option offers a streamlined and revised service that would meet statutory obligations but will risk spreading staff thinly across Medway.

**Risk Summary: A2** Achieves revenue savings target and provides reach suggested by consultation, but relies on unrealistic and unsustainable funding from partner agencies and risks spreading staff base too thinly. Relies on a substantial financial contribution from Health and other partners

### 3.7 Option G: Children and Family Hub and Children and Family Wellbeing Centres

#### 3.7.1 Outline:

An integrated Children and Family Hub would be established in each of the four children's services areas to support a transformation of Early Help services. The hubs would be supported by nine satellites known as Children and Family Wellbeing Centres. This option would provide 13 centres in total, resulting in a small reduction of six from the current model. The four hubs would be designated as Children's Centres, and would additionally host and provide a range of staff and services for families with children of all ages. Each Hub would serve a wider area and operate as a base for service delivery in the Children and Family Wellbeing Centres and outreach work, taking services to where families live and to accessible locations.

To support the nine Children and Family Wellbeing Centres a modest level of funding will be sought from partners in order to meet the premises costs. All Children and Family Wellbeing Centres will be based in existing Children's Centres. In addition, services for families with a child with a special educational need and/or disability will also be available in the new Child Development Centre and support to develop and maintain peer support groups will be commissioned from the Voluntary and Community sector. The Council will also be undertaking a review of services delivered at Parklands and Aut Even to ensure services for SEND are more joined up to support families.



As part of the transformation, other early help services will be co-located or made available from the Hubs, and the funding model has been revised to accommodate the reduced budget. Outreach services will continue in the community or service users homes.

#### 3.7.2 Timescale:

The implementation of this option could be achieved within the current financial year, although there are some risks with regard to planning permission timescales.

#### 3.7.3 Financial

Costs are estimated as follows:

Summary	Cost
Staff	£ 1,519,159
Hub premises costs	£ 120,600
Wellbeing Centre costs	£ 105,182
Wellbeing Centre income from partners	-£ 90,000
Other	£ 326,818
<b>GRAND TOTAL REVENUE</b>	<b>£ 1,981,759</b>
<b>GRAND TOTAL CAPITAL INVESTMENT</b>	<b>£ 613,300</b>

### 3.7.4 Evaluation

#### **Advantages:**

- Responds to the consultation by increasing access to services via Wellbeing Centres
- Aligns with Council's vision of four service areas
- Allows service transformation to develop with co-location of other services
- Meets statutory duty for provision of Children's Centre services
- Retains a good level of staff local area knowledge and expertise
- Reduces risk of DfE clawback
- Meets savings requirement of £1.6m

#### **Disadvantages:**

- Will reduce service from 19 current Centres to 13.
- Requires an estimated capital investment of £614k plus professional fees

**Financial Summary:** With a modest one-off capital cost of £614k, a revenue saving of £1.6m would be achieved.

**Service Summary:** Given the financial constraint, this option offers a streamlined and revised service that would meet and exceed statutory obligations and aspire to maintain continuity of as many current services as possible. This model would address concerns raised through the consultation.

**Risk Summary: B3** Achieves revenue savings target and delivers service within given budget envelope. Provides reach that the consultation response was clear is needed.

## 4. Recommended option

Taking into account the overall financial and risk evaluation, Option G is the recommended option. Details and benefits of this approach are developed in the following sections of the business case. A description of the proposed transformed Early Years Service is given in Appendix ii.

Introducing a Children and Family Hub and Children and Family Wellbeing Centre model will address many of the key issues raised during the consultation process, as outlined below:

### 4.1.1 Information advice and support and Professional staff to help me

#### **Consultation said:**

How will I access information, advice and support? I want professional staff to help me.

**Council proposes:**

The recommended model of four Hubs and nine Children and Family Wellbeing Centres will help build strong relationships between parents and members of professional staff. The model uses area-based teams, so there will be continuity of contact for families. Health staff will provide services in a similar way to the current model and the opportunity for co-location of teams will increase the professional service links. Appendix ii also outlines that there will not be an adverse impact on distance to access the nearest Centre.

**4.1.2 Travel and Transport****Consultation said:**

Will I have to travel? How will I get there without a car? How will I find the time it take to get there?

**Council proposes:**

The proposed Children and Family Hub and Wellbeing Centre model will allow services to be accessed locally through the 13 Centres and other outreach points, thus preventing families having to travel long distances. Budget constraints may mean these are less frequent, but they will still be local. This is further endorsed by the fact that the proposed hubs are all within a short walking distance of existing Children's Centres.

**4.1.3 Centre/hub size and capacity****Consultation said:**

How big will the hubs be? Will they be friendly? I won't go if there are Social Workers.

**Council proposes:**

The four hubs will be larger than current Children's Centres, however, the nine Children and Family Wellbeing Centres will enable services to be delivered locally as well as outreach continuing.

The capacity of individual hubs to cope with a much larger footfall is negated by having the Children and Family Wellbeing Centres. Social workers and other professionals will not be permanently based in Hubs, but will be able to "touch down" to work with a family.

**4.1.4 Child Development****Consultation said:**

Child development is really important. Some might slip through the net.

**Council proposes:**

The proposed model means services will be delivered locally across Medway, ensuring that development concerns are not missed. By delivering many services locally across Medway via the Hubs and Wellbeing Centres, parents will not necessarily need to travel to a Hub. This means that concerns over accessing services and missing critical development opportunities will be addressed. The effective and critical support to families will be continued in the new model.



#### **4.1.5 Social isolation and mental health**

**Consultation said:**

I'm worried about being isolated, especially as I have post natal depression.

**Council proposes:**

The proposed model will continue to offer local services and consistent relationships with health staff. We will also use the Voluntary and Community Sector to build support and peer networks, so that concerns can be addressed by still offering local support and consistent relationships with staff. In this way, we expect that that signs and behaviour associated with potential isolation and mental health issues can still be identified and addressed at an early stage.

#### **4.1.6 Additional long term costs**

**Consultation said:**

Won't this just add long term additional costs?

**Council proposes:**

The proposed model enables a wide range of services to continue to be delivered locally through the four hubs and nine Children and Family Wellbeing Centres. There will be targeted services for more vulnerable families. We will also use community and voluntary sector to empower service users through peer support groups. This will mitigate concerns that there will be increased pressure on primary and secondary health services.

#### **4.1.7 Alternative proposals/funding sources**

**Consultation said:**

Why not seek alternative funding or use Council funding from other services?

**Council proposes:**

This has been explored as a full option in the business case. Option E, "Alternative funding" investigates the possibility of a variety of internal, external and alternative funding sources. Although the option has not been recommended, as there are significant barriers associated with these funding options; some aspects of alternative funding have been utilised in the recommended option, namely, to ask partner organisations using the Children's Centres, to contribute to the annual premises costs. This is detailed in the financial breakdown for the recommended Option (G).

#### **4.1.8 Location of Hubs and Centres**

**Consultation said:**

Spread evenly according to need, close to transport links in town centres with parking.

**Council Proposes:**

The location of the Hubs and Centres has been explored carefully based on maximising the use of existing sites. Given the number of sites that it is proposed to retain as shown in Appendix ii, users are not being asked to travel significant distances

## 5. Expected benefits and risk profile

### 5.1 Benefits

This option has a number of significant benefits which are detailed as financial or non-financial.

#### 5.1.1 Financial benefits

The proposed model will realise annual revenue savings of £1.6m. Reduced funding from DSG will be offset by corresponding savings from within the service.

#### 5.1.2 Non-financial benefits

The primary non-financial benefits are:

- 13 Centres to deliver Early Help services
- Creation of four new Family and Children hubs, designated as Children Centres
- A more joined-up approach to provision of family, youth and early-years services including corresponding health services through co-location and close inter-working
- Geographically well-spread distribution of Early Help service through use of Wellbeing Centres; allowing many of the locally delivered services, currently enjoyed by families to be continued through use of a mobile and flexible staff operating from four Hubs, nine Wellbeing Centres and other local delivery points. A map of the proposed Children and Family hubs and Children and Family Wellbeing Centres is shown in Appendix iii
- Retention of all the current range of services with substantial additional provision in a more targeted overall approach to working with children and families.
- Addresses many key issues raised in the consultation

### 5.2 Risks

Risk	Description	Rating		Mitigation
		Likelihood	Impact	
Reduced attendance	If the location of Children's Centres is changed (especially away from school settings) and adds a strong social care presence, then families may feel stigmatised.	D	3	Children and Family Wellbeing Centres to be located in schools as presently. Two Hubs are located within existing Children's Centres. Social workers will only have drop-in access.
Planning permission	Property development of the proposed hubs could require planning permission to be granted before building work can commence. The standard timescale for this is three months. This would be extended if any challenges are received	B	2	Work with capital project team and partners to reduce any impact of planning permission. All Saints is already established and the programme can adopt a phased approach to the moving of staff if required.
Consequential costs	Potential costs incurred by other services as a result of a reduction in early years services. For example, a lack of early years services could increase the likelihood of isolation and mental health problems, child development problems or propensity of domestic violence. This could have an adverse effect on other services, primarily health and social care agencies.	C	2	Ensure a wide range of Early Help services continue to be delivered in the new model, with extra planning around targeted services for more vulnerable families. Commission VCS to deliver universal support, especially around peer networks.

## 6. Preliminary implementation plan

### 6.1 Costs

The following costs have been anticipated and estimated for the implementation and ongoing operation of the proposed service model.

#### 6.1.1 Annual operational costs (revenue):

Summary	Cost
Staff	£ 1,519,159
Hub premises costs	£ 120,600
Wellbeing Centre costs	£ 105,182
Wellbeing Centre income from partners	-£ 90,000
Other	£ 326,818
<b>GRAND TOTAL REVENUE</b>	<b>£ 1,981,759</b>

#### 6.1.2 Capital investment costs

The full costs include refurbishment of each site (except All Saints):

Capital investment summary			
Hub building/refurbish			£ 589,062
ICT infrastructure			£ 24,238
<b>TOTAL CAPITAL</b>			<b>£ 613,300</b>

Plus professional fees.

### 6.2 Key milestones

Based on an implementation start date of 1<sup>st</sup> September the following key milestones are proposed:

Key Milestone No.	Key Milestone Description	Owner	Planned Completion Date
1	Establish project team and governance	Project manager	9/8/17
2	Commence and notify of staff re-organisation	Human Resources	30/9/17
3	Complete building design & apply for planning (if required)*	Project manager	15/9/17
4	Commence refurbishment/build work	Project manager	1/10/17
5	Conclude service delivery model discussions	Project manager & Service managers	7/11/17
6	Agree transition plan across all agencies	Project manager & Service managers	8/12/17
7	Building work complete*	Project manager	31/12/17
8	Implement new service model	Project manager & Service managers	1/1/18
9	Review/monitor	Project manager & Service managers	30/3/18

\* Dependent upon planning permission timescales. This timeline assumes planning permission will not be required.

## **7. Organisational implications**

### **7.1 Legal implications**

Legislation about early years and Children's Centres is contained in the Childcare Act 2006 (as variously amended by subsequent Acts including the Apprenticeships, Skills, Children and Learning Act (ASCL) 2009, Education Act 2011, and Children and Families Act 2014). This refers to the following sections of the Childcare Act:

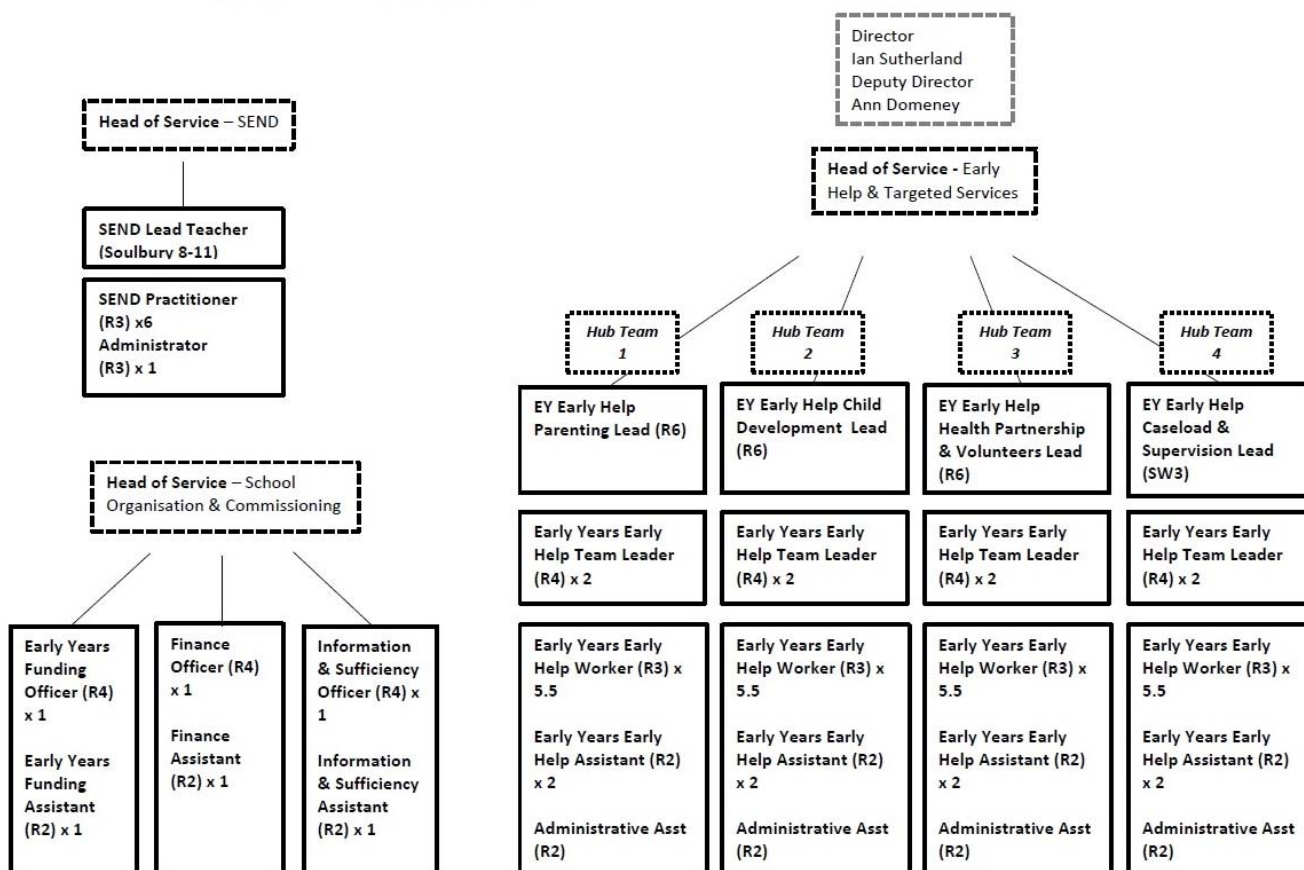
- Section 1: Duty on local authorities to improve the well-being of young children in their area and reduce inequalities between them
- Section 3: Duty on local authorities to make arrangements to secure that early childhood services in their area are provided in an integrated manner in order to facilitate access and maximise the benefits of those services to young children and their parents
- Section 5A: Arrangements to be made by local authorities so that there are sufficient Children's Centres, so far as reasonably practicable, to meet local need.
- Section 5D: Duty on local authorities to ensure there is consultation before any significant changes are made to Children's Centre provision in their area.

The decision as to what would constitute "sufficient" Children's Centres is for the local authority to assess, and is not determined in statute or guidance. It is considered that the proposed model would meet this sufficiently.

### **7.2 Human resource implications**

In order to realise the financial benefits of the transformation, a re-organisation of current Early Years staff is required. The proposed new structure has been developed by the Head of Service in close conjunction with operational support staff and it was subject to a full consultation.

The diagram below demonstrates how the revised structure will serve the proposed four hub model and support services delivered from the Child and Family Wellbeing Centres.



Staff have made an alternative proposal through the Trade Unions for a flatter management structure that allows for increased Early Help workers and/or assistants. This will be considered as part of the implementation project.

### 7.3 ICT implications

In order to implement the proposed solution in the four new hubs, a new ICT infrastructure will be required to deliver ICT services.

The hub buildings will be used by officers from Early Years, social workers, youth service as well as public health and Health partners.

It is therefore important to make data and ICT provision for each of these groups.

The main components of service provision will be:

- (a) IT Data access (external data access link and Wi-Fi or cabled distribution)
- (b) IT hardware (Wi-fi routers, PCs and monitors).

All the proposed Hubs already have IT data access, with the exception of Woodlands, where the current provision is shared with an adjacent school, and must be separated. The estimated cost of IT hardware is £4,160 for each hub, plus an additional £7598 for Woodlands data access.

These costs are detailed and included in the capital cost breakdown shown in Appendix i.

## 7.4 Property implications

Four hubs will be established in the following locations:

All Saints, Chatham.  
Youth Centre, Strood.  
Contact Centre, Wayfield.  
Woodlands Youth Centre, Gillingham.

A map of the Children and Family Hubs and Children and Family Wellbeing Centres layout is shown in Appendix iii.

Each Hub will have the capacity to accommodate the following as a minimum:

Room type	Number	Use/Function
Health	1	Health specification room primarily for midwifery.
Small	6	Reception, small office x2, meeting room x3
Medium	3	Family/activity room x 2 (or one divisible larger room), larger office
Large	0	
Kitchen	1	
Toilet	1	
Outdoor	1	Secure outdoor play area
Size	174 Sq. M	Includes secure access

Each site has been surveyed in conjunction with Medway Council Capital Projects team and a chartered surveyor. Based on the accommodation and service requirements, the following estimates for each Hub have been prepared. These are only indicative at this stage, and if the business case is approved further detailed planning will be undertaken to facilitate full implementation of the programme.

Under this option, some existing Children's Centres will no longer be used and Medway Council will no longer be responsible for the maintenance of these premises. Nine of the existing Children's Centres will be specifically designated as Children and Family Wellbeing Centres, where Early Years services will be delivered on a part-time basis.

Appendix i includes full details of the capital and revenue cost breakdown.

### 7.4.1 All Saints, Chatham

All Saints is already established as a Children Centre, and has the appropriate facilities and space to be re-badged as a Children and Family hub.

With the exception of some additional ICT equipment and some contingency for sundry items there is only a small capital cost implied at this site.

£8,160 has been estimated to cover these costs for All Saints.

### 7.4.2 Strood

This is an existing Medway Council building, currently used as Strood Youth Centre. In order to keep costs to a minimum, only the first floor of the building would be refurbished and most Early Years services will be delivered from the linked Gun Lane Children's Centre as part of the hub.

The Youth Centre is the current base for the Youth Offending Team (YOT). This team could be relocated to a new site.

### 7.4.3 Wayfield

This is an existing Medway Council building, currently used as a Contact Centre in Wayfield. It is situated adjacent to a current Children's Centre, which could continue to be used for the provision of Health and some Early Help services. The building and site will be re-developed and refurbished in order to accommodate a Children and Family Hub. The current Contact Centre service would be relocated to another site.

### 7.4.4. Woodlands, Gillingham

This is an existing Medway Council building, currently used as a Youth Centre at Woodlands in Gillingham. The building and site will be re-developed and refurbished in order to accommodate a Children and Family Hub.

Once established, each Hub will attract an anticipated maintenance cost of £35,000. The only exception to this is at Strood, where the maintenance cost is £10,600 for Gun Lane Children's Centre. This is based upon best estimates established on the current All Saints Children's Centre. There will be a requirement for Facilities Management to maintain the three new hubs in an arrangement similar to the current All Saints Children's Centre.

## 7.5 Financial implications

Appendix i includes full details of the capital and revenue cost breakdown. In summary the financial implications of implementing this option are outlined below.

### 7.5.1 Annual operational costs (revenue)

Children and Family Hubs, including Early Help services teams:

Summary	Cost
Staff	£ 1,519,159
Hub premises costs	£ 120,600
Wellbeing Centre costs	£ 105,182
Wellbeing Centre income from partners	-£ 90,000
Other	£ 326,818
<b>GRAND TOTAL REVENUE</b>	<b>£ 1,981,759</b>

This meets the requirement of financial constraint placed upon the Early Years service to reduce the annual costs to £1.98m. The revised operating budget will be met from the portion of DSG funding not passported to Nursery providers.

### 7.5.2 Capital investment costs

Capital investment summary	
Hub building/refurbish	£ 589,062
ICT infrastructure	£ 24,238
<b>TOTAL CAPITAL</b>	<b>£ 613,300</b>

The implementation of Option G, Children and Family Hubs and Children and Family Wellbeing Centres would incur a full capital spend estimated at £613,300, plus professional fees. This is primarily for building work and refurbishment of the designated Hub sites, along with new ICT infrastructure.

## **7.6 Equality implications**

A full Diversity Impact Assessment has been carried out and is included as one of the papers supporting the Consultation report presented to Cabinet on 8<sup>th</sup> August 2017.

## **7.7 Consultation requirements**

The original proposal and Cabinet paper (9<sup>th</sup> May 2017) approved a full consultation for the transformation of Early Help services. This included consultation with public and service users; staff and partner services.

A detailed Consultation report was prepared for Overview and Scrutiny committee on 1<sup>st</sup> August 2017 and Cabinet on 8<sup>th</sup> August 2017.

### **Appendices follow this page**

**Appendix i - Financial breakdown for recommended option**

**Appendix ii - Service description for recommended option**

**Appendix iii - Map of service access points**



## Appendix i – Financial breakdown – Evaluation summary

Option	Title	Revenue			Capital Cost	Overall risk level	Rank (1 is best)	Notes
		Cost	Income	Net effect				
A	Single team	£ 2,223,559	£ -	£ 2,223,559	£ -	A2	4	A budget pressure remains. Does not allow best reach of service.
C	Hub model	£ 1,981,759	£ -	£ 1,981,759	£ 613,300	A3	3	Achieves revenue savings target but does not deliver reach that the consultation response was clear is needed.
D	Do nothing	£ 3,600,000	£ -	£ 3,600,000	£ -	A1	6	Would result in £1.6m annual budget pressure.
E	Alternative funding	£ 3,600,000	£ 656,000	£ 2,944,000	£ -	B1	5	Would result in significant annual budget pressure, complex funding collection arrangement with substantial risk of withdrawal of sponsor funding.
F	Hubs with 15 Wellbeing points	£ 1,981,759	£ -	£ 1,981,759	£ 613,300	A2	2	Achieves revenue savings target and provides reach suggested by consultation, but relies on unrealistic and unsustainable funding from partner agencies and risks spreading staff base too thinly.
G	Children and Family Hub and 9 Wellbeing Centres	£ 1,981,759	£ -	£ 1,981,759	£ 613,300	B3	1	Achieves revenue savings target and delivers service within given budget envelope. Provides reach that the consultation response was clear is needed.

## Appendix i Financial breakdown. Recommended Option G: Hub and Wellbeing Centre model.

**Option G: Children and Family Hub and Children and Family Wellbeing Centre model.** The Council establishes integrated hub buildings in each of the four children's services areas to support a transformation of Early Help services. These will be supported by nine Wellbeing Centres.

### REVENUE - ongoing annual costs

Indicative staff costs, subject to final consultation and re-organisation process.

Post Title	Grade	Budgeted Posts (FTE)	at £	Total	Real Av	Real
Early Years Parenting & Supervision Lead	SW3 / Range 6	4	£ 48,000	£ 192,000	£ 48,000	£ 192,000
Early Years Early Help Team Leader	Range 4	8	£ 32,000	£ 256,000	£ 32,000	£ 256,000
Early Years Early Help Worker	Range 3	22	£ 26,000	£ 572,000	£ 27,500	£ 605,000
Early Help Assistant	Range 2	8	£ 17,000	£ 136,000	£ 18,500	£ 148,000
Administrator (Hubs)	Range 2	4	£ 20,000	£ 80,000	£ 21,000	£ 84,000
<b>TOTAL HUBS (EY element only)</b>		<b>46</b>		<b>£ 1,236,000</b>		<b>£ 1,285,000</b>
SEND Lead Teacher	S8-11/UPS+	1	£ 62,000	£ 62,000	£ 63,000	£ 63,000
SEND Practitioner	Range 3	6	£ 26,000	£ 156,000	£ 25,000	£ 150,000
Administrator (SEND)	Range 2	1	£ 20,000	£ 20,000	£ 21,000	£ 21,000
<b>TOTAL SEND</b>		<b>8</b>		<b>£ 238,000</b>		<b>£ 234,000</b>
Early Years Pupil Funding Officer	Range 4	1	£ 32,000	£ 32,000	£ 32,000	£ 32
Early Years Pupil Funding Assistant	Range 2	1	£ 20,000	£ 20,000	£ 21,000	£ 21
Finance Officer	Range 4	1	£ 32,000	£ 32,000	£ 32,000	£ 32
Finance Assistant	Range 2	1	£ 20,000	£ 20,000	£ 21,000	£ 21
Childcare Information Sufficiency Officer	Range 4	1	£ 32,000	£ 32,000	£ 32,000	£ 32
Childcare Information Sufficiency Assistant	Range 2	1	£ 20,000	£ 20,000	£ 21,000	£ 21
<b>TOTAL FUNDING &amp; SUFFICIENCY</b>		<b>6</b>		<b>£ 156,000</b>		<b>£ 159</b>
<b>TOTAL SALARIES</b>		<b>60</b>		<b>£ 1,630,000</b>		<b>£ 1,519,159</b>

### Premises costs

Assumes that each of 4 new hub centres will operate at approximately the same cost as All Saints Children's Centre facilities cost

Except Strood, which will work in conjunction with Gun Lane Children Centre

Partners will fund the Wellbeing Centres in negotiations led by Council with host schools

Building	Location	Type	Estimated annual cost	Funded by partners
All Saints (Hub)	Chatham	Hub 1	£ 35,000	
Strood Youth (Hub)	Strood	Hub 2	£ 15,600	
Wayfield (Hub)	Wayfield	Hub 3	£ 35,000	
Woodlands (Hub)	Gillingham	Hub 4	£ 35,000	
Children & Family Wellbeing Centre 1	Grain	Centre 1		£ 13,322
Children & Family Wellbeing Centre 2	Bligh	Centre 2		£ 11,088
Children & Family Wellbeing Centre 3	Deanwood	Centre 3		£ 9,300
Children & Family Wellbeing Centre 4	Delce	Centre 4		£ 11,340
Children & Family Wellbeing Centre 5	Twydall	Centre 5		£ 12,120
Children & Family Wellbeing Centre 6	Lordswood	Centre 6		£ 12,636
Children & Family Wellbeing Centre 7	Walderslade	Centre 7		£ 13,320
Children & Family Wellbeing Centre 8	Rainham	Centre 8		£ 10,830
Children & Family Wellbeing Centre 9	Gillingham	Centre 9		£ 11,226
		<b>TOTAL PREMISES</b>	<b>£ 120,600</b>	<b>£ 105,182</b>

### Other costs

Central (SEND/Funding)	Contribution to SEND service	£ 55,000	Contribution to SEND service as part of re-org
Outreach	Rental of access points and building	£ 84,818	Rental of access points and buildings as requir
Consumables	Resources and consumables	£ 100,000	Resources and consumables
Contingency	Small contingency for new model	£ 87,000	Covers extra resources, travelling etc as new r
	<b>TOTAL OTHER</b>	<b>£ 326,818</b>	

Summary	Cost
Staff	£ 1,519,159
Hub premises costs	£ 120,600
Wellbeing Centre costs	£ 105,182
Wellbeing Centre income from partners	-£ 90,000
Other	£ 326,818
<b>GRAND TOTAL REVENUE</b>	<b>£ 1,981,759</b>
<b>GRAND TOTAL CAPITAL INVESTMENT</b>	<b>£ 613,300</b>

## Appendix i. Option G. Capital Costs

Capital investment summary	
Hub building/refurbish	£ 589,062
ICT infrastructure	£ 24,238
<b>TOTAL CAPITAL</b>	<b>£ 613,300</b>

Plus professional fees

### Current Premises Costs

Cluster	SITE	Premises Payments	
A	St James' Grain	£13,322	
B	Bligh	£11,088	
B	Gun Lane (All Faiths')	£15,600	
B	Temple Mill	£9,660	
C	Delce	£11,340	
C	St Margaret's at Troy Town	£8,820	
D	All Saints	£35,100	
D	Wayfield	£14,400	
E	Kingfisher	£11,400	
E	Lordswood	£12,636	
E	Oaklands	£13,320	
F	Brompton	£12,040	
F	Burnt Oak	£12,000	
F	Saxon Way	£11,226	
G	Hand in Hand (Twydall)	£12,120	
G	Woodlands	£19,200	
H	Deanwood	£9,300	
H	Mierscourt	£9,720	
H	Riverside	£10,830	
	<b>TOTAL</b>	<b>£253,122</b>	

## Appendix i. Current Children's Centres and cohort

Cluster	Centre	Families regularly accessing Children's Centre	Cohort in catchment area	Proposal under new model
A	St James' Grain	122	365	This is the site of a new Children and Family Wellbeing Centre
B	Bligh	556	1607	This is the site of a new Children and Family Wellbeing Centre
B	Gun Lane (All Faiths')	250	702	This is the site of a new Children and Family Hub
B	Temple Mill	454	1666	Access to services delivered from new Hub in Strood, Child Development Centre at Temple and outreach in Wainscott, Chattenden and Cliffe Woods
C	Delce	343	991	This is the site of a new Children and Family Wellbeing Centre
C	St Margaret's at Troy Town	368	1100	Access to services delivered from Wellbeing Centre in Delce, outreach in Troy Town and Borstal as well as Libraries at Rochester and Chatham
D	All Saints	547	2105	This is the site of a new Children and Family Hub
D	Wayfield	200	703	This is the site of a new Children and Family Hub
E	Kingfisher	186	679	Access to services delivered from Wellbeing Centres in Lordwood and Oaklands, outreach at Libraries in Lordswood and Walderslade
E	Lordswood	279	785	This is the site of a new Children and Family Wellbeing Centre
E	Oaklands	232	644	This is the site of a new Children and Family Wellbeing Centre
F	Brompton	268	935	Access to services delivered from Wellbeing Centre at Saxon Way and outreach at Brompton and Gillingham as well as Libraries at Chatham and Gillingham
F	Burnt Oak	388	1317	Access to services delivered from Children and Family Hub at Woodlands, Children and Family Wellbeing Centre in Saxon Way and various outreach in Gillingham
F	Saxon Way	307	973	This is the site of a new Children and Family Wellbeing Centre
G	Hand in Hand (Twydall)	341	821	This is the site of a new Children and Family Wellbeing Centre
G	Woodlands	294	929	This is the site of a new Children and Family Hub
H	Deanwood	299	782	This is the site of a new Children and Family Wellbeing Centre
H	Mierscourt	241	614	Access to services delivered from Wellbeing Centres in Deanwood and Riverside as well as outreach at Mierscourt and Libraries in Parkwood and Rainham
H	Riverside	322	850	This is the site of a new Children and Family Wellbeing Centre
	<b>Total --&gt;</b>	<b>5997</b>	<b>18568</b>	
	Total Visits in 2016	220000		

## Appendix ii – Service description for recommended option

The Children and Family Hubs and Children and Family Wellbeing Centre model will offer a range of flexible service delivery options through 13 centres:



In addition, services will be delivered through the Child Development Centre. Services that will be delivered from the Hubs and Wellbeing Centres are similar to those currently delivered through current Children's Centres, although there will be a need to focus on targeted rather than universal services. This includes services delivered or commissioned by Medway Council, Health partners (Public Health and Clinical Commissioning Group) as well as some voluntary organisation services. The Hubs will additionally include services for the five to 19 years range, which have not previously been delivered from Children's Centres.

The Council would establish integrated hubs in each of the four children's services areas to support a transformation of Early Help services. These would be supported by nine Children and Family Wellbeing Centres delivered at nine of the existing Children's Centre sites.

Children's Centre permanent provision will be withdrawn from the current nineteen sites and staff located in the four children and family hubs. The four hubs would be designated as Children's Centres, and would additionally host and provide a range of staff and services for families with children of all ages. Each Hub would serve a wider area and operate as a base for the nine Centres and outreach work, taking services to where families live and to accessible locations.

To support the nine Centres, funding is being sought from partners in order to meet the premises costs.

As part of the transformation, other early help services for example family workers and CAMHS, will be co-located or available at the Hubs. The Council will also commission the voluntary and community sector to support universal services, e.g. Peer support networks to ensure they are sustainable.

The high level list of services is:

Early years services	5 years + Services	Health services
Stay and play (early learning play)	School attendance	Breastfeeding support
Parenting programmes	School inclusions	Community health services
Family support	Youth service	Healthy lifestyle
Early learning	Youth offending	Antenatal
SEN services	Early help information team	Tier 2 mental health
Employment/training	Parenting Programmes	
SLT		
Special support group		
Voluntary/community 0-5 services		

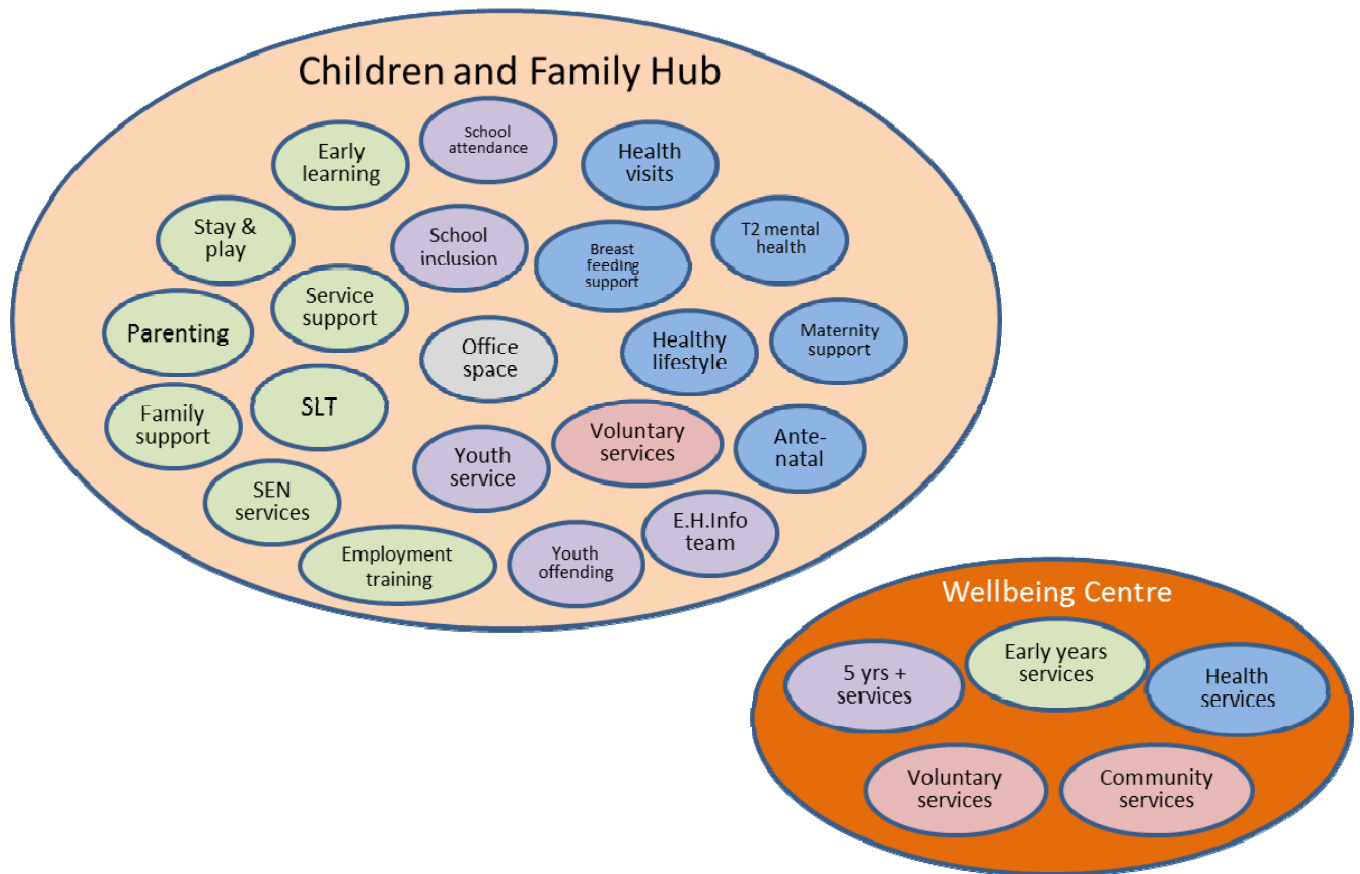
### What is being reduced?

- The number (volume) of face to face and group activities with children/families
- The frequency of sessions and activities in any particular venue or locality
- The number of families likely to be able to access sessions and activities
- There will be a greater focus on one to one family support for those with the greatest need

At the Hubs, provision will be made for back office services and drop-down (Hot-desk) facilities for staff. The Early Years teams will be based in each hub and will outreach to the Wellbeing Centres to deliver services.

Hubs and Wellbeing Centres will have the facility to deliver most or all services listed in columns one and three. Hubs will additionally be able to support delivery of the 5 years plus services listed in column two.

The diagram below gives a graphical representation of a Hub and Wellbeing Centre. The Wellbeing Centre is shown with all high-level services, although this will vary from site to site and the demand for services in each area.



The rationale and criteria behind the siting of hubs and satellites is:

- The designated Hub Centres will serve the immediate communities in which they are located. Each of the four Hub buildings are located in areas where there is a concentration of disadvantage.
  - All Saints (Children's Centre, central Chatham) has existing capacity and facilities for early years service delivery
  - Wayfield (Contact Centre, south Chatham) will require adaptation, and would have capacity and facilities for early years service delivery.
  - Woodlands (Youth Centre, Gillingham) will require adaptation to incorporate facilities similar to a Children's Centre.
  - Strood (youth centre) will require adaptation. The Hub will also include facilities in the nearby Gun Lane Children's Centre.
- Adequate geographical coverage across Medway area, to provide access to population of families with children under five years to a more local satellite venue:
 

a. Strood (south)	f. Twydall
b. Rochester	g. Parkwood
c. Walderslade/Weedswood	h. Rainham (north)
d. Lordswood	i. Grain
e. Gillingham (north)	
- All the above have suitable facilities for early years service delivery by staff on an outreach basis
  - Purpose designed premises in good repair
  - Family room
  - Medical room
  - Self contained access (or potential for independent access) and security

### **Capacity to provide services at a reasonable level:**

Although there will be some reduction in services that the Council directly provides, health service levels such as midwifery and health visitors could be maintained at a similar level to currently.

Based on last year's figures, the following estimates have been made:

- In 2016 there were approximately 240,000 visits to Children's Centres. These were undertaken by approximately 6,000 families who regularly visited the Centres. This indicates that each of the regular visiting families accessed a Children's Centre an average of 40 times in the year.
- The proposed model suggests that with the revised staff structure, distributed across the available 13 service access points, (4 hubs, 9 satellites), plus other outreach and community access points, that the full cohort could still be supported (6,000 regular visitors plus up to 4,000 occasional visitors).
- Based on current usage figures and taking the above into account, it is estimated that the 6,000 regular visitors would still enjoy an estimated 30 visits a year.
- Importantly, the total number of families regularly visiting (6,000) will not necessarily change, as services will still be available and accessible from Hubs, satellites and outreach settings in Medway. It will be number of average visits that they make that is likely to be affected.

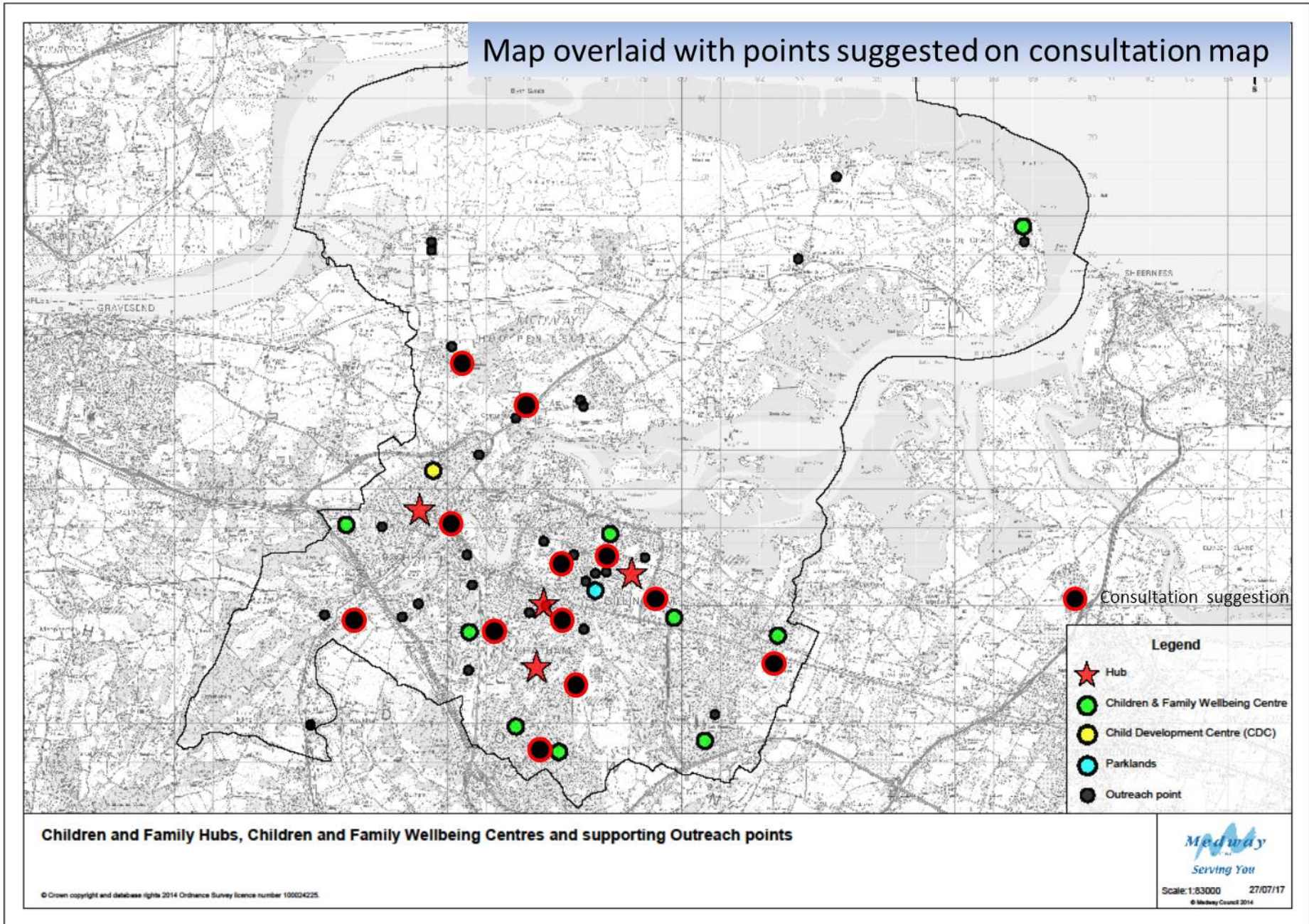
Based on the addresses of users, we have calculated the average distance travelled now and the maximum distance that may need to be travelled going forward. It is important to note that some people currently travel past their closest centre to access their preferred service. The current average distance travelled is 1.43 miles, but if everyone attends their closest new centre this falls to 0.78 miles. For those who did see an increase, it was less than a mile on average, and some could in fact save over a mile on average by attending their closest centre:

	Current (m)	New (m)	Increase
Max	36.42	33.12	9.97
Average	1.43	0.78	0.15
Closer			-1.03
Average Increase			0.91

These measurements are 'as the crow flies' so there will be issues such as railway lines, transport links and other factors that make distances further. The existing distance is about 0.2 miles lower than the data on distance travelled as measured by Google Maps in relation to survey respondents, but is the best that can be achieved without looking up all 5,800 addresses against all 13 proposed to be retained centre locations.



**Appendix iii – Map of proposed Children and Family Hubs and Wellbeing Centres overlaid with Consultation output**  
(Libraries removed to simplify the map)



## Appendix iii – List of proposed Children and Family Hubs and Children and Wellbeing Centres

### CHILDREN AND FAMILY HUBS

All Saints – Magpie Hall Road, Chatham  
Strood - Montfort Road and Gun Lane, Strood  
Wayfield - Wayfield Road, Wayfield  
Woodlands - Woodlands Road, Gillingham

### CHILDREN AND FAMILY WELLBEING CENTRES

St James' - Isle of Grain  
Bligh - Bligh Way, Strood  
Deanwood - Long Catliss Road, Rainham  
Delce - Fleet Road, Rochester  
Hand in hand - Romany Road, Twydall  
Lordswood - Lordswood Lane, Chatham  
Oaklands - Weedswood Road, Walderslade  
Riverside - St Edmund's Way, Rainham  
Saxon Way - Ingram Road, Gillingham

### OUREACH POINTS

#### Strood/Cuxton/Halling

Bo Peeps nursery, Halling  
Cuxton library  
Elaine primary academy  
Halling community centre  
Wainscott primary school

#### Chatham

All Saints church, Chatham  
Luton library  
White Road community centre  
The Lampard centre

#### Rochester

ABC pre-school, borstal  
Rochester hub/library  
St. Peters Church hall  
The Pilgrim school  
Warren Wood social club

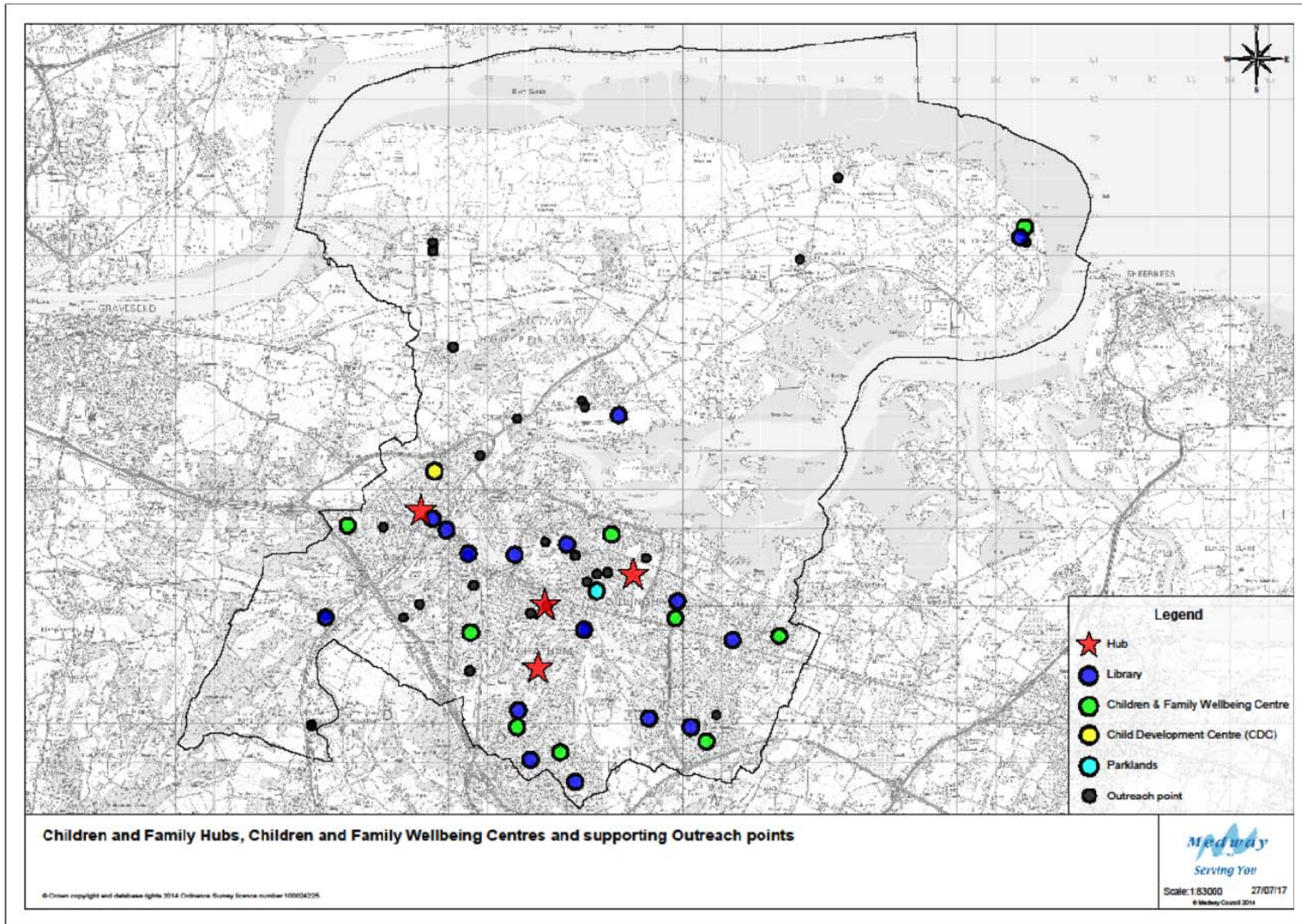
#### Gillingham/Rainham

Baptist church, Gillingham  
Barnsole primary school  
Napier community primary academy  
Rainbow room Hazlemere drive  
St. Barnabas Church hall, Gillingham  
Parkwood health centre

#### Hoo peninsula

Allhallows hall  
Chattenden  
Cliffe memorial hall  
Cliffe Woods primary school  
Hoo leisure centre  
Hundred of Hoo nursery  
Grain village hall  
St Helen's house -Cliffe  
Stoke village hall

# Appendix iii – Map of proposed Children and Family Hubs and Children and Wellbeing Centres plus Outreach points





**MAKE  
YOUR  
VOICE  
HEARD**



# **Transformation of early help services**

**Public Consultation**

**Summary of Responses  
July 2017**



## **1. Background**

- 1.1 Medway Council provides a wide range of services that support children and families, offering early help to prevent escalation of need to statutory social care services.
- 1.2 Medway Council undertook a consultation exercise between 31 May and 12 July 2017 on proposals to transform early help services for families of children and young people aged 0 to 19 years by providing a broader range of services through Children and Family Hubs (designated Children's Centres) and satellites sites, rather than the 0-5 year age range separately. Due to the reduction in budget, there will inevitably be fewer universal services are more targeted to families in most need.
- 1.3 The consultation sought:
  - Opinions on the suggested proposals
  - Views on expanding the service age range from 0-5 years to 0-19 years
  - Options for delivering the proposed service
  - Alternative suggestions about services and how they could be provided within the budget envelope
  - Other comments and suggestions

## **2. Consultation Process**

- 2.1 A wide range of methods were used to communicate and engage local people in the consultation. These included:
  - A large number of public meetings and engagement events
  - Advertising in the local media
  - Promotion in our Children's Centres, libraries and community hubs
  - Information leaflets
  - A dedicated section on our website and intranet
  - An online and paper copy of the questionnaire (1 850 paper copies distributed by hand)
  - Electronic newsletters to more than 18 000 recipients
- 2.2 The consultation included ten public consultation meetings, five meetings with professional representatives from education and health, a direct e-mail address for comments, 19 meetings at existing centres with staff and users and an online and paper based survey.
- 2.3 There were also eight cluster meetings with Children's Centre staff, who have produced a formal response.
- 2.4 89 people (excluding consultation staff) attended the 10 public meetings. Some 14 people attended more than one session; with two attending four sessions.

### Attendance details at Public Meetings

Date/Location	Public	Employees	Councillors	Total
12/6 White Road	7			7
12/6 Deanwood	16	4		20
14/6 Wainscott	4	1		5
16/6 Parkwood	1	2	2	5
16/6 Gun Wharf	9	1	1	11
19/6 High Halstow	3			3
20/6 Brompton	8	2	2	12
22/6 Oaklands	12	3		15
22/6 Borstal	4		2	6
28/6 Grain	14	4	1	24
<b>Overall Total</b>	<b>78</b>	<b>17</b>	<b>8</b>	<b>103</b>

- 2.5 The five meetings with professional partner organisations were held at Gun Wharf. Two meetings included representation from Medway Maritime Hospital, Medway Community Health, Public Health, Early Years and Commissioners. However, representatives from health also attended all the other professional partner meetings as well. A further session was held with Clinical Commissioning Group (CCG) partners. One meeting had an education focus, attended by 11 headteachers or their representatives from the schools where the centres are located. There was also a session with 27 Early Years Private and Voluntary Independent (PVI) provider representatives.
- 2.6 The meetings at the 19 children's centres were attended by 295 people, an average of 16 per session, as set out in the table below. In total 69 burning issues, comments and questions were identified.

### Attendance at Children's Centre Sessions

Location	Date/Time	Users
All Saints	6 June, 10-11am	15
Brompton	6 June, 2-3.30pm	9
St Peter's Church Hall (St Margaret's at TT)	7 June, 10-11am	31
Delce	7 June, 2-3pm	21
Lordswood	9 June, 9.30-10.30am	20
Hand in Hand	9 June, 1.30-3pm	15
Deanwood	12 June, 10-11.30 am	14
Gun Lane	12 June, 1.30-2.45 pm	22
Saxon Way	13 June, 10-11am	10
Woodlands	13 June, 2-3pm	28
Riverside	14 June, 9.30-10.30am	26
Kingfisher	14 June, 12.30-2pm	15
Cliffe Woods Primary School	15 June, 9.30-10.30am	15
Wayfield	15 June, 1.30-2.30pm	4
Oaklands	16 June, 9.30-10.30am	17
Temple Mill	16 June, 1-3pm	9
Cuxton Library	19 June, 10-11am	10
Burnt Oak	20 June, 9.20-10.20am	10
Miers Court	20 June, 1.30-2.30pm	4
<b>TOTAL</b>		<b>295</b>

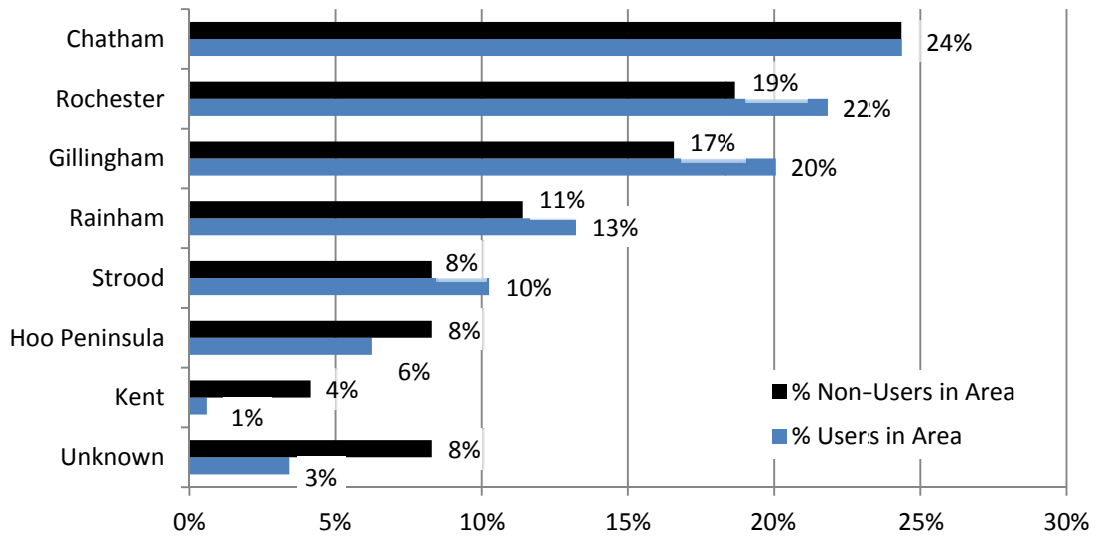
- 2.7 The online pages received just under 2 500 views, of which 1 867 were unique. On average, visitors spent just under 5 minutes on the pages.
- 2.8 Responses were received from individuals and organisations and a mix of users and professionals. Some responses were submitted before the formal survey period. This includes comments from staff, trades unions, councillors and local MPs. In total 41 e-mails and 10 letters were received.
- 2.9 Formal staff consultation started on 13<sup>th</sup> June and ran for 37 days. Two formal meetings were held with all staff and Trade Unions at Lordswood Leisure Centre. In addition, 3 informal consultation meetings were held with staff on 29 June.
- 2.10 The survey included a number of open questions, including the ability to comment on multiple choice and ranking elements. All public meetings were recorded and the transcripts, together with the survey comments, have been analysed to provide qualitative and, to a more limited extent, quantitative data.
- 2.11 A number of the public meeting attendees and some respondents expressed concern about the quality of the survey and associated consultation document. This included the number of questions, clarity on terminology and definitions, for example the word 'vulnerable'. It was also considered that some of the questions were misleading, suggesting enhanced services rather than the proposed consolidation.
- 2.12 The timescale of the consultation was also challenged, with some believing it was too short and should continue beyond August. It was also suggested that the proposal for the establishment of four hubs was incomplete with a lack of detail on where the hubs might be located and possible numbers/locations of any satellites.
- 2.13 These views, as well as those expressed by parents, professionals and residents on social media and [saveoursurestarts.co.uk](http://saveoursurestarts.co.uk) have been incorporated into the analysis undertaken within this paper.
- 2.14 A petition with 1 274 signatures was received on 20 July calling on '...Medway Council to stop the closure of 19 Sure Start Centres'.

### **3. Demographics**

- 3.1. A detailed summary of the survey responses is attached as Appendix A. The survey had 866 unique responses from parents, employees and volunteers, professional partners and residents. Of those responding, 673 (78%) have been users of a Children's Centre in the last twelve months, representing less than one fifth of the approximate 3,500 families who used the centres during the consultation period.
- 3.2. Around two-thirds of the respondents live in Chatham, Gillingham or Rochester, with more responses from users of Delce than any other centre. Three quarters use their centre at least once a week. 9% did not state which centre they used.

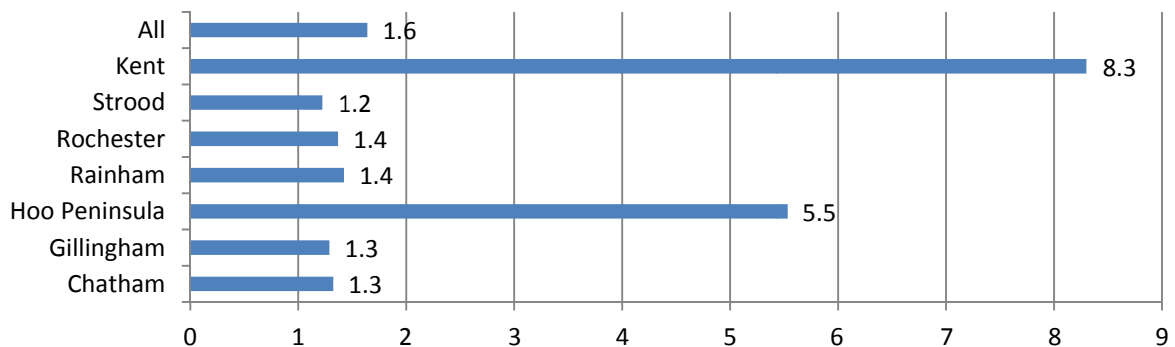


## % respondents by Area of Residence and Centre Use



3.3. Most respondents were women (85%) aged 26-40 (62%) who are married, in a civil partnership or co-habiting (79%). Most are White British (84%), with English as their main language (92%). All of this is in line with the demographics of centre users. Around 9% have a long term disability, of which 37% are aged 40+.

## Average Miles Travelled by Area of Residence

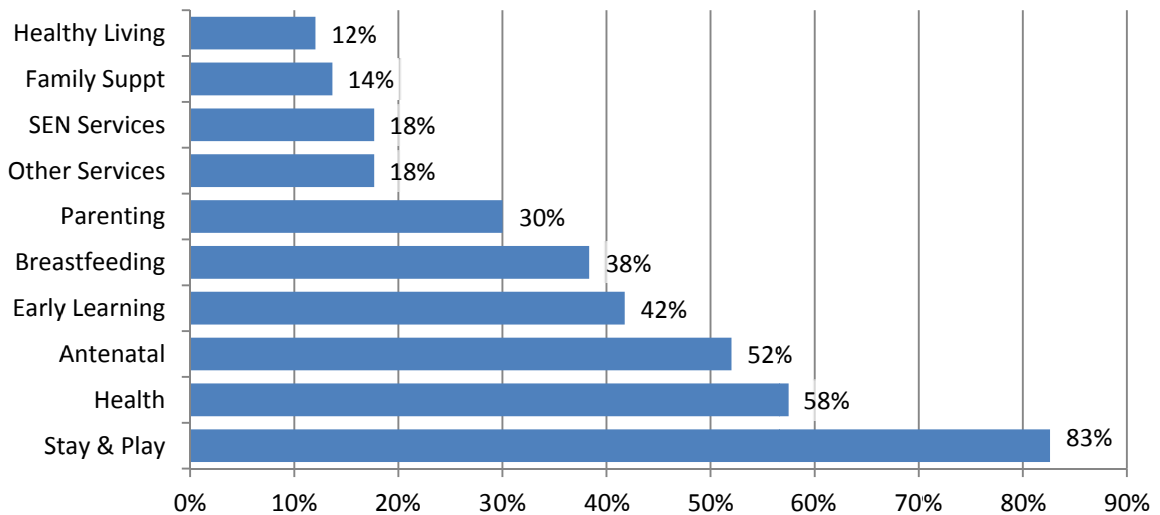


3.4. Apart from those living in rural areas, on average centre users travel 1.3 miles to attend a centre. Those living on the Hoo Peninsula area travel 5.5 miles on average, also reflected in the distance travelled by those attending St James. Some users choose to travel to a wide range of centres some distance away from their nearest centre, including Riverside, Bligh, Deanwood and Woodlands.

3.5. Most users who responded have children aged 0-2 (55%), which is below average of those using centres. Two thirds of users said they were responding as a parent, or potential parent, of an under five year old.

3.6. The most used services were the 'Stay and Play' universal sessions, followed by health services, antenatal sessions and to a lesser extent Early Learning, Breastfeeding and Parenting sessions. Targeted Special Educational Needs sessions and family support were attended less by users, but universal healthy living sessions were attended the least. Other services included many that were universal in nature.

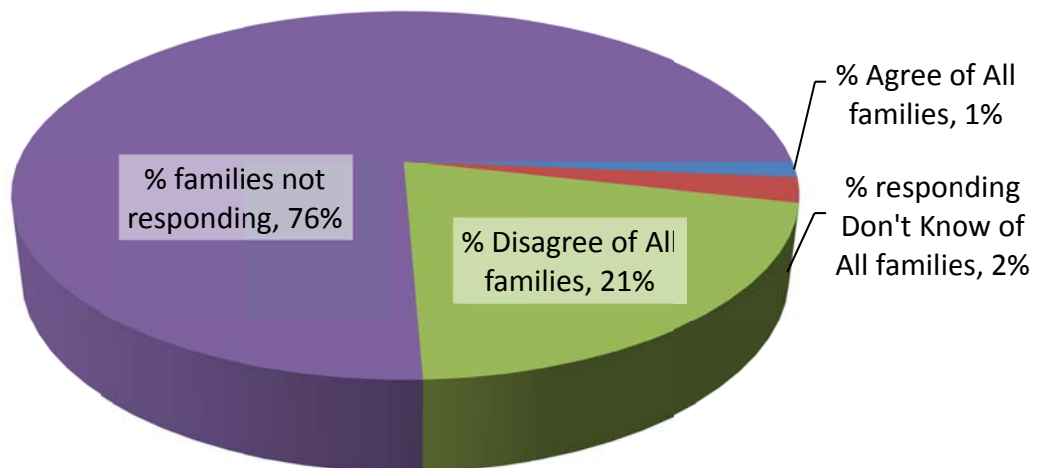
### % Responding that use Centre Services by Type of Service



## 4. Response to Main Proposals

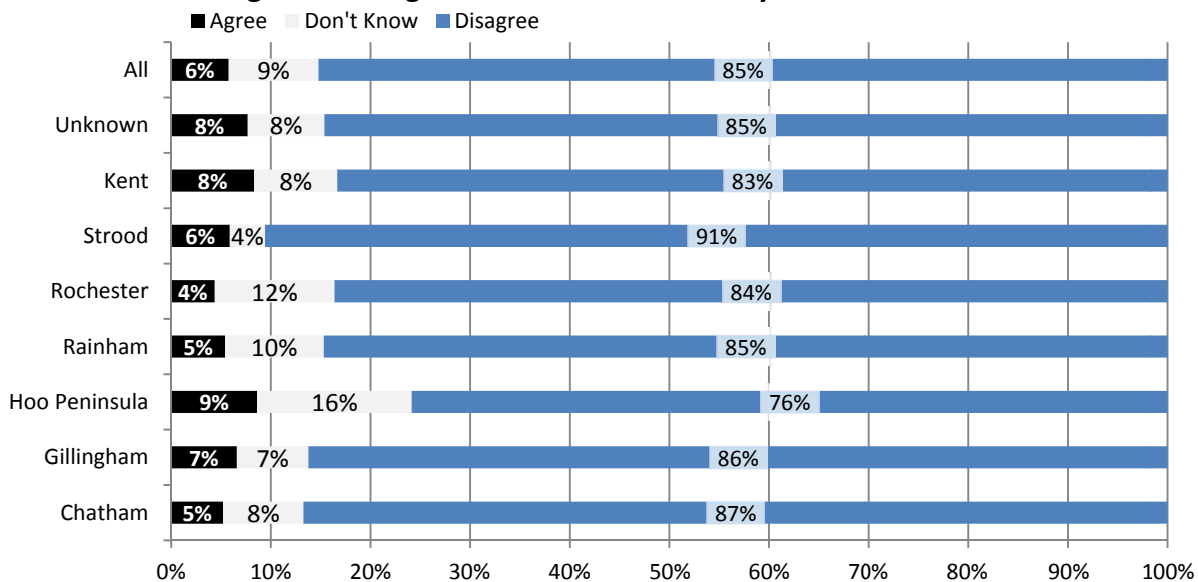
4.1. It is not really possible to know how those who did not respond to the survey viewed the proposals or why they did not engage. However, if the balance of the 3,500 families who attended a children's centre during the consultation period is factored into consideration, those in favour of the proposals are 1%, those against 21% and unknown 78%.

### Respondents who agreed, disagreed or didn't know, as well as those not responding as a percentage of all families who attended a centre during the survey period



4.2. Overall, 85% of respondents disagreed with the proposed four-hub model, and just 6% supported the Council's proposals. There was slightly more support from those living in the Hoo Peninsula and Kent (see below).

### % Agree or Disagree with a 4-hub Model by Area of Residence



- 4.3. However, it should be noted that many of those opposed appeared not to have understood that the proposal included the establishment of a number of additional satellite sites, believing the existing 19 sites would reduce to just four.
- 4.4. Support for the outreach model was mixed. Around a third of respondents felt it would be good to have services in the home, but noted that this already happened, and this should not be at the expense of work in a Children's Centre. About a quarter disagreed, suggesting this could result in further isolation, or expressing concerns that it would cause limited resources to be stretched further. One person suggested wider use of social media to provide outreach support.
- 4.5. There was further lack of consensus about whether an all age (0-19) model was a good idea. Just over a third felt it would be good to allow older children into sessions, but a third disagreed, noting that having even six year olds and babies in the same play space might be difficult. It was also noted by some that schools provide more support for over-fives and that services for them were better kept separate. This reflects a misunderstanding about the model which would not have teenagers mix with under-fives.
- 4.6. The most valued services were very much in line with those services used the most. A number of respondents wanted to rank all the services as equally important, although others felt that some services were duplicated and were being provided by others, such as employment advice.
- 4.7. Those responding to the survey, as well as those attending the public and professional staff meetings, identified a number of key issues, set out in the sections below.

## 5. Information Advice and Support and Professional Staff

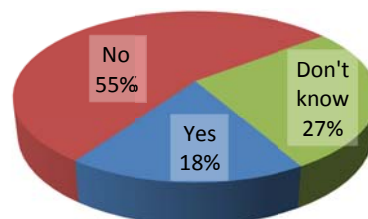
- 5.1. 86% of respondents (90% of users who responded) emphasised the value of information, advice and support Children's Centres provide. The current offer was seen by some as having already diminished in the last twelve months. Other concerns focused on the importance of well-run sessions that are universal, allowing peers and professionals to share concerns in a non-threatening environment.

"...I was able to take my baby out of the house from 2 weeks old to socialise with other babies and meet other mums. The centres honestly changed my life, they made me realise that certain rashes/cradle cap/changing her feeds were completely normal and it was a massive help to talk to other mums who were also suffering sleep deprivation..."

*Deanwood User*

- 5.2. Respondents stressed the value of seeing the same professional staff, with half mentioning this specifically, building strong relationships with them and other parents and carers. The importance of paid, professional staff came through strongly, with fewer than a fifth of survey respondents seeing volunteers as appropriately qualified to run centres. It was noted that most centres already have volunteers, and this should be encouraged, but not to the exclusion or instead of paid staff.

Can volunteers run a Centre?



- 5.3. Some of those attending the public meetings expressed concern that services may become less joined up, with health services separating from early years services if the latter became purely targeted. This might limit sharing of best practice or at the very least limit the ability of some parents to find the support they needed. Some parents said that they found it difficult to get their child into a nursery, that parent and toddler groups were hard to find and that the Children's Centres helped meet their need for universal services.
- 5.4. Early Years Private and Voluntary Independent providers (PVIs) shared significant concerns about their ability to meet the demand for places to two-year-olds as the government funding was insufficient. They also expressed the esteem they held the services provided by the central Early Years Team.
- 5.5. Staff, through the trade unions, felt that the staffing structure did not offer enough staff 'on the ground' to deliver an effective universal service. They proposed a manager for each hub who would take responsibility for ensuring that parenting support, child development, partnership with health and volunteers are all managed within each hub as part of their strategic role. This would replace the need for a lead for each of these areas and the need for two team leaders, and provide capacity for more frontline staff. This will be considered as part of the staff restructure and implementation plan.

## 6. Travel and Transport

- 6.1. Overall, 78% of respondents cited concerns about travelling if their centre was to close. Parents of very young children reported that they find it difficult to travel far to attend centres, especially those suffering with physical or mental health problems such as a recent caesarean section or ante/post-natal depression.
- 6.2. Parents on a low income felt they would struggle to meet the cost of public transport and typically they do not own a car. Those who did have a car cited problems with traffic/congestion and parking. Indeed some respondents who lived close to a centre were in favour of proposals precisely because it might mean an end to users parking outside their house.

*"I don't drive and bus fares are very expensive. For me to get down to say Chatham that would cost me £5.50. If there were three sessions each week that I wanted to attend I simply could not afford it. This change will hit the low income families hardest."*

*Lordswood User*

- 6.3. For those who can afford to travel, including those with their own car, many cited the time taken to travel and how this would prevent use of centres due to time pressures such as the need to pick up older children from school, for example. Others referred to the environmental impact, as well as increase in congestion, with a few residents expressing concern about the limited availability of parking at some centres that impacts their ability to park locally.
- 6.4. Social barriers that prevent families from some areas travelling to other parts of Medway were also identified. For example, families living in the Riverside area said they do not travel to other areas of Rainham. Some professions felt there were families in Gillingham and Chatham who had language needs or military backgrounds that require appropriate support.

## 7. Centre/Hub Size and Capacity

- 7.1. Professionals and users felt that current centres already offered targeted support to children in need, parents at risk of abuse or with mental or physical health problems using an integrated approach. It was felt that changes to a hub model could actually hinder some of this work and co-location might dilute the services on offer to families with a 0-5 year old. Some also felt that co-location might not necessarily encourage joint working, as professionals from different disciplines worked alongside each other without the time or capacity to engage.
- 7.2. Staff are trusted for their expertise and universal sessions such as stay and play are popular and well attended. The universal nature of services was valued and recognised as providing equality of opportunity and prevented a sense of stigmatising that might be experienced if services were targeted.
- 7.3. Centres based in schools were considered particularly helpful to parents with another child at that school as they could pick up the older child more easily, maximising available time, and those at risk of domestic violence were able to attend without risk of repercussions as they could explain their visit to an abusive partner as a trip to the child's school.
- 7.4. Respondents felt that current provision was to relatively small groups, which helped ensure problems were picked up early, encouraged relationship building and good

child development. Many cited the importance of continuity of care and relationships between staff, volunteers and other parents and the children.

- 7.5. Just under a third expressed concerns that existing centres were not big enough to act as hubs, and if they were closed the physical space would be lost. This view was shared by many of the professional partners and staff. It was also felt that larger centres might either lack capacity or have the appropriate facilities for the number of groups that would need to take place or provide diluted quality of care.

*"They will be too big and crowded. People who struggle with being around people will find it harder meaning they will stay at home. Also all the classes will be too busy and booked up that not every child will get to do what they want."*

*Gun Lane User*

## **8. Child Development**

- 8.1. A majority of respondents (59%) felt that centres provided critical support to parents to help ensure their children develop well in the first few years of life. The rise in Foundation Stage Profile results since the centres were opened in 2007 was seen to demonstrate that they had been effective in preparing children for school.
- 8.2. There was concern that, if parents do not attend a centre as a result of the distance required to reach it as well as other associated barriers, much of this development support will be lost. Whilst some respondents felt that volunteers and the voluntary/community sector could be a valuable source of support for early years provision, this was not considered as good as the dedicated Children's Centre provision.
- 8.3. At the extreme end of this, some professionals and parents were concerned that it could lead to an increase in safeguarding incidents, as families struggled with domestic violence, child neglect and loneliness.

*"My son is quite shy but by having the opportunity to go to a community based centre where he can socialise and feel comfortable as he is in a familiar environment has given him far more confidence. Also the fact that we have been able to attend sessions since he was new born means that he has established friendships which he otherwise wouldn't have had the opportunity to do. I have also been able to seek advice on weaning and given help and support with raising my child. Without the support and availability of the children's centres and their staff my sons first years would have been far less enriched. "*

*Deanwood User*

## 9. Social Isolation and Mental Health

- 9.1. At present centres allow parents to engage in community provision that is non-stigmatising and provides mutual support opportunities overseen by professional staff.
- 9.2. There is concern that early signs of depression and parenting problems will no longer be identified, causing family problems that could otherwise have been prevented. The proposal to target services may result in parents considering themselves insufficiently vulnerable or in need despite having issues that could be effectively addressed through low level support services.
- 9.3. Some parents cited sessions as so valuable they literally 'saved their life', i.e. from suicidal tendencies.

*"You don't speak to another adult (apart from maybe your partner, if you have one) for days on end. You get paranoid that your child isn't developing normally or that you're not doing things right or that you're a terrible mother. You get depressed and isolated. You won't ask for help because you're scared someone will take your baby away from you. You're scared that you'll be judged by others for not coping. You become more depressed and more isolated."*

*Delce Parent*

## 10. Additional Long Term Costs

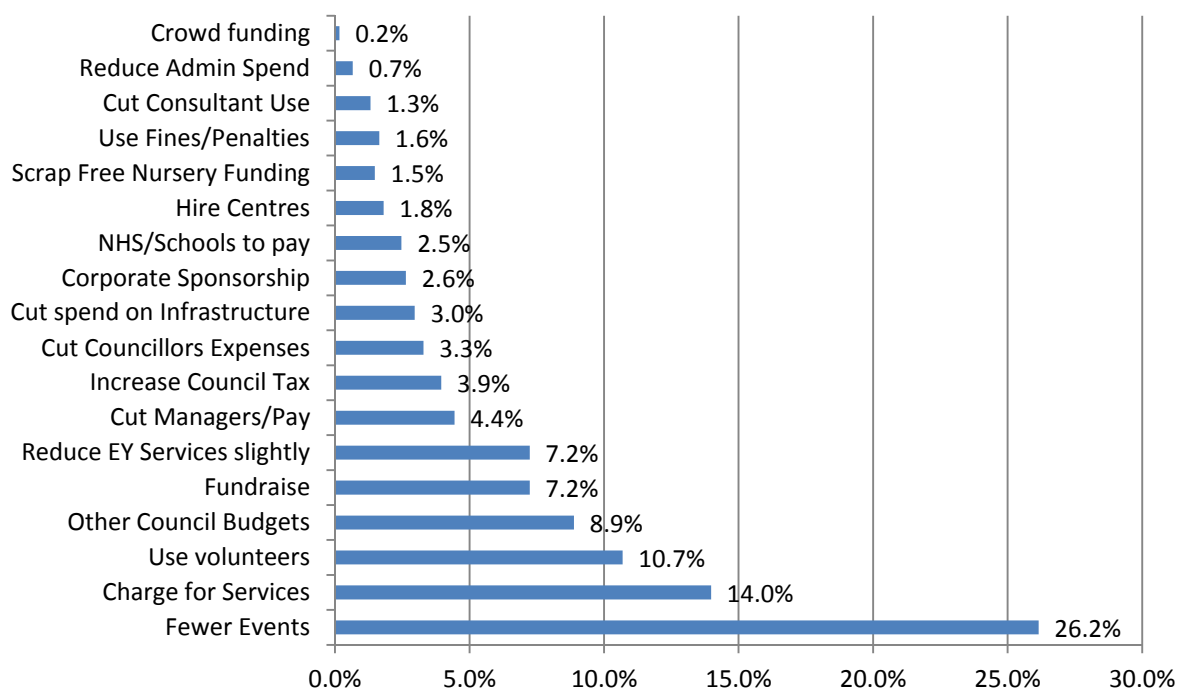
- 10.1. Many professional partners and Early Years staff (including 8% of users responding) cited a strong probability that short term savings through centre closure might lead to additional costs.
- 10.2. Some cited poorer early years progress and lower school attainment – requiring additional funding in primary/infant school nursery and reception classes.
- 10.3. It was also suggested there would be an increase in troubled families and children's social care costs as early problems were missed and escalated into greater levels of need.
- 10.4. Users said they would probably increase their visits to GPs and secondary health services, especially mental health – many said they would need to go to their GP if the centres were inaccessible, as well as those citing mental health issues.
- 10.5. Health partners in particular cited insufficient capacity within the four hubs for the delivery of universal health services, even assuming access issues could be resolved, resulting in additional expenditure on other local facilities.
- 10.6. Others suggested there would be a reduction in social cohesion, including volunteering, that may even make the hubs harder to run as existing volunteers cannot make it to them. Schools cited centre volunteers as a natural source of teaching assistants as the experience gained and knowledge of child development was transferable.

## 11. Alternative Proposals/Funding Sources Identified

- 11.1. In considering alternative options, some made broader points they associated with the proposals. Councillor's expenses, employment of consultants and senior managers were all cited as areas that should be used instead of reducing centres and associated frontline staff. Many proposals were outside the scope of the Council's control. These included reducing MP salaries, changes to national government and not providing the two-year-old funding or infant school meals. There was general support for the Council to petition central government on issues of early years funding.
- 11.2. Private and Voluntary Independent nursery providers noted at the professional meeting that some of them would be unable to provide the additional two-year-old hours as the rates provided did not cover their costs.
- 11.3. There was widespread mention of the desire to redirect money spent on other services to children's centres, with the suggestion of fewer events such as the Battle of Medway, Dicken's Festival and fireworks (26.3%), as well as less spent on infrastructure projects such as the Chatham Dockside renewal (3%). The use of fines and penalties such as parking and environmental health were also proposed (1.5%).
- 11.4. Other means of raising extra funding included increasing Council tax (3.3%), corporate sponsorship, hiring out centres for out-of-hours use, and other centre-based fundraising events (about 26.2% in total). One respondent suggested the Children's Centres should be turned into a charity. About (7%) suggested that existing services should be reduced slightly so that centres had less of an offer without actually closing. This included suggestions of closing just a few centres but retaining at least one in each of the current clusters.
- 11.5. Some respondents (14%) felt that a small voluntary donation or charge would be appropriate, with a few suggesting it should be means tested.
- 11.6. Finally, 2.4% suggested that professional partners such as the NHS and schools should be asked to make a contribution and this was linked to the likely increased costs and lower attainment it was felt would otherwise result. The graph below shows the percentage of survey respondents that suggested each area of alternative funding.



## Alternative Funding Sources Proposed



## 12. Potential Sites for the Hubs

12.1. A significant number of people (70%) refused to suggest where the hubs should be located, emphasising the need to keep all, or at least most of the centres open. Of those who did respond, some suggested there should be five or six hubs, based in the 'main town centres'. Others suggested that all or most of the centres should be maintained as satellite sites.

12.2. The majority of respondents who did make suggestions prioritised Chatham (19%), Gillingham (18%), Strood (14%) and Rochester (13%). Lower priority was given to Rainham (11%), the Hoo Peninsula (7%) and Walderslade/Lordswood (4%). Most were also clear that it should be about making centres available close to good transport links (18%), with adequate parking (5%) and evenly or so that the majority of people could reach them according to need (13%).

12.3. A map was taken to each of the 19 centres for individuals to suggest hub locations and the results of this exercise were in line with the survey findings.

12.4. The importance of delivering universal services on school sites was also emphasised, with the explanation that this enable the use of existing resources effectively but most importantly was non-stigmatising as schools were a neutral community venue, especially important to those suffering domestic violence or mental health problems.

## 13. Conclusion

13.1. The majority who responded to the consultation were clearly opposed to the proposals. The majority cited the excellence of existing services and would wish them to remain the same. There was recognition of the need for budget reductions, but a strong message was given that these should be sought from elsewhere, and it was the view of some that proposals may incur greater costs in the medium to long term.

13.2. Whilst few of the alternative proposals are completely worked out, there are a number of options that will be evaluated to form part of the business case following the consultation.

## Appendix A – Details of the Survey Responses

### Numbers Responding by Area of Residence and Centre Use

Area	Chatham	Gillingham	Hoo	Rainham	Rochester	Strood	Kent	Unknown	All
Users	164	135	42	89	147	69	4	23	673
Non-Users	47	32	16	22	36	16	8	16	193
<b>All Respondents</b>	<b>211</b>	<b>167</b>	<b>58</b>	<b>111</b>	<b>183</b>	<b>85</b>	<b>12</b>	<b>39</b>	<b>865</b>
% area that are centre users	78%	81%	72%	80%	80%	81%	33%	59%	78%
Users by area %	24%	20%	6%	13%	22%	10%	1%	3%	
Respondents by Area %	24%	19%	7%	13%	21%	10%	1%	5%	

### Age Group, Gender and Marital Status

To protect personal data, numbers relating to respondents' demographics have been rounded to the nearest five and below five have been repressed, in line with ONS guidelines. So, for example, the number of responses is shown as 865, not 866. Therefore, numbers in many of the tables below may not match due to rounding.

Marital Status	>20	20-25	26-30	31-35	36-40	41-45	46-50	50+	N/A	All
Married/Civil partnership/Cohabiting	>5	30	115	185	165	75	30	70	15	680
Separated/Divorced/Widowed	0	>5	5	10	5	10	5	20	>5	50
Single	5	10	15	15	10	5	>5	5	0	65
Not Stated	0	5	10	5	5	5	5	10	25	70
<b>All Respondents</b>	<b>5</b>	<b>45</b>	<b>140</b>	<b>215</b>	<b>185</b>	<b>90</b>	<b>45</b>	<b>100</b>	<b>40</b>	<b>865</b>
% by Age Group	1%	5%	16%	25%	21%	11%	5%	12%	5%	
% Married/Civil partnership/Cohabiting	17%	65%	81%	86%	88%	80%	74%	70%	38%	79%
% Separated/Divorced/Widowed	0%	2%	3%	4%	3%	11%	7%	18%	5%	6%
% Single	83%	26%	10%	7%	6%	3%	5%	3%	0%	7%

### Respondents with a Disability

Age Range	>20	20-25	26-30	31-35	36-40	41-45	46-50	50+	N/A	All
Have a Disability	0	>5	15	15	15	10	5	15	5	75
No Disability	5	40	120	190	160	70	35	75	10	705
Not Stated	>5	>5	5	10	15	10	5	10	30	85
<b>All</b>	<b>5</b>	<b>45</b>	<b>140</b>	<b>215</b>	<b>185</b>	<b>90</b>	<b>45</b>	<b>100</b>	<b>40</b>	<b>865</b>
% With Disability	0%	2%	9%	6%	7%	12%	9%	16%	7%	9%

### Ethnicity and Gender

Ethnicity	Numbers	% Female	% Male	% Ethnicity	% Ethnicity	% Ethnicity
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				<b>overall</b>	<b>that are Female</b>	<b>that are Male</b>
White British	730	88%	9%	84%	87%	86%
Not Stated	60	48%	10%	7%	4%	8%
Other White	40	92%	5%	5%	5%	3%
White Irish	10	88%	13%	1%	1%	1%
White and Asian	10	71%	14%	1%	1%	1%
Indian	5	100%	0%	0%	0%	0%
Other Asian	5	50%	25%	0%	0%	1%
Other Multi-Ethnic	5	100%	0%	1%	1%	0%
Black Caribbean	5	100%	0%	0%	0%	0%
<b>All</b>	<b>865</b>	<b>85%</b>	<b>9%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Responses were also received from less than five of the following categories (all female):**

- Gypsy/Romany/Traveller of Irish Heritage
- Black African
- Other Black
- White & Black Caribbean
- Chinese
- Pakistani

### **English is Main Language**

<b>Age Range</b>	<b>&gt;20</b>	<b>20-25</b>	<b>26-30</b>	<b>31-35</b>	<b>36-40</b>	<b>41-45</b>	<b>46-50</b>	<b>50+</b>	<b>N/A</b>	<b>All</b>
English	5	45	135	200	170	85	40	100	20	800
Other Language	0	0	5	10	15	5	>5	0	5	35
Not Stated				5	5	5		>5	20	35
<b>All Respondents</b>	<b>5</b>	<b>45</b>	<b>140</b>	<b>215</b>	<b>185</b>	<b>90</b>	<b>45</b>	<b>100</b>	<b>40</b>	<b>865</b>
% English	100%	100%	96%	94%	91%	93%	98%	98%	48%	92%
% EAL	0%	0%	4%	4%	7%	3%	2%	0%	7%	4%

### **Respondents with Children with Special Educational Needs or Disabilities**

Number with Children with SEND	105
Number with Children without SEND	650
Number Not Stated/No Children/Not Applicable	110
<b>All Respondents</b>	<b>865</b>
% Respondents with Children with SEND	12%

## Centres Used by Respondents with Frequency of Use

Centre User	Unknown	Never	>Monthly	Monthly	Weekly	2+ days/ Week	All	% weekly plus
All Saints	0	0	10	10	10	25	60	67%
Bligh	>5	0	5	5	15	15	40	77%
Brompton	>5	0	>5	>5	5	11	20	79%
Burnt Oak	>5	0	5	5	20	15	45	74%
Deanwood		0	5	5	10	10	30	68%
Delce	>5	0	10	15	25	15	70	60%
Gun Lane	0	0	>5	5	15	15	35	78%
Hand in Hand	0	0	>5	>5	10	5	20	84%
Kingfisher	0	0	>5	>5	5	5	15	77%
Lordswood	0	>5	10	5	15	20	50	69%
Miers Court	0	0		5	15	5	20	82%
Oaklands	0	0		>5	5	15	20	95%
Riverside	>5	0	5	5	10	15	30	68%
Saxon Way	0	0	>5	5	10	5	20	77%
St James	0	0	5	>5	5	5	20	72%
St Margaret's	>5	0	10	5	15	10	40	64%
Temple Mill	0	0	5	5	15	10	30	66%
Wayfield	0	0	0	>5	5	5	10	78%
Woodlands	0	0	5	10	10	10	35	56%
Not Stated	>5		5	5	15	35	60	83%
<b>All Centres</b>	<b>10</b>	<b>&gt;5</b>	<b>80</b>	<b>100</b>	<b>230</b>	<b>250</b>	<b>675</b>	<b>72%</b>
<b>No Centre Used</b>	<b>0</b>	<b>190</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>190</b>	<b>0%</b>
<b>All Respondents</b>	<b>10</b>	<b>190</b>	<b>80</b>	<b>100</b>	<b>230</b>	<b>250</b>	<b>865</b>	<b>56%</b>

## Numbers of Children Represented - by Centre and whether a Centre User

Centre	Unborn	Under 3	3 to 5	Primary	Over 12	Adults	All	% All
All Saints	5	35	25	10	10	5	60	7%
Bligh	5	35	15	10	>5	>5	55	6%
Brompton	5	15	5	10	>5	0	25	3%
Burnt Oak	10	30	20	20	5	5	55	6%
Deanwood	>5	20	15	5	5	5	40	4%
Delce	5	65	30	10	5	>5	100	11%
Gun Lane	5	30	15	10	>5	0	55	6%
Hand in Hand	0	15	10	10	>5	0	25	3%
Kingfisher	0	10	5	5	>5	0	20	2%
Lordswood	10	35	25	20	10	>5	70	7%
Miers Court	5	25	5	5	>5	5	30	3%
Oaklands	5	15	10	5	5		30	3%
Riverside	5	25	10	5	5	>5	40	4%
Saxon Way	0	15	15	>5	0	5	25	3%
St James	>5	15	10	10	5	>5	25	2%
St Margaret's	5	30	15	12	0	0	50	5%
Temple Mill	5	22	20	5	5	5	50	5%
Wayfield	>5	5	5	>5	5	5	10	1%
Woodlands	5	30	15	10	5	5	45	5%
Not Stated	10	45	35	15	>5	5	90	9%
<b>All Centre Users</b>	<b>80</b>	<b>520</b>	<b>305</b>	<b>175</b>	<b>70</b>	<b>40</b>	<b>900</b>	<b>95%</b>
<b>All Non-Users</b>	<b>15</b>	<b>10</b>	<b>30</b>	<b>70</b>	<b>30</b>	<b>50</b>	<b>50</b>	<b>5%</b>
<b>All Respondents</b>	<b>95</b>	<b>525</b>	<b>330</b>	<b>245</b>	<b>105</b>	<b>90</b>	<b>950</b>	
% Respondents	10%	55%	35%	26%	11%	10%		

Based on the number of children cited by respondents together with centre used/not used

## Stated Reason for Responding to the Survey by Area and Centre Use

Area	Parent -	Parent	Parent -	Parent	Employee/	Prof	Resi-	Cllr	Oth
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	Unborn	0-5	Primary	of 12+	Volunteer		dent		
Rochester Users	10	125	20	5	5	5	10	0	5
Chatham Users	10	130	20	10	5	15	20	0	10
Gillingham Users	10	105	25	5	5	15	15	0	>5
Rainham Users	5	75	10	5	5	5	10	0	5
Strood Users	5	60	10	5	>5	5	10	0	>5
Hoo Users	>5	35	10	5	0	5	>5	0	>5
Kent Users	0	5	0	0	0	>5	0	0	0
Unknown Users	>5	10	>5	0	5	5	>5	0	5
<b>All Users</b>	<b>40</b>	<b>550</b>	<b>95</b>	<b>35</b>	<b>25</b>	<b>55</b>	<b>70</b>	<b>0</b>	<b>25</b>
Rochester N/U	>5	5	15	5	>5	10	15	0	>5
Chatham N/U	>5	5	15	5	5	15	20	0	>5
Gillingham N/U	5	5	5	>5	>5	10	15	0	5
Rainham N/U	>5	5	5	5	>5	5	5	0	>5
Strood N/U	0	>5	5	5	5	>5	5	0	>5
Hoo N/U	>5	>5	5	>5	>5	>5	5	0	5
Kent N/U	0	>5	0	0	0	5	0	0	>5
Unknown N/U	0	0	>5	0	>5	5	5	>5	5
<b>All Non-Users</b>	<b>10</b>	<b>20</b>	<b>50</b>	<b>20</b>	<b>15</b>	<b>50</b>	<b>65</b>	<b>&gt;5</b>	<b>15</b>
<b>All Respondents</b>	<b>50</b>	<b>570</b>	<b>150</b>	<b>50</b>	<b>40</b>	<b>110</b>	<b>135</b>	<b>&gt;5</b>	<b>40</b>
% Respondents	6.0%	65.8%	17.1%	5.9%	4.8%	12.5%	15.5%	0.1%	4.6%

### Services Used as % Centre Users including Area of Residence

Services Used	Chatham	Gillingham	Hoo	Rainham	Rochester	Strood	Kent	Unknown	All
Stay & Play	81%	80%	88%	85%	84%	91%	75%	57%	83%
Health	62%	48%	64%	62%	62%	54%	50%	39%	58%
Antenatal	47%	49%	48%	61%	58%	54%	50%	39%	52%
Early Learning	47%	39%	45%	39%	39%	48%	50%	26%	42%
Breastfeeding	38%	33%	40%	47%	41%	33%	50%	26%	38%
Parenting	30%	32%	26%	24%	32%	32%	25%	35%	30%
Other Services	17%	16%	12%	15%	20%	23%	0%	26%	18%
SEN Services	23%	18%	19%	13%	14%	16%	25%	22%	18%
Family Support	17%	14%	5%	15%	10%	13%	0%	26%	14%
Healthy Living	12%	7%	12%	13%	16%	13%	0%	13%	12%

### Services Used as % of all Responders including Area of Residence

Services Used	Chatham	Gillingham	Hoo	Rainham	Rochester	Strood	Kent	Unknown	All
Stay & Play	69%	66%	69%	72%	69%	75%	33%	38%	68%
Health	50%	40%	50%	50%	50%	44%	33%	31%	46%
Antenatal	37%	42%	40%	50%	46%	44%	25%	28%	42%
Early Learning	40%	32%	36%	32%	32%	40%	25%	18%	34%
Breastfeeding	32%	28%	34%	38%	33%	27%	33%	23%	31%
Parenting	27%	26%	24%	20%	26%	27%	17%	28%	26%
Other Services	18%	17%	10%	13%	20%	22%	0%	18%	17%
Family Support	21%	14%	16%	11%	11%	13%	8%	21%	15%
SEN Services	16%	12%	9%	13%	10%	11%	0%	21%	12%
Healthy Living	11%	7%	10%	11%	14%	11%	8%	15%	11%

## Support for the proposals – by Area

“To what extent do you agree or disagree with the proposal to introduce four hubs/ satellite site and outreach support to provide an enhanced service to children, young people and their families?”

	Chatham	Gillingham	Hoo	Rainham	Rochester	Strood	Kent	Unknown	All
Strongly agree	9	8	4	4	4	4		2	35
Agree	2	3	1	2	4	1	1	1	15
Neither agree nor disagree	6	8	3	6	10	2		1	36
Disagree	38	35	8	15	31	18	2	11	158
Strongly disagree	145	109	36	79	122	59	8	22	580
Don't know	11	4	6	5	12	1	1	2	42
<b>All Respondents</b>	<b>211</b>	<b>167</b>	<b>58</b>	<b>111</b>	<b>183</b>	<b>85</b>	<b>12</b>	<b>39</b>	<b>866</b>
% Agree	5%	7%	9%	5%	4%	6%	8%	8%	6%
% Disagree	87%	86%	76%	85%	84%	91%	83%	85%	85%
% Don't know	8%	7%	16%	10%	12%	4%	8%	8%	9%

Families Attending the Centres between 31/5/2017 and 12/7/2017	3555
Maximum possible % of families responding	24%
% Agree of All families attending centres	1%
% responding Don't Know/neither agree or disagree of All families	2%
% Disagree of All families	21%
Minimum % of families not responding	76%

How much do you agree or disagree with the following statement: "It is important that support is provided to a broader range of children, young people (ages 0-18) and their families than we currently offer at the Children's Centre (ages 0-5)"

	Chatham	Gillingham	Hoo	Rainham	Rochester	Strood	Kent	Unknown	All
Strongly agree	9	8	4	4	4	4		2	35
Agree	2	3	1	2	4	1	1	1	15
Neither agree nor disagree	6	8	3	6	10	2		1	36
Disagree	38	35	8	15	31	18	2	11	158
Strongly disagree	145	109	36	79	122	59	8	22	580
Don't know	11	4	6	5	12	1	1	2	42
<b>All Respondents</b>	<b>211</b>	<b>167</b>	<b>58</b>	<b>111</b>	<b>183</b>	<b>85</b>	<b>12</b>	<b>39</b>	<b>866</b>
% Agree	5%	7%	9%	5%	4%	6%	8%	8%	6%
% Disagree	87%	86%	76%	85%	84%	91%	83%	85%	85%

**How much do you agree or disagree with the following statement: 'It is important to offer more services to vulnerable children/ families, than to all children/ families'?**

	Chatham	Gillingham	Hoo	Rainham	Rochester	Strood	Kent	Unknown	All
Strongly agree	32	24	10	10	24	12	2	4	118
Agree	33	31	12	17	31	7		7	138
Neither agree nor disagree	44	37	11	24	40	16	4	14	190
Disagree	56	45	14	34	44	27	4	4	228
Strongly disagree	37	21	9	22	32	18	2	5	146
Don't know	9	9	2	4	12	5		5	46
<b>All Respondents</b>	<b>211</b>	<b>167</b>	<b>58</b>	<b>111</b>	<b>183</b>	<b>85</b>	<b>12</b>	<b>39</b>	<b>866</b>
% Agree	31%	33%	38%	24%	30%	22%	17%	28%	30%
% Disagree	44%	40%	40%	50%	42%	53%	50%	23%	43%

**These two questions can then be matched up to indicate support for both proposals. The table below shows support for all age services in rows and for targeted services in columns.**

Targeted \ All age	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know	All
Strongly agree	59	15	35	25	11	9	154
Agree	17	45	33	55	12	7	169
Neither agree or disagree	13	40	57	48	24	4	186
Disagree	10	26	39	72	24	5	176
Strongly disagree	11	8	20	15	62	1	117
Don't know	8	4	6	13	13	20	64
All	118	138	190	228	146	46	866

This shows that 16% agree and 20% disagree with both proposals.

**How much do you agree or disagree with the following statement: 'It is important that some of the more specialist and targeted work with families is provided to them in their homes and other locations rather than in a council building'?**

	Chatham	Gillingham	Hoo	Rainham	Rochester	Strood	Kent	Unknown	All
Strongly agree	33	27	10	8	26	14	4	5	127
Agree	36	32	20	23	34	14	3	6	168
Neither agree nor disagree	80	52	12	34	60	26	2	11	277
Disagree	29	33	9	24	32	12	3	4	146
Strongly disagree	17	10	3	13	18	14		5	80
Don't know	16	13	4	9	13	5		8	68
<b>All Respondents</b>	<b>211</b>	<b>167</b>	<b>58</b>	<b>111</b>	<b>183</b>	<b>85</b>	<b>12</b>	<b>39</b>	<b>866</b>
% Agree	33%	35%	52%	28%	33%	33%	58%	28%	34%
% Disagree	22%	26%	21%	33%	27%	31%	25%	23%	26%

**Do you think that any of the group/activities currently offered by your Children's Centres(s) could be run by volunteers and / or community groups in your local area?**



Volunteering	Chatham	Gillingham	Hoo	Rainham	Rochester	Strood	Kent	Unknown	All
Yes	46	29	7	18	39	15	1	1	156
No	102	86	35	69	98	57	7	22	476
Don't know	63	52	16	24	46	13	4	16	234
<b>All Respondents</b>	<b>211</b>	<b>167</b>	<b>58</b>	<b>111</b>	<b>183</b>	<b>85</b>	<b>12</b>	<b>39</b>	<b>866</b>
% Yes	22%	17%	12%	16%	21%	18%	8%	3%	18%

## Do you think that having health visitors, midwives and school nurses working together with children centre staff enhanced the services?

Partnership	Chatham	Gillingham	Hoo	Rainham	Rochester	Strood	Kent	Unknown	All
Yes	179	150	48	102	167	75	11	32	764
No	2		3		5	4		1	15
Don't know	30	17	7	9	11	6	1	6	87
<b>All Respondents</b>	<b>211</b>	<b>167</b>	<b>58</b>	<b>111</b>	<b>183</b>	<b>85</b>	<b>12</b>	<b>39</b>	<b>866</b>
% Yes	85%	90%	83%	92%	91%	88%	92%	82%	88%

## Average Distances Travelled by Centre Users Responding and Area of Residence

	Chatham	Gillingham	Rainham	Rochester	Strood	5 Town Average	Hoo	Kent	All Areas
All Saints	0.8	1.9	3.9	1.7		1.0	9.1	14.1	1.6
Bligh	6.7			3.3	1.4	2.2		7.8	2.3
Brompton	1.9	1.5	4.6	1.6	3.2	1.9			1.9
Burnt Oak		0.6	4.3			0.7			0.7
Deanwood	3.8	2.4	1.2	5.9		1.7			1.7
Delce	1.4			0.8	2.2	0.9			0.9
Gun Lane	2.0		6.5	1.2	0.9	1.1	8.1		1.7
Hand in Hand	3.4	2.2	1.1			2.0	16.7		2.7
Kingfisher	1.1	3.0	2.8	3.3		1.5			1.5
Lordswood	1.1	4.2	4.8			1.4			1.4
Miers Court		2.9	0.9			1.2			1.2
Oaklands	1.4	0.6				1.4			1.4
Riverside	9.1	2.3	0.9			1.4		3.0	1.4
Saxon Way	4.2	0.7	2.3	3.9		1.2			1.2
St James							5.4		5.4
St Margaret's	1.1	5.0		1.1		1.2	7.4		1.3
Temple Mill			6.8	2.0	1.4	2.0	3.8		2.7
Wayfield	1.5					1.5			1.5
Woodlands	2.3	1.0	2.9	3.7		1.5			1.5
<b>All Centres</b>	<b>1.3</b>	<b>1.3</b>	<b>1.4</b>	<b>1.4</b>	<b>1.2</b>	<b>1.3</b>	<b>5.5</b>	<b>8.3</b>	<b>1.6</b>

## Free Text Analysis

The survey included a number of opportunities to provide comments and clarifications. An analysis of these was undertaken, and some common themes emerged. These have been grouped together for ease of understanding, and more details are set out in the main summary.

Issue	Users	Non-Users	All
Loss of Information Advice & Support	90%	75%	86%
Travel and Access to Centre	80%	69%	78%
Isolation, Mental Health, loss of Community	73%	49%	67%
Poorer Child Development and Education Outcomes	63%	46%	59%
Loss of Professional Staff and Quality of Service	46%	50%	47%
New Hubs too big/impersonal, but not enough capacity	31%	21%	29%
Financial impact – fares, fees, alternatives, jobs	28%	30%	28%
Need for Equality, Diversity and Fairness	17%	14%	16%
Potential increase in child safeguarding incidents	9%	15%	10%
Increased Long term Costs; extra GP use, social care	8%	6%	8%

**Alternative Proposals:** Survey respondents suggested a range of alternatives to fund Centres, which have also been grouped and are listed below:

Values	Respondents	%
Fewer Events such as Battle of Medway, Fireworks, etc	228	26.3%
Introduce a small charge/donation for services	120	13.9%
Increase the use of volunteers	116	13.4%
Find money from other council budgets	89	10.3%
Undertake fundraising, including community events	61	7.0%
Reduce existing services slightly to avoid centre closures	61	7.0%
Cut managers and or cut their pay	37	4.3%
Increase council taxes	29	3.3%
Cut councillors expenses	28	3.2%
Cut infrastructure spending – e.g. Big Screen, Rochester Airport	26	3.0%
Corporate sponsorship – e.g Pampers	26	3.0%
Seek more funding from partners - e.g. NHS, schools, PVI's	21	2.4%
Hire Centres out of hours	17	2.0%
Use Fines/Penalties e.g. parking, planning	13	1.5%
Scrap Free Nursery Funding	10	1.2%
Less use of consultants	10	1.2%
Reduce Admin spend	5	0.6%
Use crowdfunding	3	0.3%
Overall fundraising/charging/hire/sponsorship/crowdfunding	227	26.2%

### Location/ Considerations for the Location of Hubs – by Area of Residence

Given that responses were free text, they have been summarised into the main areas suggested. This included merging those suggesting Walderslade or Lordswood. Suggested centres have been grouped into the town in which they are based. The area the respondent lives in provides some context – it should be noted that responses do not total, as multiple suggestions were made. The percentage is of total respondents. Some 610 (70.4%) respondents did not state an area (although they may have suggested the need to be near transport hubs, etc).

	Chatham	Gillingham	Strood	Rochester	Rainham	Hoo	Kent	Unknown	All	%
Chatham	47	29	12	28	31	11	2	1	161	19%
Gillingham	35	35	11	26	34	9	2	2	154	18%
Strood	24	12	25	23	20	14	1	1	120	14%
Rochester	16	16	10	34	23	8			107	12%
Rainham	14	17	5	13	42	3	1	1	96	11%
Hoo	8	6	5	8	3	25	1		56	6%
Walderslade	20	3		5	4	2			34	4%
Luton	5	2			4				11	1%
Near Good Transport Links	40	29	16	32	19	12	2	5	155	18%
Evenly Across Medway	11	10	7	10	14	1	1	4	58	7%
Where there is the greatest need	16	9	4	10	7		1	2	49	6%
With good/free parking	12	10	5	10	2	2		1	42	5%
In/by Schools	2	4	1	2					9	1%
Near Housing Estates		1	1						2	0%



# APPENDIX 3

## Diversity impact assessment

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<b>TITLE</b> <i>Name / description of the issue being assessed</i>	<b>Transformation of Early Help Services</b>
<b>DATE</b> <i>Date the DIA is completed</i>	3 August 2017
<b>LEAD OFFICER</b> <i>Name, title and dept of person responsible for carrying out the DIA.</i>	Helen Jones Assistant Director, Commissioning, Business & Intelligence

**1 Summary description of the proposed change**

- *What is the change to policy / service / new project that is being proposed?*
- *How does it compare with the current situation?*

In meeting our statutory responsibilities for early childhood services and reducing inequality, the Council must review how we use our resources to target children and families in greatest need within a reduced budget.

We must take the opportunity to bring closer together the range of services available to children and families, to make them easier to access and to be able to provide more services directly in the community for those who need it the most.

As a Council, we must provide access to early childhood services directly either:-

- in the community
- at home
- through supplying advice and assistance to parents and prospective parents on how to gain access to other services
- or in a Children’s Centre setting

We have developed an effective area-based children’s service which brings together multi-agency early help teams with children’s safeguarding services in partnership with schools and community provision to coordinate work with families who require intensive early help or safeguarding services. Each multi-disciplinary team serves one of four defined areas of Medway.

We are proposing that Children’s Centre provision will be delivered through 4 children & family hubs, 9 children & family wellbeing centres and through outreach support in family homes or the community.

The 4 Children and Family Hubs will be formally designated as Children’s Centres. The hubs will each provide venues for a children’s centre team and a multi disciplinary early help team to work alongside each other providing services for children and young people aged 0 to 19 years.

The proposal to bring Early Years provision within this model will ensure families have a single point of access to a range of services.

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This model is evidenced through a number of similar transformations undertaken by other Local Authorities and research is based primarily upon some significant national reports and directional papers:

(i) All Parliamentary Group on Children’s Centres – Family Hubs: The Future of Children’s Centres, July 2016.

(ii) Children’s Commissioner Family hubs – a discussion paper, October 2016 (Ann Longfield).

These strongly suggest and recommend that developing Children and Family Hubs is considered best practise in order to provide a better, joined-up service starting from pre-birth through to young adulthood.

Corresponding support for parents, carers and families with children can be addressed through the four hubs, supported by nine Children & Family Wellbeing Centres and outreach.

The hubs will have facilities suitable for a range of services for children, young people, and families. They will provide a number of targeted services and help for those families most in need of support, as well as providing drop-in facilities for Social Workers and other professionals to meet with children and families; however they will not be used as a base for Social Work teams.

Bringing together a wide range of services into the proposed hubs will allow better coordination of work with families who require intensive early help or safeguarding services and ensure their needs can be met earlier.

We are proposing to increase and develop our provision of outreach support where targeted work with families in their homes or local community settings is carried out.

To support the work of the hubs and outreach support service, we are proposing to develop nine children & family wellbeing centres across Medway that would provide services tailored to specific needs (e.g. parenting groups)

Although the nine centres will not be permanently staffed facilities, they will be spread across various locations to ensure families do not have to travel across Medway for support. These sites will:

- have facilities suitable for delivering a range of services for families, designed primarily for those with babies and younger children;
- be a local point of provision of Early Help services;
- host the delivery of a range of community health and public health services and
- support the delivery of voluntary sector and community activity primarily for those with babies and younger children.

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By ensuring that both children and family wellbeing centres and outreach services support the hub model, it is intended that a wide range of provision will support people in the community or in their homes.

The new service provides an opportunity to bring together services such as health visiting, midwifery, employment services and youth services, sometimes alongside child care and more targeted services for children and families in need of them.

The new service will focus on the needs of children, young people and families and how we develop and organise services to meet these needs using the resources available to better effect.

We will work with children, young people and families to ensure that together we are designing, planning and reviewing the services they receive, removing the cultural, geographical and economic barriers which some children and young people face.

At present there are 19 Children's Centres, with a number of additional delivery venues, grouped into eight clusters. The centres are used by expectant mothers as well as families with pre-school children.

Whilst the proposed model reduces the number of venues available, the types of service that can be delivered at these venues will increase.

### **2 Summary of evidence used to support this assessment**

- *Eg: Feedback from consultation, performance information, service user records etc.*
- *Eg: Comparison of service user profile with Medway Community Profile*

866 unique consultation questionnaires were completed. The survey was made available online and on paper, with 1850 paper copies handed out; 225 of the responses were on paper. In addition, 41 e-mails and 10 letters were received from individuals and organisations.

Most respondents were women (85%) aged 26-40 (62%) who are married, in a civil partnership or co-habiting (79%). Most are White British (84%), with English as their main language (92%). All of this is in line with the demographics of centre users. Around 9% have a long term disability, of which 37% are aged 40+.

Apart from those living in rural areas, on average centre users travel 1.3 mile to attend a centre. Those living on the Hoo Peninsula area travel 5.5 miles on average, also reflected in the distance travelled by those attending St James'. Some users choose to travel to a wide range of centres some distance away, including Riverside, Bligh, Deanwood and Woodlands.

The consultation included ten public consultation meetings, five meetings with professional representatives from education and health, a direct e-mail address, 19 meetings at existing centres with staff and users and an online and paper based survey. The consultation was widely advertised in the local media and in libraries and community hubs.

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The website and intranet pages received just under 2,500 views, of which 1,867 were unique. On average, visitors spent just under 5 minutes on the pages.

There were also eight cluster meetings with Children's Centre staff.

89 people (excluding consultation staff) attended the 10 public meetings. Some 14 people attended more than one session; with two attending four sessions.

Five meetings with professional partner organisations were held. Two meetings included representation from Medway Maritime Hospital, Medway Community Health, Public Health, Early Years and Commissioners. Representatives from health also attended all the other professional partner meetings as well.

A further session was held with Clinical Commissioning Group (CCG) partners.

One meeting had an education focus, attended by 11 head teachers or their representatives from the schools where the centres are located.

There was also a session with 27 Early Years Private and Voluntary Independent (PVI) provider representatives.

### 3 What is the likely impact of the proposed change?

*Is it likely to :*

- *Adversely impact on one or more of the protected characteristic groups?*
- *Advance equality of opportunity for one or more of the protected characteristic groups?*
- *Foster good relations between people who share a protected characteristic and those who don't?*  
*(insert ✓ in one or more boxes)*

Protected characteristic groups	Adverse impact	Advance equality	Foster good relations
Age		✓	✓
Disability		✓	✓
Gender reassignment			
Marriage/civil partnership			
Pregnancy/maternity	✓		
Race			
Religion/belief			
Sex			✓



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<b>Sexual orientation</b>			
<b>Other (eg low income groups)</b>	✓		

**4 Summary of the likely impacts**

- *Who will be affected?*
- *How will they be affected?*

**Age**

- There were 18,568 children under five living in the reach area. This figure is calculated from the Office for National Statistics figures for Mid 2015, released in 2016. This includes children who would have been under five at the start of the data period
- In the same period, 12,410 children (predominately 0-3) living in the reach attended any Children Centre.
- Most respondents were women (85%) aged 26-40 (62%).

**Disability**

- 12% of respondent's children had Special Educational Needs or Disabilities.
- In 2016, 351 children were registered diagnosed SEND with the Children's Centres
- At present centres allow parents to engage in community provision that is non-stigmatising and provides mutual support opportunities overseen by professional staff. There is concern that early signs of depression will no longer be identified, causing family problems that could otherwise have been prevented

**Pregnancy/maternity**

- Childbirth is associated with a substantial psychiatric morbidity and has long been known to increase the risk to women's mental health. Concern was raised that the proposal may see an increase increased demand for GP and secondary health services, especially mental health – many said they would need to go to their GP if the centres were inaccessible, as well as those citing mental health issues.

**Sex**

- The service users are primarily pregnant women and their partners, babies and children from birth to 4 years of age, and their parents, carers and families.

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- Children's Centres conduct themselves within equal opportunity principles.

Other (e.g. low income groups)

- 78% of respondents cited concerns about travelling if their centre was to close. Parents on a low income felt they would struggle to meet the cost of public transport and typically they do not own a car.
- Many of those consulted, especially professional partners and Early Years staff, cited a strong probability that short term savings through centre closure might lead to additional costs through
  - poorer early years progress and lower school attainment – requiring additional funding in primary/infant school nursery and reception classes;
  - an increase in troubled families and children's social care costs as early problems are missed and escalate into greater levels of need;
  - insufficient capacity within the four hubs for health partners to deliver universal health services, even assuming access issues could be resolved, resulting in additional expenditure on local facilities; and
  - a reduction in social cohesion, including volunteering, that may even make the hubs harder to run as existing volunteers cannot make it to them. Schools cited centre volunteers as a natural source of teaching assistants as the experience gained and knowledge of child development was transferable

It should be noted that many residents thought that the Council was proposing a model with only four 'Superhubs'. The model recommended to Council will have four hubs and nine centres.

#### **5 What actions can be taken to mitigate likely adverse impacts, improve equality of opportunity or foster good relations?**

- *Are there alternative providers?*
- *What alternative ways can the Council provide the service?*
- *Can demand for services be managed differently?*

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The original proposal of 4 hubs, an undetermined number of satellite sites and outreach support has been revised to address the issues raised through feedback in the consultation.

The Council proposes to create four Children and Family Hubs in each of the recently established four children’s services areas to support a transformation of Early Help services. These would be supported by nine Children and Family Wellbeing Centres and outreach support provided in family homes or community settings.

Nine of the existing Children’s Centre premises would continue to be used as the Children and Family Wellbeing Centres. The Council would retain partial use of the centres for service delivery. To support the nine centres, funding has been sought from partners in order to meet the premises costs.

Children’s Centre permanent provision will be withdrawn from the current nineteen sites and staff located in the four children and family hubs. These four hubs would be designated as Children’s Centres, and would additionally host and provide a range of staff and services for families with children of all ages. Each Hub would serve a wider area and operate as a base for child and family wellbeing centres and outreach work, taking services to where families live and to accessible locations.

As part of the transformation, other early help services will be co-located or available from the Hubs, and the funding model has been revised to accommodate the reduced budget.

Services that will be delivered from the Child & Family Hubs and Children & Family Wellbeing Centres are similar to those currently delivered through Children’s Centres. This includes services from Medway Council, Health partners (Public Health and Clinical Commissioning Group) as well as some voluntary organisation services. The Hubs will additionally include services in the five to 19 years range (Youth), which have not previously been delivered from Children’s Centres.

Some of the services may be provided by a third party, including the voluntary sector and drawing on the wide range of services already provided within communities.

### 6 Action plan

- *Actions to mitigate adverse impact, improve equality of opportunity or foster good relations and/or obtain new evidence*

Action	Lead	Deadline or review date
<ul style="list-style-type: none"> <li>• <b>Age</b> – Ensure that the proposed model of four Children &amp; Family Hubs, nine Child &amp; family Wellbeing Centres and outreach support provides a range of staff and</li> </ul>	Children’s Services	1.1.18

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<p>services for families with children of all ages, rather than the current 0-5 age range offered at Children’s Centres. This is an enhanced service delivery model.</p>		
<ul style="list-style-type: none"> <li>• <b>Disability</b> – Ensure that the proposed model continues to offer local services and consistent relationships with health staff and use the Voluntary Community Sector to build and support peer networks.</li> </ul>	<p>Partnership Commissioning/Children’s Services</p>	<p>1.1.18</p>
<ul style="list-style-type: none"> <li>• <b>Pregnancy/Maternity</b> – Ensure that the proposed model continues to offer local services and consistent relationships with health staff and use the Voluntary Community Sector to build and support peer networks.</li> </ul>	<p>Partnership Commissioning/Public Health</p>	<p>1.1.18</p>
<ul style="list-style-type: none"> <li>• <b>Sex</b> – Ensure the proposed service conducts itself within equal opportunity principles and positive engagement with all genders is carried out.</li> </ul>	<p>Children’s Services</p>	<p>1.1.18</p>
<ul style="list-style-type: none"> <li>• <b>Other (e.g. low income groups)</b> – Ensure the proposed model enables a wide range of services to continue to be delivered locally within the reduced financial envelope.</li> </ul> <p>Ensure extra planning around targeted services for more vulnerable families.</p> <p>Use Community and Voluntary Sector to empower service users and build and support peer</p>	<p>Partnership Commissioning</p>	<p>1.1.18</p>

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networks.

### 7 Recommendation

*The recommendation by the lead officer should be stated below. This may be:*

- *to proceed with the change, implementing the Action Plan if appropriate*
- *consider alternatives*
- *gather further evidence*

*If the recommendation is to proceed with the change and there are no actions that can be taken to mitigate likely adverse impact, it is important to state why.*

It is recommended to proceed with the change.

### 8 Authorisation

*The authorising officer is consenting that:*

- *the recommendation can be implemented*
- *sufficient evidence has been obtained and appropriate mitigation is planned*
- *the Action Plan will be incorporated into the relevant Service Plan and monitored*

**Assistant Director**

**Date**

**3.8.17**

Contact your Performance and Intelligence hub for advice on completing this assessment

RCC: phone 2443 email: [annamarie.lawrence@medway.gov.uk](mailto:annamarie.lawrence@medway.gov.uk)

C&A: (Children's Social Care) contact your normal P&I contact

C&A (all other areas): phone 4013 email: [jackie.brown@medway.gov.uk](mailto:jackie.brown@medway.gov.uk)

BSD: phone 2472/1490 email: [corppi@medway.gov.uk](mailto:corppi@medway.gov.uk)

PH: phone 2636 email: [david.whiting@medway.gov.uk](mailto:david.whiting@medway.gov.uk)

Send completed assessment to the Corporate Performance & Intelligence Hub (CPI) for web publication ([corppi@medway.gov.uk](mailto:corppi@medway.gov.uk))

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