

WANDSWORTH BOROUGH COUNCIL

EDUCATION AND CHILDREN SERVICE'S OVERVIEW AND SCRUTINY
COMMITTEE – 19TH NOVEMBER 2015

GENERAL PURPOSES COMMITTEE - 26TH NOVEMBER 2015

EXECUTIVE – 30TH NOVEMBER 2015

Report by the Director of Education and Social Services on a Review of Early Years
Services

SUMMARY

The provision of Children's Centres is a statutory duty placed on all Local Authorities and is set out in the Children Act 2006. A major component of Early Years Services, the purpose of Children's Centres is to improve outcomes for young children and their families, and to reduce inequalities between families in greatest need and their peers.

As part of a programme of service reviews across the Council, a public consultation process on the future shape of the Early Years Service's Children's Centres has taken place. Findings from this consultation have been used to inform the review of Children's Centres and this report proposes a number of changes to the way the centres operate and recommends a more integrated and collaborative model of Children's Centres provision that starts from the premises that Children's Centres are „Everybody's Business“, that aims to deliver excellent services to children and families across the Borough, in the most efficient and cost effective way.

This report provides details about the proposed new model of integrated delivery, outlines the efficiencies created by the model and recommends a number of actions necessary to progress the creation of the new model, including the start of a formal consultation into de-designating Balham Nursery School and Garratt Park Children's Centres whilst retaining key services at these locations.

Director of Finance Comments that if approved, the proposals in this paper would result in negative General Fund revenue budget variations of £1,330,000 in 2016/17 and £1,406,000 in 2017/18 and a full year, equivalent to an annual reduction of £11.66 on Band D Council Tax.

GLOSSARY

CCVN	Children and Community Voluntary Network
DFE	Department for Education
EEP	Early Education Place
EIA	Equality Impact Assessment
EYFS(P)	Early Years Foundation Stage (Profile)

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EYS	Early Years Service
HCP	Healthy Child Programme
HV	Health Visitor
NHSE	National Health Service England
Ofsted	Office for Standards in Education

RECOMMENDATIONS

1. The Education and Children's Services Overview and Scrutiny Committee are recommended to support the recommendations in paragraph 3.
2. If the Overview and Scrutiny Committee approve any views, comments or recommendations on the report, these will be submitted to the Executive/General Purposes Committee for their consideration.
3. The Executive are recommended to: -
 - a) note the review findings and agree the proposals that the plans for a more integrated service delivery model are progressed;
 - b) commence a statutory consultation, detailed in paragraphs 84-89, on the proposal to de-designate as Children's Centres Balham Nursery and Garratt Park whilst retaining key services such as „stay and play“, and ensuring signposting to targeted services for families that require them. Report results of the consultation to be reported to a future committee cycle;
 - c) agree not to take up the option to extend the current Family Support and Diversionary Activity contracts on their cessation at the end April 2015;
 - d) agree that the activity detailed in paragraphs 72-78, Library, Voluntary Sector and Volunteer Support, is discontinued;
 - e) agree that discussions to transfer the Leadership and Management of the directly managed Children's Centres to the interested primary schools be taken forward and agree to a staffing restructure of these Centres within existing budgets, to bring them in line with other school based Children's Centres prior to any future transfer; and,
 - f) approve negative General Fund revenue budget variations of £1,330,000 in 2016/17 and £1,406,000 in 2017/18 and a full year.
4. The General Purposes Committee is recommended to agree the deletion and creation of the posts identified in the body of the report, and summarised in the table at Appendix 9.

INTRODUCTION

5. As part of a programme of service reviews across the Council a review of the Early Years Services has taken place. This review has focussed primarily on the provision of Children's Centres, a major component of the Early Years Services, recommending a new and more integrated model of provision that will deliver excellent services to families across the Borough, in a more efficient and cost effective way. Some aspects of the recommended model would be subject to completion of a statutory consultation process.
6. The review has been informed through extensive consultation with service users, stakeholders (including staff) and has also taken account of key issues raised in recent Ofsted inspection results. This review takes place during a national review of the core purpose of Children's Centres, announced on October 2nd 2015 by the Minister for Children. Findings from the national review will need to be incorporated into any final model of delivery.

THE EARLY YEARS SERVICE (EYS)

7. The Early Years Service provides a number of functions and services on behalf of the Council with the objective of giving children under 5 years of age, the best start in life. One of these functions is to secure the local childcare offer for 2, 3 and 4 year olds across Wandsworth and to ensure support is available to childcare providers to maintain the quality of their provision.
8. Since 1st October 2015 the Early Years Service has assumed responsibility for the commissioning, integration and delivery of the 0-5 year old Health Visiting Service as part of the government's health and social care reforms. A major part of the Early Years portfolio however is provision of Children's Centres services across the borough.

CHILDREN'S CENTRES

9. All local authorities have a statutory duty to secure the provision of Children's Centres. The core purpose of Children's Centres is set out in the Childcare Act 2006 (The Act) and is further detailed in *'Sure Start children's centres statutory guidance. For local authorities, commissioners of local health services and Jobcentre Plus'* Published April 2013 the guidance states that the purpose of the provision is to: - *'Improve outcomes for young children and their families and reduce inequalities between families in greatest need and their peers in:-*
 - a) *Child development and school readiness.*
 - b) *Parenting aspirations and parenting skills.*
 - c) *Child and family health and life chances'.*
10. The Act requires local authorities to ensure there are sufficient Children's Centres, so far as reasonably practicable, and defines them as: -
 - a) *'a place or a group of places, which is managed by or on behalf of, or under arrangements with, the local authority with a view to securing that early childhood services in the local authority's area are made available in an integrated way;*

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b) through which early childhood services are made available (either by providing the services on site, or by providing advice and assistance on gaining access to services elsewhere); and

c) at which activities for young children are provided.'

11. Children's Centres are as much about making appropriate and integrated services available, as it is about providing premises in particular geographical areas.
12. The Act also places duties on a number of partners and requires that local commissioners of health services, such as Public Health, Clinical Commissioning Groups and Jobcentre Plus, give consideration as to whether the early childhood services they provide are better provided through Children's Centres in the area. The Act supports and promotes the idea that Children's Centres are „Everybody's Business“ and requires the Council and its relevant partners to work together.
13. Other duties relate to working in an integrated manner, identifying and targeting prospective parents unlikely to take advantage of the offer, having an advisory board for each centre made up of professionals, partners agencies and parents, and ensuring that consultation with users and stakeholders takes place before any significant changes are made to the provision.

Reducing inequality

14. To reduce inequality, Children's Centres must ensure that they work with the most disadvantaged families, ensure that they are registered with the Centre and that they make regular use of services. Unlike the early Sure Start Local Programmes which allowed access only to families living in areas of deprivation, and from which Children's Centres evolved, the current offer must be accessible to all families living in the local area. Consequently, the Centres work with both deprived and non-deprived families and must balance the needs of one group with the other when planning and delivering services.

Sufficiency

15. Local authorities must provide sufficient Children's Centres to meet local need. Originally sufficiency was defined on the basis of each centre serving around 800 children, but this has now changed to a much more flexible definition – *„accessible and within reasonable reach, having regard to distance, availability of transport, and the views of local communities and families.'*

OFSTED INSPECTION OF WANDSWORTH'S CHILDREN'S CENTRES

16. All Children's Centres are currently subject to inspection by Ofsted. The inspection framework applied by Ofsted is the second iteration in place since April 2013 and judges a Centre's success against: -
 - a) Access to services by young children and families and the sustained use of the services by the most disadvantaged families. This includes access to all children's services, not just those delivered directly by the Council and consequently includes 2, 3 and 4 year old nursery offer, Health Visiting and other related services.

- b) The quality of practice and services and their ability to effect positive change in families' lives and the tracking and the evidencing of these changes.
 - c) The effectiveness of leadership, governance and management in ensuring the right services are planned. The use of robust information including demographics and other information such as immunisation rates, breastfeeding initiation and sustainment levels in planning and delivery are also considered, along with the level of challenge and support for the work of the centre from the advisory board.
17. The regime is rightly robust and challenging. Under the Ofsted inspection regime in place prior to 2013, the Borough's Children's Centres largely did well. Only three centres have been inspected under the current regime. Two of the centres were graded „Requires Improvement“, whilst the third Centre received the lowest grade, „Inadequate“. A report on the Ofsted inspection of these Centres, Paper No. 15-333 was presented to the Education and Children's Services Overview and Scrutiny Committee in September 2015.
18. The Ofsted inspection regime provides confirmation that Children's Centres are the business of every agency providing services to young children and their families and that they are a key front-line service in the delivery of early help and support to disadvantaged families. Consequently it is the role of Children's Centres and ultimately the Local Authority to ensure that all agencies charged with delivery of services to young children and their families are working effectively together in support of all young children and their families.
19. On 2nd October 2015 the Department for Education formally announced the review of the core purpose of Children's Centres and suspended all inspections pending the outcome of the review, which is expected to report in January. Any changes proposed to the operation of Children's Centres will need to be considered in the context of the review's findings.

OPPORTUNITIES FOR BETTER INTEGRATION

20. Recent government policy changes, have presented a number of new opportunities that have the potential to improve integration and joint working, to bring services closer together in a common purpose around Children's Centres. The main items are:-
- a) **Novation of the Health Visiting Service from NHS England to the Local Authority.** On 1st October 2015, the Council assumed the commissioning responsibility for the local Health Visiting Service. Delivery of the Health Visiting Service is shaped by the Department of Health's Healthy Child Programme (HCP). The HCP is intended to address health inequality and is in line with the objectives of Children's Centres. With the Council as commissioner and with the ability to vary contract specifications and shape deployment, more effective links with, and more presence in Children's Centres, can be secured to bring greater benefits for both services.
 - b) **Early Education Place (EEP) for vulnerable 2 year olds.** Following a brief pilot phase, EEPs for vulnerable 2 year olds have been rolled out to all

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children from families deemed eligible by the Department for Work and Pensions.

- c) **Expansion of the 'Troubled Families' programme.** This successful, multi-disciplinary, whole family support offer has recently widened from working with school-age children to include those under 5 years of age (see paper elsewhere on this agenda). The wider programme also has a focus on improving the poor health of families, both physical and mental. These aims and objectives are in line with those of both Health Visiting and Children's Centres.
21. Bringing these initiatives together will improve and consolidate the Children's Centre offer and at the time will create efficiencies which are detailed in this report.

THE CURRENT OFFER

22. There are currently 14 Children's Centres and one Enhanced Centre for children with special needs and disabilities located at and managed by West Hill School, which also manages a mainstream Centre. Four of the 14 Centres are directly managed by the Council's Early Years and Intervention Support Services. The remaining 10 are on school sites and managed under a service level agreement by schools. The Centres are listed in **Table 1** in Appendix 1.
23. To ensure that priority groups are well engaged, Wandsworth's Children's Centres are primarily located in or close to areas of deprivation and high need, as shown on the map in Appendix 1. All children living in Lower Super Output Areas ranked to be below 30% most deprived nationally are within a „core reach area“ of a designated Children Centre. Families living in these areas are considered a priority for sustained engagement with services.
24. Both Eastwood (School run) and Yvonne Carr (Council run) Children's Centres are delivered from large buildings. These buildings house a number of other services such as a Health Visitor team, Family Support and Parental Mental Health services. These services are provided from these locations to other Children's Centre across the Borough.
25. The typical budget allocated to each Centre is around £200,000. This usually funds a Manager, an Early Years Worker, an Outreach Worker and some crèche support. Each Centre determines their own programme but there is a typical core offer of outreach activity, stay & play sessions, parenting groups, family and lifelong learning activity and a child health offer such as a baby clinic if the Centre has space for this.
26. In addition to the budget allocated to each Centre, there are also a number of services, commissioned and funded at a borough-wide level and delivered through the Centres, such as Family Support and Parenting Groups. As a result the programme of activity and services in each Centre is a mix of activity directly delivered by Centre staff, borough-wide commissioned services and activities funded and delivered by partners including the NHS and Lifelong Learning.
27. Programmes vary between Centres with each having different opening hours and activities available. Some of this variation is due to the different target

groups and priorities in the areas in which the Children's Centres operate. A list of the services is detailed in **Table 2** in [Appendix 1](#).

Locality teams

28. Centres are currently organised into three larger locality areas. Each locality has a multi-agency team made up of representatives of the services that support Children's Centres. Each locality is led by a Coordinator whose role is to set the strategic direction for the Centres in their area and to ensure sufficient challenge and support to enable Centres to operate optimally and achieve good outcomes for children and families.

PERFORMANCE AND IMPACT

29. During 2014/15, there were a total of 141,759 attendances by children and adults to Children's Centres across the Borough. This was approximately 5% fewer than in 2013/14 (c. 148,000). 54% (75,879) of the 2013/14 attendances were by children, similar to the proportion in 2013/14 (52% of 77,317).
30. Approximately three-quarters of total attendances were attributable to universal sessions such as Stay and Play with the remainder being attendances at targeted sessions for those children and parents needing additional support and intervention (e.g. one to one parenting sessions). Of the total 75,879 visits made by children, over 80% (61,508) were made by children resident in core reach areas. 5,618 individual children resident within a core area accessed a Centre, making an average of about 11 visits per child who is resident in the core reach area. The most popular activity at the Centres is the stay and play session. On average 47 different activities are offered at Children's Centre ranging from 75 at Southmead to 19 at Balham.
31. The performance of individual Centres varies in terms of their success in engaging children from „core reach areas. **Table 3** in [Appendix 2](#) summarises by Centre, the proportion of children in core reach areas registered with Children's Centres (ranging from 93.9% to 48%), the proportion of children in core reach area accessing a Centres (ranging from 67.2% to 26.7%) and the proportion of children in poverty in the Centres whole reach area (ranging from 35.3% to 6.2%).
32. An analysis of attendances and use of more than one Centre, shows that the number of children who are accessing the majority of Centres is much higher than the numbers who are resident in their catchment areas. This suggests that Centres are „importing“ families from other localities or in some cases other boroughs. Of all children seen within the Centres during 2014, averages of 8% were out of borough users. This also suggests that families may be willing to travel to a Centre that is not their closest. Further details are given in [Appendix 2](#)

Measuring the impact of Children's Centres

33. With no current national evaluation of Children's Centres, quantitatively measuring the impact that Children's Centres have on reducing vulnerability, minimising referrals to children's social care and special needs and other related early years outcomes such as school readiness and narrowing developmental gaps, is difficult. Currently attainment levels can only be measured at the school

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or ward level and are not tracked back to whether or not a child has attended a Children's Centre or what services they accessed through it.

34. However, an analysis of results under a previous iteration of the Early Foundation Stage Profile (EYFSP), undertaken in 2010, suggested that the gap between the 30% most deprived areas and less deprived areas had started to close in localities where Children's Centres were fully functioning.
35. The most recent published annual quality and standards report (2014) on educational outcomes showed that for children in the Early Years Foundation Stage (EYFS) in Wandsworth, lower attaining pupils performed better than lower attaining pupils nationally, resulting in a smaller gap between the lowest performing 20% and the median. The 2014 results (66% reaching a good level of development) showed that Wandsworth improved in each of the 17 EYFS developmental areas exceeding national results, confirming a continuing trend across the Borough of narrowing the attainment gap. This positive trend has been sustained in 2015 with an overall result of 70% reaching a good level of development and improvements in all the developmental areas.
36. It is also worth noting that the local early years' health measure of initiating and sustaining breastfeeding is also good. Promoting breastfeeding is a key objective of Children's Centres and Health Visiting partners. At March 2015 Public Health England statistics showed that 93% of mothers in Wandsworth initiated breastfeeding, with 77.4% sustaining this for 6-8 weeks. Consequently Wandsworth has a higher percentage of babies who have ever been breastfed compared with the European average of 89.1%.

Engaging with vulnerable children

37. In delivering a universal service, the Centres still need to make sure that they are engaging the most vulnerable children and families; the level of engagement with these targeted groups is a key criterion in Ofsted inspection judgments.
38. An analysis of children aged 0-4 years, registered with Children's Centres and known to Children's Specialist Services (CSS), for the period 1ST April 2014 to 10TH March 2015, found that 40% (290) of those children known to CSS were registered with a Children's Centre. Almost a third (32% - 24) of those children on the child protection register during this period (76) were also registered with Children's Centres. As only children whose full names, dates of birth, and gender were available were included, the proportion is likely to be underestimated. Moreover a substantial number of children could also be registered with a Children's Centre under a different name, so likewise this would not be picked up. This indicates that the Children's Centres are indeed working with and supporting those families who most need help.

Views of service users, non-users and other stakeholders

39. An extensive programme of consultation was undertaken between July and October 2015 with users, non-users, stakeholders, and partners. Findings from the consultation have been used to inform the review process and the development of a new delivery model. A number of different methods were used to engage with respondents and provide a variety of opportunities for involvement. The consultation programme commenced in July 2015 with online

(and hard copy) surveys targeted at those registered with Children's Centres and the wider public, supplemented by a telephone survey and concluding with qualitative workshop for parents / carers drawn from across the Borough. Respondents were made aware of the financial context in terms of the significant budget reductions facing all Councils. A report on the on-line and hard copy survey results is attached at Appendix 6. A copy of the telephone survey and qualitative workshop report has been placed in the Members room and can also be accessed using this link: <http://www.wandsworth.gov.uk/earlyyearsreport>. The headline results are summarised below.

- i. Children's Centres are very popular and almost unanimously highly regarded (only one respondent out of over 670 was dissatisfied).
- ii. A significant number of respondents (users) do not necessarily use their nearest Centres and many tend to use multiple Centres.
- iii. Respondents were mainly supportive of the idea that Children's Centres should provide government funded places for two – four year olds but concern was expressed about how this would affect the existing offer and that the current service offer should not be affected.
- iv. There is strong agreement that Children's Centres should be both targeted and universal (of those answering both questions in the user survey about whether services should be targeted and whether service should be open to all, 48% agreed with both statements). . On balance, however, most of the respondents agreed that some provision should be open to everyone. Qualitative workshop participants strongly supported the principle of some universal provision open to all.
- v. Majority of respondents support the idea of basing the Health Visitor service in Children's Centres but equally retaining it as a universal and community based service. Some respondents commented that the current home visiting and GP based services should not be detrimentally affected.

DEVELOPING A NEW INTEGRATED SERVICE DELIVERY MODEL

40. The opportunities presented by recent government policy changes, described in paragraphs 19 and 20 above have been considered when shaping the proposed model of delivery. Where these opportunities have the potential to create efficiency and remove duplication this is detailed.
41. Consideration was also given to operating models in other Local Authorities. Many have adopted different models in response to the challenging financial climate. Whilst these vary, there are some common themes which are outlined in Appendices 3 and 4. Several local authorities have opted for a combination of these methods to safeguard and sustain their Early Years provision in the future.

Changes to the Health Visiting Service

42. The Council is now the commissioner of the local Health Visiting Service. Responsibility for the effective deployment of this service sits within the department's Early Years and Prevention Service, which is also responsible for Early Years Services including Children's Centres.

43. The Council has adopted the “National Service Specification for Health Visiting” and there is considerable alignment between the core parts of the Health Visiting offer and the objectives of Children’s Centres. Recent inspections by Ofsted have also demonstrated that Health Visiting client contacts can, and should be, counted when measuring Children’s Centres access to and engagement with their local population.
44. The specification for Health Visiting is built around six „high impact areas” which clearly identify the contribution Health Visitors are expected to make to the 0-5 health agenda. These high impact areas are well aligned with the Children’s Centres core aims of improving child and family health and life chances :-
- a) Transition to parenthood and the early weeks
 - b) Maternal mental health
 - c) Breastfeeding
 - d) Healthy weight, healthy nutrition and physical activity
 - e) Managing minor illness and reducing hospital attendance and admission
 - f) Health, wellbeing and development of the child age 2. A 2 year old review and support to be „ready for school”
45. It is clear that by linking delivery of the Health Visiting Offer with Children’s Centres, a more coherent service will be produced with the opportunity to secure greater efficiencies:-
- a) **Identifying and engaging families:** Health Visitors have privileged and unrivalled access to families with young children through delivery of the universal HCP. With the transfer of HV service it will be possible to ensure that each Children’s Centre has comprehensive access to families in their area, reducing the need for dedicated outreach workers to identify families which will generate efficiencies.
 - b) **Sharing information about vulnerable families:** Health Visitors are well placed to know where there are concerns about the health and life chances of the families they are in contact with and are able to help them access Children’s Centre support. Conversely, vulnerable families known to council services would also benefit from being prioritised on Health Visiting caseloads. Better information sharing would enable much better targeting of services to families with the highest needs, also reducing the need for dedicated outreach to engage the most vulnerable.
 - c) **Delivering support:** The guidance on Health Visiting commissioning clearly envisages that Health Visitors will play a key role in providing support for parental mental health, breastfeeding, healthy weight and school readiness. Linking Health Visitors into the day to day operation of Children’s Centres will ensure that those needing such support receive it.
46. These opportunities will not detract from the outcomes and performance targets Health Visitors are expected to deliver, as they are primarily focused on

information sharing and working in an integrated way, as set out in statutory guidance.

47. A new model for the delivery of health visiting services is therefore proposed which will strengthen the delivery of the HCP in Wandsworth. The model will bring improved access and time with families, providing services in a range of settings – at home, in clinics, GP surgeries but most importantly within Children’s Centres. This alongside the changes recommended for Family Support in paragraphs 56 to 61 are expected to deliver a saving on outreach costs of £250,000.

Changes to the free early education offer (EEP)

48. The government’s new early education policy provides disadvantaged 2 year olds, and all 3 and 4 year olds, with an entitlement to 15 hours a week free nursery education. The 3 and 4 year old offer is expected to increase to 30 hours per week for some working families by 2017.
49. Evidence shows that early education does make a difference to school readiness and subsequent attainment, particularly the 2 year old offer for children from vulnerable families. Following a two year pilot, EEPs for 2 year olds have been mainstreamed and expanded. As with the 3 and 4 year old programme, 2 year old places are funded on participation, with Local Authorities receiving funding for each eligible child that takes up a place through the Direct Schools Grant (DSG) EEP funding.
50. In Wandsworth take-up of 2 year old places is comparatively good, but can be improved further as supply gaps remain, particularly in more disadvantaged areas where Children’s Centres are located. The challenge is to look at ways of increasing 2 year old take-up whilst maximising the use of available funding within the Children’s Centre model.
51. The extent to which EEP forms part of the model of Children’s Centre delivery varies between authorities. Although an earlier Children’s Centre duty to provide childcare was scrapped in 2010, there is now a big shift towards providing EEP and to access DSG funding for early education places. In 2013/14 half of Centres nationally introduced free two year old places. With the exception of the Children’s Centres operated by the three maintained Nursery Schools, Centres in Wandsworth have generally not provided EEP or other childcare apart from some crèche support attached to specific Centre activities.
52. However remodelling Centres to provide some EEP could help to make Centres sustainable by accessing the associated funding whilst also making sure that Centres are strongly focused on supporting vulnerable families in the core purpose of child development and school readiness, of which EEP is a key component.
53. A key objective of Children’s Centres will be the move to a more assertive marketing of the EEP offer generally but also specifically to the children of families in their core reach areas. The expectation must be that any eligible child should take up EEP places unless there are good reasons not to.

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54. Larger Centres are located in areas of deprivation and will be expected to deliver nursery provision, with a particular focus on 2 year old places.
55. 2 year old places in school based Children's Centres will need to be agreed by both Head Teachers and school governing bodies, some of which have been reluctant to engage with the 2 year old EEP offer in the past as a separate Ofsted inspection regime was in place. Southmead School Children's Centre and West Hill do however deliver 2 year old EEP, whilst Smallwood and Granard Schools are currently preparing to deliver the offer. Provision of 2 year old places will be achievable in the larger Centres which are currently directly managed. A co-located nursery already provides 2 year olds places at York Gardens Children's Centre.

Family Support

56. The Council delivers targeted and tailored family support for families identified as in need through the troubled families programme. This effective government funded initiative is based on a well established „payment by results“ model. The previous three year programme, which completed at the end of March 2015, focused on school absenteeism, crime, anti-social behaviour and unemployment. Consequently the service worked primarily with families with older children. The programme has been successful and has „turned around“ all of the 660 families identified.
57. From the 1st April 2015 the government has expanded the programme to include a focus on younger children and to take account of a wider range of factors including Children in Need status, domestic violence and health, all of which are issues of concern to Children's Centres. This expansion is the subject of a separate report to the Education and Children's Services Overview and Scrutiny Committee elsewhere on this agenda. This is seen as an exciting development for both Troubled Families, Wandsworth's Children's Centres and of course partner agencies.
58. Under the financial framework for the new programme, an upfront attachment fee of £1,000 is paid for each family engaged and worked with, and a further result based payment of £800 for each family for whom the authority has achieved significant and sustained progress or moved off out of work benefits and into continuous employment.
59. The Family Support offered by the programme addresses issues across the whole family and works with adults, children and young people. The Wandsworth programme is considered an exemplar of good practice due to its high success rate which would be further enhanced with direct access to the families using Children's Centres.

Legacy Family Support Contracts

60. There is currently a separately commissioned Family Support offer available through Children's Centres, delivered through the provision of three contracts across three localities, Battersea, Tooting and Roehampton. These legacy contracts grew out of the Children's Fund and Sure Start Local Projects which pre-date Troubled Families by some years. These legacy contracts end in March

2016 and it is recommended that the option to renew these contracts is not taken up and that Family Support delivered through Children's Centres is undertaken by the Council's Troubled Families team. This would ensure a consistent approach across Council services to family and parenting support. The current cost of the legacy contracts is £957,036.

61. It is recommended that £416,000 of this budget is made available to the Family Recovery Project team. This will be used to secure the Service Lead Family Support post referred to in paragraph 64 below, and to establish as permanent 2 temporary supernumerary Parenting Group Work posts currently within the Troubled Families Team. This approach will provide a negative budget variation of £541,000.

OTHER PROPOSED CHANGES

Management Structure Locality

62. The current management of the Children's Centre provision is based on a three locality model. These locality planning areas are each led by a Locality Coordinator, each with a generic job description. It is recommended that this model is not continued but that instead three new posts are created to lead on Child Health, Family Support and Parenting and Children's Centres Quality and Standards.

63. Three posts will be deleted to create the new posts referred to paragraph 62. They are:-

- i. PO6 Locality Co-ordinator posts x 2 (ED320 and ED307) and
- ii. PO7 Deputy Head of Early Years/Locality Co-ordinator post (C0311) x 1

64. It is recommended that three new posts are created:-

- i. Early Intervention and Children's Health Lead – post subject to job evaluation
- ii. Service Lead Family Support, Early Years – post subject to job evaluation
- iii. Service Lead Children's Centres Quality and Standards – post subject to job evaluation

The Early Intervention and Children's Health Lead post will be funded using existing unallocated budget. The Service Lead Family Support post will form part of the Troubled Families Team and will be funded using budget transferred to that team following the cessation of the legacy Family Support contracts (see paragraph 61)

65. Service Lead Children's health. Given the key role of Health Visiting in supporting children aged 0-5, it is important that the operational delivery of the HV service in respect of Children's Centres is as effective as possible and the creation of the Early Intervention and Children's Health Lead post will secure this.

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66. Service Lead Family Support, Early Years This post, part of the Troubled Families team, will co-ordinate and lead the team's engagement with families with children in the early years.
67. Service Lead, Children's Centres, Quality and Standards This post will manage and co-ordinate the support and challenge to Children's Centre, their advisory boards and to the partners working with them.
68. **EEP Management Functions.** The 2, 3 and 4 year old EEP offer is currently supported by two separate teams; a 2 year old team, set up to develop the pilot offer and a long established 3 and 4 year old team. Following a management review and the mainstreaming of the 2 year old offer, it is recommended that the two EEP teams are brought together. This will improve the support to childcare and EEP providers and will produce efficiencies of scale.
69. To achieve this the following posts will be deleted: -
- I. PO4 2 Year Old Project Officer X 1 fte (CP002)
 - II. PO3 Grant Development and Monitoring Officer x 0.5 fte (EG111)
 - III. PO3 Grant Development and Monitoring Officer x 0.5 fte (ED242)
 - IV. S02 2 Year Old Development Officer x 1 fte (CP003)
 - V. S02 2 Year Old Information Officer x 1 fte (CP005)
70. To establish the consolidated EEP team it is recommended that the following posts are also created
- I. EEP Team Manager x 1 - Post subject to job evaluation
 - II. Outreach and Provider Support x 1 – Post subject to job evaluation
71. The deletion and creation of the posts detailed in paragraphs 62 -69 are expected to produce a negative budget variation of £210,000

Other areas of service

72. Following on from the areas for service redesign identified above, there are a number of other services which it is now recommend to discontinue:-
- a) Diversionary activities.
 - b) Library support.
 - c) Volunteer training.
 - d) Community Network (CCVN).
73. **Diversionary Activities.** This commissioned service is a legacy of the Children's Fund. Designed to support primary age children who were at risk of engaging in anti-social behaviour and needed additional support outside the education framework. The current contract ends in April 2016.

74. The service is less relevant than when first commissioned in 2002. The Troubled Families multi-agency model which takes a whole family approach to presenting issues and is able to work with children and young people of all ages, and the Targeted Youth Support Team were not yet in place
75. In addition, a number of schools that would in the past have been seen as priority schools for this service, now commission support services directly. The introduction of Pupil Premium also means that schools, sometimes with financial support from others, such as the Wandsworth Clinical Commissioning Group, are able to better resource their own school led and school based interventions, such as Place2Be. It is therefore recommended that the option to extend the current contract is not taken up when it ceases at the end of April 2016. This will provide a negative budget variation of £337, 000 in 2016/2017 and £367, 842 in a full year.
76. **Library Support.** This service took library activities into Children's Centres. A better option would be to encourage Children's Centre clients to use their local libraries. Discontinuing this service will produce a negative budget variation of £6,500 in a full year.
77. **Volunteer Training.** By employing a trainer to deliver professional development of volunteers a number of local parents have been able to take on more of a role in their local Children's Centres and beyond into their communities. Whilst of value to a small number, discontinuing the offer would not impact on Children's Centre performance, as some of this activity could be provided through the Council's Lifelong Learning initiatives on the basis that the self-confidence and good presentation necessary to improve job readiness could also be brought to bear in other areas. Discontinuing this service will provide a negative budget variation of £17,724 in a full year.
78. **CCVN Network Support:** This contract with Groundwork to convene local voluntary sector groups in the children's sector has now completed and has not been re-commissioned and will produce a negative budget variation of £12,508 in a full year.

Directly Managed, Ex One O'clock Centre Children's Centres

79. Four of the 14 Children's Centres are directly managed by the Council's Early Years and Intervention Support Services. These Centres do not have well developed relationships with local schools and this is a disadvantage. School based Centres are able to ensure that the services they deliver are planned to meet the needs that are arising in the school cohort accessing nursery and reception and prevalent in the local community.
80. It is also harder to sustain an effective challenge and support process, necessary to keep Children's Centres on track, if the agent that manages the Centres is also the agent that is charged with challenge and support.
81. Following direct approaches from schools and subsequent conversation with them about the work of the directly managed Centres, it is recommended that these initial discussions are taken forward, with the objective of moving the

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Centres to schools" management where this is the stated aspiration of the school, as soon as practicably possible.

82. Three of the directly managed Centres have grown from One O'clock Centres and although their role is now very different, some of the previous staffing structure has sustained. It is recommended that to support the aspiration to move directly managed Children's Centres to schools, this legacy structure is removed and that the directly managed Centres mirror the staff structure across the school managed Children's Centres. This will be achieved within existing budgets
83. To achieve this it will be necessary to delete the following 7 posts: -
- I. Assistant Co-ordinator One O'clock Centre post L5475 x 0.44 fte (occupied)
 - II. Coordinator One O'clock Centre post L5453 x 0.49 fte (vacant)
 - III. Assistant Co-ordinator One O'clock Centre post L5464 X 0.49 fte (vacant)
 - IV. Assistant Co-ordinator One O'clock Centre post L5468 X 1 fte (0.44 fte occupied)
 - V. Assistant Co-ordinator One O'clock Centre post C1006 X 0.61 (vacant)
 - VI. Assistant Co-ordinator One O'clock Centre post L5466 X 0.49 (vacant)
 - VII. Assistant Co-ordinator (Garratt Park) post C1009 x 0.61 (occupied)

De-designation of Children's Centres.

84. It is also recommended that a process of statutory consultation be started seeking views on the potential de-designation of two Children's Centres, Balham and Garratt Park (see paragraph 3 b) above). This means that the Centres would be removed from the Department For Education's (DFE) Children's Centres database and would not be subject to inspection. Neither of these Centres (Balham and Garratt Park) is located in an area of high need when compared with the other Centres in the Borough. Further details are provided in **table 6** at Appendix 5 which shows that, against a range of „core reach" and „access" measures, Balham has the lowest proportion of core reach families registered and accessing the facilities, as well as lower levels of use and „need" (e.g. low income families, English as a second language and black and minority ethnic families).
85. Equally Garratt Park has the lowest number of users, and relatively lower levels of „need". The main area of high need located within the reach area of Garratt Park is the Henry Prince Estate; Garratt Park's relatively higher rates of access and engagement with core reach areas indicate some successful outreach in Henry Prince. However, the proposed de-designation of this Centre will be mitigated by the availability of the new purpose built West Hill Centre in King George's Park, less than a 15 minute walk from Henry Prince. The current offer at Garratt Park is also limited as the building is shared with a commercial tenant providing childcare weekday mornings. This arrangement limits the range of

work that can be undertaken from the Centre making it difficult to provide enough services to be a standalone Children's Centre. Engagement with families on the Henry Prince estate can also be sustained through outreach at the Henry Prince clubroom and the former Kimber Road Adventure Playground building on Kimber Road.

86. The nearest Children's Centre to Garratt Park is Smallwood Children's Centre, managed and hosted in Smallwood School. Some services could be retained at Garratt Park in the afternoon if the building were offered to Smallwood for its use and could host baby clinics, stay and play sessions etc.

NEXT STEPS

87. The proposal in the paragraphs above to de-designate Balham and Garratt Park Children's Centres requires the Council to undertake a formal consultation in accordance with the specific legal requirements set out in the Childcare Act 2006 and associated guidance. The Act (Section 5D) places a *„duty on local authorities to ensure there is consultation before any significant changes are made to children's centre provision in their area'.* The guidance emphasises that local authorities should allow adequate time for responses, actively encourage parents from disadvantaged groups to participate, and demonstrate how they have taken consultation responses into account in arriving at the final proposals.
88. It is therefore proposed, subject to Executive approval, that the consultation period should run for a minimum of 12 weeks to make sure that parents / carers, the wider public, staff and stakeholders continue to be actively involved. The original consultation specification included an option to undertake further workshops as part of the formal consultation stage and this will be taken advantage of given the productive engagement achieved by the previous workshops.
89. A further report outlining the results of the formal statutory consultation, will be presented to a future Committee. Given the statutory requirement to consult, this will necessitate a report coming forward in the summer committee cycle. This report will also specify the timelines for implementing any resultant management and operational (including further contractual) changes.

EQUALITY IMPACT ASSESSMENT (EIA)

90. The Equality Act 2010 requires that the Council when exercising its functions must have "due regard" to the need to eliminate discrimination, to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it and to foster good relations between persons who share a relevant protected characteristic and persons who do not share it. As such an initial EIA has been conducted on the proposals in this paper and is attached at Appendix 8. This EIA will be updated with the results of any consultation undertaken.
91. EIAs are required to look at the impact of a decision on children and young people. The EIA therefore identifies a potential negative impact on children and young people as a result of the proposed de-designation of Garratt Park and Balham as this could lead to a change in the service they access. In order to mitigate this potential impact a number of actions have been identified which are set out in the EIA (Appendix 7).

EIA - Staffing

92. An EIA has also been conducted in respect of the staffing changes required by the new model. The EIA suggests that the proposals would not adversely impact any particular group of staff in terms of age, gender or disability but while 58% of the Early Years workforce is from a minority ethnicity, this is true of 72% of the affected staff. However, the proposed structure is considered to be the most appropriate to deliver services to residents. Requests from staff in the affected group that may minimise the impact of the changes, for example requests to reduce hours or volunteer for redundancy, for example, will be considered, and staff consultation is ongoing. The full EIAs are attached at Appendix 8

COMMENTS OF THE DIRECTOR OF FINANCE

93. If approved, the proposals in this paper would result in negative General Fund revenue budget variations of £1,330,000 in 2016/17 and £1,406,000 in 2017/18 and a full year, equivalent to an annual reduction of £11.66 on Band D Council Tax.

COMMENTS OF THE ACTING HEAD OF HUMAN RESOURCES

94. The Acting Head of HR comments that the proposals in this report would result in the following establishment changes:

The deletion of 11.13 FTE posts, of which 8.63 are occupied

The creation of 5 FTE permanent posts

95. Overall this represents a net deletion of 6.13 FTE posts (3.63 FTE filled posts). A full list of the proposed post changes are set out in Appendix 9 of this report. Affected staff have been consulted regarding these proposals. The provisions of the Council's Code of Practice for Managing Staffing Reorganisations will be applied.

96. Regarding the proposal not to extend the current Family Support contracts, it is not anticipated that TUPE legislation will apply to staff working for the external providers as the current generic family support service will not be continued. Future work to support families will follow the approach taken by Troubled Families, of assertive outreach by multi-agency teams.

COMMENTS OF THE DIRECTOR OF PUBLIC HEALTH

97. The alignment of health and child development services for children is a welcomed approach. The role of the health visitor is critical in helping to facilitate an holistic package of care for children and support to families. The transfer of responsibility of this service to the Council provides an excellent opportunity to integrate skills and service pathways to interconnected services. The provision of universal services while also ensuring those most vulnerable or disadvantaged are given additional support is a competent approach. The inter-relationship of health visiting with programmes such as troubled families, family support and parenting will strengthen programme delivery; it will also support the reduction of health inequalities to achieve better outcomes for both children and families in Wandsworth.

COMMENTS OF THE BOROUGH SOLICITOR

98. The Childcare Act 2006 places several relevant duties on the Council:

- Section 1: a general duty on the Council to “improve the well-being of young children” in its area and to “reduce inequalities between young children” in relation to specified matters e.g. physical and mental health and emotional well-being; protection from harm and neglect; education, training and recreation etc.
- Section 3: a specific duty to secure that early childhood services are provided in an integrated manner calculated to : “facilitate access” and to “ maximise the benefit of those services to parents, prospective parents and young children.”
- Section 5A: requires that early childhood services must “ so far as is reasonably practicable, include arrangements for sufficient provision of children’s centres to meet local need.”
- Section 5D: requires the Council to undertake “such consultation as they think appropriate” before making arrangements regarding early childhood services; before “any significant change...in the services provided through a...children’s centre” and “ before anything is done that would result in a relevant children’s centre ceasing to be a children’s centre.”

99. The Council must also have regard to statutory guidance issued by the Department for Education (“Sure Start children’s centres statutory guidance 2013) and should not depart from it unless there are good reasons to do so. The relevant Guidance has been incorporated into this report, but Members’ attention is particularly drawn to the following key points regarding the provision of sufficient Children’s Centres, particularly to meet the needs of those in greatest need of support:

- a) “ensure that a network of children’s centres is accessible to all families with young children in the area”;
- b) “ensure that children’s centres...are within reasonable reach...taking into account distance and availability of transport”;
- c) “target children’s centres at young children and families in the area who are at risk of poor outcomes...”;
- d) “ensure that opening times and availability of services meet the needs of families in (the) area”;
- e) “not close an existing children’s centre site in any re-organisation... unless (it) can be demonstrated that.... the outcomes for children....would not be adversely affected and will not compromise the duty to have sufficient children’s centres to meet local need. The starting point should... be a presumption against the closure of children’s centres.”

100. In considering this matter Members must satisfy themselves that the proposals would comply with the relevant statutory duties and guidance, before commencing the necessary statutory consultation. So far as the required consultation is concerned, it is important that everyone who could be affected is consulted and that this is undertaken at a formative stage in the decision-

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making, and with an open mind, in order to avoid any allegation of pre-determination. In due course, the Council will need to give conscientious consideration to all consultation responses, and do so in a fair and balanced manner.

CONSULTATION

101. The Staff Side have been consulted on this report and any comments received from them will be reported to the Education and Children's Services Overview and Scrutiny Committee.

CONCLUSION

102. Children's Centres provide an important early prevention and intervention service targeting disadvantaged families; they support young children to become school ready and enjoy and achieve as well as working with partner agencies and council services to help other family members access the services they may also need. As with all Council Services there is a need to reconsider and examine how Children's Centre services are delivered to ensure that the best outcomes are achieved as cost effectively as possible.
103. The planning and deployment of complementary national initiatives such as the second phase of the Troubled Families programme, the transfer of Health Visiting services to Councils, the use of Free Nursery Education Places must be a priority. By aligning these services to ensure they work effectively together, to maximise the value of available resource and deliver quality services, it will be possible to secure services that are available to everyone but that also meet the needs of disadvantaged families. This in turn will help the Council to narrow the inequality gap and will also prevent further pressure on higher level and more expensive statutory interventions.

The Town Hall,
Wandsworth,

SW18 2PU

11th November 2015

Dawn Warwick
Director of Education and Social
Services

Background Papers

No background documents were relied upon in the preparation of this report. All reports to Overview and Scrutiny Committee, regulatory and other committees, the Executive and the full Council can be viewed on the Council's website (www.wandsworth.gov.uk/moderngov) unless the report was published before May 2001, in which case the committee secretary (Rachel Williamson 020 8871 7857; email rwilliamson@wandsworth.gov.uk) can supply if required.

APPENDIX 1
to Paper 15-437

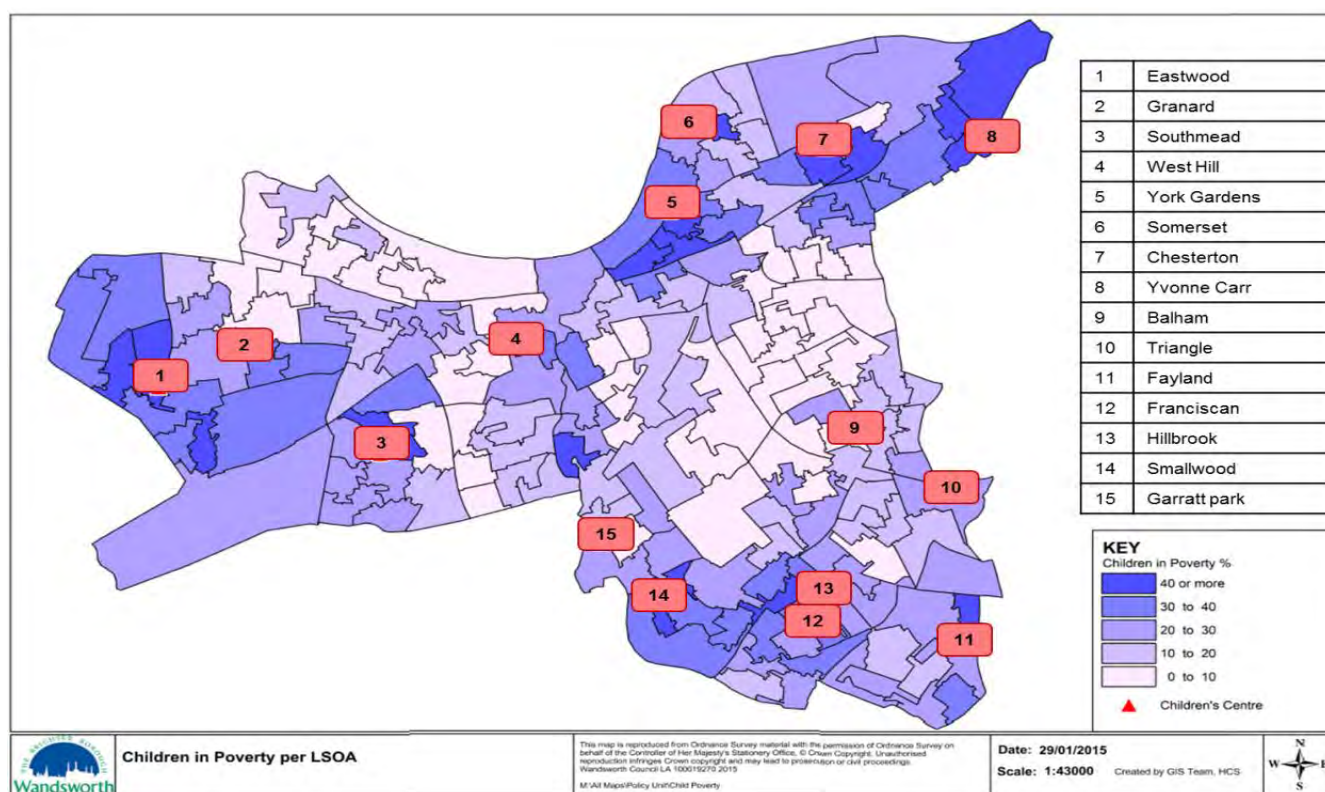
Table 1 - Current Children's Centres

DIRECTLY MANAGED CHILDREN'S CENTRES	SCHOOL MANAGED CHILDREN'S CENTRES
Faylands/Triangle	Balham Nursery School
Garratt Park	Chesterton Primary School
Yvonne Carr	Eastwood Nursery School
York Gardens	Franciscan Primary School
	Granard Primary School
	Hillbrook Primary School
	Smallwood Primary school
	Somerset Nursery school
	Southmead Primary school
	West Hill Primary School

Table 2 – Services commissioned and funded at Borough level

Family Support	£716,417
Newpin (Families support for families with mental health needs)	£100,307
CAMHS mental health worker	£168,000
Special Needs Family Support	£226,238
Speech and language Therapist	£141,510
Volunteer/parent training	£17,724
3x Locality Teachers	£188,715
Total	£1,588,911

Location of Children's Centres



APPENDIX 2 to Paper 15-437

Analysis of attendances

An analysis of 3703 families who had had at least 3 contacts with one centre, showed that almost three quarters, 2,689, attended the centre which was nearest to them, but only 2,244 (61%) attended their nearest centre exclusively. 445 families (12%) also attended another centre, and 1,014 (27%) only attended a centre other than their nearest. The reasons for attending other centres could relate to the availability of specific services required by the family, such as universal stay and play sessions.

In the south of the borough there may be more than one centre within a similar distance with people travelling to use centres in other boroughs that are close to the boundary. 672 of the 3,703 families are resident in non-core reach areas; of these, 479 have visited more than one centre, which is about the same percentage as for the borough overall (71%). However, the percentage of families from non-core areas who only attended a centre other than their nearest is much higher than the borough average: 47% compared to 27%. The percentage who only attended their nearest is correspondingly lower than the borough average: 47% compared to 61%.

Table 3 – 'Core reach' results by Centre

A	B	C	D	E	F

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	% of children in core reach area registered with children's centre	Rank	% of children in core reach area accessing a centre	Rank	% of children in poverty in centre's whole reach area	Rank
Balham	48.0%	14	26.7%	14	6.2%	14
Chesterton	68.1%	10	27.0%	13	21.1%	3
Eastwood	81.4%	4	58.0%	2	35.3%	1
Fayland & Triangle	57.6%	13	32.4%	12	18.8%	8
Franciscan	73.0%	8	38.3%	10	19.2%	6
Garratt Park	78.4%	7	42.8%	8	7.1%	13
Granard	93.9%	1	67.2%	1	13.4%	11
Hillbrook	80.1%	5	47.8%	4	16.7%	9
Smallwood	69.6%	9	43.8%	6	20.9%	5
Somerset	87.9%	2	44.6%	5	21.1%	4
Southmead	82.0%	3	56.3%	3	13.5%	10
West Hill	64.7%	12	43.0%	7	9.1%	12
York Gardens	66.0%	11	34.6%	11	18.9%	7
Yvonne Carr	79.7%	6	39.7%	9	29.2%	2

KEY

Column A: %age of children from the most deprived postcodes registered with the centre.

Column C: %age of children from the most deprived postcodes accessing and using the centre

Column E: Level of deprivation in centre reach area.

Common themes - Reviews of Early Years Services by other Local Authorities

- a) Reduction in centre numbers: Many authorities have closed centres, or reduced the offer to the extent that centres can no longer be classed as a statutory children's centre and are de-designated.
- b) Hub and spoke: This involves retaining a small number of centres, typically the biggest or best used, and using them as a base for outreach to other parts of the borough. Sometimes this has involved all centres technically remaining open but non-hub centres having a minimal and intermittent outreach offer and having to be de-designated.
- c) Clusters: This involves a single team working across multiple centres e.g. one manager for multiple centres, outreach worker(s) working across multiple centre areas etc. This is in contrast to the current model in Wandsworth which involves one manager per centre.
- d) Working with health visitors: Several authorities have looked at making the presence of health visitors in centres better, and integrating their work with the work of the children's centre teams. A number of authorities are already planning to co-commission a joint Health Visiting Children's Centre Offer post October 2015, when the Health Visiting Service becomes the responsibility of Local Authorities.
- e) Reducing opening hours: This has simply involved reducing the programme on offer and therefore the number of staff needed to deliver it.
- f) Co-locating additional services: Some authorities have sought to make efficiencies and maximise use of space by co-locating and delivering their full early help offer via children's centres.
- g) Outsourcing and insourcing: A number of authorities have outsourced the running of centres or centre clusters to the voluntary sector. However there are also examples of centres moving in the opposite direction e.g. Barnet transferred centres back to council control to achieve efficiencies.
- h) Transferring running to schools: A number of authorities have transferred centres to local schools; this approach has already been taken for the majority of centres in Wandsworth.
- i) Shifting funding to Dedicated School Grant (DSG): A number of authorities have assessed that some of the services provided through children's centres fall under the criteria for DSG instead of the General Fund.

APPENDIX 4
to Paper 15-437

Table 4 - Number of Children Centres in Neighbouring Boroughs and those with similar IDACI score

Borough	IDACI 2010	No. children's centres	Brief structure information if available from website
Hammersmith and Fulham	35.9	16	7 defined as Hub, 9 as 'spoke'. 1 school based, 1 at library, 2 at preschool / nursery, remainder from family / community project facilities. Not obviously categorised as clustered into localities.
Westminster	35.6	12	3 main localities (4, 3, 5 centres each). 4 schools based and 1 nursery based. Services provided through more than one building in some centres.
Ealing	32.6	26	7 based in schools, 1 in a hospital, 1 in a library. No information on website about clustering into localities.
Hounslow	30.8	18	9 schools based, remainder mainly linked to community / family centres. Outreach services provided from some of the centres. Web based information does not indicate locality clustering.
Redbridge	28.9	17	3 localities with 7, 5, and 5 centres. Appears that 7 are schools based. Some centres operate from more than one building.
Wandsworth	28.4	14	10 in schools (3 in maintained nurseries) and 4 directly managed by Early Years Service.
Croydon	27.6	c. 26	Grouped together into collaborations in five localities across the borough. There are 8 main centres listed with c. 16 other facilities spread across the borough forming locality clusters with the main centres. Majority of 8 main centres are primary school based.
Hillingdon	26.2	18	Spread across 3 localities (4, 8, 6 centres in each). 11 provided from schools. Each locality appears to have one larger centre provided a wide range of services and longer opening hours (some Saturday provision).
Merton	20.6	11	Across the Borough - targeted in disadvantaged areas. 3 appear to be school based. 2 clusters covering 6 centres (2 and 4 each), remainder appear to operate independently.
Lambeth	39.5	27	20 school / nursery based. 2 smaller centre managed / operate under one of the larger centres listed. 3 linked centres to one of the 25 main centres listed.
Harrow	24.4	16	3 Hubs consisting of 4, 7 and 5 centres each. 9 appear to be school based. One main centre in each hub.

Table 6 – Catchment area assessment

Balham:	
i.	Low income families: 6% of 0-4 year olds in the centre area live in benefit dependent households. This is the lowest proportion of any centre
ii.	Registration by „core reach“ (i.e. deprived postcode) families: 48% are registered. This is the lowest proportion of any centre
iii.	Access by „core reach“ (i.e. deprived postcode) families: 27% have accessed. This is the lowest proportion of any centre.
iv.	Average number of visits by children accessing: 4.9 per child. This is the 2nd lowest of any centre. Also average no. visits by children resident in reach area is the lowest at 5.7.
v.	English as an additional language: Based on schools in the reach area, Balham has the 2nd lowest proportion of children with a first language other than English – 31% (lowest is Garratt Park)
vi.	Black and Minority Ethnic families: Based on schools in the reach area, Balham has 2nd lowest % of BAME children – 30% (lowest is Garratt Park).
vii.	Lone parent household (families with 0-4yr olds): Balham ward has sixth lowest at 11.5% (95 out of 824) compared with borough average of 19.4% (3179 out of 16350). This information is not available at centre level area.
Garratt Park	
i.	Low income families: 7% of 0-4 year olds in the centre area live in benefit dependent households. This is the 2nd lowest proportion of any centre.
ii.	Registration by „core reach“ (i.e. deprived postcode) families: 78% are registered. This is 7th out of 14 centres.
iii.	Access by „core reach“ (i.e. deprived postcode) families: 43% have accessed. This is 8th out of 14 centres.
iv.	Average number of visits by children accessing: 4.8 per child. This is the lowest of any centre. Also average no. visits by children resident in reach area is the second lowest at 6.7 (Balham above is the lowest).
v.	English as an additional language: Based on schools in the reach area, Garratt Park has the lowest proportion of children with a first language other than English – 26%
vi.	Black and Minority Ethnic families: Based on schools in the reach area, Garratt Park has lowest % of BAME children – 26%
vii.	Lone parent household (families with 0-4yr olds): has tenth lowest at 16.7% (122 out of 733) compared with borough average of 19.4% (3179 out of 16350). This information is not

available at centre level area.

APPENDIX 6
to Paper 15-437

Early Years Consultation

Survey Findings

Background

The results of two surveys of users and potential users of children's centres are presented here.

- a) A survey addressed specifically to current users. All those registered on the E-start database were written to and invited to complete the survey online or to request a paper copy. At the same time, copies of the questionnaire were placed in each of the 14 children's centres;
- b) A telephone survey of parents & carers on the E-start database who did not respond to the online or paper surveys. This was undertaken specifically to ensure that the voice of the "harder to engage" was heard
- c) Other members of the public with a potential or current interest in early years services were invited to complete a survey online or to request paper copies. The survey was advertised via the Council website, e-newsletter and through the Children's Centres.

Overall, 1,142 responses were received to the surveys, 725¹ from the E-Start project, 300 from the telephone survey and 117 from the "general public" survey. 1,056 respondents had used a centre(s) within the past year. In 2014/15, 8,209 individual carers were seen at children's centres so the survey so this represents around 13% of all users. In practice, this understates the reach of the consultation as a proportion of the carers seen at centres will have been couples.

The results from each survey are presented separately because, although there may be some overlap between respondents in terms of current use of services, the characteristics of those completing each survey are rather different. Apart from being less likely to be current users, those in the "general public" sample, for example, tend to be older on average and are more likely to be grandparents or other relatives.

¹ Of the 725, 229 were online and 496 on paper

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In interpreting these results please note:

- percentages may not always add to 100 due to rounding. * denotes a result of less than 0.5%
- the paper highlights differences in the patterns of responses between sub-groups of respondents, e.g. by age or by ethnic background. It is not suggested that these factors necessarily cause differences in response as, for example, it might be that the nature of the centre they use underlies the response. Nevertheless, it is important that differences of view be recognised.

Current use of centres

Nearest centre

	E-Start Online/paper (725)	E-Start Telephone (300)	Public (117)	All (1,142)	% all
Balham	51	13	13	77	7%
Chesterton	33	10	1	44	4%
Eastwood	32	5	9	46	4%
Fayland & Triangle	105	11	11	127	11%
Franciscan	44	17	13	74	6%
Garratt Park	62	13	7	82	7%
Granard	42	20	4	66	6%
Hillbrook	43	10	12	65	6%
Smallwood	60	21	3	84	7%
Somerset	62	27	6	95	8%
Southmead	59	27	8	94	8%
West Hill	57	49	13	119	10%
York Gardens	27	29	4	60	5%
Yvonne Carr	20	16	2	38	3%
Don't know	28	32	11	71	6%
	725	300	117	1142	100%

Centre usage

Across the three surveys, 92% of respondents (1,056 respondents) had used one or more children centres during the past year. Non-users gave the following main reasons for non-use:

- Children older now/at school 17%
- Too busy to get there 17% -
- Don't know enough about them/didn't know about them 17%

There was a considerable level of use of multiple centres; on average, each user used 1.6 centres during the year. The table below shows the patterns for each centre.

	E-Start Online/paper	E-Start Telephone	Public	All
Balham	71	14	15	100
Chesterton	45	14	2	61
Eastwood	59	7	10	76
Fayland & Triangle	152	22	32	206
Franciscan	82	20	22	124
Garratt Park	131	26	27	184
Granard	63	20	6	89
Hillbrook	76	13	17	106
Smallwood	110	31	17	158
Somerset	77	34	6	117
Southmead	75	31	15	121
West Hill	109	60	16	185
York Gardens	56	41	5	102
Yvonne Carr	53	19	3	75
	1159	35	193	1704

The surveys have good representation of users from across the borough. However, looked at centre by centre, taking out the non-users in the past year and comparing with figures for the EIA it looks like the survey over-represents, in particular, Balham, Fayland, Franciscan, Garratt Park and Smallwood and under-represents Eastwood and Granard.

	All	% of all respondents using centres	% of carers seen
Balham	100	9%	3%
Chesterton	61	6%	3%
Eastwood	76	7%	11%
Fayland & Triangle	206	20%	12%
Franciscan	124	12%	8%
Garratt Park	184	17%	12%
Granard	89	8%	12%
Hillbrook	106	10%	7%
Smallwood	158	15%	10%
Somerset	117	11%	8%
Southmead	121	11%	10%
West Hill	185	18%	15%
York Gardens	102	10%	6%
Yvonne Carr	75	7%	6%

The user survey found a significant level of use of multiple centres and it is not always the nearest centre that is most used. The table below shows the patterns of

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use and non-use of people's nearest centre, where the respondent answered both questions. It is clear that geographical proximity is only one of the factors affecting use of particular centres.

Centre	No. having it as their nearest centre	No. of these using it	Other centres used
Balham	77	57	Fayland:25. Garratt Park: 10 Hillbrook: 9 Franciscan: 8
Franciscan	74	60	Fayland 22 Garratt Park 19 Smallwood 21 Hillbrook 17
Garratt Park	82	73	Smallwood 29 West Hill 11 Hillbrook 5 Franciscan 6 Fayland 7

Frequency of use

	E-Start Online/paper (712)	E-Start Telephone (300)	General public (107)	ALL (1,119)
At least once a week	70%	48%	48%	62%
At least once a month	18%	23%	20%	19%
At least once every 3 months	6%	10%	8%	8%
Less often	5%	11%	9%	7%
Never	2%	8%	15%	5%

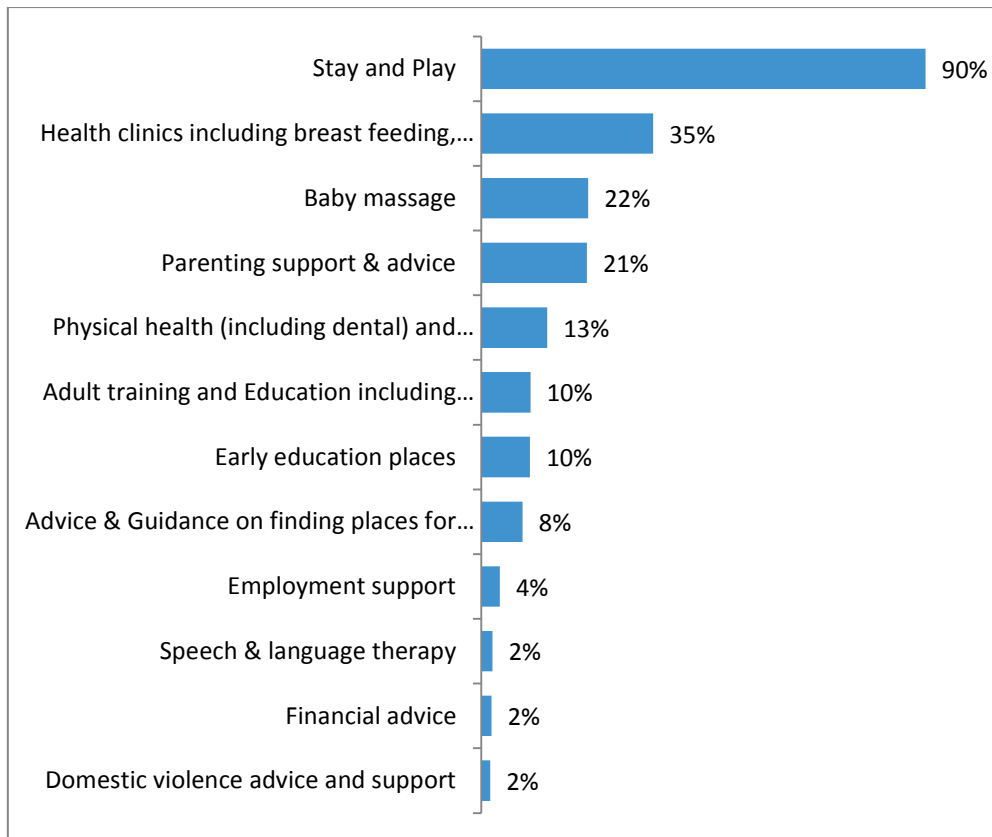
Around one in five respondents may be described as infrequent users, i.e. they attend less than once a month. The difference between online/paper respondents and others may be explained by the fact that the most frequent attendees were the most likely to pick up the questionnaire at a centre.²

Services used

Figure 1 shows the services used by respondents in the past year. Four services emerge as of particular importance to users, with stay & play being the key one. The broad pattern is the same across all three surveys the same although There are some minor differences across the surveys, e.g. telephone respondents were less likely than the other two groups to use parental support and advice (10%) and baby massage services (16%) but the broad pattern is consistent.

Fig.1 Services used (% of all who have used a centre in the past year)

² The survey ran for 10 weeks so those who attend less frequently than that would be less likely to pick up a questionnaire.



Importance of services

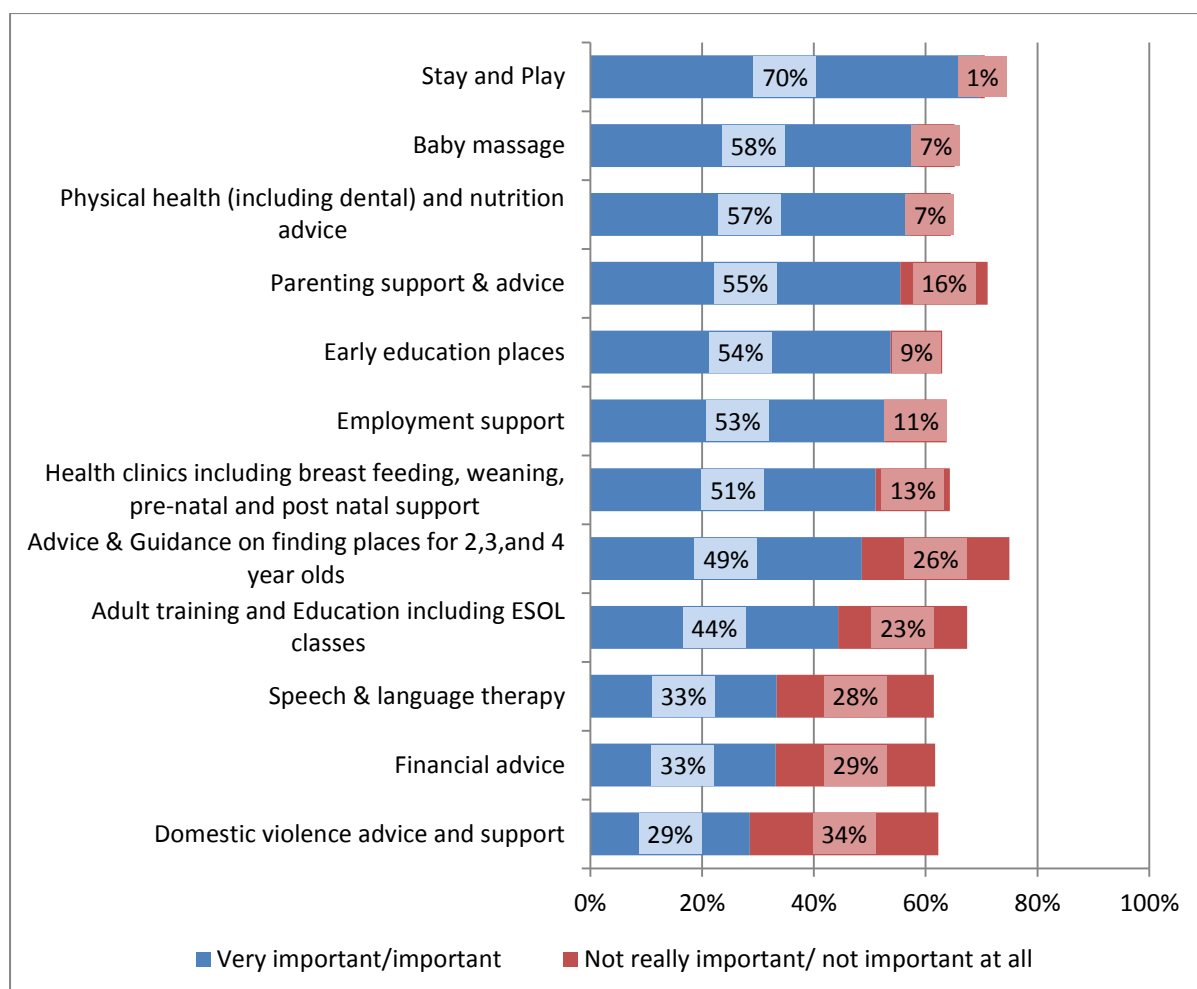
The surveys asked all respondents to assess the importance, or otherwise, of each service to them and their families irrespective of whether they actually use the service.

In general, respondents tended to see the services they already use as the most important. However, it is also clear from verbatim responses that many were assessing service in terms of its potential importance to themselves and/or to the wider community.

Figure 2 shows the percentage of all respondents seeing services as important or unimportant, i.e. including those who did not respond in relation to a particular service.

Fig 2. Perceived importance of services to respondents and their families

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Access and convenience

Virtually all respondents felt it was easy to get to their nearest centre.

It is easy to get to the nearest centre

	E-Start Online/paper (661)	E-Start Telephone (276)	Public (74)	ALL (1011)
Totally agree	84%	64%	80%	79%
Tend to agree	13%	29%	18%	18%
Neither agree nor disagree	2%	2%	3%	2%
Tend to disagree	*%	4%	-	1%
Totally disagree	-	*	-	*%

There were rather more muted views about whether centres were open at convenient times. The open-ended comments here were either to do with the lack of a specific service at a given time, e.g. stay & play in the afternoons or the availability of service at a time considered unsuitable for the child.

The centre is open at convenient hours

	E-Start Online/paper (652)	E-Start Telephone (276)	Public (75)	ALL (1003)
Totally agree	60%	62%	36%	59%
Tend to agree	28%	27%	43%	29%
Neither agree nor disagree	7%	5%	11%	7%
Tend to disagree	4%	5%	5%	5%
Totally disagree	1%	1%	5%	1%

Overall satisfaction with the service

	E-Start Users (670)	E-Start Telephone (276)	General public (75)	ALL (1021)
Very satisfied	76%	71%	69%	74%
Fairly satisfied	21%	25%	24%	22%
Neither satisfied nor dissatisfied	2%	3%	3%	2%
Fairly dissatisfied	1%	1%	1%	1%
Very dissatisfied	*%	-	3%	*
No opinion	*%	*	-	*

Service satisfaction levels are very high. Three in four are “very satisfied” with the service overall.

The future of children’s centres

Three questions around future options were put to respondents.

Do you agree or disagree that Children’s Centres should provide government funded places for 2-4 year olds?

	E-Start Online/paper (675)	E-Start Telephone (300)	General public (83)	ALL (1058)
Strongly agree	51%	42%	33%	47%
Agree	25%	44%	17%	30%
Neither agree nor disagree	12%	9%	18%	12%
Disagree	4%	2%	16%	4%
Strongly disagree	5%	1%	12%	4%
Don't know	4%	1%	5%	3%

Three in four agree with this proposition. Where respondents did not agree, this was often based on a concern that FNEP would displace other service provision and/or

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would place greater pressure on the centre and staff. In fact, even in many cases where there was agreement in principle, this was on the proviso that existing services would not be affected.

There was some difference by age, the 25-34 group being more likely than the 35-44s to agree (78% v 72%) and less likely to disagree (5% v 12%). Looking at ethnic background, both black and Asian users (81% and 89% respectively agreeing) had the most positive views.

Asked for open-ended comments on the use of centres for nursery education, the key messages were:

- Most commentators supported the idea. The largest single group see it as important in helping parents to return to work/work longer as well as it being a cheaper form of childcare than is available to many in the private sector.
- Also prominent amongst supporters was the view that children would benefit from earlier nursery education, particularly where there was continuity in terms of the place and staff they already knew.
- A range of concerns about the impact of the move on the existing service was shared by those in favour as well as opposed to the idea. Key concerns were that there would be insufficient space, that stay & play opportunities in particular would be reduced, that staff would be placed under greater pressure unless the new provision was adequately resourced.

The next two questions sought to measure views on the extent to which centres should be focused on vulnerable families or be the home of universal services.

Services should be targeted on the most vulnerable families

	E-Start Online/paper (647)	E-Start Telephone (300)	General public (78)	ALL (1025)
Strongly agree	17%	33%	18%	22%
Agree	32%	45%	32%	36%
Neither agree nor disagree	23%	8%	14%	18%
Disagree	17%	10%	22%	15%
Strongly disagree	9%	1%	13%	7%
Don't know	2%	2%	1%	2%

More than half of all respondents agree on the need to focus services on the most vulnerable but there is a large proportion either unwilling to express a clear view or who are opposed. The broad pattern was consistent across the three surveys, the main differences being explained by the much lower proportion of telephone respondents opting for the “neither” position.

There were no significant differences by age. There was some marked difference by ethnic background: in the online and paper survey 31% of white British and 29% of other white backgrounds disagreed compared with 9% of Asian and 24% of black users who responded to both questions. The numbers in the latter two groups are relatively small (100 and 50 respectively) but the results suggest they are more likely to prefer targeted services.

Despite their different age and other profiles, the general public sample did not differ in terms of the level of agreement with the statement but was markedly more likely to disagree.

Children's centres should have some services available to everyone

	E-Start Online/paper (667)	E-start Telephone (300)	General public (82)	ALL (1049)
Strongly agree	73%	52%	84%	68%
Agree	23%	41%	15%	28%
Neither agree nor disagree	3%	5%	1%	3%
Disagree	1%	1%	-	1%
Strongly disagree	*%	-	-	*
Don't know	1%	*	-	*

The table above confirms the double-edged position that many respondents have. Over 95% agree that centres should have some services available to all – clearly, many of these would also have said that services should be focused on the most vulnerable.

Indeed, of the 644 in the “online/paper” group who answered both questions, 48% agreed with both statements. Almost all of those who said “neither” to the first question agreed that some services should be available to all.

Do you agree or disagree that Health Visiting should be a core service delivered from Children's Centres?

	E-Start Online/paper (680)	E-Start Telephone (300)	General public (83)	ALL (1063)
Strongly agree	26%	21%	23%	24%
Agree	32%	38%	29%	33%
Neither agree nor disagree	28%	25%	22%	26%
Disagree	4%	10%	11%	6%
Strongly disagree	3%	2%	5%	3%
Don't know	8%	5%	11%	7%

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A majority support the idea of basing the new health visitor service in children's centres. Overall, fewer than one in ten are opposed but, with one in three not able to express a clear view, it does seem that many do not have a clear understanding of the service and/or what the advantages would be of having it located in centres.

Respondent Profile

	E-Start Online/postal	E-start Telephone	General public	ALL
Prospective parent	1%	2%	1%	
Mother	88%	86%	81%	
Father	5%	11%	6%	
Grandparent	2%	2%	5%	
Other relative/carer	2%	4%	5%	
Child Minder	3%	1%	3%	
Under 24	4%	6%	-	
25-34	47%	48%	30%	
35-44	43%	42%	51%	
45-54	4%	2%	10%	
55-64	1%	1%	4%	
65 or over	1%	*	2%	
Prefer not to say	1%	*	2%	
Limiting long term illness or disability				
Yes, limited a lot	1%	2%	1%	
Yes, limited a little	4%	2%	9%	
No	94%	96%	90%	

Ethnic background

	E-start online/paper and telephone (947)	General public (79)	Carers seen at centres 2014/15
White English / Welsh/Scottish/Northern Irish/British	37%	52%	34%
White Irish	1%	6%	1%
White Gypsy or Irish Traveller	0%	-	-
Any other White background	23%	18%	21%
Black Caribbean	3%	-	4%
Black African	6%	-	7%
Mixed White & Caribbean	2%	3%	2%

	E-start online/paper and telephone (947)	General public (79)	Carers seen at centres 2014/15
Mixed White & Black African	1%	-	1%
Mixed White & Asian	1%	1%	1%
Any other Mixed/multiple ethnic background	2%	1%	1%
Indian	3%	3%	3%
Bangladeshi	1%	-	1%
Pakistani	6%	-	5%
Chinese	2%	1%	1%
Other Asian	4%	4%	3%
Other	3%	4%	6%
Would rather not answer	5%	8%	6%

The ethnic background of the E-Start sample is a very good reflection of the profile of users at large.

It is worth noting that the open-ended responses suggest there is a large proportion of users with limited English. This was also found in the telephone survey. This should be borne in mind when undertaking any statutory consultation as well as in seeking to explain the nature of any forthcoming changes.

Early Years Review: Consultation Method

The aim of the consultation was to provide the opportunity for all service users and potential users to express their views about the services and their own priorities. At the same time, we wanted to fully involve staff, service providers, partners and stakeholders.

For users and potential users of services, a multi-mode method was used, consisting of:

The E-start register was the starting point. It contained 5,609 names of parents and carers that had registered in the year since April 2014 and consented to be contacted about services. Not all of these have actually used a children's centre.

When de-duplicated, the database held details of 4,884 families. Email addresses were available for 2,343 of these and telephone numbers for 3,532. For a small number only a postal address was available.

An online survey was prepared. 2,343 parents/carers were invited to participate by email. A hard copy invitation either to respond online or to obtain a hard copy questionnaire was mailed to 4,884 families. Hard copies were also supplied to children's centres.

In order to ensure that we heard the voice of those who do not complete questionnaires, we commissioned Plus Four Market Research Ltd, to conduct a telephone survey of 300 parents and carers on the E-Start register who had not responded to the online or paper surveys.

A separate online survey was prepared that would be available to parents other than those on the E-start register. This was available from the Council website and was distributed to the 70,000 contacts signed-up for the Council's weekly e-newsletter. Social media was used to encourage response from users of relevant community websites such as nappyvalley.

The online surveys commenced 28th July and ran to 27th September. Paper responses were invited from 28th July to 9th October. The telephone survey ran for 3 weeks from c. 3 September- to 24 September 2015.

A total of 1,142 survey responses were received.

In addition, Plus Four were commissioned to carry out two phases of qualitative research:

- a) A qualitative workshop in each of the three areas in which centres are organised. The aim was to follow up issues from the survey in more detail as well as to provide a further opportunity to comment for those unable or unwilling to take part in surveys. A total of 30-40 parents and carers participated.
- b) A second phase of workshops will be held later in the year to continue the discussion with parents and carers on the future shape of early years services.

E-start online survey responses	229
Hard copy responses	496
Other online responses	117
Telephone interviews	300
Other responses by email/post	
Focus groups 1	34
TOTAL RESPONSE	1,176

Overall, almost 1,200 responses were received during the consultation.

Stakeholder consultation

Initial consultation was undertaken with stakeholders over a three week period in September-October 2015. An on-line and hard copy survey was used similar to the user and non-user survey. It was emailed to over 111 stakeholders including CC managers, Headteachers (59) and partner agencies; hard copies were also available on request. Additionally, hard copies were distributed to all children's centres to encourage participation by CC staff. In total 50 responses were received with over two thirds (69%) from members of staff; the vast majority being CC staff. 4 volunteers responded (8%), 7 advisory board members (14%), and 5 (10%) other partners (including 1 Headteacher and 3 Education Psychologists).

This was very much a preliminary consultation exercise; further opportunities to participate will be set up in the New Year.

The following is based on 50 respondents, representing staff as well as Board members.

The stakeholder survey started with an open ended question about the about the biggest challenges facing your organisation. 39 respondents answered this question. Almost three-quarters mentioned funding as the biggest challenge whether specifically in relation of central government cuts, continuing funding, and ability of

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partner agencies to continue supporting the service given their decreasing budgets. Over half cited identifying and reaching vulnerable families and meeting ever-changing and stringent Inspection standards as key issues. Similarly over half alluded to coping with and responding to simultaneous pressures and demands whether financial, organisational, legislative whilst sustaining existing front-line delivery. Other issues mentioned included ensuring a skilled workforce, whether all the buildings used are fit for purpose, sustaining seamless multiagency working, retaining a universal family and preventative focus.

Demand for the service?

Of the 48 who responded, 41 said demand was growing (10 growing rapidly and 31 growing steadily). Just one respondent described demand as falling rapidly.

Asked for open ended comments on „how is your organisation planning to respond to rising / falling demand for services?“ (40 respondents), a variety of observations were made mainly around evaluation, analysis of data, planning, resource allocation to respond to reach area needs, and adapting services and timetable. Working with the advisory board, implementing improvement plans, and responding to user feedback / user groups were also mentioned. A few comments were also made that some centres were at full capacity and there is unmet demand for CC activities hence challenging to meet all needs despite effective planning and scheduling.

Respondents were then asked a series of questions similar to those asked of parents and carers. Similar patterns of response were found in most cases.

Should services be targeted on the most vulnerable families?

39 of 46 respondents felt services should be targeted on the most vulnerable families. 32 of 46 also agreed that centres should have some services available to everyone. This pattern applied across all types of respondents. Clearly, as in the parent/carers survey, most respondents agreed with each statement.

	Services should be targeted on the most vulnerable families	Children's centres should have some services available to everyone
Strongly agree	16	19
Agree	23	23
Neither agree nor disagree	4	1
Disagree	1	1
Strongly disagree	-	-
Don't know	2	2

Early Education Places

On the question of whether centres should provide government-funded nursery education for 2-4 years olds, respondents had far more mixed views with 17 in agreement, 12 disagreeing and 15 opting for the “neither” position. This is in contrast to the views expressed by most parents and carers.

Children’s centres should provided government funded places for 2-4 year olds

Strongly agree	6
Agree	11
Neither agree nor disagree	15
Disagree	4
Strongly disagree	8
Don't know	1

In response to an open ended question on this topic (should CCs provide government funded places for 2-4 year olds?), almost half (48%) of 42 respondents felt that children’s centres should offer early education places as this was beneficial specifically to those families most in need and in line with the early intervention and prevention ethos. Similarly to the user / non-user survey results, many of the respondents additionally commented that this should not be allowed to impact detrimentally on the current CC offer and voiced concerns about the space available and current capacity to implement this initiative. A significant minority (almost a third) felt that the primary purpose of CC was to work with children and families as a unit and were worried that CCs might be transformed into nurseries. Some concern was also raised that provision of EEP might displace targeted provision for vulnerable families and specifically the focus of the one specialist (enhanced) centre.

Health Visiting

Looking at whether Health Visiting should become a core service in centres, 37 of 45 respondents agreed (20 agreed strongly) and 3 disagreed.

Amongst the 38 respondents making open comments, it was generally felt that this was a positive development; over two-thirds of respondents (71%) supported the premise that HV should be a core service in CCs. Many observed that Health Visitors are the first point of contact specifically with vulnerable families and a more joined up and integrated approach will therefore help to address the needs of these families needs better and improve information sharing. The long historical relationship and partnership working with health was also referred to. Some respondents felt unable to answer fully without knowing the details of d how this would work in practice; additionally observations were made that the primary location for HV service should still be within GP practices, and it should very much remain a community service. Others also commented on the previous inconsistency of health

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staff and provision as well as space availability within centres; these issues would need to be addressed. Only a few respondents (8%) did not support the proposal at all.

Meeting the needs of the most troubled families

There was a strong view that the current services in children's centres do meet the needs of the most troubled families.

The current pattern of services in children's centres meets the needs of the most troubled/vulnerable families.

Strongly agree	8
Agree	21
Neither agree nor disagree	7
Disagree	5
Strongly disagree	-
Don't know	4

Asked for observations about whether current pattern of services meet the needs of the most troubled / vulnerable families (38 respondents), over half (55%) thought that the centres were meeting the needs of the most vulnerable families that were using the centre. 4 respondents (10%) were unable to answer either because they were not sure what the definition covered. Just over a quarter (26%) commented on the difficulties in getting hard to reach families to engage consistently and the need to increase outreach work to get to these families. Comments were also made about diminishing resources and the ability of partnership agencies to deliver consistent services.

APPENDIX 7
to Paper 15-437

Initial Equality Impact Assessment (Service delivery)

Department	DESS
Service	Children's Services
People involved	Clare O'Connor, Paul Martland, Bibi Dzieglewska, Phil O'Neil

1. What decision is being put before Members?

It is recommended that the Executive:

- i. note the review findings and agree the proposals that the plans for a more integrated service delivery model are progressed;
- ii. commence a statutory consultation (paras 87-89) on the proposal to de-designate as Children's Centres Balham Nursery and Garratt Park whilst retaining key services such as „stay and play“, and ensuring signposting to targeted services for families that require them. Report results of the consultation to be reported to a future committee cycle;
- iii. agree not to take up the option to extend the current Family Support and Diversionary Activity contracts on their cessation at the end April 2015;
- iv. agree that the activity detailed in paragraphs 72-78, Library, Voluntary Sector and Volunteer Support, is discontinued;

2. What is the rationale behind the decision?

As part of a programme of service reviews across the Council, a public consultation process on the future shape of the Early Years Service's Children's Centres has taken place. Findings from this consultation have been used to inform a review of Children's Centres. As a result a number of changes to the way the centres operate are being proposed and a more integrated and collaborative model of Children's Centres provision recommended that starts from the premises that Children's Centres are „Everybody's Business“, that aims to deliver excellent services to children and families across the borough, in the most efficient and cost effective way.

3. What information do you have on the service and the potential impact of your service change in relation to the following?

	Information			
Race	Ethnic breakdown of children attending children's centres in 14/15			
	Ethnicity	All CC	Garratt Park	Balham

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	Asian or Asian British	11.00%	5.00%	8.00%												
	Black or Black British	12.00%	6.00%	13.00%												
	Mixed	13.00%	12.00%	13.00%												
	Other Ethnic Groups	5.00%	4.00%	5.00%												
	Total BME	41.00%	27.00%	39.00%												
	White	52.00%	66.00%	50.00%												
	Unknown	6.00%	7.00%	6.00%												
	Both Garratt Park and Balham both have BME attendance levels below the average for all Children"s Centres															
<u>Comparison of children attending Garratt Park and Balham with the BME breakdown for schools in the "reach area" of each Centre</u>																
<table><tr><td>Ethnicity</td><td>Garratt Park</td><td>Reach area</td><td>Balham</td><td>Reach area</td></tr><tr><td>Total BME</td><td>27.00%</td><td>37%</td><td>39.00%</td><td>39%</td></tr></table>					Ethnicity	Garratt Park	Reach area	Balham	Reach area	Total BME	27.00%	37%	39.00%	39%		
Ethnicity	Garratt Park	Reach area	Balham	Reach area												
Total BME	27.00%	37%	39.00%	39%												
Garratt Park has BME attendance levels below the attendance at schools within its reach area and Balham has BME attendance levels which match those of schools within its reach area.																
Gender	<u>Gender breakdown of children attending children"s centres in 14/15</u>															
	<table><tr><td>Gender</td><td>All CC</td><td>Garratt Park</td><td>Balham</td></tr><tr><td>Male</td><td>50.00%</td><td>54.00%</td><td>50.00%</td></tr><tr><td>Female</td><td>50.00%</td><td>45.00%</td><td>50.00%</td></tr></table>				Gender	All CC	Garratt Park	Balham	Male	50.00%	54.00%	50.00%	Female	50.00%	45.00%	50.00%
Gender	All CC	Garratt Park	Balham													
Male	50.00%	54.00%	50.00%													
Female	50.00%	45.00%	50.00%													
	More boys attend Garratt Park than the average for Children"s Centres across the borough.															
Disability	Number of disabled children attending Children"s Centres in 14/15															
		All CC	Garratt Park	Balham												
	Disabled	81.00	1.00	5.00												
Age	The service is for children aged 0-4															
Faith	Data not collected															
Sexual Orientation	Data not collected															

4. Thinking about each group below please list the impact that the service change will have.

	<u>Positive</u> impacts	Possible <u>negative</u> impacts
Age	<p>The proposals aim to deliver a more integrated and collaborative model of Children's Centres provision. This will deliver excellent services to families across the borough through closer links with health visiting, Early Education Place (EEP) for vulnerable 2 year olds and family support such as the Troubled Families Programme.</p>	<p>Although Garratt Park has the lowest number of users, and relatively lower levels of „need“ its de-designation could impact on the children and families who currently use the building. The proposed de-designation of this centre could be mitigated by the availability of the new purpose built West Hill Centre in King George's park, less than a 15 minute walk from Henry Prince. Engagement with families on the Henry Prince estate could also be sustained through outreach at the Henry Prince clubroom and Ex Kimber Road Adventure Playground building on Kimber Road.</p> <p>Although Balham has the lowest proportion of core reach families registered and accessing the facilities, as well as lower levels of use and „need“ its de-designation could impact on the children and families who currently use the service. If this were to be the case this could be mitigated by signposting service users will be signposted to other Centres.</p> <p>The proposal to de-designate both these Centres will be subject to statutory consultation. This EIA will be updated with the findings of this consultation.</p> <p>The discontinuation of diversionary activities, library support and volunteer training could impact on young people currently supported via the programmes. In order to mitigate this the following actions have been identified:</p> <ul style="list-style-type: none"> • Diversionary Activities – primary age children supported via this legacy of the Children's Fund can now access support via the Troubled Families multi-agency model which takes a

		<p>whole family approach to presenting issues and is able to work with children and young people of all ages or via provision provided via schools using the Pupil Premium.</p> <ul style="list-style-type: none"> • Library Support. – Children’s Centre clients will be encouraged to use their local libraries. • Volunteer Training – similar support and training could be accessed via the Council’s Lifelong Learning initiatives
Race	<p>The proposals aim to deliver a more integrated and collaborative model of Children’s Centres provision. This will deliver excellent services to families across the borough through closer links with health visiting, Early Education Place (EEP) for vulnerable 2 year olds and family support such as the Troubled Families Programme.</p>	<p>Garratt Park has attendance levels by BME children that are below the Borough average for Children’s Centres and below the average for Earlsfield/the schools within its reach area. Balham has attendance levels by BME children that are below the Borough average for Children’s Centres and which reflect the BME attendance levels in schools within its reach area. The proposed de-designation of the Centres should therefore not have a disproportionate negative impact on BME children and families</p>
Gender	<p>The proposals aim to deliver a more integrated and collaborative model of Children’s Centres provision. This will deliver excellent services to families across the borough through closer links with health visiting, Early Education Place (EEP) for vulnerable 2 year olds and family support such as the Troubled Families Programme.</p>	<p>Garratt Park has more boys attending than the borough average or average for Earlsfield. Any changes to the Centre could therefore impact marginally more on boys than girls.</p> <p>The attendance levels for Balham reflect the Borough average for Children’s Centres and the average for Nightingale ward.</p>
Disability	<p>The proposals aim to deliver a more integrated and collaborative model of Children’s Centres provision. This will deliver excellent services to families across the borough through closer links with</p>	<p>The breakdown of disabled children for each Centre shows that low numbers currently attend. The proposed de-designation of the Centres should therefore not have a negative impact on disabled children.</p>

	health visiting, Early Education Place (EEP) for vulnerable 2 year olds and family support such as the Troubled Families Programme.	
Faith	As above	No impact identified
Sexual orientation	As above	No impact identified

5. Is a full EIA required? This initial EIA will be used as part of the statutory consultation in order to ensure that any missed impact is identified.

Date; 09.11.15

Approved by: Clare O'Connor

EQUALITY IMPACT ASSESSMENT (STAFFING)

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

Name of service/s affected	Early Years		
Staffing changes proposed	The proposals include: The deletion of 11.13 FTE posts, of which 8.63 are occupied, and the creation of 5 FTE fixed-term post. Overall this represents a net deletion of 6.13 FTE posts (or 3.63 FTE filled posts). The 10 employees whose posts are proposed for deletion have been consulted with.		
No.	Question	Yes/No	Comments
1.	Is there a particularly high number of any of group of staff affected by the change, according to the following categories:		
	• Ethnicity	Yes	72% of affected staff are from minority ethnicity groups, while 58% of the Early Years service workforce are from minority ethnic groups.
	• Gender	No	91% of both affected employees and the Early Years service workforce is female.
	• Age	No	The average age of affected employees is 47, while the average of the Early Years service workforce is 48.
	• Disability	No	18% of affected employees have declared that they have a disability, while 11% of the Early Years service workforce have declared that they have a disability.
	• Religion or belief	Information not held	
	• Sexual orientation	Information not held	
2.	What is the less favourable effect?		There will be a net deletion of 6.13 FTE posts (3.63 FTE filled posts), which is likely to lead to staff redundancies.
3.	If you have identified potential discrimination or less favourable treatment, are there valid, legal and/or justifiable explanations for this?		The proposed structure is considered to be best able to deliver services to residents, given the budget available. Any consultation responses will be considered.

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4.	What alternative options have been considered to minimise the impact on these groups of staff (eg alternatives to compulsory redundancy such as reduced hours, voluntary redundancy etc)?		Volunteers for redundancy or a reduction in hours will be sought where appropriate. It is considered likely that redeployment opportunities would be available for displaced staff.
5.	Do any selection criteria being used ensure equality for all groups?		Affected staff and union representatives will be consulted on selection criteria.
6.	What assistance is being provided to ensure all staff are equipped for the selection process (eg interviewee techniques training)		Staff will be offered training where applicable.
7.	Can we reduce the impact by taking different action?		The proposed structure is considered to be best able to deliver services to residents, given the budget available. Any consultation responses will be considered.

Post creations (all subject to job evaluation)

Job title	FTE	Perm/fixed-term
EEP Team Manager	1	Perm
Outreach and Provider Support	1	Perm
Early Intervention and Children's Health Lead	1	Perm
Service Lead Family Support	1	Perm
Service Lead Children's Centres Quality and Standards	1	Perm
	Total 5 FTE	

Post deletions

Job title	Post number	FTE	Grade	Occupied
Assistant Co-ordinator x 5	L5468/L5475/L5464/L5466	2.42	Scale 4/5	0.88
Assistant Co-ordinator/Co-ordinator	C1009/L5453/C1006	1.71	Scale 6	1
Two Year Old Project Officer	CP002	1	PO4	1
Grant Development and Monitoring Officer x 2	EG111/ED242	1	PO3	1
Two Year Old Development Officer	CP003	1	SO2	1
Two Year Old Information Officer	CP005	1	SO2	0.83
Locality Co-ordinator x2	ED320/ED307	2	PO6	1.92
Deputy Head of Early Years/Locality Co-ordinator	C0311	1	PO7	1
		Total 11.13		Total: 8.63