

Diversity
Impact
Assessment
for Children's
Centres

Commissioning
Children & Families
– December 2015

Swindon Borough Council

Diversity Impact Assessment for Re-shaping of Children's Centre Services into family Support

This Diversity Impact Assessment supports Swindon Borough Council in meeting its legal obligations under the Public Sector Equality Duty contained in section 149 of the Equality Act 2010. The Equality Duty ensures that public bodies have due regard to the statutory needs referred to in section 149 when exercising their functions. In this Impact Assessment the following has been considered:

Consideration of Equality Duties for children, young people and families

Assessment: Eliminate discrimination, harassment and victimisation, advance equality of opportunity, foster good relations, encourage participation in public life

Dimensions of Impact for children, young people and families: Life Expectancy; Physical security; Health and well-being; Education; Standards of Living; Productivity and valued activities; Individual, family and social life; Participation, influence and voice; Identity, expression and self-respect; Legal security.

We have also considered the following equality strands: Age, Disability, Ethnicity, Gender, Maternity and Pregnancy, Race, Religion and belief, Sexual Orientation, Socio-Economic.

1. What's it about?

1.1 Background

Children's centres were refocused in April 2015 to have a clear core purpose of improving outcomes for young children and their families with a particular focus on the most disadvantage families in order to reduce inequalities in areas of disadvantage in Swindon. There are five children's centres

- Drove
- Moredon
- Gorse Hill
- Pinehurst & Penhill
- Parks & Walcot East

1.2 Current model of delivery

The current model of delivery was implemented in April 2015 when seven children's centre were de-commissioned. The current purpose of children's centre services are

- To work primarily with vulnerable children in only the areas where the highest percentage of vulnerable children live
- A new model of provision to bring together parents, older family members and children in a multigenerational centre in West Swindon and Abbeymeads
- Universal support to families with children under five is provided by the health visiting and family nurse partnership services. Health visitor numbers have increased from 35 in 2014 to 47 in December 2015 with the aim of reaching 52 health visitors in 2016

The following centres closed in 1st April 2015: Saltway (West Swindon), **Robert Le Kyng** (part of central area) **Croft** (Old Town and South of Swindon), **Eldene, Ladybird** (Highworth and Stratton). All of the buidings are used for enhanced child care and baby clinics.

The current five children’s centres have the following objectives of reaching the most vulnerable families in their catchment area to ensure:

Child development and school readiness: supporting personal, social and emotional development, physical development and communication and language from pre-birth to age 5, so *children* develop as confident and curious learners and are able to take full advantage of the learning opportunities presented to them in school.

Parenting aspirations and parenting skills: building on strengths and supporting aspirations, so that *parents and carers* are able to give their child the best start in life.

Child and family health and life chances: promoting good physical and mental health for both children and their family; safeguarding; supporting parents to improve the skills that enable them to access education, training and employment; and addressing risk factors so that *children and their families* are safe, free from poverty and able to improve both their immediate wellbeing and their future life chances.

1.3 proposals for consultation

1.3.1 A New Family Support Services for children with the highest needs

The current children’s centres are only reaching between 19% - 34% of vulnerable children. This means a high percentage of vulnerable families are not making use of the existing services.

We will invest 50% of the children's centre budget into an in-house family support service within the Council's Early Help Team to be based at the Children's Centre Sure Start building in Penhill. This service would be focused on the most vulnerable children in Swindon targeting those under two years' old but also offering whole family support to families with school age children by working closely with the health visiting services in an integrated way thereby targeting help more effectively than the current children's centre services.

Minimum funding levels would be guaranteed for at least three years for support to 0-2 year old vulnerable children and for a second year for the existing Butterflies and West Swindon family centres.

1.3.2 Increasing the provision of child care for children aged 2 – 4 year olds

We would use the existing children's centre buildings at Drove Primary School, Gorse Hill School and Goddard Park Community Primary School, Moredon and Pinehurst for to increase the provision of child care for 2 – 4 year olds and continue to offer health visiting clinics and parent and child sessions for 0 – 2 year olds

1.3.3 Increase the use of community buildings for parent led groups

There are a range of community buildings available in the areas of existing children centres which could be excellent venues to house locally led parent groups and provide space for many of the parents who currently attend sessions in children centres. Many groups could have the opportunity to continue the sessions they enjoy without making use of registered children centres that were set up to provide support for vulnerable children and families. It is envisaged that groups could be promoted through My Care My Support, which would have a local search facility built into the website and would be organised and run by local communities. Health visitors and baby clinics could also be run from the network of community buildings.

2. Who's it for?

Children's centres provide a range of services to all children under five and their families. Data on the characteristics of children and parents registering at children's centres are recorded on Capita One. As part of our performance management of the children's centres, there are a range of targets set including specific focusing upon the inclusion of priority disadvantaged and vulnerable groups of people:

- Teenage mothers and pregnant teenagers
- Lone parents
- Children in workless households
- Children in black and minority ethnic groups
- Disabled children and children of disabled parents

- Other groups that may be vulnerable in the children's centre's area such as traveller families and those experiencing domestic violence.

Regular management and performance reports are produced to monitor attendance and outcomes of all children and families with a special focus on disadvantaged and vulnerable groups. A performance report is available for all children's centres.

Overall the performance of the five children's centres is significantly below target reaching between 19% and 34% of vulnerable families (Appendix 1)

All providers have an equality and diversity policy which is held on file by the Local Authority and against which the children's centres are monitored.

The following equality considerations have been identified:

Age: Services are funded and delivered for children under five. Access for families with children covering a wider age range may be impacted at specific periods such as school holidays. Teenage parents may be reluctant to access services due to perceived stigma from older parents.

Disability: All children's centre buildings are Disability Discrimination Act (DDA) compliant and meet the current legislation. Children with disabilities and disabled parents are considered a vulnerable group and access is monitored.

Ethnicity: Access for BME families may be more difficult due to language or custom barriers. Information and advice may not be available in all languages.

Gender: Fathers are deemed to be a hard to reach group and are a target group for children's centres to engage, Employed fathers may find access difficult due to working patterns.

Maternity & Pregnancy: There are some issues relating to children's centres' support for maternity and pregnancy and subsequent support of the child. Midwifery and the health visiting service will continue to provide services both universally and for those who have specific needs.

Religion and belief: Individual customs, traditions and beliefs may be a barrier to access.

Sexual Orientation: There are no current identified issues.

Socio-Economic: Children's centres cover the whole of Swindon and some are located in areas of highest deprivation to encourage easy access by socio-economically disadvantaged children and families. Access in rural areas may be more difficult for families without access to, or cannot afford transport. Children's centres outreach to their geographical areas and also to individual families to give greater equality of access. Employed families may find access difficult due to working patterns.

3. Impact

Children's centres contribute to improving a range of outcomes for children under five and their families:

1. **Life expectancy:** holistic support to promote emotional, economic and social well-being.
2. **Physical security:** support, guidance and signposting to specialist agencies.
3. **Health and well-being:** a range of integrated health (physical and mental) services, or signposting to, for children and families.
4. **Education:** provide access early years education and play; adult learning opportunities.
5. **Standard of living:** access to advice on debt, benefits and finance; helping families to be free from poverty.
6. **Productive and valued activities:** access to training, volunteering and work opportunities; encouraging active economic participation and contribution to community life.
7. **Individual, family and social life:** empowering and supporting family life through a range of support and services.
8. **Participation, influence and voice:** listening to children and parents; enabling parents to have a voice and shape services that meet their and the community's needs.
9. **Identity, expression and self-respect:** Valuing, celebrating and promoting diversity throughout the Centre.
10. **Legal security:** access and signposting to legal advice and guidance.

3.1 Impact of reducing children's centres

50% of the proposed savings are invested in a highly targeted family support service which will work in an integrated way with the health visiting services. This will ensure

that families are targeted at the earliest opportunity through home visiting rather than expecting parent to attend a centre. The additional capacity in the health visiting service from 35 health visitors to 52 will enable health visitors to implement pre birth visits. This will enable a targeted service implemented at the earliest opportunity.

There will be vulnerable children in other areas of Swindon who will not receive support from their centre. We are proposing to use those buildings for 2 year old education. Education for 2 year olds of 15 hours a week will provide a greater level of service than those provided by centres currently through the increase in places rising to over 940 places.

The Council is also implementing a review of community assets. This will identify venues where parent led groups can meet and offer peer support.

3.2 Benefits

- Services are maintained for 10% most vulnerable children and families through a targeted and skilled evidence based family support service
- Continued implementation of new evidence based programmes such as babysteps through the new family support service
- More building for child care and thereby increasing provision for vulnerable 2 year olds
- Opportunity to compare the new family support service with multi generational family centres
- Closer working between family support and early help services
- Wider use of community buildings by parents thereby increasing self help and resilience

3.3 Risks

- Some children not identified as the most vulnerable may not receive a targeted service
- Parent led groups will take time to develop
- Redundancy costs for the local authority where children's centres close
- Need to negotiate alternative use of buildings

1. So What?

The proposed family support service ensures a service is maintained for those children who live in the areas with the highest percentage of vulnerable children. By the potential use of building for early years education, all vulnerable children from age 2 – 4 will receive a service.

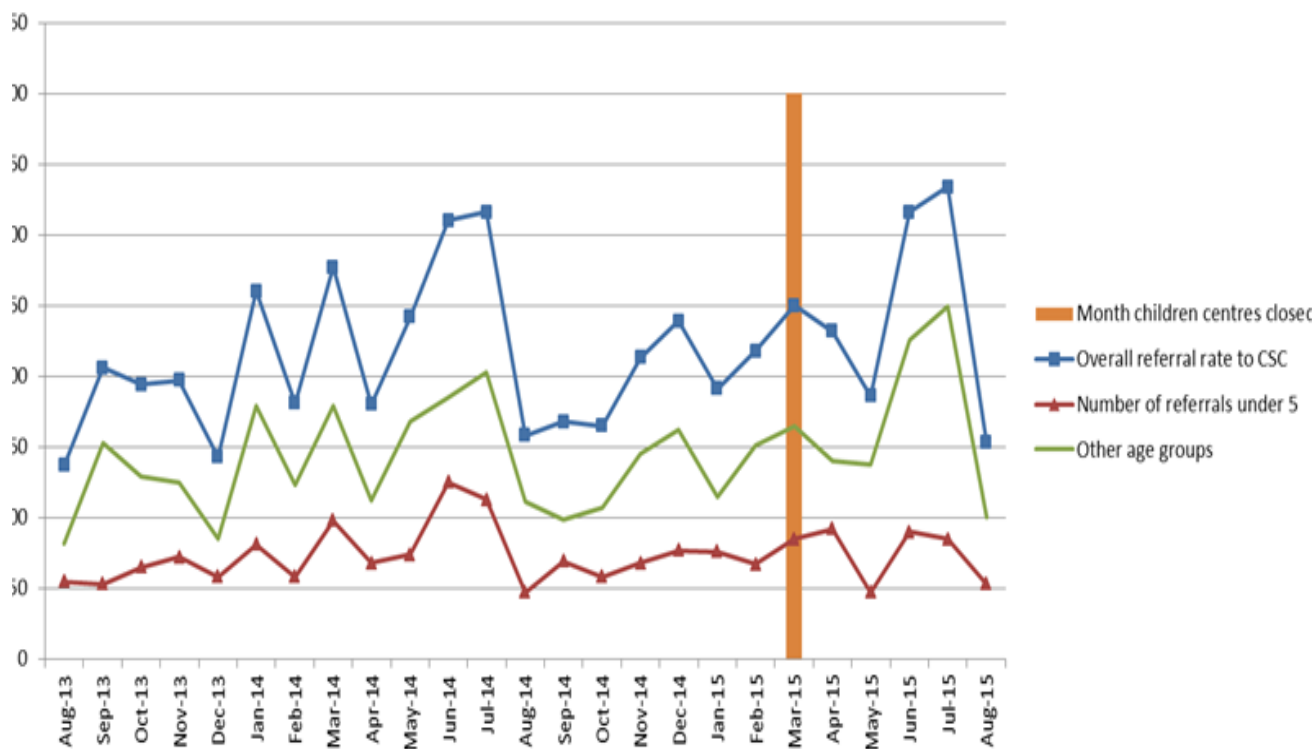
Closure of children's centres services could have a detrimental effect upon children, families and the wider community. Less vulnerable families would be affected by closure due to a lack of economic and social capital. This would have an impact upon all dimensions of equality identified in Section 3.

We have considered whether a reduction in children's centre service will impact on the demand for children's social care

We investigated whether the reduction in universal children's centres would lead to an increase in demand for children's social care services. The information below has looked at the impact of those centres that were de-registered in March 2015. Overall, the de-registration has not led to an increase in demand for children's social care.

There were 2650 referrals to children's social care during 14/15 for children and young people aged under 18. For under 5's only there were 927 during this period. The average number of referrals per month between August 13 and August 15 was 73 per month. Since the children centres closure in March 15 there have been 367 social care referrals for the under 5's age group, (April – August 15 latest data), and this also equates to 73 per month. Therefore it is reasonable to conclude that since the closure of Children Centres in March 2015 referral rates for children under 5 have stayed in line with overall referral rates suggesting there has been no obvious impact from the closure of the Children Centres from a activity monitoring perspective . The graph below illustrates this

Number of Social Care Referrals monthly before and after children centre closure. Breakdown by under and over 5 age groups

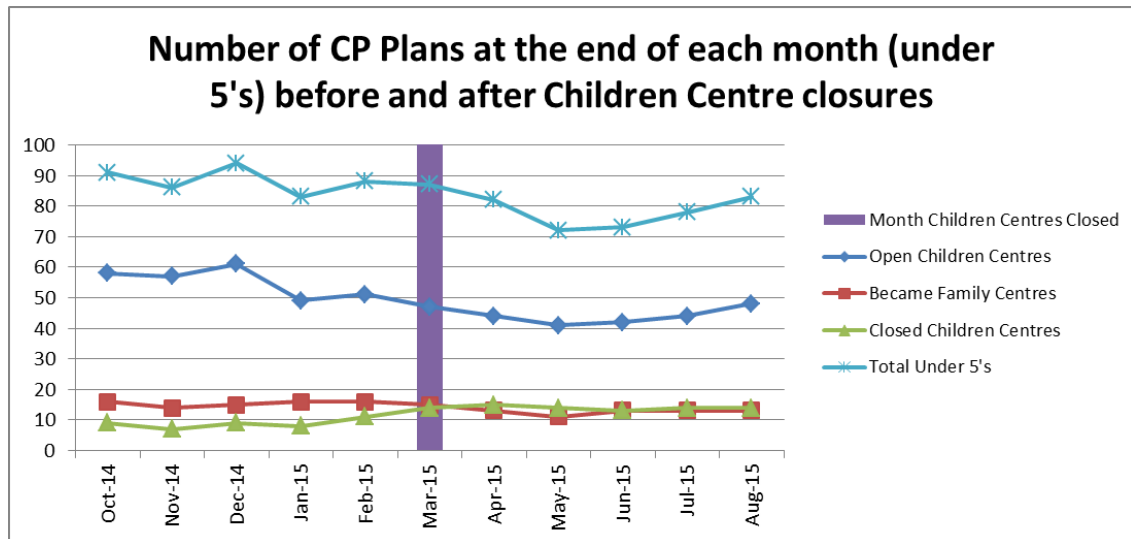


It is important to note there is regularly a seasonal peak between May and July of children’s social care referrals, and the graph shows that this increase was experienced in both summer 14 and summer 15 and was experienced in all age groups of children referred to social care.

When comparing under 5’s contacts, social care referral, Children in Need and Children on child protection plans for catchment areas where children centres have closed the data does not show any significant changes in trend. Social Care activity for this group has remained consistent with the catchment areas of Children Centres that have remained open and those that have rebranded as Family Centres. There was a dip in Social Care referrals during May 15 which is reflected into the children centres social care activity, but this was experienced across all age groups and is not outside of the statistical norm as experienced in August 14 and August 15 also. This is likely to be linked to school holidays and a decrease in referrals as a result from pre-school providers generally.

The graph below shows the overall number of children under 5 on child protection plans by children centre groups (whether open, closed, or family centre), and gives a breakdown of the trend over time pre and post centre closure. There were 13 children on a child protection plan from the closed centre catchment area as at the end of August 15 compared with 14 in March 15 before the centres closed. Overall between April and August 2015 there were 16 children starting child protection plans from each of the children centre groups (closed, open, family centres). As numbers

are relatively small on a monthly basis (0-5), it is hard to draw any valid statistical trend. Therefore it is better to look at the number of children on child protection plans as at the end of each month, pre and post centre closure



Although the demand for children’s social care has increased, the number of early help records undertaken by preventative services such as children’s centres has decreased. Children centres completed 21 early help records throughout 2014/15, a slight increase from 18 in 13/14. Given the investment in children’s centres, this is regarded as poor performance before and after centres closed. In the first quarter of 15/16 only 3 early help records have been completed by children centres, so if completion continues at the same rate this will equate to 12 for the full 15/16 period based on five centres compared to 14 in 2014/15. Thus the level of completion is comparable in 2015/16 to previous years. All early help services across school, early help services in the local authority and children’s centres completed 590 records yet children’s social care completed 2,649 assessments.

2. Consultation

A consultation exercise is to be conducted across key stakeholders: children, parents and families; local community organisations, early year’s settings, schools and health services. The proposal is that consultation will take from 10th December until 25th January 2016

The intent of the consultation will be to ensure that it is widely representative of the vulnerable groups accessing children’s centres. The groups of families included in the consultation will be;

- BME families including pockets of specific ethnicity in children’s centre reach areas, particularly where there are families with minority languages

- Families with disabled children or parents
- Lone parents (mothers and fathers)
- Working parents
- Teenage pregnancies and young parents
- Families in receipt of work related benefits or on low income

Due consideration will need be given to all aspects of diversity and equality throughout the consultations and the views of all key partners will be fundamental in ensuring that service delivery meets the needs of children and families in greatest need.

3. Consultation Outcomes and Cabinet Proposals

The online questionnaire with explanatory documentation received **334 responses**, whilst **117 people** attended a series of group discussions held throughout the Borough at which the proposals were explained.

Almost all of those taking part in the consultation were people with a present or past relationship with the existing children's centres, either as current or historic users of the service or as professional or volunteer workers in centres or provider bodies.

The response to the consultation came from across Swindon, with concentrations in the Parks/Walcot area and around Penhill. There is also a level of response from the North Swindon area, with little from Stratton, Covingham, Dorcan or Highworth.

Eleven face to face meetings were held including with parents at each of the children's centres and also with staff and partners. Two evening meetings were also publicised, one for parents and one for partners, so that working parents/carers could attend. In addition children's centres and parents were offered individual meetings to give their feedback if they were unable or uncomfortable in giving their feedback in a group situation.

Overall, there was limited support for the proposals. Current and past users of the service and professionals associated with it, either directly or indirectly, express opposition to the proposals; the principal issues raised are these:

- a belief that the centres are effective and provide a service that is both needed and valued by those who access it, and that the centres should not be closed;

- a perception that a universal service should be provided, rather than focussing on a particular area; there is a view that vulnerability is independent of geography;
- doubts that the Health Visitor service has the capacity to absorb the extra workload implicit in the proposals;
- concern that the access and referral to other support services, to training and to other services may become more difficult;
- a desire for the service to be provided locally, to minimise transportation and access problems linked to travelling with young children;
- the expectation that further reductions on the service will have longer-term consequences that will prove more costly to public services, including isolation and mental health challenges, and that the existing service's work in early intervention and prevention is important and valuable;
- a general view that a volunteer-run service will not be of a similar standard, that professionally qualified staff are needed in this type of work, and that the non-judgmental approach by staff at children's centres has built trust and confidence that allows resolution of parents' problems before they escalate;
- a view that volunteer-led services could prove unsustainable, and may be unwelcoming; there are also doubts over the level of safeguarding available through voluntary provision;
- an expression of the importance of services for these parents and young children, and the wish to see the savings made elsewhere rather than in this area.

A number of respondents expressed a willingness to volunteer, though many qualified this by citing a need for adequate training and support to equip them for this. Among current users, a third was unable to offer due to other commitments; however, one in five said they were interested, and a similar proportion left the possibility of volunteering open for the future. Those willing to volunteer included many willing to consider leading a group, as well as others prepared to help. Some respondents stated that they would endeavour to continue to meet even if the formal group is closed.

Professionals raised questions about the adequacy of information available to support the new provision, and it was pointed out that many younger parents may not have easy access to the website that is expected to signpost people.

Respondents who use centres tend to be younger, with three-quarters under 35 years of age; they are also predominantly female. Two in five work part-time, and a similar proportion are looking after home and children. One in six centre users in the consultation receives income-related benefits. Four fifths of those using centres have one or more children under 2 years of age, and a quarter of centre users are lone parents.

A commitment has been made to go back to meet with parents and partners to discuss with them the outcomes from the consultation and to shape the resulting services in response to their comments and feedback. There was a need identified by parents in the Drove area who said that the children's centre through trust of staff helped them to feel less isolated and supported. This particular issue of the BME parents needs to be incorporated into revised delivery of services to those parents.

The Cabinet paper of 10.2.16 will propose the de-registration of the centres at Penhill & Pinehurst, Drove, Moredon, Gorse Hill and Parks & Walcot East in response to the budgetary pressures. In response to the specific consultation issues, the Council is committed to the on-going conversation with parents and carers and will be making funding available of £43k per annum for two years for staffing to facilitate parents groups for parents of 0 – 3 year olds. The staff will be working three fifths of the time in Goddard Park (Parks and Walcot East), one fifth in Drove (Central) and one fifth in Swindon Academy (Pinehurst).

Performance and target for Quarter 2 2015/16

Children Centre Catchment Area	Number of Deprived LSOAs in Catchment	No of Families in Deprived LSOAs
Drove	6	164
Gorse Hill	2	85
Moredon	2	290
Pinehurst & Penhill	7	870
Parks & Walcot	9	935

2014/15 Families Registered & Attending from Deprived LSOAs	
No.	%
8	4.9%
13	15.3%
124	42.8%
272	31.3%
328	35.1%

Q2 2015/16 (Rolling Year) Families Registered & Attending from Deprived LSOAs	
No.	%
7	4.3%
23	27.1%
99	34.1%
171	19.7%
271	29.0%

Movement from 2014/15 to Q2 2015/16	
Difference	% Change
-1	-0.6%
10	11.8%
-25	-8.6%
-101	-11.6%
-57	-6.1%