

Cabinet

9 November 2017

0-5 Redesign of Children Centres

Summary:

On 2nd February 2017, Warwickshire County Council approved its 3 year Corporate Plan. Within the One Organisational Plan 2020 (OOP 2020) there are savings required in relation to 0-5 Services. On 15th June 2017, Cabinet received and approved a proposed model for consultation. This report provides details of the proposed revised service model within the context of OOP 2020, in the light of the outcomes of the consultation process and the need to transform services for children and families over the next 3 years.

Recommendations:

That Cabinet agree that:

- 1) The consultation process and analysis attached as Appendix 1 and the Equality Impact Assessment (Appendix 3) be considered,
- 2) The Strategic Director for People be authorised to take any necessary steps to implement the Hybrid Model and the recommended approach to transitional arrangements outlined in Section 5 and detailed in Appendix 2 on terms and conditions satisfactory to the Joint Managing Director (Resources),
- 3) The Strategic Director for People be authorised to arrange with the exception of Atherstone, Stockingford and St. Michael's, the transition of 2HELP places from the proposed Children and Family Centres to the Private, Voluntary and Independent Nursery Sector on terms and conditions satisfactory to the Joint Managing Director (Resources),
- 4) The Strategic Director for People and the Joint Managing Director Resources are authorised to terminate the lease agreements with the current providers of Kenilworth (Bertie Road), Warwick and Whitnash Children Centres and to arrange the responsibility for the day to day operation of the buildings being assumed by the Maintained Nursery Schools,
- 5) The Strategic Director for People and the Joint Managing Director (Resources) be authorised to develop and implement the process for the reassignment of sites that are no longer designated as Children and Family Centres,
- 6) The timescales for implementation as outlined in Section 6 be approved.

1.0 Executive Summary

- 1.1 Our vision for 0-5 services is “to work together with our partners ‘to enable every child in Warwickshire to have the best start in life through a whole family approach that builds independence, resilience and ensures that services are accessible, proportionate and seamless based on need”.
- 1.2 On 2nd February 2017, the County Council approved its One Organisational Plan 2020 which sets out the corporate direction over the next 3 years. At the same time the budget was also agreed which requires a saving of £1.120 million to be made to the Children’s Centres budget from 1st April 2018.
- 1.3 On 15th June Cabinet approved a proposed model as the basis for consultation which would focus on the conversion of 12 of the current 39 Children’s Centres into Family Hubs that would offer services to 0-19 to families or up to 25 in the case of disabilities. Remaining Centres would be reassessed to explore the viability of a 3rd party assuming the day to day management costs of the building but where some services could still be delivered. The proposal also suggested an integration of the Family Support Workers in Children’s Centres through a decommissioning of the current service and bringing in-house to provide a seamless 0-19/25 service.
- 1.4 Consultation was conducted over 11 weeks (29th June 2017-11th September 2017). As a result of the analysis undertaken the following is proposed:
- a) Implementation of Hybrid Model that would result in an integrated Family Support Worker Service (through decommissioning existing arrangements and redesign) and commissioning of services relating to management, administration, early years stay and play and volunteer co-ordination. The model would see an enhanced service across a broader age range in the following 14 Children and Family Centres throughout the County:
- Atherstone, Camp Hill, Riversley Park Clinic, Stockingford, St Michael’s, Boughton Leigh, Claremont, Long Lawford, Kingsway, Lillington, Westgate, Alcester, Lighthorne Heath, Stratford.
- b) The Hybrid Model would incorporate an outreach model delivered from the following 16 Children Centre sites which would complement the Children and Family Centre Services (provided day to day management and costs could be transferred to a third party and where there is access and an interest in continuing service provision) and supplemented, where appropriate, by community based facilities.
- Coleshill, Kingsbury, Polesworth, Abbey, Ladybrook, Rainbows, Bulkington, Hillmorton, Wolston, Kenilworth (St John’s), Whitnash, Warwick, Kenilworth (Bertie Road), Southam, Wellesbourne and Badger Valley.

- c) In terms of Badger Valley, Southam and Kenilworth (St John's), the proposal is that these sites are retained over 2018/19 to explore solutions for viable outreach which is within the reduced financial envelope but acknowledges both consultation responses and needs analysis.
- d) The following 11 sites would no longer be designated as Children's Centres or providing children centre services:

Mancetter, Park Lane, Newbold Riverside, Oakfield, Dunchurch, Cawston, Sydenham, Newburgh, Clopton, Studley and Riversley (Our Lady of the Angels School site).

- e) Implementation through transitional arrangements with current providers for a period of up to 18 months (April 2018-September 2019) within the reduced financial envelope during which time a procurement process for the commissioned elements of the proposed future service would be carried out.
- f) Transition of 2HELP places from Children and Family Centres to the Private, Voluntary and Independent Sector (save St Michael's, Stockingford and Atherstone where they would be delivered by the current provider). 2HELP provision in those Children Centres where it is currently being delivered will continue until the end of the school year 2017/18.
- g) Transfer of Kenilworth (Bertie Road), Warwick and Whitnash Children's Centres to the Maintained Nursery Schools with continued provision of Children and Family Centre services on an outreach basis.
- h) That an open and transparent process is formulated for receiving expressions of interest for the reassignment of those Children Centres identified as outreach sites and those surplus to requirements other than the 3 sites to be transferred to Nursery Schools.

1.5 The proposals above differ from the original model that was proposed in June to ensure it reflects the consultation. Key areas to note are:

- Replacing terminology of Family Hub with Children and Family Centres
- Increase number of Centres from 12 to 14 and substitution of Centres in Nuneaton, Leamington and Rugby
- Prioritisation of Family Support
- Retained focus on early years and 'Stay and Play'
- Transitional year in Badger Valley, Kenilworth (St John's) and Southam
- Outreach model to address access issues
- Provision for volunteer support and co-ordination

1.6 Based on the indicative costings set out in Section 7, it is anticipated that savings will primarily be made through a reduction in management, administration and premises costs.

- 1.7 Following Cabinet approval a timeline has been set out that seeks to ensure the savings are implemented from 1st April 2018 and after a period of transition with current providers, a new model is implemented by 1st October 2019.

2.0 Introduction

- 2.1 On 2nd February 2017, the County Council approved its One Organisational Plan 2020 which sets out the corporate direction over the next 3 years. At the same time the budget was also agreed which requires a saving of £1.120 million to be made to the Children's Centres budget from 1st April 2018.
- 2.2 On 15th June 2017, Cabinet approved the following proposed model as the basis for consultation:
- a) Conversion of 12 of the current 39 Children Centres into Family Hubs offering an enhanced service offer across a broader age range of 0-19 and up to 25 in the case of disabilities with outreach services through a 'spokes' approach. 3 of these (Atherstone, Alcester & Brownsover-Boughton Leigh) were intended to be aligned to proof of concept areas relating to the development of Warwickshire County Council community hubs. The sites proposed for the Family Hub development were Atherstone, Camp Hill, Abbey, Stockingford, St Michael's, Boughton Leigh, Claremont, Oakfield, Westgate, Lillington, Sydenham and Alcester.
 - b) A Service offer that would focus on the following four areas:
 - i- Universal offer focussed on places where people can access information, advice and guidance and also where certain universal services such as school readiness (stay and play, literacy/numeracy) activities are available with a flexible approach to location that would consider libraries and community venues;
 - ii- Health and Wellbeing services such as health visiting, midwifery, speech and language and perinatal mental health;
 - iii- Parental Support through family support, parenting programmes and attachment;
 - iv- Financial Wellbeing relating to debt, income maximisation, financial literacy and adult education.
 - c) The role of the remaining 27 centres would be re-assessed to see whether any of the centres could provide a viable outreach site. The reassessment would involve a dialogue with the community within the context of the reduced financial envelope to assess whether the community or an alternative provider would have the capacity to assume responsibility for the premises and facilitate the delivery of services identified by children and families in the area.

- d) Creating a Seamless and Integrated Family Support Worker Service targeting the most vulnerable children and families within the Children and Families Business Unit through the decommissioning of current services in this area that are wholly focussed on Children Centres.
- e) An approach that builds the capacity of children and families through empowerment, self-help and resilience.

2.3 Following approval of the proposed approach by Cabinet, an 11 week consultation was conducted between 29th June 2017-11th September 2017.

The remainder of this report sets out:

- The context for Redesign (Section 3)
- Outcomes from the Consultation Process (Section 4)
- Options Considered (Section 5)
- Timelines for Implementation (Section 6)
- Key Considerations (Section 7)
- Risks and Mitigation (Section 8)

3.0 Context for Redesign

3.1 The context for redesign is based on a number of national and local drivers that necessitate the requirement for change; taking into account the current and future landscape of children and families.

National

3.2 **Changing Context of Children's Centres:** The Childcare Act 2006 requires Local Authorities to have sufficient children's centre provision to meet the needs of young children and parents living in the area, particularly those in greatest need of support and that they are accessible to everyone. It is for each LA area to determine levels of sufficiency. Currently the aims espoused are to improve outcomes for young children and their families and reduce inequalities between families in greatest need and their peers through:

- child development and school readiness;
- parenting aspirations and parenting skills;
- child and family health and life chances.

3.3 A Children's Centre is defined in the Childcare Act 2006 as a place or a group of places 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 at which activities for young children are provided. Children's Centres are as much about making appropriate and integrated services available, as it is about providing premises in particular

geographical areas.

- 3.4 **Central Government:** Recent developments at a national level suggest that the direction of travel is moving towards a more integrated model of service provision within the 0-5 arena. There have been two key All Party Parliamentary Group (APPG) publications around early years since 2014. The '1001 Critical Days' manifesto highlights the importance of intervening early in the 1001 critical days between conception to age 2 to enhance the outcomes for children. A further APPG report on the future of Children's Centres resulted in the paper 'Family Hubs: The Future of Children's Centres' and explored the role that Children's Centres' can potentially play as hubs for local services and family support beyond the current 0-5 model to a 0-19/25 model.
- 3.5 A further development in April 2017 was the publication of the 'Improving Lives: Helping Workless Families' Policy Paper. The paper places significant emphasis on the role of tackling worklessness, financial inclusion and the consequential issues associated with poverty. Early indications of this are evidenced by planned changes to the Troubled Families Programme over 2017/18 and the need to demonstrate that learning from the programme is mainstreamed within service delivery in recognition of the Programme coming to an end in 2020.

Local

- 3.6 **One Organisational Plan 2020:** The County Council adopted the One Organisational Plan 2020 (OOP 2020) in February 2017 to outline its transformation aspirations. To meet the business and financial imperatives of the plan a holistic, multi-agency approach is required. This means that the redesign of services in relation to 0-5 cannot be undertaken in isolation of the transformation being delivered as part of the wider corporate programme. The two underpinning principles of which are to develop community capacity and to improve the information and advice offer.
- 3.7 **Children and Families Services Transformation:** A significant programme of delivery within OOP 2020 will be the transformation of Children and Families services and its vision for the future. In financial terms approximately £10 million is planned to be saved over the next three years from the Children and Families budget which currently stands at £54 million. More specifically this includes:
- In relation to Children Centres, £1.120 million savings are required from a current budget of £4.882 million from April 2018 onwards.
 - Approximate savings of £5 million arising from better aligned services and improved social work capacity reducing the need for children to come or stay in care.

- Of relevance also is the reduction of £1.2 million (from a budget of £6.7 million) over the next 3 years in relation to Health Visiting and Family Nurse Partnership services.

3.8 Core to the Transformation Plan is an increased focus on guided self-help, personal resilience and personal and community capacity alongside early identification of those requiring additional help. The development of Children and Family Centres offers a model to apply these principles on a locality basis in a multi-agency setting.

3.9 The redesign of services in relation to 0-5 is to be cognisant of and integrated within the wider work that is being undertaken in relation to children and families. Although some families will be solely comprised of parents with children under 5, the majority of our families will have older siblings and it is vital that a whole family approach is taken to addressing need and identifying solutions. This also embeds the learning from the Priority Families Programme particularly through the Family Support Worker model and the concept of ‘one family, one worker, one plan’, which locally has been instrumental in improving the outcomes for children and families.

3.10 **Smart Start:** The Smart Start Strategy sets out a vision of an integrated system of 0-5 universal and early help provision to collectively improve outcomes for Warwickshire children aged 0-5 years, and ensure that their parents/ carers are well supported from the moment of conception through to the time their children reach school age.

3.11 The learning from the Smart Start work, including the “Re-imagining our Children’s Centres” work is reflected in the overall approach to the transformation of children and families services and the key elements informing the redesign of services are:

- Multi-Agency Approaches that focus on co-location, integration and seamless pathways.
- Family Support and Early Help.
- Parenting networks and self-help.
- Maternal/ Child Mental Health.

3.12 **Child Poverty Strategy:** The Child Poverty Strategy was approved in 2014 with the underpinning principles of addressing poverty now and breaking the cycle of poverty. The principles are embedded within the proposed Children and Family Centres through a focus on adult education and learning, financial well-being through greater linkages with organisations such as Citizens Advice and Warwickshire Welfare Rights Advice Service and the use of volunteering as

a pathway to employment.

- 3.13 **Let's Talk (Community Hubs):** There is significant overlap between elements of the 0-5 redesign programme and current activity relating to the establishment of Proof of Concept (PoC) Community Hubs known as 'Let's Talk' and the stepped approach to services with an emphasis, in the first instance on self-help and empowerment. Currently the pilot phase of the proofs of concepts will run for a period of six months at Alcester-Globe House, Studley-Studley Village Hall, Brownsover-Christ Church, Benn Partnership Centre, Bidford-Library, Atherstone-Early Years Centre. Following that period a decision will be made on whether to retain them and/or begin a process of roll-out across the county at the end of this period.
- 3.14 During the evaluation phase opportunities for alignment will be explored between Let's Talk and Children and Family Centres to ensure the offers complement each other and maximise opportunities for joint delivery where appropriate.

4.0 Outcomes from the Consultation Process

Process

- 4.1 The consultation period commenced at midday on Thursday 29th June and concluded at midnight on Monday 11th September 2017. The 11 week period included 4 weeks prior to the school summer holidays and 1 week after.
- 4.2 The consultation was publicised through a variety of networks and media and was strongly supported by a wide range of consultation and engagement methods resulting in:
- 1558 online questionnaires returned
 - 12 public consultation events at which over 300 people were in attendance
 - 44 informal drop ins at Children Centres, baby and toddler groups with translators where required resulting in discussions with 280 individuals
 - 21 visits by Councillor Morgan, Portfolio Holder for Children's Services, resulting in discussion with approximately 80 interested parties
 - Attendance by officers at Children Centre Advisory Board meetings to answer queries and obtain feedback
 - Letters and Emails to Elected Members, members of the Public and MP's in response to queries
 - Over 20 phone calls through the consultation hotline
 - Focus Groups with staff and online sessions with parents, carers and staff
 - 6 staff engagement roadshows with over 150 people attending
 - 6 signed petitions from a number of campaign groups with 7083 signatories
- 4.3 To ensure robustness during the process, the Consultation Institute has been providing on-going assurance and advice in relation to the consultation. A key

element of the Institute's work is to ensure that our engagement is broad and takes account of hard to reach families, including those who currently do not access children's centres, BME communities and those whose first language is not English.

- 4.4 The Consultation Institute has indicated it is satisfied with the reach of the consultation on that basis that:
- a) The online webpage on Ask Warwickshire had a Google Translate option embedded into it so it could be translated into over 100 languages.
 - b) Interpreters were provided at requested drop-ins at Children's Centres.
 - c) Partner organisations working with minority communities publicised the consultation on the County Council's behalf.
 - d) The expected return rate by hard to reach families was monitored throughout the consultation period and continuing efforts made to encourage uptake.
 - e) People were invited to send emails in their native language if they did not feel comfortable completing the online survey.
 - f) A Google Hangout or face to face meeting was offered to a disabled parent, in response to a request by a children's centre staff member.
 - g) An online focus group took place in the evening to open up access to those unable to attend face to face meetings.
 - h) Drop ins were arranged at non-children's centre groups to access non-users of the children's centres.
 - i) Paper questionnaires were printed and distributed across the county through the children's centres, public consultation events and libraries, accompanied by a freepost envelope to eliminate a cost barrier to participation.
 - j) A phone line, staffed 5 days a week, was dedicated to the consultation for people unable to use computers or complete a paper questionnaire and all responses were logged.
 - k) Every request for accessibility to the consultation was explored and responded to.
- 4.5 The data processing and coding of open ended verbatim comments from the survey was carried out by QPRMR, an independent company which is a member of the Market Research Society. The analysis of the quantitative and qualitative data- was undertaken in close collaboration with the Insight Service and oversight from Warwickshire County Council's Strategic Consultation and Engagement Lead.
- 4.6 The consultation process was also communicated widely to partners through schools bulletins, Health and Wellbeing Board links (which includes CCGs) and voluntary and community sector networks. Regular updates were provided to health partners such as mental health leads, midwifery and health visiting through the Local Maternity System Board and consultation drop in sessions. There is an ongoing dialogue with commissioners of these services. The proposed new service delivery model seeks to strengthen our links with health professionals and partners through alignment with the development of

community based provision that extends beyond the 0-5 age range. Discussions were also held with relevant schools during the consultation. It is envisaged that this engagement will be developed further during the design and implementation process.

Outcomes

4.7 Full details of the consultation analysis including an executive summary are attached as Appendix 1. These have informed the production of the service offer and delivery model.

Summary headlines to highlight are:

a) **Locations:**

- In North Warwickshire the analysis suggests that the retention of Atherstone with an outreach approach resonates with the community and largely mirrors existing provision.
- In Nuneaton and Bedworth, there was strong support for the current provision of children centres. In terms of locations whilst there was support for Camp Hill, Stockingford and St Michael's as Centres, there was significant support for the retention of Riversley Park Clinic as a Centre based on its central location and close links with health related services.
- In Rugby, where an outreach model has already been in operation for some time, there was support for the retention of Claremont and Boughton Leigh. There was strong representation that the third centre should be Long Lawford (rather than the proposed Oakfield).
- In Warwick District, significant representations were received from Kenilworth. An argument was also made for the retention of Kingsway rather than Sydenham on account of size, suitability for Children and Family Centre purposes and its location within an area of need.
- In Stratford the case was made for additional centres on the basis of the geographical expanse of the district.
- In all areas, common themes in relation to location related to accessibility, housing growth (where relevant and significant) and the availability and suitability of alternative community facilities.

b) **Services:** Notwithstanding geographical variations the key services that emerged as being valued and integral to future delivery were: Stay and Play, Family Support and Health Services (principally Health Visiting, Midwifery,

Speech and Language). There was a particular focus on Maternal Mental Health.

- c) **Retention of the early years emphasis:** Whilst consultees (particularly service users) were familiar with Children Centres there were some concerns about having mixed age ranges within buildings that were predominantly early years in nature and that the needs of the locality and nature of the buildings required consideration. There was an indication from the responses that people disagreed with the idea of family hubs. However, on further analysis it appears that this was linked more to the proposed locations rather than rejecting the concept in its entirety. There was a view that an early years focus should be retained and that a measured and phased approach to the development of a wider service offer should be adopted. In those areas where proof of concepts were being trialled a need for alignment with these was highlighted.
- d) **Confusion over 'hubs':** Of particular note was the concept of 'hubs' themselves. The use of hub terminology was confusing given that the term was being used in conjunction with a number of initiatives with no consistent agreement as to what the offer was in relation to them.
- e) **Reducing isolation:** The role of centres in reducing isolation and providing information advice and guidance to parents was emphasised. This includes the need for a warm welcome and non-judgmental spaces where parents could meet other parents, form networks and gain a better understanding of the services and activities available in their locality. This is particularly the case for those parents who have recently moved to the area or have few family networks.

4.8 In addition to the general consultation themes above, specific submissions were received from the following organisations who are currently delivering the service or have a close association with current services. The submissions outlined proposed delivery models which have been considered during the options appraisal:

- **Barnardo's:** Proposal of an extended contract till September 2019 within the reduced financial envelope to enable smooth transition to a new model with a consolidated family support worker service from October 2019 onwards. This covers the Rugby, Warwick District and the North of the County but excluding St Michael's and Stockingford. **The submission has been factored into the proposed option in Section 5 below.**
- **Parenting Project:** Proposal of an extended contract till September 2019 within the reduced financial envelope working with WCC towards the new model being operational from October 2019 onwards. This covers Stratford District. **The submission has been factored into the proposed option in Section 5 below.**

- **St Michael's:** Retention as independent centre but with an outreach model to serve the remainder of Bedworth and also coverage to Bulkington. St Michael's indicated a willingness to work alongside an in-house, integrated and co-located Family Support Worker Service. **Regard has been given during the development of the service offer and model attached as Appendix 2. Discussions will be necessary on transitional arrangements.**
- **Stockingford Early Years Centre:** Submission highlighted the integrated nature of the building and service provision including budgetary considerations. **Regard has been given during the development of the service offer and model attached as Appendix 2. Discussions will be necessary on transitional arrangements.**
- **Maintained Nursery Schools:** There are specific proposals from the maintained nursery schools at Kenilworth (Bertie Road), Warwick and Whitnash to take responsibility for the Children's Centre buildings and deliver the 2HELP offer from those sites. The proposals also refer to working closely with the proposed integrated Family Support Worker service and seek to build capacity and resilience of the PVI sector to ensure that vulnerability is identified and addressed at the earliest opportunity. **Regard has been given during the development of the service offer and model and close collaboration is envisaged with the Maintained Nursery Schools during the implementation phase.**
- **Early Years Action Group:** Proposals are to retain a focus on early years, multi agency, services with an emphasis on early intervention. **Regard has been in the development of the service offer and model which uses the first '1001 days' as the foundation from which services in relation to children and families will evolve. We envisage close collaboration with the Early Years Action Group during the implementation phase as we move towards an integrated 0-19/25 offer.**

4.9 Proposals from providers were provided on a confidential basis and therefore have not been attached as appendices or background papers.

4.10 It should also be noted that during the consultation period expressions of interest have been received in relation to a number of children centre sites and these have been referenced within the proposals where there is potential for outreach provision.

4.11 A key lesson learnt from the consultation has been the wealth of expertise, knowledge and experience from the parents, carers and practitioners in relation to what works and what does not. From this, two conclusions will inform the

design and implementation stages. The first is the need to balance the need for equity of offer with a model that is tailored to the needs of the locality and the community it serves. The second is the need to engage parents, carers and practitioners during the development of the new model.

5.0 Options Considered

Service Offer and Delivery Model (How the consultation has shaped the proposals)

5.1 The Service Offer and Delivery Model are attached as Appendix 2 and have been formulated from organisational principles, analysis of need and a consideration of the options outlined below. The service offer and model also reflects the outcomes from the consultation process and key areas are highlighted below:

Proposal	Rationale
Prioritisation of Family Support	The proposal to protect this service from reduction is due to the high priority that families placed on this service during the consultation. The value of volunteers was expressed throughout the consultation but the point was made strongly that they cannot replace trained, skilled, professional family support staff.
Replace 'Family Hub' terminology with 'Children and Family Centres'	The consultation revealed some confusion over the terminology of 'hubs' given that it was being used by a number of agencies in different contexts. The suggestion of 'Children and Family Centres' acknowledges identification with the current provision and that this will be used as the basis for integration with a wider age range and service offer.
Increase the number of proposed Children and Family Centres from 12 to 14	During the consultation, issues of access and rurality were marked in Stratford District and those who responded to the consultation were opposed to a single Centre in the east of the District (Alcester). As a result, 2 additional Centres at Stratford and Lighthorne Heath have been proposed, which allow access to a central and a west district centre. This is supported by evidence of need in terms of number of children in need and on Child Protection Plans and the Income Deprivation Affecting Children Index (IDACI).

<p>Substitution of Centres in Nuneaton and Bedworth, Rugby and Warwick borough/districts</p>	<p>As a result of the consultation, the proposals have been revised as follows: --Riversley Park Clinic as a preference to Abbey particularly in relation to SEND provision --Long Lawford in preference to Oakfield on account of rural needs and projected housing growth --Kingsway in preference to Sydenham due to suitability for Children and Family Centre purposes, area of need and the potential for alternative community outreach sites in relation to the latter.</p>
<p>Transitional year for Badger Valley, Kenilworth (St John's) and Southam</p>	<p>In recognition of responses received in relation to these areas, a transitional year is proposed. This will allow for additional work to be carried out to explore alternative options for buildings and services that addresses the issues identified during the consultation. The consultation highlighted needs in these areas which particularly centred on social isolation, peer/support networks and perinatal mental health. A transitional year enables those facing these challenges to receive appropriate support over an extended time period whilst alternative options are explored and pursued.</p>
<p>Confirmation of Outreach Model</p>	<p>The reduced number of Centres places a greater emphasis on outreach and delivery through alternative sites. During the consultation it was evident that outreach is already in operation and this can be built on as a model.</p> <p>In addition, sufficient expressions of interest have been received during this period to suggest that there is an appetite from a number organisations to assume responsibility for those Children Centres which as outreach centres could deliver Children and Family Centre services directly and/or allow access to the County Council and its partners to the Centre for the purposes of service provision. The need for services to be delivered locally was expressed throughout the consultation from an access to services, financial inclusion and a peer/support network perspective.</p>
<p>Focus on 1001 days and Early Years</p>	<p>The Smart Start, Reimagining our Children Centres work and this consultation have all emphasised the need to focus on the first 1001 days. Early years Stay and Play was not part of the original proposal but has been included in the delivery model as a result of consultation responses as a non-stigmatising entry to accessing support services.</p>

<p>Transitional approach to Implementation</p>	<p>Submissions made by Barnardos and the Parenting Project offer a constructive and collaborative way to implementing proposals. A phased approach to implementation addresses the need to engage with service users and partners during the design of the Children and Family Centres and the outreach centres to agree how a whole family approach can be delivered. This also demonstrates a commitment to those who responded to the consultation to express concern that their support will not be suddenly withdrawn.</p>
<p>Volunteer Support & Co-ordination</p>	<p>The new model relies on building the community infrastructure through peer groups and volunteering. The need to ensure that volunteers are recruited and supervised in a manner that also embeds safeguarding is strengthened in the proposal. The existing volunteer model was highlighted during the consultation as one which provides support to volunteers to enable them to support families.</p>

Preferred Service Offer and Delivery Model

5.2 The following four options were considered during the analysis of consultation responses:

- a) **Business as usual:** With no budget reductions
- b) **In house delivery:** decommissioning of all 'external' elements of the children's centres' provision and the delivery of the Children and Family Centre model by WCC
- c) **Delivery through commissioning:** external commissioning of Children and Family Centre provision
- d) **Hybrid model:** incorporating the family support element of the current 0-5 service into the council's family support/ "One Team" and external commissioning of services relating to the management and co-ordination the Children and Family Centres, volunteer co-ordination and early years stay and play as well as inclusion of outreach proposals to deliver complementary services from sites which we envisage would be operated by third parties.

5.3 **The Business as Usual:** During the consultation period and particularly reflected in the petitions, the County Council was asked to review its decision to make savings in relation to Children Centres. If the Council intends to make the savings, retaining the service in its current form is not an option. This option

also offers little opportunity to integrate the work of children centres into the wider transformation of services to children and families or to focus resources on services rather than on management, administration and buildings or secure the benefits from a whole family approach. Nor does it take account of Smart Start research which stated 'that in view of increasing financial pressures and greater awareness of current needs of Warwickshire families, the present model of Children's Centres across the County is unsustainable' (P6 Smart Start Strategy 2016-2020)

5.4 **In-house delivery:** This option was considered on the basis that it would offer greater control and flexibility over resource delivery. It has been discounted for four reasons:

- In light of the tight timescales, there would be considerable disruption of service to children and families.
- The County Council does not have the current capacity and expertise to deliver the management of centres/hubs, early years services and volunteer co-ordination.
- An initial headline analysis (See Section 7 'staffing/HR') indicated that there would be significant costs associated with transfer of staff, potential redundancies, adjustments of terms and conditions and pension arrangements and this would have an impact on achieving the savings
- The Council does not have the same opportunities to attract external funding as 3rd party providers

5.5 **Delivery through Commissioning:** Warwickshire is a commissioning authority and on that basis the children centres were commissioned in 2014 in their current model. This option would be consistent with that decision and in terms of the management and coordination of the Centres, continues to be a positive option. However, a wholly commissioned service does not provide the opportunity for developing an integrated family support service, which is crucial in the delivery of the Children and Family transformation plan to reduce the need for children to become or remain looked after, by implementing the concept of 'one worker, one family one plan' and to deliver improved outcomes for all children and families.

5.6 **Hybrid Model:** This option envisages a mixture of in-house delivery (Family Support Workers) and commissioned services (Management, Administration, Stay and Play and Volunteer Co-Ordination) and also incorporates the outreach proposals. This is the preferred option because it combines the strengths of the other two models by adopting a balanced approach where services are commissioned or delivered in-house on the basis of business need. Although there are additional costs of employing family support workers directly, (transfer, conditions and pension), these are outweighed by the benefits and efficiencies offered through an integrated approach.

- 5.7 Discussions with Oxfordshire and Wolverhampton who have redesigned their children's centres and where integrated family support worker teams are in operation have corroborated these benefits. They highlight the flexibility of response that such a service accords and the seamless experience for the family where teams are working from similar systems, single assessments, improved communication and co-location. In turn this will result in a more consistent and equitable targeted provision for the most vulnerable families and one that supports partnership working. The commissioning of remaining services acknowledges that the Business Unit's expertise does not currently reside in that area and that other organisations are best placed to undertake this.
- 5.8 On this basis the hybrid model is seen as the preferred option and has been used as the basis of determining key implications (outlined in detail at Section 7).

Transition (how will we get there)

- 5.9 In light of submissions received from current providers and in consultation with HR, Legal and Commissioning the following two options have been considered for the transition from the existing arrangements to Children and Family Centres:
- I. **Gradual Transition with existing providers:** Extension of contracts with current providers on new terms and conditions (to accommodate the saving of £1.12m subject to agreement) from 1st April 2018 for a period of up to 18 months (maximum contract term) to deliver the transition from existing Children's Centres to Children and Family Centres model together with outreach proposals with flexibility to recognise existing 2HELP commitments.
 - II. **More Immediate Transfer under a new contract:** Extension of contracts (subject to agreement) with current providers for a period of 4 months to avoid disruption of 2HELP provision and allow re-commissioning within the reduced financial envelope from 1st August 2018.
- 5.10 Both options offer sufficient time to run a competitive procurement process and to transfer family support in-house though Option I allows for greater flexibility of a phased and collaborative approach that ensures that future services are co-produced with service users and are applicable to future as well as current needs. Option I also allows sufficient time for the outreach proposals to be worked up and delivered to the same timeframe.
- 5.11 The first option is largely based on the transition proposals submitted by the current providers, Barnardo's and the Parenting Project, who have expressed

their willingness to accommodate the transition process within an 18 month contract extension from 1st April 2018 to 30th September 2019. This option is dependent upon:

- Agreement with current Providers (including Stockingford Early Years Centre and St. Michael's) of an extension to the current contracts within the reduced financial envelope.
- Agreement over how the transition will be managed and the reduction applied across the four providers.
- Committing to run a competitive process as soon as possible before the end of the extended contract term with the intention of a new provider assuming the retendered service upon expiry.

5.12 The second option represents a fair and transparent process for handover. However, there are significant risks in relation to:

- Additional costs, as savings are likely to be unachievable during the short extension of the current contracts.
- Tight timescales which put more burden on the local authority and the new provider to deliver a robust transition and also ensure alignment with other transformational activity.
- HR and staffing risks identified in Section 7 if the current provider contract has expired, before a new provider has been appointed. In addition to disruption to service users there is potentially increased liability for the County Council as services are decommissioned and then re commissioned.

5.13 The first option is recommended for approval, as it offers more stability during the transition period and gives sufficient time to accommodate the competitive procurement process for the commissioned element of the future service.

6.0 Timelines for Implementation

6.1 The original timelines for implementation as required by OOP 2020 requirements envisaged savings and remodelling to commence from April 2018. Whilst savings can be made from April 2018, remodelling of the new service will require a longer timeframe for a number of reasons. At the commencement of the project there were delays as a result of elections at county and national level which meant that it was not possible to obtain the necessary approvals until June 2017.

6.2 Furthermore the deferral of Cabinet consideration from October to November recognised that more time was required to analyse and give due regard to the responses received during the consultation period. An issue that also was identified during the Summer was the provision of 2HELP nursery places and

the need to avoid any disruption mid way through the academic year as a result of new models being implemented from April 2018. Due to the nature of the current contract it has also been difficult to disaggregate costs and the service in this area from providers.

6.3 In light of these slippages, whilst the savings can be made from April 2018 (subject to negotiation and transitional arrangements being agreed with providers), future remodelling will need to be undertaken over a longer timeframe to take into account 2HELP nursery provision and commissioning requirements. Budgetary pressures have been highlighted in respect of those centres providing 2HELP provision and the potential assistance that may be required in respect of sustaining this provision until the end of July. As with transitional arrangements this will be the subject of negotiation with providers.

6.4 The indicative timeline proposed for implementation on the basis of the preferred service delivery model and transition option being adopted is as follows:

- Cabinet Approval (November 2017)
- Agree transitional arrangements with providers (November – December 2017)
- Disposal and Transfer Process agreed and expressions of interest sought for outreach and surplus sites (November 2017 - March- 2018)
- Subject to negotiation, transfer of Kenilworth (Bertie Road), Warwick and Whitnash sites (April 2018)
- Transfer or disposal of remaining sites (April - August 2018)
- Transitional arrangements with existing providers (April 2018 for a period up to 18 months)
- Transfer of 2HELP provision where applicable (by end July 2018)
- Design, Commissioning and Procurement of new service (April 2018 – March 2019)
- Creation of an Integrated Family Support Worker Service (by October 2019)
- New Model commences (by 1st October 2019)

7.0 Key Considerations

a) Financial

7.1 As outlined in paragraph 3.7 the delivery of OOP 2020 requires savings to the current Children Centre budget of £1.120 million from April 2018. This would leave an operating budget from 2018 onwards of £3.762 million. At the same time there are financial pressures within the Family Support Worker Service which require a whole system redesign that ensures it targets the most vulnerable children and families and is directed towards the delivery of the service rather than management and maintenance of premises.

7.2 As part of the current contract management process the four Children’s Centre providers complete a detailed staffing and expenditure profile at the end of each financial year. These returns have been analysed and a summary of their expenditure for 2016/17 based on their information is illustrated in the table below.

Current Expenditure

	Amount £000	%	%
Managers	932	19%	68%
Admin	619	13%	
Volunteer Co ordinators	89	2%	
Family Support Workers	960	20%	
Early Years Workers*	592	12%	
Caretaker/Cleaners	56	1%	
Agency / Other	53	1%	
Premises	506	10%	10%
Service Delivery Costs & Other costs	585	12%	12%
Additional income*	-203	-4%	-4%
Management Charges	519	11%	14%
Surplus	174	4%	
Total Spend 16/17	4,882	100%	100%

* This amount has been modified downwards to assume the £491,000 NEF Grant funds received by the Groups funds EY'W.

It should be noted that our commissioning arrangements are based on outcomes and detailed financial modelling will be part of the negotiations with providers. However, an illustration of the effect of removing the £1.120m OOP saving from the funding of the hybrid model has been provided below based on the following assumptions:

- Retention of current complement of Children Centre’s FSW and applying in house costs of delivering service
- Ensuring early years Stay and Play Provision
- Ensuring Volunteer Management and Co-Ordination
- Reduction in management and associated costs by approximately 50%
- Reduction in administration by approximately 50%
- Reduction in Premises costs by 40% reflecting the reduced number of Centres including costs associated with outreach activity in transferred centres or community venues. Of the £300,000 indicated we envisage a greater proportion of budget available for outreach after March 2019, once transitional arrangements at Badger Valley, Kenilworth (St John’s) and Southam have

concluded and more efficient options for service delivery in those areas are identified.

- Retention of the current £57,000 repairs and maintenance budget until the point of transfer to new providers when new arrangements on premises costs may be negotiated.

Projected Expenditure

	Amount £000	%	%
Managers	528	14%	76%
Admin	294	8%	
Volunteer Co ordinators	56	1%	
Family Support Workers	1,330	35%	
Early Years Workers*	588	16%	
Caretaker/Cleaners	31	1%	
Agency / Other	40	1%	
Premises	300	8%	8%
Service Delivery Costs & Other costs	300	8%	8%
Management Charges	218	6%	8%
Other	77	2%	
Total Spend 16/17	3,762	100%	100%

7.3 Assuming the delivery of the Family Support Service cost at a total of £1.630 million (salary and non-salary costs) , the budget for commissioned services in the hybrid model would total £2.132 million.

7.4 There are some services delivered from Children’s Centres which are not funded from the Children’s Centre budget. These include Health Visiting, Midwifery and Adult Education Services. We intend to continue and build on current joined working arrangements with these services. However, there is no impact on the budget for these services arising from these proposals.

7.5 As per paragraph 5.11 agreement as to how the reduction will be applied across the four providers during the transitional period will be the focus of discussion during the implementation phase.

b) Staffing/HR

Preferred Option

7.6 The following HR implications will apply for the preferred option of working with the current providers over the next 12-18 months before bringing the family support element in house and commissioning the new model.

Transitional Arrangements

- 7.7 Working with the current providers, it is envisaged that over the next 12-18 months they will go from the current delivery model to the new model. From a HR perspective this will allow a more natural progression, providing time for the staffing implications to be considered and appropriate changes to be made by the providers. The current providers have indicated that they will be able to work with their staff to move towards the model during this timeframe.

Family Support Workers

- 7.8 The preferred option will see the transfer of Family Support Workers into Warwickshire County Council by October 2019. According to the data return there is an establishment of 38 FTE Family Support workers and 6.0 FTE Family Support Managers, which totals 44 currently employed across the providers.
- 7.9 TUPE regulations are likely to apply if the Family Support Service is to be brought back into WCC. A scoping exercise will be completed as to whether staff members will be in scope for TUPE transfer, and this will depend on what proportion of their role is being transferred. It is likely that staff who primarily undertake Family Support Work will be in scope to TUPE transfer into Warwickshire County Council on their current terms and conditions. The staffing implications of this will need to be considered once the scoping exercise has been completed as this may result in family support workers with different terms and conditions (issued by different providers) transferring to WCC. Where staff undertake a mixture of family support and other children centre functions, there is likely to be fragmentation and as such TUPE will not apply. In these circumstances the staff members will remain the responsibility of the current providers, who will decide whether redundancy will apply.
- 7.10 TUPE transfer of these staff will comply with the regulations and follow an appropriate consultation process.

Recommissioning the new delivery model

- 7.11 During the next 12-18 months, Warwickshire County Council would seek to tender and select a new provider(s) for the new model. At this stage it is likely that most of the staff who are providing the new service will be in scope to TUPE transfer from the current providers to the new providers, thus allowing for a smooth transition.
- 7.12 In these circumstances, it is not usual for WCC HR to be involved. However, it will be key for the progression of the contract award, that both the incoming and the outgoing providers are aware of their obligations under TUPE.
- 7.13 Following the tender process and the contract award, if there is a change in provider, the outgoing provider will need to consult with the relevant staff in

order to comply with the TUPE regulations. There is no time limit to this consultation, however, it needs to be reasonable and during the consultation there are a number of obligations both the current provider and the new provider need to comply with.

- 7.14 There may be some members of staff who are in scope to TUPE to the new provider who were originally employed by the council and were TUPE transferred to the current providers. This is known as a second generation TUPE. As the current providers gained admitted body status, the staff members continue to be members of the Local Government Pension Scheme. The liability of these pensions will need to be assessed and the new provider will need to consider whether they apply for admitted body status with the Local Government Pension Scheme or whether they provide a broadly comparable scheme which has been certified by GAD (Government Actuary's Department). Both of these can be costly and may deter any potential new provider from tendering for services.

Risks Associated with the other models

- 7.15 There would be a risk in moving immediately from one model to another through a commissioning out route. Many of the current staff could be out of scope for TUPE transfer on the basis that the new model would be different to the service that staff currently provide. This may result in the staff not transferring under TUPE and therefore being at risk of redundancy. The new provider(s) would then need to recruit to its new structure. From a HR perspective this option is likely to result in service disruption and heightened concern for the staff, along with being more costly as higher redundancy costs will need to be factored in.
- 7.16 There is also a risk that the current providers may cease to provide the service in advance of a new provider being selected. Decisions would then need to be made as to whether the service would cease for a period of time and as such the staff would be made redundant. If the Council chose to continue to provide the service in the interim, all the staff would transfer into the Council until the recommissioning had been completed. All these staff would be entitled to join the local Government Pension Scheme which would make the delivery of the new service more costly for any new provider(s). The Council would be responsible for making any staff who are not in scope for the TUPE transfer redundant. Again both scenarios would incur additional costs.

c) Premises

Children and Family Centres

- 7.17 Fourteen sites have been identified as Children and Family Centres which are detailed in Appendix 2. The buildings are a mixture of freehold ownership, leasehold ownership and non-WCC premises. The proposal is that for the

transitional period of 12-18 months the existing occupation arrangements will remain in place at these fourteen sites.

- 7.18 Thereafter the intention is that the management of the premises should transfer to the newly commissioned provider(s) of the service. The provider(s) will assume responsibility for all premises costs and deliver all services with the exception of the Family Support Workers. WCC will specify the services that should be delivered from the Centre as a whole.
- 7.19 Nine of the proposed Centres are owned freehold by WCC. For these sites the proposal is that a new provider(s) will be granted a lease on terms and conditions to be agreed, at no ongoing cost to WCC. The terms and costs of occupation for the WCC Family Support Workers will be subject to agreement of satisfactory terms between WCC and the new provider.
- 7.20 Three of the proposed Centres are leased by WCC. Subject to the terms of the lease, WCC may have the option of terminating the existing lease, or underletting to a new provider(s). Where the existing lease is terminated, any new agreement for occupation would be made between the building owner and the new provider. As above, the terms and costs of occupation for the WCC Family Support Workers would be subject to agreement of satisfactory terms between WCC and the new provider.
- 7.21 Two of the proposed Centres are non-WCC buildings where the existing arrangements are directly between the current provider and the building owner. Subject to the building owner agreeing to continued use of the property, future provider(s) would occupy on the same basis subject to agreement of satisfactory terms. Occupation by WCC Family Support Workers would be by agreement of satisfactory terms with the new provider.

Outreach-Transitional Sites

- 7.22 The proposal at Kenilworth(St John's), Southam and Badger Valley is that for the transitional period of 12 months during 2018/19 the existing occupation arrangements will remain in place. Thereafter, new provider(s) will be identified to take over the premises, where possible, and WCC Family Support Workers will access and use the buildings subject to satisfactory agreement of terms with the new providers.
- 7.23 Kenilworth (St John's) is owned freehold and it is anticipated that a lease will be granted to a new provider on terms and conditions to be agreed, at no ongoing cost to WCC. Southam is a non-WCC building and the future delivery of services would be dependent on the building owner agreeing to continued use of the building and a new provider agreeing satisfactory terms and conditions

with the building owner. Badger Valley is leased by WCC from the Governing Body of Shipston-On-Stour Primary School. Any termination or variation of use is prohibited under the current terms of the lease, so use by a new provider(s) would be subject to successful negotiations with the building owner.

Outreach-Nursery School Sites

7.24 There are 3 Children Centre sites (Kenilworth, Warwick and Whitnash) where it is proposed that the building reverts to the Maintained Nursery Schools that are already co-located on those sites. These sites are owned by WCC and currently let to the provider. Termination of lease agreements would require 6 months notice but this could be reduced through negotiation with the current provider. The Nursery Schools will continue to offer some Children and Family Centre services (predominantly in the form Family Support Work) from these sites as part of the outreach offer.

Outreach Remaining Sites

7.25 The remaining sites are a mixture of freehold and leasehold sites. For the freehold sites, WCC will seek to dispose of the premises, either on a freehold or leasehold basis, subject to the agreement of satisfactory terms and conditions, at no ongoing cost to WCC. In some instances there will be specific requirement for the future occupiers to enable the delivery of outreach services by WCC (such as FSW, Health Visiting or Stay and Play). Where outreach is not envisaged due to the suitability of the building or availability of alternative sites in the vicinity, WCC will seek uses that are less likely to trigger clawback of the grant funding such as use by early years services or private nursery providers.

7.26 For the leasehold sites, WCC will seek to terminate leases, where possible, at the earliest opportunity to minimise costs. In such instances WCC will have no control over future use of the buildings and there is a more significant risk that for these premises clawback of the grant funding may be triggered. However work with owners of the freehold will occur in such instances to explore options that will minimise risks associated with clawback and also explore the options for outreach either from the building or within the vicinity.

Outreach-Community Sites

7.27 There are currently 55 sites across the County where community buildings are used by the existing providers as outreach venues for Children's Centre Services.

- 7.28 Where appropriate, the intention is that WCC / the new providers will utilise these sites to deliver services. All costs of occupation will be met by the new providers.

Surplus Sites

- 7.29 There are 11 sites that are deemed surplus to requirements and where children centre services will not be delivered. The decision to dispose of these sites has been made within the context of the reduced financial envelope which stressed that priority would be given to services rather than buildings. Upon disposal/transfer there will be no ongoing costs for the Council in relation to the surplus sites. Additional factors that have been considered in forming a view that these sites have become surplus have been current opening hours and usage, size of building (in some instances these are shared classrooms), the proximity of proposed Children and Family Centres, current costs/value for money and the potential for alternative locations within the vicinity to deliver services at lower cost. It should be noted that expressions of interest have been received for 3 of the sites from early years providers (Cawston, Newburgh and Clopton) and we would be encouraging interest in relation to the Sydenham site where there is sufficiency issues in terms of early years provision. Six are on school sites (Park Lane, Newbold/Riverside, Oakfield, Dunchurch, Studley and Riversley-Our Lady of the Angels) and solutions would be explored with the schools during the formal expression of interest stage. Depending on the future use of the surplus sites there is a risk that the clawback provisions of the original grant funding agreement could apply and we will seek to mitigate this by encouraging the delivery of services that would meet DFE criteria in relation to children and families and especially early years.

Transitional premises costs

- 7.30 As part of the redesign there are likely to be additional premises costs associated with the transition from the existing delivery model to the new delivery model. These may include legal expenses, the cost of any adaptation/refurbishment works and dilapidation costs. It is not possible to quantify these costs at this stage and a source of funding to meet such costs will need to be identified.

Legal Considerations

- 7.31 A Children's Centre is defined in the Childcare Act 2006 as a place or a group of places 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 at which activities for young children are provided. It follows from the statutory definition of a Children's Centre that Children's Centres are as much about making appropriate and integrated services available, as it is about providing premises in particular geographical areas.

7.32 The sufficiency duty has been referenced earlier in this report. There is also a statutory duty to consult on any proposals to close Children's Centres or make any significant changes in the services provided by Children's Centres including any changes to the location of those services. No steps should be taken to implement any changes before the outcomes of the public consultation have been considered by the Cabinet. Any public consultation should comply with the following principles i.e.

- a) Consultation must take place when the proposal is still at a formative stage;
- b) Sufficient reasons must be put forward for the proposal to allow for intelligent consideration and response;
- c) Adequate time must be given for consideration and response;
- d) The product of consultation must be conscientiously taken into account.

7.33 In considering proposals for the future of Children's Centres the local authority must also have due regard to the statutory guidance (Sure Start Children's Centres Statutory Guidance) published by the Department of Education in April 2013. Compelling reasons are required to justify a departure from statutory guidance. The statutory guidance requires local authorities to:

- ensure that a network of Children's Centres is accessible to all families with young children in their area;
- ensure that Children's Centres and their services are within reasonable reach of all families with young children in urban and rural areas, taking into account distance and availability of transport;
- together with local commissioners of health services and employment services, consider how best to ensure that the families who need services can be supported to access them;
- target Children's Centres services at young children and families in the area who are at risk of poor outcomes through, for example, effective outreach services, based on the analysis of local need;
- demonstrate that all children and families can be reached effectively;
- ensure that opening times and availability of services meet the needs of families in their area;
- not close an existing Children's Centre site in any reorganisation of provision unless they can demonstrate that, where they decide to close a Children's Centre site, the outcomes for children, particularly the most disadvantaged, 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 therefore be a presumption against the closure of Children's Centres;
- take into account the views of local families and communities in deciding what is sufficient children's centre provision;
- take account of families crossing local authority borders to use Children's Centres in their authority. Families and carers are free to access early childhood services where it suits them best; and
- take into account wider duties under section 17 of the Children Act 1989 i.e. to safeguard and promote the welfare of children within their area who are in need; and so far as is consistent with that duty, to promote the upbringing of such children by their families, by providing a range and level of services

appropriate to those children's needs.

- 7.34 In determining the best arrangements locally to meet local needs, value for money and the ability to improve outcomes for all children and families, especially families in greatest need of support, should be important guiding considerations.
- 7.35 In addition to its specific duties under the above Acts the Council has a continuing duty under the Equality Act 2010 when exercising its functions to have due regard to the need to (a) eliminate discrimination, harassment and victimisation, and other prohibited conduct (b) advance equality of opportunity and (c) foster good relations. The Equality Impact Assessment for the service is attached as Appendix 3. Members attention is directed to that assessment and the proposed action plan to mitigate adverse impacts. The action plan will be incorporated within the overall plan for implementation.

Early Years

- 7.36 The Council has a statutory duty to secure sufficient high quality early education and childcare places for children aged 0 – 14 (or up to 18 for disabled children). The duty has been extended from September 2017 to include an entitlement to 30 hours ‘free’ childcare per week for 3 and 4 year olds in working families, instead of the previous universal entitlement to 15 hours per week (which remains in place for other families).
- 7.37 The new entitlement means that we will need childcare providers to increase their capacity significantly. We estimate that an additional 2,000 childcare places will be needed. Some places will be created by schools, but the majority are expected to be created by private, voluntary and independent (PVI) providers. In Warwickshire, these contribute about 80% of our early years’ places. It is important that we align this policy change, and the requirement to expand, with the transformation of wider 0 – 5 services. Consideration also needs to be given to the provision of funded early learning places for disadvantaged 2 year olds (2HELP) which, although not originally part of Children Centre provision, was included within the contract in 2014. The proposal is that future 2HELP provision is delivered by the PVI sector where the majority of 2HELP provision is already being delivered. Those places currently provided in several Children’s Centres will continue to do so till the end of the academic year. During that period we will work with the PVI sector to minimise any impact on the Council’s ability to meet its statutory childcare sufficiency duty.
- 7.38 Detailed sufficiency work is being undertaken on gap areas, and we expect to consider where we can use the opportunities presented by this service re-design to expand early years’ provision and meet our statutory childcare sufficiency duties. This could involve working alongside PVI providers, or working with schools where expansion is required. This also provides an opportunity to mitigate the clawback implications for the surplus children’s

centre buildings.

Public Health

7.39 The procurement process for 0-5 Public Health Services commenced in May 2017 using a competitive dialogue approach. The plan is to award the new contract by December and for the new provider to take over the delivery of the service from 1st April 2018. This creates an opportunity to:

- Share with providers our ambitions around the programme of 0-5 redesign work described in this document as they develop throughout the procurement process.
- Work with providers to shape the model together to ensure a fit for purpose offer.
- Consult publicly on provider models and possible changes to service delivery in order to inform the final model.
- Transition into the new integrated model in a timely and more efficient manner.

Commissioning

7.40 We will work with the providers to agree a smooth and timely transition to Children and Family Centres based on the needs within the community. This will ensure a managed reduction in children's centres alongside the capacity building and promotion of the community-based offer and the transfer of family support staff to the WCC one team model as it embeds across the county as part of the transition programme. Specifically support will include:

- a) Supporting negotiations with all current providers to extend contracts whilst making the required savings and incrementally transforming the model to the 14 Children and Family Centres model.
- b) Underpinning these arrangements with clear variation to contract agreements which state the agreed changes, reduction in budgets and associated milestones.
- c) Continuing to monitor and QA contractual arrangements during contract extension.
- d) Tendering for the agreed outsourced elements of the new service model in readiness for the end of the transitional period.
- e) Supporting the management of the change in contract arrangements – decommissioning/ transition support etc.

8.0 Risks and Mitigation

8.1 In terms of risks, associated with the proposed approach key risks relate to

- a) Provider Engagement
- b) Financial
- c) Property

d) Clawback

- 8.2 The proposed approach is dependant upon the agreement of an extension to contract by the current Providers within the context of the reduced financial envelope and an agreed process for transition. The first risk relates to reaching an agreement particularly with those providers (St Michael's and Stockingford) who did not propose transitional arrangements. The second risk is that if agreement is reached that the savings are not implemented during the transition period.
- 8.3 To mitigate against this we will work with providers at the earliest opportunity following the Cabinet decision to agree transitional arrangements and where barriers have been identified to work towards constructive solutions. In the case of our main providers (Barnardos and Parenting Project) we are confident of achieving this on the basis that formal submissions have been received from them suggesting the model and that the Providers worked with the County Council in 2014 to achieve the last set of reductions in budget. We also hope, during the transitional process to work closely with the Providers to ensure appropriate milestones and requirements are met and that risks where required are escalated and appropriate remedial action is identified and implemented.
- 8.4 In terms of financial risks (savings not being met), the proposed approach of seeking transitional arrangements with Providers seeks to mitigate this on the basis that if agreement is reached; savings are implementable from April 2018 onwards. This would not be the case if a decision was to move towards a newly commissioned model immediately.
- 8.5 In terms of property risks, whilst a number of properties involved in these proposals are owned by the Council, there are number which are owned by third parties and as such, we are reliant on agreements being reached for their continued use to enable the Children and Family services and the outreach arrangements to be delivered. There are also risks associated with the transfer of sites which are deemed to be surplus in that costs will be incurred with delays in transfer or failure to find interested parties as this will be dependent upon contractual negotiations and securing the right market response. Mitigation measures that have been put in place are initial expressions of interest that was undertaken during the consultation process which suggests that there is interest in the majority of our sites. A process for transferral and disposal will be implemented with a view to obtaining solutions for those sites not designated Children and Family Centres by the end of August 2018 to ensure that savings can be maximised at the earliest opportunity. The adoption of a Transferral of sites to Nursery Schools where applicable will also assist given that the proposal could be implemented from April 2018 onwards.
- 8.6 There is the potential risk of clawback (recovery of capital grant funding allocated to the Council for the original establishment of the children's centres) which presents a financial risk. These risks can be mitigated by retention of outreach provision or ensuring that future usage is focussed on early years

provision (e.g Nursery settings). This is supported from an analysis of comparative authorities who have redesigned their 0-5 services and by national evidence where the incidence of clawback is not proportionate with the number of Children’s Centres that have closed. Furthermore during the implementation phase close collaboration with DFE is envisaged on a site by site basis to ensure that such risks are addressed.

8.7 Implementation of the proposals is inevitably a complex matter as there are a number of dependencies and the proposals involve negotiations and agreements being reached with third parties (whether related to service provision or property matters). As part of a robust project management procedures, these risks will be kept under review during the implementation phase and mitigation steps will be taken wherever possible.

9.0 Appendices

- 1-Consultation Analysis (Executive Summary, Quantitative and Qualitative)
- 2-Service Offer and Delivery Model
- 3-Equality Impact Assessment

10.0 Background papers

- Cabinet Report (15th June 2017)
- Barnardo’s ‘Reimagining Our Children Centres’ Project
- Smart Start Strategy & Research 2015-2016
- 0-5 Strategic Needs Assessment 2016
- Helping Vulnerable Children Strategic Needs Assessment 2015
- Warwickshire Public Transport Map 2017
- DFE Sure Start Children’s Statutory Guidance (2013)

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Warwickshire Children

Putting children at the heart of all we do.

What Warwickshire Told Us About the Family Hubs Proposal 2017 – Executive Summary





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Key findings

Consultation highlighted that the top 10 services which should be provided locally are: Health Visiting, health and wellbeing services, stay and play, family support and advice, early learning, access to support for families with special educational needs & disability (SEND), speech, language and communication advice and support, access to mental health support for children and adults, parental support and education, and parenting courses.

The proposed number and location of the Family Hubs dominated people's opinions of the consultation proposal. Across all Districts and Boroughs there was strong opposition to the number and location of proposed hubs in their area, with the highest level of disagreement in Stratford-on-Avon District, with a single hub proposed in Alcester, followed by Warwick District, most notably because of an absence of a hub in Kenilworth. The idea of Family Hubs was more favourable to those with older children, those who do not use Children's Centres and those who would find it more convenient if services were all in one place. When the idea of Family Hubs was explained in more detail during face to face opportunities, the idea was received more positively, with comments that the consultation document could have been clearer on that aspect.

Whilst, understandably, the majority of people wanted the Children's Centres to remain as they are, suggestions for alternative uses included stay and play, sharing the building with other services, hiring out the building for other uses and using the building for a nursery or playgroup.

There are many positive aspects about Children's Centres and how they meet the needs of their users. Venues used in the future to deliver services for children and families from should be safe and welcoming, have suitable facilities and resources, and be easily accessed by the local community. Concerns raised by few individuals at public consultation events that venues linked to religious organisations would be off-putting to many Children's Centre users were not borne out in the comments made in the online survey.

Delivering services for children and families close to home is essential to the vast majority of people. The 'local' element of service delivery is important for access reasons.

Volunteers should not replace trained professionals and quality differences in service delivery can be picked up by those users of the services. Appropriate use of volunteers to help them increase their skills should be complemented by supportive trained staff.

The top 10 services which were most important to provide locally at outreach sites were: Health Visiting, stay and play, family support and advice, health and wellbeing services, access to mental health support for children and adults, parenting courses, early learning, speech, language and communication advice and support, access to support for families with special educational needs & disability (SEND), parental support and education.

Many people are passionate about keeping Children's Centres as they are, with safeguarding at the heart. To the majority of people responding to the consultation, the value of the staff and the importance of Children's Centres is clear. Widening the age range of who can access Family Hubs should not come at the expense of supporting the 0-5s.



The two Kenilworth Children’s Centres were over represented in the online survey which means findings for Warwick District overall would have been skewed unless questions are also analysed by users and non-users of the two Centres, otherwise the opinions of those in Warwick and Leamington could be overlooked.

In respect of the consultation process there was a feeling that the timing of the consultation over the summer holidays was a barrier to participation. There were also references made to the complexity of the online questionnaire, the ‘timing out’ security feature which hindered completion over an extended period of time and the confusion created by the Cabinet report and consultation document. Steps were taken to mitigate these concerns including paper questionnaires being widely distributed, encouraging submissions via email and at face to face opportunities, as well as the efforts of transformation team members to speak to as many people as possible face to face, via email or on the phone to clear up any confusion. The Consultation Institute has provided support, advice and guidance throughout the process and its representative endorses the efforts which were made to make the consultation process as inclusive as possible.

For further details on the findings in this executive summary please read the full reports called:

What Warwickshire Told Us About the Family Hubs Proposal 2017 – Online Survey Report

What Warwickshire Told Us About the Family Hubs Proposal 2017 – Comments and Suggestions Report



Why a consultation was necessary

On 2nd February 2017, Warwickshire County Council approved its One Organisational Plan (2017-2020) which sets out the corporate direction over the next three years. At the same time the budget was also agreed which requires a saving of £1,120,000 million to be made to the Children's Centres budget from 1st April 2018. The County Council has a duty under the Childcare Act 2006 to consult before significantly changing or closing Children's Centres, and to secure sufficient provision to meet local need so far as is reasonably practicable. Therefore it was necessary to hold a consultation on how the remaining £3.7 million should be spent. Whether or not the cuts should happen was not part of what was being consulted on as the decision had already been made in February. There were two areas of focus for the consultation:

1. To consult on the introduction of a Family Hub model (changing)
2. To consult on the potential closure of the remaining centres (closing)

How the consultation was carried out

Timing

The consultation period ran from midday Thursday 29th June to midnight on Monday 11th September 2017. This covered 4 weeks prior to the Warwickshire school summer holiday, which began on 24th July until 1st September 2017, and 1 week subsequent to the break. It commenced 3 weeks after the General Election date of 8th June and 8 weeks after the local election date of 4th May 2017. The online survey was launched at midday on Thursday 29th June and closed at midnight on Monday 11th September. The survey was hosted by SurveyMonkey and was the primary consultation method. No personal data was collected and the postcode question was optional. For a visual representation of where people who took part in the survey live (overlaid with face to face consultation locations and vulnerability factors) please see [Appendix A](#). The consultation was publicised across a number of channels which can be found in [Appendix B](#)

Responses

A total number of 1,558 respondents shared their opinion on one or more questions in the online survey. This number does not include those who only provided answers for the first 6 demographic questions and did not share their opinions on any of the proposal related questions e.g. what services are required (Q7) or what their opinion is of Family Hubs (Q8). 153 paper questionnaires were returned and these are included in the total figures (10% of the total sample). Paper questionnaires were available at the public consultation events, were distributed to Children's Centres to be handed out to those unable to complete the online survey, on request via the dedicated phone line and in Warwick library. All Children's Centre managers were sent an electronic version and some chose to print off more copies for parents. Incomplete questionnaires were included in the analysis, as long as at least Q7 or Q8 was answered. Paper questionnaires were entered into SurveyMonkey and have been included in 'online survey' figures.



Comments

There were a number of opportunities throughout the survey where respondents could provide their comments in their own words, also known as qualitative data. This was supplemented with 95 face to face opportunities across the county where Children's Transformation colleagues spoke to parents, grandparents, carers, staff and members of the public to have an input into the consultation. These mainly covered the period of 29th June to 11th September 2017, with some before and after to ensure those with scheduled meetings were able to formally input into the consultation. There were some very marked differences between districts and boroughs as well as some similar themes.

Reach

As people engaged with the consultation in more than one way it is not possible to provide a total number of people who engaged through these methods but a conservative estimate would be in excess of 5000. Further details of all the engagement methods used and total number of respondents per consultation and engagement method are set out in [Appendix 1](#)

Considerable steps were taken to engage with hard to reach families, including those who currently do not access children's centres, Black and Minority Ethnic (BME) communities and those whose first language is not English. Examples of activity include:

- The online webpage on Ask Warwickshire had a Google Translate option embedded into it so it could be translated into over 100 languages.
- Interpreters were provided at requested drop ins at Children's Centres. Two of those attending numerous drop ins around the county were fluent in non-English languages; one speaks Punjabi and one speaks Polish and Russian.
- Partner organisations working with minority communities publicised the consultation on the County Council's behalf.
- People were invited to send emails in their native language if they did not feel comfortable completing the online survey.
- A Google Hangout or face to face meeting was offered to a disabled parent, in response to a request by a children's centre staff member.
- An online focus group took place in the evening to open up access to those unable to attend face to face meetings.
- Drop ins were arranged at non-Children's Centre groups to access non-users of the Children's Centres.
- Paper questionnaires were printed and distributed across the county through the Children's Centres, public consultation events and libraries, accompanied by a freepost envelope to eliminate a cost barrier to participation.
- A phone line, manned five days a week, was dedicated to the consultation for people unable to use computers or complete a paper questionnaire and all responses were logged.

Every request for accessibility to the consultation was explored and responded to. The expected return rate by hard to reach families was monitored throughout the consultation period and efforts



made throughout this period to encourage uptake. As part of its feedback, the Consultation Institute indicated that, in their opinion, they were satisfied with the reach of the consultation.

Assurance

In terms of assurance that the process undertaken and methods used were fair and representative of the communities the project team wanted to reach, we have been and continue to work with the Consultation Institute along with the WCC Insight Service, the Strategic Consultation and Engagement Lead and Legal Services.

The data processing and coding of open ended verbatim comments from the survey was carried out by QPRMR, an independent company which is a member of the Market Research Society. The analysis of the quantitative, from the survey, and qualitative data, from the survey, face to face meetings and written submissions, was undertaken in close collaboration with the Insight Service with oversight from the Strategic Consultation and Engagement Lead.



What You Told Us in the Online Survey

Respondents' responses for each of the 28 questions were analysed (covering 15 demographic questions and 13 opinion based questions) and the key findings are shown in this executive summary. Please note the base size (n= ...) for each question differs depending on how many people answered the question. Incomplete questionnaires were included in the analysis, as long as at least Q7 or Q8 was answered. Paper questionnaires were entered into SurveyMonkey and have been included in 'online survey' figures.

What services people think should be provided in their local area

The top 10 services people said should be provided in their local area are in **Table 1** below.

Table 1 What services people think should be provided in their local area

	Yes
Health Visiting (n=1370)	94.2%
Health and Wellbeing Services for advice on a range of issues such as healthy eating, child development, oral health, safety, exercise, emotional wellbeing (n=1362)	92.1%
Stay and play (n=1381)	91.7%
Family support and advice (n=1368)	91.2%
Early learning (n=1354)	91.1%
Access to support for families with Special Educational Needs & Disability (SEND) (n=1362)	91.0%
Speech, language and communication advice and support (n=1361)	91.0%
Access to mental health support for children and adults (n=1360)	91.0%
Parental support and education (n=1359)	88.3%
Parenting courses (n=1347)	86.2%

Other suggestions included 7 respondents who said 'Other specified classes/groups for babies/children', 6 who said 'Antenatal support/classes', 4 who said 'Infant feeding/breast feeding support', 4 who said 'Nursery', 2 who said 'Occupational therapy (sensory/functional etc.)' and 2 respondents who said 'Domestic violence/victims of abuse support'.

There were clear differences between what those in the North and those in the South wanted, as well as differences between those with/without children, by age of child and by whether the child had additional needs or not. More details can be found in the reports titled 'What Warwickshire Told Us About the Family Hubs Proposal 2017 - Comments and Suggestions Report' and 'What Warwickshire Told Us About the Family Hubs Proposal 2017 - Online Survey Report'.



How people feel about the idea of Family Hubs

Seven in 10 respondents disagreed with the idea of Family Hubs. Respondents from all District and Boroughs disagreed with the idea but Stratford-on-Avon District (across the District) and Warwick District (driven by Kenilworth residents) had the strongest opposition to the idea.

The top three comments made at this question were:

- Concerns about distance to travel (no transport/car/need to walk) (347 people)
- Concerns that this proposal will not safeguard/support (vulnerable) children/families (234 people)
- Services/Centres/Hubs should be local (unspecified) (141 people)

The primary reason respondents disagreed with the idea of Family Hubs is because of difficulties travelling to services. If the Family Hub model is to be implemented, it is important to consider the use of outreach services in local communities to strengthen Family Hub model and minimise the distance people will have to travel to receive services in the future.

Respondents were concerned about the proposed model leaving children and families unsafe or unsupported which reinforces how important supportive services are to people. Steps should be taken when implementing the revised model to ensure safeguarding is a top priority, alongside the delivery of valuable services for children, especially the under 5s.

The importance of Children's Centres was emphasised and a desire to not lose the local, quality service delivered through them. The need for services to be of good quality and local should be a key part of the revised model.

The main area where respondents had concerns about insufficiency was in Kenilworth, which was not proposed as a Family Hub. Consideration should be given as to how the needs of Kenilworth residents can be met in the revised model. During the consultation period, representatives from the community in Kenilworth came forward to offer their support to a community-run St John's centre. It may be necessary for the County Council to provide advice and guidance to communities who are willing to take over the running of their local centre.

Concerns were raised about Alcester as a Family Hub location, and in fact across Stratford-on-Avon District there were a number of localised concerns including Shipston, Southam, Wellesbourne and Lighthorne Heath. The revised model should pay due regard to these concerns and consider whether more Family Hubs should be situated in Stratford-on-Avon District. In those areas where the decision is not to locate a Family Hub, consideration should be given as to how the needs of those communities can be met, particularly in partnership with the communities themselves.

Non users of Children's Centre were statistically significantly more likely to agree with the idea of Family Hubs than user of Children's Centres (at 95% level of confidence).



How people feel about the number of Family Hubs proposed for each area

In each district / borough, more than four in ten respondents slightly, or strongly, disagreed with the proposed number of family hubs in the five areas. Again respondents from all District and Boroughs disagreed with the proposed number but Stratford-on-Avon District (across the District) then Warwick District (driven by Kenilworth residents) had the strongest opposition to the number in their area.

The top three comments made at this question were:

- Concerns about distance to travel (no transport/car/need to walk) (206 people)
- 12/the number of Family Hubs is not enough (150 people)
- Concerns that this proposal will not safeguard/support (vulnerable) children/families (121 people)

The concern is that if there are fewer Family Hubs than there are currently Children's Centres, people will have to travel further to receive services. This poses the question of whether the future model can either maintain or increase the number of locations from which services are delivered.

There is a strong objection to the proposal to have 12 Family Hubs when there are currently 39 Children's Centres. Serious consideration should be given to increasing this number, particularly in Stratford-on-Avon District where a single Hub in Alcester was most strongly contested. Statistically significantly¹ more people strongly disagreed with having three Family Hubs in Warwick District if they were a user of either of the two Kenilworth Children's Centres than if they were Warwick District residents but did not use either of the two Kenilworth Children's Centres. Almost 9 in 10 respondents who were users of either of the Kenilworth Children's Centres disagreed with the proposal to have three in their area, compared with two thirds of Warwick District residents who did not use those centres. This points to a strong desire for greater provision in Kenilworth than the proposed model suggested.

Fewer Children's Centres was regarded by consultation respondents as a reduction in support for vulnerable families, which may expose them to safeguarding issues if there is reduced contact with Children's Centre staff. With fewer Family Hubs it is important that the revised model seeks to minimise staff redundancies so that the trained professionals can carry out their support, advice and guidance from outreach sites, as well as the Family Hub sites. This will help to maximise vulnerable families' exposure to staff with the skills to help them and keep their families safe.

¹ Statistically significant at 95% level of confidence



The extent to which locations of Hubs meet needs

In each district / borough, at least four in ten respondents slightly, or strongly, disagreed with the proposed locations of family hubs in the five areas. It is important to note that for the majority of areas, one third of responses were indifferent.

As seen previously, the greatest disagreement was in Stratford-on-Avon District then Warwick District. Residents across Stratford-on-Avon District disagreed with locating their District hub in Alcester, particularly those at the geographical extremes of the area in Southam and Shipston.

Users of either of the two Kenilworth Children's Centres were statistically significantly² more likely to strongly disagree that the proposed locations of the three Family Hubs in Warwick District (Lillington, Sydenham and Westgate) met their needs than if they were Warwick District residents but did not use either of the two Kenilworth Children's Centres. Warwick District residents who were not Kenilworth Children's Centres users were significantly² more likely to agree that the proposed locations met their needs. Overall in Warwick District, 9 in 10 residents who used either of the Kenilworth Children's Centres disagreed that the locations of the proposed hubs in their area meets their needs compared with 6 in 10 residents who are not users of the Kenilworth centres.

The top five comments made at this question were:

- Concerns about distance to travel (no transport/car/need to walk) (269 people)
- Kenilworth area concerns/hub allocation insufficient (109 people)
- Concerns about locating a Family Hub in Alcester (specified) (72 people)
- Stratford-on-Avon area concerns/hub allocation insufficient (52 people)
- Concerns that people will be discouraged from using/won't be comfortable/won't attend (81 people)

The highest number of people had concerns about the distance they would have to travel to access services at Family Hubs which reiterates how important a sufficient outreach or spoke model will be to fill the gaps between Family Hubs.

There were specific concerns in a number of areas, with the Kenilworth area having the highest number of concerns that the hub allocation is insufficient. If the budget does not allow for a Family Hub in Kenilworth, siting a spoke or providing an outreach point in the town would provide a level of support to residents they don't feel they would be getting in the proposed model.

Imagining that the future model would include the introduction of a Family Hub type service offer, there was a large proportion of specific concerns about locating such a Family Hub in Alcester and more general opposition regarding insufficient hub allocation across the Stratford-on-Avon District. The new model needs to take into account both the resistance to siting Stratford District's Family Hub in Alcester, to match with the 'proof of concept' Community Hub opening there in Autumn 2017, and there only being one for the whole of the geographically largest District/Borough in Warwickshire. The decision to place a Community Hub in Alcester has been reached outside of this consultation process. 'Proof of concept' locations were based on a different set of requirements to

² Statistically significant at 95% level of confidence



those of Family Hubs. For more information on Let's Talk Community Hubs please contact Tejay De Kretser on tejaydekretser@warwickshire.gov.uk or (01926) 476860. Respondents to this consultation made it clear that they think there are greater needs in other towns in Stratford-on-Avon District and therefore more hubs in different towns to Alcester are needed. The new model should have regard to this strength of feeling.

If the locations do not meet people's needs there were concerns that people will be discouraged from using them, will not be comfortable attending and so will not attend. Throughout the consultation the focus was on preserving services over buildings but there was a clear voice that the buildings themselves are conducive to the service being delivered. In some areas there may be community venues which are suitable alternatives to the current Children's Centres but respondents who spoke at face to face opportunities felt strongly that due consideration should be given to the appropriate use of buildings for outreach services.



Alternative uses for Children's Centres

Respondents were asked what the centres not proposed to be converted into Family Hubs could be used for.

The top five suggestions were:

- The Children's Centres should stay as they are (keep them open) (453 people)
- Stay and Play (128 people)
- Suggest building is shared with other (non-profit) services/agencies (job search/CAB/food bank etc.) (122 people)
- Suggest the building could be hired out for other uses (Scouts/Brownies/parties/offices etc) (117 people)
- Use for nursery/playgroup (87 people)

Respondents were keen to emphasise that the Children's Centres should stay as they are. With a £1.12 million reduction in the budget this is not a viable option without a cut in service delivery from the centres. The previous Children's Centre consultation in 2013 saved £2.3 million whilst keeping all 39 centres open. At the face to face opportunities, this consultation uncovered a corresponding reduction in service levels, disproportionately in North Warwickshire Borough. A key element in the consultation proposal was a desire to prioritise services over buildings.

Maintaining the provision of stay and plays is a message which has been reiterated through the online survey and at face to face opportunities and the new model should pay due regard to its importance. Suggestions to share the buildings, hire them out or be used for nurseries/playgroups are options to be explored by the Transformation Team once a decision is made on the future model.

There were a high number of comments on this question which did not refer to alternative uses. The detail is available in the report titled 'What Warwickshire Told Us About the Family Hubs Proposal 2017 – Comments and Suggestions Report' but will not be discussed here as they do not add to the debate around alternative suggestions for use.



Current and future access to services

The majority (88%) of respondents currently access 'Children's Centres' and 94% would feel comfortable accessing these in the future. 17% of respondents would not feel comfortable accessing services for children and families at Family Hubs in the future. This compares with 20% who would not feel comfortable with leisure centres and 11% who would not feel comfortable accessing services for children and families at community centres in future. Furthermore, 2% of people would not feel comfortable accessing services from Children's Centres in the future.

The top three comments made (excluding those who say they do not use services for children and families) were:

- Other venues may not have suitable facilities/resources (27 people)
- Positive comment about using a Children's Centre (safe/welcoming/private/staff etc.) (26 people)
- Concerns/comment about accessing the venues (travel) (23 people)

People felt that Children's Centres were safe and welcoming and had concerns that other venues may not be as suitable for services for children and families to be delivered from. The new model should have regard to the outreach venues the current providers are already using and seek to maintain this supplementary network where the budget allows. The new venues need to be on a par in terms of transport accessibility as existing venues.

Those who say they do not use Children's Centres were more likely than users to say they would feel comfortable accessing services for children and families at Family Hubs, halls attached to other places of worship e.g. mosque, temple, libraries or leisure centres. There were no differences between users and non-users for community centres, village halls, church halls, hospitals or schools. Concerns were raised by a few individuals at public consultation events that venues linked to religious organisations would be off-putting to many Children's Centre users. These concerns were not borne out in the comments made in the online survey as only 12 people mentioned this.



Understanding more about what matters to people

The statements were as follows:

- Delivering services for children and families close to my home is essential to me (86.1% agree)
- I would be happy to access services for children and families from somewhere other than Children's Centres (62.7% agree)
- I would find it more convenient if services were all in one place (51.8%)
- I am aware of the range of services which are delivered by voluntary and community organisations within my local area (46.8%)
- I currently access services/ support (such as a parent and toddler group or an informal network of friends) which are delivered through a local voluntary or community group (46.2%)
- I am aware of the opportunities to volunteer my time to support the delivery of services in my local area (44.4%)

Although only 44.4% (620) of respondents said they would be 'happy' to access services for children and families from somewhere other than Children's Centres, the majority of respondents said they would be 'comfortable' receiving services at places such as libraries (82%), GP practices (73%), village halls (74%) etc. as discovered in the question asking about future access to services.

The top four comments made (excluding those who are not personally service users) were as follows:

- Using volunteers is not acceptable/suitable/cannot replace trained professionals (needed) (54 people)
- Concerns about distance to travel (34 people)
- The Children's Centres are good/well used/needed/important (28 people)
- Children's Centres provide a quality service/better than when community run (poor) (27 people)

Respondents felt that the mention of volunteering in this question suggested that volunteers would be used instead of trained professional staff in the proposed model. The face to face discussions (verbatim comments can be found in Appendix C of the report called 'What Warwickshire Told Us About the Family Hubs Proposal 2017 – Comments and Suggestions Report') highlighted the importance of volunteers within the existing model and the new model should ensure there is an appropriate balance between providing worthwhile volunteering opportunities for parents and carers and ensuring there are sufficient trained professional staff to support them.

The comments in the online survey raised concerns about how far people would be expected to travel to receive services and comments were made about how important the current Children's Centres are and how their service quality is better than that of community run services. The new model should take note that people notice a difference in quality depending on the background and skills of those providing the service.



Service delivery at outreach sites

Respondents were asked to choose up to 10 services which were most important to provide locally at outreach sites (although some respondents ticked more which was accepted).

Table 2 Service delivery at outreach sites

	Percentage (%) of times chosen
Health Visiting	74.6%
Stay and play	74.5%
Family support and advice	66.9%
Health and Wellbeing Services for advice on a range of issues such as healthy eating, child development, oral health, safety, exercise, emotional wellbeing	61.5%
Access to mental health support for children and adults	58.7%
Parenting courses	56.9%
Early learning	56.8%
Speech, language and communication advice and support	56.0%
Access to support for families with Special Educational Needs & Disability (SEND)	54.3%
Parental support and education	51.1%

n=1394

Discounting general comments which did not directly relate to this question, there were four suggestions for services to be delivered at outreach sites:

- Breastfeeding support (4 people)
- Antenatal support (3 people)
- Good quality/supported play (3 people)
- Mother and Baby Groups/Courses (1 person)



Minimising negative impacts

Respondents were asked what else could be done to minimise any negative impacts of these proposals.

The top five suggestions were:

- The Children's Centres/services should stay as they are/ keep them open (or children/family will suffer) (167 people)
- Keep people informed of services provided/better advertising (not all on internet/via GP/health visitor/school etc.) (139 people)
- Need/keep (local/trained) staff (for face to face contact)(129 people)
- Concerns that this proposal will not safeguard (vulnerable) children/families (may be missed) (127 people)
- Services/Centres/Hubs should be local (unspecified) (121 people)

Keeping Children's Centres as they are would continue the current inequitable service from Children's Centres which respondents in North Warwickshire Borough reported during face to face opportunities, *'The centres were fantastic but not now'* (Parent, Coleshill).

There were high numbers of people who thought better communication would help minimise negative impacts and the new model should make communicating the new offer a core part of the implementation plan.

The value of trained staff and providing face to face contact, not just online help, was felt to be important. Whilst there are cost and efficiency benefits associated with online support, the new model should be mindful of when it is necessary to provide support, advice and guidance face to face.

Safeguarding should be at the heart of the new model to ensure all children in Warwickshire are safe.



Making the proposal a success

Leading on from the previous question, respondents were asked 'And what could be done to make it successful?'; 'it' referring to the proposal to create Family Hubs.

The top five suggestions (not including keeping them as they are) to make the proposal a success were:

- Keep people informed of services provided/better advertising (not all on internet/via GP/health visitor/school etc.) (127 people)
- Need/keep (local/trained) staff (for face to face contact)(114 people)
- Concerns about/improve access (unspecified) (77 people)
- Stupid idea/should not be allowed to happen (nothing would improve it) (76 people)
- Listen to comments/feedback/existing staff/the public/undertake more research (74 people)

Communication will be key to the success of the new model, in particular using a variety of different communication methods, not just online.

Prioritising the staff should continue to be an important factor in the new model to allow people to have face to face contact when needed.

There have been a number of criticisms of the original proposal that made people feel that services would be less accessible. The new model should listen to these concerns and ensure the outreach sites fill the gaps between Family Hubs to maintain or improve access to services.

76 people were unable to see any benefits resulting from the Family Hubs idea, believing it to be 'stupid' and 'should not be allowed to happen'. The Family Hubs model is one currently being successfully used in a large number of local authorities across the country. The Transformation Team has visited some of these local authorities to learn from them to improve how we might implement a similar model, adapted to meet the needs of Warwickshire's population.

A large number of submissions have been read by the consultation analysts and further research is planned with groups of parents/carers and staff to inform the new model's implementation.



Comments and suggestions

Respondents were asked if they had any other comments or suggestions in relation to the proposal and how we can continue to provide services for those aged 0-5 and their families.

The top five comments or suggestions in relation to the proposal and how we can continue to provide services for those aged 0-5 and their families were:

- The Children's Centres/services should stay as they are/ keep them open (or children/family will suffer) (160 people)
- Concerns that this proposal will not safeguard (vulnerable) children/families (may be missed) (107 people)
- Need/keep (local/trained) staff (for face to face contact)(93 people)
- The Children's Centres are good/well used/needed/important (82 people)
- Young children (0-5 years) will miss out/not receive (professional) attention/support required (74 people)

Respondents continued to feel passionate about keeping Children's Centres as they are, so as not to put vulnerable children at risk. The value of the staff and the importance of Children's Centres for respondents is clear to see from the responses. Concerns around 0-5 year olds missing out on professional support points to a requirement for the new model to ensure the needs of the youngest users of the hubs are not overlooked when the age range increases.



Children's Centre usage

85.6% stated they do use Children's Centres whilst 14.4% said they do not.

The top five Children's Centres used most in the last 12 months by respondents to the online survey were:

1. St John's Children's Centre (Kenilworth)
2. Kenilworth Children's Centre
3. Riversley Park Children's Centre
4. Stockingford Children's Centre
5. Camp Hill Children's Centre

The top five Children's Centres used least in the last 12 months by respondents to the online survey were:

1. Kingsbury Children's Centre
2. Coleshill Children's Centre
3. Wolston Children's Centre
4. Polesworth Children's Centre
5. Hillmorton Children's Centre

These figures are not representative of footfall data which shows the top five Centres by footfall are:

1. Stockingford Children's Centre
2. Lighthorne Children's Centre
3. St. Michaels Children's Centre
4. Atherstone Early Years Centre
5. Boughton Leigh Children's Centre



Summary of themes from face to face opportunities and written submissions.

The face to face opportunities covered the five Districts and Boroughs and their locations can be seen on the map in [Appendix A](#). There were 95 face to face opportunities and the detail can be found in the [Activity](#) table in [Appendix B](#). Notes were taken during or soon after the discussions and discussed between those carrying out the consultation to have an oversight of consistency of themes, or if new ones were emerging. Written submissions were sent directly to the Family Hubs inbox, as well as via councillors and staff both in email and letter form. Comments were also made on online petitions and these have also been summarised within this section. Online comments in the form of an online discussion, comments to the official consultation webpage and an independent Kenilworth survey were also considered.

A consistency of themes was found across the consultation with comments echoed at the numerous face to face engagement opportunities and written submissions, and these mirrored those seen in the online survey feedback. Whilst it is not possible to quantify the frequency or strength of feeling shared at the face to face opportunities in the same way as the online survey, there were differences in what respondents chose to focus on. For example, there were more comments about the staff and the personal support received than can be seen from the online survey. This might be expected given the majority of the face to face opportunities took place in Children's Centres. A summary of the key themes uncovered outside of the online survey can be found below. More detail and supporting comments can be found in [Appendix C](#).

Petitions

The exact wording of the 6 petitions can be found in [Appendix D](#). All of the petitions were against the proposal set out in the consultation document. In summary, Warwickshire County Council was asked to reconsider its plans, not to close Children's Centres, keep services as they are and reverse the cuts.

Service provision and impact

Keeping the Children's Centres as they are:

Users of Children's Centres were keen to emphasise their wish to have the Centres remain as they are. Many of the comments focussed on the positive impact the services provided had made on their lives. It was highlighted that there is a need to ensure services that are retained are equal to, if not better than those already offered. The services need to be provided on a regular basis because it was felt to be hard to keep track of when sessions were on/not on. Consistency of staff was believed to build a rapport with parents and families. There is also a need to consider timeliness of services, opening hours and out of hours support.



The importance of local family support:

Ensuring the work that Early Years workers and Family Support workers do is maintained or improved so that the support and services they offer remain was important. There was praise for the support and advice offered by staff with local knowledge e.g. Children's Centres, Family Support workers telling parents new to the area or housed temporarily e.g. in B&B, about services. If the Centre was not there these residents may never hear about what help and support is out there for them. Centres provide a 'lifeline' for their users.

Impact on mental wellbeing and reducing social isolation::

Concern was expressed over waiting times for mental health services (considered too long) and Children's Centres workers and other professionals helping to fill the gap. There were also concerns regarding the impact of removing and/or changing services at Children's Centres and the effect this will have on parents' mental health and wellbeing. There is also the concern that social networks and opportunities for contact will be lost.

Proposed change age range:

Concerns were raised that by extending the age range to 0-19/25, the services for under 5s will be diluted. Ensuring service provision is age appropriate and need to reassure people that all age ranges will get a good offer was seen as important. There was support for extended age range for and an acknowledgment of a need for services for over 5s as if you have a child under 5 and a child over 5 it is difficult to access services at the same time. There was a recognition that a need for support for parents doesn't stop when the child turns 5.

Professional staff appropriately supporting volunteers:

Parents valued the training and experience of staff as well as their local knowledge and not wanting to see this replaced by volunteers. It was important to consider safeguarding issues, training, experience and reliability. The difference between the sort of service and staff available at Children's Centres and community run facilities was highlighted. The latter has important role to play but does not replace quality etc. provided by Children's Centres.

Additional burden/impact on other services:

It was thought that removing services from Children's Centres may impact on the remaining (NHS) services and increase the burden on them e.g. GP rather than Family Support Worker.

Sufficiency of nursery provision and school readiness:

There were concerns over the loss of nursery provision in some areas, particularly 2Help in Lillington and Nuneaton & Bedworth, and the knock on effect to school readiness. People wanted reassurance that the County Council is committed to ensuring childcare sufficiency in any areas where the nursery places will be lost.



Service users and access

Understanding needs:

It was highlighted that needs differ by area and vulnerability cannot be solely based on postcode. 'Vulnerable' was seen as a pejorative term. 'Families dealing with significant challenges' was proposed as an alternative. It was seen as important that those classed as 'not deprived' or who come from affluent areas are catered for; they still have issues. Multiple categories of need should be considered, as well as deprivation.

Rural access to services:

The distance to proposed Family Hubs is not feasible for those without cars or those living in rural areas, predominantly mentioned in North Warwickshire Borough and Stratford District. A locally based outreach site or spoke is important to meet access needs. North Warwickshire respondents are already receiving reduced access to local services due to shorter opening hours than those found in the rest of the county so many are currently having to access Atherstone as their 'Hub' at the moment. Respondents to the consultation in Shipston, Southam, Wellesbourne and Lighthorne Heath made cases for geographical provision in their areas, to supplement the proposed Alcester Hub, as well as the majority of the District's respondents proposing a centrally accessible Hub in Stratford town. Long Lawford in Rugby Borough was proposed as an alternative to Oakfield to facilitate rural access in the west of the Borough.

Online support is not always appropriate:

There was concern over too much 'help' being via the web & whether this is a safeguarding concern, will people misdiagnose? The importance of face to face communication for certain situations or certain groups of people facing challenges was highlighted. It was felt there was a need to ensure access to ICT and help to use the systems. However, there were also representations that for some people or circumstances online support may be more helpful.

Relationship building:

At present Family Support workers go out to families, build up a rapport and then the families begin to engage with services and start attending Centres. It was felt there was a need to ensure this is maintained. Relationships are then built between parents to create a peer support network and the children learn to socialise amongst themselves. Parents new to 'the area' find local children's centres a useful way of integrating into the community and gaining further knowledge of other services in the area.

First point of contact to report difficulties:

Concern was raised over what will happen to people (for example vulnerable women) who use the Children's Centre as a first point of contact to report issues such as domestic abuse. One example is the Asian community accessing a Nuneaton & Bedworth Borough Children's



Centre. There has been an increase in reporting of domestic violence within this group, with the children's centres being considered a safe first point of contact and support.

Special Educational Needs and Disability (SEND) support:

Current support for SEND in certain centres was highlighted as a positive which should be maintained. Of particular note was the support received from Riversley Children's Centre by Square Peg, a volunteer-led stay and play service for families with children with additional needs, and Kingsway Children's Centre's weekly group for children with developmental delay.

Language barrier for services:

Concerns were raised over how families would be supported if their first language was not English. Families new to the country, or area, felt the Children's Centres played an important role in facilitating access to wider services in the area, through their staff who spoke a variety of languages. Community groups were also doing this alongside Centres.

Location & Type of Building

- Riversley Park was preferred as a Hub site to Abbey – particularly for its SEND support
- Kingsway was preferred as a Hub site to Sydenham – particularly due to its size/layout, location in an area of need and the potential for alternative community outreach sites in relation to Sydenham, for example the SYDNI Centre.
- Long Lawford in Rugby Borough was preferred to Oakfield to facilitate rural access in the west of the Borough.
- Kenilworth, Shipston and Southam residents indicated existing levels of perinatal mental health support were helping reduce the demand on specialist services.

Transport access barrier:

It was felt there should be more consideration around location and accessibility of hubs and spokes due to high cost of public transport. Is there an opportunity to engage with WCC Transport? The difficulty of travelling with young children particularly on public transport (long distances) was highlighted. There were concerns over cost of staff travelling between outreach sites. Rurally dispersed areas such as North Warwickshire Borough and Stratford District make travelling long distances to the proposed Family Hubs time consuming and costly. The importance of locally provided services was highlighted to counter this issue. Logistics for Kenilworth residents getting to Lillington or Westgate were seen as impractical.

Alternative uses for non-Family Hub Children's Centres:

There was mostly support for range of activities primarily child/family/parenting focussed/venue hire/deliver training/adult education. There was concern that the voluntary sector/community will not 'pick up' the running of services.



Housing and population increases:

There are a number of significant housing projects underway or planned and there is predicted to be an increase in population in Warwickshire in future years, in particular this will increase the number of young families locally who will be accessing services. It was felt that there should be more consideration of areas of new build in regard to where to site a Hub.

Safety standards of buildings:

Concerns were raised over the standards and amenities of church/village halls and community centres. The buildings are not always suitable for under 5s. It may cost to adapt them and there would be a loss of specially equipped Children's Centre buildings.

Voluntary groups' access to venues:

It was highlighted that volunteer groups will lose suitable venues which are often for benefit of families with additional needs.

Safe space for services:

The consultation revealed that some parents feel uncomfortable about going into schools for services. Parents and carers require dedicated 'safe' spaces to access services, where supportive relationships can be developed. Confidentiality is a concern in community or non-purpose built buildings. Consistency of building service is being delivered from was also mentioned.

Disabled access:

There was concern over locations not being accessible to people with disabilities e.g. some sites can be inaccessible or are only partially accessible to wheelchair users.

General comments

Financial:

There was an understanding from many that the proposals are tied with the savings agreed by Council but questions raised include: Is there a mechanism to change the savings proposals? Can 0-5 funding be ring-fenced like the adults from Council Tax? Can money be taken from reserves and put back into the budget? There was a belief that there will be a negative financial benefit as there will be costs incurred with TUPE (Transfer of Undertakings (Protection of Employment)), redundancies, building closure, renovation of some buildings etc. Regarding the issue of in house or commissioned services, the question was raised: How can bringing all services in house be cheaper than commissioning them? Warwickshire County Council has previously positioned itself as a 'commissioning authority' and it was felt that the proposal does not reflect that stance. With respect to saving money now, it was felt to be a false economy taking money out of the budget only to have to spend the money in later life when the children develop issues which could have been picked up earlier. The point was made comparing the cost of supplying services early in life versus cost of services in social care later in child's life.



Consultation process concerns:

Concerns were raised over the consultation process, methodology, evidence base, timing and representativeness. The timing of the consultation, after County Council and general elections, and coinciding with the summer holiday period was felt to have impeded some people's ability to engage with the consultation. The online survey was felt to be too complicated for some people to complete and there were also issues with the security settings timing people out of the survey. Concerns were raised over how representative the responses had been from those who are most likely to be in need of services. There was feedback that those undertaking the consultation face to face opportunities were not writing down everything that was being said to them. Questions were raised over the experience of those undertaking the consultation to perform their activities with the required skill.



Summary profile of who completed the online survey

72.2% were parents/grandparents/
carers

23.5% considered themselves
professionals

25 responses from people
associated with Children's Centre
Advisory Boards

79.3% have children or caring
responsibility for children

10.5% do not have children or
caring responsibility for children

7.8% were responding on behalf of
an organisation

23.9% described having one or
more children as having health or
development needs that require
additional support

70.6% do not have any children who
have health or development needs
that require additional support

11.1% were male vs 49.4%
proportion of Warwickshire
population

88.6% were female vs 50.6%
proportion of Warwickshire
population

36.6% from Warwick District vs
25.2% proportion of Warwickshire population

23.2% Stratford-on Avon District vs
22.0% proportion of Warwickshire population

22.0% Nuneaton & Bedworth Borough vs
22.8% proportion of Warwickshire population

11.6% Rugby Borough vs
18.6% proportion of Warwickshire population

7.6% North Warwickshire Borough vs
11.4% proportion of Warwickshire population

29.0% had a 0-12 month old

22.7% had a 1 year old

23.6% had a 2 year old

19.4% had a 3 year old

16.5% had a 4 year old

32.6% had a 5-11 year old

13.3% had a 12-16 year old

4.4% had a 17-18 year old

3.5% had a child 19 years old and over

0.1% were aged under 18

15.6% were 18 – 29 years old

60.4% were 30 – 44 years old

16.5% were 45 – 59 years old

6.9% were 60 – 74 years old

0.5% were aged 70+



92.0% did not have a long standing illness or disability

8.0% have a long standing illness or disability vs 7.7% proportion of Warwickshire population declaring that their day to day activities are limited a lot by a long term health problem or disability

46.8% stated their religion as 'Christian' vs 64.5% proportion of Warwickshire population

36.7% stated 'None' vs 30.9% proportion of Warwickshire population (no religion or none stated)

31.2% stated they were an employee in full-time job

31.6% stated they were an employee in part-time job

16.0% stated they were looking after the home or family

93.3% were 'White' ethnicity vs 94% proportion of Warwickshire population

5.4% were BME (Black Minority Ethnic groups) vs 6% proportion of Warwickshire population

87.7% stated they were heterosexual or straight

0.8% stated they were bisexual

0.5% stated they were gay or lesbian

36.0% were living comfortably on current income

38.5% were coping on current income

12.9% were finding it difficult on current income

4.2% were finding it very difficult on current income

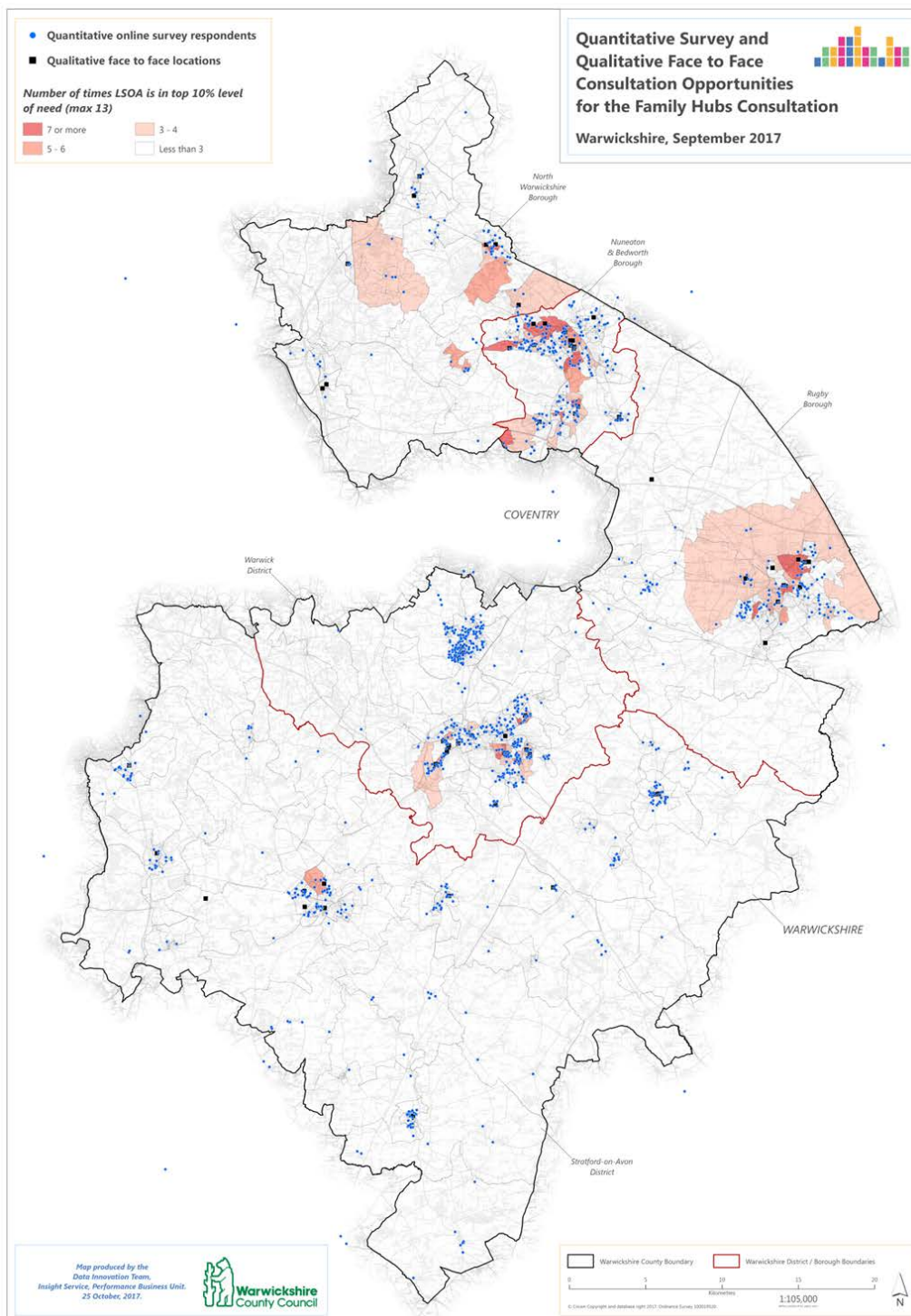
40.2% stated it was easy to answer the questions

29.7% stated it was neither difficult nor easy to answer the questions

30.1% stated it was difficult to answer the questions



APPENDIX A – Map 1 Locations of online and face to face respondents and multiple needs categories³



³ Total number of children aged 0 to 4 resident in each area, number of vulnerable families (child in need or Priority Family), % of eligible children achieving a Good Level of Development (school readiness), % of children living in low income households, % of primary phase children with Education, Health & Care Plans, total number of unplanned / A&E admissions, all ages, 2016/17, number of children looked after, based on originating postcode, number of children looked after aged 0-4, based on originating postcode, Number of children looked after aged 5+, based on originating postcode, Number of children subject to a Child Protection Plan, based on originating address, Number of Early Help Single Assessments initiated during 2016/17, Income Deprivation Affecting Children Index (IDACI) based on the proportion of all children aged 0-15 living in income deprived families, % of households with no access to a car or van.



APPENDIX B – Publicising of the consultation

<u>Channel</u>	Detail
External	
Ask Warwickshire	Dedicated consultation webpage regularly updated throughout the consultation period
Email	See email distribution list
Social Media	<p>WCC channels</p> <p>FIS Facebook</p> <p>FIS Twitter – 1067 followers</p> <p>Warwickshire County Council Facebook</p> <p>Warwickshire County Council Twitter - 3813 followers</p> <p>Smart Start Facebook</p> <p>Smart Start Twitter - 246 followers</p> <p>Public Health Twitter – 1341 followers</p> <p>Warwickshire Democracy Twitter – 723 followers</p> <p>External channels</p> <p>Online focus group held with members of Save Warwickshire Children’s Centres Facebook group</p> <p>Mum Knows Best Warwickshire Facebook group c.4840 members</p>
Face to face	95 face to face opportunities including 12 public consultation events - see activity table below.
Newsletters	<p>WCC channels</p> <p>HeadsUp – 250 Warwickshire schools</p> <p>Warwickshire Weekly News – 2100 subscribers (public and WCC staff)</p> <p>Family Information Service (FIS) – Warwickshire Families</p> <p>Your Warwickshire - MPs/key stakeholder - 381</p> <p>Public Health Newsletter – 100 subscribers</p> <p>Re:Member – 59 Elected members</p> <p>Other channels</p> <p>WCAVA – Grapevine – voluntary sector organisation distribution list</p> <p>Warwickshire Race Equality Partnership (WREP) now called Equality and Inclusion Partnership (EQUIP) - voluntary sector organisation distribution list</p>
Media relations	<p>4 news releases</p> <p>1 editor’s letter - Rugby Observer</p> <p>11 media enquiries</p>
WCC libraries	Paper questionnaires available at Warwick library. Completed paper questionnaires could be handed in at any county library.
Internal	
Intranet	Headline article on homepage
MD briefing	Joint Managing Director briefing to all staff



Email Distribution List

- Schools heads with a Children’s Centre on site
- Children’s Centre managers to distribute to their users
- Staff briefing note via the 4 Children’s Centre heads
- CEO Parenting Project and Barnado’s Assistant Director – Midlands South
- Schools, Private, voluntary and independent nurseries (PVI) and other interested parties
- Members ALL
- Special Educational Needs and Disability (SEND) networks
- Registered childcare providers
- Health visitors, midwifery and Family Nurse Partnership
- Public Health, Smart Start consultees and grant receivers
- Local area teams
- Warwickshire Community And Voluntary Action (WCAVA) circulation
- Clinical Commissioning Groups, GPs and Health & Wellbeing Board
- Warwickshire Police
- Intranet – Warwickshire County Council staff
- Family Information Service staff

<u>Activity</u>	Number of consultees
Online quantitative questionnaire of which paper questionnaires returned	1558 153
12 Public consultation events	300+
44 Informal drop ins at children’s centres, baby and toddler groups with translators	280
21 Councillor Morgan centre drop ins	80+
5 Advisory Board meetings	35
23 Other meetings	80+
Letters and 120 emails to councillors and family hubs inbox	150+
20 Phone calls to the consultation phone number	20
Focus groups - 1 face to face to with staff 1 online with parents, carers, staff etc	9 45
6 Staff engagement roadshows	150+
6 Signed petitions from various campaign groups - paper or online including comments	7083
1 online survey created by Kenilworth resident	102

Warwickshire Children

Putting children at the heart of all we do.

What Warwickshire Told Us About the Family Hubs Proposal 2017 – Online Survey Report





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Introduction

The online quantitative survey was launched at midday on Thursday 29th June and closed at midnight on Monday 11th September covering an 11 week period of consultation. The survey was hosted by SurveyMonkey and was the primary consultation method. A large number of qualitative submissions were also received and these are covered in the report entitled 'What Warwickshire Told Us About the Family Hubs Proposal 2017 – Comments and Suggestions Report'. No personal data was collected and the postcode question was optional. For a visual representation of where people who took part in the survey live (overlaid with face to face consultation locations and vulnerability factors) please see [Appendix A](#). The consultation was publicised across a number of channels which can be found in [Appendix B](#).

A total number of 1558 respondents shared their opinion on one or more questions in the questionnaire. This number does not include those who only provided answers for the first six demographic questions and did not share their opinions on any of the proposal related questions (n=681) e.g. what services are required (Q7.) or what their opinion is of Family Hubs (Q8.). 153 paper questionnaires were returned and these are included in the total 'online survey' figures (10% of the total sample). Paper questionnaires were available at the public consultation events, were distributed to Children's Centres to be handed out to those unable to complete the online survey, on request via the dedicated phone line and in Warwick library¹. All Children's Centre managers were sent an electronic version and some chose to print off more copies for their parents. Respondents' responses for each of the 28 questions have been analysed (covering 15 demographic questions and 13 opinion based questions) and the findings are shown in this report. Please note the base size for each question differs depending on how many people answered the question. Incomplete questionnaires were included in the analysis, as long as at least Q7 or Q8 was answered. Paper questionnaires were entered into SurveyMonkey and have been included in 'online survey' figures.

Warwickshire's estimated population mid-2016 (Office of National Statistics) is below:

Table 1 Warwickshire's estimated population mid-2016

	Age 0-2		Age 0-5		Age 0-19		Age 0-25	
	Count	%	Count	%	Count	%	Count	%
North Warwickshire Borough	1,928	3.1%	4,055	6.4%	13,599	21.5%	17,458	27.6%
Nuneaton & Bedworth Borough	4,753	3.7%	9,683	7.6%	30,154	23.7%	38,761	30.5%
Rugby Borough	3,830	3.7%	7,981	7.7%	25,531	24.6%	31,350	30.2%
Stratford-on-Avon District	3,431	2.8%	7,260	5.9%	25,556	20.9%	31,666	25.9%
Warwick District	4,436	3.2%	9,188	6.5%	30,714	21.9%	45,225	32.2%
Warwickshire	18,378	3.3%	38,167	6.9%	125,554	22.6%	164,460	29.5%

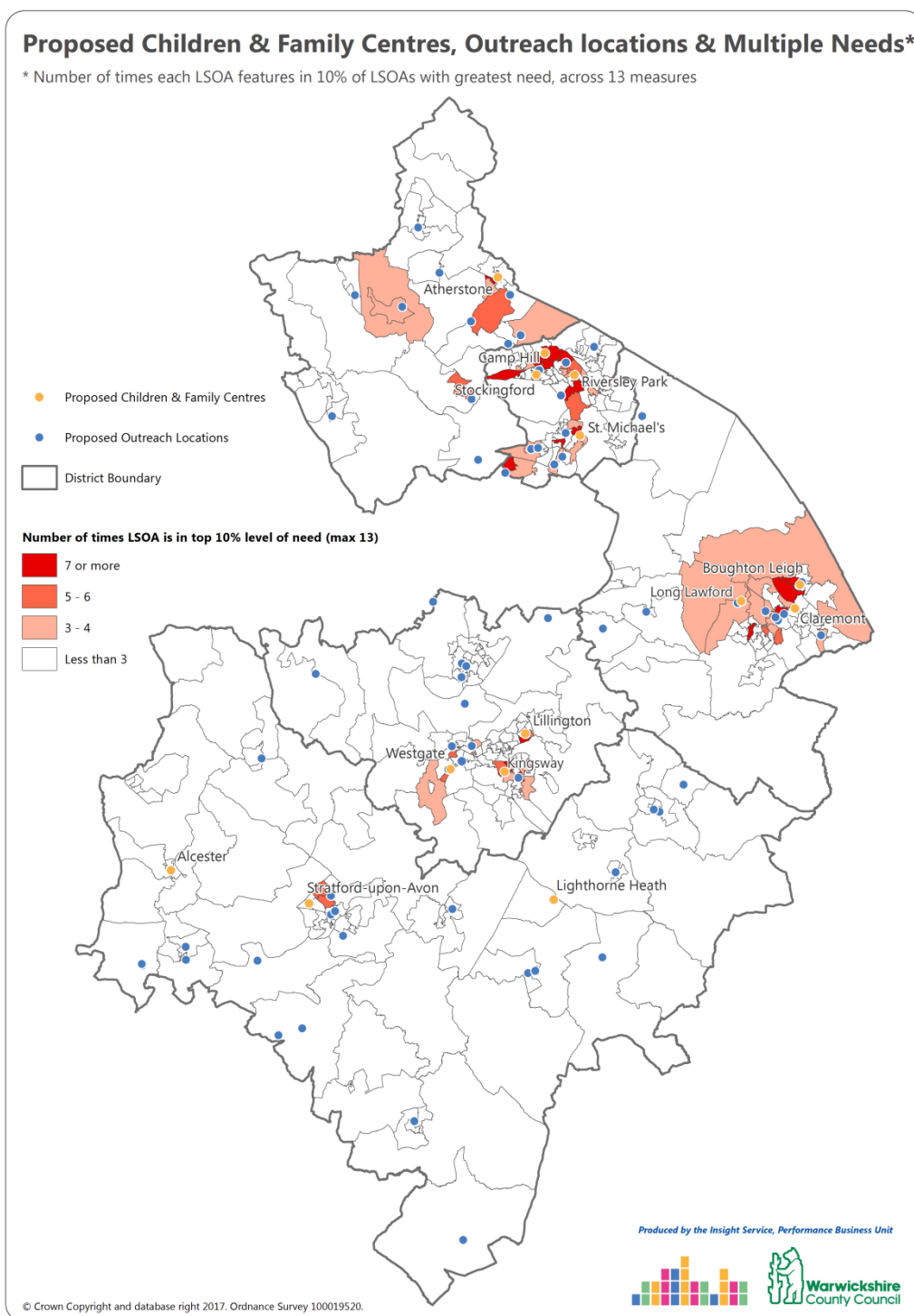
There are estimated to be approximately 38,000 0-5s residing in Warwickshire with Rugby Borough having the greatest proportion of its population in this age band and Stratford-on-Avon District having the smallest proportion. Please note age bands are cumulative.

¹ Local requests were made for paper copies to be available specifically at Warwick library.



Map 1 Proposed Children & Family Centres, Outreach Locations and Multiple Needs

This map overlays the new model's proposed Children & Family Centres, Outreach Locations (as set out in the '0-5 Redesign' Cabinet report of 9th November 2017) with multiple need categories.²



² Total number of children aged 0 to 4 resident in each area, number of vulnerable families (child in need or Priority Family), % of eligible children achieving a Good Level of Development (school readiness), % of children living in low income households, % of primary phase children with Education, Health & Care Plans, total number of unplanned / A&E admissions, all ages, 2016/17, number of children looked after, based on originating postcode, number of children looked after aged 0-4, based on originating postcode, Number of children looked after aged 5+, based on originating postcode, Number of children subject to a Child Protection Plan, based on originating address, Number of Early Help Single Assessments initiated during 2016/17, Income Deprivation Affecting Children Index (IDACI) based on the proportion of all children aged 0-15 living in income deprived families, % of households with no access to a car or van.



Feedback on the proposal

Service provision

To begin with, respondents were asked to consider what services relating to children and families are needed in their local area. This information can be used to indicate which services might be delivered through a Family Hub model. This question had a link to the consultation document for people to read before answering.

Q7. What services do you think need to be provided for children and families in your local area?

Ranked high to low on % who answered 'Yes'

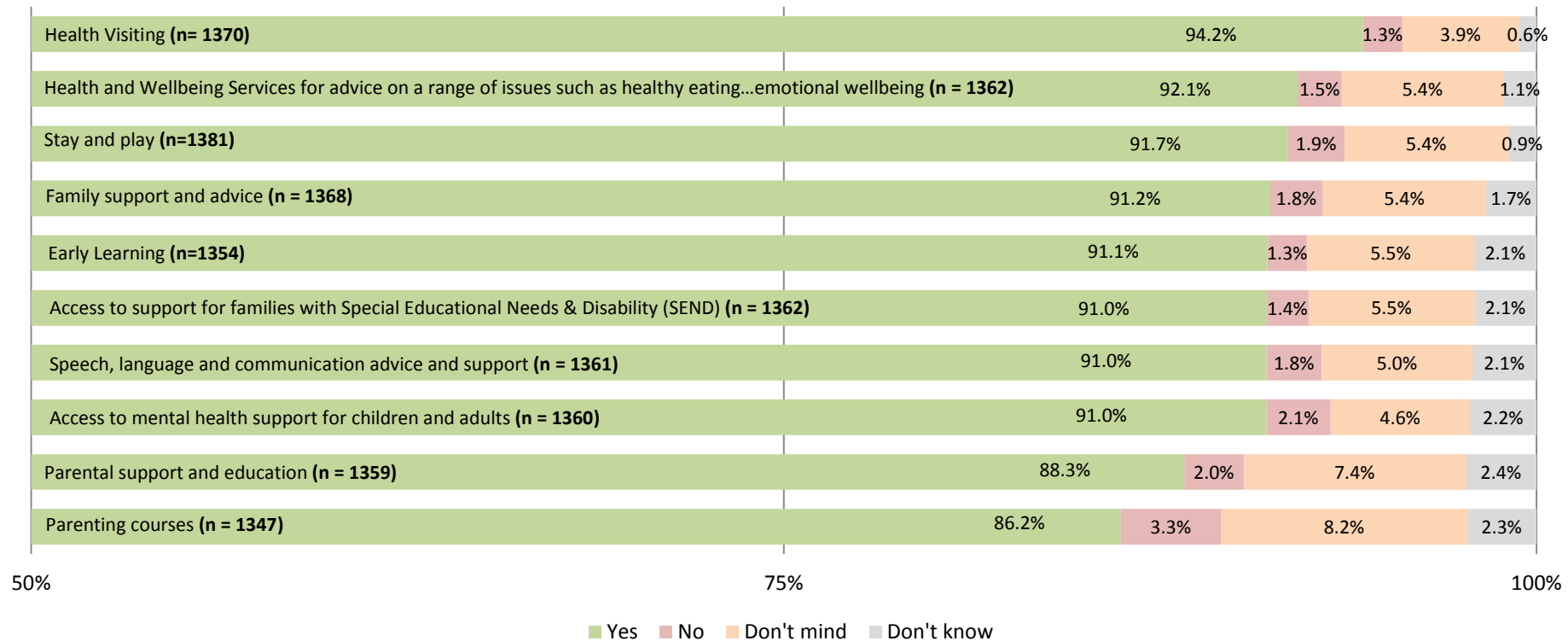


Chart 1 Service Provision above shows the top 10 services with the highest proportion of respondents who answered 'Yes' to needing that certain service for children and families in their local area. The highest proportion (94.2%) of respondents (1291) felt that 'Health Visiting' was a service which is needed, whilst the lowest proportion (51%) of respondents (664) felt that 'Income maximisation & budgeting' services were needed, which was still over half of respondents. Note: a different number of respondents answered each question; this baseline number can be found in **bold** next to the relevant service.



Other suggestions for service provision

- 7 respondents said 'Other specified classes/groups for babies/children'
- 6 said 'Antenatal support/classes'
- 4 said Infant feeding/breast feeding support
- 4 said 'Nursery'
- 2 said 'Occupational therapy (sensory/functional etc.)' and
- 2 respondents said 'Domestic violence/victims of abuse support'.

Warwickshire County Council commissions the school entry questionnaire, which is completed by parents of children about to start Reception. The question is asked: 'Where would you like to access health information?' The data for the last 2 years and the current year is as follows:

Table 2 Accessing health information

	2015-16	2016-17		2017-18
Total	1638	2684		2591
Children's Centres	17.6%	17.9%		18.7%
Health Centres/GP	33.6%	33.4%		24.5%
Schools	34.9%	34.8%		29.3%

Note: New options were added in 2017-18 and because respondents are asked to only choose one option the results are not directly comparable with previous years.

Table 2 shows parents choose to access health information from a range of places, with 19% choosing Children's Centres as their source and almost 30% choosing schools. Providing health information for over 5s as part of the new model could help meet these parents' requirements.

Table 3 Accessing health information – by geographical area

2017-18	Total	South ³	Central	North
Total	2591	594	1075	921
Schools	29.3%	29.6%	30.5%	27.7%
Health Centres/GP	24.5%	24.9%	25.9%	22.6%
Children's Centres	18.7%	19.4%	19.2%	17.7%
Nurseries	11.8%	13.8%	11.1%	11.5%
Libraries	10.9%	10.9%	11.3%	10.3%
Supermarkets	5.6%	5.2%	6.1%	5.2%
Community Centres	4.4%	2.2%	4.7%	5.4%
Other	2.1%	2.0%	1.9%	2.5%
Youth Centres	1.9%	1.3%	1.8%	2.4%

Table 3 shows the full range of choices from 2017-18. Parents in the South are least likely to source health information from a community centre.

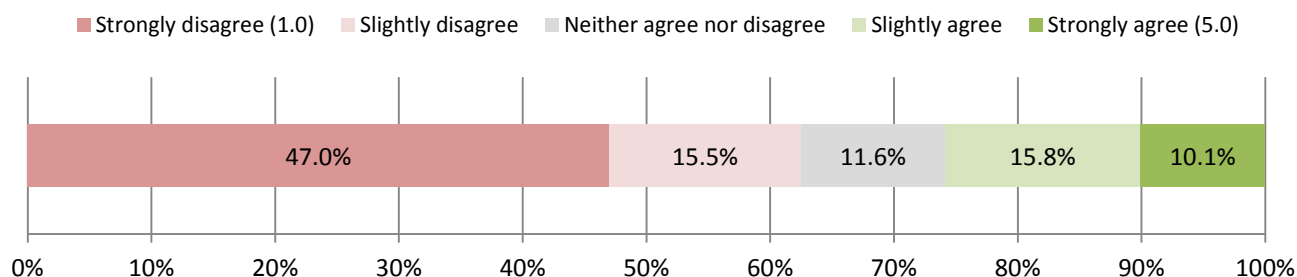
³ School Health and Wellbeing Service School Entry Questionnaire. North – Nuneaton, Bedworth, Atherstone and Keresley, South – Stratford, Kenilworth, Alcester. Shipston and Kineton, Central – Rugby, Leamington Spa, Warwick and Southam



Introducing the idea of Family Hubs

Just under half (47%) of respondents (732) strongly disagree with the idea of Family Hubs, whilst 10% (157) strongly agree. Overall, 63% of respondents disagree with the idea of Family Hubs to some degree, while 26% agree. Assigning a score of '5' to 'strongly agree' and a score of '1' to 'strongly disagree', the average score given by the 1558 respondents was 2.3, which falls in the 'Slightly disagree' category.

Chart 2 Family Hubs Idea

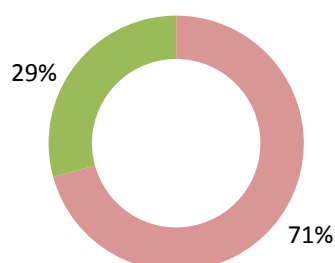


n = 1558 respondents

Chart 3 Family Hubs Idea Agree/Disagree

Q8) How much do you agree or disagree with the idea of creating Family Hubs?

■ Slightly, or strongly, disagree ■ Slightly, or strongly, agree



If the 181 (12%) who neither agreed nor disagreed with this idea are removed, then 71% (974) of respondents slightly, or strongly, disagreed whilst 29% (403) slightly, or strongly, agreed with the idea of creating Family Hubs.

n = 1377 respondents

Other comments on Family Hubs idea

The top three comments made at this question were:

- Concerns about distance to travel (no transport/car/need to walk) (347 people)
- Concerns that this proposal will not safeguard/support (vulnerable) children/families (234 people)
- Services/Centres/Hubs should be local (unspecified) (141 people)

For further analysis please see report called 'What Warwickshire Told Us About the Family Hubs Proposal 2017 – Comments and Suggestions Report'.



Table 4 Family Hubs Idea by District/Borough of residence

	Total	North Warwickshire Borough residents	Nuneaton & Bedworth Borough residents	Rugby Borough residents	Stratford on Avon District residents	Warwick District residents
Total (people who answered this question)	1558	119	342	180	362	570
Disagree	63%	52%	51%	64%	70%	68%
Strongly disagree	47%	41%	37%	43%	54%	53%
Slightly disagree	16%	11%	15%	22%	15%	15%
Neither agree nor disagree	12%	12%	12%	8%	12%	12%
Slightly agree	16%	14%	22%	18%	11%	14%
Strongly agree	10%	22%	15%	9%	7%	7%
Agree	26%	36%	37%	27%	19%	21%

* Respondents could choose more than one area for where they live, or work, hence individual area totals exceed total sample.

Lower than total sample levels of disagreement by 3% or more	Higher than total sample levels of disagreement by 3% or more	Higher than total sample levels of agreement by 3% or more	Lower than total sample levels of agreement by 3% or more
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There are marked differences in opinion between the North and South of the county. Whilst all areas of the county ultimately disagree with the idea of Family Hubs, in the North, respondents are less likely to disagree as strongly and more likely to agree strongly with the idea than those in the South, when compared with the total sample overall. The qualitative research gives us insight into why this might be. Fewer people in North Warwickshire talked passionately about the accessible, full range service Children’s Centres than those in the South. In North Warwickshire respondents believed there was room for improvement, and thought Family Hubs would benefit primary and teenaged children who they said were also experiencing a lack of services in their area. There was little criticism of the quality of provision; it was mostly focused on a lack of access either through opening hours or because they were not ‘vulnerable enough’ to qualify for support. In the South there was praise for a fully accessible, full range of services available in towns such as Shipston, Southam and Kenilworth.

Analysing the South further to understand what is driving the disagreement with the idea, the qualitative analysis in Stratford-on-Avon District points firmly to the proposed location of a single Family Hub in Alcester. This is both the proposal of a single Family Hub for the whole of Stratford District, in a geographically wide area, and the proposal to site that single hub in Alcester, which is not as easily accessible as one would be in Stratford town. Were a single hub to be proposed in Stratford town, access by residents at the extremities of Stratford-on-Avon District (Shipston and Southam for example) would still be lengthy and expensive.

In Warwick District, the qualitative analysis points to a strong disagreement from Kenilworth residents with the proposal not to site a Family Hub in their town. When looking at how users of either of the two Kenilworth Children’s Centres feel about the idea of Family Hubs, their level of



disagreement is **statistically significantly higher** (at 95% level of confidence) than that of Warwick District residents who do not use either of the two Children’s Centres in Kenilworth.

Table 5 Family Hubs Idea by Warwick District resident / user of either Kenilworth Children’s Centre

	Total	Warwick District resident <u>but not</u> Kenilworth Children’s Centre user	Warwick District resident <u>and user of</u> either of the Kenilworth Children’s Centres
Total (people who answered this question)	1558	244	194
Disagree	62.5%	63.5%	78.9%
Strongly disagree	47.0%	48.0%	63.4%
Slightly disagree	15.5%	15.6%	15.5%
Neither agree nor disagree	11.6%	12.7%	7.2%
Slightly agree	15.8%	15.6%	9.3%
Strongly agree	10.1%	8.2%	4.6%
Agree	25.9%	23.8%	13.9%

Lower than total sample levels of disagreement by 3% or more	Higher than total sample levels of disagreement by 3% or more	Higher than total sample levels of agreement by 3% or more	Lower than total sample levels of agreement by 3% or more
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Table 6 Family Hubs Idea by Usage of Children’s Centres

	Total	Usage of Children’s Centres	
		Yes use Children’s Centres	Do not use Children’s Centres
Total (people who answered this question)	1558	1144	193
Disagree	62.5%	65.1%	49.2%
Strongly disagree	47.0%	48.3%	37.8%
Slightly disagree	15.5%	16.8%	11.4%
Neither agree nor disagree	11.6%	10.5%	16.1%
Slightly agree	15.8%	15.5%	19.2%
Strongly agree	10.1%	8.9%	15.5%
Agree	25.9%	24.4%	34.7%

Statistically significantly higher than comparator group levels of disagreement at 95% level of confidence	Statistically significantly higher than comparator group levels of agreement at 95% level of confidence
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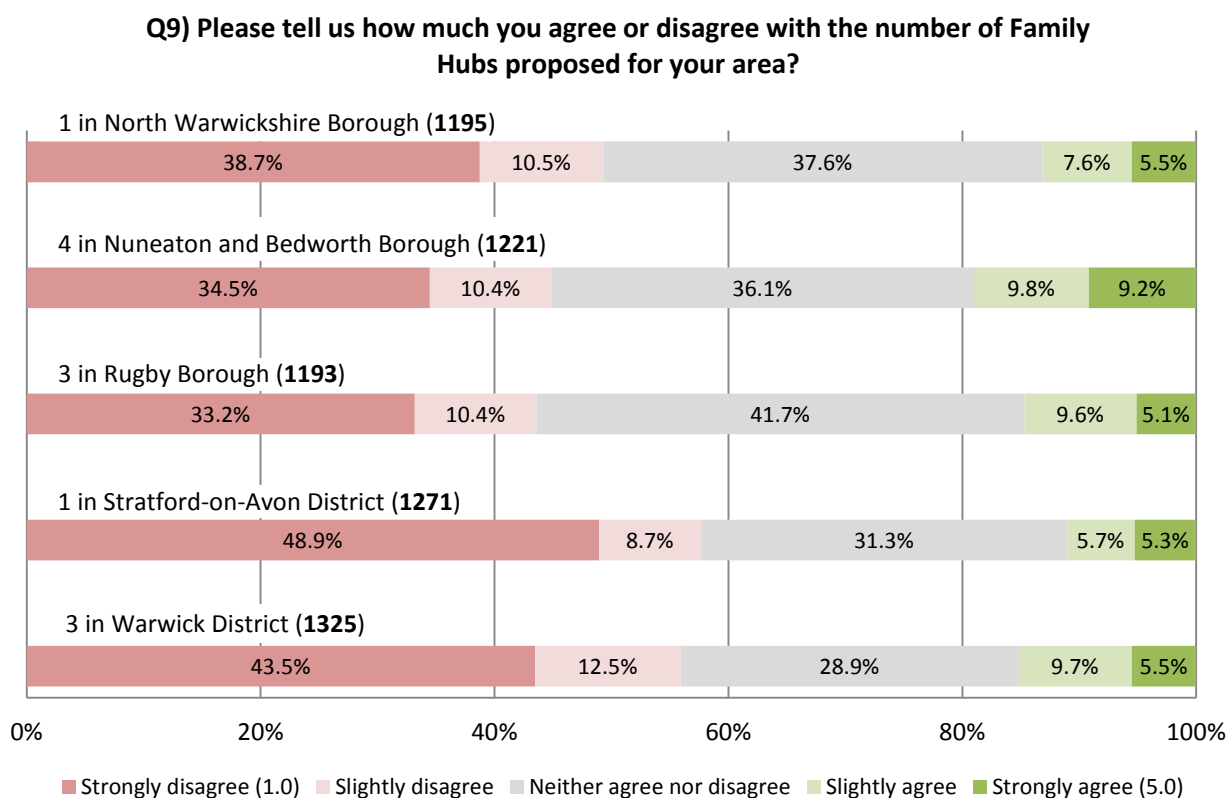
Those who use Children’s Centres are statistically significantly more likely to disagree with the idea of Family Hubs; conversely those who do not use Children’s Centres are statistically significantly more likely to agree with the idea of Family Hubs.



The number of Family Hubs proposed for each area

This question comprised 5 parts covering the 5 districts/boroughs, which means differing numbers of respondents answered each part, depending on if they had an opinion on that area. The number of respondents who answered the question specific to each of the five areas is specified within Chart 4 **in bold**. Please note that percentages for each area are based on these numbers.

Chart 4 Number of Family Hubs



In each district / borough, more than 40% of respondents slightly, or strongly, disagreed with the proposed number of family hubs in the five areas. It is important to note that for the majority of areas, one third of responses were indifferent. Chart 4 above shows the highest levels of agreement for the proposed numbers of Family Hubs in Nuneaton & Bedworth Borough (19% n=232), conversely, only 11% (n=140) of respondents supported the number of Family Hubs proposed for Stratford-on-Avon District. Correspondingly, the highest proportion 58% (733) of respondents slightly, or strongly, disagreed with the proposed number of Family Hubs within Stratford-on-Avon District.



Table 7 Number of Family Hubs by District/Borough of residence

Total (people who answered this question)	North Warwickshire Borough		Nuneaton & Bedworth Borough		Rugby Borough		Stratford-on-Avon District		Warwick District	
	Total	Residents	Total	Residents	Total	Residents	Total	Residents	Total	Residents
	1195	119	1221	337	1193	177	1271	358	1325	567
Disagree	49%	66%	45%	57%	44%	72%	58%	84%	56%	74%
Strongly disagree	39%	55%	34%	42%	33%	55%	49%	79%	43%	62%
Slightly disagree	11%	11%	10%	15%	10%	18%	9%	5%	12%	12%
Neither agree nor disagree	38%	11%	36%	9%	42%	8%	31%	6%	29%	11%
Slightly agree	8%	10%	10%	14%	10%	10%	6%	4%	10%	9%
Strongly agree	6%	13%	9%	20%	5%	9%	5%	5%	6%	6%
Agree	13%	24%	19%	34%	15%	19%	11%	9%	15%	15%

Higher than total sample levels of disagreement by 3% or more

Higher than total sample levels of agreement by 3% or more

The highest level of disagreement with the number and locations of the Hubs is in Stratford-on-Avon District, then Warwick District, with the highest levels of agreement in Nuneaton and Bedworth Borough. Note: the 'Total' column is the amount of respondents who answered this question, whilst the area column (e.g. North Warwickshire Borough residents) is the total amount of respondents who answered this question but were also from that area; for example, 119 respondents were from North Warwickshire Borough and answered the question 'Please tell us how much you agree or disagree with 1 Family Hub in North Warwickshire Borough).

Table 8 Number of Family Hubs by Warwick District resident / user of either Kenilworth Children's Centre

	Total	Warwick District resident <u>but not</u> Kenilworth Children's Centre user	Warwick District resident <u>and</u> user of either of the Kenilworth Children's Centres
Total (people who answered this question)	1325	243	193
Disagree	55.9%	67.5%	88.6%
Strongly disagree	43.5%	51.4%	79.8%
Slightly disagree	12.5%	16.0%	8.8%
Neither agree nor disagree	28.9%	11.1%	6.2%
Slightly agree	9.7%	13.6%	3.1%
Strongly agree	5.5%	7.8%	2.1%
Agree	15.2%	21.4%	5.2%

Lower than total sample levels of disagreement by 3% or more

Higher than total sample levels of disagreement by 3% or more

Higher than total sample levels of agreement by 3% or more

Lower than total sample levels of agreement by 3% or more



Nearly nine tenths (88.6%) of Warwick District residents who were a user of a Kenilworth Children's Centres strongly disagreed with having 3 Family Hubs in Warwick District, compared to those Warwick District residents who were not a Kenilworth Children's Centre user. **Significantly more people strongly disagreed** with having 3 Family Hubs in Warwick District if they were a user of either of the two Kenilworth Children's Centres than if they were Warwick District residents but did not use either of the two Kenilworth Children's Centres. Warwick District residents who were not Kenilworth Children's Centres users were significantly more likely to agree with the proposal to have 3 Family Hubs in Warwick District. (Statistically significant at 95% level of confidence)

Other comments on the number of proposed Family Hubs

The top three comments made at this question were:

- Concerns about distance to travel (no transport/car/need to walk) (206 people)
- 12/the number of Family Hubs is not enough (150 people)
- Concerns that this proposal will not safeguard/support (vulnerable) children/families (121 people)

For further analysis please see report called 'What Warwickshire Told Us About the Family Hubs Proposal 2017 – Comments and Suggestions Report'.



Extent to which location meets needs

This question comprised five parts covering the five districts/boroughs, which means differing numbers of respondents answered each part, depending on if they had an opinion on the proposed locations of the Family Hubs meeting their needs in that area. For example, 1173 respondents answered whether ‘Atherstone’ meets their needs, of which 10% (117) were from the area of North Warwickshire Borough. This means that respondents were sharing their views on parts of the county that they did not live in; [Table 9](#) overleaf explores this more. The total number of respondents who answered each question (whether from that area or not) is specified within Chart 5 below in bold. Please note that percentages for each area are based on these numbers.

Chart 5 Extent to which location meets needs

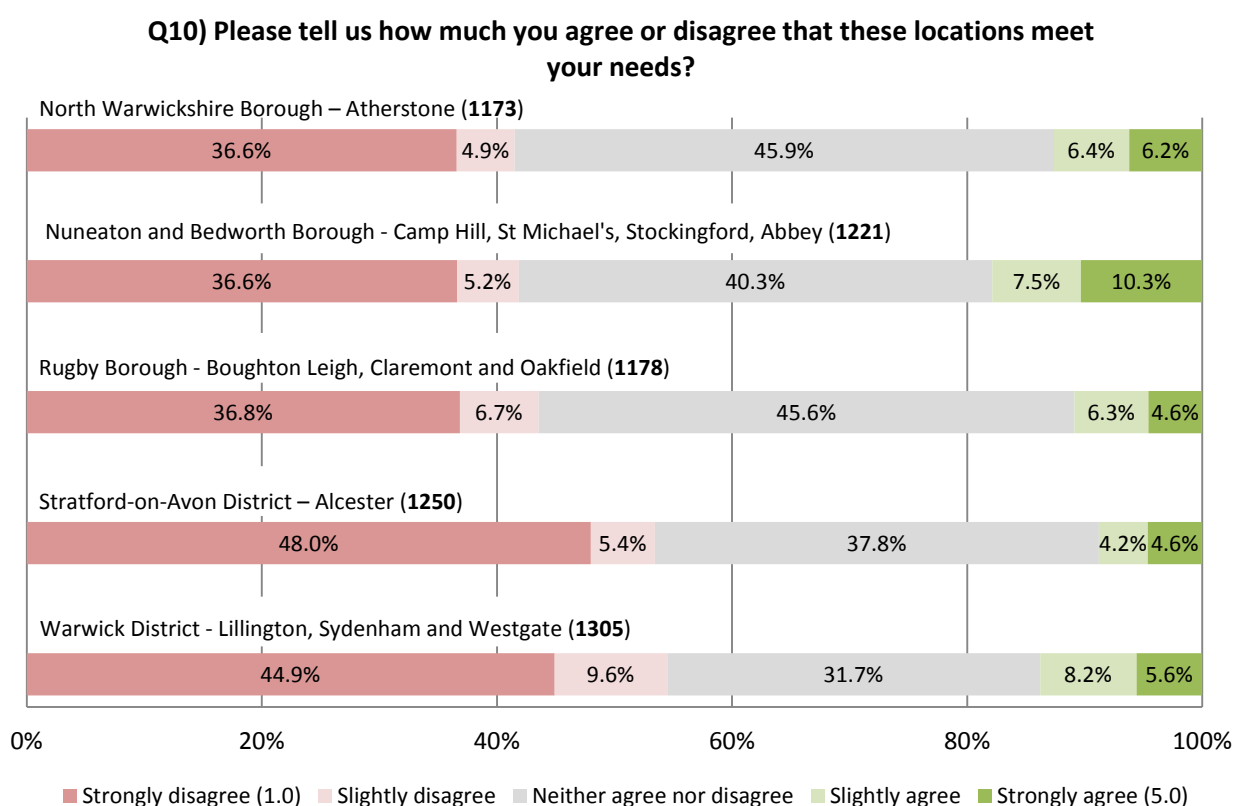


Chart 5 shows that the highest proportion 18% (218) of respondents slightly, or strongly, agree with the proposed locations of Family Hubs in Nuneaton and Bedworth Borough whilst only 11% (110) feel the same way about the locations proposed for Stratford-on-Avon District. Correspondingly, 53% (668) of respondents slightly, or strongly, disagreed with the proposed locations of Family Hubs within Stratford-on-Avon District. In each district / borough, more than 40% of respondents slightly, or strongly, disagreed with the proposed locations of family hubs in the five areas. It is important to note that for the majority of areas, one third of responses were indifferent.

This question on the proposed locations of the Hubs in each district/borough was answered relatively consistently with the question on the number of proposed Hubs in each district/borough.



Table 9 Extent to which location meets needs by District/Borough of residence

	North Warwickshire Borough		Nuneaton & Bedworth Borough		Rugby Borough		Stratford-on-Avon District		Warwick District	
	Total	Residents	Total	Residents	Total	Residents	Total	Residents	Total	Residents
Total (people who answered this question)	1173	117	1221	339	1178	176	1250	358	1305	569
Disagree	42%	46%	42%	44%	44%	59%	53%	79%	54%	70%
Strongly disagree	37%	38%	37%	36%	37%	43%	48%	74%	45%	58%
Slightly disagree	5%	8%	5%	8%	7%	16%	5%	5%	10%	12%
Neither agree nor disagree	46%	9%	40%	12%	46%	8%	38%	7%	32%	9%
Slightly agree	6%	15%	8%	16%	6%	17%	4%	6%	8%	12%
Strongly agree	6%	30%	10%	28%	5%	16%	5%	8%	6%	8%
Agree	13%	45%	18%	44%	11%	33%	9%	14%	14%	21%

Higher than total sample levels of **disagreement** by 3% or more

Higher than total sample levels of **agreement** by 3% or more

Once again, there are high levels of both agreement and disagreement with the number and location of hubs proposed in North Warwickshire Borough and Nuneaton & Bedworth Borough, as well as Rugby Borough. There is a general tendency towards just disagreement in the South, with slightly more positivity towards the locations of the Hubs than the number of them.



Table 10 Extent to which location meets needs by Warwick District resident / user of either Kenilworth Children’s Centre

	Total	Warwick District resident <u>but not</u> Kenilworth Children’s Centre user	Warwick District resident <u>and</u> user of either of the Kenilworth Children’s Centres
Total (people who answered this question)	1305	243	194
Disagree	54.5%	58.4%	90.7%
Strongly disagree	44.9%	42.0%	81.4%
Slightly disagree	9.6%	16.5%	9.3%
Neither agree nor disagree	31.7%	9.9%	3.6%
Slightly agree	8.2%	18.1%	3.6%
Strongly agree	5.6%	13.6%	2.1%
Agree	13.8%	31.7%	5.7%

Lower than total sample levels of disagreement by 3% or more	Higher than total sample levels of disagreement by 3% or more	Higher than total sample levels of agreement by 3% or more	Lower than total sample levels of agreement by 3% or more
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Users of either of the two Kenilworth Children’s Centres were statistically significantly **more likely to strongly disagree** that the proposed locations of the three Family Hubs in Warwick District (Lillington, Sydenham and Westgate) met their needs than if they were Warwick District residents but did not use either of the two Kenilworth Children’s Centres. Warwick District residents who were not Kenilworth Children’s Centres users were significantly more likely to agree that the proposed locations met their needs. (Statistically significant at 95% level of confidence)

Other comments on extent to which location meets needs

The top 5 comments made at this question were:

- Concerns about distance to travel (no transport/car/need to walk) (269 people)
- Kenilworth area concerns/hub allocation insufficient (109 people)
- Concerns about locating a Family Hub in Alcester (specified) (72 people)
- Stratford-on-Avon area concerns/hub allocation insufficient (52 people)
- Concerns that people will be discouraged from using/won't be comfortable/won't attend (81 people)

For further analysis please see report called ‘What Warwickshire Told Us About the Family Hubs Proposal 2017 – Comments and Suggestions Report’.

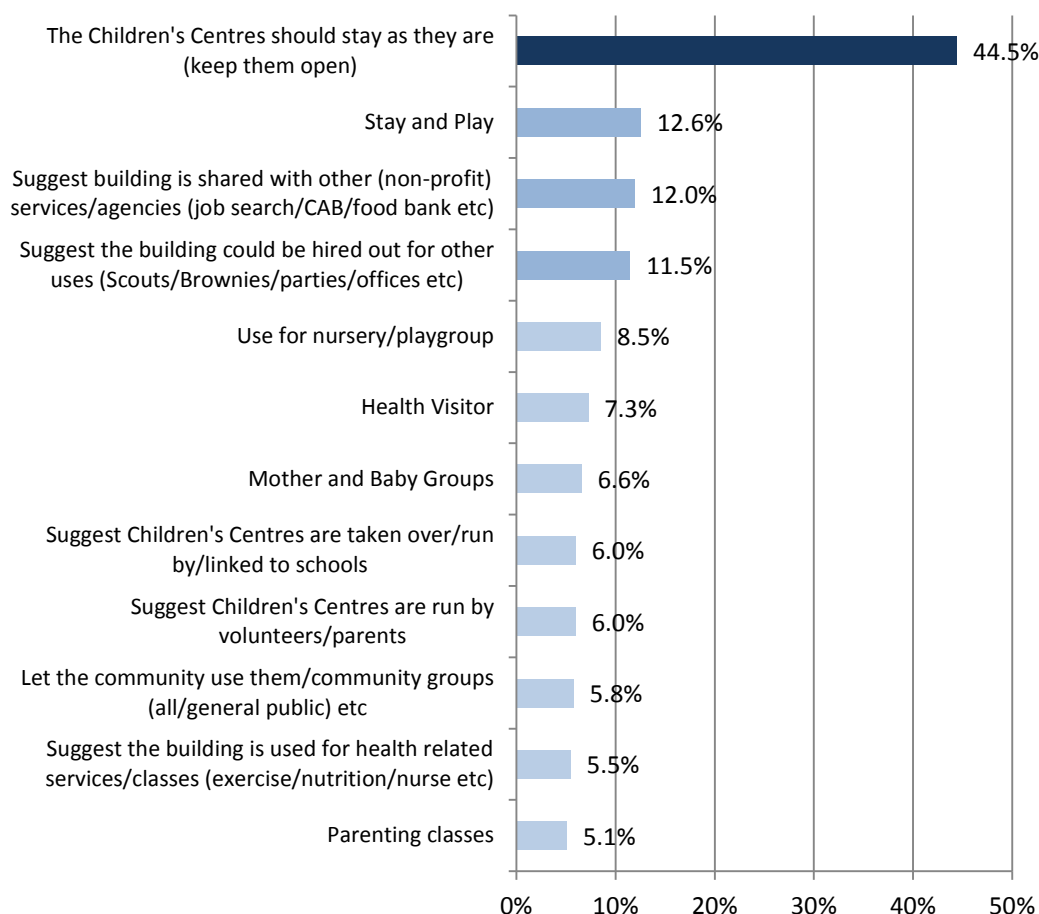


Alternative uses for Children's Centres

Respondents were asked what the centres not proposed to be converted into Family Hubs could be used for.

Chart 6 Alternative uses for Children's Centres

Q11) What could be done with the remaining 27 Children's Centres? How else could they be used for children and families?



n = 1019 respondents

All respondents' answers were categorised into 34 separate codes for analysis; [Chart 6](#) above shows the percentage of respondents' answers which fit into each category; those below 5% were excluded from this chart. Please note that a respondent could give multiple answers which would fall under multiple themes, and therefore percentages add up to more than 100%; 1823 answers were provided by the 1019 respondents. The largest proportion (44%) of responses (453) fit into the theme of 'The Children's Centres should stay as they are (keep them open)'. The answer which came up the least amount of times was 'Suggest could be used for respite care' and 'Could be utilised by childminders' with 4 answers given which fit into each one of these categories.

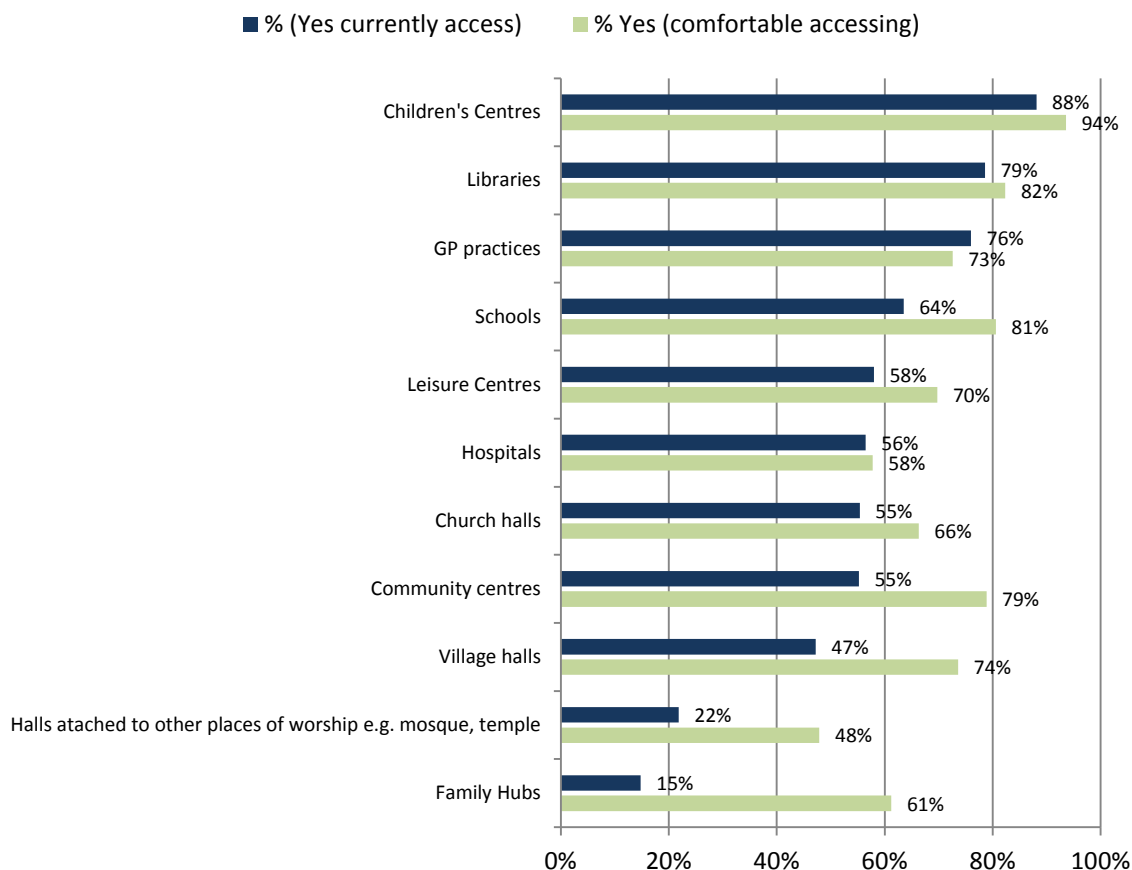
Further information on what respondents' views are on the remaining buildings is included in the qualitative report accompanying this quantitative report.



Current and future access to services

Chart 7 Current and future access to services

Q12) Which of these places do you currently access services for children and families at? and which would you feel comfortable accessing?



Note: Percentages shown in the chart are based on the different number of respondents who answered section one (Currently access) and section two (Comfortable accessing) to each service. Respondents who answered 'Don't know' are excluded from 'Currently access' percentages, whilst included in 'Comfortable accessing' percentages.

The majority (88%) of respondents (1120) currently access 'Children's Centres' and 94% (1194) would feel comfortable accessing these in the future. Interestingly, whilst only 47% (464) of respondents currently access 'Village halls', 74% (787) of respondents would feel comfortable accessing them in the future.

Seventeen percent (181/1042) of respondents would not feel comfortable accessing services for children and families at Family Hubs in the future. This compares with 20% (219/1081) who would not feel comfortable with leisure centres and 11% (121/1102) who would not feel comfortable accessing services for children and families at community centres in future. Furthermore, 26/1276 or 2% of people would not feel comfortable accessing services from Children's Centres in the future. Also, of note is that GP practices are the only locations where more respondents use them than feel comfortable using them. It's not possible to tell from the data what the 15% of people who think they currently access Family Hubs perceive them to be.



Other comments about which places are currently accessed/and at which would you feel comfortable in the future

The top three comments made (excluding those who say they don't use services for children and families) were:

- Other venues may not have suitable facilities/resources (27 people)
- Positive comment about using a Children's Centre (safe/welcoming/private/staff etc) (26 people)
- Concerns/comment about accessing the venues (travel) (23 people)

For further analysis please see report called 'What Warwickshire Told Us About the Family Hubs Proposal 2017 – Comments and Suggestions Report'.

Subgroup analysis for future access to services

By Children's Centre users/non-users

Those who say they do not use Children's Centres were statistically significantly more likely to say they would feel comfortable accessing **GP practices** for services for children and families than users (95% level of confidence).

Children's Centre users were statistically significantly more likely to say they would feel comfortable accessing **Children's Centres** for services for children and families than non-users (95% level of confidence).

Those who say they do not use Children's Centres were more likely to say they would feel comfortable accessing the following for services for children and families than users:

- Family Hubs
- Halls attached to other places of worship e.g. mosque, temple
- Libraries
- Leisure centres

There were no differences between users and non-users for community centres, village halls, church halls, hospitals or schools.

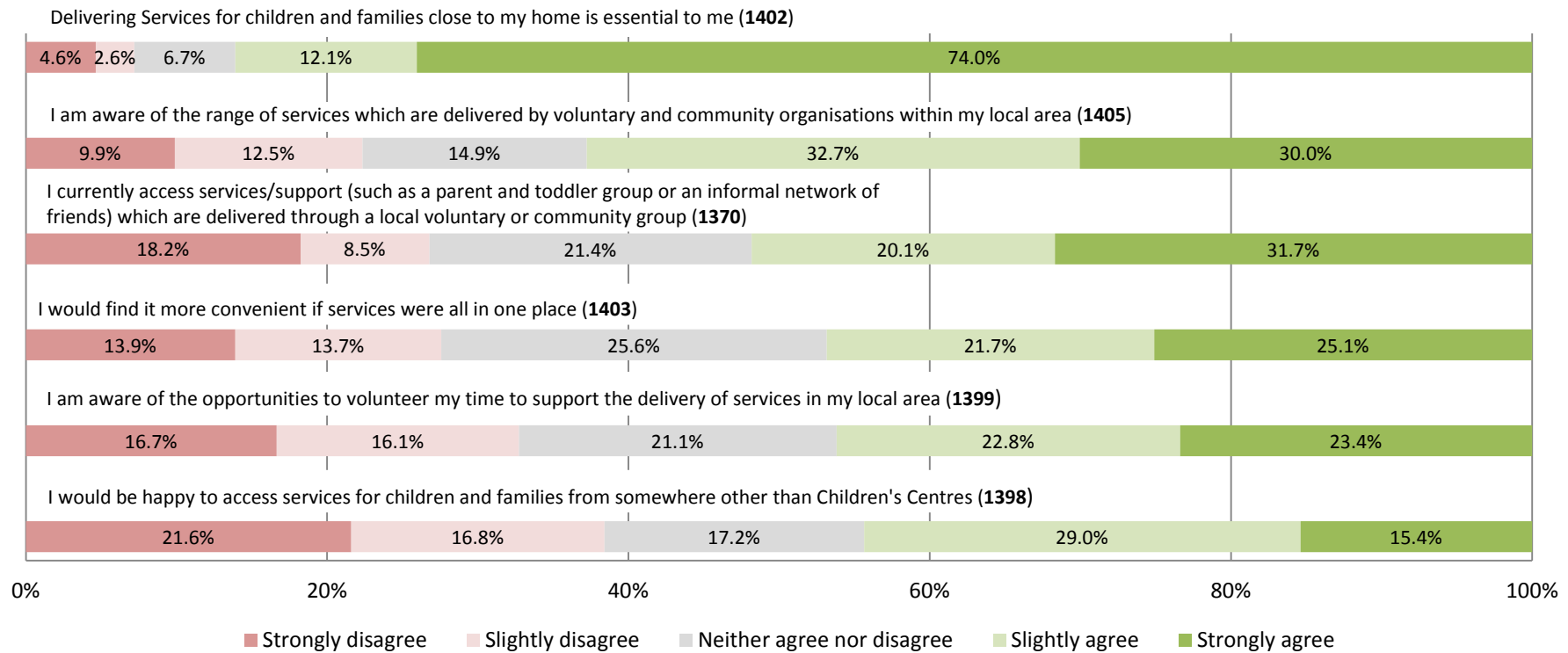


Understanding more about what matters to people

Chart 8 is ranked high to low based on the percentage of respondents who strongly agree with the statements in question 13; as with other questions a different number of respondents answered each question, and this number can be found in **bold** next to the relevant statement. A considerable proportion (86%) of respondents (1207) slightly, or strongly, agreed with the statement ‘Delivering services for children and families close to my home is essential to me’. Although only 44% (620) of respondents said they would be happy to access services for children and families from somewhere other than Children’s Centres, the majority of respondents said they would be ‘comfortable’ receiving services at places such as libraries, GP practices, village halls etc. (as shown in question 12). On average, for all statements, 17.8% of respondents marked ‘Neither agree nor disagree’.

Chart 8 What matters to people

13) Please tell us how much you agree or disagree with the following statements





Other comments about what matters to people

The top four comments made (excluding those who are not personally service users) were as follows:

- Using volunteers is not acceptable/suitable/cannot replace trained professionals (needed) (54 people)
- Concerns about distance to travel (34 people)
- The Children's Centres are good/well used/needed/important (28 people)
- Children's Centres provide a quality service/better than when community run (poor) (27 people)

For further analysis please see report called 'What Warwickshire Told Us About the Family Hubs Proposal 2017 – Comments and Suggestions Report'.

Service delivery at outreach sites

Respondents were asked to choose up to 10 services which were most important to provide locally at outreach sites (although some respondents ticked more which was accepted).

Table 11 Service delivery at outreach sites

Services	Number of times chosen	Percentage (%) of times chosen
Health Visiting	1040	74.6%
Stay and play	1039	74.5%
Family support and advice	932	66.9%
Health and Wellbeing Services for advice on a range of issues such as healthy eating, child development, oral health, safety, exercise, emotional wellbeing	857	61.5%
Access to mental health support for children and adults	818	58.7%
Parenting courses	793	56.9%
Early learning	792	56.8%
Speech, language and communication advice and support	781	56.0%
Access to support for families with Special Educational Needs & Disability (SEND)	757	54.3%
Parental support and education	713	51.1%

n = 1394 respondents

The above table outlines the top 10 services, out of the 23 options given (excluding 'Prefer not to answer' and 'Other (please specify)'), chosen by the 1394 respondents. It indicates that 'Health visiting' and 'Stay and play' are important services to respondents with 75% (1040) of respondents selecting them as one of 'up to 10 services' they felt important to be provided locally at outreach sites. The service least selected in the top 10 was 'Income maximisation & budgeting' with 11% (151) responses given. 'Prefer not to answer' was chosen 40 times and accounts for 3% of answers.



Discounting general comments which did not directly relate to this question, there were four suggestions for services to be delivered at outreach sites:

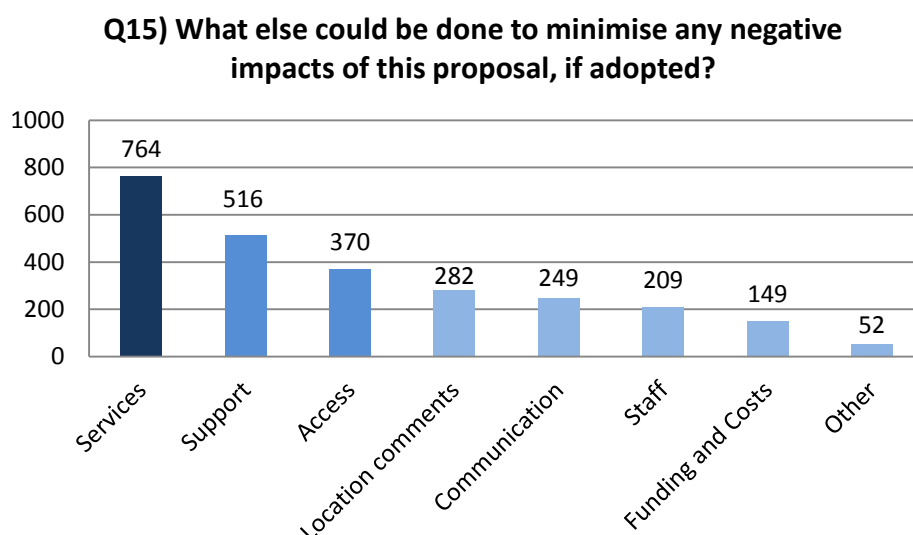
- Breastfeeding support (4 people)
- Antenatal support (3 people)
- Good quality/supported play (3 people)
- Mother and Baby Groups/Courses (1 person)

For further analysis please see report called ‘What Warwickshire Told Us About the Family Hubs Proposal 2017 – Comments and Suggestions Report’.

Minimising negative impacts

When asked what else could be done to minimise any negative impacts of these proposals, a total of 2591 answers were provided by respondents; these answers were broken down into eight categories as shown in Chart 9.

Chart 9 Minimising negative impacts - summary



n = 858 respondents

These eight categories are ranked high to low based on how many times the respondents’ answers fit into each category. Out of the 2591 answers, 764 (29%) of them concentrated on the topic of ‘Services’ whilst 149 (6%) focussed on ‘Funding and Costs’. Further information on what respondents’ views are on minimising negative impacts is included in the qualitative report accompanying this quantitative report.



Chart 10 Minimising negative impacts - detailed

Q15) What else could be done to minimise any negative impacts of this proposal, if adopted?

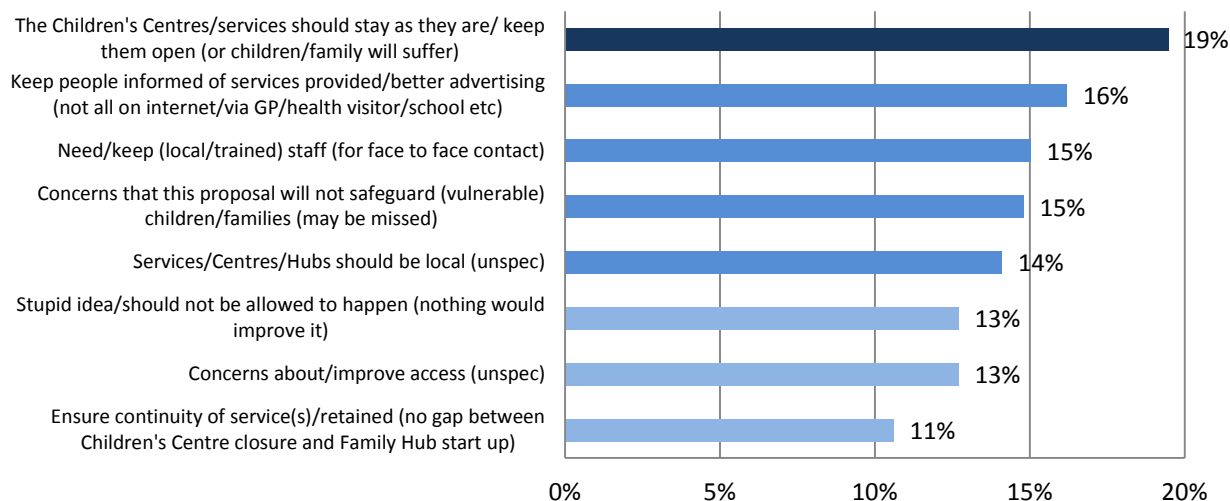


Chart 10 ranks the most selected response to least selected response, based on a total of 858 respondents. The largest proportion (167) of the 858 respondents' answers, equating to 19%, noted 'The Children's Centres/services should stay as they are/keep them open (or children/family will suffer).

Please note that a respondent could give multiple answers which would fall under multiple themes, and therefore percentages add up to more than 100%; 2591 answers were given for the 858 respondents.

Moreover, there were 79 individual sub themes for responses to Q15, however the chart illustrates sub themes where the response rate was 10% (or higher) to enable a manageable number of suggestions to be displayed.

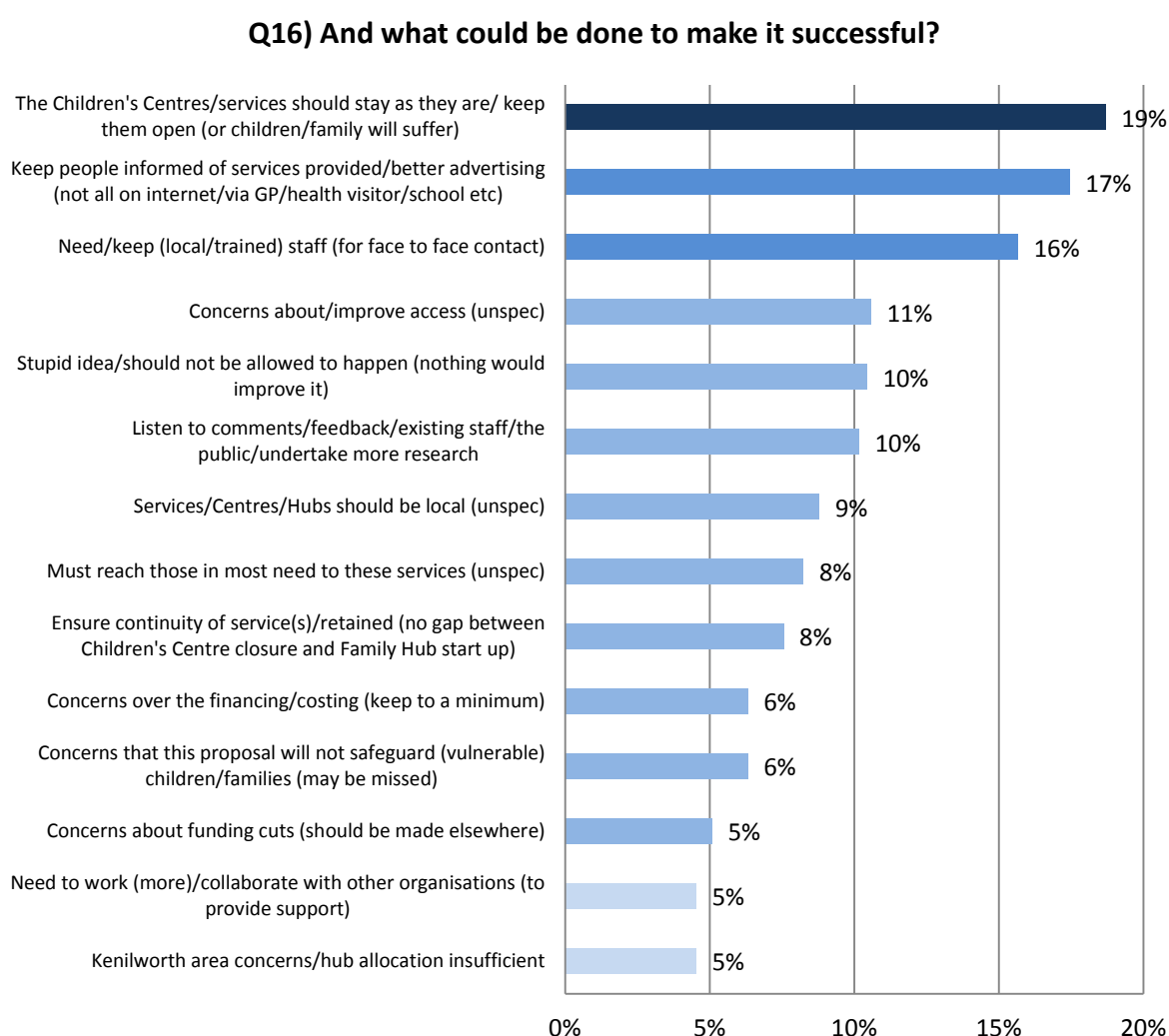
n = 858 respondents



Making the proposal a success

Leading on from the previous question, respondents were asked ‘And what could be done to make it successful?’; ‘it’ referring to the proposal to create Family Hubs. There were 728 respondents who answered this question, providing 1,840 answers between them. The most popular suggestion (19%) was that ‘The Children’s Centres/services should stay as they are/keep them open (or children/family will suffer)’. Please note that there were actually 79 individual sub themes for responses to this question. However, the chart demonstrates the sub themes where the response rate was 5% (or higher) of all responses received; this is a 5%, as opposed to a 10% ‘cut off point’ to allow a manageable number of responses to be displayed in the chart.

Chart 11 How to make the proposal a success



n = 728 respondents

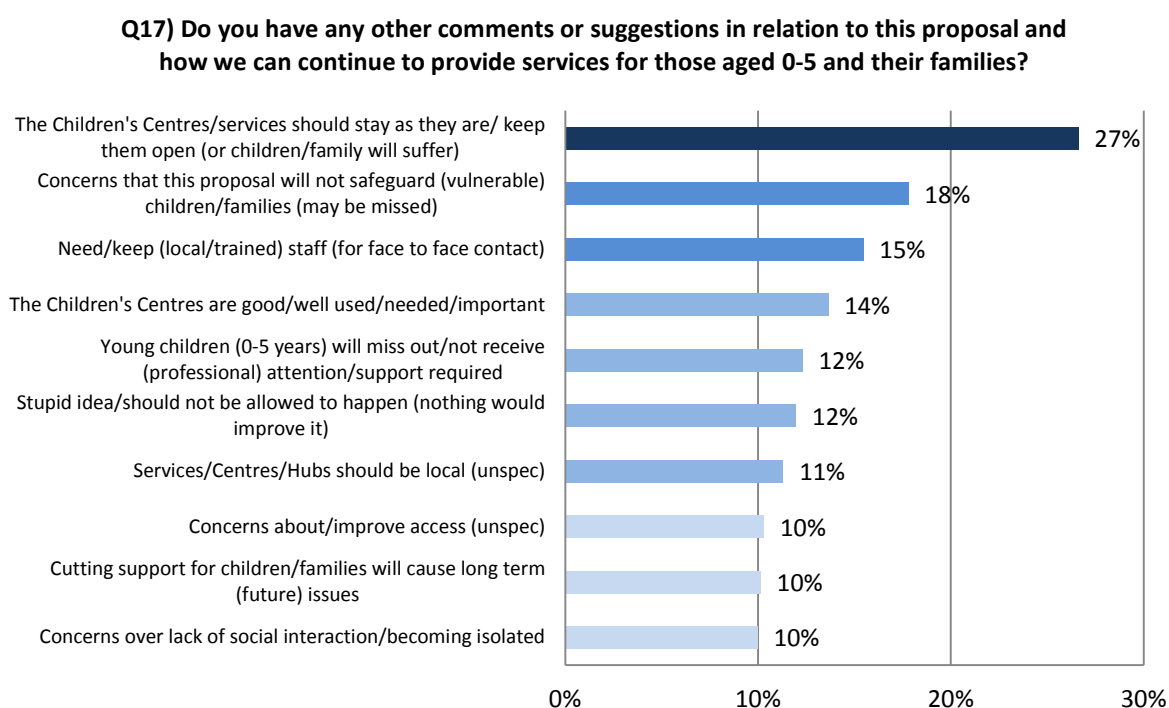
Further information on respondents’ views on how the proposal could be a success is included in the ‘What Warwickshire Told Us About the Family Hubs Proposal 2017 - Comments and Suggestions Report’ accompanying this report.



Comments and suggestions

A total of 601 respondents gave 1939 comments when asked if they had any other comments or suggestions relating to the proposals. Please note that there were actually 79 individual sub themes for responses to Q17. However, the chart demonstrates the sub themes for Q17 where the response rate was 10% (or higher) of all responses received. The largest proportion (27%) of respondents felt 'The Children's Centres/services should stay as they are/keep them open (or children/family will suffer).

Chart 12 Comments and suggestions



n = 601 respondents

Further information on respondents' comments and suggestions is included in the 'What Warwickshire Told Us About the Family Hubs Proposal 2017 - Comments and Suggestions Report' accompanying this report.

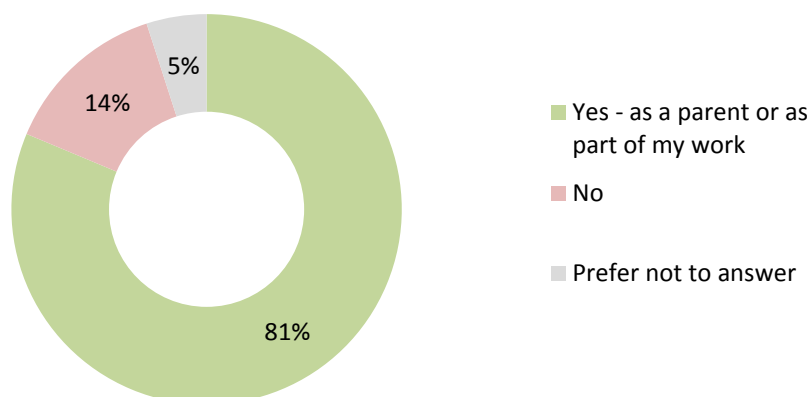


Children's Centre usage

The majority of respondents (81.3% or 1144) reported using Children's Centres, whilst 13.7% (193) said they do not and 5.0% (70) preferred not to answer. When discounting the 70 who preferred not to answer, 85.6% (1144) stated they do use Children's Centres whilst 14.4% (193) said they do not.

Chart 13 Children's Centre usage

Q18) Do you use Children's Centres?



n = 1407 respondents

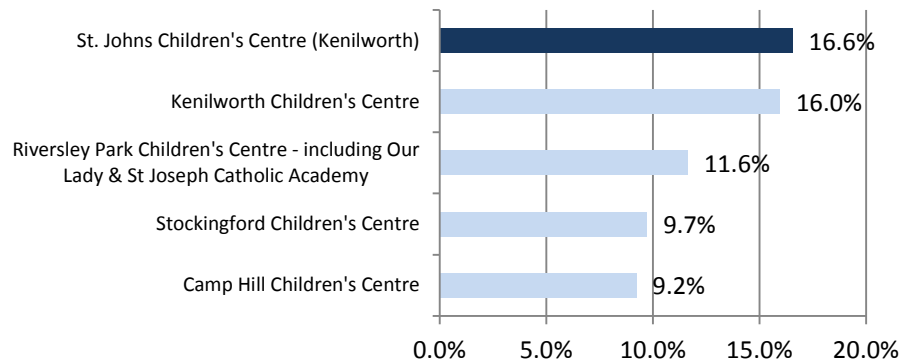
Please note at Q12, 1120 respondents said they currently access services for children and families at Children's Centre, whereas 1144 respondents at Q18 said they use Children's Centres 'as a parent or part of my work'. The discrepancy could be accounted for by people who use Centres in a professional rather than parenting capacity.



Children’s Centre usage in last 12 months

Chart 14 Top 5 most used Children’s Centres in last 12 months

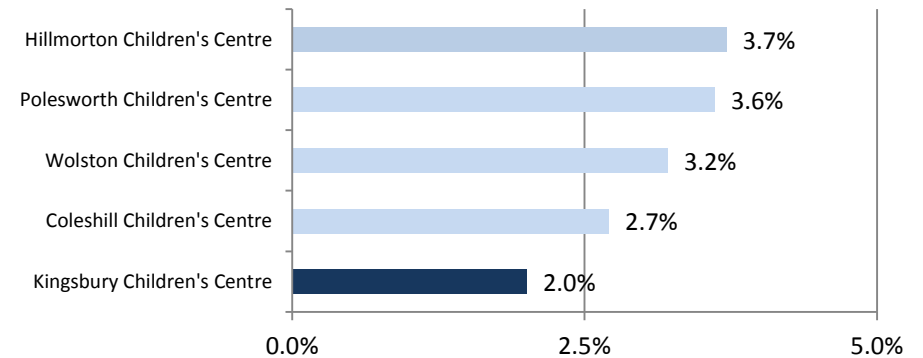
Q19 Which Children's Centres' services have you used in the last 12 months? (Five most used)



n = 996 respondents

Chart 15 Top 5 least used Children’s Centres in last 12 months

Q19 Which Children's Centres' services have you used in the last 12 months? (Five least used)



n = 996 respondents

The most frequently used Children’s Centre in the last 12 months was St. John’s (16.6%), closely followed by Kenilworth’s Children’s Centre (16.0%). Both of these Children’s Centres are in Warwick District. The third (Riversley Park Children’s Centre) to fifth (Camp Hill Children’s Centre) most used centres are in the Nuneaton area. The Children’s Centre least used is Kingsbury with 2% (20) of respondents selecting this; all five least used within the last 12 months are within either the North Warwickshire Borough or Rugby Borough. Note: the charts exclude those 132 respondents who went to a Children’s Centre as part of their work, 45 who visited none of these and 18 who preferred not to answer.



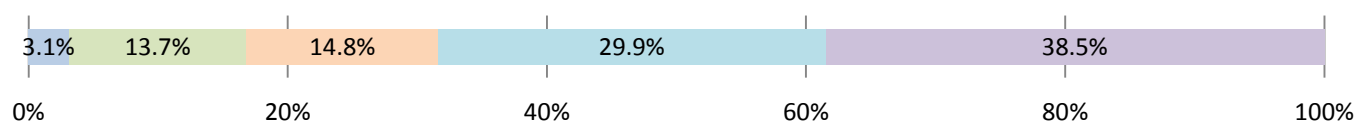
Main Centre used the most and nearest Centre

Chart 16 Main Centre used is not nearest Centre

(% of respondents whose **closest** Centre to their house is **not the main Centre that they use** by respondent (at district / borough level))

n = 291

■ North Warwickshire Borough ■ Rugby Borough ■ Stratford-on-Avon District ■ Nuneaton and Bedworth Borough ■ Warwick District



Nearly 40% of respondents who do not use the Children’s Centre closest to where they live are resident in Warwick District. This is followed by 29.9% (87) within Nuneaton and Bedworth Borough; 14.8% (43) within Stratford-on-Avon District; 13.7% (40) within Rugby Borough and 3.1% (9) within North Warwickshire Borough. Essentially, more respondents are likely to travel further to their preferred Children’s Centre than use the one which is most local to them; this is especially true within Warwick District but less so in North Warwickshire Borough and Stratford-on-Avon District.

Note: these percentages exclude the 5 respondents who stated ‘As part of my work’.

Chart 17 Main Centre used most and is nearest Centre

(% of respondents whose Children's Centre is the closest to their house **AND** is the main Centre that they use by respondent (at district / borough level))

n = 636

■ North Warwickshire Borough ■ Rugby Borough ■ Stratford-on-Avon District ■ Nuneaton and Bedworth Borough ■ Warwick District

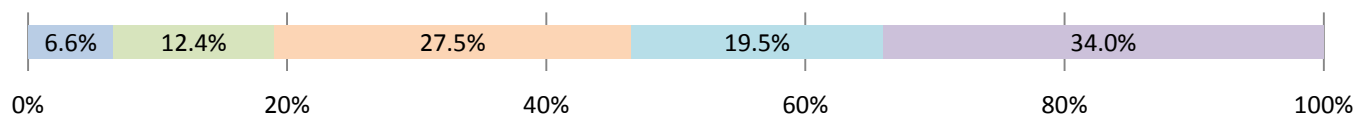


Chart 17 displays the percentage of respondents who prefer to use the closest Children’s Centre to their house. Although the baseline is different to chart 16 the proportions are interesting in comparison. This comparison shows that respondents who use Children’s Centres within Nuneaton and Bedworth Borough are more likely to travel to their preferred Centre than use the Centre closest to them. In contrast, respondents within North Warwickshire Borough are less likely to travel and more likely to use their closest Centre, with 6.6% (42) of respondents’ preferring to use the Centre closest to their home compared to the 3.1% (9) within North Warwickshire Borough whose preferred Centre was not the closest to their home (Chart 16).

Note: these percentages exclude the 33 respondents who stated ‘As part of my work’.



The table that follows, shows Chart 16 and 17 in more detail for each Children’s Centre. Column 2 and 3 show the number, and percentages, of respondents who said that a Children’s Centre was the closest to their house but was not the preferred one they use. Columns 4 and 5 show the number and percentage of respondents who said their closest Children’s Centre was also the preferred one they use. It is ranked high to low based on the number of respondents whose closest Children’s Centre is not the preferred Centre that they use (at district / borough level).

For example, Table 12 illustrates that for Kenilworth Children’s Centre, 15% (44) of respondents stated it is their closest Centre but not the preferred one they use, whilst 5.7% (36) of respondents said it is their closest Centre **and** is also their preferred Centre that they use.

Table 12 Analysis of Centres used and proximity to respondents’ homes

Children's Centre	Number of respondents (out of the 291 who say the Centre is the closest to their house but not the main one they use)	% of respondents (out of the 291 who say the Centre is the closest to their house but not the main one they use)	Number of respondents (out of the 636 who say the Centre is the closest to their house and the main one they use)	% of respondents (out of the 636 who say the Centre is the closest to their house and the main one they use)	District / Borough
Kenilworth Children's Centre	44	15.1%	36	5.7%	Warwick District
St. Johns Children's Centre (Kenilworth)	15	5.2%	62	9.7%	
Warwick Children's Centre	14	4.8%	19	3.0%	
Lillington Children's Centre	12	4.1%	28	4.4%	
Whitnash Children's Centre	12	4.1%	17	2.7%	
Kingsway Children's Centre	5	1.7%	18	2.8%	
Newburgh Children's Centre	4	1.4%	13	2.0%	
Sydenham Children's Centre	3	1.0%	13	2.0%	
Westgate Children's Centre	3	1.0%	10	1.6%	
Total (Warwick District)	112	38.5%	216	34%	
Abbey Children's Centre	19	6.5%	9	1.4%	Nuneaton & Bedworth Borough
Rainbow Children's Centre - including Smorrall Lane, Keresley Newland Primary School or Newdigate Primary School	13	4.5%	10	1.6%	
Camp Hill Children's Centre	11	3.8%	9	1.4%	
Bulkington Children's Centre	9	3.1%	7	1.1%	
Riversley Park Children's Centre - including Our Lady & St Joseph Catholic Academy	9	3.1%	18	2.8%	
St. Michael's Children's Centre	8	2.7%	25	3.9%	
Stockingford Children's Centre	7	2.4%	29	4.6%	
Ladybrook Children's Centre	6	2.1%	13	2.0%	
Park Lane Children's Centre	5	1.7%	4	0.6%	
Total (Nuneaton & Bedworth Borough)	87	29.9%	124	19.5%	



Children's Centre	Number of respondents (out of the 291 who say the Centre is the closest to their house but not the main one they use)	% of respondents (out of the 291 who say the Centre is the closest to their house but not the main one they use)	Number of respondents (out of the 636 who say the Centre is the closest to their house and the main one they use)	% of respondents (out of the 636 who say the Centre is the closest to their house and the main one they use)	District / Borough
Southam & District Children's Centre	12	4.1%	46	7.2%	Stratford-on-Avon District
Stratford Children's Centre	7	2.4%	20	3.1%	
Alcester & District Children's Centre - including Bidford and Salford Priors	6	2.1%	17	2.7%	
Badger Valley Children's Centre (Shipston)	5	1.7%	39	6.1%	
Lighthorne Heath & District Children's Centre	4	1.4%	9	1.4%	
Clopton and District Children's Centre	3	1.0%	13	2.0%	
Studley & District Children's Centre	3	1.0%	15	2.4%	
Wellies Children's Centre (Wellesbourne)	3	1.0%	16	2.5%	
Total (Stratford-on-Avon District)	43	14.8%	175	27.5%	
Claremont Children's Centre	8	2.7%	13	2.0%	Rugby Borough
Oakfield Children's Centre	8	2.7%	6	0.9%	
Hillmorton Children's Centre	7	2.4%	9	1.4%	
Long Lawford Children's Centre	6	2.1%	9	1.4%	
Cawston Children's Centre – including Dunchurch	5	1.7%	14	2.2%	
Boughton Leigh Children's Centre	3	1.0%	10	1.6%	
Newbold Riverside Children's Centre	2	0.7%	3	0.5%	
Wolston Children's Centre	1	0.3%	15	2.2%	
Total (Rugby Borough)	40	13.7%	79	12.4%	
Atherstone Early Years Centre	4	1.4%	22	3.5%	North Warwickshire Borough
Kingsbury Children's Centre	3	1.0%	3	0.5%	
Coleshill Children's Centre	1	0.3%	7	1.1%	
Polesworth Children's Centre	1	0.3%	10	1.6%	
Total (North Warwickshire Borough)	9	3.1%	42	6.6%	
Total	291		636		



Table 13 Analysis of Centres' footfall

Children's Centre	18 and over		Teen parents (U20)		Area
	Count of distinct attendees aged 18 or over at time of attendance	Total Attendances ("footfall") by attendees aged 18 or over at time of attendance	Count of distinct attendees aged under 20 and parent to one or more children at time of attendance	Total Attendances ("footfall") by attendees aged under 20 and parent to one or more children at time of attendance	District/Borough
Stockingford	1140	14865	13	252	Nuneaton & Bedworth Borough
Lighthorne	373	11450	3	50	Stratford-on- Avon District
St. Michaels	1163	8404	22	143	Nuneaton & Bedworth Borough
Atherstone	1517	8016	20	87	North Warwickshire Borough
Boughton Leigh	1651	7872	24	169	Rugby Borough
Studley	943	6574	6	13	Stratford-on- Avon District
Badger Valley	616	6208	6	35	Stratford-on- Avon District
Alcester	1074	6186	4	21	Stratford-on- Avon District
Lillington	1436	5874	16	53	Warwick District
Southam	580	5445	5	68	Stratford-on- Avon District
Riversley Park	1498	5442	56	198	Nuneaton & Bedworth Borough
Stratford	1253	5350	3	37	Stratford-on- Avon District
Westgate/ Newburgh	868	5095	6	17	Warwick District
Abbey	1334	4807	33	117	Nuneaton & Bedworth Borough
Rainbow	804	4292	16	78	Nuneaton & Bedworth Borough
St Johns	818	4123	5	51	Warwick District
Clopton	712	4088	4	18	Stratford-on- Avon District
Kingsway	954	3578	5	9	Warwick District
Wellies	654	3406	1	9	Stratford-on- Avon District
Claremont	897	3333	13	15	Rugby Borough
Camp Hill	658	3329	21	69	Nuneaton & Bedworth Borough
Sydenham	614	2657	1	10	Warwick District
Park Lane	500	2454	2	11	Nuneaton & Bedworth Borough
Newbold Riverside	675	2342	5	10	Rugby Borough



	Count of distinct attendees aged 18 or over at time of attendance	Total Attendances ("footfall") by attendees aged 18 or over at time of attendance	Count of distinct attendees aged under 20 and parent to one or more children at time of attendance	Total Attendances ("footfall") by attendees aged under 20 and parent to one or more children at time of attendance	District/Borough
Children's Centre	18 and over		Teen parents (U20)		Area
Oakfield	626	2295	7	11	Rugby Borough
Ladybrook	432	2235	3	10	Nuneaton & Bedworth Borough
Whitnash	485	2128	1	1	Warwick District
Bulkington	263	2052	0	0	Nuneaton & Bedworth Borough
Polesworth	428	1990	5	29	North Warwickshire Borough
Hillmorton	381	1849	2	5	Rugby Borough
Coleshill	364	1647	5	6	North Warwickshire Borough
Warwick	356	1604	3	6	Warwick District
Kingsbury	312	1497	1	2	North Warwickshire Borough
Kenilworth	326	1420	2	3	Warwick District
Cawston Grange	318	1015	1	1	Rugby Borough
Mancetter (via outreach services)	245	723	1	1	Nuneaton & Bedworth Borough
Wolston	119	445	0	0	Rugby Borough
Dunchurch (via outreach services)	61	204	0	0	Rugby Borough
TOTAL	27448				

When Table 12 is compared to Table 13, it is clear that the highest number of responses to the consultation have come from users of Centres which do not have the highest footfall.



Demographic questions

Demographic questions cover the ‘who’ and the ‘where’ questions to understand who completed the survey. They cover the following:

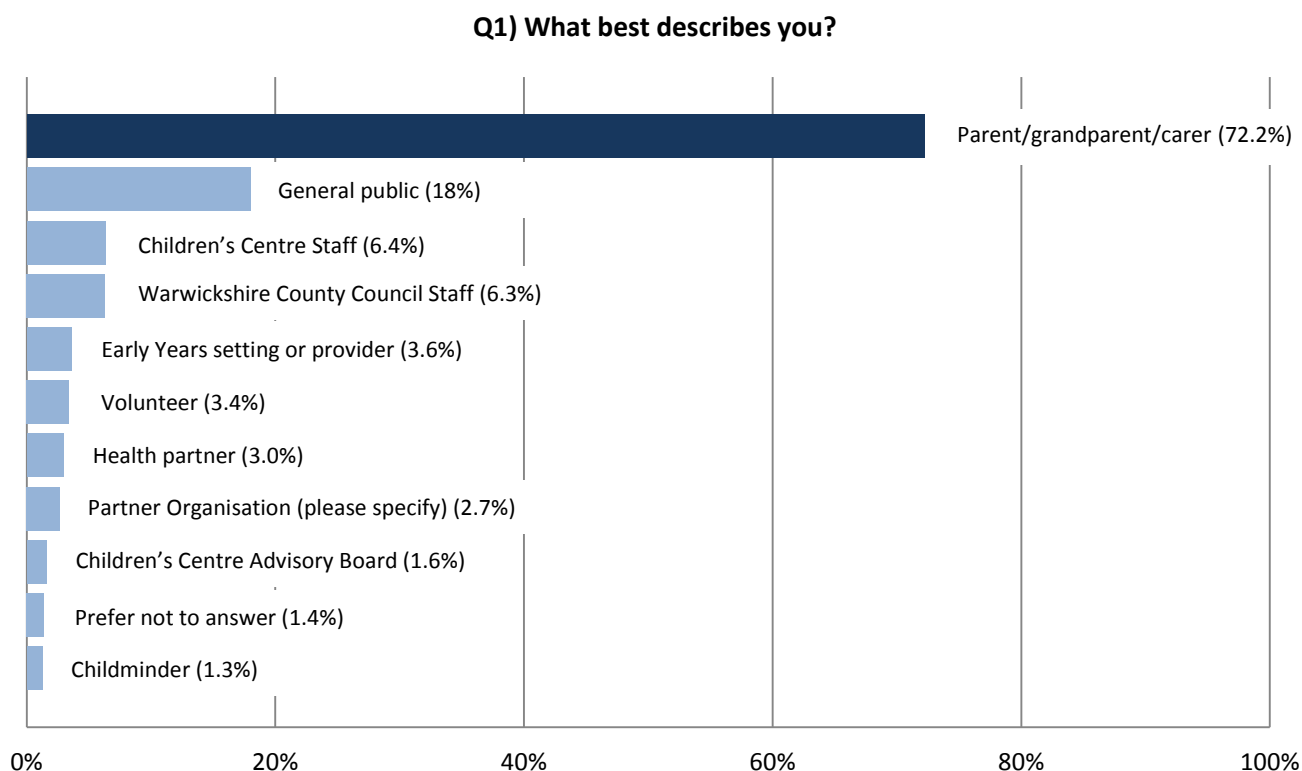
- What best describes them
- Where they live
- Postcode (optional)
- If they have children
- Children’s ages
- Children’s developmental needs
- Gender identity
- Age
- Disability
- Ethnicity
- Religion
- Sexuality
- Employment
- Income

What best describes you?

Nearly three quarters (72.2%) of respondents (1125) marked themselves as a ‘parent/grandparent/carer’. In comparison, 23.5% (366) respondents considered themselves ‘professionals’. This includes the 25 responses from people associated with Children’s Centre Advisory Boards. 46 people marked themselves as ‘health partners’.

Note: a respondent could place themselves into multiple categories, and therefore percentages add up to more than 100%.

Chart 18 What best describes the respondent



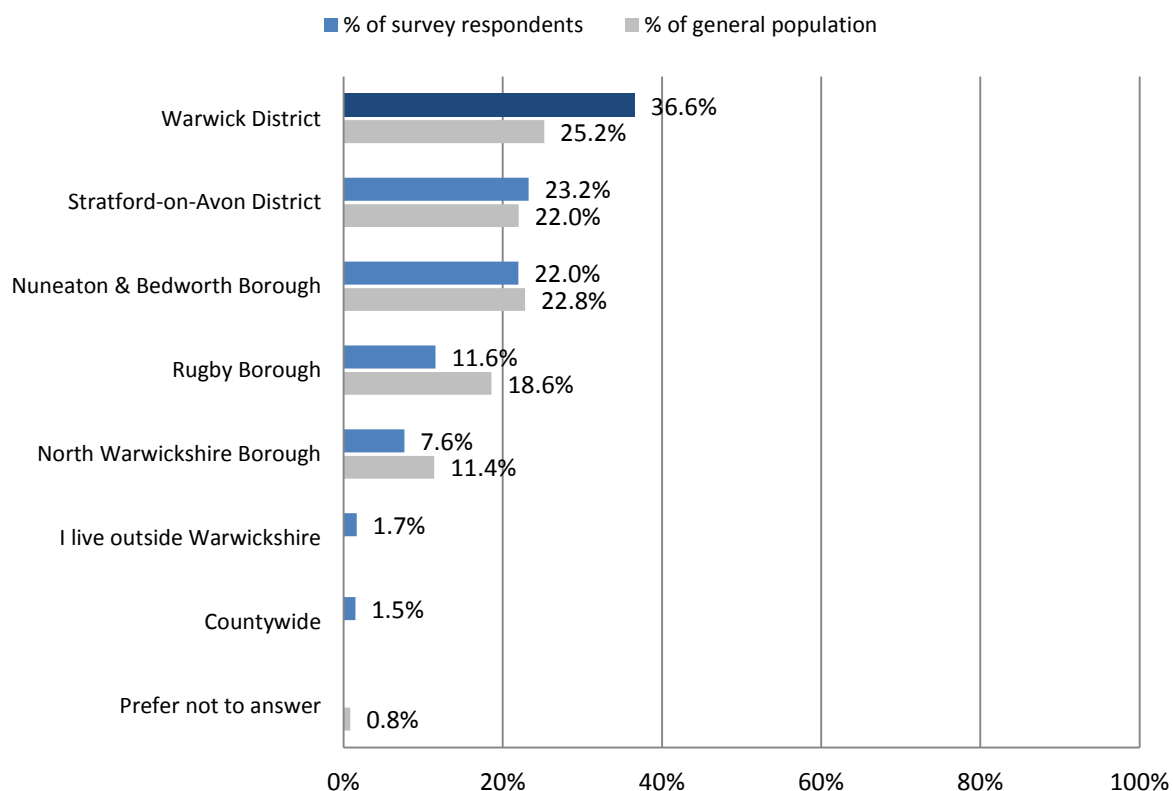
n = 1558 respondents



Where they live or work

Chart 19 Where respondents live or work

Q2) The Warwickshire district or borough where you live, or work if you are responding on behalf of an organisation



n = 1558 respondents

Chart 19 illustrates where the respondents live, or work if they were responding to the questionnaire on behalf of an organisation. The highest number of respondents selected themselves as living, or working, within the Warwick District (570) whereas the lowest number of respondents (119) selected North Warwickshire Borough. These findings are expected due to the population size of Warwick District and North Warwickshire Borough.

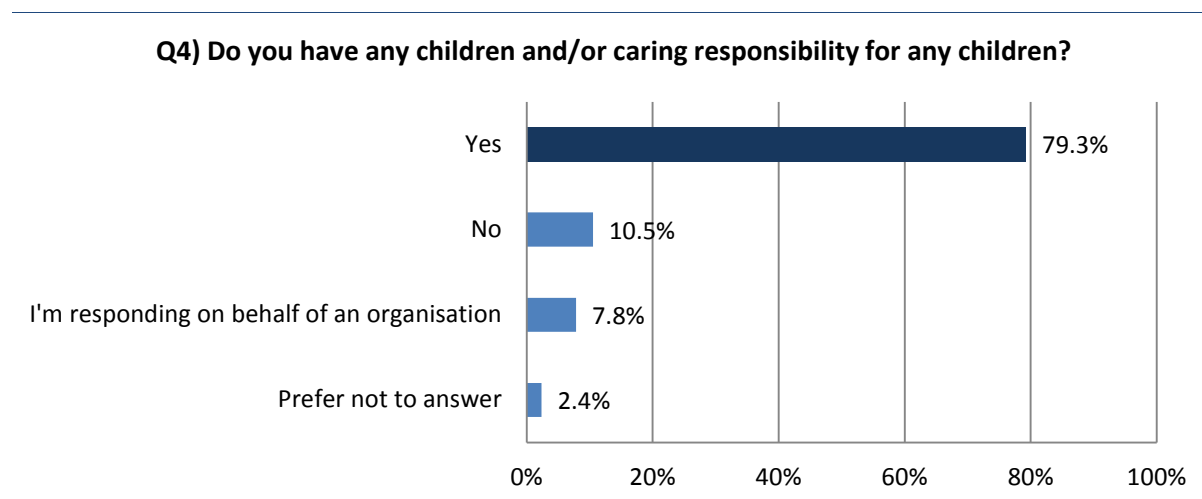
This shows that Warwick District is over represented within the sample. This is driven by the proportion of Kenilworth residents who responded to the proposal not to site a Family Hub in the town. Rugby Borough and North Warwickshire Borough are under represented



Children or caring responsibility for children

Nearly four in five respondents (1235) have children and/or caring responsibility for any children whilst 11% (164) stated they did not. Those with caring responsibility may include childminders or childcare workers who do not themselves have parental responsibility for children.

Chart 20 Children or caring responsibility for children



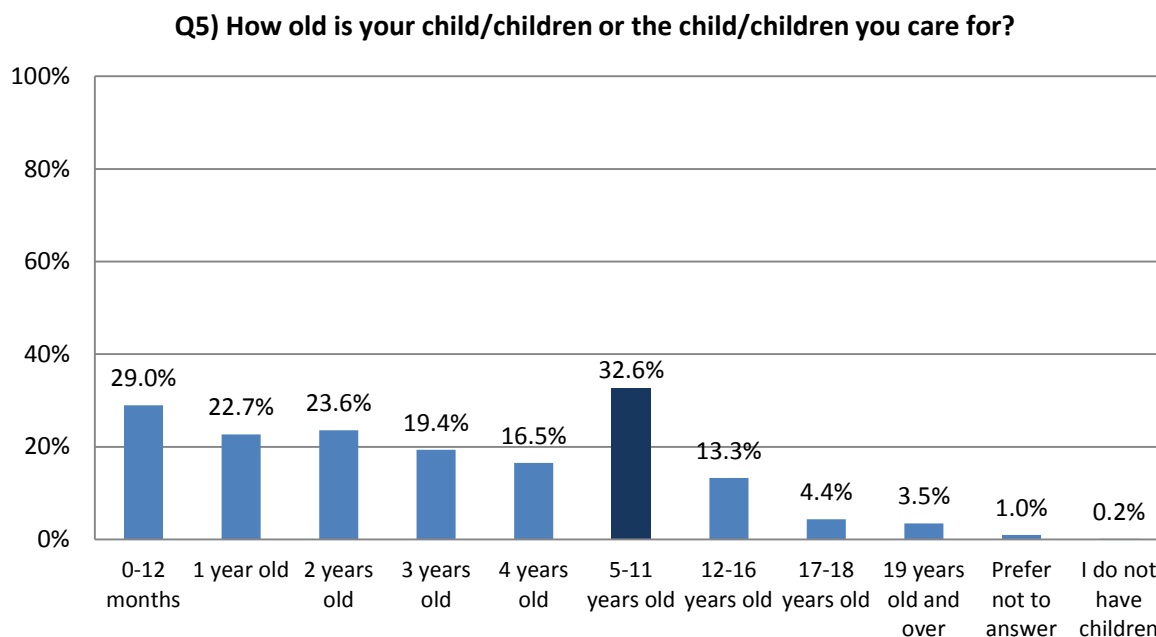
n = 1558 respondents



Ages of children

A total of 1221 respondents went on to answer the age of their child/children or the child/children that they care for, with 14 either not having children or preferring not to answer. One third of respondents (403 or 33%) had, or cared for at least, one child aged 5 to 11 years old. Note: a respondent could choose multiple age categories, and therefore percentages add up to more than 100%.

Chart 21 Age of children of respondent



n = 1235 respondents

It is not possible to tell how many children in total were cared for across the respondent groups because age categories do not all cover single age bands. However, when grouped, base sizes are large enough to understand how parents and carers of children of different ages responded to the survey questions. These findings can be found in the sub group analysis in this report.

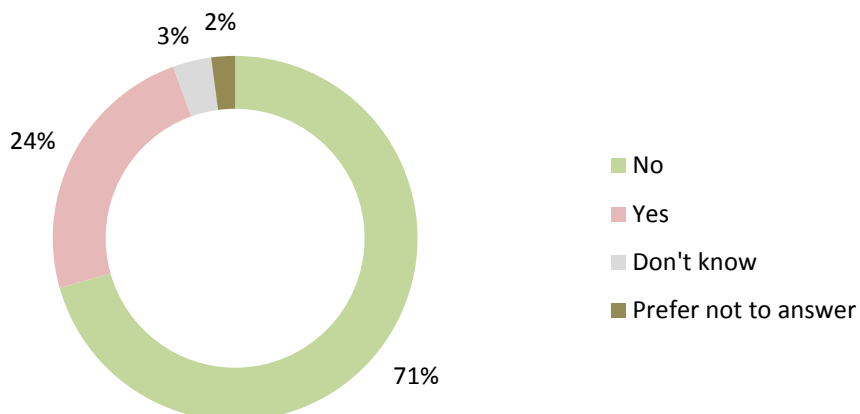


Health or development needs of children

Seventy one percent (872) of respondents stated that their children do not have health or development needs that require additional support, whilst 24% (295) stated that they do. A further 5% (68) of respondents marked 'Don't know' or 'Prefer not to answer' to this question.

Chart 22 Health or development needs of children

Q6) Would you describe any of your children as having health or development needs that require additional support?



n = 1235 respondents



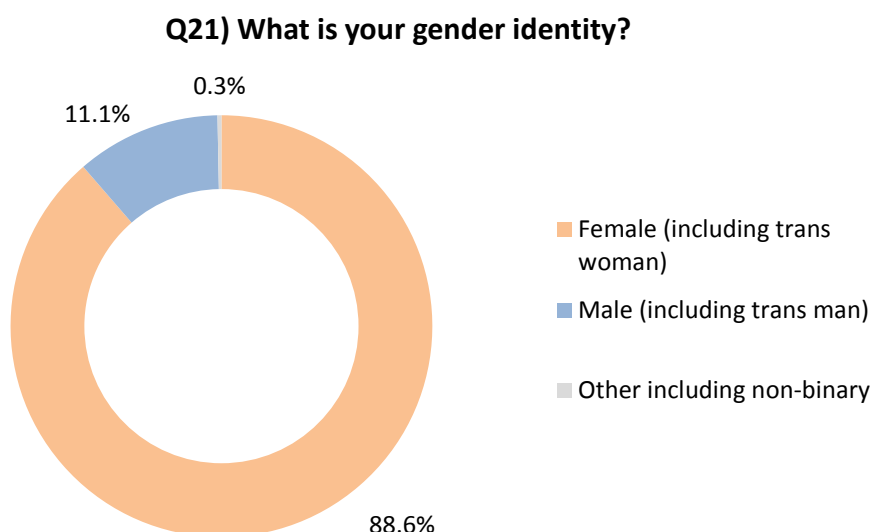
Gender identity

The next set of questions (21 through to 28) asked respondents about themselves to determine how representative the survey sample was. All questions had a 'Prefer not to say' option for those who wished to opt out.

Nearly nine in ten (89%) respondents (1177) who answered the question were 'Female', 11.1% (147) were 'Male' and 0.3% (4) were 'Other'. Just more than half (50.6%) of Warwickshire's population is female which means the number of females was disproportionately high relative to the population (2016 ONS Mid-year population estimates). This was mirrored at the face to face opportunities, suggesting greater engagement by mothers and reflecting the gender bias towards females in childcare and early years settings.

Please note that the above percentages, and those in Chart 23 below, discount the 3.6% (49) respondents who marked 'Prefer not to say'.

Chart 23 Gender identity of respondent



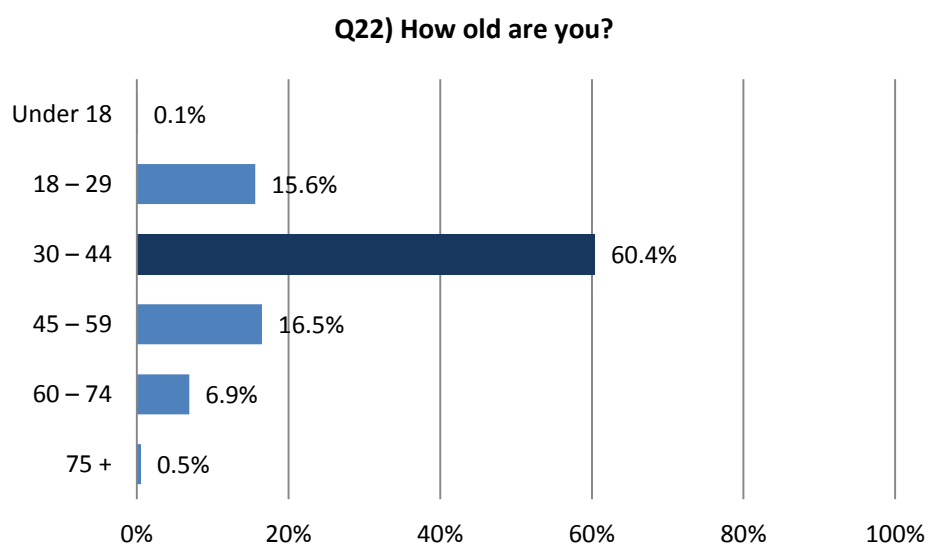
n = 1328 respondents



Age

The majority (60.4%) of respondents (798) who answered the question were aged 30 to 44, whilst the minority (0.1%) of respondents (one) was under the age of 18. The proportion of respondents who fit into the other categories of 18 – 29, 45 – 59 and 60 – 74 was fairly evenly split. Please note that these percentages, and those in Chart 24, discount the 4.2% (56) respondents who marked 'Prefer not to say'.

Chart 24 Age of respondent



n = 1321 respondents



Long standing illness or disability

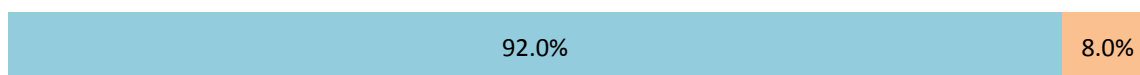
A considerable proportion (92.0%) of respondents (1195) who answered the question did not have a long standing illness or disability whilst 8.0% (104) of respondents stated they did. Please note that these percentages, and those in Chart 25 below, discount those 5.7% (78) respondents who marked 'Prefer not to say'.

Comparing this with the Warwickshire population, there is little difference, with 7.7% (41,946) of respondents declaring to have a long term health problem or disability; specifically declaring that their day to day activities are limited a lot, Census 2011 source*.

Chart 25 Long standing illness or disability of respondent

Q23) Do you have a long standing illness or disability?

■ No ■ Yes



n = 1299 respondents

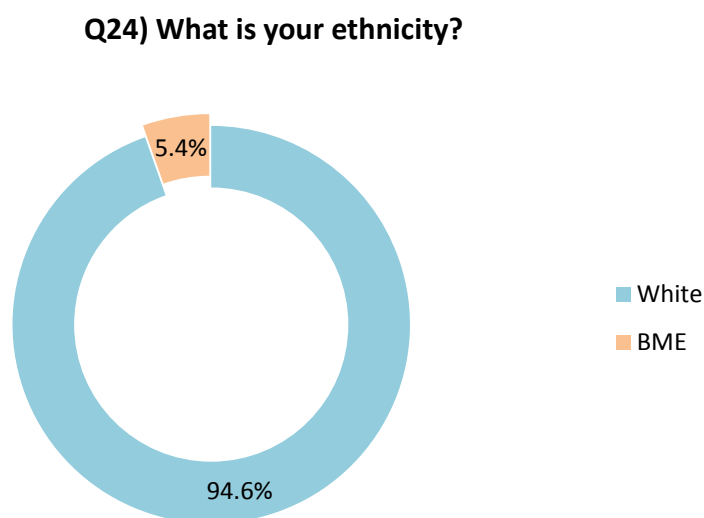
*2011 Census question was 'Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?' with options 'Yes, limited a lot', 'Yes', limited a little' and 'No'



Ethnicity

The majority (93.3%) of respondents (1207) who answered the questionnaire marked themselves as being of 'White' ethnicity, with (5.4%) of respondents (69) being of BME (Black Minority Ethnic groups). Compared to the 2011 census, 94% of respondents aged 18 or older were of 'White Ethnicity' whilst 6% BME, thus making our survey sample representative of the ethnicity of the general Warwickshire population. Please note that these percentages, and those in the chart below, discount those respondents (84) who marked 'Other' and 'Prefer not to answer' (17).

Chart 26 Ethnicity of respondent



n = 1276 respondents

A detailed breakdown of all ethnicity types is shown in [Table 14](#) overleaf. This includes the 101 respondents who stated 'Other' and 'Prefer not to answer' taking the total number of respondents to 1377.



Table 14 Ethnicity of respondent

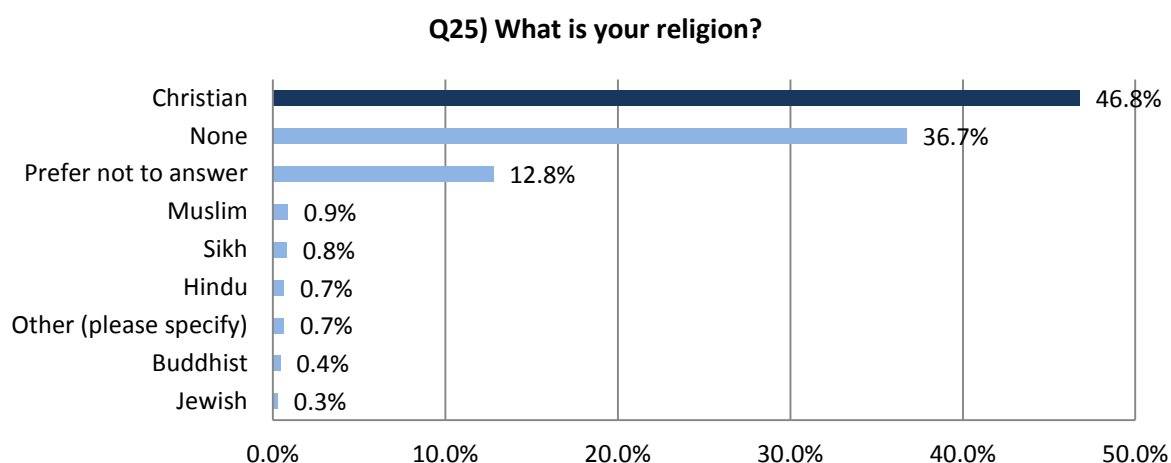
Ethnic Group	Number of respondents	% of respondents
White	1207	87.7%
White - English/Welsh/Scottish/Northern Irish/British	1149	83.4%
White - Irish	18	1.3%
White - Gypsy or Irish Traveller	1	0.1%
White - Any other background	39	2.8%
Mixed	21	1.5%
Mixed - White and Black Caribbean	3	0.2%
Mixed - White and Black African	0	0.0%
Mixed - White and Asian	10	0.7%
Mixed - Any other mixed background	8	0.6%
Arabic	0	0.0%
Asian or Asian British	41	3.0%
Asian or Asian British - Pakistani	2	0.1%
Asian or Asian British - Bangladeshi	0	0.0%
Asian or Asian British - Chinese	11	0.8%
Asian or Asian British - Indian	24	1.7%
Asian or Asian British - Any other background	4	0.3%
Black or Black British	7	0.5%
Black or Black British - African	1	0.1%
Black or Black British - Caribbean	6	0.4%
Black or Black British - Any other background	0	0.0%
Any other Ethnic group	0	0.0%
Prefer not to answer	84	6.1%
Other (please specify)	17	1.2%



Religion

Under half (46.8%) of respondents (644) stated their religion as 'Christian', the second largest proportion (36.7%) of respondents (506) stated 'None' and 12.8% (176) marked 'Prefer not to answer'. Less than one percent of the remaining 51 respondents fitted into other categories. Census data (2011) states Christian is the main religion stated (64.5%) with 24.1% No religion and 6.8% None stated. This points to a greater than Warwickshire population bias towards respondents being non-religious.

Chart 27 Religion of respondent

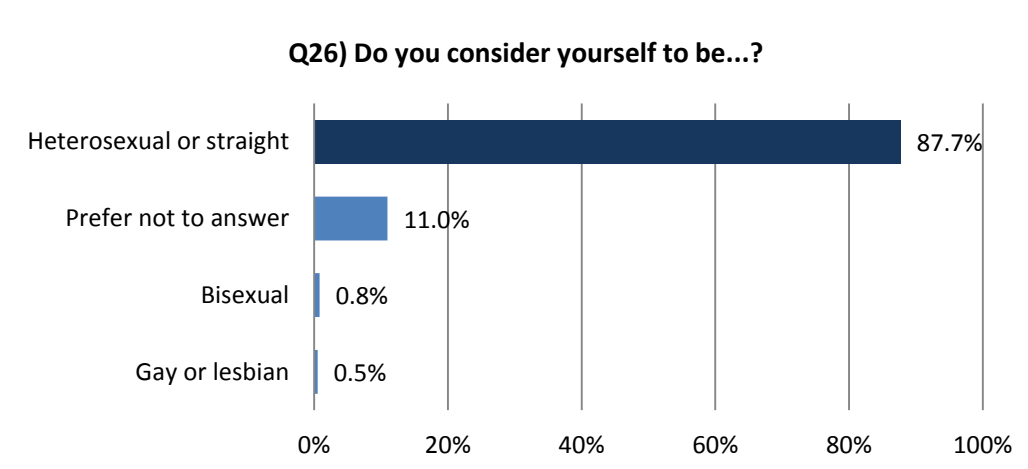


n = 1377 respondents

Sexuality

The majority (87.7%) of respondents (1208) stated they were 'Heterosexual or straight', 11.0% (151) 'Prefer not to answer', 0.8% (11) 'Bisexual' and lastly 0.5% (7) 'Gay or lesbian'. There was an 'Other (please specify)' category but none of the respondents chose this option.

Chart 28 Sexuality of respondent



n = 1377 respondents



Employment status

The two categories of ‘Employee in full-time job’ and ‘Employee in part-time job’ contributed to the majority of respondent’s answers with 62.8% (858) choosing either one of these to describe their employment status; 31.6% (432) respondents chose ‘Employee in part-time job’ whilst 31.2% (426) chose ‘Employee in full-time job’. The third highest number of respondents were ‘Looking after the home or family’ (218 or 16%).

Table 15 Employment status of respondent

Employment status	Number of respondents	% of respondents
Employee in full-time job	426	31.2%
Employee in part-time job	432	31.6%
Self-employed	86	6.3%
Full-time education at school, college or university	7	0.5%
Looking after the home or family	218	16.0%
Unemployed and available for work	18	1.3%
Not working due to illness or disability	21	1.5%
Wholly retired from work	68	5.0%
On a government supported training programme	1	0.1%
Prefer not to answer	56	4.1%
Other (please specify)	32	2.3%

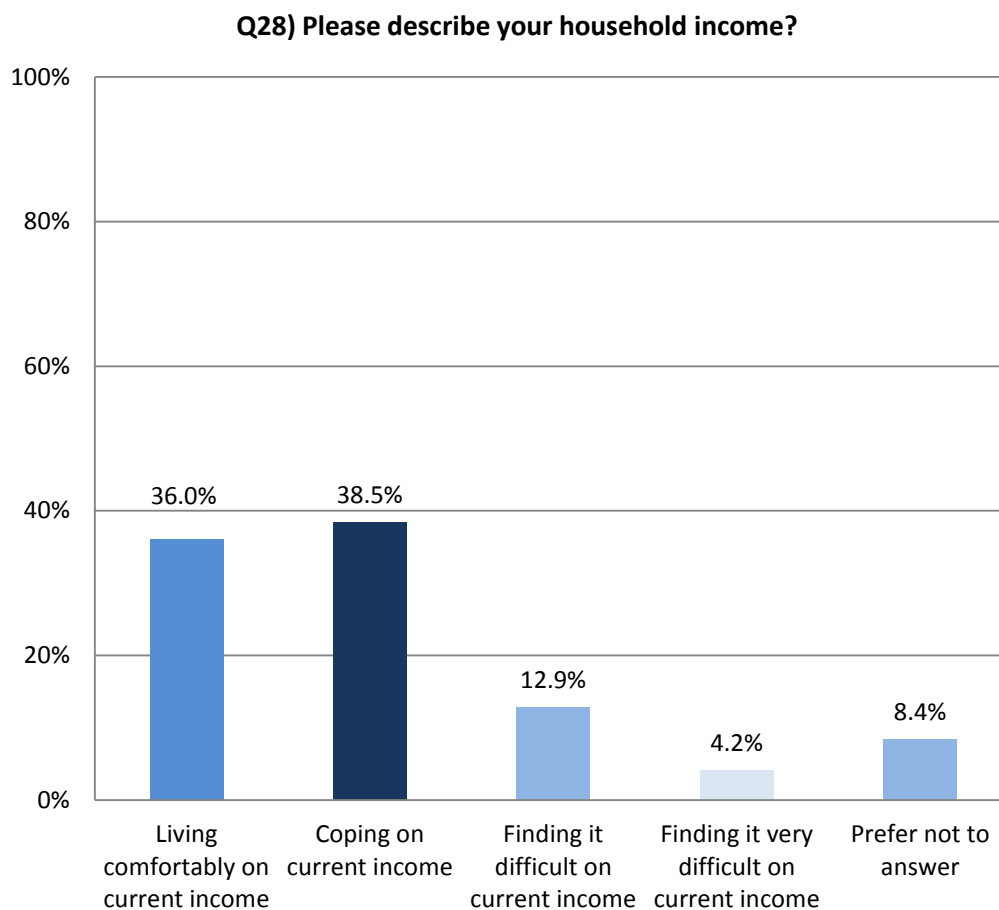
n=1365 respondents



Household income

The highest proportion (38.5%) of respondents (525) stated that they were 'Coping on current income', conversely, 4.2% of respondents (57) reported to 'Finding it very difficult on current income'.

Chart 29 Household income of respondent



n = 1365 respondents



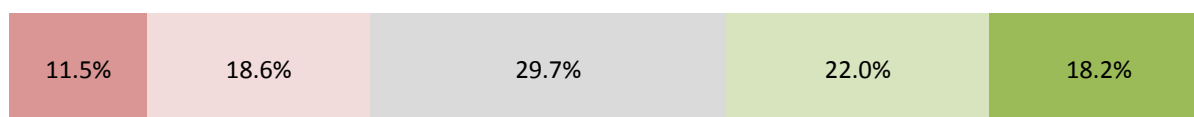
Ease of completing questionnaire

The highest proportion (29.7%) of respondents (405) stated that it was neither ‘Difficult’ nor ‘Easy’ to answer the questions on the questionnaire, scoring it 3 on the scale below. An average score of 3.2 for all respondents was calculated thus supporting the previous statement that it was neither distinctly ‘Difficult’ nor ‘Easy’. 40.2% (549) of respondents scored it either 4 or 5 indicating it was more ‘Easy’ than ‘Difficult’. Whilst, 30.1% (411) of respondents scored it 1 or 2 meaning it was more ‘Difficult’ than ‘Easy’. These figures exclude people who dropped out of the survey prior to the end, such as those who found it too difficult to continue or who took longer than 30 minutes per page to complete the questionnaire, thus timing out the survey.

Chart 30 Ease of completing questionnaire

Q29) How easy or difficult would you say it was to answer the questions?

■ 1 - Difficult ■ 2 ■ 3 ■ 4 ■ 5 - Easy



n = 1365 respondents

Table 16 Other comments about completing questionnaire

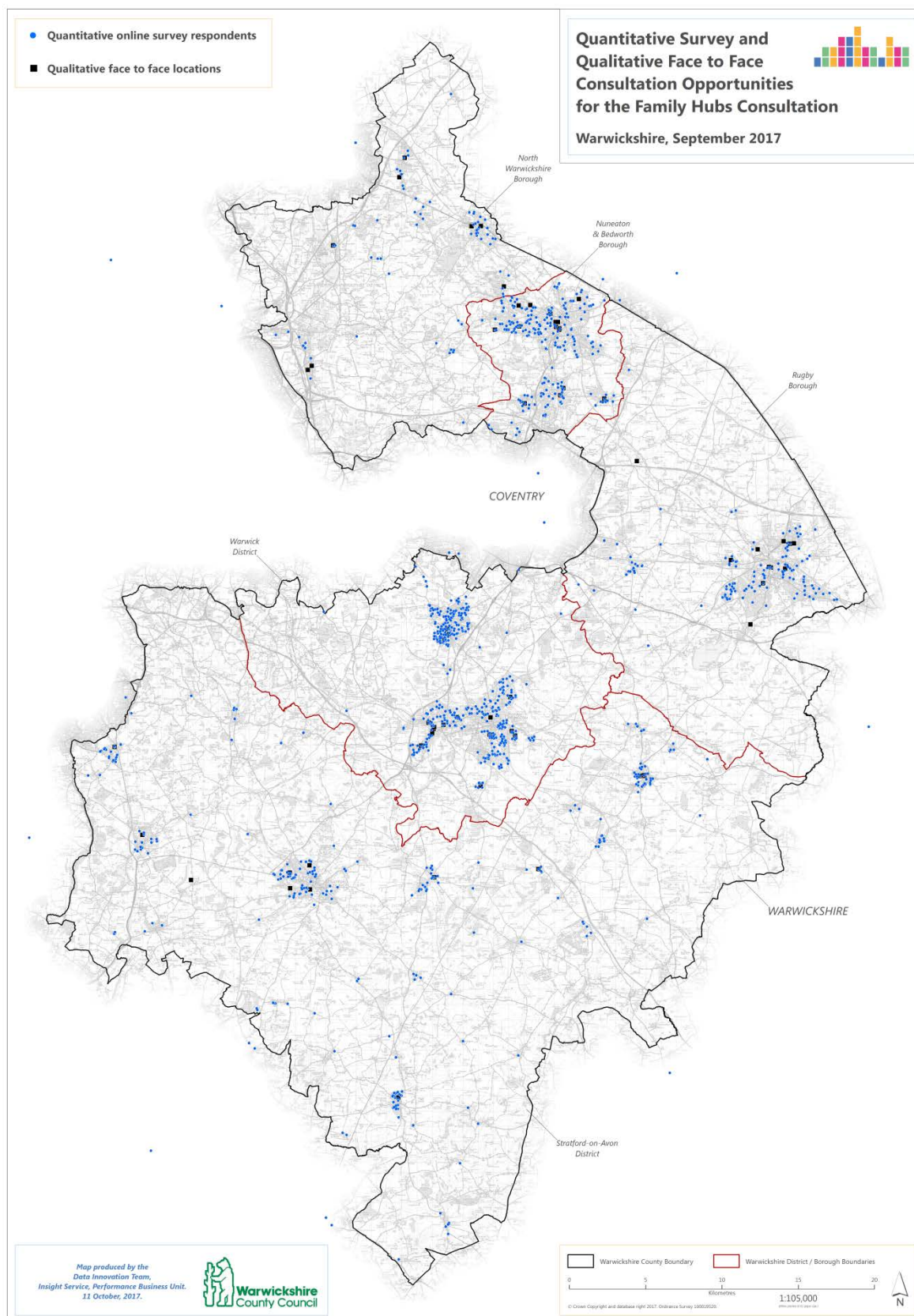
All comments made have been included below.

Themes identified	No. Comments	96
COMMENTS	Count	% Making comment
Survey was too long/took a long time to complete	29	30.2%
Survey/questions were poorly designed/worded	25	26.0%
Survey was difficult to answer/complete (for the less able)	18	18.8%
Questions were biased/leading	16	16.7%
Some questions were not relevant/appropriate (to me/Grandparents etc.)	9	9.4%
Final comment made (no box for this)	9	9.4%
Concerned that families/busy Mums etc. will not bother to complete the survey	8	8.3%
Survey was easy to answer/complete	8	8.3%
Positive comment about Children's Centres (services provided)	8	8.3%
Survey/questions were not designed for non-parents/general public	7	7.3%
Concerns over survey results (non-parents could skew/not a true reflection etc)	7	7.3%
Feel this is a very important issue	7	7.3%
Practical issues with survey (hard to locate survey/not easy on mobile phone/could not save and return etc.)	6	6.3%
Disliked/had problems with the star rating question	5	5.2%
Questions were repetitive	4	4.2%
Have used Children's Centres in the past (should be an option to state this)	3	3.1%
Other	4	4.2%

Produced by Matthew Wand (Insight Service) and Jenny Bevan (Children's Transformation Team)



APPENDIX A – Map 2 Locations of online and face to face respondents





APPENDIX B – Publicising of the consultation

<u>Channel</u>	<u>Detail</u>
External	
Ask Warwickshire	Dedicated consultation webpage regularly updated throughout the consultation period
Email	See email distribution list
Social Media	<p>WCC channels</p> <p>FIS Facebook</p> <p>FIS Twitter – 1067 followers</p> <p>Warwickshire County Council Facebook</p> <p>Warwickshire County Council Twitter - 3813 followers</p> <p>Smart Start Facebook</p> <p>Smart Start Twitter - 246 followers</p> <p>Public Health Twitter – 1341 followers</p> <p>Warwickshire Democracy Twitter – 723 followers</p> <p>External channels</p> <p>Online focus group held with members of Save Warwickshire Children’s Centres Facebook group</p> <p>Mum Knows Best Warwickshire Facebook group c.4840 members</p>
Face to face	95 face to face opportunities including 12 public consultation events - see activity table below.
Newsletters	<p>WCC channels</p> <p>HeadsUp – 250 Warwickshire schools</p> <p>Warwickshire Weekly News – 2100 subscribers (public and WCC staff)</p> <p>Family Information Service (FIS) – Warwickshire Families</p> <p>Your Warwickshire - MPs/key stakeholder - 381</p> <p>Public Health Newsletter – 100 subscribers</p> <p>Re:Member – 59 Elected members</p> <p>Other channels</p> <p>WCAVA – Grapevine – voluntary sector organisation distribution list</p> <p>Warwickshire Race Equality Partnership (WREP) now called Equality and Inclusion Partnership (EQuIP) - voluntary sector organisation distribution list</p>
Media relations	<p>4 news releases</p> <p>1 editor’s letter - Rugby Observer</p> <p>11 media enquiries</p>
WCC libraries	Paper questionnaires available at Warwick library. Completed paper questionnaires could be handed in at any county library.
Internal	
Intranet	Headline article on homepage
MD briefing	Joint Managing Director briefing to all staff



Email Distribution List

- Schools heads with a Children’s Centre on site
- Children’s Centre managers to distribute to their users
- Staff briefing note via the 4 Children’s Centre heads
- CEO Parenting Project and Barnado’s Assistant Director – Midlands South
- Schools, Private, voluntary and independent nurseries (PVI) and other interested parties
- Members ALL
- Special Educational Needs and Disability (SEND) networks
- Registered childcare providers
- Health visitors, midwifery and Family Nurse Partnership
- Public Health, Smart Start consultees and grant receivers
- Local area teams
- Warwickshire Community And Voluntary Action (WCAVA) circulation
- Clinical Commissioning Groups, GPs and Health & Wellbeing Board
- Warwickshire Police
- Intranet – Warwickshire County Council staff
- Family Information Service staff

<u>Activity</u>	Number of consultees
Online quantitative questionnaire of which paper questionnaires returned	1558 153
12 Public consultation events	300+
44 Informal drop ins at children’s centres, baby and toddler groups with translators	280
21 Councillor Morgan centre drop ins	80+
5 Advisory Board meetings	35
23 Other meetings	80+
Letters and 120 emails to councillors and family hubs inbox	150+
20 Phone calls to the consultation phone number	20
Focus groups - 1 face to face to with staff 1 online with parents, carers, staff etc	9 45
6 Staff engagement roadshows	150+
6 Signed petitions from various campaign groups - paper or online including comments	7083
1 online survey created by Kenilworth resident	102



APPENDIX C – Subgroup analysis

Subgroup analysis for service provision

By District and Borough

Respondents in the North of the county (North Warwickshire Borough or Nuneaton & Bedworth Borough) were more likely to say Early Learning and Stay & Play were needed than those in the South of the county. Those in the South of the county were more likely to say the following were needed than those in the North:

- Peer support to parents and carers
- Access to family information
- Parenting courses
- Access to support for families with Special Educational Needs & Disability (SEND)
- Understanding finances/access to welfare
- Health and Wellbeing Services for advice on a range of issues such as healthy eating, child development, oral health, safety, exercise, emotional wellbeing
- Health Visiting
- School Health & Wellbeing Service
- Access to brief interventions for low mood/loneliness
- Access to mental health support for children and adults

Peer support to parents and carers – was more likely to be chosen as a ‘needed’ service by respondents in Warwick District than respondents in North Warwickshire Borough or Nuneaton & Bedworth Borough.

Speech, language and communication advice and support – was more likely to be chosen as a ‘needed’ service by respondents in Stratford-on-Avon District than Warwick District or North Warwickshire Borough.

Access to family information – was more likely to be chosen as a ‘needed’ service by respondents in Warwick District than North Warwickshire.

Attachment support programmes – was more likely to be chosen as a ‘needed’ service by respondents in Warwick District than Nuneaton & Bedworth Borough.

Parenting courses – was more likely to be chosen as a ‘needed’ service by respondents in Warwick District than North Warwickshire Borough or Nuneaton & Bedworth Borough.

Family support and advice – was more likely to be chosen as a ‘needed’ service by respondents in North Warwickshire Borough and Warwick District than Rugby Borough.

Mediation/relationship support – was more likely to be chosen as a ‘needed’ service by respondents in Warwick District than Nuneaton & Bedworth Borough, Rugby Borough or Stratford-on-Avon District.



Access to support for families with Special Educational Needs & Disability (SEND) – was more likely to be chosen as a ‘needed’ service by respondents in Warwick District than Nuneaton & Bedworth Borough or Rugby Borough.

Understanding finances/access to welfare – was more likely to be chosen as a ‘needed’ service by respondents in Warwick District than North Warwickshire Borough, Nuneaton & Bedworth Borough, Rugby Borough or Stratford-on-Avon District.

Debt advice – was more likely to be chosen as a ‘needed’ service by respondents in Warwick District than Nuneaton & Bedworth Borough, Rugby Borough or Stratford-on-Avon District.

Income maximisation & budgeting – was more likely to be chosen as a ‘needed’ service by respondents in Warwick District than Rugby Borough or Stratford-on-Avon District.

Housing advice – was more likely to be chosen as a ‘needed’ service by respondents in Warwick District than North Warwickshire Borough, Nuneaton & Bedworth Borough, Rugby Borough or Stratford-on-Avon District.

Health and Wellbeing Services for advice on a range of issues such as healthy eating, child development, oral health, safety, exercise, emotional wellbeing – was more likely to be chosen as a ‘needed’ service by respondents in Rugby Borough, Stratford-on-Avon District and Warwick District than North Warwickshire Borough or Nuneaton & Bedworth Borough.

Health Visiting – was more likely to be chosen as a ‘needed’ service by respondents in Warwick District than North Warwickshire and more likely in Stratford-on-Avon District than North Warwickshire Borough or Nuneaton & Bedworth Borough.

School Health & Wellbeing Service – was more likely to be chosen as a ‘needed’ service by respondents in Warwick District than North Warwickshire Borough or Nuneaton & Bedworth Borough.

Access to brief interventions for low mood/loneliness – was more likely to be chosen as a ‘needed’ service by respondents in Stratford-on-Avon District and Warwick District than North Warwickshire Borough or Nuneaton & Bedworth Borough.

Access to mental health support for children and adults – was more likely to be chosen as a ‘needed’ service by respondents in Warwick District than North Warwickshire Borough, Nuneaton & Bedworth Borough or Rugby Borough.

By those with children/without children/responding on behalf of an organisation

Those with children were more likely to choose Stay and Play than those without children and Library led activities more than those without children or responding on behalf of an organisation.

Those without children were more likely than those with children to choose:

- Understanding finances/access to welfare
- Debt advice
- Income maximisation & budgeting



- Support into employment (including adult education)
- Housing advice

These categories encompass more ‘practical’ than ‘emotional’ support.

Those without children were more likely than those with children or responding on behalf of an organisation to choose Mediation/relationship support and more likely than those responding on behalf of an organisation to choose Library led activities.

Those responding on behalf of an organisation were more likely than those with children to choose:

- Attachment support programmes
- Family support and advice
- Understanding finances/access to welfare
- Debt advice
- Support into employment (including adult education)

By age of children

Stay and play – was more likely to be chosen as a ‘needed’ service by parents/carers of 0-11 year olds than 17-19 year olds.

Library led activities– was more likely to be chosen as a ‘needed’ service by parents/carers of 0-2 year olds than 5-11 year olds.

Speech, language and communication advice and support – was more likely to be chosen as a ‘needed’ service by parents/carers of 3-4 year olds than 0-2 year olds.

Access to family information – was more likely to be chosen as a ‘needed’ service by parents/carers of 5-19 years olds than 0-2 year olds, and 12-16 year olds than 3-4 year olds.

Attachment support programmes – was more likely to be chosen as a ‘needed’ service by parents/carers of 3-19 year olds than 0-2 year olds.

Parenting courses – was more likely to be chosen as a ‘needed’ service by parents/carers of 0-11 year olds than 17-19 year olds.

Family support and advice – was more likely to be chosen as a ‘needed’ service by parents/carers of 5-16 year olds than 0-2 year olds, and 12-16 year olds than 3-4 year olds.

Mediation/relationship support – was more likely to be chosen as a ‘needed’ service by parents/carers of 3-19 year olds than 0-2 year olds, and 12-19 year olds than 5-11 year olds.

Access to support for families with Special Educational Needs & Disability (SEND) – was more likely to be chosen as a ‘needed’ service by parents/carers of 5-19 year olds than 17-19 year olds.

Understanding finances/access to welfare – was more likely to be chosen as a ‘needed’ service by parents/carers of 5-19 year olds than 0-2 year olds, and 12-19 year olds than 0-11 year olds.



Debt advice – was more likely to be chosen as a ‘needed’ service by parents/carers of 3- 19 year olds than 0-2 year olds, and 12-19 year olds than 0-11 year olds.

Income maximisation & budgeting – was more likely to be chosen as a ‘needed’ service by parents/carers of 3- 19 year olds than 0-2 year olds, and 12-19 year olds than 0-11 year olds.

Support into employment (including adult education) – was more likely to be chosen as a ‘needed’ service by parents/carers of 3- 19 year olds than 0-2 year olds, and 12-19 year olds than 0-11 year olds.

Housing advice – was more likely to be chosen as a ‘needed’ service by parents/carers of 3- 19 year olds than 0-2 year olds, and 12-19 year olds than 0-11 year olds.

School Health & Wellbeing Service – was more likely to be chosen as a ‘needed’ service by parents/carers of 3-4 year olds and 12-16 year olds than 0-2 year olds.

Access to brief interventions for low mood/loneliness – was more likely to be chosen as a ‘needed’ service by parents/carers of 12-19 year olds than 0-2 year olds, and 12-16 year olds than 5-11 year olds.

Parental support and education – was more likely to be chosen as a ‘needed’ service by parents/carers of 12-16 year olds than 0-2 year olds.

Health Visiting – interesting to note there were no real differences by age of child for the health visiting service being a ‘needed’ service. It was of equally high importance regardless of how old the respondents’ children were.

By whether children were in need of additional support or not

Those respondents whose children were in additional need of support were more likely to choose the following as ‘needed’ services than those whose children didn’t have additional needs:

- Speech, language and communication advice and support
- Access to family information
- Attachment support programmes
- Mediation/relationship support
- Access to support for families with Special Educational Needs & Disability (SEND)
- School Health & Wellbeing Service

Those respondents whose children were not in additional need of support were more likely to choose Library led activities than those whose children have additional needs.



Subgroup analysis for service provision

By dis/agreement with Family Hubs idea

Those who agreed with the idea of Family Hubs were not more likely to choose any particular service compared with those who disagreed with the idea of Family Hubs.

Those who disagreed with the idea of Family Hubs were more likely than those who agreed with the idea of Family Hubs to choose the following:

- Early learning
- Stay & Play
- Library led activities
- Peer support to parents and carers
- Speech, language and communication advice and support
- Access to family information
- Attachment support programmes
- Parenting courses
- Access to brief interventions for low mood/loneliness

Subgroup analysis for Family Hubs idea

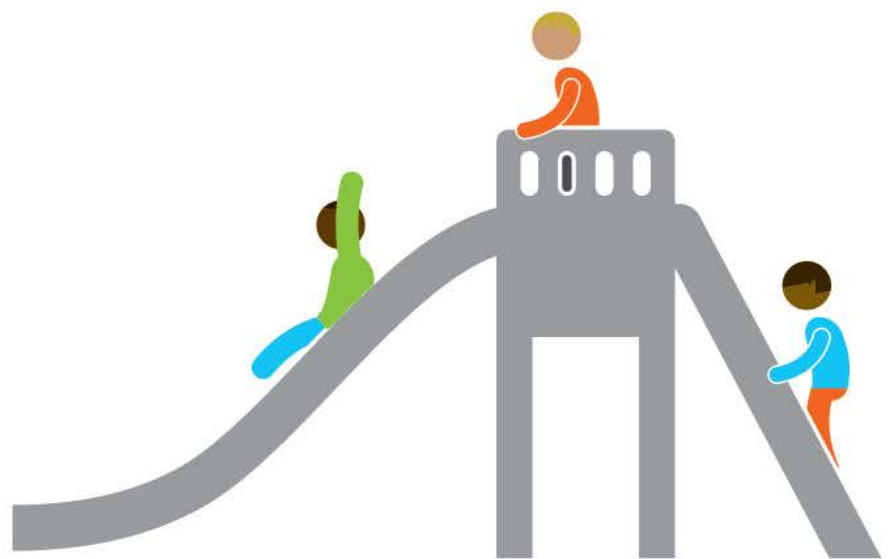
Those with older children or who agreed with the statement 'I would find it more convenient if services were all in one place' or who don't currently use Children's Centres significantly prefer the idea of Family Hubs (statistically significant at 95% level of confidence). Staff preferred the idea of Family Hubs to parents.

Warwickshire Children



Putting children at the heart of all we do.

What Warwickshire Told Us About the Family Hubs Proposal 2017 – Comments and Suggestions Report





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Introduction

The online survey was launched at midday on Thursday 29th June and closed at midnight on Monday 11th September covering an 11 week period of consultation. The survey was hosted by SurveyMonkey and was the primary consultation method. For the full detail of this report please see the document called 'What Warwickshire Told Us About the Family Hubs Proposal 2017 - Online Survey Report'.

A total number of 1,558 respondents shared their opinion on one or more questions in the online survey. This number does not include those who only provided answers for the first 6 demographic questions and did not share their opinions on any of the proposal related questions e.g. what services are required (Q7) or what their opinion is of Family Hubs (Q8). 153 paper questionnaires were returned and these are included in the total figures (10% of the total sample). Paper questionnaires were available at the public consultation events, were distributed to Children's Centres to be handed out to those unable to complete the online survey, on request via the dedicated phone line and in Warwick library. All Children's Centre managers were sent an electronic version and some chose to print off more copies for their parents. Respondents' responses for each of the 28 questions have been analysed (covering 15 demographic questions and 13 opinion based questions) and the findings are shown in this report. Please note the base size for each question differs depending on how many people answered the question. Incomplete questionnaires were included in the analysis, as long as at least Q7 or Q8 was answered. Paper questionnaires were entered into SurveyMonkey and have been included in 'online survey' figures.

There were a number of opportunities throughout the survey where respondents could provide their comments in their own words, also known as qualitative data. This was supplemented with 95 face to face opportunities across the county where Children's Transformation colleagues spoke to parents, grandparents, carers, staff and members of the public to have an input into the consultation. These mainly covered the period of 29th June to 11th September 2017, with some before and after to ensure those with scheduled meetings were able to formally input into the consultation. There were some very marked differences between districts and boroughs as well as some similar themes. These will be explored by area in the following report.



Comments made in online survey

Respondents were given multiple opportunities throughout the survey to share their thoughts, ideas, comments and suggestions. From the way the questionnaire was answered it became clear that people did not always want to answer the specific question being asked at that time, but rather would like to share their general feelings on the proposal. This can be seen in some of the comments below where the responses do not necessarily relate to the question asked. Please note, where reference is made to the 'online survey' in this report this includes those who completed the questions on paper questionnaires as both online and paper versions had identical questions.

How do people feel about the idea of Family Hubs

Seven in 10 online survey respondents disagreed with the idea of Family Hubs. More detail behind the reasons can be found in Table 1 below:

Table 1 Comments on Family Hubs idea

All comments made by 10 or more respondents have been included, except for specific location comments which have all been included, regardless of how few people said them.

Themes identified	Total no. comments	900
ACCESS	Count	% Making comment
Concerns about distance to travel (no transport/car/need to walk)	347	38.6%
Concerns about access (unspecified)	86	9.6%
Concerns that those living in more affluent areas will miss out (all areas require support)	69	7.7%
Concerns about availability of public transport	53	5.9%
Concerns about the cost of travel	45	5.0%
Concerns for those who live in rural areas/remotely	41	4.6%
Concerns about difficulties when travelling (with small children)	38	4.2%
SUPPORT		
Concerns that this proposal will not safeguard/support (vulnerable) children/families	234	26.0%
Concerns that people will be discouraged from using/won't be comfortable/won't attend	119	13.2%
Young children (0-5 years) will miss out/not receive attention/support required	88	9.8%
Concerns over lack of social interaction/becoming isolated	72	8.0%
Concerns over the range of ages catered for/too wide (in the Family Hubs)	68	7.6%
Concerned that there will be less contact with local children/families	47	5.2%
Concerns over the large number who will access hubs (waiting lists/overcrowding)	41	4.6%
Cutting support for children/families will cause long term (future) issues	40	4.4%



Themes identified	Total no. comments	900
Concerns that low income families (in poverty) will be disadvantaged	31	3.4%
Concerns that the venue/building may not have suitable facilities/resources	28	3.1%
Concerns over safety of young children (0-5 years) in the Family Hub environment	25	2.8%
Early Years Intervention (0-5 years) should be priority	21	2.3%
People prefer smaller Centres	15	1.7%
Family Hubs would not be able to provide incidental support (problems may be missed)	10	1.1%
SERVICE		
Services/Centres/Hubs should be local (unspecified)	141	15.7%
The Children's Centres are good/well used/needed/important	138	15.3%
Concerned that fewer (quality) services will be offered (as too thinly stretched)	112	12.4%
12/the number of Family Hubs is not enough	72	8.0%
The Children's Centres should stay as they are (keep them open)	71	7.9%
A Family Hub/Children's Centre/support should be in every community	37	4.1%
Stupid idea/should not be allowed to happen/negative impact	32	3.6%
Need more information about the services that will be provided (by who/need to advertise etc.)	29	3.2%
Concerns that the Family Hubs will not be located evenly/spread through county	21	2.3%
Some locations suggested are not in areas of most need	15	1.7%
Need more services, not less	15	1.7%
Poor choice of (some) proposed locations	14	1.6%
SPECIFIED LOCATION COMMENTS		
Kenilworth area concerns/hub allocation insufficient	54	6.0%
Concerns about locating a Family Hub in Alcester (specified)	38	4.2%
Stratford-on-Avon area concerns/hub allocation insufficient	27	3.0%
Shipston area concerns/hub allocation insufficient	13	1.4%
Southam area concerns/hub allocation insufficient	9	1.0%
Riversley (Centre) area concerns/hub allocation insufficient	8	0.9%
Wellesbourne (Wellies) area concerns/hub allocation insufficient	8	0.9%
Rugby area concerns/hub allocation insufficient	7	0.8%
Nuneaton/Bedworth area concerns/hub allocation insufficient	4	0.4%
Lighthorne Heath area concerns/hub allocation insufficient	4	0.4%
Kingsway area concerns/hub allocation insufficient (better than Sydenham)	4	0.4%
Bulkington area concerns/hub allocation insufficient	4	0.4%
Ladybrook (Centre) area concerns/hub allocation insufficient	3	0.3%
Other specified location concerns/hub allocation insufficient	3	0.3%



Themes identified	Total no. comments	900
Warwick District area concerns/hub allocation insufficient	2	0.2%
North Warwickshire area concerns/hub allocation insufficient	2	0.2%
Leamington area concerns/hub allocation insufficient	2	0.2%
Atherstone area concerns/hub allocation insufficient	2	0.2%
Wolston area concerns/hub allocation insufficient	2	0.2%
Studley area concerns/hub allocation insufficient	1	0.1%
POSITIVE COMMENT ABOUT FAMILY HUBS		
Family Hub is a good idea/sounds good/agree	54	6.0%
Family Hub is a good idea BUT keep the Children's Centres (services) as well	34	3.8%
Family Hubs will be good for older children	20	2.2%
Family Hubs will provide good services/help (together)	20	2.2%
STAFF		
In Family Hubs we would lose familiar faces/points of contact	35	3.9%
Concerns over the quality of (trained/professional) staff at hubs	23	2.6%
Concerns over the lower number of staff (job losses)	18	2.0%
FUNDING and COSTS		
Appreciate the need to save money/rationalise	34	3.8%
Concerns about funding cuts (should be made elsewhere)	31	3.4%
Concerns over the financing of Family Hubs	11	1.2%

The top three comments made in response to this question were:

- Concerns about distance to travel (no transport/car/need to walk) (347 people)
- Concerns that this proposal will not safeguard/support (vulnerable) children/families (234 people)
- Services/Centres/Hubs should be local (unspecified) (141 people)

The primary reason respondents disagreed with the idea of Family Hubs is because of difficulties travelling to services. If the Family Hub model is to be implemented, it is important to consider the use of outreach services in local communities to strengthen Family Hub model and minimise the distance people will have to travel to receive services in the future.

Respondents were concerned about the proposed model leaving children and families unsafe or unsupported which reinforces how important supportive services are to people. Steps should be taken when implementing the revised model to ensure safeguarding is a top priority, alongside the delivery of valuable services for children, especially the under 5s.

The importance of Children's Centres was emphasised and a desire to not lose the local, quality service delivered through them. The need for services to be of good quality and local should be a key part of the revised model.



The main area where respondents had concerns about insufficiency was in Kenilworth, which was not proposed as a Family Hub. Consideration should be given as to how the needs of Kenilworth residents can be met in the revised model. During the consultation period, representatives from the community in Kenilworth came forward to offer their support to a community-run St John's centre. It may be necessary for the County Council to provide advice and guidance to communities who are willing to take over the running of their local centre.

Concerns were raised about Alcester as a Family Hub location and in fact across Stratford-on-Avon District there were a number of localised concerns including Shipston, Southam, Wellesbourne and Lighthorne Heath. The revised model should pay due regard to these concerns and consider whether more Family Hubs should be situated in Stratford-on-Avon District. In those areas where the decision is not to locate a Family Hub, consideration should be given as to how the needs of those communities can be met, particularly in partnership with the communities themselves.



The number of Family Hubs proposed for each area

In each district / borough, more than 40% of online survey respondents slightly, or strongly, disagreed with the proposed number of family hubs in the five areas.

Table 2 Comments on the number of proposed Family Hubs

All comments made by 10 or more respondents have been included, except for specific location comments which have all been included, regardless of how few people said them, and the top comment made under the heading group 'positive comments about Family Hubs', to reflect those people's views.

Themes identified	Total no. comments	762
ACCESS	Count	% Making comment
Concerns about distance to travel (no transport/car/need to walk)	206	27.0%
Concerns for those who live in rural areas/remotely	57	7.5%
Concerns about availability of public transport	46	6.0%
Concerns about access (unspecified)	42	5.5%
Concerns that those living in more affluent areas will miss out (all areas require support)	27	3.5%
Concerns about the cost of travel	22	2.9%
Concerns about difficulties when travelling (with small children)	18	2.4%
SERVICE		
12/the number of Family Hubs is not enough	150	19.7%
Concerns that the Family Hubs will not be located evenly/spread through county	65	8.5%
Services/Centres/Hubs should be local (unspecified)	58	7.6%
Concerned that fewer (quality) services will be offered (as too thinly stretched)	51	6.7%
The Children's Centres should stay as they are (keep them open)	45	5.9%
The Children's Centres are good/well used/needed/important	43	5.6%
Stupid idea/should not be allowed to happen/negative impact	37	4.9%
Not familiar with/don't know about all areas	35	4.6%
Some locations suggested are not in areas of most need	21	2.8%
A Family Hub/Children's Centre/support should be in every community	16	2.1%
Need more Hubs in central locations	16	2.1%
Need more information about services that will be provided (by who/need to advertise)	16	2.1%
Poor choice of (some) proposed locations	13	1.7%
How were the areas/hub locations decided (number of families/social demographics etc.)	12	1.6%



Themes identified	Total no. comments	762
SUPPORT		
Concerns that this proposal will not safeguard/support (vulnerable) children/families	121	15.9%
Concerns that people will be discouraged from using/won't be comfortable/won't attend	63	8.3%
Comment about increasing population/new housing development	36	4.7%
Concerns over lack of social interaction/becoming isolated	35	4.6%
Concerns that low income families (in poverty) will be disadvantaged	31	4.1%
Young children (0-5 years) will miss out/not receive attention/support required	25	3.3%
Cutting support for children/families will cause long term (future) issues	16	2.1%
Concerned that there will be less contact with local children/families	12	1.6%
SPECIFIED LOCATION COMMENTS		
Kenilworth area concerns/hub allocation insufficient	110	14.4%
Stratford-on-Avon area concerns/hub allocation insufficient	96	12.6%
Concerns about locating a Family Hub in Alcester (specified)	54	7.1%
North Warwickshire area concerns/hub allocation insufficient	35	4.6%
Nuneaton/Bedworth area concerns/hub allocation insufficient	28	3.7%
Rugby area concerns/hub allocation insufficient	16	2.1%
Southam area concerns/hub allocation insufficient	15	2.0%
Shipston area concerns/hub allocation insufficient	13	1.7%
Warwick District area concerns/hub allocation insufficient	12	1.6%
Other specified location concerns/hub allocation insufficient	10	1.3%
Kingsway area concerns/hub allocation insufficient (better than Sydenham)	8	1.1%
Riversley (Centre) area concerns/hub allocation insufficient	8	1.1%
Leamington area concerns/hub allocation insufficient	8	1.1%
Wellesbourne (Wellies) area concerns/hub allocation insufficient	5	0.7%
Bulkington area concerns/hub allocation insufficient	5	0.7%
Lighthorne Heath area concerns/hub allocation insufficient	4	0.5%
Atherstone area concerns/hub allocation insufficient	4	0.5%
Studley area concerns/hub allocation insufficient	2	0.3%
Wolston area concerns/hub allocation insufficient	2	0.3%
Ladybrook (Centre) area concerns/hub allocation insufficient	1	0.1%
FUNDING and COSTS		
Concerns about funding cuts (should be made elsewhere)	18	2.4%
STAFF		
In Family Hubs we would lose familiar faces/points of contact	11	1.4%
POSITIVE COMMENTS ABOUT FAMILY HUBS		
Family Hub is a good idea/sounds good/agree	8	1.1%



The top three comments made at this question were:

- Concerns about distance to travel (no transport/car/need to walk) (206 people)
- 12/the number of Family Hubs is not enough (150 people)
- Concerns that this proposal will not safeguard/support (vulnerable) children/families (121 people)

The concern is that if there are fewer Family Hubs than there are currently Children's Centres, people will have to travel further to receive services. This poses the question of whether the future model can either maintain or increase the number of locations from which services are delivered.

There is a strong objection to the proposal to have 12 Family Hubs when there are currently 39 Children's Centres. Serious consideration should be given to increasing this number, particularly in Stratford-on-Avon District where a single Hub in Alcester was most strongly contested.

Fewer Children's Centres was regarded by consultation respondents as a reduction in support for vulnerable families which may expose them to safeguarding issues if there is reduced contact with Children's Centre staff. With fewer Family Hubs it is important that the revised model seeks to minimise staff redundancies so that the trained professionals can carry out their support, advice and guidance from outreach sites, as well as the Family Hub sites. This will help to maximise vulnerable families' exposure to staff with the skills to help them and keep their families safe.



Extent to which location meets needs

In each district / borough, more than 40% of the online survey respondents slightly, or strongly, disagreed with the proposed locations of family hubs in the five areas. It is important to note that for the majority of areas, one third of responses were indifferent.

Table 3 Comments on extent to which location meets needs

All comments made by 10 or more respondents have been included, except for specific location comments which have all been included, regardless of how few people said them, and the top comment made under the heading group 'funding and costs', to reflect those people's views.

Themes identified	Total no. comments	615
	Count	% Making Comment
ACCESS		
Concerns about distance to travel (no transport/car/need to walk)	269	43.7%
Concerns about availability of public transport	45	7.3%
Concerns for those who live in rural areas/remotely	31	5.0%
Concerns about the cost of travel	26	4.2%
I could access (as I live nearby proposed hub) but others may not	26	4.2%
Concerns about difficulties when travelling (with small children)	21	3.4%
Concerns about access (unspecified)	20	3.3%
Concerns that those living in more affluent areas will miss out (all areas require support)	20	3.3%
Concerns about problems parking	10	1.6%
SPECIFIED LOCATION COMMENTS		
Kenilworth area concerns/hub allocation insufficient	109	17.7%
Concerns about locating a Family Hub in Alcester (specified)	72	11.7%
Stratford-on-Avon area concerns/hub allocation insufficient	52	8.5%
Other specified location concerns/hub allocation insufficient	30	4.9%
Nuneaton/Bedworth area concerns/hub allocation insufficient	21	3.4%
Shipston area concerns/hub allocation insufficient	20	3.3%
Southam area concerns/hub allocation insufficient	16	2.6%
Kingsway area concerns/hub allocation insufficient (better than Sydenham)	15	2.4%
Riversley (Centre) area concerns/hub allocation insufficient	14	2.3%
Rugby area concerns/hub allocation insufficient	10	1.6%
Warwick District area concerns/hub allocation insufficient	9	1.5%
Wellesbourne (Wellies) area concerns/hub allocation insufficient	7	1.1%
Atherstone area concerns/hub allocation insufficient	7	1.1%
North Warwickshire area concerns/hub allocation insufficient	6	1.0%
Studley area concerns/hub allocation insufficient	5	0.8%
Leamington area concerns/hub allocation insufficient	4	0.7%
Lighthorne Heath area concerns/hub allocation insufficient	3	0.5%
Bulkington area concerns/hub allocation insufficient	2	0.3%



Themes identified	Total no. comments	615
Ladybrook (Centre) area concerns/hub allocation insufficient	2	0.3%
Bedworth area concerns/hub allocation insufficient	1	0.2%
SUPPORT		
Concerns that people will be discouraged from using/won't be comfortable/won't attend	81	13.2%
Concerns that this proposal will not safeguard/support (vulnerable) children/families	79	12.9%
Concerns that the venue/building may not have suitable facilities/resources	19	3.1%
Concerns over lack of social interaction/becoming isolated	19	3.1%
Concerns that low income families (in poverty) will be disadvantaged	18	2.9%
Young children (0-5 years) will miss out/not receive attention/support required	15	2.4%
Comment about increasing population/new housing development	13	2.1%
Cutting support for children/families will cause long term (future) issues	11	1.8%
SERVICE		
The Children's Centres are good/well used/needed/important	57	9.3%
Services/Centres/Hubs should be local (unspecified)	48	7.8%
Concerns that the Family Hubs will not be located evenly/spread through county	39	6.3%
12/the number of Family Hubs is not enough	32	5.2%
Concerned that fewer (quality) services will be offered (as too thinly stretched)	31	5.0%
The Children's Centres should stay as they are (keep them open)	28	4.6%
Not familiar with/don't know about all areas	22	3.6%
Need more Hubs in central locations	20	3.3%
Stupid idea/should not be allowed to happen/negative impact	20	3.3%
Poor choice of (some) proposed locations	13	2.1%
Need more information about services that will be provided (by who/need to advertise)	10	1.6%
STAFF		
In Family Hubs we would lose familiar faces/points of contact	17	2.8%
GENERAL COMMENTS		
Poorly worded question/unclear/do not understand	13	2.1%
FUNDING and COSTS		
Concerns about funding cuts (should be made elsewhere)	7	1.1%



The top five comments made at this question were:

- Concerns about distance to travel (no transport/car/need to walk) (269 people)
- Kenilworth area concerns/hub allocation insufficient (109 people)
- Concerns about locating a Family Hub in Alcester (specified) (72 people)
- Stratford-on-Avon area concerns/hub allocation insufficient (52 people)
- Concerns that people will be discouraged from using/won't be comfortable/won't attend (81 people)

The highest number of people had concerns about the distance they would have to travel to access services at Family Hubs, which reiterates how important a sufficient outreach or spoke model will be to fill the gaps between Family Hubs.

There were specific concerns in a number of areas, with the Kenilworth area having the highest number of concerns that the hub allocation is insufficient. If the budget does not allow for a Family Hub in Kenilworth, siting a spoke or providing an outreach point in the town would provide a level of support to residents they do not feel they would be getting in the proposed model.

Imagining that the future model would include the introduction of a Family Hub type service offer, there was a large proportion of specific concerns about locating such a Family Hub in Alcester and more general opposition regarding insufficient hub allocation across the Stratford-on-Avon District. The new model needs to take into account both the resistance to siting Stratford District's Family Hub in Alcester, to match with the 'proof of concept' Community Hub opening there in Autumn 2017, and there only being one for the whole of the geographically largest District/Borough in Warwickshire. The decision to place a Community Hub in Alcester has been reached outside of this consultation process. 'Proof of concept' locations were based on a different set of requirements to those of Family Hubs. For more information on Let's Talk Community Hubs please contact Tejay De Kretser on tejaydekretser@warwickshire.gov.uk or (01926) 476860. Respondents to this consultation made it clear that they think there are more needs in other towns in Stratford-on-Avon District and therefore more hubs in different towns to Alcester are needed. The new model should have regard to this strength of feeling.

If the locations do not meet people's needs there were concerns that people will be discouraged from using them, will not be comfortable attending and so will not attend. Throughout the consultation the focus was on preserving services over buildings but there was a clear voice that the buildings themselves are conducive to the service being delivered. In some areas there may be community venues which are suitable alternatives to the current Children's Centres but respondents who spoke at face to face opportunities felt strongly that due consideration should be given to the appropriate use of buildings for outreach services.



Alternative uses for Children’s Centres

Respondents were asked what the centres not proposed to be converted into Family Hubs could be used for.

Table 4 Alternative uses for Children’s Centres

All suggestions & comments have been included.

Themes identified	Total no. comments	1019
SUGGESTION	Count	% Making comment
The Children's Centres should stay as they are (keep them open)	453	44.5%
Stay and Play	128	12.6%
Suggest building is shared with other (non-profit) services/agencies (job search/CAB/food bank etc.)	122	12.0%
Suggest the building could be hired out for other uses (Scouts/Brownies/parties/offices etc.)	117	11.5%
Use for nursery/playgroup	87	8.5%
Health Visitor	74	7.3%
Mother and Baby Groups	67	6.6%
Suggest Children's Centres are run by volunteers/parents	61	6.0%
Suggest Children's Centres are taken over/run by/linked to schools	61	6.0%
Let the community use them/community groups (all/general public) etc.	59	5.8%
Suggest the building is used for health related services/classes (exercise/nutrition/nurse etc.)	56	5.5%
Parenting classes	52	5.1%
Education purposes (all mentions)	50	4.9%
Youth Groups/Centres (for older children)	50	4.9%
Drop in centre/facility (unspecified)	48	4.7%
Should ask for voluntary donations for use of (existing) Children's Centres	30	2.9%
Suggest Children's Centres are run by charities	27	2.7%
Sell the building/land to generate funds (for (council) housing)	27	2.7%
Speech Therapy sessions	26	2.6%
Café/Coffee Shop	26	2.6%
Other (family/parent) support mentioned	25	2.5%
Keep Children's Centres open part-time	25	2.5%
Suggest the building is used for before/after school/holiday clubs/weekends	24	2.4%
Breast Feeding Support	22	2.2%
Suggest the Children's Centres are run/financed/sponsored by a private company	22	2.2%
Midwife Clinic	21	2.1%
Other (family/child) activity/group mentioned	17	1.7%
Baby massage	13	1.3%



Themes identified	Total no. comments	1019
Suggest the building is used for the Family Hub	8	0.8%
Suggest could be used for the elderly/day centre etc.	7	0.7%
Suggest could be used as a shelter for the homeless	5	0.5%
Should be return to the local Authority/Council/other owner	5	0.5%
Suggest could be used for respite care	4	0.4%
Could be utilised by childminders	4	0.4%
COMMENTS		
Concerns about vulnerable children/families (low income etc.)	140	13.7%
Early Years Intervention/care/support (0-5 years) should be priority	117	11.5%
Concerns about distance to travel (Family Hubs not local)	103	10.1%
Concerns over lack of social interaction/becoming isolated	102	10.0%
Comment about funding (Centres/hubs paid for)/raising funds	101	9.9%
Need (to retain) trained/professional/experienced staff	101	9.9%
Other comment about specific location/area/centre	61	6.0%
Should retain a service in Kenilworth	61	6.0%
Legal requirement (Sure Start etc.)	56	5.5%
Concerns that mental health issues may be missed/not supported (incl. post-natal depression etc.)	48	4.7%
Using volunteers is not acceptable/suitable (cannot replace trained professionals)	45	4.4%
Concerns about (retaining) outreach services/use building for	44	4.3%
Concerned that there will be less contact with local children/families	40	3.9%
Concerns about support for SEND children	35	3.4%
Funding for (existing) Children's Centres should be increased	21	2.1%
Concerns that the proposed venue/building may not have suitable facilities/resources	9	0.9%
Concerns about the number of volunteers (insufficient)	2	0.2%
Other	25	2.5%

The top five suggestions were:

- The Children's Centres should stay as they are (keep them open) (453 people)
- Stay and Play (128 people)
- Suggest building is shared with other (non-profit) services/agencies (job search/CAB/food bank etc.) (122 people)
- Suggest the building could be hired out for other uses (Scouts/Brownies/parties/offices etc.) (117 people)
- Use for nursery/playgroup (87 people)

Respondents were keen to emphasise that the Children's Centres should stay as they are. With a £1.12 million reduction in the budget this is not a viable option without a cut in service delivery from the centres. The previous Children's Centre consultation in 2013 saved £2.3 million whilst keeping all 39 centres open. At the face to face opportunities, this consultation uncovered a corresponding



reduction in service levels, disproportionately in North Warwickshire Borough. A key element in the consultation proposal was a desire to prioritise services over buildings.

Maintaining the provision of stay and plays is a message which has been reiterated in a number of ways and the new model should pay due regard to its importance. Suggestions to share the buildings, hire them out or be used for nurseries/playgroups are options to be explored by the Transformation Team once a decision is made on the future model.

There were a high number of comments on this question which did not refer to alternative uses. The detail is available but will not be discussed here as they do not add to the debate around alternative suggestions for use.



Current and future access to services

The majority (88%) of online survey respondents currently access 'Children's Centres' and 94% would feel comfortable accessing these in the future. 17% of respondents would not feel comfortable accessing services for children and families at Family Hubs in the future. This compares with 20% who would not feel comfortable with leisure centres and 11% who would not feel comfortable accessing services for children and families at community centres in future. Furthermore, 2% of people would not feel comfortable accessing services from Children's Centres in the future.

Table 5 Comments about places currently accessed/feel comfortable accessing in future

All comments made have been included below.

Themes identified	Total no. comments	900
COMMENTS	Count	% Making comment
Do not use any place/service (no children/employee etc.)	37	25.0%
Other venues may not have suitable facilities/resources	27	18.2%
Positive comment about using a Children's Centre (safe/welcoming/private/staff etc.)	26	17.6%
Concerns/comment about accessing the venues (travel)	23	15.5%
Medical settings (GP/hospital) are not appropriate	13	8.8%
Concerns over location of other venues	13	8.8%
Experienced staff must be available	13	8.8%
Churches/religious settings are not appropriate (concerns over using)	12	8.1%
Concerns about others who may access the venue/safety	12	8.1%
Concerns that families will not receive suitable support	11	7.4%
Concerns over confidentiality at other venues	7	4.7%
Suitability of venue is dependent on the type of service	7	4.7%
Concerns over the capacity/available places at venue suggested	6	4.1%
Funding/costs need to be considered	5	3.4%
School/nursery settings are not appropriate (concerns over using)	4	2.7%
Libraries are not appropriate (lack of facilities/children too disruptive)	4	2.7%
Concerns over cleanliness of other venues	4	2.7%
Communities could (successfully) make use of other venues	3	2.0%
Suggested venue may not be available/open full-time	2	1.4%
Cannot comment about Family Hubs (as we have not got any)	2	1.4%
None are needed	2	1.4%
Other	14	9.5%



The top three comments made (excluding those who say they do not use services for children and families) were:

- Other venues may not have suitable facilities/resources (27 people)
- Positive comment about using a Children's Centre (safe/welcoming/private/staff etc.) (26 people)
- Concerns/comment about accessing the venues (travel) (23 people)

People felt that Children's Centres were safe and welcoming and had concerns that other venues may not be as suitable for services for children and families to be delivered from. The new model should have regard to the outreach venues the current providers are already using and seek to maintain this supplementary network where the budget allows. The new venues need to be on a par in terms of transport accessibility as existing venues.

Those who say they do not use Children's Centres were more likely than users to say they would feel comfortable accessing services for children and families at Family Hubs, halls attached to other places of worship e.g. mosque, temple, libraries or leisure centres. There were no differences between users and non-users for community centres, village halls, church halls, hospitals or schools. Concerns were raised by a few individuals at public consultation events that venues linked to religious organisations would be off-putting to many Children's Centre users. These concerns were not borne out in the comments made in the online survey as only 12 people mentioned this.



Understanding more about what matters to people

The online survey statements were as follows:

- Delivering services for children and families close to my home is essential to me (86.1% agree)
- I would be happy to access services for children and families from somewhere other than Children's Centres (62.7% agree)
- I would find it more convenient if services were all in one place (51.8%)
- I am aware of the range of services which are delivered by voluntary and community organisations within my local area (46.8%)
- I currently access services/ support (such as a parent and toddler group or an informal network of friends) which are delivered through a local voluntary or community group (46.2%)
- I am aware of the opportunities to volunteer my time to support the delivery of services in my local area (44.4%)

Although only 44.4% (620) of online survey respondents said they would be 'happy' to access services for children and families from somewhere other than Children's Centres, the majority of respondents said they would be 'comfortable' receiving services at places such as libraries (82%), GP practices (73%), village halls (74%) etc. as discovered in the question asking about future access to services.

Table 6 Comments about what matters to people

All comments made have been included below.

Themes identified	Total no. Comments	205
COMMENTS	Count	% Making comment
Using volunteers is not acceptable/suitable/cannot replace trained professionals (needed)	54	26.3%
Concerns about distance to travel	34	16.6%
I do not access (personally)/staff/not a service user	31	15.1%
The Children's Centres are good/well used/needed/important	28	13.7%
Children's Centres provide a quality service/better than when community run (poor)	27	13.2%
I cannot volunteer (due to other obligations/work etc.)	19	9.3%
I (would) volunteer	17	8.3%
Poorly worded question/leading/disingenuous/does not make sense	16	7.8%
Concerns about vulnerable service users/support/safeguarding children	14	6.8%
Location/group must be welcoming (so users feel comfortable there)	12	5.9%
Suitability of venue/staff is dependent on the type of service	10	4.9%
Concerns about access (unspecified)	9	4.4%
Concerns about safety/mix of those attending venue/suitability	9	4.4%
The Children's Centres should stay as they are (keep them open)	9	4.4%



Themes identified	Total no. Comments	205
Concerns that people will not ask for help	7	3.4%
Children's Centres are a "one stop shop"/everything under one roof	7	3.4%
Concerns about facilities/resources	6	2.9%
Concerns about the number of volunteers (insufficient)	6	2.9%
I am aware of (some) services	5	2.4%
Would be good/need to have all services in one place	5	2.4%
Confidentiality issues	4	2.0%
Concerns about opening hours/times	4	2.0%
Support (early years) is essential to avoid future problems (for others)	4	2.0%
Concerns about the cost of travel	3	1.5%
Concerns for those who live in rural areas/remotely	3	1.5%
Churches/religious settings are not appropriate/good enough	3	1.5%
Feel we pay (Council) tax for Children's Centres/services	3	1.5%
Concerns that there will be no centre/hub in Kenilworth (specified)	3	1.5%
Concerns about difficulties when travelling (with small children)	2	1.0%
Community Centres are not appropriate/good enough	2	1.0%
Volunteers are good/important	2	1.0%
Would not be good to have all services in the same place	2	1.0%
Concerns about availability of public transport	1	0.5%
Concerns about problems parking	1	0.5%
Other	9	4.4%

The top four comments made (excluding those who are not personally service users) were as follows:

- Using volunteers is not acceptable/suitable/cannot replace trained professionals (needed) (54 people)
- Concerns about distance to travel (34 people)
- The Children's Centres are good/well used/needed/important (28 people)
- Children's Centres provide a quality service/better than when community run (poor) (27 people)

Respondents felt that the mention of volunteering in this question suggested that volunteers would be used instead of trained professional staff in the proposed model. The face to face discussions (example comments can be found in [Appendix C](#)) highlighted the importance of volunteers within the existing model and the new model should ensure there is an appropriate balance between providing worthwhile volunteering opportunities for parents and carers and ensuring there are sufficient trained professional staff to support them.

The comments in the online survey raised concerns about how far people would be expected to travel to receive services, and comments were made about how important the current Children's Centres are and how their service quality is better than that of community run services. The new



model should take note that people notice a difference in quality depending on the background and skills of those providing the service.

Service delivery at outreach sites

Online survey respondents were asked to choose up to 10 services which were most important to provide locally at outreach sites (although some respondents ticked more which was accepted). The top three chosen were Health Visiting, stay and play and family support and advice.

Table 7 Suggestions for services at outreach sites

Themes identified	Total no. comments	86
COMMENTS	Count	% Making comment
All services are important/need to be available/accessible (whenever needed)	39	45.4%
Must be local/have easy access	13	15.1%
Disagree/concerns about the hub and spoke model (evidence/flawed/keep existing centres)	11	12.8%
Concerns that other/alternative venues are not appropriate for children	9	10.5%
Breast Feeding Support	4	4.7%
Comment about the wellbeing of children/will have a negative impact	4	4.7%
Need more information about the services that will be provided (by who/need to advertise etc.)	4	4.7%
Comment/concerns about the staff that will be available	4	4.7%
Poorly worded question/repeated/unclear/do not understand	4	4.7%
Concerns over lack of social interaction/becoming isolated	3	3.5%
Antenatal support/classes	3	3.5%
Good quality/supported play	3	3.5%
Feel this would duplicate services/are available elsewhere	3	3.5%
None needed/too much support offered (these days)	3	3.5%
Mother and Baby Groups/Courses	1	1.2%
Other	8	9.3%

Discounting general comments which did not directly relate to this question, there were four suggestions for services to be delivered at outreach sites:

- Breastfeeding support (4 people)
- Antenatal support (3 people)
- Good quality/supported play (3 people)
- Mother and Baby Groups/Courses (1 person)



Minimising negative impacts

Online survey respondents were asked what else could be done to minimise any negative impacts of these proposals.

Table 8 Minimising negative impacts

All comments made by 10 or more respondents have been included, except for concerns about support for SEND children, to enable minority voices to be heard.

Themes identified	Total no. Comments	858
SERVICES	Count	% Making comment
The Children's Centres/services should stay as they are/ keep them open (or children/family will suffer)	167	19.5%
Stupid idea/should not be allowed to happen (nothing would improve it)	109	12.7%
Ensure continuity of service(s)/retained (no gap between Children's Centre closure and Family Hub start up)	91	10.6%
Suggest outreach/home visits (for those unable to attend through illness/disability etc.)	51	5.9%
Do not close/keep Health Visitor sessions	48	5.6%
The Children's Centres are good/well used/needed/important	47	5.5%
Do not close/keep Stay and Play sessions	38	4.4%
Consult other care giving services (GP/hospital/schools etc.)	30	3.5%
Concerns that cutting these services will impact on others (NHS/schools etc.)	24	2.8%
Need to work (more)/collaborate with other organisations (to provide supprt)	23	2.7%
Do not close/keep Mother and Baby Groups	17	2.0%
Concerns that the venue/building may not have suitable facilities/resources	15	1.8%
Ensure Family Hubs are welcoming/inviting/not intimidating	13	1.5%
Do not close/keep Midwife Clinic	12	1.4%
Ensure Family Hubs have long opening hours (weekends/evenings/hols etc.)	11	1.3%
Suggest Children's Centres open part time (few days) and/or with reduced services	10	1.2%
COMMUNICATION		
Keep people informed of services provided/better advertising (not all on internet/via GP/health visitor/school etc.)	139	16.2%
Listen to comments/feedback/existing staff/the public/undertake more research	50	5.8%
The Council must be honest/open/transparent/show accountability	29	3.4%
STAFF		
Need/keep (local/trained) staff (for face to face contact)	129	15.0%
Need more staff/family support workers	22	2.6%
Suggest using volunteers (to help out)	20	2.3%
Concerns over the lower number of staff (job losses)	19	2.2%
Using volunteers is not acceptable/suitable/cannot replace trained professionals (needed)	16	1.9%



Themes identified	Total no. Comments	858
SUPPORT		
Concerns that this proposal will not safeguard (vulnerable) children/families (may be missed)	127	14.8%
Must reach those in most need to these services (unspecified)	69	8.0%
Young children (0-5 years) will miss out/not receive (professional) attention/support required	68	7.9%
Early Years Intervention/care/support (0-5 years) should be priority	58	6.8%
Concerns over lack of social interaction/becoming isolated	53	6.2%
Cutting support for children/families will cause long term (future) issues	44	5.1%
Concerns about users with mental health issues (no adequate support)	24	2.8%
Concerned that there will be less contact with local children/families	20	2.3%
Concerns over the range of ages catered for/too wide (in the Family Hubs)	16	1.9%
Concerns over the large number who will access hubs (waiting lists/overcrowding)	15	1.8%
Concerns that people will be discouraged from using/won't be comfortable/won't attend	14	1.6%
Concerns about support for SEND children	8	0.9%
LOCATION COMMENTS		
Services/Centres/Hubs should be local (unspecified)	121	14.1%
Kenilworth area concerns/hub allocation insufficient	64	7.5%
Concerns that the Family Hubs will not be located evenly/spread through county	37	4.3%
Poor choice of (some) proposed locations	29	3.4%
12/the number of Family Hubs is not enough	18	2.1%
Suggest using an alternative location/venue (for existing services)	13	1.5%
ACCESS		
Concerns about/improve access (unspecified)	109	12.7%
Concerns about distance to travel/too far to walk	76	8.9%
Concerns about/improve public transport	58	6.8%
Suggest dedicated/organised/free travel is provided to Family Hubs	36	4.2%
Concerns about the cost of travel	33	3.9%
Concerns that those living in more affluent areas will miss out (still req supprt)	19	2.2%
Concerns about difficulties when travelling (with small children)	16	1.9%
Concerns for those who live in rural areas/remotely	16	1.9%
FUNDING and COSTS		
Concerns about funding cuts (should be made elsewhere)	69	8.0%
Increase funding/investment in children's services	35	4.1%
Concerns over the financing/costing (keep to a minimum)	26	3.0%
Pressurise Central Government to provide adequate funding/resources (cut from elsewhere)	14	1.6%
Other	29	3.4%



The top five suggestions to minimise the negative impacts were:

- The Children's Centres/services should stay as they are/ keep them open (or children/family will suffer) (167 people)
- Keep people informed of services provided/better advertising (not all on internet/via GP/health visitor/school etc.) (139 people)
- Need/keep (local/trained) staff (for face to face contact)(129 people)
- Concerns that this proposal will not safeguard (vulnerable) children/families (may be missed) (127 people)
- Services/Centres/Hubs should be local (unspecified) (121 people)

Keeping Children's Centres as they are would continue the current inequitable service from Children's Centres which respondents in North Warwickshire Borough reported during face to face opportunities, *'The centres were fantastic but not now'* (Parent, Coleshill).

There were high numbers of people who thought better communication would help minimise negative impacts and the new model should make communicating the new offer a core part of the implementation plan.

The value of trained staff and providing face to face contact, not just online help, was felt to be important. Whilst there are cost and efficiency benefits associated with online support, the new model should be mindful of when it is necessary to provide support, advice and guidance in a face to face setting.

Safeguarding should be at the heart of the new model to ensure all children in Warwickshire are safe.



Making the proposal a success

Leading on from the previous question, online survey respondents were asked ‘And what could be done to make it successful?’; ‘it’ referring to the proposal to create Family Hubs.

Table 9 Making the proposal a success

All comments made by 10 or more respondents have been included, except for concerns about Speech Therapy sessions, to enable minority voices to be heard.

Themes identified	Total no. comments	728
SERVICES	Count	% Making comment
The Children's Centres/services should stay as they are/ keep them open (or children/family will suffer)	136	18.7%
Stupid idea/should not be allowed to happen (nothing would improve it)	76	10.4%
Ensure continuity of service(s)/retained (no gap between Children's Centre closure and Family Hub start up)	55	7.6%
Need to work (more)/collaborate with other organisations (to provide supprt)	33	4.5%
Do not close/keep Stay and Play sessions	31	4.3%
Consult other care giving services (GP/hospital/schools etc.)	30	4.1%
Do not close/keep Health Visitor sessions	30	4.1%
Suggest outreach/home visits (for those unable to attend through illness/disability etc.)	27	3.7%
The Children's Centres are good/well used/needed/important	26	3.6%
Ensure Family Hubs are welcoming/inviting/not intimidating	20	2.8%
Ensure Family Hubs have long opening hours (weekends/evenings/hols etc.)	20	2.8%
Family Hub is a good idea	18	2.5%
Suggest charging a (means tested) fee for some services (Stay and Play etc.)	13	1.8%
Concerns that the venue/building may not have suitable facilities/resources	12	1.7%
Need more services, not less	10	1.4%
Do not close/keep Mother and Baby Groups	10	1.4%
Do not close/keep Speech Therapy sessions	8	1.1%
COMMUNICATION		
Keep people informed of services provided/better advertising (not all on internet/via GP/health visitor/school etc.)	127	17.5%
Listen to comments/feedback/existing staff/the public/undertake more research	74	10.2%
The Council must be honest/open/transparent/show accountability	22	3.0%
Suggest webpage detailing all service available at Family Hubs	16	2.2%
Suggest local networking/working with between early years providers and voluntary support groups	10	1.4%
STAFF		
Need/keep (local/trained) staff (for face to face contact)	114	15.7%
Need more staff/family support workers	25	3.4%
Suggest using volunteers (to help out)	23	3.2%



Themes identified	Total no. comments	728
ACCESS		
Concerns about/improve access (unspecified)	77	10.6%
Concerns about distance to travel/too far to walk	32	4.4%
Concerns that those living in more affluent areas will miss out (still require support)	22	3.0%
Suggest dedicated/organised/free travel is provided to Family Hubs	19	2.6%
Concerns about/improve public transport	18	2.5%
Concerns about the cost of travel	16	2.2%
Concerns for those who live in rural areas/remotely	15	2.1%
LOCATION COMMENTS		
Services/Centres/Hubs should be local (unspecified)	64	8.8%
Kenilworth area concerns/hub allocation insufficient	33	4.5%
Concerns that the Family Hubs will not be located evenly/spread through county	19	2.6%
12/the number of Family Hubs is not enough	16	2.2%
Poor choice of (some) proposed locations	15	2.1%
Suggest using an alternative location/venue (for existing services)	15	2.1%
SUPPORT		
Must reach those in most need to these services (unspecified)	60	8.2%
Concerns that this proposal will not safeguard (vulnerable) children/families (may be missed)	46	6.3%
Young children (0-5 years) will miss out/not receive (professional) attention/support required	32	4.4%
Early Years Intervention/care/support (0-5 years) should be priority	31	4.3%
Concerns over lack of social interaction/becoming isolated	24	3.3%
Concerns that people will be discouraged from using/won't be comfortable/won't attend	13	1.8%
Cutting support for children/families will cause long term (future) issues	12	1.7%
Concerns about users with mental health issues (no adequate support)	11	1.5%
Concerns about support for SEND children	10	1.4%
Concerns over the large number who will access hubs (waiting lists/overcrowding)	10	1.4%
FUNDING and COSTS		
Concerns over the financing/costing (keep to a minimum)	46	6.3%
Concerns about funding cuts (should be made elsewhere)	37	5.1%
Increase funding/investment in children's services	28	3.9%
Other	18	2.5%



The top five suggestions (not including keeping them as they are) to make the proposal a success were:

- Keep people informed of services provided/better advertising (not all on internet/via GP/health visitor/school etc.) (127 people)
- Need/keep (local/trained) staff (for face to face contact)(114 people)
- Concerns about/improve access (unspecified) (77 people)
- Stupid idea/should not be allowed to happen (nothing would improve it) (76 people)
- Listen to comments/feedback/existing staff/the public/undertake more research (74 people)

Communication will be key to the success of the new model, in particular using a variety of different communication methods, not just online.

Prioritising the staff should continue to be an important factor in the new model to allow people to have face to face contact when needed.

There have been a number of criticisms of the original proposal that made people feel that services would be less accessible. The new model should listen to these concerns and ensure the outreach sites fill the gaps between Family Hubs to maintain or improve access to services.

Some people were unable to see any benefits resulting from the Family Hubs idea, believing it to be 'stupid' and 'should not be allowed to happen'. The Family Hubs model is one currently being successfully used in a large number of local authorities across the country. The Transformation Team has visited some of these local authorities to learn from them to improve how we might implement a similar model, adapted to meet the needs of Warwickshire's population.

A large number of submissions have been read by the consultation analysts and further research is planned with groups of parents/carers and staff to inform the new model's implementation.



Comments and suggestions

Online survey respondents were asked if they had any other comments or suggestions in relation to the proposal and how we can continue to provide services for those aged 0-5 and their families.

Table 10 Comments and suggestions

All comments made by 10 or more respondents have been included, except for concerns about Speech Therapy sessions, to enable minority voices to be heard.

Themes identified	Total no. comments	601
SERVICES	Count	% Making comment
The Children's Centres/services should stay as they are/ keep them open (or children/family will suffer)	160	26.6%
The Children's Centres are good/well used/needed/important	82	13.6%
Stupid idea/should not be allowed to happen (nothing would improve it)	72	12.0%
Do not close/keep Health Visitor sessions	41	6.8%
Concerns that cutting these services will impact on others (NHS/schools etc.)	36	6.0%
Do not close/keep Stay and Play sessions	33	5.5%
Ensure continuity of service(s)/retained (no gap between Children's Centre closure and Family Hub start up)	32	5.3%
Need to work (more)/collaborate with other organisations (to provide supprt)	28	4.7%
Consult other care giving services (GP/hospital/schools etc.)	25	4.2%
Suggest outreach/home visits (for those unable to attend through illness/disability etc.)	19	3.2%
Suggest charging a (means tested) fee for some services (Stay and Play etc.)	18	3.0%
Do not close/keep Mother and Baby Groups	17	2.8%
Ensure Family Hubs have long opening hours (weekends/evenings/hols etc.)	14	2.3%
Concerns that the venue/building may not have suitable facilities/resources	12	2.0%
Ensure Family Hubs are welcoming/inviting/not intimidating	12	2.0%
Do not close/keep Breast Feeding Support	12	2.0%
Family Hub is a good idea	10	1.7%
Do not close/keep Speech Therapy sessions	8	1.3%
SUPPORT		
Concerns that this proposal will not safeguard (vulnerable) children/families (may be missed)	107	17.8%
Young children (0-5 years) will miss out/not receive (professional) attention/support required	74	12.3%
Cutting support for children/families will cause long term (future) issues	61	10.2%
Concerns over lack of social interaction/becoming isolated	60	10.0%
Early Years Intervention/care/support (0-5 years) should be priority	57	9.5%
Must reach those in most need to these services (unspecified)	42	7.0%
Concerns about users with mental health issues (no adequate support)	31	5.2%
Concerns over the range of ages catered for/too wide (in the Family Hubs)	18	3.0%
Concerns about support for SEND children	18	3.0%
Concerned that there will be less contact with local children/families	11	1.8%



Themes identified	Total no. comments	601
STAFF		
Need/keep (local/trained) staff (for face to face contact)	93	15.5%
Suggest using volunteers (to help out)	16	2.7%
Using volunteers is not acceptable/suitable/cannot replace trained professionals (needed)	15	2.5%
Need more staff/family support workers	11	1.8%
LOCATION COMMENTS		
Services/Centres/Hubs should be local (unspecified)	68	11.3%
Kenilworth area concerns/hub allocation insufficient	30	5.0%
Suggest using an alternative location/venue (for existing services)	11	1.8%
Concerns that the Family Hubs will not be located evenly/spread through county	10	1.7%
ACCESS		
Concerns about/improve access (unspecified)	62	10.3%
Concerns about distance to travel/too far to walk	41	6.8%
Concerns that those living in more affluent areas will miss out (still require support)	23	3.8%
Concerns about difficulties when travelling (with small children)	19	3.2%
Concerns about/improve public transport	17	2.8%
Concerns for those who live in rural areas/remotely	16	2.7%
Concerns about the cost of travel	11	1.8%
FUNDING and COSTS		
Concerns about funding cuts (should be made elsewhere)	48	8.0%
Concerns over the financing/costing (keep to a minimum)	47	7.8%
Increase funding/investment in children's services	34	5.7%
Pressurise Central Government to provide adequate funding/resources (cut from elsewhere)	14	2.3%
COMMUNICATION		
Keep people informed of services provided/better advertising (not all on internet/via GP/health visitor/school etc.)	36	6.0%
Listen to comments/feedback/existing staff/the public/undertake more research	32	5.3%
The Council must be honest/open/transparent/show accountability	13	2.2%
Other	23	3.8%

The top five comments or suggestions in relation to the proposal and how we can continue to provide services for those aged 0-5 and their families were:

- The Children's Centres/services should stay as they are/ keep them open (or children/family will suffer) (160 people)



- Concerns that this proposal will not safeguard (vulnerable) children/families (may be missed) (107 people)
- Need/keep (local/trained) staff (for face to face contact)(93 people)
- The Children's Centres are good/well used/needed/important (82 people)
- Young children (0-5 years) will miss out/not receive (professional) attention/support required (74 people)

Respondents continued to feel passionate about keeping Children's Centres as they are, so as not to put vulnerable children at risk. The value of the staff and the importance of Children's Centres for respondents is clear to see from the responses. Concerns around 0-5 year olds missing out on professional support points to a requirement for the new model to ensure the needs of the youngest users of the hubs are not overlooked when the age range increases.



Demographic questions

Demographic questions cover ‘who’ and ‘where’ questions to understand who completed the survey. They cover the following:

- What best describes them
- Where they live
- Postcode (optional)
- If they have children
- Children’s ages
- Children’s developmental needs
- Gender identity
- Age
- Disability
- Ethnicity
- Religion
- Sexuality
- Employment
- Income



Summary profile of who completed the online survey

72.2% were parents/grandparents/
carers

23.5% considered themselves
professionals

25 responses from people
associated with Children's Centre
Advisory Boards

79.3% have children or caring
responsibility for children

10.5% do not have children or
caring responsibility for children

7.8% were responding on behalf of
an organisation

23.9% described having one or
more children as having health or
development needs that require
additional support

70.6% do not have any children who
have health or development needs
that require additional support

11.1% were male vs 49.4%
proportion of Warwickshire
population

88.6% were female vs 50.6%
proportion of Warwickshire
population

36.6% from Warwick District vs
25.2% proportion of Warwickshire population

23.2% Stratford-on Avon District vs
22.0% proportion of Warwickshire population

22.0% Nuneaton & Bedworth Borough vs
22.8% proportion of Warwickshire population

11.6% Rugby Borough vs
18.6% proportion of Warwickshire population

7.6% North Warwickshire Borough vs
11.4% proportion of Warwickshire population

29.0% had a 0-12 month old

22.7% had a 1 year old

23.6% had a 2 year old

19.4% had a 3 year old

16.5% had a 4 year old

32.6% had a 5-11 year old

13.3% had a 12-16 year old

4.4% had a 17-18 year old

3.5% had a child 19 years old and over

0.1% were aged under 18

15.6% were 18 – 29 years old

60.4% were 30 – 44 years old

16.5% were 45 – 59 years old

6.9% were 60 – 74 years old

0.5% were aged 70+



92.0% did not have a long standing illness or disability

8.0% have a long standing illness or disability vs 7.7% proportion of Warwickshire population declaring that their day to day activities are limited a lot by a long term health problem or disability

46.8% stated their religion as 'Christian' vs 64.5% proportion of Warwickshire population

36.7% stated 'None' vs 30.9% proportion of Warwickshire population (no religion or none stated)

31.2% stated they were an employee in full-time job

31.6% stated they were an employee in part-time job

16.0% stated they were looking after the home or family

93.3% were 'White' ethnicity vs 94% proportion of Warwickshire population

5.4% were BME (Black Minority Ethnic groups) vs 6% proportion of Warwickshire population

87.7% stated they were heterosexual or straight

0.8% stated they were bisexual

0.5% stated they were gay or lesbian

36.0% were living comfortably on current income

38.5% were coping on current income

12.9% were finding it difficult on current income

4.2% were finding it very difficult on current income

40.2% stated it was easy to answer the questions

29.7% stated it was neither difficult nor easy to answer the questions

30.1% stated it was difficult to answer the questions



Table 11 Other comments about completing questionnaire

All comments made have been included below.

Themes identified	Total no. comments	96
COMMENTS	Count	% Making comment
Survey was too long/took a long time to complete	29	30.2%
Survey/questions were poorly designed/worded	25	26.0%
Survey was difficult to answer/complete (for the less able)	18	18.8%
Questions were biased/leading	16	16.7%
Some questions were not relevant/appropriate (to me/Grandparents etc.)	9	9.4%
Final comment made (no box for this)	9	9.4%
Concerned that families/busy Mums etc. will not bother to complete the survey	8	8.3%
Survey was easy to answer/complete	8	8.3%
Positive comment about Children's Centres (services provided)	8	8.3%
Survey/questions were not designed for non-parents/general public	7	7.3%
Concerns over survey results (non-parents could skew/not a true reflection etc.)	7	7.3%
Feel this is a very important issue	7	7.3%
Practical issues with survey (hard to locate survey/not easy on mobile phone/could not save and return etc.)	6	6.3%
Disliked/had problems with the star rating question	5	5.2%
Questions were repetitive	4	4.2%
Have used Children's Centres in the past (should be an option to state this)	3	3.1%
Other	4	4.2%

The biggest four concerns over the online survey were:

- Survey was too long/took a long time to complete (29 people)
- Survey/questions were poorly designed/worded (25 people)
- Survey was difficult to answer/complete (for the less able) (18 people)
- Questions were biased/leading (16 people)

This echoes the feedback received at the face to face opportunities where difficulty completing the questionnaire was raised. Responding to this feedback at the start of the consultation, submissions were encouraged in any format which suited the respondent; email, letter, phone call, face to face conversation. Approximately 2000 pages of submissions (not including the 1558 online survey respondents' comments) were received and read by members of the consultation analysis team.



Summary of themes from face to face opportunities and written submissions.

The face to face opportunities covered the five Districts and Boroughs and their locations can be seen on the map in [Appendix A](#). There were 95 face to face opportunities and the detail can be found in the [Activity](#) table in [Appendix B](#). Notes were taken during or soon after the discussions and discussed between those carrying out the consultation to have an oversight of consistency of themes, or if new ones were emerging. Written submissions were sent directly to the Family Hubs inbox, as well as via councillors and staff both in email and letter form. Comments were also made on online petitions and these have also been summarised within this section. Online comments in the form of an online discussion, comments to the official consultation webpage and an independent Kenilworth survey were also considered.

A consistency of themes was found across the consultation with comments echoed at the numerous face to face engagement opportunities and written submissions, and these mirrored those seen in the online survey feedback. Whilst it is not possible to quantify the frequency or strength of feeling shared at the face to face opportunities in the same way as the online survey, there were differences in what respondents chose to focus on. For example, there were more comments about the staff and the personal support received than can be seen from the online survey. This might be expected given the majority of the face to face opportunities took place in Children's Centres. A summary of the key themes uncovered outside of the online survey can be found below. More detail and supporting comments can be found in [Appendix C](#).

Petitions

The exact wording of the 6 petitions can be found in [Appendix D](#). All of the petitions were against the proposal set out in the consultation document. In summary, Warwickshire County Council was asked to reconsider its plans, not to close Children's Centres, keep services as they are and reverse the cuts.

Service provision and impact

Keeping the Children's Centres as they are:

Users of Children's Centres were keen to emphasise their wish to have the Centres remain as they are. Many of the comments focussed on the positive impact the services provided had made on their lives. It was highlighted that there is a need to ensure services that are retained are equal to, if not better than those already offered. The services need to be provided on a regular basis because it was felt to be hard to keep track of when sessions were on/not on. Consistency of staff was believed to build a rapport with parents and families. There is also a need to consider timeliness of services, opening hours and out of hours support.



The importance of local family support:

Ensuring the work that Early Years workers and Family Support workers do is maintained or improved so that the support and services they offer remain was important. There was praise for the support and advice offered by staff with local knowledge e.g. Children's Centres, Family Support workers telling parents new to the area or housed temporarily e.g. in B&B, about services. If the Centre was not there these residents may never hear about what help and support is out there for them. Centres provide a 'lifeline' for their users.

Impact on mental wellbeing and reducing social isolation::

Concern was expressed over waiting times for mental health services (considered too long) and Children's Centres workers and other professionals helping to fill the gap. There were also concerns regarding the impact of removing and/or changing services at Children's Centres and the effect this will have on parents' mental health and wellbeing. There is also the concern that social networks and opportunities for contact will be lost.

Proposed change age range:

Concerns were raised that by extending the age range to 0-19/25, the services for under 5s will be diluted. Ensuring service provision is age appropriate and need to reassure people that all age ranges will get a good offer was seen as important. There was support for extended age range for and an acknowledgment of a need for services for over 5s as if you have a child under 5 and a child over 5 it is difficult to access services at the same time. There was a recognition that a need for support for parents doesn't stop when the child turns 5.

Professional staff appropriately supporting volunteers:

Parents valued the training and experience of staff as well as their local knowledge and not wanting to see this replaced by volunteers. It was important to consider safeguarding issues, training, experience and reliability. The difference between the sort of service and staff available at Children's Centres and community run facilities was highlighted. The latter has important role to play but does not replace quality etc. provided by Children's Centres.

Additional burden/impact on other services:

It was thought that removing services from Children's Centres may impact on the remaining (NHS) services and increase the burden on them e.g. GP rather than Family Support Worker.

Sufficiency of nursery provision and school readiness:

There were concerns over the loss of nursery provision in some areas, particularly 2Help in Lillington and Nuneaton & Bedworth, and the knock on effect to school readiness. People wanted reassurance that the County Council is committed to ensuring childcare sufficiency in any areas where the nursery places will be lost.



Service users and access

Understanding needs:

It was highlighted that needs differ by area and vulnerability cannot be solely based on postcode. 'Vulnerable' was seen as a pejorative term. 'Families dealing with significant challenges' was proposed as an alternative. It was seen as important that those classed as 'not deprived' or who come from affluent areas are catered for; they still have issues. Multiple categories of need should be considered, as well as deprivation.

Rural access to services:

The distance to proposed Family Hubs is not feasible for those without cars or those living in rural areas, predominantly mentioned in North Warwickshire Borough and Stratford District. A locally based outreach site or spoke is important to meet access needs. North Warwickshire respondents are already receiving reduced access to local services due to shorter opening hours than those found in the rest of the county so many are currently having to access Atherstone as their 'Hub' at the moment. Respondents to the consultation in Shipston, Southam, Wellesbourne and Lighthorne Heath made cases for geographical provision in their areas, to supplement the proposed Alcester Hub, as well as the majority of the District's respondents proposing a centrally accessible Hub in Stratford town. Long Lawford in Rugby Borough was proposed as an alternative to Oakfield to facilitate rural access in the west of the Borough.

Online support is not always appropriate:

There was concern over too much 'help' being via the web & whether this is a safeguarding concern, will people misdiagnose? The importance of face to face communication for certain situations or certain groups of people facing challenges was highlighted. It was felt there was a need to ensure access to ICT and help to use the systems. However, there were also representations that for some people or circumstances online support may be more helpful.

Relationship building:

At present Family Support workers go out to families, build up a rapport and then the families begin to engage with services and start attending Centres. It was felt there was a need to ensure this is maintained. Relationships are then built between parents to create a peer support network and the children learn to socialise amongst themselves. Parents new to 'the area' find local children's centres a useful way of integrating into the community and gaining further knowledge of other services in the area.

First point of contact to report difficulties:

Concern was raised over what will happen to people (for example vulnerable women) who use the Children's Centre as a first point of contact to report issues such as domestic abuse. One example is the Asian community accessing a Nuneaton & Bedworth Borough Children's



Centre. There has been an increase in reporting of domestic violence within this group, with the children's centres being considered a safe first point of contact and support.

Special Educational Needs and Disability (SEND) support:

Current support for SEND in certain centres was highlighted as a positive which should be maintained. Of particular note was the support received from Riversley Children's Centre by Square Peg, a volunteer-led stay and play service for families with children with additional needs, and Kingsway Children's Centre's weekly group for children with developmental delay.

Language barrier for services:

Concerns were raised over how families would be supported if their first language was not English. Families new to the country, or area, felt the Children's Centres played an important role in facilitating access to wider services in the area, through their staff who spoke a variety of languages. Community groups were also doing this alongside Centres.

Location & Type of Building

- Riversley Park was preferred as a Hub site to Abbey – particularly for its SEND support
- Kingsway was preferred as a Hub site to Sydenham – particularly due to its size/layout, location in an area of need and the potential for alternative community outreach sites in relation to Sydenham, for example the SYDNI Centre.
- Long Lawford in Rugby Borough was preferred to Oakfield to facilitate rural access in the west of the Borough.
- Kenilworth, Shipston and Southam residents indicated existing levels of perinatal mental health support were helping reduce the demand on specialist services.

Transport access barrier:

It was felt there should be more consideration around location and accessibility of hubs and spokes due to high cost of public transport. Is there an opportunity to engage with WCC Transport? The difficulty of travelling with young children particularly on public transport (long distances) was highlighted. There were concerns over cost of staff travelling between outreach sites. Rurally dispersed areas such as North Warwickshire Borough and Stratford District make travelling long distances to the proposed Family Hubs time consuming and costly. The importance of locally provided services was highlighted to counter this issue. Logistics for Kenilworth residents getting to Lillington or Westgate were seen as impractical.

Alternative uses for non-Family Hub Children's Centres:

There was mostly support for range of activities primarily child/family/parenting focussed/venue hire/deliver training/adult education. There was concern that the voluntary sector/community will not 'pick up' the running of services.



Housing and population increases:

There are a number of significant housing projects underway or planned and there is predicted to be an increase in population in Warwickshire in future years, in particular this will increase the number of young families locally who will be accessing services. It was felt that there should be more consideration of areas of new build in regard to where to site a Hub.

Safety standards of buildings:

Concerns were raised over the standards and amenities of church/village halls and community centres. The buildings are not always suitable for under 5s. It may cost to adapt them and there would be a loss of specially equipped Children's Centre buildings.

Voluntary groups' access to venues:

It was highlighted that volunteer groups will lose suitable venues which are often for benefit of families with additional needs.

Safe space for services:

The consultation revealed that some parents feel uncomfortable about going into schools for services. Parents and carers require dedicated 'safe' spaces to access services, where supportive relationships can be developed. Confidentiality is a concern in community or non-purpose built buildings. Consistency of building service is being delivered from was also mentioned.

Disabled access:

There was concern over locations not being accessible to people with disabilities e.g. some sites can be inaccessible or are only partially accessible to wheelchair users.

General comments

Financial:

There was an understanding from many that the proposals are tied with the savings agreed by Council but questions raised include: Is there a mechanism to change the savings proposals? Can 0-5 funding be ring-fenced like the adults from Council Tax? Can money be taken from reserves and put back into the budget? There was a belief that there will be a negative financial benefit as there will be costs incurred with TUPE (Transfer of Undertakings (Protection of Employment)), redundancies, building closure, renovation of some buildings etc. Regarding the issue of in house or commissioned services, the question was raised: How can bringing all services in house be cheaper than commissioning them? Warwickshire County Council has previously positioned itself as a 'commissioning authority' and it was felt that the proposal does not reflect that stance. With respect to saving money now, it was felt to be a false economy taking money out of the budget only to have to spend the money in later life when the children develop issues which could have been picked up earlier. The point was made comparing the cost of supplying services early in life versus cost of services in social care later in child's life.

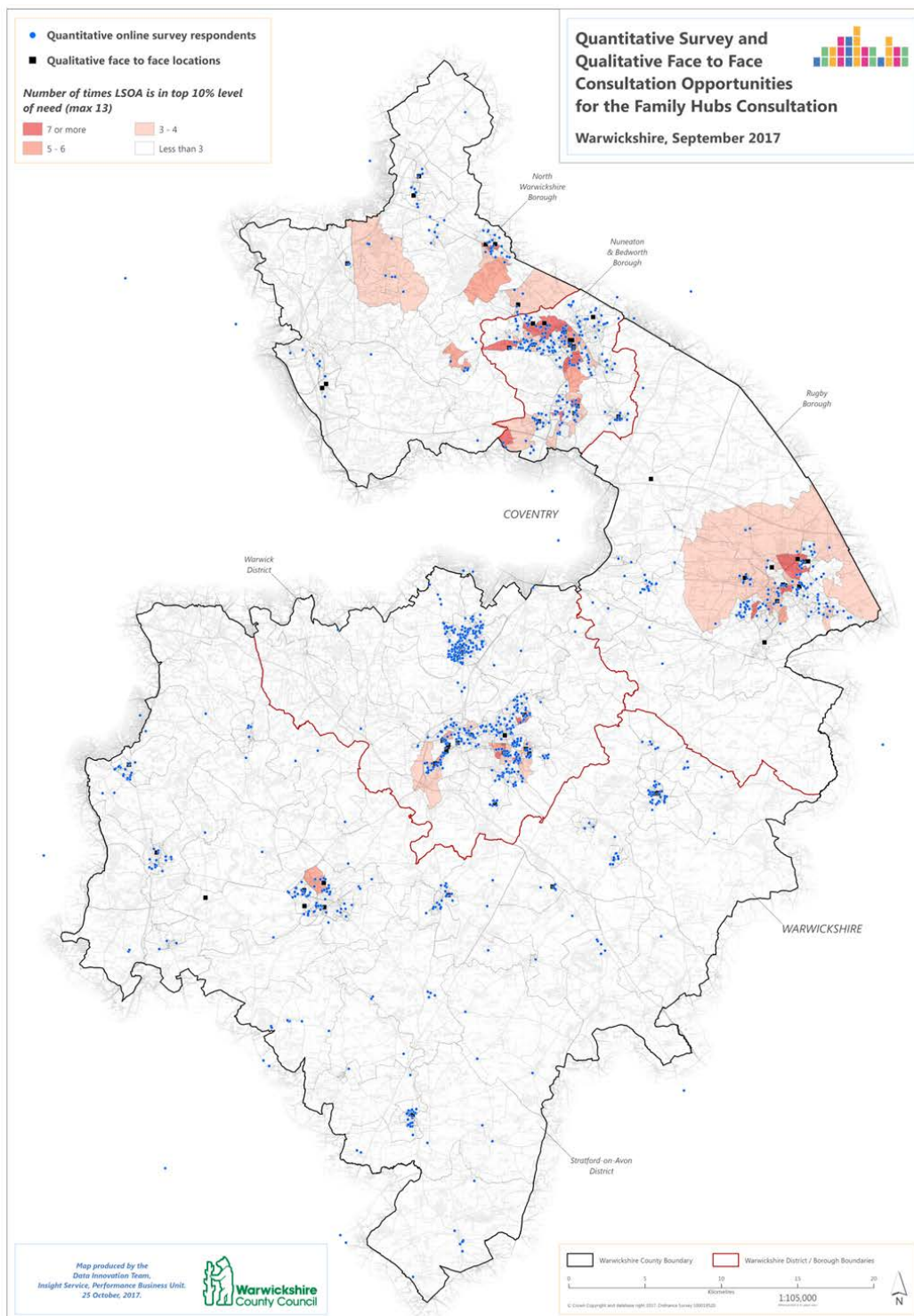
**Consultation process concerns:**

Concerns were raised over the consultation process, methodology, evidence base, timing and representativeness. The timing of the consultation, after County Council and general elections, and coinciding with the summer holiday period was felt to have impeded some people's ability to engage with the consultation. The online survey was felt to be too complicated for some people to complete and there were also issues with the security settings timing people out of the survey. Concerns were raised over how representative the responses had been from those who are most likely to be in need of services. There was feedback that those undertaking the consultation face to face opportunities were not writing down everything that was being said to them. Questions were raised over the experience of those undertaking the consultation to perform their activities with the required skill.

Produced by Jenny Bevan (Children's Transformation Team), Jemma Bull and Rosie Smith (Insight Service)



APPENDIX A – Map 1 Locations of online & face to face respondents & multiple needs categories¹



¹ Total number of children aged 0 to 4 resident in each area, number of vulnerable families (child in need or Priority Family), % of eligible children achieving a Good Level of Development (school readiness), % of children living in low income households, % of primary phase children with Education, Health & Care Plans, total number of unplanned / A&E admissions, all ages, 2016/17, number of children looked after, based on originating postcode, number of children looked after aged 0-4, based on originating postcode, Number of children looked after aged 5+, based on originating postcode, Number of children subject to a Child Protection Plan, based on originating address, Number of Early Help Single Assessments initiated during 2016/17, Income Deprivation Affecting Children Index (IDACI) based on the proportion of all children aged 0-15 living in income deprived families, % of households with no access to a car or van.



APPENDIX B – Publicising of the consultation

<u>Channel</u>	<u>Detail</u>
External	
Ask Warwickshire	Dedicated consultation webpage regularly updated throughout the consultation period
Email	See email distribution list
Social Media	<p><u>WCC channels</u> FIS Facebook FIS Twitter – 1067 followers Warwickshire County Council Facebook Warwickshire County Council Twitter - 3813 followers Smart Start Facebook Smart Start Twitter - 246 followers Public Health Twitter – 1341 followers Warwickshire Democracy Twitter – 723 followers</p> <p><u>External channels</u> Online focus group held with members of Save Warwickshire Children’s Centres Facebook group Mum Knows Best Warwickshire Facebook group c.4840 members</p>
Face to face	95 face to face opportunities including 12 public consultation events - see activity table below.
Newsletters	<p><u>WCC channels</u> HeadsUp – 250 Warwickshire schools Warwickshire Weekly News – 2100 subscribers (public and WCC staff) Family Information Service (FIS) – Warwickshire Families Your Warwickshire - MPs/key stakeholder - 381 Public Health Newsletter – 100 subscribers Re:Member – 59 Elected members</p> <p><u>Other channels</u> WCAVA – Grapevine – voluntary sector organisation distribution list Warwickshire Race Equality Partnership (WREP) now called Equality and Inclusion Partnership (EQUIP) - voluntary sector organisation distribution list</p>
Media relations	4 news releases 1 editor’s letter - Rugby Observer 11 media enquiries
WCC libraries	Paper questionnaires available at Warwick library. Completed paper questionnaires could be handed in at any county library.
Internal	
Intranet	Headline article on homepage
MD briefing	Joint Managing Director briefing to all staff



Email Distribution List

- Schools heads with a Children’s Centre on site
- Children’s Centre managers to distribute to their users
- Staff briefing note via the 4 Children’s Centre heads
- CEO Parenting Project and Barnado’s Assistant Director – Midlands South
- Schools, Private, voluntary and independent nurseries (PVI) and other interested parties
- Members ALL
- Special Educational Needs and Disability (SEND) networks
- Registered childcare providers
- Health visitors, midwifery and Family Nurse Partnership
- Public Health, Smart Start consultees and grant receivers
- Local area teams
- Warwickshire Community And Voluntary Action (WCAVA) circulation
- Clinical Commissioning Groups, GPs and Health & Wellbeing Board
- Warwickshire Police
- Intranet – Warwickshire County Council staff
- Family Information Service staff

<u>Activity</u>	Number of consultees
Online quantitative questionnaire of which paper questionnaires returned	1558 153
12 Public consultation events	300+
44 Informal drop ins at children’s centres, baby and toddler groups with translators	280
21 Councillor Morgan centre drop ins	80+
5 Advisory Board meetings	35
23 Other meetings	80+
Letters and 120 emails to councillors and family hubs inbox	150+
20 Phone calls to the consultation phone number	20
Focus groups - 1 face to face to with staff 1 online with parents, carers, staff etc.	9 45
6 Staff engagement roadshows	150+
6 Signed petitions from various campaign groups - paper or online including comments	7083
1 online survey created by Kenilworth resident	102



APPENDIX C – Supporting commentary base for themes – comments from the face to face opportunities and online survey

Service provision and impact theme summary

- Keep Children’s Centres as they are, with improved access in North Warwickshire Borough
- Locally located, knowledgeable, trained , professional staff to provide support, advice and guidance
- Emotional wellbeing and social isolation, including peer support for parents and children
- Proposal to widen age range
- The use of volunteers, balanced with use of professional staff
- Knock on impact on other services
- Nursery provision sufficiency

Service provision and impact		
Theme	Detail	Supporting comments
<p>Keeping the Children’s Centres as they are</p> <p>(Nuneaton & Bedworth Borough Rugby Borough Stratford District Warwick District*)</p> <p>*These are the areas where the comments were predominantly made. This does not preclude these comments being made in others areas, just that the message was most often conveyed in these areas.</p>	<p>Ensure services that are retained are equal to, if not better than those already offered.</p> <p>Services need to be regular, and have consistent staffing to build a rapport with parents and families at hub and spokes.</p> <p>Consider timeliness of services, opening hours and out of hours support</p>	<p>“The Children’s Centre has been a lifeline to me and my kids”</p> <p>“With no family living close and having no local friends yet, the centre was literally my lifeline.”</p> <p>"Life-saver - stopped me from going mad".</p> <p>"Children's Centres to remain open. Ensure that services are not reduced".</p> <p>"Universal services should be retained as they are the gateway to identification of support".</p> <p>"Keeping as many services as possible or place the same service elsewhere close by".</p> <p>‘They are always open and someone is always there for a chat and to support families. I don’t know where I’d get help and support if my local Children’s Centre was not there. I rely on the centre a lot. My family have benefitted from it massively.’</p> <p>"We are not a high needs or high risk family by a long shot and the centre has been vital to us...I can only imagine the amount of children who will slip through the gaps if you take these services away".</p> <p>“Nuneaton & Bedworth Borough Council’s Housing & Communities Overview and Scrutiny Panel had grave concerns in reference to the closure of Children’s Centres in Nuneaton and Bedworth, & its effect on children and families.”</p>



Service provision and impact		
Theme	Detail	Supporting comments
Improve access to service provision (North Warwickshire Borough)	When services are accessed they are of high quality, but there isn't enough of them.	<p>"The centres were fantastic but not now".</p> <p>"Old Arley and Ansley had children's centres and there were about 8 different playgroups and they were all well attended...in 2013 they were all condensed into one centre at Arley..the problem was that no one knew when anything was going on....the service in Arley is not fit for purpose. It doesn't support families. The children's centre is struggling with Barnardo's as the provider."</p> <p>"I wanted to go on a trip but I was told the coach was only for deprived families and I wasn't deprived enough so I needed to make my own way there".</p>
The importance of <u>local</u> family support (ALL District & Boroughs)	Maintain work of Early Years workers and Family Support workers	<p>"They know our children really well and they know their lives and what they have been through. You don't have to start from scratch each time because they know us well"</p> <p>"They took a lot of pressure off me and my family. Made me feel less isolated and not on my own and gave me confidence to do what I need to do."</p> <p>Comment regarding input from Family Support Workers: "It's changed my life. Made our family a happy healthy nice place. My son is a cheerful, confident little boy. Because there is somewhere we can go everyday he enjoys and I can talk to my Family Support Worker about our problems and we can overcome them to make life a little more easy".</p> <p>"I agree that family support should be at the heart of the services planned for future delivery."</p> <p>Without the children's centre/FSWs "I would have given up breastfeeding and would have been socially isolated".</p> <p>"Family Support Workers are....highly trained and experienced and, as they work now, are seen as part of the community, running Universal services and acting on individual situations as they present themselves".</p>



Service provision and impact		
Theme	Detail	Supporting comments
	Support and advice offered by staff with local knowledge helpful	<p>"Other groups only provide toys and services not emotional support for a mum".</p> <p>"Parental peer support helped reduce isolation".</p> <p>"The staff here are so very well trained and have many years' experience. Also having a good understanding of the local area and what is available."</p> <p>"I am concerned that local knowledge will be lost. When I moved into the area I knew nothing about local schools or services....I am worried inside knowledge will be lost".</p>
Impact on mental wellbeing and reducing social isolation (ALL Districts & Borough)	Impact of removing and/or changing services at Children's Centres and the effect this will have on parents' mental health and wellbeing.	<p>"It's been a lifeline for me, particularly at the beginning when I was struggling with my mental health and my bond with my baby"</p> <p>"My depression turned into severe postnatal depression (PND). The help I received from my play worker and health visitor was astronomical and I dread to think what might have happened had I not received that support."</p> <p>"I suffered with PND & without children's centres that first year would have been so much darker".</p> <p>"It is not an exaggeration to state that Badger Valley saves lives - physically as well as emotionally. The mental welfare of both the parent and child are inextricably linked, and by having services accessible to one, you are serving both."</p> <p>"Where do you expect new mothers to go for help and advice when they feel isolated? When I had my first baby the Children's Centre were a life line not just for the wellbeing of my baby but also for my mental health."</p> <p>"I do not know how I would have coped without the support from the children's centre; I feel that I would have had a mental breakdown and the effects on my young children would have been enormous, because I have no one else to look after them."</p>



Service provision and impact		
Theme	Detail	Supporting comments
Impact on mental wellbeing and reducing social isolation (ALL Districts & Borough)	Social networks and opportunities for contact will be lost.	<p>"It gave me a place to go ask advice, speak to other mums so I know I wasn't alone with things".</p> <p>"The times I was at the children's centre were the only times I had adult company as my friends and family weren't visiting."</p> <p>"I have also attended various classes and sessions at the centre where I made friends and built up a support network. The classes and groups are not simply a jolly morning out for parents; they are a lifeline for mums like me. I think without the help and support of the centre my mental health could have deteriorated much further and my family would have suffered...".</p> <p>"I feel you will see more families struggling in Kenilworth as it provides so much emotional and practical support for parents and children alike".</p>
	Peer socialising opportunities for both parents and children	<p>"The area is not deprived but there are mums with PND and other mental health needs".</p> <p>[Without Children's Centres]"...my child would no longer be able to socialise with other children his age"</p>
	Waiting times for mental health services (considered too long) and Children's Centres workers and other professionals helping to fill the gap.	<p>"Peri-natal mental health services and other MH provision are currently inadequate - e.g. waiting times are too long - Children's Centres workers are helping to fill the gap".</p> <p>"One year on a waiting list for a child is far far too long....It was not hard for me to google about ADHD, read books and articles about how to help my child myself, but others may need pointing in the right direction and given support whilst waiting for the appointment at the very least. As a family, we are by no means deprived, but we still needed help and advice and I think that comes into the bigger subject of mental health/wellbeing".</p>



Service provision and impact		
Theme	Detail	Supporting comments
Proposed change age range: (ALL Districts & Borough)	<p>Extending age range to 0-19/25, will dilute services for under 5s</p> <p>Service provision should be age appropriate</p> <p>Concern around services for teenagers and especially up to 25 being in same building as babies and toddlers.</p> <p>Concern that safeguarding could be compromised.</p> <p>Tentative support for extended age range</p>	<p>"Age range should be carefully thought out. Big kids and little kids do not mix".</p> <p>"Extension of age range will mean dilution of the provision for the vital first two years (unless a massive investment made, which isn't possible)".</p> <p>"How will hubs be organised if trying to cope with the wildly differing needs of everyone from 0 to 19 or even 25 years? What additional safe guarding will be put in place to cover this? For teens and young adults how will their dignity and needs be met in an environment which has to deal with such a wide age range?"</p> <p>"Needs are different for a 19 year old and a 25 year old - learning disabled. 0-5 is a niche". "Councillor X raised concerns that the revised services would cover the 0-19 year age range and there was a potential for conflict if antisocial behaviour occurred when very young children were present at the same venue."</p> <p>"0-5 years is the biggest development age. The focus should be on 0-5 and they should have the most services available to them"</p> <p>"Some support for families with older children is possible but needs close liaison with the School Health & Wellbeing Service as well as other relevant services. Risk assessments would need to be robust & shared across services using the same sites to ensure protection for all"</p> <p>"...like family hub but aware that the needs of 0-5 are so different to primary and secondary school age needs, how are you going to manage these differences?"</p> <p>"I like the idea of the family hubs. My concern is that some people don't drive therefore may not be able to access the family hubs and people that suffer with mental health issues may find the hubs too busy resulting in them not accessing them"</p>



Service provision and impact		
Theme	Detail	Supporting comments
Proposed change age range: (ALL Districts & Borough)	Support for parents doesn't stop when the child turns 5.	<p>"As a parent the need for help and advice does not end at the age of 5".</p> <p>"Essentially Family Hubs are a good idea as we recognise that children and families' needs do not just end at the age of 5. However, we also know that children's earliest years are of significant importance and a time when foundations are laid to allow children to be the best they can be. It is with this in mind that we would support this idea as long as services for children aged 0-5 are protected and children's centre funding is not used to stretch services to the older age group"</p> <p>"My eldest daughter is about to become too old for me to get help from children's centres and so the idea of a family hub where I can continue to get help for my eldest and youngest in the same place is a brilliant idea."</p>
Professional staff appropriately supporting volunteers (ALL Districts & Borough)	<p>Concern over staff and volunteers who may be delivering services.</p> <p>Consider safeguarding issues, training, experience and reliability.</p>	<p>"Relying on volunteers is not the answer. It needs trained early years professionals to make a proper difference to outcomes"</p> <p>"Volunteers are great but they can miss things, there is no confidentiality".</p> <p>"The use of volunteers is linked to the issue of safeguarding but also creates another set of problems linked to lack of skills, knowledge and experience which currently resides with family support workers...Many of the issues are complex and require particular skills in order to know what to do to support families."</p> <p>"Square Peg - run by 3 mums, one is a SENCO trained, you need her expertise, you can't rely on non-qualified/volunteers".</p> <p>"Staff are needed. Volunteers move on. Would be worried if it was based solely on volunteers as it can take up to 18 months for a volunteer to be up to scratch with how the system works"</p> <p>"Communities running groups is great but I am concerned about child protection and safeguarding."</p>



Service provision and impact		
Theme	Detail	Supporting comments
Professional staff appropriately supporting volunteers	<p>Difference between sort of service & staff available at children's centre & community run facilities. Latter has important role to play but does not replace quality etc. provided by children's centres</p> <p>Value to volunteers themselves</p>	<p>"Families will need to rely more on volunteer community groups. While these groups provide vital support to the public they are not 'expert' or 'professional' services and should not be used to replace such"</p> <p>"The services offered by the children's centres are not offered elsewhere. I attend charitably run toddler groups etc. but these groups have provided any of the advice and support that I have received at children's centres".</p> <p>"During my time of volunteering with Barnardos I have been fantastically supported, had more opportunities and recognition that I did in my previous career. I feel valued and have a great sense of achievement. I'm making a difference."</p> <p>"Opportunities for volunteering good as a step towards employment".</p>
Additional burden/impact on other services (Stratford District)	<p>Concern over closures resulting in additional burden on the NHS and other local services, where something can be easily and quickly be dealt with at a Children Centre, instead of going to a doctor or hospital</p>	<p>"For those really struggling with parenthood, where will they receive reassurance and support, which is vital to an inexperienced or vulnerable parent? Without this support which has been described by many as a life-line, there will be an additional burden on the NHS with parents having to see a doctor for something that could have been so easily and quickly dealt with at a Children's Centre."</p> <p>"The difference between the toddler groups & children's centres is that professional help is at the centres with time to spend with individuals & parents feel that they can talk confidentially. If these centres close parents will no longer be able to discuss concerns & will ask for GP appointments".</p> <p>"The closing will put additional pressures on the NHS".</p>



Service provision and impact		
Theme	Detail	Supporting comments
Sufficiency of nursery provision and school readiness (Nuneaton & Bedworth Borough Warwick District)	Nursery provision & school readiness - the loss of Nursery provision is a big concern.	<p>"2Help is crucial because a lot of the parents we see haven't accessed a children's centre before & we are supporting them before they can learn anything e.g. speech & language. If we take that support away for 0-2 year olds then the 3-4 will be missing a chance to develop prior to going to school".</p> <p>"Many families tell us if we did not have this facility they would be unlikely to access the children's centre. This also contributes to early intervention for families who may otherwise not receive support until their child accesses their funded nursery education".</p> <p>"The parents of children whose children had accessed Nurture Nurseries within the Children Centre's described this service as instrumental in supporting their children to achieve. One parent talked about her sadness of her third child not being able to access the same provision that her older two children had attended. The parent described how having a small, friendly supportive nursery within the Children's Centre had made the process of accessing nursery less scary. Parents identified that developing strong relationships with staff has supported there to become more confident, achieve good outcomes and be school ready."</p>



Specific services comments summary

- Stay and Play
- Perinatal
- Health Visitor
- Parent courses
- Messy play

Specific services comments		
Theme	Detail	Supporting comments
Stay & Play (ALL Districts & Boroughs)	Stay & Play - time for parents/carers/grandparents to chat and peer support (time to make friends).	<p>"I lost my Mum who had been a great support, visiting me daily to support me with my then 1 year old. I was and still am devastated.....I didn't have the luxury of shutting the world out, much as I wanted to, so I got up the next day and went to Ladybrook Stay & Play, somewhere I knew I would be safe, supported, comforted and not judged. I believe it was the constant of Ladybrook Stay & Play that helped me through my grief and to continue to be a good Mummy to my children."</p> <p>"Over the years I have seen and spoken to many friends whom the Stay & Play has helped. Friends who have lost family members, divorced, children with autism, learning difficulties, as well as more usual challenges of reflux (my son), sleep pattern, breast feeding, weaning, allergies/intolerances, behavioural issues etc. All these things no matter how big or small have been helped by the team at Ladybrook."</p> <p>"The Stay and Plays are both a gateway and bedrock for services and a 'way in' for staff to engage with families who may otherwise be reluctant, or even be unaware that extra support is needed".</p> <p>"...only through attending things like the stay and play can issues such as post-natal depression, money worries and domestic abuse be picked up. Without these and the most vulnerable families risk struggling alone - leading to later problems which may have been avoided had they been picked up sooner".</p> <p>"The Sure Start approach assumes that many parents experience problems i.e. that is the norm and encourages them to come together, within a safe setting with experienced staff and seek common solutions. An essential component is the provision of Stay & Play which</p>



Specific services comments		
Theme	Detail	Supporting comments
Stay Play (ALL Districts & Boroughs)	Stay & Play - time for parents/carers/grandparents to chat and peer support (time to make friends).	acts as both a self-help club but also a welcoming environment for parents/carers who would otherwise be reluctant to engage with services". "Universal Stay & Plays are the bedrock - not to say you can't build, but without this the whole system will fall apart. Don't think Councillors will understand it is the bedrock that is at risk".
Perinatal (ALL Districts & Boroughs)	Perinatal services are vital.	"It is essentially important to fund services for expectant mothers and children and all the related services e.g. antenatal and post-natal care.....appropriate funding of these services now will obviate problems later and will therefore be cost effective."
Health Visitor (ALL Districts & Boroughs)	Access to health visitor, advice on minor child illness but "on the spot", not a waiting list with an appointment weeks ahead.	"I had help from the children's centre when I had problems breastfeeding, when I needed a health visitor and at Riversley Park I got so much help and support." "It is important that when families need help they need help with their issues on the day and cannot wait 6 weeks for an appointment". "Health visitor is fantastic - comes to my house - support to come out to friends in same position - peer support - the combination is critical".
Parent courses (Nuneaton & Bedworth Borough Warwick District)	Parental training/ classes.	"At the beginning I didn't know how to parent him, without the children's centre help including Triple P stepping stones my relationship also wouldn't have survived". "I didn't really want to go on a parenting course because I felt embarrassed that people would think I was a rubbish parent. But actually it was to so helpful and it has made me really think about how I treat the boys and deal with their behaviour". "I loved doing the Canny Cooking course. The kids still love to eat the pasta sauce I learned to make, and I am still really close with the other mums I met on the course".
Messy Play (Stratford District Warwick District)	Free play with messy art/craft materials	"Messy play is something we love. You get to do it outside your own home so you don't have to clear up the mess. I'm a bit OCD so there's no way she'd do messy play at home"



Service users and access theme summary

- Deprivation isn't the only indicator of need
- Limited rural transport to services
- Online support both a hindrance and a help
- Developing relationships between staff and families
- First point of contact for reporting difficulties
- Special Educational Needs and Disability (SEND) support

Service users and access		
Theme	Detail	Supporting comments
Understanding need (ALL Districts & Boroughs)	Ensure that those classed as "not deprived" and come from affluent areas are catered for - they still have issues.	<p>"I know you want to reach the most vulnerable but all areas have a need".</p> <p>"Need to be centres that welcome all and not just the vulnerable. Otherwise they'd become stigmatised".</p> <p>"Your postcode shouldn't determine what services you can access".</p> <p>"In previous rounds of budget cuts it has been suggested that resources should focus solely on targeted services. However, experience tells us that this simply doesn't work and there is a real need to provide universal in order to engage families in the first place".</p> <p>"Everyone within the community, from every walk of life, every culture and faith should be able to access this help and support, not just those families considered as deprived. Such labelling is, in itself, offensive and often discourages those most vulnerable and needy families from attending the centres".</p> <p>"...in fact financial circumstances or where one lives makes no difference to the anxieties, worries and problems faced by parents. A high percentage of parents need advice on feeding, sleeping patterns, child development, childhood illnesses and a myriad of concerns".</p> <p>"I think there is a view that a wealthy town like Kenilworth isn't an 'area of need'. Well I don't think it's as cut and dried as that. Every parent, new or otherwise, needs access to support."</p> <p>"Just because not a poor area doesn't mean not vulnerable when just had baby. I had PTSD from childbirth and needed support."</p>



Service users and access		
Theme	Detail	Supporting comments
Rural access to services (North Warwickshire Borough Rugby Borough Stratford District)	Concern over people falling through the cracks if services are less accessible, especially in rural areas	<p>"Rural communities are not being served by the proposed location of the hubs. For example in Rugby district all the identified hubs are within reach of the town centre yet Long Lawford families that don't have alternative community facilities will be cut off from services unless they have access to transport."</p> <p>"My experience of working in Lighthorne Heath's Children's Centre was that families that lived outside of Lighthorne Heath did not access services. It was important to deliver services in their communities using local church halls, community room etc. This did however cause logistical issues with many spaces booked by other providers and the cost of hiring".</p> <p>"After the redesign/reconfiguring of services there may be some families that will live further away from the services they need or rely on. What will happen to them? Will they need public transport to attend, who pays for that?"</p>
Online support is not always appropriate (Nuneaton & Bedworth Warwick District)	<p>Concern over too much "help" being via web access - is this a safeguarding concern, will people misdiagnose.</p> <p>Need to ensure access to ICT and help to use the systems.</p> <p>Also need to consider that for some, online support may be more helpful.</p>	<p>"We would not access support if the ladies did not come on to the [gypsy and traveller] site, I cannot access the internet or computer, I like to speak to someone face to face."</p> <p>"Reliance on my phone was the worst things that I could have done - I didn't love my baby - needed a real hug. I'm professional and qualified - went into myself - didn't need online - needed somewhere to come and cry".</p> <p>"Some of the advice online is worrying".</p> <p>"It should not always be 'a given thing' that these families all have access to the internet, or would be able to access the info they were looking for".</p> <p>"...the idea of online help is great too so they can access that advice when they need it (whether that is at 9am after a stressful school run or 2am when you can't sleep etc.)...parents and children need more immediate help than waiting for the one time a week or few hours in the day that a centre is open."</p>



Service users and access		
Theme	Detail	Supporting comments
Relationship building (Rugby Borough Stratford District Warwick District)	Continuity of staff, home visits bringing parents out of their homes into centres to meet people.	<p>"At present SCW/FSW go out to families, build up a rapport and then the families begin to engage with services and start attending Centres - how will we ensure this is maintained?"</p> <p>"Hubs with such a wide range of services covering such an extensive age range will have a negative impact on engagement with families...it has taken years of creating a friendly, non threatening environment with the right staff and facilities that are welcoming...to be able to break down those barriers which prevent people accessing services....it will be at the very least daunting but at the most too difficult to achieve".</p> <p>"Rapport is important - getting to know who needs help and what sort of need".</p> <p>"The Children's Centres provide services on an ongoing basis which gives scope for relationships to be developed, between staff and service users. This means that trust can develop, which can be drawn on when extra support is needed. Without the ongoing services, the relationships so vital to parents and their families are not in place and the services and staff are only used when there is a problem. The potential consequences of this are many and will be clear to you".</p>
First point of contact to report difficulties (Nuneaton and Bedworth Borough Rugby Borough Warwick District)	Concern over what will happen to people (e.g. vulnerable women) who use the children's centre as a first point of contact to report issues such as domestic abuse.	<p>"A woman from the Asian community who spoke little English, had little family and the assistance the Children's Centre gave her and her child to safely to leave her husband. The woman was suffering domestic abuse, was not allowed to leave the house and had all money controlled by her husband. The CC helped engage the agencies required to help her leave her husband."</p> <p>"There is an increase in domestic violence being reported within Asian community, with the children's centres being considered a safe first point of contact and support."</p>



Service users and access		
Theme	Detail	Supporting comments
	Concern that the voice of the most vulnerable will not be heard as part of the consultation.	<p>"Families who need and access the most support from us are not the people who will raise their voice to be heard during this time of review. They are the people who are difficult to engage, who we have worked long and hard with to support them and their children, and it won't take much for them to disengage".</p> <p>"The people that you need to speak to will not come forward. There are very few parents of young children here tonight. Your target audience are not driven to participate. The consultation questionnaire is very long and complicated and difficult to complete".</p>
<p>Special Educational Needs and Disability (SEND) support</p> <p>(ALL Districts & Boroughs)</p>	Services and access for disability.	<p>"I have been attending a weekly group at the Kingsway centre for children with developmental delay. It's been an absolute lifeline for me in term of meeting other parents and getting advice but also for X as she can't really go to mainstream toddler groups"</p> <p>"For our community it is the first time that a lot of young people have accessed a children's centre when they come to our sessions. Riversley children's centre is a brilliant place and the sensory room they have is fantastic. The value of that sensory room is so great, we have a friend who has a boy with disabilities who without that room would have nowhere to go with those facilities."</p>
<p>Language barrier for services</p> <p>(Rugby Borough Warwick District)</p>	How families access services if their first language is not English	<p>"The Centre translated the programme and timings for me".</p> <p>"Children learn from spending time with other people. He is not eating well at home but he eats well here. It helps him pick up words of the [English] language".</p> <p>"I was confined in my house with my child. It was depressing. At Kingsway, like India, people will talk to you".</p> <p>"I don't feel welcome at the Children's Centre. The groups are cliquey and I don't belong there. Here I can meet people who I can speak to in my own language".</p>



Location theme summary

- Riversley Park was preferred as a Hub site to Abbey – particularly for its SEND support
- Kingsway was preferred as a Hub site to Sydenham – particularly due to its size/layout, location in an area of need and the potential for alternative community outreach sites in relation to Sydenham, for example the SYDNI Centre
- Long Lawford in Rugby Borough was preferred to Oakfield to facilitate rural access in the west of the Borough
- Kenilworth, Shipston and Southam residents indicated existing levels of perinatal mental health support were helping reduce the demand on specialist services.
- Cost of transport, distance to travel and difficulties of using public transport
- Alternative uses for non-Family Hub Children’s Centres
- Housing and population increases
- Suitability and safety of non-Children’s Centre Buildings for service delivery
- Building closures limiting voluntary groups’ access to venues
- Concept of ‘safe space’ for service delivery
- Disabled access to buildings

Location & Type of Building		
Theme	Detail	Supporting comments
Transport access barrier (ALL Districts & Boroughs)	<p>Consideration around location and accessibility of hubs & spokes due to high cost of public transport – engage with WCC Transport?</p> <p>The difficulty of travelling with young children particularly on public transport.</p>	<p>“The distances that people would have to travel on public transport means that most probably, they are not going to use the Children’s Centres at all, and the people that need these centres the most, are probably the people who can least afford the travel costs.”</p> <p>“Make sure that services are still provided in further out areas. The distance families are expected to travel (or will be) are unrealistic”.</p> <p>“Where the proposed family hubs are would not be accessible for me/ Public transport is poor and a for a five minute bus journey to the town centre costs me over £3 for a single. I can’t afford that.”</p> <p>“Transport to Sydenham and Lillington is poor, we are not low income but a lot are”.</p> <p>“We’re only here for one year from India. I can’t buy a car so we walk to here”.</p> <p>“I suffer with anxiety, I travelled across town with my Child with special needs and we had to deal with comments from other passengers who didn’t understand his difficulties of travelling on a bus and coping with different situations”</p>



Location & Type of Building		
Theme	Detail	Supporting comments
<p>Transport access barrier (ALL Districts & Boroughs)</p>	<p>Need to maintain and increase access, particularly in rural areas.</p> <p>Concerns over cost of staff travelling between outreach sites.</p>	<p>“The proposal to place the main hub in Alcester will have a detrimental effect on families living in the centre and south of the district of Stratford on Avon. Many families who use the services of these centres will no longer be able to access them due to the geographical constraints. I would suggest that travelling by public transport from areas such as Shipston and Long Compton would take up most of the day as public transport would be prohibitive. Even if those families were able to drive, the time taken to and from Alcester could be costly and time consuming. Equally I believe it would take up a huge amount of professional’s time travelling to outreach centres. Placing the main hub in Stratford town would be more efficient in terms of access and travelling as most buses come in and out of the town. This of course still does not help those families who live on the outskirts of our district so I would suggest that consideration be given to having at least three children’s centres in more accessible areas i.e. Alcester, Stratford and Shipston or Southam.”</p>
<p>Alternative uses for non-Family Hub Children’s Centres (ALL Districts & Boroughs)</p>	<p>Primarily child/family/parenting focussed/venue hire/deliver training/adult education.</p> <p>Concerns voluntary sector/ community will not ‘pick up’ the running of services.</p>	<p>“Maybe you could rent it out to other organisations”</p> <p>“Couldn’t the Health Visitors use it?”</p> <p>“We are always saying to each other that it would be great if we could hire the centre between ourselves, or hire it out for parties.”</p>
<p>Housing and population increases (ALL Districts & Boroughs)</p>	<p>There are a number of significant housing projects underway or planned and there is predicted to be an increase in population in Warwickshire in future years. In particular this will increase the number of young families locally who will be accessing services.</p> <p>Consider areas of new build and planned housing developments in regard to where to site a Hub.</p>	<p>“With an ever growing population, going from twelve centres to one is a drastic step. There should be a happy medium”.</p> <p>“I’m not sure that the information in the ‘Core Strategy’ has been considered because these will provide the evidence of where the greatest growth of population is taking place”.</p> <p>“The Lighthorne Heath Children’s centre caters for a large geographical area with a large planned expansion of population over the next 14 years...These people will not travel to Alcester 23 miles away necessitating three buses and taking an entire day round trip”.</p> <p>“The local housing plans for the district and for</p>



Location & Type of Building		
Theme	Detail	Supporting comments
		Kenilworth in particular will mean a significant rise in the number of young families within the town and the surrounding areas in the next few years."
Safety standards of buildings (Stratford District Warwick District)	Concerns raised over standards, availability and amenities of church halls, village halls, community centres.	<p>"Community venues are generally booked and it is likely that there will never be a day when they are completely freely available for hire. Hiring a hall comes at a price, they are not free of charge so there will, no doubt, be a significant cost in providing such outreach facilities".</p> <p>"The centres are specifically designed ...no steps, no cold dusty old church, safe furniture and rooms, children's door handles and toilets".</p> <p>"The current buildings are fit for service for 0-5, community venues may not be".</p> <p>"We frequently have to address health and safety and safeguarding concerns at external venues. Accessibility can be an issue at some community venues for wheelchair users".</p>
Voluntary groups' access to venues (Nuneaton & Bedworth Borough)	Loss of venues will result in a reduction in voluntary groups providing services.	"2 of the centres in Bedworth are already in community run buildings but removal of Children's Centre services will have a significant impact on their sustainability going forward and therefore committees will need to look at alternative long term renters of the space which may then alter their suitability for 0-5 yr olds, especially as both centres already have preschools/nurseries on site."
Safe space for services (Rugby Borough Warwick District)	Want dedicated 'safe' spaces to access services, where supportive relationships can be developed.	<p>"It's mine and my baby's safe place. I feel safe to cry there and know I can get an ear to listen, advice, or a hug"</p> <p>"I have experienced mental ill health in the past and my local children's centre Lillington has been absolutely crucial in helping me to stay well. The Monday morning baby stay and play and well baby clinic has given me a safe space to get to know local parents and so decrease my isolation".</p> <p>"I understand 'outreach', this is a wonderful idea, my concern is around the reliability, the safety and the clarity of that space. We need a definite space, a clear space. This is important that our families know it is safe".</p>



Location & Type of Building		
Theme	Detail	Supporting comments
Disabled access (Warwick District)	Concern over locations not being accessible to people with disabilities e.g. some sites can be inaccessible or are only partially accessible to wheelchair users.	<p>“I attempted to access some services...however I was advised by the NCT that their courses were not held at accessible locations....we also found a number of access difficulties with activities held in buildings which should have been accessible e.g. accessible entrances being locked, lifts being installed but out of service.”</p> <p>“I did not have issues when first born, I did not use Children’s’ Centres but then I became a wheelchair user, I found I could not travel, lifeline was my local centre. Looked at travel – accessible, support with mobile toddler, my child was shy, he needed same workers, familiarity”.</p> <p>“Don’t make it difficult for families to get to centres. These centres need to be in the locality where disabled children are and there needs to be enough. Once you expect families with children with special needs to travel long distances to access facilities it causes problems. The sheer effort it takes to organise visits to centres is colossal. Very wearying for parents and if there are other children in the family difficult to organise adequate cover”.</p>



General comments summary

Financial

- Use of reserves/reverse savings
- Ring fencing of 0-5 budget
- Clawback
- TUPE
- In house vs commissioned services

Consultation process

- Already been decided
- Timing during school holidays
- Awareness of consultation
- Questionnaire long, complicated, times out, not in English
- Scale of consultation
- Recording of face to face feedback

General comments		
Theme	Detail	Supporting comments
Financial	<p>Understanding from many that we are tied with the savings agreed by Council but:</p> <p>Is there a mechanism to change the savings proposals?</p> <p>Can 0-5 funding be ring-fenced like the adults from Council Tax?</p> <p>Negative financial benefit as there will be costs incurred with clawback, TUPE, redundancies, building closure, renovation of some buildings etc.</p>	<p>“The Board would like to see the present Warwickshire 0 – 5 budget ring-fenced for that age group and retained or increased, and call for the development of an Invest to Save Business Case”.</p> <p>“The County Council has considerable reserves, and does not have to cut the Children’s Services budget by the amount proposed. Use of reserves could at least phase in cuts rather than the overnight reduction proposed.”</p> <p>“As a Trustee of a former county-run and county-funded local youth and community centre, I know from first hand experience the challenges and benefits of moving to a new model, even one which continues to receive considerable WCC investment, such as through a peppercorn lease. I know also, having been employed for 5 years to run a grant making community foundation, that there are also some other sources of funding which could be available with a different operating model even if, inevitably, such a model still relies heavily on WCC support”.</p> <p>“If centres ceased to be used – still clawback? 3 phases conditions of the grant – were that the</p>



General comments		
Theme	Detail	Supporting comments
Financial In-house/ Commissioned services		<p>spaces were to be used for Early Years purposes – there have been hundreds of closures since 20/30 over 4/5 years – hasn't been proportionate PVI sector to run nurseries – DfE looked favourable on this. “</p> <p>“There is a proposal to TUPE existing children's centre family support workers over to WCC. Will the children's centre family support workers also be vulnerable?”</p> <p>“How can bringing all services in house be cheaper than commissioning them?”</p>
Consultation process concerns (ALL Districts & Boroughs)	Concerns over the consultation process, methodology and evidence base.	<p>“It is a widely held concern that the proposals are a foregone conclusion and that the consultation process has merely been a formality – but I really do hope that we are all wrong”</p> <p>“Whoever wrote the questionnaire should be shot”</p> <p>“We call for a delay for a year followed by a second consultation on any new proposals. This would allow for the Invest to Save Business Case to be developed, staff structures to be formed, with thought and planning for the services to be offered, consideration of the local community needs included, and time for what is already in place to be built on and expanded.”</p> <p>“Members of the audience raised concern that they had attempted to complete the questionnaire on-line and had found it difficult to complete as they found that it was too long and contained too many questions”.</p> <p>“It just took too long to complete. I didn't have a lot of time to write much in the boxes and before I had really had time to think of what I wanted to put the page timed out. I don't think it was very fair to busy parents who are trying their best and don't always have spare time”.</p> <p>“The consultation process – the questionnaire is fiendish, it has a negligible effect as people will not fill it in, time of public meeting is at bedtime, plus in school holidays”.</p>



General comments		
Theme	Detail	Supporting comments
<p>Consultation process concerns (ALL Districts & Boroughs)</p>		<p>“Concern was also raised that the questionnaire is only available in English”.</p> <p>“I filled in a paper questionnaire, but the questions gave me options that I didn’t really understand”.</p> <p>“I think the problem is that the public don’t know what we are being consulted on”.</p> <p>“family hub sounds like a job centre”</p> <p>“The scale of the consultation exercise....which has produced more than 1,000 responses alone prevents a proper analysis being completed in September in time for changes to be made effective before 1st April 2018”.</p> <p>“Even now when I have mentioned in passing conversation, the consultation, there is either ‘I didn’t know about this’ or ‘it’s already been decided’. The questionnaire is complicated and wordy, may mean families will not bother. The survey site ‘times out’ if you take too long to answer the questions, very frustrating. “</p> <p>“A number of parents commented that they noticed that some of the consultants did not appear to be recording all of their feedback. In particular if they were offering views that were in disagreement with the consultation proposal these opinions did not appear to be written down.”</p> <p>““the woman kept telling me that there would still be sessions for me to go to, just maybe not where they are run now. I tried to explain to her that I would struggle to travel because I don’t have much money and it’s hard to travel across town with all of my children. She didn’t seem interested in what I was saying and just told me that they had to make the savings. She didn’t write down any of this stuff I was trying to tell her”</p>



Specific buildings			
District or Borough	Building	Detail	Supporting comments
North Warwickshire	Atherstone	Valuing the centre at Atherstone	“If there wasn’t a children’s centre in Atherstone I would find it hard to take the children to play groups due to not driving”.
North Warwickshire	Coleshill Other uses for the building	Coleshill considered quite small, restrictions on times, lot of demand locally. Organisation of centre not considered good. Buildings could be used for other things e.g. by other orgsns or by parents hiring them.	“So in summary the venue is quite small here and there are restrictions on times however you have really valued the opportunity to form friendships. You are very interested in the learning element and the courses are good but the organisation isn’t. This is preventing you making the most of the opportunities you have and there is demand there”. “Maybe you could rent it out to other organisations?” “We are always saying to each other that it would be great if we could hire the centre between ourselves, or hire it out for parties.”
Nuneaton & Bedworth Borough	Abbey / Hatters Space	Support for Hatters Space building	“Abbey – Small but Hatters Space has the potential for being a genuine hub”. “Hatters Space, WCC stopped funding and it had to run itself, it is now packed”. “There is not enough space at the Abbey Children’s Centre for the things we need. Community paediatrician and other services.”
Nuneaton & Bedworth Borough	Bulkington	Bulkington – great venue, a lot of work done to the building, a lot of activities at local community venues. Loss to community if services stopped.	“We had success with Bulkington Children’s Centre until the funding cuts.....you seem to be determined to maintain Bulkington turning into the Marie Celeste. We spent time adapting the building, building a conservatory and we created a Children’s Centre in an existing building. It now appears to be a redundant asset....Bulkington would suffer if we lost the Children’s Centre.” - [Councillor] stated he would put a proposal together



Specific buildings			
District or Borough	Building	Detail	Supporting comments
Nuneaton & Bedworth Borough	Camp Hill	Support for Camp Hill building	<p>“Size lends itself to Family Hub and in area of need. The fire presents an opportunity to future proof”.</p> <p>“Not against FH, if we are going to deliver fully integrated services including health that is good. But only one building, Camp Hill, is suitable for that extensive service and age range, we can start from scratch”.</p>
Nuneaton & Bedworth Borough	Keresley Minors (Bedworth CC Group)		Questions regarding sufficiency maintenance as nos. on waiting list. Proposal to get Keresley Newland Primary Academy to take on provision and potentially TUPE staff into the school.
Nuneaton & Bedworth Borough	Ladybrook	Support for Ladybrook	“On a NHS site. Real potential and capacity here for the local community to keep it going”.
Nuneaton & Bedworth Borough	Riversley	Support for Riversley building	“The board felt that consideration should be given to retaining Riversley Park as a more central location in Nuneaton than Abbey (or in addition to Abbey) to support the other side of Nuneaton. Transport costs and distance is a real challenge for many members of the community”
Nuneaton & Bedworth Borough	St Michael’s		“St Michael’s/Bedworth – high footfall, outstanding nursery, lease building from Nicholas Chamberlaine”
Rugby Borough	Rugby/ Boughton Leigh	On an enclosed school site, how can there be full and easy access to this – same goes for other sites on school grounds.	“I know Brownsover needs services, keep open Boughton Leigh. This area must remain open so that people can walk there as they have no transport”.
Rugby Borough	Rugby/ Hillmorton	On edge of Rugby but extending south & west, Houlton & across to Dunchurch.	“6,000 houses in Hillmorton with one Children’s Centre open, the closest proposed is Claremont. Houghton is being built which is going to be another 6,400 houses, if Hillmorton closes, that would be 12,000 people without a Children’s Centre. That’s a hell of a community without a Children’s Centre”.



Specific buildings			
District or Borough	Building	Detail	Supporting comments
Rugby Borough	Rugby/ Long Lawford	On edge of Rugby, limited bus service, growing “village” with large housing development ongoing.	“Talking about closures – Claremont and Oakfield are proposed to stay open, you need to keep Long Lawford Children’s Centre too, this is a village, to get elsewhere you have to get on a bus and then another bus”.
Rugby Borough	Rugby/ Wolston	Concern about closure and in ability to travel into Rugby to the Family Hub.	“The proposed family hubs in Rugby Borough are all closely geographically located. This would mean great services for anyone located in Rugby town, but no local services for anyone outside of the town. There are countless villages within the Borough and access to Rugby is not easy for many families without cars. The children’s centre in Wolston is great resource and the only centre on the west side of the Borough and it’s closure or the removal of services from here would leave many families unable to access services and resources.”
Stratford District	Alcester	Little or no support for Alcester being the central hub.	<p>“What is the reason for sitting the hub in Alcester when there is a central location which already has a population 4.4 times the size of Alcester, as demonstrated by the 2011 Census. Alcester – 6,273 Stratford-on-Avon – 27,445”</p> <p>“Alcester has fewer new housing proposals than elsewhere in the district.”</p> <p>“It is understood that the if the main hub is to be in Alcester, there will be district wide outreach posts, which will be located in community buildings such as church or parish halls and community centres. If a professional has to go out to a community centre in Shipston, for example, they will have to go from Alcester to Shipston via Stratford-upon-Avon for what could be no more than half an hour visit with a client. In terms of time and motion, this is a complete and utter waste of a counsellor’s valuable time”.</p>
Stratford District	Lighthorne Heath		Proposal from Gaydon Parish Council to include a children’s centre with the re-location of the primary school.



Specific buildings			
District or Borough	Building	Detail	Supporting comments
Stratford District	Southam	Southam – large growing community but has a “feel” of a village as everyone knows everybody and helps and supports each other. Has poor public transport.	<p>Proposal from Southam Town Council for alternative site at Grange Hall.</p> <p>“Southam is set to experience an unprecedented level of growth over the next few yearsthis will put an enormous strain on our limited infrastructure and service providers”.</p> <p>“People in Southam who want to get to a hub in Alcester will have to travel approximately 30 miles. Without their own transport people are going to find it incredibly difficult to travel from Southam to Alcester – it would require getting a bus from Southam to Leamington Spa, then to Stratford-upon-Avon and then another bus from Stratford-upon-Avon to Alcester. Not ‘all roads lead to Rome’ but they certainly seem to be leading to Stratford-upon-Avon, so why not just let the bus stop here?”</p>
Stratford District	Stratford – Kineton, Lighthorne Heath, Southam and Wellesbourne	Concern about loss of provision and the expectation families will travel.	<p>“The idea that young families will be willing and able to access services based at a hub as far away as Alcester is unrealistic as it is irresponsible....Retention of a children’s centre in at least two of these locations [Kineton, Lighthorne Heath, Southam and Wellesbourne] should be considered”.</p>
Stratford District	Stratford	Stratford – good model already – big town, a Hub should be there.	<p>“I think Stratford is a big enough town for it warrant its own ‘hub’ as, like many of the people said today, having to travel miles would be unfeasible for them and it would be more central for the majority in the district”.</p> <p>“The issue was considered by Stratford-upon-Avon Town Council at its meeting on 25th July 2017. There was unanimous condemnation for the proposal to close all the centres with the exception of one in the Stratford District, and it was also unanimously believed that if there is to be but one centre, this should be located in the main town for the area, which is Stratford-upon-Avon. The Town Council was not convinced that the reorganisation is in the best interest of children, but if inevitable, WCC should locate the hub for the district of Stratford-upon-Avon in line with geographic centrality. It was also considered that demographically, Stratford-upon-Avon, as the main town within the district, has the most</p>



Specific buildings			
District or Borough	Building	Detail	Supporting comments
			<p>effective public transport service, and is the most accessible location for those travelling from all the other affected locations”.</p> <p>“The Town Council unanimously believes that the central hub has to be based in Stratford-upon-Avon, on grounds of the size of the population and the geographic centrality....demographically the hub should be in central Stratford-upon-Avon or even Wellesbourne which is also faced with significant housing development.”</p>
Stratford District	Studley		<p>Studley – open 4 days a week, already offers out-reach sessions, local staff who have local knowledge – be good to have maternity services there too so do not have to travel across border to Worcestershire. (£3.50 bus fare to Alcester).</p>
Warwick District	Kenilworth	<p>Kenilworth – most attended public session, strong feeling that Kenilworth should have a Family Hub. Comments that it already works as a Hub and work closely with Health and have a Baby Clinic.</p> <p>Loss of any provision in the town</p>	<p>“Great outdoor space at Kenilworth – so valuable”.</p> <p>“Kenilworth statistically probably has fewer social issues than other areas where you plan to site hubs. The problems for families in need in Kenilworth in this case therefore mean that services are simply not as accessible and in this way families in need in Kenilworth become disadvantaged. It is not enough to state that they can look towards Leamington or Coventry”.</p> <p>“Again this morning at the St. John’s Centre in Mortimer Road there were lots of Mums and Dads (with their children) expressing concern about the plans for the centres in Kenilworth. They made clear too their very strong desire and appetite to see them continue, given their role in the local community in helping new parents cope with the challenges of parenthood.”</p> <p>“I am concerned that Leamington isn’t very accessible for families living in Kenilworth so a level of service in an active hub will need to be retained in Kenilworth”.</p> <p>“It’s accepted that it might be unrealistic to retain the town’s current two sites. However, it is even more unrealistic to expect families to</p>



Specific buildings			
District or Borough	Building	Detail	Supporting comments
Warwick District	Kenilworth		<p>travel from Kenilworth to the proposed hub in Lillington. ...the relative financial wealth masks the very real other needs of many families. Equally importantly, the degree of social isolation in Kenilworth with many parents having little local family support makes the need for education and health professional services and networking opportunities provided by a local children’s centre even more important.”</p>
Warwick District	Kingsway	Kingsway is a better location for the Family Hub than Sydenham	<p>“If Warwickshire is to move to a Family Hub model, the preferred sites in Leamington would be Lillington and Kingsway with an active spoke in Sydenham, further consideration would need to be given to accessibility of services for families living in Whitnash and carefully considered lease arrangements could accommodate outreach services in the current building with a new provider. I would also recommend that the lease is retained for the Flats adjacent to Lillington Children’s Centre to accommodate office space. This would provide accessible services that are relatively manageable to access for families.”</p> <p>“As someone who has been managing a Family Support hub and spoke model for some time in Leamington I would propose that the Kingsway site would be a more accessible site for families, and would also present significantly more room and scope to accommodate a greater number of multi-agency practitioners working with the 0-5 population in Leamington than Sydenham offers. If the vision is to increase collaborative and integrated working then I believe that Kingsway offers a better prospect than Sydenham.”</p> <p>“Sydenham to Kingsway is a 45 minute walk for me with the pushchair and the other one on reins. I’d of forgotten what I’d gone for by the time I arrived”.</p> <p>““The SYDNI Centre already provides an excellent community resource so arguably having a Family Hub too just up the road could result in duplication of services or could take footfall away from the other.”</p>



Specific buildings			
District or Borough	Building	Detail	Supporting comments
Warwick District	Lillington (Leamington Spa / Warwick District)		<p>“Lillington – proposed site of Family Hub, the Youth Centre is also already used and Lillington Library is also a One Stop Shop – is this too much in one area?”</p> <p>“The preferred sites in Leamington would be Lillington and Kingsway with an active spoke in Sydenham. This would provide accessible services that are relatively manageable to access for families.”</p>
Warwick District	Westgate	Westgate site would be the preferred Family Hub location for Warwick.	<p>“If Warwickshire is to move to a Family Hub model, the Westgate site would be the preferred location for Warwick. Westgate is centrally situated within the Children’s Centre reach area and opposite the bus station, making it accessible and relatively easy to describe its location.”</p>
Warwick District	Whitnash		<p>‘I really like it because it’s small. It has a homely feeling.’</p>



APPENDIX D - Petition wordings

The total number of signatures was 7083, however it is known that a small percentage of these are duplicate signatories, signing more than one petition. These have been kept in as the wording of the petitions were different.

Petition starter: Kerry Carr	Number of signatures: 437 ePetition 1507 paper petition
<p>We the undersigned would like the Council to reconsider the redesign for Children's Centre services. We urge the council to develop a model of services which</p> <ul style="list-style-type: none"> • prioritises the well-being of babies and very young children in their first 1001 days; • protects and develops existing services and activities; • remains accessible for families and children. 	

Petition starter: Jessica Tomlinson	Number of signatures: 923 online petition 1332 paper petition
<p>Online petition wording: It was reported by Nuneaton News this morning (15/06/2017) that reassessment of our children's centers will take place, with some facing closure. This would be a terrible mistake for Warwickshire County Council. Across the borough there are thousands of families that rely on services provided by these centers. There are also hundreds of parents of children with additional needs who use these centers as a lifeline. My son is 3 years old and is on the waiting list for ASD assessment. Its already been a long battle to get this far but the children's centers within the borough have been the first places I call should I need help or advice. My sons community peadiatrician, Speech & Language therapist and health visitor are all based at the childrens centers under threat. Where will we be taking our amazing kids for their appointments? There are stay n' play sessions held at these centers that are specifically for children with additional needs, support groups for parents and constant access to a range of friendly advice that our children need without fear of us being judged should a meltdown happen or if we have no one else to talk to and we're at our wits end as parents. These centers can not close. Our children can not loose anymore. They have already been through so much...and so have we! Surely it's better to invest in our children now so that they stand a better chance of giving back to society when they reach adulthood. The centers that are at AT RISK are; Bedworth Heath, Bulkington, Ladybrook, Park Lane, Rainbow, and Riversley children's centre</p> <p>Paper petition wording: Warwickshire County Council have announced a possible redesign of services to children's centres with the possible closure of 6 centres; Bedworth Heath, Bulkington, Ladybrook, Park Lane, Rainbow and Riversley Park. We, the undersigned, are concerned citizens who urge our councillors to act now and vote against a redesign of services and ensure these vital centres remain open with the same services that are available at present.</p>	

Petition starter: Elaine Lambe, Serhan Wade and Gemma Proctor	Number of signatures: 508
<p>Warwickshire County Council have announced a possible redesign of services to children's centres with the possible closure of Southam Children's Centre. We, the undersigned, are concerned citizens who urge our councillors to act now and vote against a redesign of services and ensure these vital centres remain open with the same services that are available at present.</p>	



Petition starter: James Ellis	Number of signatures: 1929 online
<p>The Warwickshire County Labour group are extremely concerned about the Tory Administrations proposals to close all of the Children’s Centres across Warwickshire in 2018. The Tories propose to replace the 39 Centres with a handful of Hubs across the county.</p> <p>"It's worth spelling out that families will no longer have access to the locality based services including:</p> <ul style="list-style-type: none"> • Free advice & information Family Support drop in sessions, • Stay and play sessions staffed by trained and experienced professionals; • Access to professional support for help with issues of debt, housing, homelessness, returning to education and work; as well as a wide range of parenting and behaviour management courses and individual services... <p><i>"In addition to these universal services our local children’s centre staff spend a significant proportion of their time and energy supporting families where children are at risk of being removed, or being made subject to Child Protection plans. Staff work hard towards encouraging families to be more resilient by helping them develop their parenting skills."</i></p> <p>The Labour group is alarmed that without this layer of support and safeguarding, many children may slip through the net and be at much greater risk of being taken into the care system without children’s Centre support.</p> <p>There are also proposed staffing cuts of support staff who currently support priority families. Which all most certainly lead to increasing numbers of children been taken into care which will have major financial implications that the Tories seem to have overlooked.</p>	

Petition starter: Trevor Martin	Number of signatures: 447
<p>We the undersigned, deplore Warwickshire County Council’s plan to close Kenilworth Children’s Centre and to stop the delivery in Kenilworth of vital services to local families with children under 5 years of age in the Kenilworth area. We urge Warwickshire County Council to rethink their plans</p>	

Petition starter: North Warwickshire & Bedworth Labour	Number of signatures: 33
<p>STOP THE TORY CUTS TO CHILDRENS CENTRES FUNDING TO BE SLASHED. CENTRES WILL CLOSE.</p> <p>Conservative County Council announces consultation on cuts to children’s centres</p> <p>Labour Councillors and campaigners are calling on local people to join them in opposing the plans by the Conservative Warwickshire County Council to close our children’s centres.</p> <p>Under the Tories:</p> <ul style="list-style-type: none"> X £1.12 Million cut from the Children’s Centre budget in 2018 X 30 Children’s Centers could close in Warwickshire X Early years provision scrapped X 40 Family Support Staff to be sacked X They want volunteers to run Children’s Centers at risk of closure <p>Bedworth, Coleshill, Polesworth, Kingsbury and Mancetter Children’s Centres all at risk.</p> <p>Labour oppose the closure of Children’s Centres in North Warwickshire. Before the County Council Elections, no party controlled the Council. Labour secured an agreement to keep Children’s Centres open. Now the Tories run the Council, they plan to close the majority of our children centres.</p> <p>Sign our petition. Respond to the consultation. Tell the Tories to u-turn.</p> <p>We the undersigned call on Conservative Warwickshire County Council to reverse their cuts to children's centres</p>	

1. Our Vision

Our vision for 0-5 services is *“to work together with our partners ‘to enable every child in Warwickshire to have the best start in life through a whole family approach that builds independence, resilience and ensures that services are accessible, proportionate and seamless based on need”*.

We will achieve this through:

- A whole system and place based approach that ensures service provision is connected with wider service delivery and transformation. It will be underpinned by information sharing across agencies and assessment of need;
- Ensuring communities and individuals are supported to be safe, healthy and independent with a targeted approach towards the more vulnerable;
- Contributing towards a vibrant economy that enhances the financial wellbeing and independence of children, young people and families;
- Delivery that is based on how services are accessed rather than the historic location of our current buildings;
- Working with communities on the future shape of services and consideration of how engagement can be sustained to ensure continuous service improvement;
- An interaction that promotes independence and resilience rather than dependency.

And in doing so we will have due regard to the ‘Journey of the Child’ principles:

Values and Principles

1. Our **focus is the child** and the family and the outcomes we can help them achieve - with their voice at the centre of our engagement.
2. We value and make the most of **partnerships and our colleagues** and the skills they bring to the table (including our foster carers).
3. We **avoid duplication and bureaucracy** wherever we can and
4. We share a **single system for assessment and a single plan** - wherever children and young people receive help.
5. We work together to safely deliver within the **context of financial constraint** and seek the opportunities as well as facing the challenges this provides.

Appendix 2 - WARWICKSHIRE CHILDREN & FAMILY CENTRES - SERVICE OFFER & DELIVERY MODEL

2. Our Service Offer

Where does it come from?

Our recommended model builds on:

- Outcomes of a 11 week long public consultation
- Substantial research and engagement work undertaken through the Smart Start Programme (2015-2017), Smart Start Strategy 2016-2020 and findings from the Smart Start funded project led by Barnardo's on behalf of all Warwickshire children's centres providers: 'Re-imagining our Children's Centres'
- Learning from the Priority Families Programme in terms of the 'think family' approach and concept of 'one worker, one family one plan'
- Cross party manifesto '1001 Critical Days' & APPG on Children's Centres – 'Family Hubs: The Future of Children's Centres'
- Marmot (2010) Fair Society, Healthy Lives
- Wave Trust (2013) Conception to Age 2: The Age of Opportunity.

It takes into account the strengths of the current provision and is based on a stepped approach, offering a balance of universal and targeted services to build resilience in Warwickshire families and improve the life chances of Warwickshire children.

The model sets out the future delivery of 0-5 services to ensure that they are relevant, fit for purpose and aligned with the strategic direction of the County Council in relation to the:

- One Organisational Plan 2020
- Development of Community Hubs
- Transformation Programme in relation to Children and Families.

What does it look like?

The Children and Family Centre model is based on the stepped approach to accessing support and services and will deliver a seamless, integrated service with a particular focus on 1001 critical days (from conception up to 2 years of age):

Appendix 2 - WARWICKSHIRE CHILDREN & FAMILY CENTRES - SERVICE OFFER & DELIVERY MODEL

STEP 1: Parents, carers and children get the information that they need to self-help, as appropriate.

Access to information/ signposting/ self-help/ peer support predominantly through digital online services (e.g. Family Information Service, Warwickshire Directory, Solihull Approach parenting guides) and use of Children and Family Centres (plus associated outreach provision) and greater connectivity of such provision through other places accessed by children and families such as nurseries, schools, libraries, health centres, community hubs, volunteer led groups etc.

STEP 2: Parents, carers and children are able to access services that support parenting, promote health and wellbeing and improve school readiness. The provision of universal services ensure that Children and Family Centres are not stigmatised, removing barriers to access. Universal provision will also ensure that those who are in need of a more targeted intervention (at Steps 3 and 4) are identified and can access support early.

Direct universal advice and support to be delivered via Children and Family Centres (plus associated outreach provision) in terms of Family Information Service; midwifery; health visiting; ante-natal parent groups; parent and child groups / “stay and play”; universal parenting guides and courses; adult learning – access to REAL (Raising Early Achievement in Literacy) and REAM (Raising Early Achievement in Mathematics) courses working with families and children from 2-5 years to improve numeracy, literacy and language; support in accessing suitable early years education provision; family support “drop-in” sessions; Chatter Matters sessions.

STEP 3: Services are targeted to those who need help most through a locality based multi-agency approach.

Targeted support to be delivered via Children and Family Centres (plus associated outreach provision) such as lower level mental health support for parents/ counselling; access to IAPT (Improving Access to Psychological Therapies); bilingual Chatter Matters; direct 0-19/25 family support; financial well-being support through advice on housing, debt and budget management; access to relationship support; Family Nurse Partnership service; CAMHS/ emotional and mental wellbeing support for children and young people, Speech and Language Therapy; sensory play sessions for children with additional needs; baby massage.

STEP 4: Intensive support can be accessed (though delivery may be elsewhere) for those with acute level of need and/ or where Steps 1-3 have not worked, or where safeguarding concerns are present.

Access to targeted intensive support via Children and Family Centres (plus other appropriate outreach) such as intensive 0-19 family support/ social care support, access to domestic violence support, substance misuse support, mental health support, incl. perinatal mental health service, CAMHS/ emotional and mental wellbeing support for children and young people, Speech and Language Therapy.

Appendix 2 - WARWICKSHIRE CHILDREN & FAMILY CENTRES - SERVICE OFFER & DELIVERY MODEL

The service offer and model is dependent upon multi agency working and as such we intend to develop and/ or maintain strong links with other services and organisations.

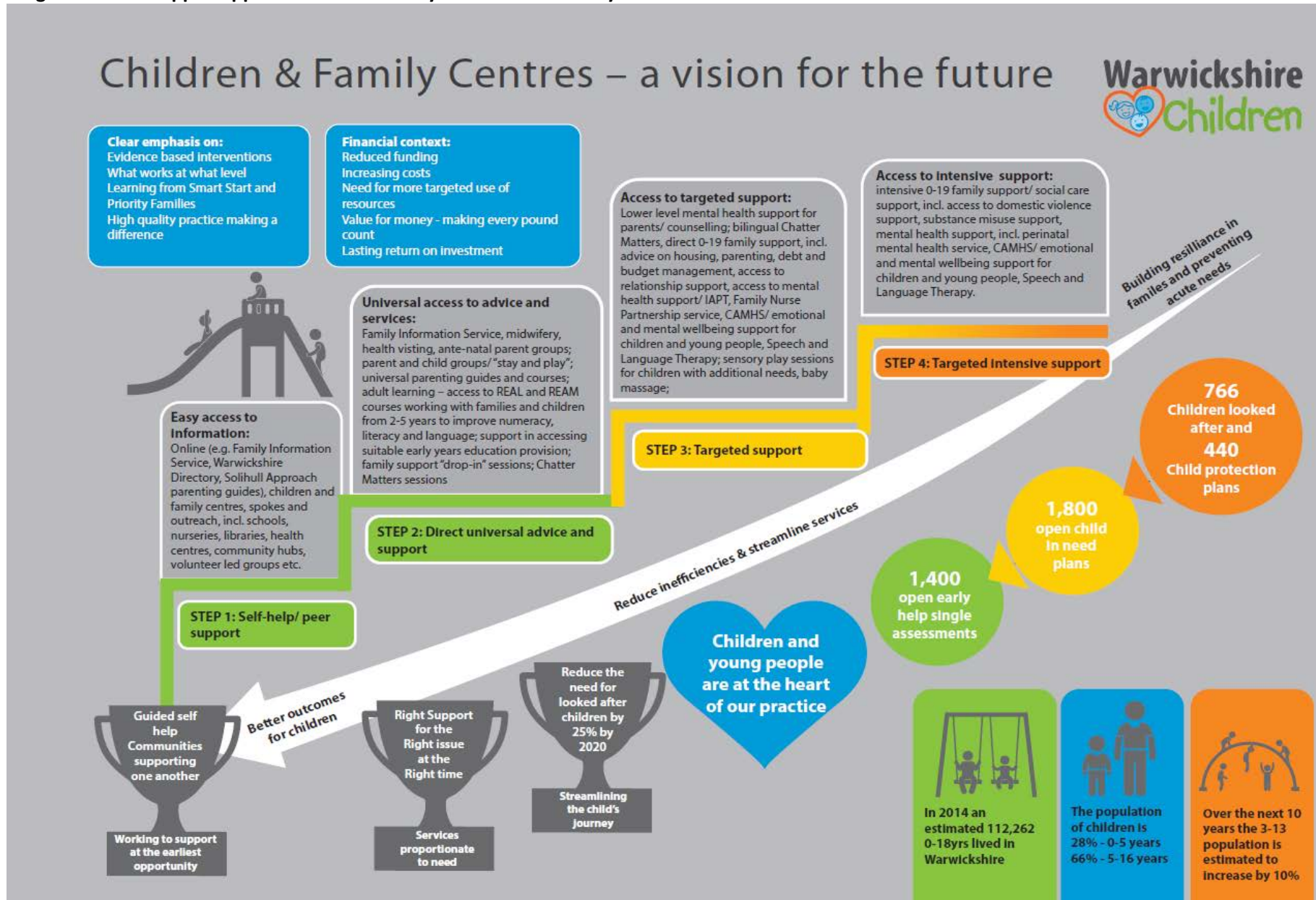
The organisations that will help deliver the model include Midwifery, Health Visiting, School Health & Wellbeing Service, Integrated Disability Service (IDS), Improving Access to Psychological Therapies (IAPT), CAMHS/ emotional and mental wellbeing support for children and young people, Citizens Advice Bureaux (CAB)/ Warwickshire Welfare Advice Service (WWRAS), Adult and Community Learning and Housing. Other organisations may also be involved.

We will continue to develop strong cooperation with the community and voluntary sector.

In the new service model for family hubs and all other services we provide for children and families, we are fully committed to:

- ✓ Involving families in co-producing and reviewing services
- ✓ Providing/ commissioning high quality services that offer best value for money and deliver best possible outcomes
- ✓ Using the stepped approach, acting as early as possible to prevent escalation of issues
- ✓ Safeguarding children and vulnerable people
- ✓ Taking a whole system approach, aligning our resources and services, so that we can offer the best support to our families
- ✓ Sharing information and best practice
- ✓ Developing our workforce to deliver best support to our families
- ✓ Building community capacity and resilience
- ✓ On-going evaluation to drive improvement and ensures best response to current needs.

Diagram 1: The stepped approach to the delivery of children & family centres



Appendix 2 - WARWICKSHIRE CHILDREN & FAMILY CENTRES - SERVICE OFFER & DELIVERY MODEL

Parenting support and groups

In the proposed model we will offer parenting support at both levels:

- **universal** – as a preventative measure, with a specific focus on the parents/ carers’ emotional and mental wellbeing, and attachment; the universal offer will also include increasing an understanding of what it means to become a parent/ carer and will lead to increasing parental resilience;
- **targeted** – as a measure to increase parents/ carers’ confidence, address the barriers to having a positive experience as a parent/ carer, including mental health, increase parenting knowledge and improve the parent-child relationship.

To support the delivery of the universal parenting offer, we will support the initiation and offer regular, but limited, as appropriate, guidance to ante- and post-natal parent peer support groups, using the Solihull Approach, which has been based on the Leksand Model from Sweden, where parents/carers who meet on an antenatal course/ group reconvene on a postnatal course/ group and meet regularly in a semi/ self-facilitated, sustained way to offer peer support to one another and to parents in the wider community. Additionally, we will facilitate access to the existing Solihull Approach online guides commissioned by Public Health and provide a rolling programme of selected face to face courses.

We are working with our partners to take a strategic approach to the delivery of parenting support in Warwickshire and to develop a framework to ensure equity and consistency in service provision, leading to better outcomes for children and families.

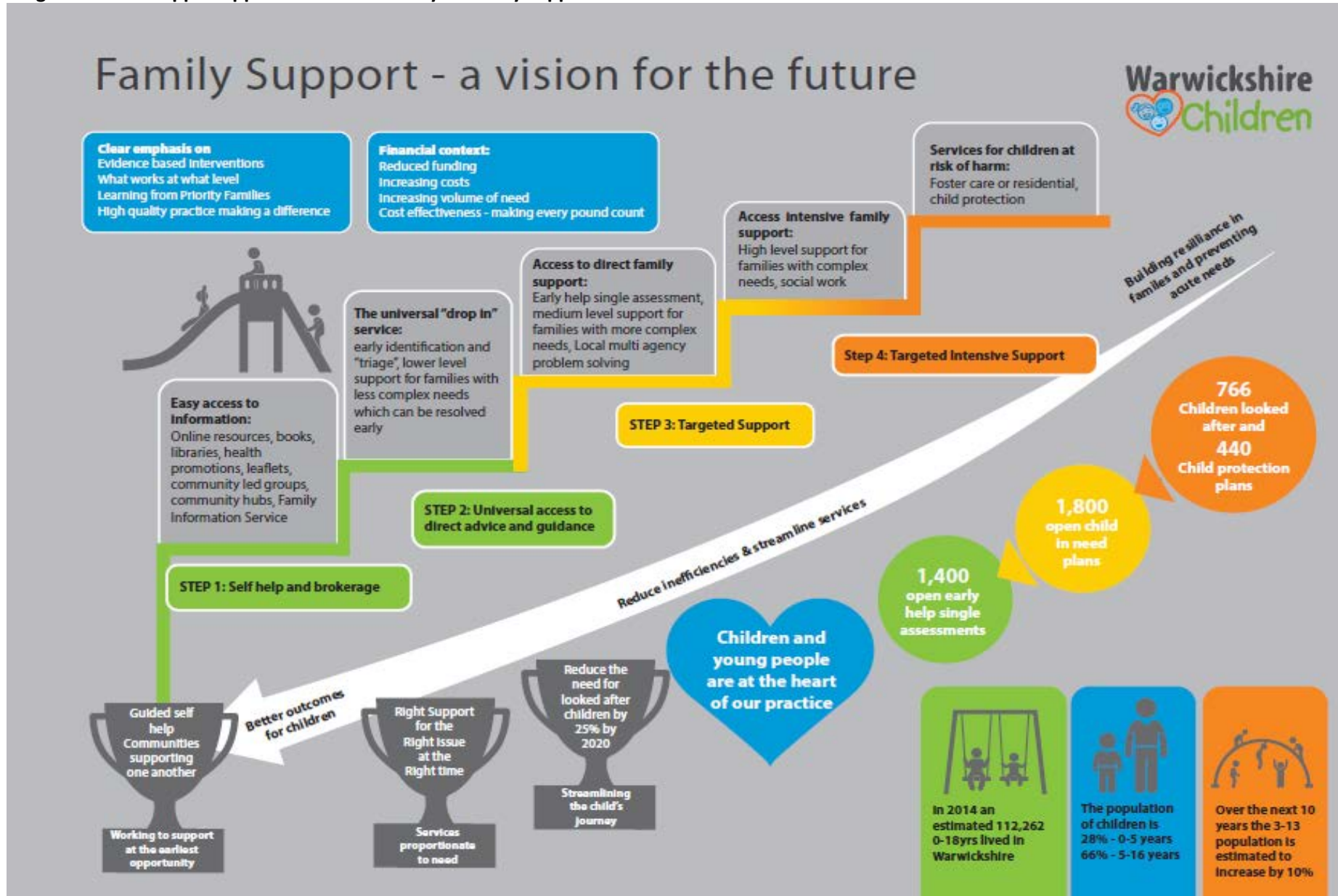
Family Support

We will take a stepped approach to the delivery of family support in Warwickshire and will offer the service at both universal and targeted levels and as part of a wider service for families with children aged 0-19 years (0-25 years for children with special educational needs and disabilities).

The universal “drop in” service will enable an early identification of issues and “triage” to assess their complexity as well as a delivery of a lower level support, or support for families with less complex needs which can be resolved early. The targeted and more intensive support will be provided for families with multiple or more complex issues. Both elements of the service will be offered as means to:

- streamline the journey of the child and the family
- prevent the need for specialist support
- reduce the risk of children on Child Protection plans and being Looked After.

Diagram 2: The stepped approach to the delivery of family support



Appendix 2 - WARWICKSHIRE CHILDREN & FAMILY CENTRES - SERVICE OFFER & DELIVERY MODEL

We recommend delivering family support in Warwickshire through the “One Team” approach, hence the need to bring it in-house and incorporate into the wider social care support. This will allow us to:

- enhance our early help offer;
- remove the barriers to accessing the most appropriate support by families in need through having a single assessment process, reduction in referral pathways and thresholds;
- ensure consistent approach to staff development and service standards;
- manage caseloads more efficiently and effectively;
- improve access to appropriate support.

We intend to develop a **mental health lead practitioner** role within family support and ensure that there are at least **3 mental health lead practitioners** across the county who will:

- act as a link between family hubs and mental health services;
- facilitate access to the most appropriate emotional and mental health and wellbeing support for children and families;
- coordinate the provision of lower level supports provided by the Children and Family Centres and outreach sites.

We envisage that a number of appropriately trained and supported family support workers will also deliver parenting guides and programmes. We will utilise and build on the existing expertise in line with the countywide parenting strategy (to be developed).

2Help Nursery Provision

We intend to cease the delivery of the funded 2Help childcare through Children and Family Centres except where such provision is already being delivered by another provider already on site. A project is currently under way to ensure sufficiency of 2Help places across the county via existing settings, where the majority of 2Help provision is already being delivered. It is envisaged that a number of existing children’s centre sites may be transferred to early years’/ 2Help providers where the provision of 2Help places will continue to meet the sufficiency needs, albeit via a nursery provider.

3. Service Delivery Model

How will we deliver the service?

It is expected that services will be delivered as follows:

- within the Children & Family Centres
- on an outreach basis through other statutory buildings (health, social care, nurseries and schools) and former children centres (where the management of these have been transferred to a third party)
- on an outreach basis through community based venues
- on an outreach basis through home visits, as appropriate.

Children and Family Centres

We recommend to transform 14 of the existing children’s centres into Children and Family Centres operating in an integrated manner with teams providing both universal and targeted health and care support being co-located, where possible, and meeting/ communicating regularly to deliver the best early help possible.

The 14 Centres are to become the base for the extended range of services and, where possible and appropriate, staff co-located within them.

The following centres are proposed to be transformed into Children and Family Centres:

<p>North Warwickshire Borough:</p>	<p>Atherstone</p>	<p>Warwick District:</p>	<p>Lillington Kingsway Westgate</p>
<p>Nuneaton & Bedworth Borough:</p>	<p>Camp Hill Stockingford Riversley Park Clinic St. Michael’s</p>	<p>Stratford District:</p>	<p>Alcester Stratford Lighthorne Heath</p>
<p>Rugby Borough:</p>	<p>Long Lawford Claremont Boughton Leigh</p>		

Appendix 2 - WARWICKSHIRE CHILDREN & FAMILY CENTRES - SERVICE OFFER & DELIVERY MODEL

Outreach Sites

Alongside the children & family centres, we propose to set up outreach sites where specific services can be delivered in response to a local need on an outreach basis, ensuring local accessibility. In the first instance we will explore potential in relation to the remaining 25 children centre sites where despite re-assignment to schools, early years’ providers, health providers, or other organisations, we are able to maintain an element of service provision that is based on local need and has regard to the nature of the building and access arrangements. The following is a list of existing children centre sites where initial discussions have suggested that this may be possible.

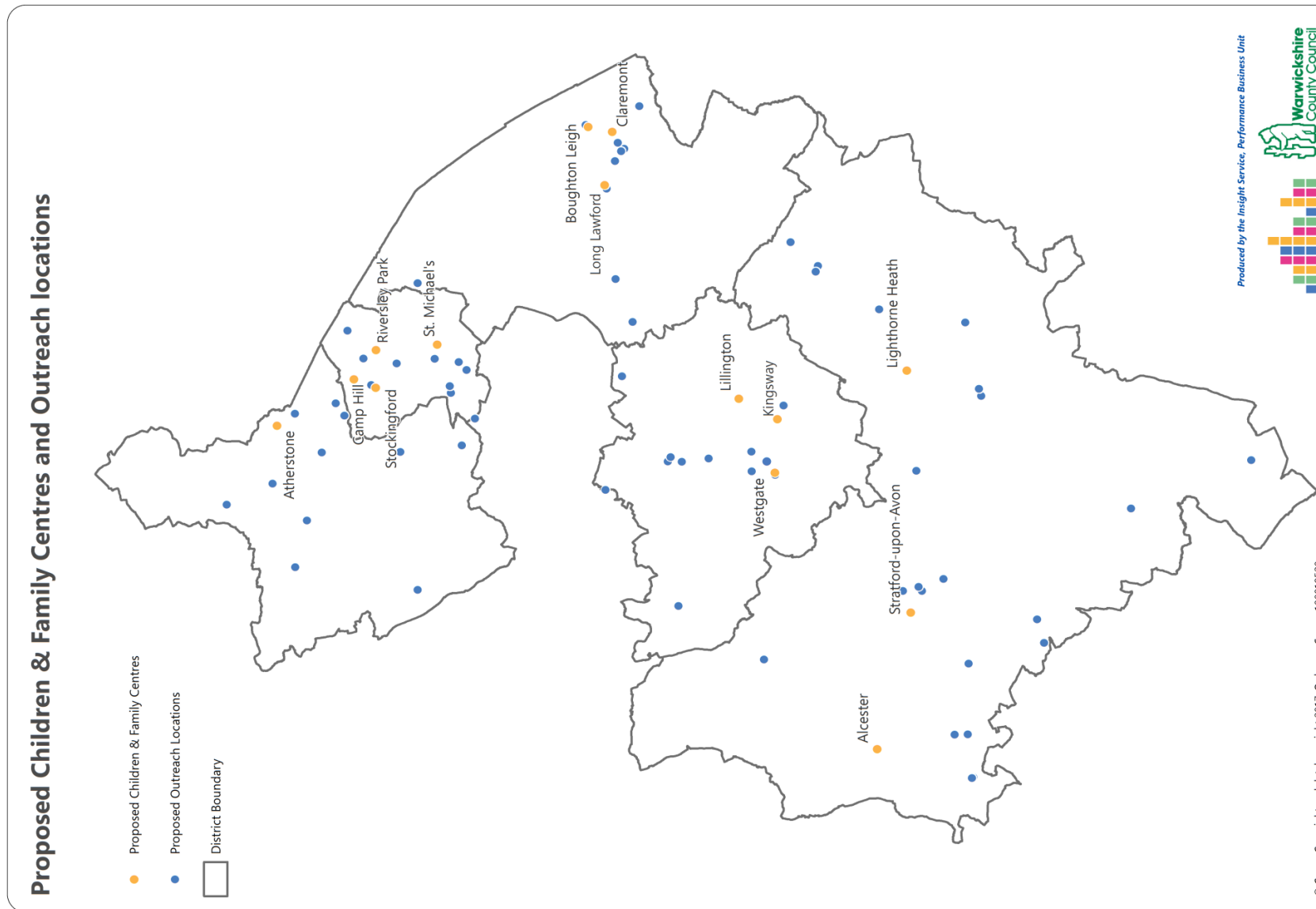
North Warwickshire Borough:	Coleshill Kingsbury Polesworth	Warwick District:	Kenilworth (St. John’s) Whitnash Warwick Kenilworth (Bertie Road)
Nuneaton & Bedworth Borough:	Abbey Ladybrook Rainbows Bulkington	Stratford District:	Southam Wellesbourne Badger Valley
Rugby Borough:	Hillmorton Wolston		

At this stage the list is indicative and will be finalised during the formal stages of the reassignment of surplus sites.

In addition to existing sites, we will build on what works well within the existing outreach model within the community and develop an offer that is accessible and meets the needs of the most vulnerable children and families. We will review the current outreach provision, which is available in 55 locations across the county, as the basis of delivery for the future model to ensure that it is cost effective, appropriate (for the purposes of safeguarding), accessible (especially in rural areas) and based on need.

Unlike the children & family centre sites, we expect that the venues for the community outreach services will be community based and led, and whilst some of the professionally led services will be available at these venues, we envisage developing a greater involvement of the local community in the coordination, facilitation and delivery of some or many of the services, as appropriate and with relevant support to ensure quality and safeguarding.

Map 1: Locations of proposed children & family centres and outreach sites [to be updated]



Appendix 2 - WARWICKSHIRE CHILDREN & FAMILY CENTRES - SERVICE OFFER & DELIVERY MODEL

Commissioning & staff

We propose a hybrid (delivery of both commissioned and in-house services) delivery model which entails decommissioning of the family support element of the current 0-5 service and incorporating it into the council's family support as part of the "One Team" approach and commissioning of services relating to:

- co-ordination and administration of the centres and outreach provision
- early years 'stay & play'
- locality and volunteer co-ordination.

The outcome based commissioning model in Warwickshire does not detail prescriptively how the contract will be delivered. It is for a provider to examine the service specification and detail how they will meet the specification. However, for financial modelling purposes and based on the service commissioner's review covering the 2016-17 financial period, the following **indicative** staff structure has been used for budgetary and service planning purposes:

- a) 6 FTE Managers per Borough/ District, including 2 in Nuneaton & Bedworth due to volume and level of need
- b) 14 FTE Administrators, ensuring 1 FTE per each Children and Family Centre
- c) 28 FTE Early Years workers across the county allocated on the basis of local population and need
- d) 2 FTE Locality & Volunteer Coordinators across the county
- e) 38 FTE Family Support Workers across the county allocated on the basis of local population and need (delivered in-house via WCC and supported by the wider WCC team).

The number of family support workers delivering support to families with children aged 0-19 (25) is likely to be higher and their allocation will be determined based upon need as part of the Children and Families Transformation Programme's "One Team" project.

We intend to build on the best practice currently in existence within a number of children's centres, but ensure support is equitable and consistent across the county.

Appendix 2 - WARWICKSHIRE CHILDREN & FAMILY CENTRES - SERVICE OFFER & DELIVERY MODEL

Locality working and volunteering

There is a need for a more joined up approach to supporting children and families on a locality basis. Links with local services such as early years education/ nurseries, schools, health services, Police need to be strengthened and support available within the community encouraged and enhanced to improve outcomes.

We are keen to encourage volunteering in the delivery of the children & family centre services, particularly in the development of peer support and the delivery of parent/ child groups, starting from the antenatal period. We will ensure an appropriate training, supervision and support to the volunteers, as required.

A new role of a locality and volunteer coordinator is to be introduced to address this gap and improve access to a “wrap around” service for Warwickshire children and families. This role will work alongside our early help provision to maximise its effectiveness and efficiency.

Financial inclusion

The Warwickshire Child Poverty Strategy identified a number of challenges leading to reduced life chances and greater dependency of children from lower income families. We aim to address this by providing more of a targeted support around benefit advice, financial management and budgeting for families via the children & family centres and outreach service, working closely with Department for Work & Pensions, Citizens Advice Bureaux and other relevant community and voluntary sector organisations.

Safeguarding

We are fully committed to safeguarding children and vulnerable people and this model offers a proactive approach to ensuring we deliver on our commitment. A children & family centre and outreach model creates a multi-disciplinary team of professionals who are better equipped through shared intelligence and resources to identify issues early and take a collective appropriate action to address them before they escalate and result in putting children at risk, and require a costly social care intervention.

Whilst our main focus will remain on the 1001 critical days, we will offer support to families with children aged up to 19 years, ensuring continuity of service, as appropriate, reducing the risk of children aged 5 and above potentially struggling to access support. This offer also ensures the whole family approach and delivers on our commitments within the Smart Start Strategy.

4. How does the new model respond to need?

The following key factors have been taken into account when developing the children & family centre and outreach delivery model:

- 1) Sufficiency in relation to Children’s Centre provision
- 2) Accessibility and proximity to services;
- 3) Population growth, including through additional housing developments;
- 4) The needs of the local families, identified through the evidence provided by the Insight Service, 0-5 Strategic Needs Assessment and the Smart Start research, the current providers and commissioner reports and the public consultation;
- 5) Local and national policies, e.g. Children & Families Transformation, OOP2020, Better Births etc.
- 6) Financial and legal constraints and viability.

The public consultation and the current children’s centres providers’ responses have been particularly helpful in identifying and understanding many of the key issues, which in turn have helped to shape the model that has the best potential to deliver better outcomes and presents value for money.

One of the key considerations in determining the location of children & family centre and key outreach sites has been the current level of population per locality plus the projected population growth, a factor which has been strongly represented by the 0-5 redesign consultees.

Table 1: Population levels in Warwickshire – MID 2016 (ONS)

	0-2		0-5		0-19		0-25	
	Count	%	Count	%	Count	%	Count	%
North Warwickshire	1,928	3.1%	4,055	6.4%	13,599	21.5%	17,458	27.6%
Nuneaton & Bedworth	4,753	3.7%	9,683	7.6%	30,154	23.7%	38,761	30.5%
Rugby	3,830	3.7%	7,981	7.7%	25,531	24.6%	31,350	30.2%
Stratford-on-Avon	3,431	2.8%	7,260	5.9%	25,556	20.9%	31,666	25.9%
Warwick	4,436	3.2%	9,188	6.5%	30,714	21.9%	45,225	32.2%
Warwickshire	18,378	3.3%	38,167	6.9%	125,554	22.6%	164,460	29.5%

Appendix 2 - WARWICKSHIRE CHILDREN & FAMILY CENTRES - SERVICE OFFER & DELIVERY MODEL

Table 2: Population Projections 2014 - sub-national statistics (ONS)

2020

	0-2		0-5		0-19		0-25	
	Count	% increase from 2016 population estimates	Count	% increase from 2016 population estimates	Count	% increase from 2016 population estimates	Count	% increase from 2016 population estimates
North Warwickshire	1,935	+ 0.4%	3,884	- 4.2%	13,325	- 2.0%	16,885	- 3.3%
Nuneaton & Bedworth	4,617	- 2.9%	9,258	- 4.4%	30,176	+ 0.01%	38,388	- 1.0%
Rugby	3,798	- 0.8%	7,728	- 3.2%	26,567	+ 4.1%	32,063	+ 2.3%
Stratford-on-Avon	3,370	- 1.8%	6,946	- 4.3%	25,145	- 1.6%	30,746	- 2.9%
Warwick	4,691	+ 5.7%	9,278	+ 1.0%	30,609	- 0.3%	43,648	- 3.5%
Warwickshire	18,410	+ 0.2%	37,094	- 2.9%	125,823	+ 0.2%	161,731	- 1.7%

2025

	0-2		0-5		0-19		0-25	
	Count	% increase from 2016 population estimates	Count	% increase from 2016 population estimates	Count	% increase from 2016 population estimates	Count	% increase from 2016 population estimates
North Warwickshire	1,935	+ 0.4%	3,918	- 3.4%	13,548	- 0.4%	16,841	- 3.5%
Nuneaton & Bedworth	4,627	- 2.7%	9,345	- 3.5%	31,161	+ 3.3%	38,694	- 0.2%
Rugby	3,816	- 0.4%	7,835	- 1.8%	28,030	+ 9.8%	33,228	+ 6.0%
Stratford-on-Avon	3,437	+ 0.2%	7,120	- 1.9%	25,597	+ 0.2%	30,808	- 2.7%
Warwick	4,882	+ 10%	9,708	+ 5.7%	31,865	+ 3.7%	44,426	- 1.8%
Warwickshire	18,696	+ 1.7%	37,923	- 0.6%	130,199	+3.7%	163,993	- 0.3%

The figures above do not take into account planned housing developments, which have been considered in addition to the statistical data.

Appendix 2 - WARWICKSHIRE CHILDREN & FAMILY CENTRES - SERVICE OFFER & DELIVERY MODEL

The following numbers of households are part of the current draft local plans, some of which are yet to be approved:

Warwick District -	17,139
Stratford District -	14,600
North Warwickshire Borough -	9,070
Nuneaton & Bedworth Borough -	13,374
Rugby Borough -	13,664.

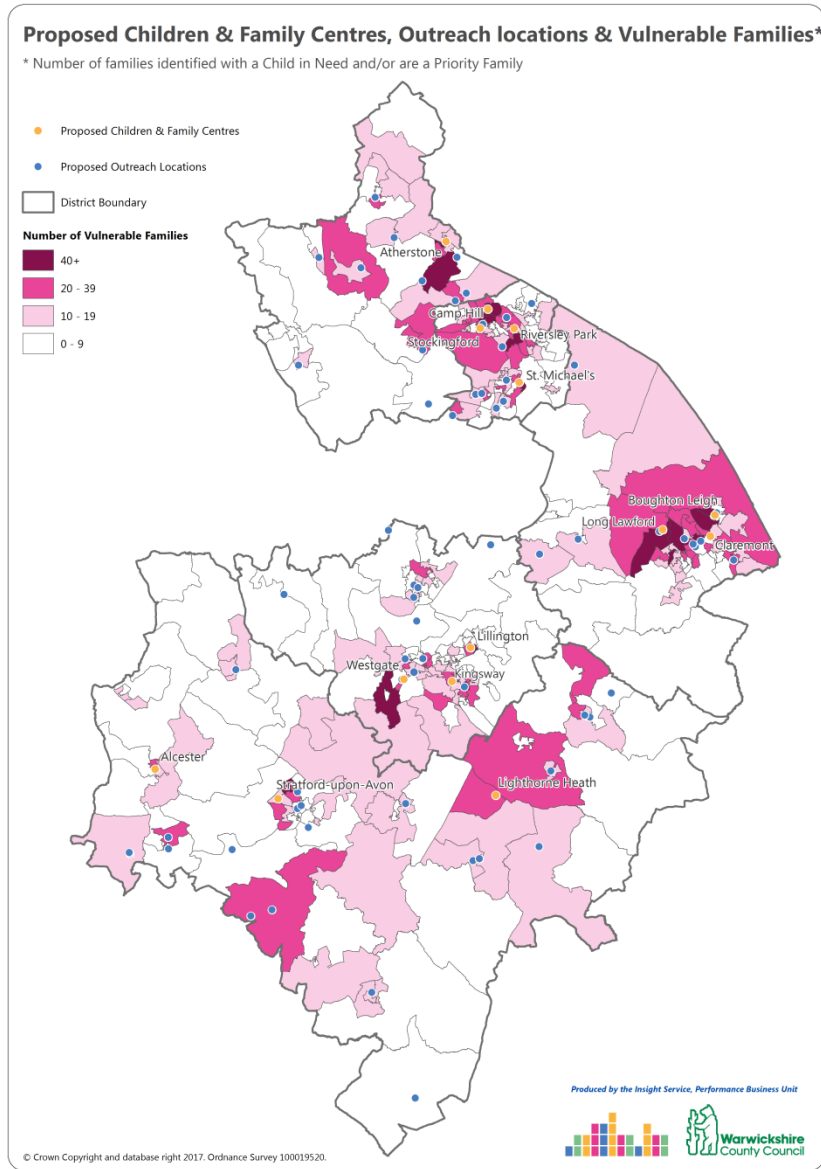
The locations of these plans have been considered in making projections of the actual growth in population numbers and the development of the proposed service delivery model.

In addition to the housing development plans, distance and transport links have been considered in developing the recommended service model. A stronger outreach delivery is required where currently access to children's centre services is limited. The service redesign presents an opportunity to develop a robust outreach model which ensures local access to services through a place based approach to meet the unique needs of people in one given location by working together to make the best use of local knowledge and available resources.

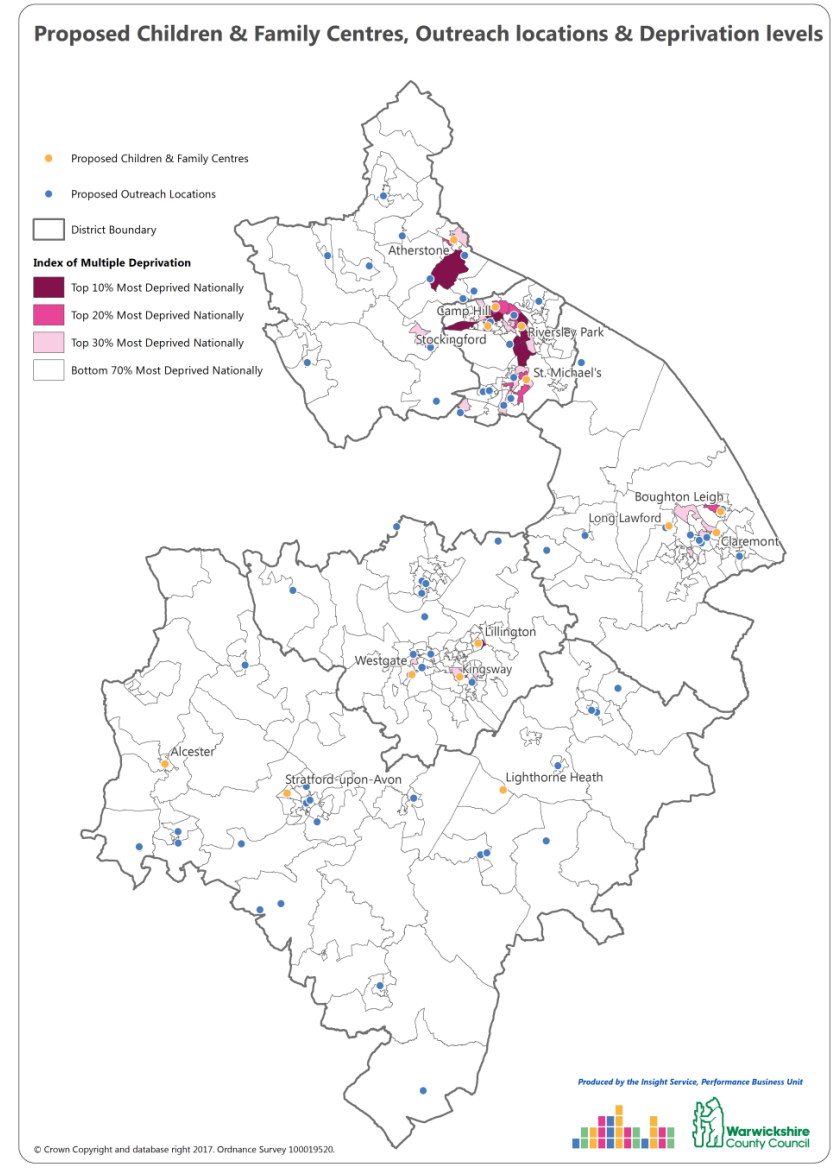
Some of the key evidence underpinning the recommendations relates to the number of vulnerable families and levels of deprivation as one of the critical factors leading to vulnerability.

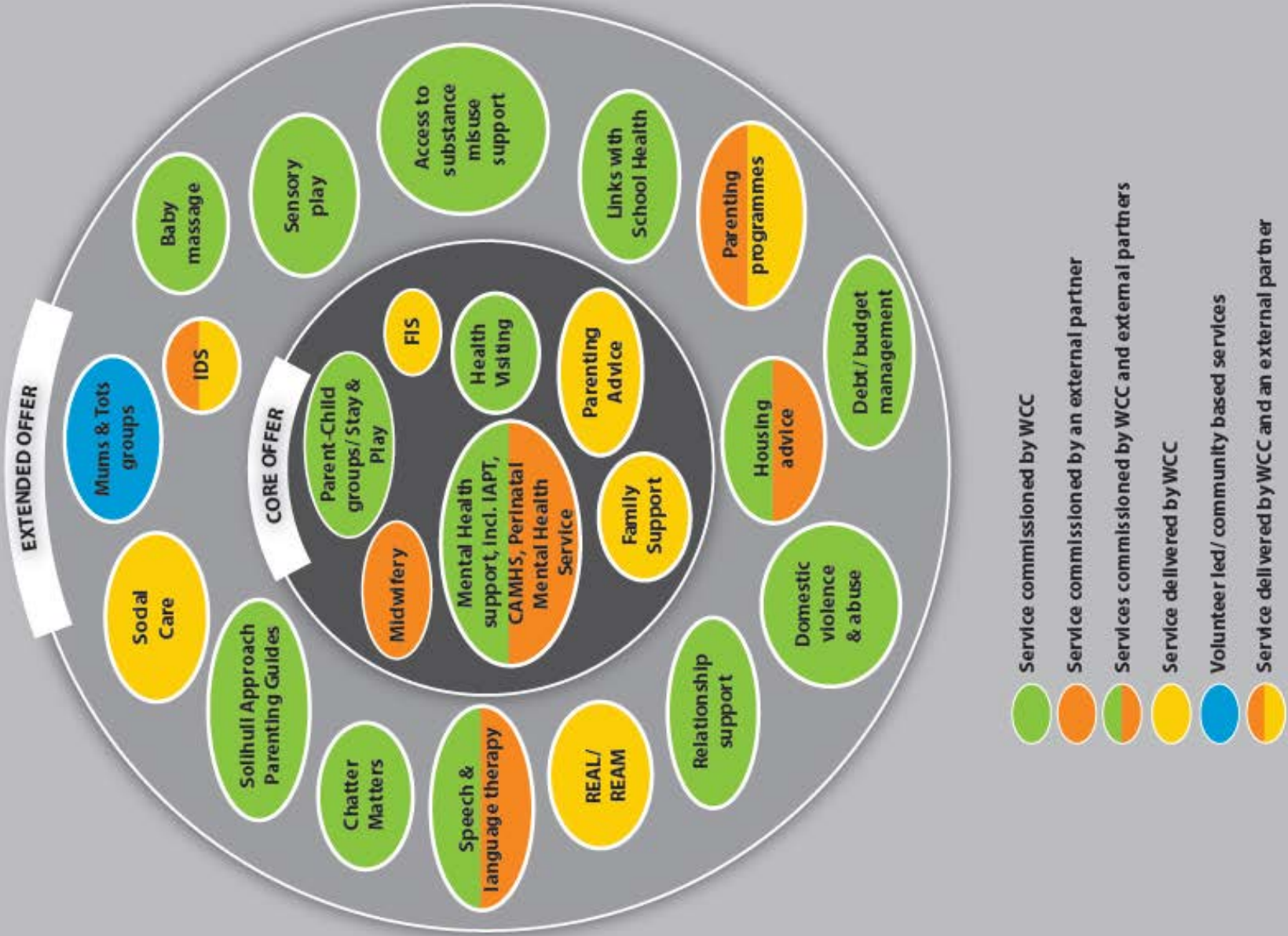
Appendix 2 - WARWICKSHIRE CHILDREN & FAMILY CENTRES - SERVICE OFFER & DELIVERY MODEL

Map 2



Map 3









EQUALITY IMPACT ASSESSMENT/ ANALYSIS (EqIA)

PL-CSOC-21 Children's Centres

On 2nd February 2017, Warwickshire County Council approved its 3 year Corporate Plan. Within the One Organisational Plan 2020 (OOP 2020) there are savings required in relation to 0-5 services. On 15th June 2017, Cabinet received and approved a proposed model for consultation. On 9th November 2017 a report will go to Cabinet providing details of the proposed revised service model. This EqIA relates to the impact of the proposed revised service model within the context of OOP 2020, in the light of the outcomes of the consultation process and the need to transform services for children and families over the next 3 years.

Equality Impact Assessment/ Analysis (EqIA)

Group	People
Business Units/Service Area	Children & Families
Plan/ Strategy/ Policy/ Service being assessed	OOP PG_CF_14-18 OPP PG_CF_05 £1.12M savings
Is this is a new or existing policy/service? If existing policy/service please state date of last assessment	Existing Children's Centres Group/Collaboration Model (Contracts 1 st September 2014 – 31 st August 2017); newly commissioned (Sep 2014) following service re-design resulting from budget reductions. October 2014
EqIA Review team – List of members	Bill Basra Fiona McCaul Monika Rozanski Polly Sharma/ Claire Bonnet
Date of this assessment	20/10/17
Signature of completing officer (to be signed after the EqIA has been completed)	Bill Basra
Are any of the outcomes from this assessment likely to result in complaints from existing services users and/ or members of the public? If yes please flag this with your Head of Service and the Customer Relations Team as soon as possible.	Yes, Head of Service aware.
Name and signature of Head of Service (to be signed after the EqIA has been completed)	 Beate Wagner
Signature of GLT Equalities Champion (to be signed after the EqIA is completed and signed by the completing officer)	Chris Lewington 

A copy of this form including relevant data and information to be forwarded to the Group Equalities Champion and the Corporate Equalities & Diversity Team

Form A1

INITIAL SCREENING FOR STRATEGIES/POLICIES/FUNCTIONS FOR EQUALITIES RELEVANCE TO ELIMINATE DISCRIMINATION, PROMOTE EQUALITY AND FOSTER GOOD RELATIONS



High relevance/priority



Medium relevance/priority



Low or no relevance/ priority

Note:

1. Tick coloured boxes appropriately, and depending on degree of relevance to each of the equality strands
2. Summaries of the legislation/guidance should be used to assist this screening process

Business Unit/Services:	Relevance/Risk to Equalities																										
State the Function/Policy /Service/Strategy being assessed:	Gender			Race			Disability			Sexual Orientation			Religion/Belief			Age			Gender Reassignment			Pregnancy/ Maternity			Marriage/ Civil Partnership (only for staff):		
	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
0-5 Community Redesign of Children's Centre Services	✓				✓			✓				✓			✓	✓					✓	✓					✓
Are your proposals likely to impact on social inequalities e.g. child poverty for example or our most geographically disadvantaged communities? If yes please explain how.																								YES			
Warwickshire's 39 Children's Centres currently deliver an offer across Warwickshire, based on a model of 10 groups and collaborations. The proposed model: - proposes a targeted approach that focuses on delivery of services rather than the maintenance of buildings - proposes to ensure that services can be accessed easily by the most vulnerable children & families that are hard to reach. - produces greater integration under the Children & Families Transformation agenda. - will deliver a budget reduction of £1.12M to this service ensuring resources remains focussed on the most																								YES			

vulnerable children, families and communities in Warwickshire.
By working with communities and early years providers we hope to reduce the impact on communities in a manner that is most appropriate to need.

Are your proposals likely to impact on a **carer** who looks after older people or people with disabilities? **If yes please explain how.**

An overall reduction in services may impact on families who have children with disabilities. Currently Children's Centres offer 2Help nurture nurseries offering specific support for some children with disabilities.

YES

V6.3 FINAL APPROVED

Form A2 – Details of Plan/ Strategy/ Service/ Policy

<u>Stage 1 – Scoping and Defining</u>	
<p>(1) What are the aims and objectives of Plan/Strategy/Service/Policy?</p>	<p>Our vision for 0-5 services is to work together with our partners ‘to enable every child in Warwickshire to have the best start in life through a whole family approach that builds independence, resilience and ensures that services are accessible, proportionate and seamless based on need.</p> <p>We will achieve this through</p> <ul style="list-style-type: none"> - A whole system and place based approach underpinned by information sharing across agencies and assessment of need - Ensuring communities and individuals are supported to be safe, healthy and independent with a targeted approach towards the more vulnerable - Contributing towards a vibrant economy that enhances the financial wellbeing and independence of children, young people and families - Delivery that is based on how services are accessed rather than the historic location of our current buildings - Working with communities on the future shape of services and consideration of how engagement can be sustained to ensure continuous service improvement - An interaction that promotes independence and resilience rather than dependency <p>The proposed Children & Family Centres Model is based on the stepped approach to accessing support and services (4 steps through tiers of increasing need) with particular focus on the 1001 critical days from conception to 2 years of age.</p>
<p>(2) How does it fit with Warwickshire County Council’s wider objectives?</p>	<p>WCC core purpose of:</p> <p><i>“Develop and sustain a society that looks after its most vulnerable members, delivers appropriate, quality services at the right time, and seeks opportunities for economic growth and innovation.”</i></p> <p>In addition the work links with the following plans, strategies and programmes:</p> <ul style="list-style-type: none"> • One Organisational Plan 2020 • Children’s Transformation Plan 2017-2020 • Warwickshire County Council Child Poverty Strategy 2015 • Smart Start Strategy 2016-2020: Giving Warwickshire’s children the best start in life • Community Hubs Programme

<p>(3) What are the expected outcomes?</p>	<ul style="list-style-type: none"> • A re-focussing of resources on the most vulnerable children, families and communities in Warwickshire to improve their outcomes and support children to be school ready • A budget reduction of £1.12M • Improved Children & Family Outcomes and Family Resilience • Greater prevention of acute need • Greater integration of services to children and families
<p>(4) Which of the groups with protected characteristics is this intended to benefit? (see form A1 for list of protected groups)</p>	<p>Age – as a result reshaped 0-5 provision extending the age group from 0-25</p> <p>Disabilities - as a result of the extension of service offer from 0-5 to 0-19 and to 25 years in the case of those with disabilities.</p> <p>Gender.</p> <p>Race</p> <p>Pregnancy/ Maternity</p>
<p><u>Stage 2 - Information Gathering</u></p>	

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(1) What type and range of evidence or information have you used to help you make a judgement about the plan/ strategy/ service/ policy?

Local

Qualitative and Quantitative evidence gathered as part of the 0-5 Redesign Public Consultation over the period between June and September 2017

Demographic and JSNA evidence provided by the Warwickshire County Council Insight Team over the same period.

Evidence from Smart Start 0-5s Strategic Needs Assessment August 2016 and extensive asset mapping and engagement work across all communities of Warwickshire, recognising the protected characteristics.

The Smart Start Strategy and Re-imagining Children's Centres project has also informed these proposals.

Evidence was used from the Review of Children's Centres produced April 2017 which incorporates evidence from providers; evidence from the extensive work undertaken by commissioning from 2015-2017

National

The cross-party manifesto: '*The 1001 Critical Days Manifesto*' (highlighting the importance of the conception to age 2 period) October 2013

The All Party Parliamentary Group Review of Children's Centres: *Families Hubs: The Future of Children's Centres* July 2016

Policy Paper *Improving Lives: Helping Workless Families* April 2017

Better Births Agenda

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(2) Have you consulted on the plan/ strategy/ service/policy and if so with whom?

An initial paper was provided to Cabinet on 15th June 2017

Public Consultation was carried out from 29th June to 11th September 2017

The consultation actively sought the opinions of a full range of stakeholders including:

- Parents guardians and carers
- Providers
- Councillors
- Overview & Scrutiny Committee
- Health Partners
- Children's Centre Staff
- Warwickshire County Council Staff

Feedback to the consultation included:

- 1558 online survey responses
- 12 Public Consultation Events at which over 300 people were in attendance
- 44 scheduled informal drop in visits to Children's Centres, baby and toddler groups with translators where required resulting in discussions with 280 individuals
- 21 visits by Councillor Morgan Portfolio holder for Children
- Attendance by officers at Advisory Board meetings
- Letters and emails to Members, Public and MPs
- Over 20 phone calls to the consultation hotline
- Comments from members of the public made on our website
- Focus groups with staff and online sessions with parents carers an staff
- 6 Staff engagement roadshows with over 150 people attending
- 6 signed petitions from various campaign groups with 7083 signatories

We have also built on what parents and carers have already told us about services through the Smart Start Programme; we have taken account of the learning and feedback from community members involved in the Smart Start engagement and asset mapping programme undertaken in 2016 and this has been incorporated accordingly. This involved a total of 1,127 parents. 42% had used Children Centres' often and 58% did not use children's centres very often. The methods used in the 2016 Smart Start consultation incorporated:

- 574 online survey responses
- 377 Face to face interviews
- 36 Focus groups

<p>(3) Which of the groups with protected characteristics have you consulted with?</p>	<p>Consultation was as per (2) above and included those across a number of protected characteristics. This also included, where appropriate, working with other organisations such as Warwickshire Race Equality Partnership (WREP) that have a relationship with these groups.</p> <p>The reduction in services has the potential to impact upon our ability to engage with children and parent/carers across all protected characteristics and of no specific protected characteristic. Some specific consultation took place with BME groups and we took steps to ensure that groups with protected characteristics and also staff groups were taken into account in the process itself, and we took advice from the Consultation Institute. We held additional drop-in sessions at community groups popular with BME groups; we took these groups into account in the design of the consultation survey which captures information in regard to a range of protected characteristics; we also considered it in the planning and delivery of the consultation events. Consideration of impact formed a key part of how the consultation questionnaires were analysed and fed into the redesign of 0-5 services.</p> <p>In the Smart Start engagement process specific efforts were made to consult with relevant protected groups such as BME and those with mental-ill health. The evidence from that consultation has informed this proposal.</p>
<p><u>Stage 3 – Analysis of impact</u></p>	<p>The analysis of the impact is shown in table 1 and table 2 below.</p> <p>In our analysis we considered both the positive and negative impact on groups with protected characteristics and identified mitigating actions.</p> <p>Through the re-design and reduction in budget, there will be an inevitable impact on all services and service users, which will affect all families including those with protected characteristics. This proposal for a redesigned service also presents an opportunity to improve the service in line with the Smart Start feedback and strategy.</p> <p>(A summary EqIA action plan is given in Stage 4 below)</p>

<p>(1) From your data and consultations is there any adverse or negative impact identified for any particular group which could amount to discrimination?</p> <p>If yes, identify the groups and how they are affected.</p>	<p>Groups with protected characteristics that could experience impact are:</p> <ul style="list-style-type: none"> • Race • Disability • Age • Maternity/ Pregnancy • Gender <p>A summary of how these groups are affected is given in table 1 below. We have also included additional groups/factors that may experience impact in Table 2:</p> <ul style="list-style-type: none"> • Those accessing health services, information and guidance at Children’s Centres • Those in the ante-natal/ post-natal period • Those with low level wellbeing and mental health needs attending Children’s Centres • Family Support Workers delivering the service (provider staff and WCC staff) • Early Years Workers delivering services within Children’s Centres • Service users who are on low income / in areas of high deprivation • Children benefiting from funded early education at Children’s Centres • Provider organisations currently commissioned to provide the Children’s Centre services
<p>(2) If there is an adverse impact, can this be justified?</p>	<p>With significant budget savings to make, there will be an inevitable reduction in provision available via universal access with more focus on provision for those in greatest need. This can be justified on cost grounds in order to sustain and re-target our services for those in greatest need. We aim to mitigate the potential adverse impact of the reduction by integrating service provision with our partners to maximise the take-up of universal services that will remain available and the development of universal supports within the community.</p>

(3)What actions are going to be taken to reduce or eliminate negative or adverse impact? (This should form part of your action plan under Stage 4.)

Actions completed to date have included:

- Full consideration of impacted groups as part of the public consultation and previous Smart Start engagement. Detailed evaluation and analysis of outcomes and impacts
- Amendment of original proposals to reflect consultation outcomes
- Alignment with development of Community Hubs, Health Visitor re-commissioning, Better Births Agenda via the STP's Local Maternity System work
- Modelling of the future service offer and delivery model based on qualitative and quantitative feedback and other local and national evidence
- Integration of key services and co-location of teams
- Support to the community to develop/ maintain their own service provision, building on the existing community assets and skills
- Preparation of a detailed proposal to Cabinet on November 9th 2017 (includes this EqlA as an appendix)

See Stage 4 below for further action to be taken in our summary EqlA action plan.

(4) How does the plan/strategy/service/policy contribute to promotion of equality? If not what can be done?

By re-targeting our services to those most in need, regardless of their background and protected characteristic e.g. race, gender, health, economic status etc., and having regard to local circumstances.

We know engagement of families is critical to enabling change and we are committed to outweighing the barrier to involvement that some differences such as disability can present. We are committed to developing a better understanding of the service experience from the point of view of the child with a disability and ensuring the voice of the most vulnerable children are heard through working with nurseries, and voluntary sector partners and through the assignment of a Voice of the Child officer as part of the implementation team.

We have set up a parent group to work with us in co-designing and planning the services as we develop the 'look and feel' of future Children & Families Centres and determine the most appropriate locations for outreach provision, to ensure centres and outreach sites are "friendly, safe and non-judgemental places" where families can access information, advice and services. The group is evolving and we are hoping for a cross-community representation. The group will work with us throughout the transition and implementation period with a hope for a sustained co-operation and volunteering post implementation.

<p>(5) How does the plan/strategy/service/policy promote good relations between groups? If not what can be done?</p>	<p>WCC works closely with a range of partners across Children’s Services and the Community and has been undertaking a programme of Protect training in line DfE requirements. Warwickshire County Council is committed to addressing inequality and discrimination, evidenced through our policies, practice and staff development and training. This proposal will promote community cohesion by operating the services in a more integrated way rather than separately.</p> <p>The proposal includes developing outreach within the community and through that to create or maintain strong links with other services and organisations including Integrated Disability Service, Improving Access to Psychological Therapies, Citizens Advice Bureaux/ Warwickshire Welfare Advice Service, Adult and Community Learning. Housing and others as required. The model develops and supports peer support (using the Leksand approach) and Stay & Play within specific BME groups.</p> <p>We will work with the parent group to support us in the promotion of good relations between groups and ensure equal access (based on needs) to services for all families.</p>
<p>(6) Are there any obvious barriers to accessing the service? If yes how can they be overcome?</p>	<p>The model places more emphasis on vulnerable families. With significant budget savings to make, and in order to keep barriers to access to a minimum, we will need to explore a range of options for service delivery potentially involving both community and provider led services. During the Smart Start engagement, particularly the ethnographic research, and the recent public consultation we heard from users of Children’s Centres but also from those families who currently do not use Children’s Centres and this has helped us to understand better the barriers to access. We have used data we gathered from engagement and consultation as well as usage information to inform our decision making process. We have considered in detail the impact on those families within the protected characteristics.</p> <p>One of the obvious barriers to accessing the current service is the cut off at 5 years. Where there are older siblings this can create logistical barriers for parents having to access services through separate referrals, pathways and locations. The current model does not lend itself to a ‘wrap around’ services for families and the whole family approach to providing support. Our proposed Children & Family Centres model makes provision for children up to 19, and 25 for those with Special Educational Needs or Disabilities, reducing this obvious age barrier for families and providing an enhanced service that both older and younger children can benefit from, as appropriate</p> <p>The current model does not offer an equitable countywide approach to providing universal vs. targeted services/ core service offers differ, depending on the provider group/ which means that users in one location may experience easier access to services than users in another location. Also, not all Children’s Centres are the places where health visiting and midwifery appointments/ clinics can be accessed.</p> <p>The new Children & Families Centres model addresses the issues of equity by introducing a single service offer with the proportion of available services to be determined by local needs.</p>

<p>(7) What are the likely positive and negative consequences for health and wellbeing as a result of this plan/strategy/service/policy?</p>	<p>Children’s Centres were established to improve health and wellbeing outcomes for children and parents and a reduction in resources may risk a reduction in the access to a range of health related services available.</p> <p>Through the consultation and service redesign we have been ensuring a wide range of partners are engaged to help mitigate the impact and ensure that effective sign-posting is in place to support families. Based on the Smart Start and the recent consultation feedback, where access to health services, health visiting, midwifery, with mental health in particular rated as most important, we are looking to build on the existing best practice and partnerships and integrate the provision of these key health services into the family Children & Families Centres model, co-locating the teams where possible.</p> <p>We are working with our partners under the local Sustainability & Transformation Partnership and the Local Maternity System programmes to ensure we are aligned and coordinated both in the way in which we deliver our services, and in a joint framework for service outcomes. We are working particularly closely with midwifery to deliver the Better Births Agenda and align our development of Children & Families Centres with the development of midwifery community hubs. We are working in a similar manner with the mental health providers to improve access to Child and adolescent Mental Health Services (CAMHS) children and young people’s emotional and mental wellbeing services with IAPT (Improving Access to Psychological Therapies) and perinatal mental health services.</p> <p>The broadening of the age range as part of the broader remit of services will have a positive community impact in terms of serving the needs of the whole family unit and striking a balance of needs between family members.</p> <p>Staff well-being may also be affected by the uncertainty of redesign, tender process and potential changes to services, which may include staff redundancies. Each of the four Children’s Centres providers is aware of their responsibility to their staff and we will endeavour to work with them and keep them engaged through the duration of the process to reduce the impact where possible.</p> <p>Further detail of the impact on staff is shown in table 2.</p>
<p>(8) What actions are going to be taken to reduce or eliminate negative or adverse impact on population health? (This should form part of your action plan under Stage 4.)</p>	<p>See above.</p> <p>This impact assessment has specifically considered health in the additional impacted groups/factors. The action plan will be developed further in collaboration with health partners following Cabinet meeting of 9th November 2017. In our action plan we will evaluate relevant health outcomes considering the wider determinants of health and access to health promotion and our plan is to formulate a joint evaluation framework with partners.</p>

<p>(9) Will the plan/strategy/service/policy increase the number of people needing to access health services? If so, what steps can be put in place to mitigate this?</p>	<p>The key health services offered through Children’s Centres relate to universal services such as health visiting and midwifery /prenatal/postnatal provision, but the access via Children’s Centres is not currently consistent across the county so through the proposed Integrated Children & Families model we expect that access should be positively/ improved. Additionally, our proposal encourages early intervention and sign-posting and/ or facilitation of access to other health services (such as mental health). The consultation raised the issue that if people did not have access to low level mental health support they may escalate to specialist services. The Children & Families service model includes mental health provision at Children & Family Centres according to where the need is greatest. This may also be provided in some outreach sites according to demand. This proposal is in line with preventative early care to produce a reduction in the need for access higher tier services and improved Population Health outcomes. We aim to improve antenatal and postnatal outcomes in our plans and support preventative care. It is well evidenced that there is a clear link between perinatal health and long term costs as well as lower language abilities and behavioural problems in children, adversely affecting school readiness. For this reason this is part of our core proposal for Children & Families Centres.</p>
<p>(10) Will the plan/strategy/service/policy reduce health inequalities? If so, how, what is the evidence?</p>	<p>The current service and proposed redesigned services will be expected to reduce health inequalities by targeting services to those most in need and giving children the best possible start in life.</p> <p>In our action plan we will evaluate relevant health outcomes considering the wider determinants of health and access to health promotion as part of a joint evaluation process with partners.</p>

Who are the main people that will be affected?

Those currently using the service: parents, carers and children of 0-5 years and those who may be relying on Children’s Centres for emotional wellbeing and support.

Provider organisations and their Family Support Worker & Early Years Worker staff currently delivering the service: Barnardo’s, The Parenting Project and two independent providers.

Warwickshire County Council Family Support Workers (potential team changes as a result of the team reconfiguration arising as Family Support Workers from provider organisations are combined into One Team with those working within the Council)

Those on low income / IMD 1-4

Those currently accessing Health & Services at Children’s Centres

Those currently accessing Funded Nursery Education and 2HELP at Children’s Centre sites.

Who is currently using the service?

Please note that the overall attendance figures below are related to attendance for universal health appointments as well as for Children's Centres services.

Please also note that attendance figures provided in the table below are based upon distinct individuals attending one or more times in the 12 month period to 30th September 2017.

	All	BME US's	US's known to have disabilities	US's known to have SEN	Female parents of US's (incl. foster parents, guardians and non-parental carers)	Male parents of US's (incl. stepparents, known foster parents, guardians and non-parental carers)	Pregnant individuals (all ages)	Male (all ages)	Female (all ages)	Under 2's	Under 2's - Male	Under 2's - Female	Under 5's	Under 5's - Male	Under 5's - Female
Registered with Warks CC's	177364	4911	115	81	20236	15340	1486	82235	94085	9436	4848	4568	26579	13693	12832
As a % of all registered parents					56.88%	43.12%									
Attendees at all Warks CC's 01/10/2016 - 30/09/2017	39230	2926	85	65	13388	3038	2656	13377	25762	9643	4951	4674	16291	8414	7834
(Distinct individuals attending one or more times)															
As a % of all attendees	100%	7.46%	0.22%	0.17%	34.13%	7.74%	6.77%	34.10%	65.67%	24.58%	12.62%	11.91%	41.53%	21.45%	19.97%
As a % of all parental attendees					81.50%	18.50%									
Count of distinct attendees at major activity types:															
Adult Learning	1915	69	5	2	887	103	94	511	1396	350	192	158	655	359	294
Childcare Provision	2160	256	13	13	395	125	25	972	1184	316	174	142	1512	807	702
Childminder Support	209	18	1	1	23	3	1	76	132	64	30	34	127	63	64
Early Play and Learning	14668	1326	27	24	5245	665	402	4727	9906	4761	2433	2321	7191	3709	3455
Family Learning	2885	154	4	7	1247	169	121	827	2020	750	395	350	1103	567	528
Family Support	16996	1000	41	33	7398	1175	650	5027	11950	3419	1821	1594	6164	3272	2885
Health	22031	1684	31	17	7931	1429	2324	7233	14736	6913	3563	3337	9213	4731	4454
Other	1826	119	4	2	613	54	68	537	1270	343	169	172	866	449	412
Speech and Language	5001	387	25	17	1878	215	106	1724	3259	1439	748	689	2513	1407	1092

Source: WCC Insight team data, October 2017

	BME (all ages)	Parents (of U5s) known to have disabilities	Parents (of U5s) known to have SEN	Pregnant teens (U20)	Warks residents attending their local CC	Warks residents attending a Warks CC other than their local Centre	Residents of other counties attending Warks CC's	Under 5's from LSOAs designated IMD1-4	Under 2's from LSOAs designated IMD 1-4	Under 5's from known workless households	Under 5's from households known to be in receipt of benefits related to low income or worklessness
Registered with Warks CC's	30574	155	117	24	NA	NA	10619	6721	2403	4492	6979
As a % of all registered parents											
Attendees at all Warks CC's 01/10/2016 - 30/09/2017	7183	97	89	100	28648	19589	985	4258	2456	2853	4423
(Distinct individuals attending one or more times)											
As a % of all attendees	18.31%	0.25%	0.23%	0.25%	NA	NA	2.51%	10.85%	6.26%	7.27%	11.27%
As a % of all parental attendees											
Count of distinct attendees at major activity types:											
Adult Learning	273	13	10	3	1316	652	47	239	103	173	244
Childcare Provision	348	3	2	1	1649	527	27	792	125	556	759
Childminder Support	27	0	0	0	85	126	10	16	8	3	9
Early Play and Learning	2788	36	36	8	9909	6610	474	1665	1052	1008	1631
Family Learning	428	10	13	1	1485	1544	104	399	225	210	314
Family Support	2770	65	70	25	10216	7619	285	1451	827	1404	2075
Health	4200	50	45	88	15682	9659	400	2281	1661	1378	2266
Other	244	5	6	1	1218	618	32	392	166	195	296
Speech and Language	842	17	13	0	2801	2496	173	700	359	438	688

Source: WCC Insight team October 2017

Could the proposal impact protected groups?

The proposal for Children & Families Centres has the potential to create opportunities to minimise disadvantage. These are shown in table 1 below alongside the mitigating action to mitigate any adverse implications of the proposed changes.

Table 1: Summary of Impact for Protected Groups *(Source of data: WCC Insight team, October 2017)*

Protected Characteristic	Potential for positive impact	Potential for negative impact	Mitigations/ Action Plan
Race	Our proposal promotes inclusivity and equity of access	Access could be disproportionately reduced for people of different race	<p>4 of the Children & Families Centres and 1 outreach site will be located where the numbers and attendances of BME children were highest between 1/10/2016 and 30/9/2017.</p> <p>During the consultation opportunities for face to face meetings/ discussions were organised in locations where members of BME groups would be most likely to attend and translators were provided.</p> <p><u>Under 5 BME</u></p> <p>There are 4911 Under 5 BME children registered at Warwickshire Children’s Centres. 8.83% of all attendances were under 5 BME children between 1/10/2017 and 30/9/2017</p> <p>Numbers of Under 5 BME Children were highest at Kingsway, Lillington and Boughton Leigh all of which we are proposing as Children & Families Centres. At Kingsway Children’s Centre there were a particularly high proportion of parents from India whose husbands had been offered short term contracts at a local company. As the contracts were only 1-2 years the wives rarely had access to a car so relied on locally delivered services.</p> <p>The percentage of Under 5 BMEs as a percentage of all distinct attendees at each centre was highest at Sydenham (20.19%), Whitnash (13.81%), Kingsway (16.62%) and Claremont (13.15%). Sydenham is geographically close to the proposed locations at both Kingsway and Whitnash so provision is accessible, albeit not in the direct locality.</p> <p><u>All</u></p> <p>18.31% of all attendees recorded between 1/10/2016 and 30/9/2017 were BME (all ages). BME attendances made up 16.69% of all attendances.</p> <p>Centres which recorded the highest percentage of all distinct attendees as BME were Sydenham which is on the same site as the school (42.37%), Kingsway (35.71%), Whitnash (29.64%), Boughton (29.35%) and Claremont (28.66%).</p> <p>Of the above Kingsway, Boughton Leigh and Claremont have been proposed as Children & Families Centres and Whitnash has been proposed as an outreach site. Sydenham has a thriving Community Centre and we will continue to work with the Community Hubs development programme to ensure appropriate development.</p>

<p>Disability</p>	<p>The proposal is for an enhanced multi-agency offer which will reduce potential duplication and potential delay or hidden waits or administrative barriers in accessing the service for those with disabilities</p> <p>This change provides us with an opportunity to improve physical access</p>	<p>A reduced range of services may have an impact for families with disabled child or disabled parents as a consequence of increased distance to travel to services.</p> <p>There may be a lack of transport or community provision may lack the specialist support required.</p> <p>This change provides an opportunity to reduce the struggle to physically access centres.</p> <p>If this proposal limits the opportunity to support early play and learning opportunities aimed at babies and toddlers then early identification of difficulties such as Special Educational Needs and Disability may be limited by the proposals.</p> <p>Perception of loss of a lifeline</p>	<p>Parents and Carers have been invited to service design groups to mitigate these risks.</p> <p>Between 1/10/2017 and 30/9/2017 0.36% of all Under 5 attendances were known to have a disability. In this period there were 769 attendances from Under 5's known to have a disability.</p> <p>Centres that recorded the highest numbers of attendances of Under 5s known to have a disability were St. Michael's, Stockingford and Park Lane.</p> <p>488 children registered at Warwickshire Children's Centres are known to have a speech and language delay making up 1.2% of all attendees but 4.24% of all attendances.</p> <p>In 2015 there were 480 children under the age of 5 receiving a Disability Living Allowance, giving an indication of the prevalence of disabilities in the 0-5 population. Roughly a third of these children live in Nuneaton & Bedworth.</p> <p>The proposal offers provision of core and enhanced services at Children & Families Centres and adequate outreach provision.</p> <p>Service plans and location planning for the new Family Children & Families Centres model aims to improve physical inclusion of families with children with a disability.</p> <p>St. Michaels and Stockingford are both proposed as Children & Families Centre and Park Lane is a standalone building on an Academy site where options for future use will be developed. Park Lane is close to the proposed Children & Families Centres at Camp Hill and Stockingford which parents and children could choose as an alternative support. We intend to work very closely with the Academy school where Park Lane is located to ensure that children with a disability continue to be able to access support. There is also a newly built nursery based on the site where we hope to be able to support 0-5 population, particularly those with SEND.</p> <p>Relative to other centres Abbey had the highest proportion of Under 5's known to have a disability as a percentage of their distinct attendees (0.79%). The centres with the next highest proportion of attendees known to have a disability were Riversley, Badger Valley, Lillington, St. John's, Camp Hill, Southam and Wolston. All of these are proposed as Children & Families Centres or Outreach sites, one of which occupies space in the library (Wolston), which presents an opportunity to ensure access to appropriate services.</p> <p>The change to the proposed site of Abbey to Riversley was in response to the specific SEND support the latter currently provides. Riversley in particular was reported through the consultation as being supportive of children with SEND.</p> <p>The service offer will be made up of a core and enhanced service offer designed to maintain equity of access to a number of services for children and families (both commissioned and delivered by WCC and/ or partner agencies). This includes Chatter Matters and speech and language support, and key consideration will be given to speech</p>
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			<p>and language services for those with Special Educational Needs.</p> <p>Access and experience will be monitored as part of transition and implementation planning, delivery and ongoing performance monitoring.</p> <p>In the implementation plan we are committed with partners to developing a better understanding the service experience from the point of view of the child with a disability, including furthest distance travelled.</p>
Gender	<p>The proposal is an opportunity to create a more balanced service open to all with fewer insider/ outsider groups or 'cliques'</p>	<p>Females are the predominant users of Children's Centres and as a result will be more affected than other genders.</p> <p>A larger proportion of staff within the Children's Centres is female and therefore women will be disproportionately affected by potential re-design, re-structures, reduction in hours, etc.</p> <p>Targeted groups such as 'father groups' may no longer be available.</p> <p>There are some gender specific sessions and concern among young women in particular about these playing a role in reducing social isolation if they were withdrawn.</p>	<p>Whilst both males and females are registered for Children centres; females are the predominant users. As a result both genders will be potentially affected with larger number of females affected.</p> <p>Between 1/10/2016 and 30/9/2017 81.5% of all parental attendees were female and 18.5% were male.</p> <p>92.32% of all attendances were female as a percentage of all attendances.</p> <p>The proposed model, rather than increasing provision of targeted groups, envisages that services are more open to all and accessible at a range of times to all members of the family. A whole family approach is being taken in the proposed service offer and delivery model, as recommended by the Smart Start Strategy.</p> <p>Rather than creating groups 'for' people our plan includes empowering and encouraging people to set up/maintain their own specific peer support groups to reflect the interest, culture or other specific factors present within the local community. Dads groups will continue to be offered where local need indicates they would benefit from gender specific access to services.</p> <p>Our proposal goes beyond a change of words from 'Children's Centres' to 'Children & Families Centres' and brings with it a real whole family focus where families are involved in co-producing services, where families have a much easier access to a 'wrap around' service and where we work alongside families to give them the confidence and skills to address their own concerns. We will focus on what families and communities can do and build on their skills to improve their resilience.</p>
Age	<p>Extension of provision to ages 0-19 (or 25 for those with disability)</p> <p>Increased convenience for families with siblings over 5</p> <p>Whole family focus</p>	<p>Reduction in access to appropriate childcare where the Children's Centre provides it</p> <p>Loss of a trusted place of safety for the very</p>	<p>The proposed locations are centred on the areas of greatest current and future demand. The Children & Families Centres model is designed to keep services local and sensitive to all ages including the very young.</p> <p>Consultation feedback raised concerns about diluting the 0-5 offer if 5+ years services were also offered. Under 5's are often living in families with over 5's so a whole family approach should ensure a focus on both equally. A full range of open access services for 0-5 will continue to be provided from Children & Families Centres, supplemented with</p>

	<p>Increased family cohesion</p> <p>One of the barriers to accessing the current service is the cut off at 5 years. Where there are older siblings this can create logistical barriers for parents having to visit multiple locations/ access services via multiple referrals and pathways. The proposed family hub model makes provision for children up to 18 and 25 for those with Special Educational Needs or Disabilities, reducing this age barrier for families and providing a service that families with both older and younger children can benefit from.</p> <p>Access to community led peer support may improve through the implementation of the Leksand Approach and support to local communities to develop and maintain their own groups, incl. stay and play. There is an opportunity for inter-generational work to support the community led family initiatives, removing the age barriers to co-producing and benefiting from services.</p> <p>Some feedback from our consultation indicates that</p>	<p>young.</p> <p>Loss of age-specific expertise in 0-5s</p> <p>Reduction in ability to ensure early years provision remains available via the Outreach sites after responsibility has transferred to a third party</p> <p>A greater proportion of the total Teen Parent population attend Children's Centres than parents of all ages and so they may be affected by a potential reduction in services</p> <p>Reduction of access to universal activities that support Early Learning Goals for 0-5 year olds may be affected and in turn may impact percentage of children achieving a good level of development (GLD) used to assess school readiness.</p>	<p>services delivered from outreach sites, maintaining these local community outreach sites dependent on local need. The main focus for the delivery of the core service offer within family Children & Families Centres will be on the 1001 critical days, starting from the ante-natal period, particularly for health related services and peer support (in the current model ante-natal support is very limited).</p> <p>Warwickshire is home to 37,974 children aged 5 and under and the boroughs of Rugby and Nuneaton & Bedworth have the highest numbers of 0-5 year olds in the country with 7.62% and 7.59% of their total population respectively. (Source: Smart Start 0-5s Strategic Needs Assessment August 2016)</p> <p>12 of the proposed Children & Families Centres and outreach sites are in Rugby, Nuneaton and Bedworth with further community outreach available/ to be developed, based on need.</p> <p><u>Under 5s</u></p> <p>41.53% of all attendances at Children's Centres were under 5's</p> <p>The number of Under 5s engaged (who made more than 1 visit) in the 12 months to March 2017 was 18,528</p> <p>Number of attendances 180,769</p> <p><u>Under 2s</u></p> <p>24.58% of all attendances at Children's Centres were under 2s and the main activity type they attended for was Early Play and Learning (this makes up 32.46% of all Under 2 activity).</p> <p>Number engaged in the 12 months to March 2017 was 8364</p> <p>Number of attendances 74,797</p> <p><u>Teen Parents</u></p> <p>Teenage parents may be affected if they attend Children's Centres regularly for services other than Health Visiting and Midwifery.</p> <p>The plan is to work jointly with the Family Nurse Partnership on a targeted programme aimed at vulnerable teenage parents.</p> <p>We will ensure that teenage parents continue to be identified as one of the key groups using the service.</p> <p>The Children & Families Centres model with outreach is designed to keep services local and accessible to all ages including the very young as well as older carers.</p> <p>The plan includes signposting and facilitating access to other services as well as direct service delivery.</p> <p>The multi-agency team approach, co-location, stepped approach and seamless pathways will also be mitigation for any age-related impact and provide benefit as barriers are</p>
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	<p>in the current service certain ages can feel like 'outsiders' e.g. Older Mums; the opportunity may exist for positive impact if local need indicates they would benefit from age specific support.</p>		<p>removed; a team of diverse professionals including family support workers, midwifery, health visiting and others will work together at Children & Families Centres.</p> <p>The approach retains a strong emphasis on early years and is based on the vision of an integrated system of 0-5 universal and integrated early help provision to improve outcomes for children aged 0-5 years The aspiration behind this proposal is to give every child in Warwickshire the best start in life and to continue to provide support into adulthood.</p> <p>The new 0-19 (or 25 for those with additional needs will reduce admin barriers and handoffs between teams by bringing together some of the functions of the current Early Help service with those of the Family Support Teams for the benefit of children of all ages.</p> <p>The proposed delivery model has been designed to ensure equity of access for all ages. The proposed 0-5 service offer and delivery model has been based on the need to integrate with the wider transformation of services to older children and families.</p> <p>Local professional relationships will be strengthened by these proposals with the additional potential to reduce inappropriate referrals and providing a platform for further transformation across the system.</p> <p>Mitigation measures will continue to be monitored as part of the transition / implementation plan.</p> <p>Conditions of transfer of outreach sites will include protection of provision of services for early years where this is feasible.</p>
<p>Pregnancy and Maternity</p>	<p>This proposed Family Hub model offers for provision for maternity and pregnancy as part of the core offer in all Children & Families Centres starting right from the ante-natal period (preventative)</p> <p>The current Children's Centre model does not offer a high level of support during pregnancy</p> <p>The new model will provide co-delivery of the Better Birth agenda</p> <p>The new model provides closer working, co-location and joint leadership with</p>		<p>This proposed Children & Families Centres model will co-deliver the Better Birth agenda and the Local Maternity System action plan (within the Coventry & Warwickshire Sustainability & Transformation Plan (STP)</p> <p>This proposal is in line with the Community Midwifery Hubs development</p> <p>Our proposal builds on the Leksand model of peer support within the community and builds on recommendations from Smart Start. Feedback comments from the consultation raised the importance of "<i>finding a friend before you need them</i>" and the importance of peer support networks.</p> <p>The service redesign and the shift towards integrated services with Midwifery, Health Visiting and Family Nurse Partnership is to help mitigate the adverse impact and support a universal offer for pregnant women.</p>

	health partners to support better outcomes for maternal and child health		
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Could the proposal impact additional groups?

Additional Groups/ Factors that may experience impacts

There are a range of groups/ factors involved and this proposal by its nature cannot be seen in isolation or simply as a change in locations or venues. It is part of a transformation vision to deliver a wider positive impact on Local Communities and support healthier living and independence. The vision is for a whole system place-based approach to Community Development. This proposal will continue to be developed alongside, and linked to, proposals to develop community capacity. A number of proofs of concept 'Let's Talk' Community Hubs have been launched in September/ October 2017 where people can access information, advice and guidance. These are in locations complementary to the Children & Families Centres and outreach sites we propose. In developing this model we will continue to work with a range of other teams such as e.g. Domestic Violence & Abuse, Child & Adolescent Mental Health and Public Health to ensure sustainable access to a core and extended range of services and staff co-located within them, and that equity of access and social inclusion is promoted.

Table 2: Additional Factors/ Additional Groups that may experience impacts (Source of data: WCC Insight team, October 2017)

	Potential for positive impact	Potential for negative impact	Mitigations/ Action Plan
Staff: Provider Family Support Workers /WCC Family Support Workers/ Early Years Workers	<p>The model envisages an equitable and consistent delivery of family support through the One Team approach and working to consistent service standards. It supports the delivery of the Smart Start Strategy by ensuring that:</p> <p>The service meets the needs of families effectively and as early as possible</p> <p>The service is delivered in a coordinated way by suitably trained and supported staff</p> <p>Early family support becomes a part</p>	<p>Potential loss of highly valued Children's Centre staff</p> <p>Reduction in staffing levels and significant changes to the team structure and to the commissioning approach. The risk is that these transformative changes to culture and practice may not be supported.</p> <p>The risk is that in a period of uncertainty staff morale will fall and staff attrition rates may rise before the changes can be implemented.</p> <p>Some of the staff within centres may fall within groups with protected characteristics.</p>	<p>It is difficult to quantify potential adverse impact on provider staff until the preferred approach to commissioning has been agreed after Cabinet on 9th November. After that point we will be able to explore the exact impact of the proposal on staff in more depth.</p> <p>We are recommending a transition period to reduce this impact</p> <p>Staff were consulted with throughout the consultation period and their views taken into account regarding location and number of hubs as well as what services should be provided. For example, staff in Leamington shaped the proposed change from Sydenham to Kingsway.</p> <p>This will be managed as part of the Children's Transformation Programme is a coordinated programme of supported change with leadership support from a dedicated Service Manager for Transformation to ensure smooth supported beneficial change. Both the <i>One Team</i> project (to deliver the team, process, practice and organisational changes) and the 0-5 Redesign projects remain the two most critical high priority projects subject to corporate oversight and monitoring. The approach is one of co-production and continued engagement with partners over a managed transition period.</p> <p>The workforce profile will be assessed against the protected characteristics pre and post change, The impact of any job losses, TUPE transfer will be mitigated</p>

	<p>of the new integrated early help model and is locally accessible.</p>	<p>Staffing structures will alter, hours may reduce and some roles may be lost.</p> <p>The relationship with Barnardo's and the Parenting Project may be weakened or come under strain during the process of change</p>	<p>by available HR support for staff from Warwickshire County Council and from current providers' available HR support.</p> <p>A workforce development strategy and plan forms part of the One Team/ 0-5 Redesign transformation planning.</p> <p>Connect Oxford has been assigned as a partner to support staff through the staff changes at team and individual level.</p> <p>With significant budget savings to make this will be an inevitable consequence justified on cost grounds in order to sustain the service for those in greatest need</p> <p>This proposal for the redesign of Children's Centres is being carried out in conjunction with the transformation of children's services <i>One Team</i> project. This will ensure that the proposal to bring the Family Support Workers in-house will take place within an integrated model of staffing and skills mix, ensuring age-specific expertise will be maintained. Development of One Team staffing and skills mix and joint training and development with partners</p> <p>Joint training sessions will be part of how this model is implemented so that social workers can share their knowledge with practitioners in universal services to build confidence and understanding across local networks.</p> <p>The new model offers consistency and coherence of the provision of family support countywide. Additionally, we will use the opportunity upskill and train the staff to meet the new service model requirements.</p> <p>An extended 12 to 18 month transition period (subject to approval by Corporate Board and Cabinet) provides an opportunity to work closely with the providers to implement joint transition plans and reduce the impact on staff. Detailed transition plans will be developed post Cabinet's decision on 9 Nov 2017.</p>
<p>Those on Low Income / IMD 1-4</p>	<p>There is potential for the proposed model to create a positive impact on health outcomes by working in a more integrated way with health and financial support partners at Family Hub locations to support these groups.</p> <p>Poverty and low income are known determinants</p>	<p>Reducing the proposed number of Children's Centre buildings could</p> <p>Increase cost of travel for families to access information they need e.g.</p> <p>Decrease access to CAB or financial support.</p> <p>Reduction in centres may make access an issue for those with lack of transport or access to a car.</p>	<p>4258 under 5's from LSOAs designated IMD 1-4 attended Warwickshire Children's Centres making up 20.15% of all attendances in the year to 30/9/2017.</p> <p>In order to select the proposed Children & Families Centres and outreach locations an evidence based approach was followed using the index of Multiple Deprivation (IMD) as well as the evidence for locations with highest numbers of the most vulnerable families, including priority families and children in need, to identify the areas with the greatest need. These were then ranked based on the largest population and level of need. This was not found to give an even geographic spread. The rationale was further tested by mapping additional data sets and taking detailed evidence and input during the consultation period and taking account of county wide growth and housing development data.</p> <p>The proposed locations are centred on the areas of greatest need and</p>

	<p>of health.</p> <p>Additionally, family support will be delivered more consistently and effectively within the new model which puts more emphasis on early identification and support to reduce the need for later more costly interventions.</p>		<p>deprivation. Travel costs were raised as an issue in the consultation and so more hubs and outreach sites were proposed in response, particularly in the geographically dispersed Stratford District and North Warwickshire Borough.</p> <p>-The Children & Families Centres model with outreach is designed to keep services local and accessible. Emphasis has been placed on the development of robust outreach delivery with key partners in order to ensure appropriate services continue to be available in locations where they are needed most.</p> <p>This Children & Families Centres proposal has been aligned with the development of Community Hubs; these will provide information, advice and guidance complementary to the Children & Families Centres model.</p> <p>We are also working closely with partners in the development of the outreach sites to utilise a wider range of schools and nursery and other settings.</p> <p>As part of the new universal service offer, we will be offering family support drop-ins to identify and address needs early, including the needs of families on low incomes</p> <p>As part of the enhanced service offer, we propose to introduce financial inclusion service/ debt and budget management advice to be available within Children & Families Centres</p> <p>We intend to develop the plans in collaboration with transport planning and also with housing developments considering the wider determinants of family outcomes and health and also taking into consideration the community infrastructure levy.</p> <p>Part of the plan is to work with major local businesses, e.g. Jaguar Land Rover, to address the needs of local families employed by them and reduce social isolation of spouses.</p>
<p>Those accessing health services</p>	<p>Increase in joint working opportunities between health, social care, housing, voluntary sector; service integration with health visiting and midwifery</p> <p>The model provides an opportunity to work more closely with health partners to support healthy physical development and</p>	<p>Reduced access where child/ adult health services are delivered through Children's Centres or it is their main referral route</p> <p>Impact on health visiting if part of their delivery is through Children's Centres</p>	<p>In 2016-17</p> <p>There were 39,392 attendees with 360,646 attendances.</p> <p>36.4% of attendances by under 2 Year Olds at Children's Centres and outreach Settings during 2015/16 were for Health activities.</p> <p>Health activity made up the largest proportion of attendances. An additional 7.6% of attendances were for Speech & Language therapy (SALT)</p> <p>In Warwickshire breastfeeding prevalence at 6-8 weeks after birth (2015/2016) was 46.5% which is higher than the average for England which is 43.8%</p> <p>Integrated working that has been developed in relation to health visiting, STP and Better Birth and development of Mental Health and other Community Hubs will be maintained as we prepare for implementation and joint evaluation of the newly proposed model. As a minimum the model requires health visiting and</p>

	<p>physical fitness for children</p>		<p>midwifery to be provided from the outreach sites as well as the Children & Families Centres. Appropriate systems will be put in place to ensure links and joined up working between the proposed in-house Family Support Worker Service and those working at the Children & Families Centres and at the Outreach sites.</p> <p>We will work with the local Sustainability & Transformation Partnership on the STP to ensure alignment, coordination and improved access to health services.</p> <p>Work is already under way to improve access to health visiting, midwifery and mental health support, including CAMHS and Perinatal Mental Health service.</p> <p>Additionally, we will:</p> <ul style="list-style-type: none"> -Support local voluntary organisations to promote local health e.g. Buggy Walks -Support strategic agreement between services and providers to sign up to effective information sharing -Joint and integrated working and information sharing pathways to be agreed with all staff trained in pathway routes -Ensure effective referral pathways and communications for outreach support -We have engaged partner agencies in the development of this proposal and their service plans reflect the necessary changes and efforts are being made to ensure services continue uninterrupted in so far as possible.
<p>Antenatal and Postnatal Mental Health</p>	<p>Potential for positive impact in supporting Public Health with the development of Parent /Infant Mental Health work</p> <p>Our proposal aims to improve antenatal and postnatal outcomes and support preventative care. It is well evidenced that there is a clear link between perinatal health and long term costs as well as lower language abilities as well as behavioural</p>		<p>Taking it as a principle that there can be '<i>no health without mental health</i>', the enhanced service offer at Children & Families Centres will include improved access to mental health services and information and advice for 0-5 families. In planning our services we are especially taking into account low level mental health needs of parents and support with building secure attachment during the perinatal period, so important in terms of the child's development.</p> <p>The extended transitional period we are proposing in intended to mitigate this risk.</p> <p>Low level mental health provision will be available where there is evidence of need. We are proposing extended transitional arrangements for Kenilworth, Shipston and Southam where perinatal mental health was raised as an issue in the consultation.</p> <p>In planning the new service we also aim to improve identification of mental health issues facing children under the age of 5 themselves, a critical period for intervention. Those children of mothers with mental ill-health are five times more likely to have mental health problems themselves. This will mean that</p>

	problems in children, adversely affecting school readiness.		<p>psychological and social risk factors can be assessed earlier and support parents with their transition to parenthood. Our proposal includes facilitating the development of Community Mental Health hubs and developing the core and enhanced offer to include closer alignment with mental health partners e.g. Child & Adolescent Mental Health Services to provide a cohesive mental health offer.</p> <p>Parenting support programmes as part of the new service offer will enhance children's emotional wellbeing, brain development and capacity to learn. These will positively impact on mental health during the antenatal and perinatal period. We will develop a new parenting support strategy in partnership with other agencies and services to ensure we have a robust plan to build family resilience and prevent acute level of need.</p>
Other Partner Organisations (those not currently providing the service)	Options for the integration and co-location of services could provide positive opportunities for collaboration with partner organisations and deliver benefits for young people and families e.g. CAMHS	Some of the current Children's Centres are used by other service providers and their transfer or closure will impact on partners as they may be required to find alternative venues from which to deliver services.	<p>We will work with local voluntary sector organisations to explore what they can provide to support professional staff and to explore the use of alternative venues</p> <p>There will be an opportunity for other organisations and groups to bid for the take-over of centres (based on a robust criteria taking into account the local need, early years focus and access for Children & Families Centres to deliver appropriate services on an outreach basis). Many voluntary expressions of interests have been already received, but a formal scheme is planned to take place. The takeover initiative presents an opportunity to address the early years sufficiency via the PVI sector, address the needs of local schools and meet demand for other services as well as generate the saving.</p> <p>The Council is in conversation with current providers of Children Centres about the proposals and will continue to actively engage with them. It is the Council's intention to provide joint-use facilities within the new service and options for co-location of services are being discussed as part of the development of the proposals</p> <p>-The Council is actively developing community capacity and social enterprise. It is also at Proof of Concept stage with Community Hubs providing information, advice and guidance.</p>
Those accessing Education & Training at Children's Centres		2HELP not commissioned as part of the model	<p>We plan the transfer of responsibility to the PVI sector to maintain provision at outreach sites.</p> <p>Use of libraries as outreach sites will maintain provision and use the expertise of libraries to promote and engage with literacy and speech and language</p> <p>The Family Information Service (FIS) will signpost to providers who do offer of 2Help funded places and provide information.</p>

<p>Those using Children's Centres for low level support for mental ill-health, social exclusion, well-being issues</p>	<p>The proposal aims to create the positive impact of people feeling safer, happier and more supported in and by the community by provision of Children & Families Centres</p> <p>This proposal provides an opportunity to lessen what can be perceived as 'judgemental or stigmatising' aspects of Children's Centres to provide hubs that are perceived to be 'for all'</p> <p>Co-location and integrated working with partners should produce and opportunity to identify those most vulnerable earlier</p> <p>The provision of services in Children & Family Centres and outreach locations such as libraries will promote inclusivity and reduce any feeling of being stigmatised</p>	<p>Reduction in centres may result in reducing contact with others and break down established social networks</p> <p>This could contribute to poorer emotional well-being of those dependent on Children's Centres.</p>	<p>In the period from 1/10/2016 to 30/9/2017 1253 known lone parents of under 5s attended Warwickshire Children's Centres. This made up 3.19% of all attendees.</p> <p>During the consultation attendees were keen to voice the message that vulnerability to mental ill-health existed in affluent areas too and there was some adjustment in centre locations on this basis.</p> <p>One third of parents report experiencing isolation and loneliness in the early days of parenthood. (<i>Smart Start 0-5 Strategic Needs Assessment, August 2016</i>) We know that socioeconomically disadvantaged women are more predisposed to suffer mental illness during this period and children living in poverty are more likely to be impacted by their mother's illness.</p> <p>Following the Smart Start recommendations, we are proposing to develop more peer support and stay and play groups, starting from the ante-natal period, based on the Leksand Approach from Sweden. We are aligning with the Council's Community Capacity & Hubs programmes in order to support this goal.</p> <p>Additionally, we are working very closely with the Local Maternity System and are ensuring that appropriate ante- and post-natal mental health support is provided to mothers and fathers. We have already managed to secure fast-tracking of perinatal mothers into IAPT as part of this work.</p> <p>We are also working with Public Health to ensure a consistent approach to developing a parent-infant mental health support, including staff training and development.</p> <p>Incorporate adequate outreach provision.</p> <p>We plan to continue to work closely with local support groups</p> <p>The model proposes to have mental health leads within the Family Support workforce.</p> <p>As part of the Local Maternity System action plan it is proposed to upskill all midwives and health visitors in partnership in mental health /emotional well-being support.</p> <p>Develop plans as part of whole strategic health and wellbeing approach and ensure each plans for provision in each district support the local HWBB priorities</p> <p>We are proposing extended transitional arrangements that will mitigate mental health concerns exacerbated by uncertainty.</p>
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Rural/ Geographic	<p>The proposal contains outreach services to maintain the services close to home</p>	<p>Reduction in access to services where travel is involved. This could impact ability to access provision</p>	<p>Introducing the outreach provision in the proposal aims to address the issue of access to centres</p> <p>When selecting the locations of Children & Families Centres and outreach sites, consideration was given to the geographic spread of services and also took account of county-wide growth data. However an 'even spread' approach was discounted in favour of the approach to address greatest need.</p> <p>Rurality and rural outreach was an important consideration, and in the development of the proposals and in response to consultation this led us to propose the additional centres at Stratford.</p> <p>To address some consultation feedback in relation to geography some adjustment was made to the choice of proposed locations in order to reduce average travel time for service users; the adjustment of the proposal from the proposed site at Oakfield to that at Long Lawford was in response to the issue of rural access in Rugby Borough.</p> <p>The proposal includes provision of outreach services and home visits, as appropriate. We will build on what currently works well within the existing outreach model and develop it further. This includes co-production and co-delivery of services with local communities.</p> <p>Service users will be given advice about transport availability.</p> <p>Community transport services are provided</p>
Carers of those with Disabilities	<p>This proposal presents opportunities to work with relevant services and facilitate access</p>		<p>See also comments under disability above</p>
Safeguarding	<p>The proposal aims to improve safeguarding of vulnerable adults and children through greater levels of integrated working between multi-disciplinary, multi-agency partners.</p>	<p>The risk is a perceived loss of safeguarding expertise</p> <p>The risk is sharing premises by various age groups with vulnerabilities and issues</p>	<p>The risk of perceived loss of expertise will be reduced through the delivery of the wider Children & Families transformation in a more integrated way with the <i>One Team</i> children and families business unit operating model transformation. The proposed model increases multi-agency, multi-disciplinary working and information sharing which will lead to a reduction in this risk</p> <p>The risks presented by the whole family sharing premises (model extends from 0-25 years) will be mitigated through closer co-working with volunteer organisations and partners in the development, design and staffing of waiting areas. The Children & Families Centres model provides an opportunity to deliver services in appropriate (separate, if required) locations and ensure that they are safe places. Specific arrangements will be developed with families and partners during the transition period.</p> <p>These risks will also be addressed in the development of the service model and through monitoring mechanisms.</p>

<p><u>Stage 4 – Action Planning, Review & Monitoring</u></p>	
<p>If No Further Action is required then go to – Review & Monitoring</p> <p>(1) Action Planning – Specify any changes or improvements which can be made to the service or policy to mitigate or eradicate negative or adverse impact on specific groups, including resource implications.</p>	<p>Changes or improvements which can be made to the proposal have been shown in Table 1 and 2 above.</p> <p>Table 1: Summary of Impact for Protected Groups Table 2: Additional Factors/ Additional Groups that may experience impacts</p>
<p>(2) Review and Monitoring State how and when you will monitor policy and Action Plan</p>	<p>This plan will be monitored and reviewed on an ongoing basis throughout all its phases by the 0-5 Redesign Project Group. This includes review and monitoring of the project through all its stages from design and through an extended transition stage and through implementation and beyond to demonstrate that the plan is being delivered, and also to ensure outcomes and benefits are as anticipated. This group is a delivery group of the Children’s Transformation Programme, with oversight from the Children’s Programme Board and accountable to Customer & Transformation Board, as part of One Organisational Plan 2020.</p>

Table 3: Summary Action Plan

Group	Possible Impact	Action
Race (protected)	Disproportionate reduction in access for people of different race	Promote inclusivity and equity of access by: <ul style="list-style-type: none"> Locating 4 of the Children & Families Centres and 1 outreach site where numbers and attendances of BME children is highest (Kingsway, Lillington, Boughton, Claremont, Whitnash)
Disability (protected)	Barriers and delays to access	Improve ability to physically access services by: <ul style="list-style-type: none"> Locating Children & Families Centres and outreach sites at locations that have recorded the highest numbers of attendances of under5's known to have a disability (St. Michael's, Stockingford and Park Lane) and the highest proportion of under 5's attendees who are known to have a disability (Abbey, Riversley, Badger Valley, Lillington, St. Johns, Camp Hill, Wolston) to improve physical inclusion of families with children with a disability. Monitor access and experience as part of transition and implementation planning
Gender (protected)	Disproportionate impact on women as 92.3% of all attendances are from females Gender specific groups may no longer be available	Create a more balanced service by: <ul style="list-style-type: none"> Planning the services so that they more open to all and accessible at a range of time to all members of the family rather than increasing provision of targeted groups Continue to offer gender specific groups e.g. Dad's groups where local needs indicate they would benefit from gender specific access to services
Age (protected)	(Impact on 0-5) Reduction in access to appropriate childcare and universal activities that support Early Learning Goals	Keep a focus on 0-5 by centring the proposals on locations with highest prevalence of 0-5s while also extending the offer to older children <ul style="list-style-type: none"> Maintain 12 Children's & Families Centres and outreach sites in Rugby, Nuneaton and Bedworth - known to have the highest numbers of 0-5 year olds in the country Include in the conditions of transfer protection for provision of service for early years where this is feasible
Pregnancy & Maternity (protected)	Current model does not offer a high level of support during pregnancy	Offer provision for pregnancy and maternity as part of the new core offer for Children & Families Centres: <ul style="list-style-type: none"> Incorporate the Leksand model of peer support as part of the service Work in partnership with Midwifery, Health Visiting and Family Nurse Partnership to align with Community Midwifery Hubs development, the Local Maternity System action plan and the STP
Staff	Loss of staff and loss of morale during a period of uncertainty and altered structures, terms, conditions, roles	Reduce the impact on staff: <ul style="list-style-type: none"> Include an extended 12- 18 month transition period (subject to approval by Corporate Board and Cabinet) in the implementation plan during which to work closely with providers on joint transition plans Manage and support the staff through change as part of a coordinated programme of transformation timed and in concert with the <i>One Team</i>

		project rather than as two separate projects impacting staff
Low Income/ IMD1-4	Reduction in access or increased journey cost for those with lack of transport or access to a car	Reduce the impact: <ul style="list-style-type: none"> • Commit to the adjustments in response to the consultation i.e. more outreach in Stratford District and in North Warwickshire • Develop services that increase access to CAB or financial support
Those accessing health services	Reduction in access where child/adult health services are delivered through Children's Centres (36% of attendances by under 2s were for health activities)	In recognition that health activity made up the largest proportion of attendance types and in reflection of consultation feedback: <ul style="list-style-type: none"> • Jointly plan the services with health, CAMHS and community hub colleagues with midwifery and health visiting as part of the core offer • Develop effective information sharing protocols
Antenatal and Postnatal Mental Health	Positive opportunities for partnership	<ul style="list-style-type: none"> • Support Public Health with the development of the Infant/ Parent Mental Health work • Make low level mental health provision available where there is evidence of need
Voluntary & Social Enterprise Organisations	Positive opportunities for collaboration	<ul style="list-style-type: none"> • Work with local voluntary groups to explore what they can provide to support professional staff • Formally encourage expressions of interest from VSE organisations to take over outreach sites
Those accessing Education and Training at Children's Centres	2HELP not commissioned as part of the model	<ul style="list-style-type: none"> • Use libraries where feasible as outreach sites in order to promote and engage with literacy and speech and language • Transfer responsibility to Private, Voluntary and Independent sector to maintain provision at outreach sites
Those using Children's Centres for low level support for mental ill-health, social exclusion, well-being issues	Reduction in centres may result in reducing contact with others and break down established social networks contributing to poorer emotional well-being of those dependent on children's centres	<ul style="list-style-type: none"> • Develop more peer support and stay and play groups starting from the ante-natal period based on the Leksand approach in Sweden • Develop the service so that perinatal mothers can be identified fast tracked into Improved access to psychological therapies where needed
Rural/Geographic	Reduction in access to services where travel is involved could impact ability to access provision	<ul style="list-style-type: none"> • Deliver the adjustments according to the consultation to ensure the additional sites at Stratford are included and the change from Oakfield to Long Lawford is implemented in the plans in response to the issue of rural access at Rugby Borough
Safeguarding	Perceived loss of safeguarding expertise	<ul style="list-style-type: none"> • Develop specific arrangements with children and partners during the transition period as part of multi-agency, multi-disciplinary working and information sharing