



**Brighton & Hove
City Council**

**CHILDREN, YOUNG PEOPLE &
SKILLS COMMITTEE
ADDENDUM**

4.00PM, MONDAY, 11 JANUARY 2016

FRIENDS MEETING HOUSE, SHIP STREET, BRIGHTON

ADDENDUM

ITEM		Page
57	CHILDREN'S CENTRE REVIEW	1 - 40

Subject:	Children's Centre Review		
Date of Meeting:	11 January 2016		
Report of:	Executive Director for Children's Services		
Contact Officer:	Name:	Caroline Parker	Tel: 29-3587
	Email:	Caroline.parker@brighton-hove.gcsx.gov.uk	
Ward(s) affected:	All		

FOR GENERAL RELEASE

1. PURPOSE OF REPORT AND POLICY CONTEXT

- 1.1 This paper reports on the consultation on changes to the children's centre service and makes proposals for the future of the service to achieve budget savings.
- 1.2 In common with other councils across England, Brighton & Hove city council has to make savings across all services as a result of reductions in government funding and pressures on services. The council's budget proposals for 2015/16 included a reduction in funding for children's centres. In March 2015 the Budget Council agreed temporary funding of £670,000 to maintain services for 2015/16 only. In addition there is a proposal for a further saving of £176,000 as part of the 2016/17 budget proposals. The Budget Council on 25 February will make final decisions about the future funding of children's centres. From April 2016 it will not be possible to provide the same level of services with the reduction in funding to the children's centre budget.
- 1.3 There are no plans in the draft four year budget strategy to make further reductions to children's centre budgets in subsequent years.
- 1.4 The report makes proposals for how children's centres will continue to offer a reduced citywide, universal service to all parents and provide additional support to children and parents in greatest need. No buildings are closing as part of the proposed changes.
- 1.5 The Government has instigated a national review of children's centres and Ofsted inspections of children's centres are currently suspended. The Council will need to consider the outcomes of this review when it is published.

2. RECOMMENDATIONS:

- 2.1 That the committee notes the results of the public consultation and the attached Equalities Impact Assessment.
- 2.2 That the committee agrees that the following seven children's centres should continue to be designated and provide a reduced range of children's centres

services from 1 April 2016: Roundabout (Whitehawk), Moulsecoomb, Turner, Hollingdean, Hangleton Park, Conway Court and Portslade.

- 2.3 That the committee agrees that the following children's centres should no longer be designated but will continue to be used as venues for limited services: The Deans, West Hove, Hollingbury and Patcham and City View.
- 2.4 That the committee agrees that the Cornerstone Community Centre (which is not a council building) will no longer be a designated children's centre.
- 2.5 That the committee agrees to a revised core offer of both universal and targeted services from 1 April 2016. The revised offer is described in Appendix 2 and includes the following:
 - § The Healthy Child Programme delivered by health visitors;
 - § Open access baby groups in venues across the city;
 - § One drop-in stay and play group in each of eleven venues across the city with priority for families with identified needs and children under two;
 - § Offering more parenting talks and discussion groups to reach more parents at an earlier stage and fewer longer parenting courses;
 - § Promoting volunteering and community/parent run groups to run from children's centres including those which are no longer designated;
 - § Evidence-based interventions delivered in groups and home visits for families most in need and least likely to attend the centres.
 - § Improved support for families with young children facing multiple disadvantage as part of the city's Stronger Families Stronger Communities Programme;
 - § More focus on support for training and employment and less on parental involvement in children's centre services
- 2.6 That the committee agrees children's centres should be developed as hubs for a wider range of services including services for older children, and services delivered by parent run and community groups as part of the City Neighbourhoods Programme.
- 2.7 That the committee agrees that, following the consultation and discussions with the children's centre review groups, further work should be done to explore new funding and business models including:
 - A hiring policy for children's centres so that external groups could use the space and possibly charge
 - Options for using volunteers to provide home visits, whether this could be developed by the voluntary sector and how it could be funded

- A ring-fenced fund based on contributions from parents and others that could be used to pay for additional stay and play groups or to develop options for using volunteers to provide home visits
- 2.8 To note that, should any additional funding be available, the Children's Centre Review Group's priorities would be to maintain the same number of stay and play groups in Turner, to maintain the Stories and Play group in Rottingdean and to increase home visiting including exploring the options described in 2.7.

3. CONTEXT/ BACKGROUND INFORMATION

- 3.1 The first children's centres opened in the city in 2004. The core purpose of children's centres, as set out in the government's Sure Start Children's Centre Statutory Guidance, is to improve outcomes for young children and their families and reduce inequalities between families in greatest need and their peers in:
- child development and school readiness;
 - parenting aspirations and parenting skills; and
 - child and family health and life chances.

A designated children's centre is defined in legislation as a place or group of places which make available integrated universal and targeted early childhood services either by providing the services at the centre itself or by providing advice and assistance to parents, carers and prospective parents in accessing services provided elsewhere. Children's centres have been inspected by Ofsted against a published inspection handbook and framework. The Government has said that it plans to consult on the future of children's centres and has suspended inspections by Ofsted

- 3.2 In Brighton & Hove there is an integrated, citywide children's centre service which includes health visiting. There are currently 12 children's centres registered with the Department of Education as designated. Services are provided by integrated teams of health visitors and council staff and are provided from the designated children's centre, linked sites and in family homes. Each designated children's centre has a catchment area of between 950 and 1700 children under 5. The Children's Centre Review (appendix 6, section v, page 17) includes more details about each children's centre. Midwives are based in larger centres.
- 3.3 Health visitors and midwives are funded from NHS budget and are not included in the proposals for budget reductions. There has been a change in the council's relationship with Sussex Community NHS Trust. The Section 75 secondment agreement ended in March 2015 and temporary arrangements for the Council to continue to manage the health visiting service will end in March 2016. Health visitors will continue to be based in and work from children's centres to provide integrated services for families. From October 2015 health visiting has been commissioned by Public Health within the council.
- 3.4 The first phase of children's centres included nurseries which provide free early education places for two, three and four year olds funded by government as well as childcare paid for by parents. The nurseries are being reviewed separately.

- 3.5 There has been a major shift in government policy on early years since the creation of children's centres with the introduction of free early education places for low income two year olds. In Brighton & Hove around 30% of two years olds qualify for free places and the take up in the autumn term of nearly 90% is one of the highest in England. Funding for early education places for two year olds is ring-fenced in the Dedicated Schools Grant and is worth £2.5 million in 2015/16.

4 ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

- 4.1 The November Committee considered the Children's Centre Review Report which was developed in consultation with a Board including parents, voluntary sector representatives and officers from the council's children's services and public health directorates and Sussex Community NHS Trust. The Board considered a range of factors including national and local developments, information about the existing service, a joint needs assessment completed with Public Health and the outcome of both last year's consultation and initial consultation meetings held this year. The review was discussed with a wider parents' reference group, children's centre staff and the children's centre advisory groups who were asked to give their views about children's centres and the services they would like to receive in the future. A summary of the responses was included in the board report. The report also included a summary of the responses to the consultation from last winter.
- 4.2 Following agreement by the November Committee a public consultation was launched on 17 November and closed on 20 December 2015. The consultation was sent by email and text to children's centre users, and publicised on Facebook and Twitter. A paper flyer and copies of the consultation were distributed to children's centres and libraries. Meetings have been held with all children's centres advisory groups. Face to face meeting have been held with children's centre users and groups with protected characteristics. There were 578 responses to the consultation questionnaire. There were also face to face discussions with 71 parents from a range of different areas and groups with protected characteristics. There are 10,058 adults registered with children's centres across the city and 2,488 attend centres on a quarterly basis. Last year there were 842 responses to the consultation.
- 4.3 The Children's Centre Review Group met on 16 December to consider the responses to the consultation so far. Their views have been included in this report.
- 4.4 A copy of the consultation and a full report on the consultation responses is annexed to this report (Appendix 3). The responses to the consultation have affirmed the value placed on the services offered by the current children's centres by those who responded with 87% disagreeing with the proposals to cut children's centre funding
- 4.5 There has also been a management of change consultation with council staff affected by the proposals.

Changes to the number of designated children's centres

4.6 The Board considered options for the future number of children's centres. Because of the reduction in funding it will not be possible to provide a full range of services from all 12 children's centres. The Review Board considered whether to reduce the number of main sites to four based in the most disadvantaged areas of the city. The data shows that children living in Roundabout (Whitehawk), Moulsecoomb, Tarner and Hangleton have the highest needs and poorest outcomes in the city. However there are also families with identified needs living in other areas. The proposal for seven children's centres is designed to ensure that they will continue to meet the needs of families with children under five across the city. The seven that are being proposed are the larger centres where there is the space to deliver a range of services. The seven designated children centres will offer outreach to delivery points across the city and visits to the homes of families most in need.

4.7 The proposals are to continue using the following seven children's centres as main sites and designated children's centres:

- Roundabout (Whitehawk)
- Moulsecoomb
- Tarner
- Hollingdean,
- Hangleton Park
- Conway Court (in partnership with Sussex Community NHS Trust)
- Portslade (but with reduced opening hours of 9am to 4pm three days a week)

4.8 The proposals are to merge the following children's centre catchment areas and to continue to use the buildings as delivery points for children's centre services and health visiting. The average catchment area will increase from 1217 to 2106. No buildings are closing. They will continue to be used for health visiting and council children's centre services but will only be open when a service is running.

- The Deans (Rudyard Kipling primary school) – merge with Roundabout
- West Hove (West Hove infant school) – merge with Conway Court
- Hollingbury and Patcham (Carden primary school) – merge with Hollingdean
- City View (in partnership with Sussex Community NHS Trust) – merge with Moulsecoomb. The Early Parenting Assessment Programme will continue to be delivered from City View.

4.9 The proposal is that Cornerstone community centre, which is not a council building, will no longer be a designated children's centre and the catchment area will merge with Tarner. Cornerstone will continue to be a community centre which provides a range of services including a baby group and hosts a pre-school that offers free early education places.

4.10 A partnership with the library service is being explored for Hollingbury and Patcham. The proposal is to move the Hollingbury library to share the space with the children's centre to help maintain an active service for both library and children's centre users. The library service will be aimed at children and their parents and carers. The library will be able to offer library services following on from the time-limited children's centre events. This proposal is subject to the

consultation on changes to the library service.

- 4.11 Following responses to the consultation the option of increasing the capacity of the Deans Stay and Play group by holding it in larger venue will be considered.
- 4.12 There was a proposal to develop a citywide on-line children's centre providing access to information and advice via the council website and through social media for families with young children in Brighton & Hove. This would build on information already available online from the Family Information Service, children's centre Facebook pages and national websites. There was a mixed response in the consultation with a number of parents focussing on the importance of face to face contacts. The revised proposal is to improve access to information on line.
- 4.13 The majority of responses (60%) to the consultation opposed the reduction to the number of designated children's centres and 23% agreed. The recommendation to the Committee is to proceed with the changes because of the need to achieve the budget savings.

Proposed changes to the core offer

- 4.14 The options proposed aim to balance providing universal services with ensuring that council resources focus on improving the lives of the most vulnerable and disadvantaged children. The reduction in funding means that there will be a reduction in the number of council staff employed in the children's centre service and a reduction in funding for the Early Childhood Project which is commissioned to run groups. Staff time needs to be balanced between running universal groups which are open to all, targeted groups which are aimed at those families who have identified needs and home visits for families with identified needs who are reluctant or not able to visit a children's centre.
- 4.15 The proposals were developed following the consultation which took place last year. A key message from the consultation was that parents value on-going drop in groups which were seen as important in promoting social cohesion.
- 4.16 The proposals this year include continuing to offer ten open access baby groups each week in the same venues. This proposal was supported in the public consultation with 89% agreeing. The recommendation is to continue to offer these groups.
- 4.17 The proposals also include continuing to offer one stay and play type group each week in the main children's centres and most delivery venues. The alternative would be to deliver more groups in a smaller number of children's centres. This would mean that some families would need to travel further. There will be a reduction from 21 to 11 stay and play groups and from four to two Stories and Play groups in libraries. Groups are delivered by both council staff and the Early Childhood Project. Appendix 4 includes a summary of where groups are reducing. The majority of responses (69%) disagreed with the proposal and did not want to see a reduction in the number of stay and play groups. The reduction in funding means that we will not have sufficient staff to run more stay and play groups.

- 4.18 The proposal is also to continue to fund Stories and Play groups in Moulsecoomb and Whitehawk libraries but to no longer fund groups in Coldean, or the Deans. The groups are run by the Early Childhood Project and funded by the children's centre budget. 46% disagreed and 32% agreed with the proposal to reduce stories and play groups run in libraries and to continue to run groups in Moulsecoomb and Whitehawk. The reduction in funding means that it will not be possible to run more groups.
- 4.19 The proposals to reduce the number of drop in groups will have the greatest impact in children's centre areas where groups are already over-subscribed and where there is more than one group running: Tarner (average weekly attendance is 49), Deans (40), North Portslade (37), Conway Court (33). There will continue to be 3 groups in the Moulsecoomb catchment area (Moulsecoomb CC, Bevendean and Moulsecoomb Library) and two in Roundabout (Roundabout CC and Roundabout library). It is likely that there will not be enough places to meet demand in Tarner, the Deans, North Portslade and Conway Court. Priority will be given to supporting additional parent / community run groups in these centres (see paragraph 4.24 below).
- 4.20 The proposal is that where there is a high demand for places in staffed groups priority will be given to families with identified needs or with children under two. The survey asked which families should be given priority for places. The responses were fairly evenly divided with 25% saying all families on a first come first served basis, 25% families in the local area, 22% families with children under two and 17% first time parents. The proposal is to give priority to families with identified needs and to families with children under two. This is because national research shows that the period between the conception and the age of two has the most impact on a child's later development. In addition children from low income families are entitled to free childcare places from the age of two.
- 4.21 The Children's Centre review group suggest that the priority area for running additional groups should be Tarner because of the high use and level of need, and Rottingdean because of the distance from other services.
- 4.22 The consultation also asked whether parents would be willing to pay £4 a session for a stay and play group. The charge of £4 is based in the cost of running a group. Of the responses to the questionnaire 43% would be prepared to pay with the highest percentage in West Hove, Cornerstone and Conway Court. The percentage was lower in areas of greater deprivation. It is possible that responses to the consultation may not have been representative of low income families who would not be able to pay to attend. Parents attending the advisory groups in Hangleton, Moulsecoomb and Roundabout thought that £4 was too much for parents to pay. Instead parents suggested that fruit and healthy snacks should no longer be provided and that parents should be asked to bring fruit which could then be shared. This suggestion will be piloted.
- 4.23 The proposal is not to charge for council-run groups because the most vulnerable families would not be able to pay and also because of the complexity of administration for the council. However because there are parents who are prepared to pay the proposal is to develop a room hire policy for children's centres which would allow other groups to use children's centre space and to charge parents. There is also a proposal to set up a fund to which parents could

contribute to pay for additional groups. The intention is that this fund would be additional to and would not replace council resources.

- 4.24 Children's centres already support parents to volunteer. One of the proposals was to continue to promote volunteering and options for community or parent-run groups to increase the number of groups available. The responses were evenly split with 47% who would not volunteer and 33% who would. Responders to the consultation are most likely to volunteer when they live in Cornerstone, Conway Court and Tarner. They are least likely to volunteer in the Deans, Hangleton and Moulsecomb. Parents have commented that they valued groups being run by trained staff. There has also been a suggestion that volunteers could be used to provide home visits. The proposal is to consider options for using volunteers to provide home visiting including whether this could be delivered by the voluntary sector.
- 4.25 There is also a proposal for a change of focus from parental involvement to giving more support to parents to access training and learning so that they can gain work with a living wage. This will mean spending less time on involving parents in children's centre services including reducing the number of children's centre advisory groups.
- 4.26 Children's centre staff will continue to provide evidenced-based groups and home-based interventions for those families who need most help wherever they live in the city. These interventions include targeted groups to promote early learning and communication, bilingual families' groups, parenting groups and food banks. Interventions used in children's centres will continue to be reviewed based on national research into their effectiveness.
- 4.27 The consultation included a proposal to run more Triple P parenting talks and discussion groups and fewer longer courses so that more parents can access advice at the level which meets their needs. This proposal was supported by 66% of responders.
- 4.28 Because of the overall reduction in the number of staff there will be less capacity for one to one contacts and home visiting by council staff (Early Years Visitors). These contacts in children's centres and home visits include encouraging parents to attend groups and support including behaviour management, developmental delay, isolation, home learning, baby massage, sleep routines, healthy diet, child development and parenting. Home visits will focus on those families in most need of support with parenting as identified by health visitors. In the responses to the consultation 47% of responses disagreed with the reduction in home visiting.
- 4.29 The proposals include improved support for families facing multiple disadvantage as part of the city's Stronger Families Stronger Communities Programme. This will be achieved by transferring four posts who will become Early Years Family Coaches. The Early Years Family Coaches will be based in children's centres and continue to deliver targeted groups as well as working with families in their homes.
- 4.30 In the past children's centre funding was used to pay for childcare places for children under three who had early help and child protection plans. Following

the increase in free early education places for eligible two year olds described in paragraph 3.5 children's centre funding is no longer used for two year olds. In the future the proposal is that children's centre funding will not be used to pay for childcare places including for children under two. Children with child protection plans will be funded from the social work budget to attend childcare where this is part of their plan.

- 4.31 The proposals include no longer funding a contribution from the council children's centre budget to the health visiting breastfeeding service. Breastfeeding is promoted by health visitors and is identified by the Department of Health as one of the six high impact areas for health visitors. Twenty one respondents to the consultation commented that they value breastfeeding support from children's centres. Public Health within the council fund additional support for breastfeeding in areas where breast feeding rates are low. Breastfeeding will continue to be supported by the health visiting service.
- 4.32 Children's centres will contribute to the City Neighbourhoods programme which plans to establish hubs in the heart of communities, bringing appropriate services closer to those who need them by forging stronger links with local people. The neighbourhood hubs will host a variety of services, based on the needs of the local area; they will be delivered by council staff alongside a range of partners, including voluntary organisations, and be supported by volunteers.
- 4.33 A summary of the revised core offer is attached in Appendix 2.

5. COMMUNITY ENGAGEMENT & CONSULTATION

- 5.1 This has been described above. The proposals took account of the consultation which took place in the winter of 2014/15. A key message was that parents valued universal, on-going drop in groups. The proposals this time took account of this feedback and included continuing to run drop in baby groups and stay and play groups. A copy of the consultation report is attached at Appendix 3. Responders to the consultation did not agree with the proposals to reduce funding for children's centres with 87% disagreeing.
- 5.2 As a result of the consultation:
- any additional resources agreed by the budget council would be used to fund additional groups (eg. Tarner) and home visiting;
 - further work will be done to explore new funding and business models including a ring-fenced fund based on contributions from parents that could be used to fund additional stay and play groups;
 - further work will be done to explore the option of using volunteers to do home visits;
 - the proposal for an on-line children's centre will be changed to improving existing on line information;

- investigating a larger venue for the stay and play group in the Deans.

6. CONCLUSION

- 6.1 The proposals aims to ensure that children’s centres continue to offer a citywide universal service and as well as providing additional support to the children and parents in greatest need within a robust, quality and evidenced based universal and targeted service offer.

7. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

- 7.1 The council general fund budget for children’s centres for 2015/16 is £2.39million of which nearly 80% is allocated to staffing. This includes one-off funding of £670,000 agreed in the 2015/16 Budget in addition to the on-going budget of £1.72 million. The temporary funding has been used to maintain the delivery of universal open access groups, keep all the children’s centres open and provide home visits for families who need support. A further saving of £176,000 is proposed in 2016/17. The Budget Council on 25 February will make the final decision about the proposed funding reduction of £176,000 (10% of the on-going budget) for 2016/17. The additional £176,000 includes staff reductions which will reduce time available to run groups in children’s centres and home visiting, and children’s centre funding for supported childcare places for children under two. In total the reduction in staffing posts will be £626,000 including a reduction in management posts. The remaining savings of £220,000 include reducing funding for supported childcare, running costs and third party payments.

Finance Officer Consulted: Steve Williams Date: 17 December 2015

Legal Implications:

- 7.2 Local authorities are under a duty to secure sufficient provision of children’s centres to meet local need, so far as is reasonably practicable (section 5A Childcare Act 2006).

Section 5D of the Act provides that LAs must ensure that there is consultation before either (i) making a significant change to the range and nature of services provided through a children’s centre and/or how they are delivered, or (ii) closing a centre or reducing services to such an extent that it no longer meets the statutory definition of a children’s centre.

Statutory guidance has been issued by the Department for Education -“Sure Start children’s centres statutory guidance” (April 2013) – to which local authorities must have regard to when carrying out duties relating to these centres. The guidance provides further direction as to the manner of any consultation process, requiring in particular that LAs should consult ‘everyone who could be affected by the proposed changes’ and that an explanation should be included as to how the LA will continue to meet the needs of families with children under five as part of any reorganisation of services. LAs are also

advised that particular attention should be given to ensuring disadvantaged families and minority groups participate in any consultations. Members must have due regard to the Equalities Impact Assessment in reaching any decision.

Lawyer Consulted: Natasha Watson Date: 17/12/2015

Equalities Implications:

- 7.3 A full Equalities Impact Assessment is attached (Appendix 5). The greatest impact of the proposals is on women and pre-school children. The EIA outlines how these impacts can be addressed through the service redesign proposed and through the implementation of a policy to ensure equality of access for community and parent-led groups.

Sustainability Implications:

- 7.4 Continuing to provide outreach services across the city will help to maintain travel costs. Children's centres contribute to sustainable communities and promoting good health and wellbeing.

SUPPORTING DOCUMENTATION

Appendices:

1. Implications
2. Revised early years offer
3. Children's centres consultation report December 2015
4. Information about changes to groups
5. Equalities Impact Assessment
6. Children's Centre Review Report
7. Children's Centre Review Supporting Information (November 2015)

Documents in Members' Rooms

1. Results of the 2014/15 Children's Centre Consultation

Background Documents

1. Government's Sure Start Children's Centre Statutory Guidance (<https://www.gov.uk/sure-start-childrens-centres-local-authorities-duties>)

Appendix 1

Crime & Disorder Implications:

- 1.1 Not relevant.

Risk and Opportunity Management Implications:

- 1.2 Risks have been considered in the development of the consultation proposals. The main risks are:
- a reduction in children's centres and universal services could mean that parents are less able to access help and therefore do not have their needs identified at an early stage;
 - a reduction in universal services and focus on targeted services could mean that children's centres become stigmatised so that parents who need them most no longer choose to use them;
 - national changes in welfare provision including reductions in tax credits could mean that more families will need support;
 - ensuring that the service redesign still meets the statutory functions and does not lead to requires improvement or inadequate inspection judgements by Ofsted;
 - capital clawback from the Department of Education if funded premises are not used for early years purposes. There is a risk that the DfE will seek to claw back capital funding from children's centres that are no longer used for early years purposes.

Public Health Implications:

- 1.3 The aim of the proposals is to design a revised service which, within the reduced funding available, will continue to improve outcomes for young children and their families and reduce inequalities between families in greatest need and their peers.

Corporate/Citywide Implications:

- 1.4 The proposals support the council's priority of "A good life - Ensuring a city for all ages, inclusive of everyone and protecting the most vulnerable." The proposals are part of the Children's Services Early Help Strategy to improve support for families at risk of needing a social work intervention. Both health visitors and midwives work from children's centres. Health visiting is commissioned by Public Health within the council and provided by Sussex Community NHS Trust. Following the end of the Section 75 Agreement with Sussex Community NHS Trust (SCT) there will be a clearer distinction between the roles of council and SCT staff in the future. **There will be discussions with the midwifery service about the implications of changes to children's centres for midwives clinics.**

Appendix 2 Summary of the Revised Early Years Offer

Universal - available to all

- Midwifery clinics in the larger children's centres
- Healthy Child Programme delivered by health visitors: five development reviews which are offered to all families: ante-natal, new birth, six weeks, one year and two years. Healthy child clinics
- Open access baby groups – in the same venues as now
- Stay and Play Groups – one group per week in 11 venues across the city with priority for children under two
- Advice and support for training/employment/volunteering
- Advice and information on parenting – talks and workshops open to all
- Access to free early education for three and four year olds – all children are entitled to 15 hours a week for 38 weeks or fewer hours for more weeks

Targeted services - aimed at particular groups or families with identified needs

- Access to free childcare places for two year olds living in low income families
- Parenting courses – Triple P Level 4 and 5 and Feeling Good Feeling Safe
- Post natal depression groups run by health visitors
- Bilingual families groups for families with English as an additional language (Tarnar, Conway Court, Hangleton)
- Chatterbox groups for children identified with speech and language delay
- Now We Are Two – one term courses for families who will be entitled to free childcare for two year olds to help parents to support their child's early learning
- Home based interventions (for example covering developmental delay, parenting)
- Early Years Family Coaches for families with children under five facing multiple disadvantage
- Food banks (Tarnar, Moulsecoomb, Roundabout)
- Specialist citywide groups eg. Rainbow Families (LGBT), MOSAIC (BME), Sweet Peas (disabled children), Dads' Group (Tarnar)

Children's Centre Consultation Summary

V0.7- December 2015

Produced by: Caroline Parker, Ali Ghanimi and Caroline Tudor

Tel: 01273 293587

Email: caroline.parker@brighton-hove.gcsx.gov.uk

Contents

Children’s Centre Consultation Summary.....	1
1. Introduction & purpose of report.....	3
2. Methodology.....	3
3. Key Findings	4
3.1. Results at a Glance	4
3.2. What Respondents Valued Most About the Centres.....	6
3.3. Budget Cuts.....	7
3.4. Baby Groups.....	10
3.5. Stay and Play Groups	11
3.6. Stories and Play Groups	14
3.7. Paying for Groups and Volunteering.....	15
3.8. Home Visits and 1-2-1 Contacts.....	17
3.9. Parenting Support	20
4. Who Responded?.....	21

1. Introduction & purpose of report

The following report summarises responses to the consultation on proposed changes to children's centre services. The views of respondents can be used to inform any changes in the way services are prioritised and delivered.

2. Methodology

A pre-consultation was carried out between September and November 2015 involving a representative group of parents, staff and other stakeholders. The outcome of this was an agreed set of proposals on which to consult the wider public.

The public consultation ran from 17 November to 20 December 2015. The consultation comprised a questionnaire hosted on the council's consultation portal (also available in hard copy at children's centres and libraries) and face-to-face semi-structured interviews with parents and carers attending the following groups:

- Mosaic Group at Hollingdean children's centre (BME families)
- Bilingual Families Group at Turner children's centre (BME families)
- Jump for Joy at Turner children's centre
- Dad's Group at Hollingdean children's centre
- Adopters Group at Preston Park children's centre
- Stay and Play at Hollingdean children's centre
- Positive Parenting Discussion Group at Hollingdean children's centre
- Parents Coffee Morning at Carden School (Hollingbury & Patcham)
- Food Bank at Moulsecoomb Children's Centre
- Stories and Play at Rottingdean Library
- Baby Group at Fairlight School
- Rainbow Families Group at Preston Park (LGBT families)

In addition, face to face consultation on the proposals took place at advisory groups across the city.

Parents registered with children's centres were notified of the consultation by email and text messages. There were also leaflets and visual displays within the children's centres advertising the consultation. Users were notified about the opportunities for face-to-face consultation through the groups they attended.

The consultation was made public so that any resident of Brighton & Hove could respond. It was promoted by press releases and via other organisations and featured on a number of web and social media sites.

The priority was to get the views of families who use children's centres or may use them in future, as they would be most affected by the proposals. Support was provided by centre staff to help parents complete the questionnaire.

578 people responded to the questionnaire and 71 service users were interviewed face to face.

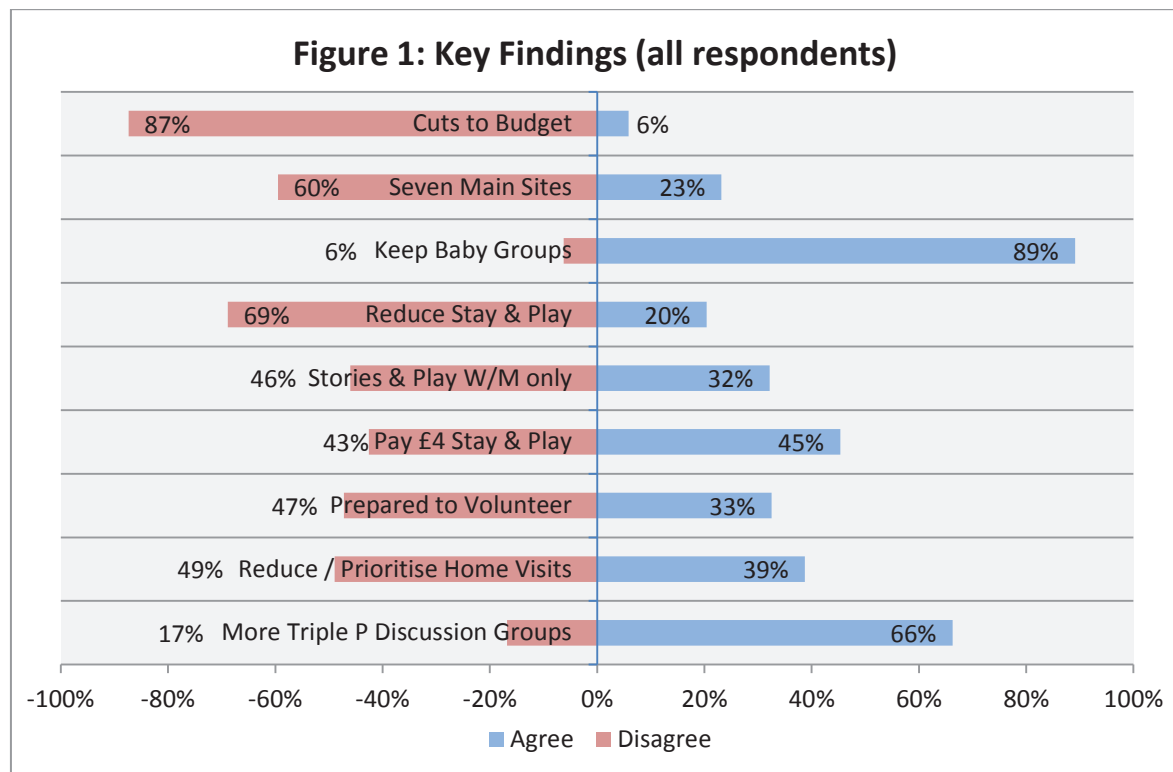
For comparison, there are 10,058 adults registered with children’s centres across the city. Approximately 2,488 attend centres on a quarterly basis.

Responders were asked whether they agreed or disagreed with the proposals and whether they would like to make any comments. Comments were categorised by themes and then ranked by order of frequency for analysis purposes.

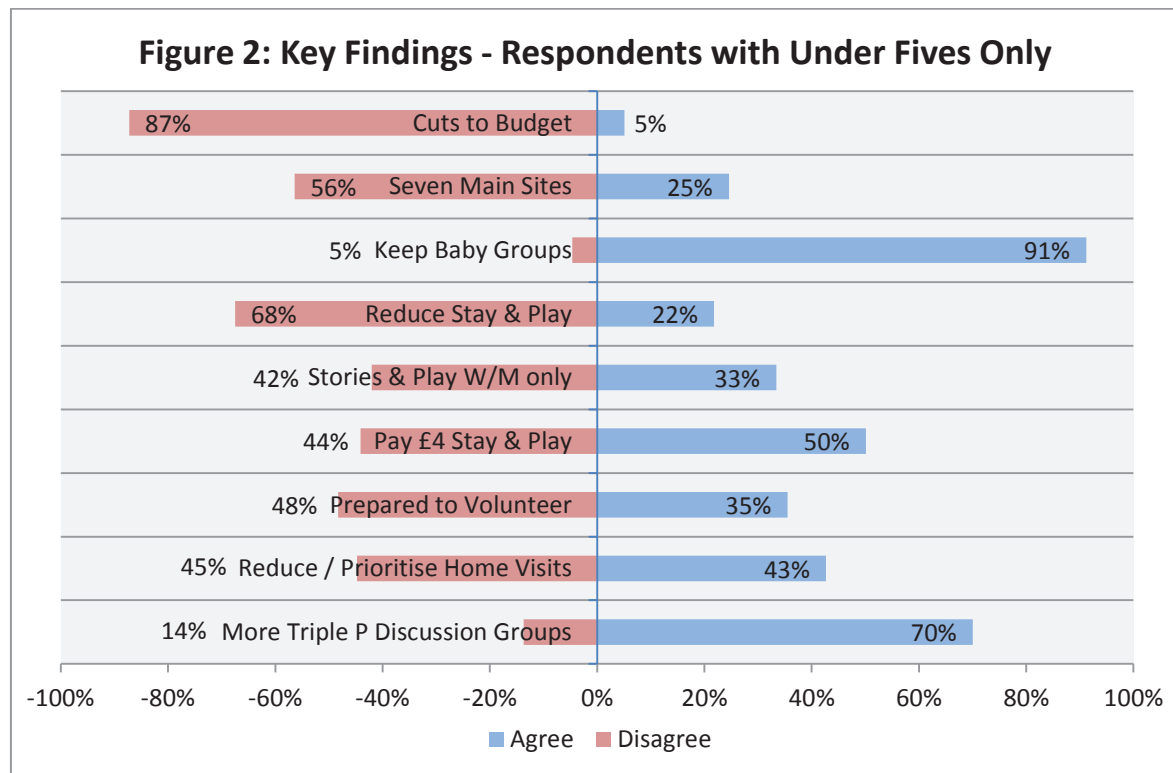
3. Key Findings

3.1. Results at a Glance

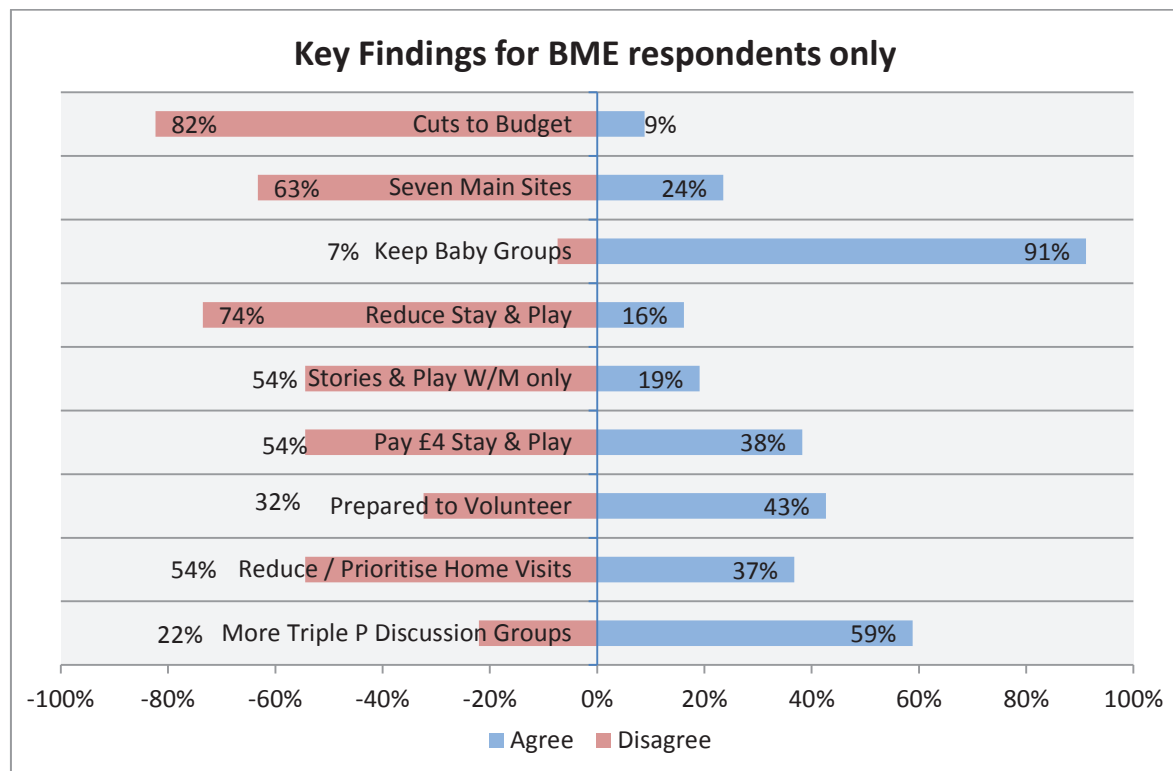
Figure 1 below shows the overall results of the survey showing whether people disagree or agree with the proposals (note that some respondents neither agreed nor disagreed). Most respondents agreed with the proposals to keep the open access baby groups and to provide more parenting discussion groups. However, the majority disagreed with the cuts to children’s centres, proposals to reduce open access Stay and Play groups and to have 7 main children’s centres with smaller centres that are open only when there are groups/activities running. Responses to the other proposals were more mixed.



Figures 2 and 3 show the breakdown for subpopulations of respondents showing key findings for parents with children under-five only (figure 2), and for BME respondents only (figure 3).



432 parents with children under-five responded to the questionnaire. Generally these respondents (75%) indicated slightly stronger agreement with the proposals compared to the overall response.



There were 68 BME respondents (12%) where BME is defined as any ethnic group other than “White British” or “Other White background”. BME respondents showed greater disagreement on the proposal to reduce Stay & Play (74% disagreed as compared to the overall population 69% disagreed). They were also in greater disagreement about paying £4 to attend Stay & Play (54% BME respondents disagreed as compared to 43% in the overall survey population). There was also a large difference in the numbers preparing to volunteer (32% would be likely to volunteer from the BME population as compared to 47% overall).

3.2. What Respondents Valued Most About the Centres

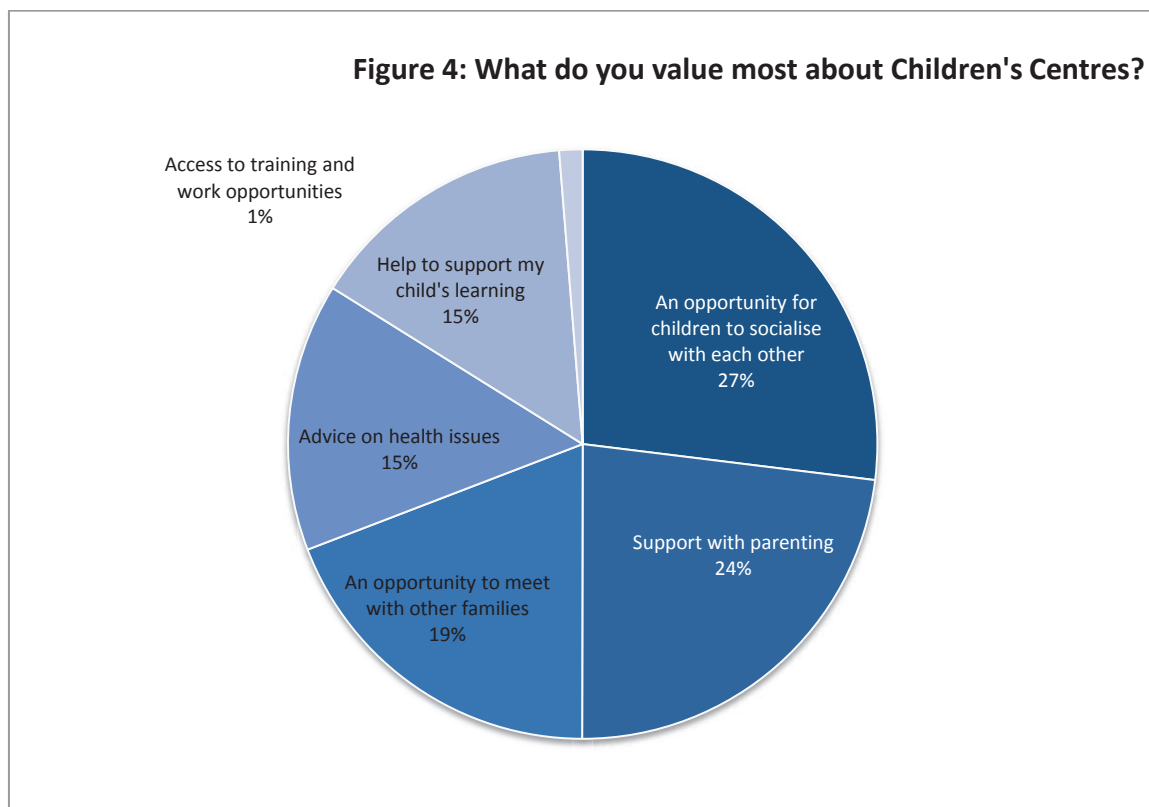


Figure 4 shows what respondents valued most about the centres. They were able to select up to three in priority order and the answers were then weighted and ranked.

Comments from the Questionnaire on Other Things Valued (number of respondents in brackets):

- A free, accessible, local place to go with children (33)
- Getting out of the house / reducing isolation (28)
- Share concerns and get advice (26)
- Community cohesion / mixing with diverse people (21)
- Breastfeeding and/or weaning support (21)
- Help with mental health/post natal depression (8)
- Improves wellbeing (8)
- A safe space (6)

“It has made [my son] a lovely, sociable child who is happy to interact with other people”.

“It's the only chance my children have to mix with other children.”

“They have made me a better parent with the help, advice and support”.

“They were there when I was in crisis”.

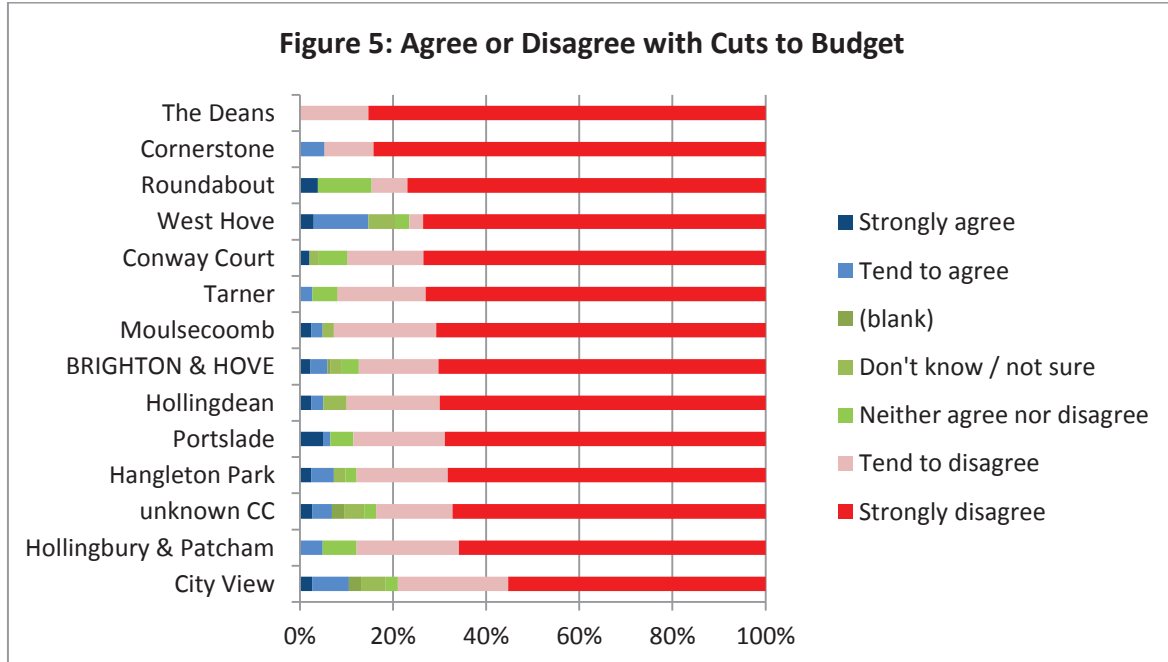
Face-to-face Consultation on What Parents Value Most

The most common things parents valued for themselves were: Reducing isolation, having someone to talk to, getting advice, building confidence and learning how to play with and manage their children. For their children, the most common responses were: becoming more confident and sociable with other children, making progress in terms of language and other development and getting ready for nursery and school.

The following analysis shows more detailed results by children’s centre. Some respondents did not provide a full postcode so their home children’s centre is “unknown”.

3.3. Budget Cuts

Figure 5 below shows whether, given the reduction in government funding to the council, respondents agreed or disagreed with proposed cuts to the children’s centre budget. (574 responses). The data is based on the home postcode of the respondent, mapped to children’s centre catchment area. Overall 70% strongly disagreed with the cuts.



Comments from the Questionnaire on Budget Cuts

- The cuts are short-sighted. They will lead to greater problems in the long run (19)
- Don't make assumptions about the families who are 'in need' (5)

“Being a first time parent is daunting and without the support... I think you would have a lot more depressed and struggling mothers which will mean even more strain on the NHS”.

“The consultation explains that the rationale for cutting children's services so drastically is the reduced funding to the council. But if these services are about giving children the best start in life and reducing problems later on, it seems a false economy to cut this service by more than a third.”

Face-to-face Consultation on the Cuts to Children’s Centres

All those interviewed disagreed with proposals to cut children’s centre services. Most felt children’s centres are key to children’s early development and help to build social cohesion by bringing different communities together.

Many of the parents originated from other countries or had no family nearby and the children’s centres had been instrumental in reducing their isolation.

“Children’s centres create a village within a city”.

Others spoke of the isolation of being stuck at home with a baby or toddler. Many said cutting these services would result in more social problems and would cost more in the long run.

“This is a ‘knee-jerk’ decision – they haven’t assessed the long-term impact.”

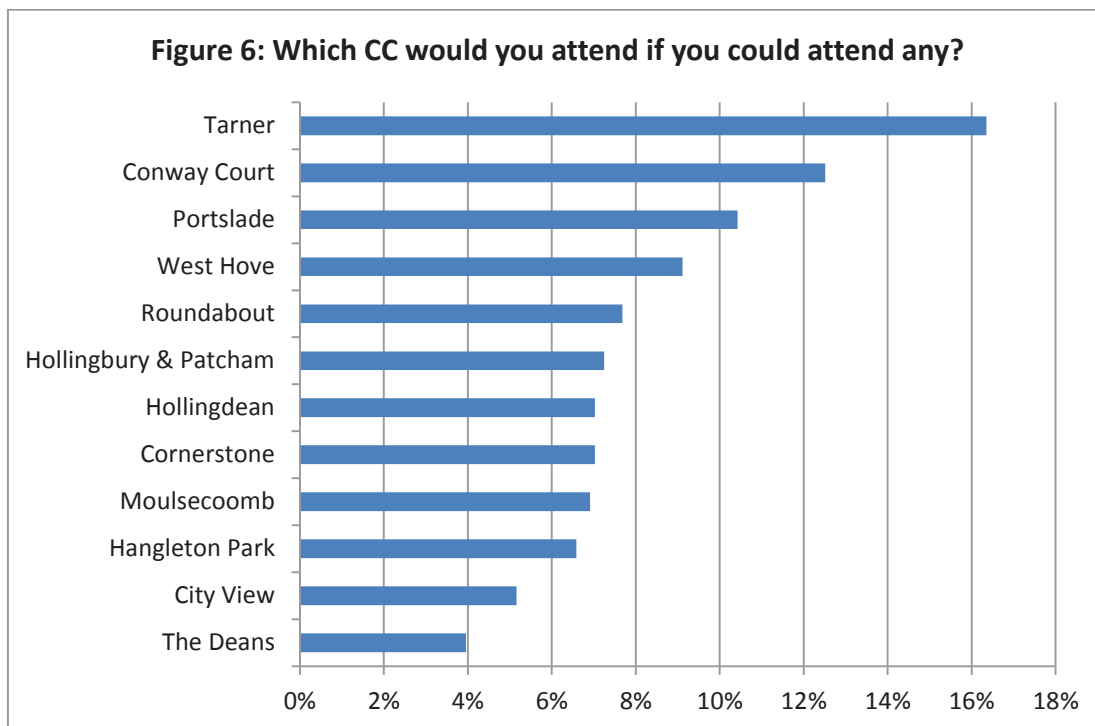
Some worried about the cumulative impact on families in addition to cuts to other services and benefits.

“This is too much for families”.

Some parents asked whether those proposing the cuts really understood the importance of children’s centre services and urged them to come to the centres to see for themselves how vital they are.

Attendance at Children’s Centres

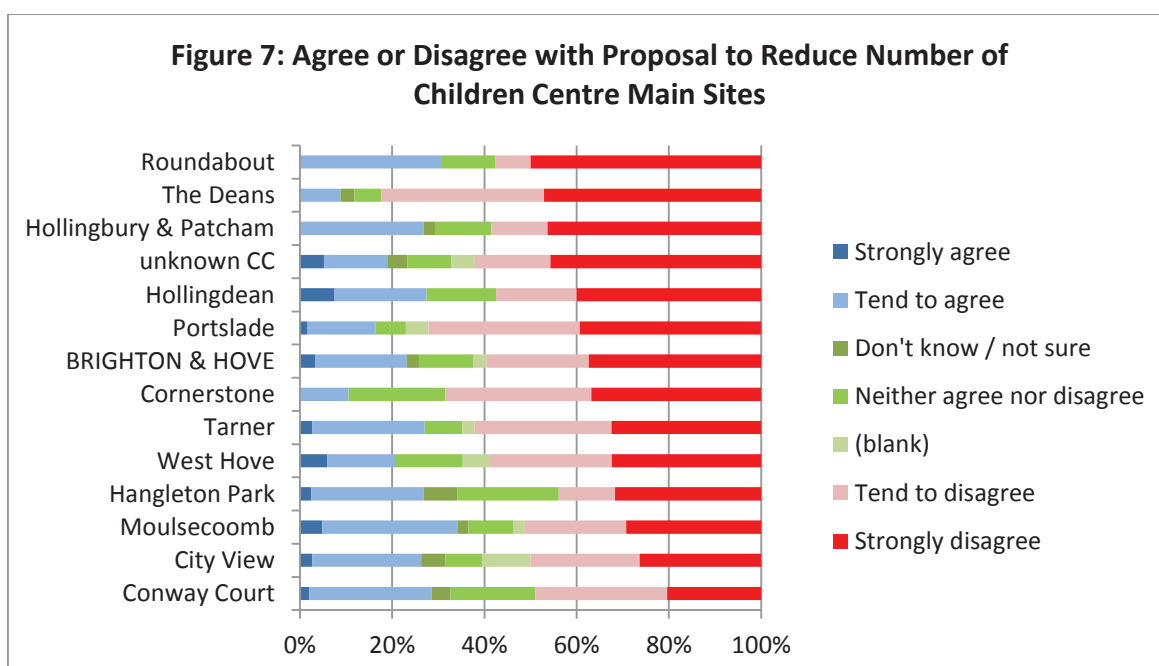
Figure 6 shows which children’s centre respondents would attend if they had the choice of any. Respondents were able to select multiple children’s centres.



Note this result is likely to be biased given the higher number of respondents attending certain children's centres such as Turner, Conway Court and Portslade. The above chart closely reflects the numbers on respondent's home location indicating most people want to attend their home children's centre.

Children's Centre Buildings

Figure 7 shows whether respondents agreed or disagreed with the proposals to reduce children's centres to seven main sites with smaller, local centres plus a city-wide on-line children's centre (561 responses). Overall 23% agreed and 60% disagreed with the proposal to reduce to seven main sites.



Comments from the Questionnaire on Changes to Children’s Centre Buildings

- Will be difficult for some families to travel / public transport and parking expensive (55)
- All children’s centres are valuable / important to have a local centre open all the time (35)
- Will stop families having access to services (11)
- The Deans is getting a poor deal (10) (Rudyard Kipling too small to be of real benefit)
- Not fair to cut some centres and not others (6)
- Keep North Portslade open longer / need a main centre in Portslade / West Hove (3)

Face-to-face Consultation

Feedback from the face-to-face interviews largely reflected the questionnaire. Proposals to provide online children’s centre services were mixed. About half said they would find this useful but others said they preferred to get help and support face to face or from reading books and leaflets.

“It would be useful to have a website to go to with information you can trust.”

Many parents said they didn’t really know what help they needed until they started coming into the centres. They felt that staff are good at identifying their needs and pointing out things to them – something which you can’t get online. Others just valued the opportunity to meet other parents and for their children to play and socialise.

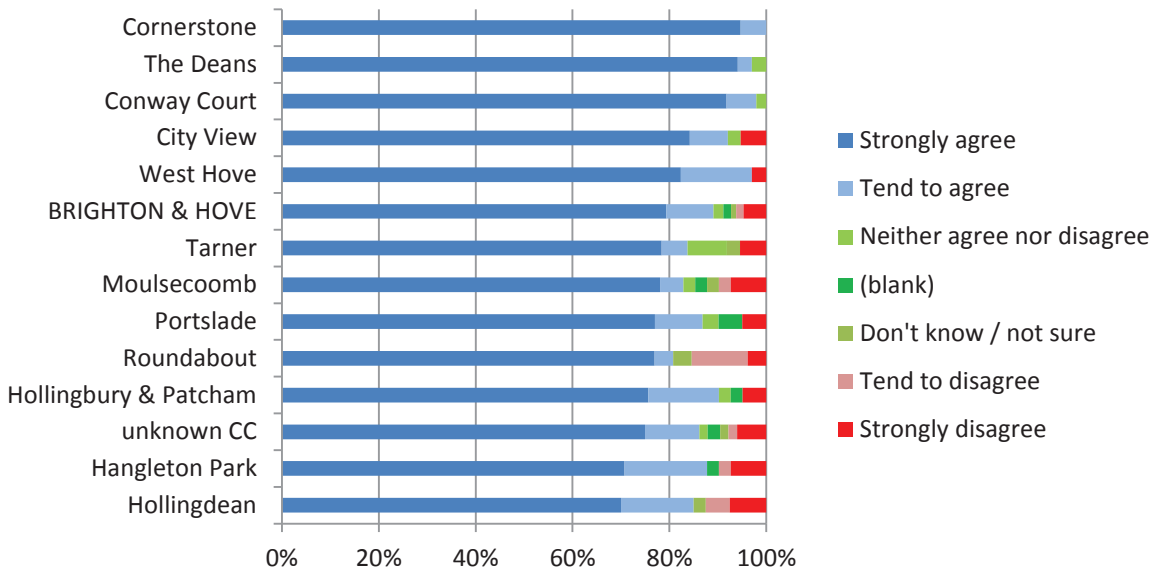
Barriers to getting information online were lack of access to the internet, English not their first language (preferring to communicate face to face), being too tired / busy to actively search online, finding it hard to read / take in lots of information in this way.

Parents expressed preference for the following information: parenting tip sheets, information on developmental stages and what to expect at different ages, health advice you can trust, ideas for play, information on breastfeeding, weaning and teething, tips on feeding / starting solids, free or low cost places to go with children, healthy or low cost recipes and links to other resources. Others who had older children wanted advice on starting school or nursery, helping children cope with bullying, peer pressure, behaviour changes etc.

3.4. Baby Groups

Figure 8 shows whether respondents agreed or disagreed with the proposal to keep the drop-in baby groups. This is based on the respondent’s home postcode /children’s centre area (569 responses). Overall, almost 90% agreed with the proposal to keep drop-in baby groups.

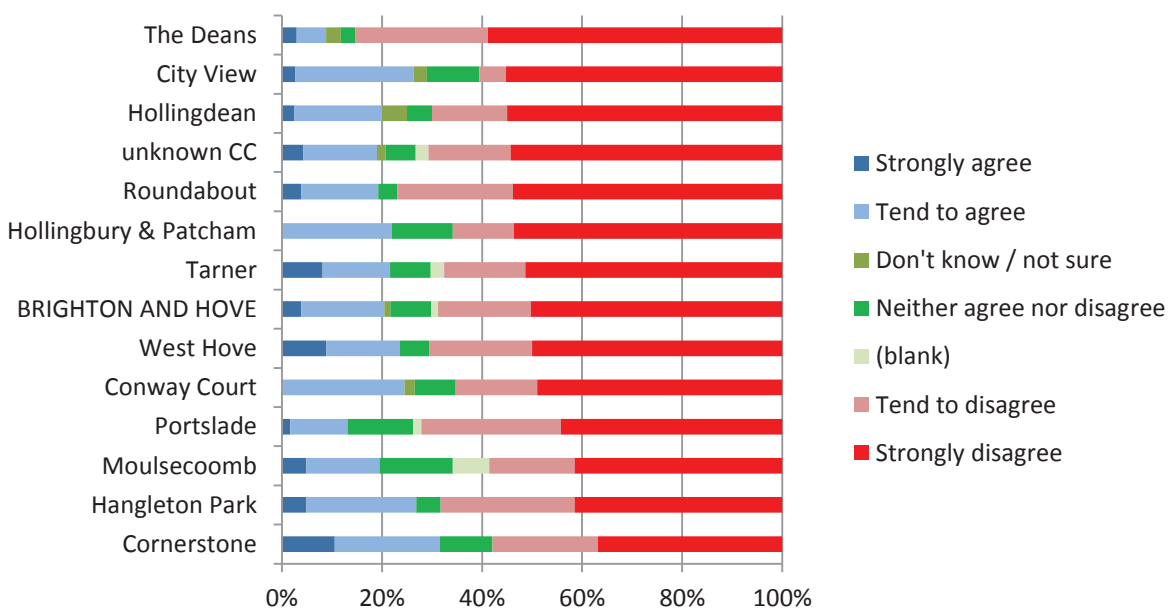
Figure 8: Respondents who Agree or Disagree with Proposal to Keep Baby Groups by Home Children's Centre



3.5. Stay and Play Groups

Figure 9 shows whether respondents agreed or disagreed with the proposal to reduce Stay & Play groups across the city from 20 to 11 per week. The children's centre classification is based on the respondent's home postcode/children's centre area (569 responses). Overall almost 70% disagreed with the proposal to reduce Stay & Play.

Figure 9: Respondents who Agree or Disagree with the Proposal to reduce Stay & Play from 20 to 11 per week, by Home Children's Centre



Comments from the Questionnaire on Stay & Play

- Groups already busy. Concerned families will be turned away (17)
- Will increase isolation (12)
- Important social support for parents (10)
- Important for socialising children (6)

“Without the support from the children centre staff and other parents that attend the weekly stay and play I would have gone into deep post-natal depression.”

“I have Multiple Sclerosis ... which affects my mobility and a 5 month year old child...the drop-in Wednesday group in Rottingdean has proven invaluable ... This is the ONLY children's group in Rottingdean and we would be unable to attend any other children's group.”

“Portslade should have an equal amount of stories and play groups as Whitehawk and Moulsecoomb as it is an area with not a lot of support for families.”

“I think it's unfair to prioritise families over others for reasons like address, age or how many children they have. Everyone should be entitled to support that stay and play offer.”

Face-to-face Consultation on Proposed Changes to Stay and Play groups

All disagreed with the proposals. At least three quarters of the parents interviewed attended children’s centres Stay and Play groups, although many also used other community groups including free ones and ones that charge between 50p and £2.50 to attend.

Most said the Stay and Play groups were busy and that you had to turn up early to secure a place. The main concern with the proposals was that it would be harder for families to access them.

Stay and Play groups were valued in terms of meeting other families, providing children with a structured play environment, identifying needs, getting access to support, and helping with children’s development.

“They really show you how to play with your child.”

Many said how important the groups were in terms of providing a safe place to go, particularly in bad weather.

“With other play groups I don’t feel I can take my eye off [the child] for a minute but here it’s safe and I can relax a bit.”

Families on low incomes said there are very few places for them to go free of charge. Some lived in poor and cramped accommodation without access to space for the children to play and many parents said they needed a place to go for their own mental health.

“They are a haven for families who live in run down areas.”

“Me and my son only have a small bedroom and a bit of hallway to play in. He’s learned to walk since coming to the children’s centre as there’s space for him to move about.”

Others stressed the importance of having access to a range of quality toys to support the children’s development.

“The toys here are fantastic; we couldn’t afford to have these at home.”

Which Families Should Have Priority to Attend?

Figure 10 indicates the responses to the question about which families should have priority to attend free Stay & Play sessions where there is high demand. Respondents could only select one answer from the five choices. Figure 11 shows the breakdown of which preference was selected by respondents by their home children’s centre area.

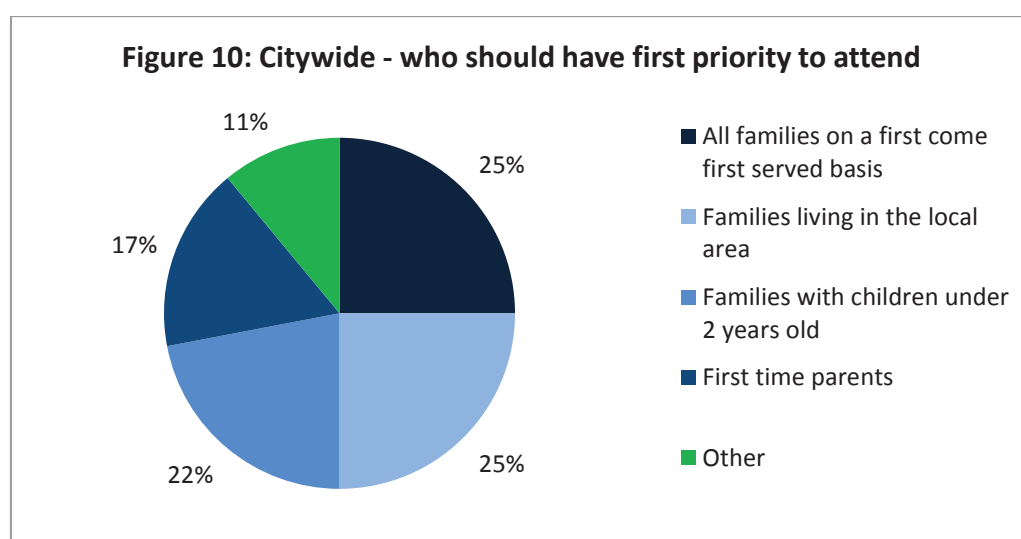


Figure 11: Who should have priority to attend? Top three children’s centres areas that chose each preference.

All families on a first come first served basis	Families living in the local area	First time parents	Families with children under 2 years old
The Deans	Portslade	Hollingbury & Patcham	Hollingdean
Roundabout	Hangleton Park	Cornerstone	Roundabout
Conway Court	Moulsecoomb	The Deans	Hollingbury & Patcham

Those who selected ‘other’ thought that families who are disadvantaged, have specific needs or are on low incomes should have priority. (15)

Although many prioritised families living in the local area, some also felt this wasn’t fair on families living nearest to centres which would have reduced opening hours.

Others felt it was unfair to prioritise anyone:

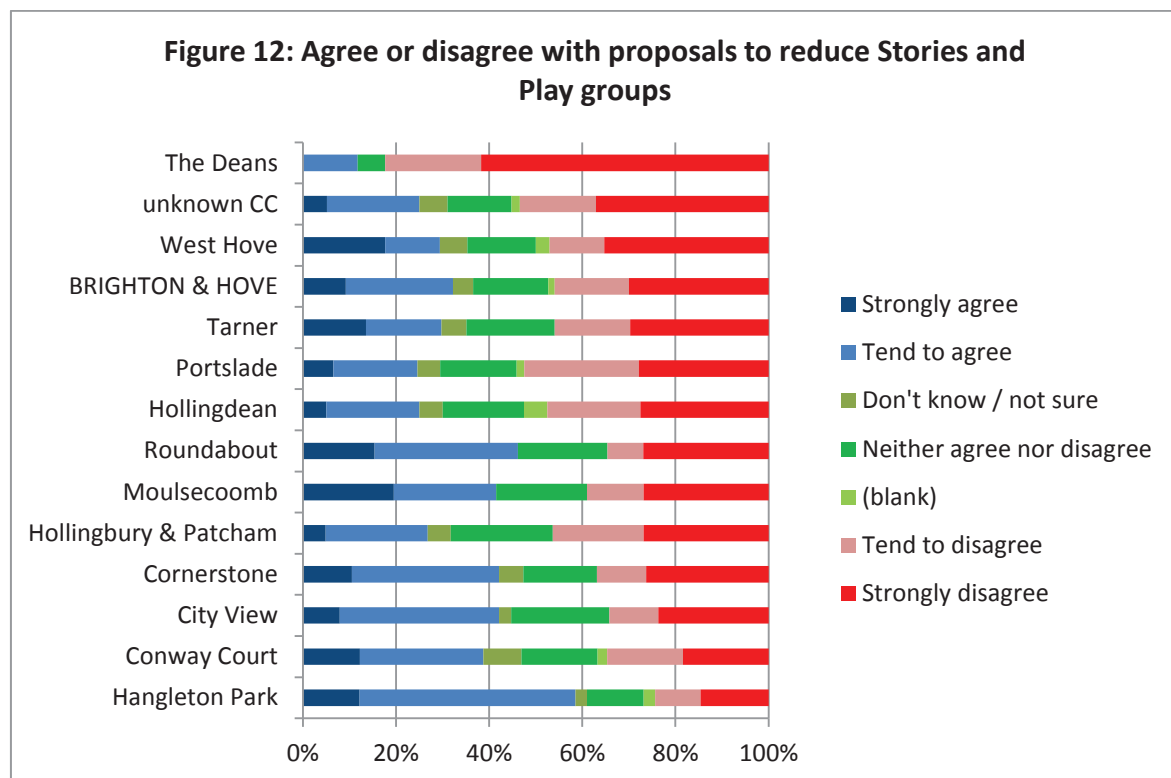
“You can't prioritise this as you have no idea why these families want to access the service. It could be a third time mum who is lonely and vulnerable, should she be lower down the pecking order than a first-time mum just because she's had more than one baby?”

“Stay and Play Groups - priority to under 2s and UPP families will only cause stigma and will be difficult to manage.”*

*UPP refers to Universal Partnership Plus, a category for families who have higher needs.

3.6. Stories and Play Groups

Figure 12 shows whether respondents agreed with the proposals to reduce Stories and Play groups but to keep them in Moulsecoomb and Whitehawk. Overall opinions were split on this question with 32% agreeing and 46% disagreeing.



Face-to-face Consultation on Stories and Play Groups

Parents attending the Rottingdean Stay & Play group were particularly concerned that there are few other groups for under 5s in the area and were concerned about the resulting isolation, particularly for those who can't afford to travel and pay for groups in other areas.

“You really need the respite if you've had a difficult time with the kids.”

“[The group] was invaluable and helped me through the isolation of becoming a new parent.”

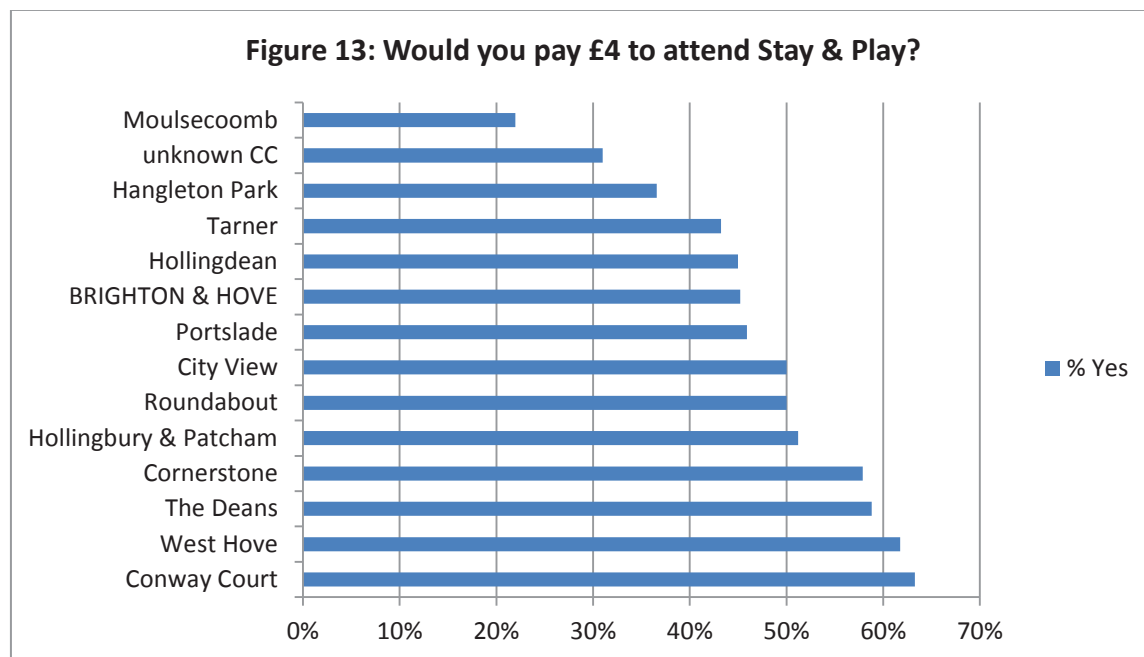
“The private groups are run by unqualified staff, often the leaders are operating without police checks and using over crowded venues.”

Parents felt the proposal to cut the Stories and Play at Rottingdean but continue the groups at Moulsecoomb and Whitehawk were based on false assumptions of the need in that area.

3.7. Paying for Groups and Volunteering

Figure 13 shows whether respondents would be willing to pay £4 to attend Stay & Play summarised by their home children’s centre area based on their postcode (571 responses). Citywide responses were mixed. 43% said “no” they wouldn’t pay and 45% said “yes”.

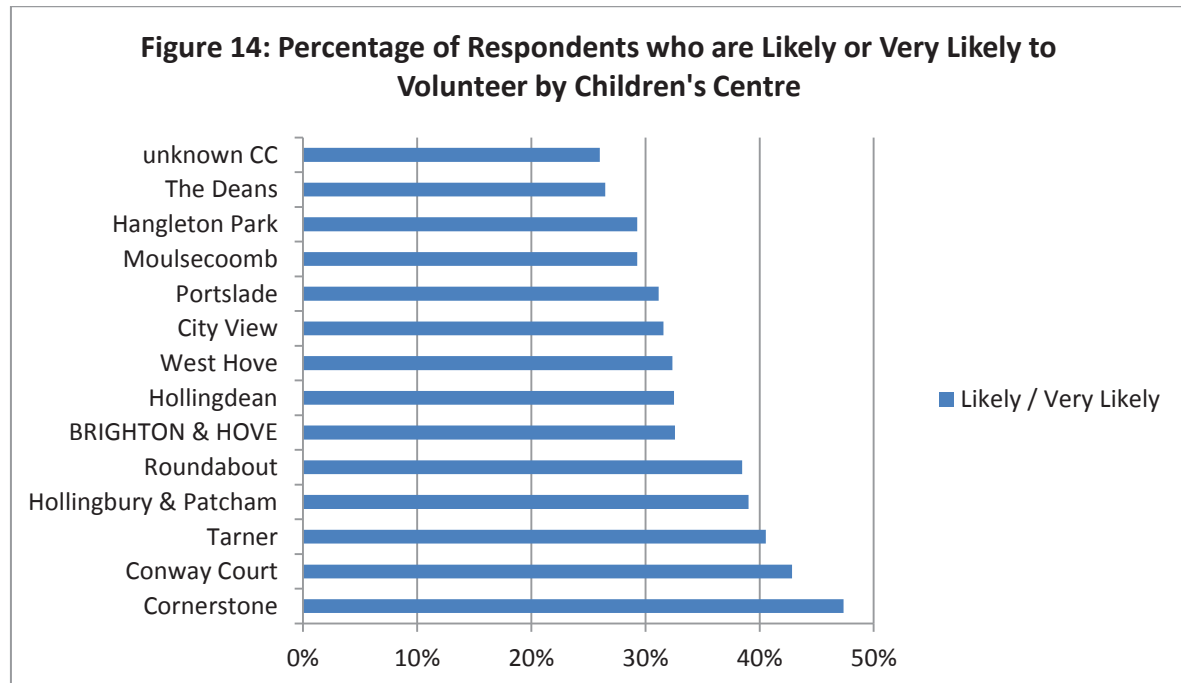
The graph shows a trend whereby respondents from more affluent areas said they were more likely to pay and those living in less affluent areas said they were less likely to pay.



Face-to-face Consultation on Paying for Stay & Play Groups

All parents said £4 was a lot for some families. A minority of parents said they would pay but were against it in principle as they thought it would discriminate against those on low incomes.

Figure 14 indicates the percentage of respondents who ticked “likely” or “very likely” when asked whether they would volunteer at a children’s centre for 2-3 hours per week in order to provide more Stay & Play groups. This is based on the respondent’s home postcode/children’s centre area (568 responses). Again responses were mixed. 47% said they wouldn’t volunteer and 33% said they would.



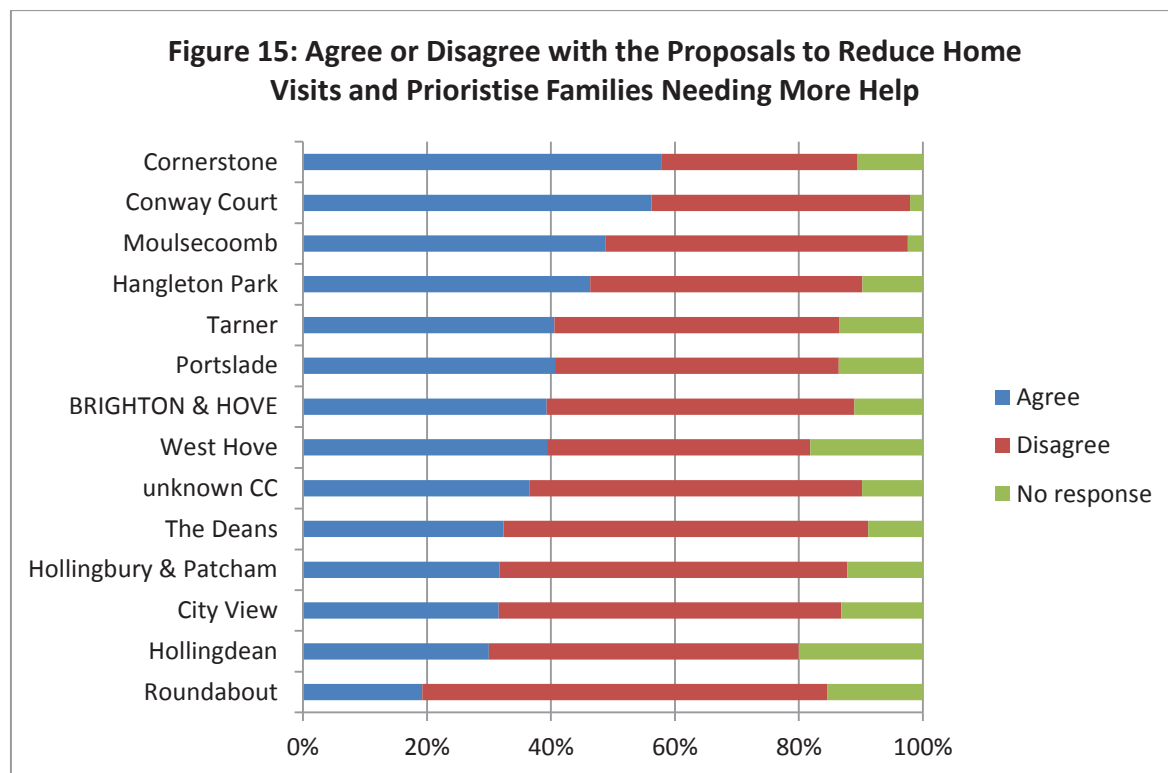
Face-to-face Consultation on Volunteering

Some parents expressed interested in volunteering but the majority said it would be difficult for them to commit to each week because of childcare or work patterns. Others said it was wrong in principle to cut people’s jobs and expect the community to do a professional’s work for free.

Some parents were concerned that parent-led groups may be cliquey and exclude some families who didn’t ‘fit in’. Others wondered about sustainability if parents stopped volunteering when their children started school or nursery. Two parents were particularly worried about the health and safety implications of parent-led groups.

3.8. Home Visits and 1-2-1 Contacts

Figure 15 indicates whether respondents agreed or disagreed with the proposals to reduce home visits and 1-2-1 contacts and to prioritise families who need more help (570 responses). Overall slightly more people disagreed with the proposals (49%) than agreed (39%).



Comments from the Questionnaire on Proposals to Reduce Home Visits

“Not all families are entitled to home visits and they are already prioritised - how would you prioritise them further?”

“... the lack of home visits will mean families will slip through the net which is a big risk.”

“...I would be concerned that any new parent can struggle with depression or various other issues and if valuable resources such as home visits were to stop, perhaps these people wouldn't seek the help they needed.”

“Reducing one to one visits to families and asking them to go to their local children's centre doesn't really work if the children's centres are no longer local to parents or are often closed. For example part time working parents will often find that the centre is open on days when they can't get there etc.”

Face-to-face Consultation on Home Visits and 1-2-1 Contacts

Thirteen of the 71 parents consulted were receiving or had previously received home visits by an Early Year Visitor (EYV). Here are a few case studies to show the variety of reasons for receiving this service.

Case study 1

A mother with one child is receiving home visits from an EYV. When asked what difference this had made, she said that she had lost custody of her first child and that without the 1-2-1 support from her EYV she would have lost the second one.

She is now coming into the children's centre and benefiting from Triple P parenting discussion groups. She said she had "*come a long way*" as a result of this support and feels she is a different person.

Case study 2

A mother with four children gets Triple P parenting support at home. She said this helps her to better manage, cope with and correctly discipline her children.

"If I hadn't had this I would have given up!"

She also struggles with mental health issues and would find it hard travelling to the centre to get this support.

Case study 3

A mother has been getting a home visiting service from an EYV following a difficult and traumatic birth. Her son is now 7 months but she said she wasn't coping at all and "*still struggles*". She is having counselling. The EYV accompanies her to counselling and minds her son during the sessions.

"[the EYV] has been fantastic...it really helps to have someone who understands what you're going through and doesn't judge you. I can't talk to my family about this. I'm better at coping with things now. [the EYV] is easy to talk to, I don't know what I would have done without her."

The EYV has encouraged her to come to the weekly Stay and Play sessions in her local children's centre. "*My boy loves it the staff are great and he loves them.*" She said she also benefits from going to the group as she is a shy person and has now made friends there.

Case Study 4

A mother received a home visiting service after she adopted her daughter. She said the EYV visits made a "*massive difference*" to her.

"I'm logical and usually good at working things out for myself, but when you are a first time mum you do need the additional support in terms of sense checking,

understanding what's normal, preparing them for the next developmental stage etc."

The EYV helped her maximise attachment opportunities, ensured her daughter was stimulated, helped her to practice her play skills and advised on home safety. She said the EYV helped her to illustrate permanency through toys like a Jack-in-a-box and Peek-a-boo books. She said this was crucial support for her as a first time parent and that this would not have been as successful in a children's centre. For example, she was unable to get to the baby weaning groups so home visits enabled her to have 1-2-1 support in a setting familiar to her child. The EYV was able to meet their specific needs and also pick up things about the home setting she wouldn't have been able to spot at the centre. Although she also goes to children's centre groups, she said support in the home setting is very different.

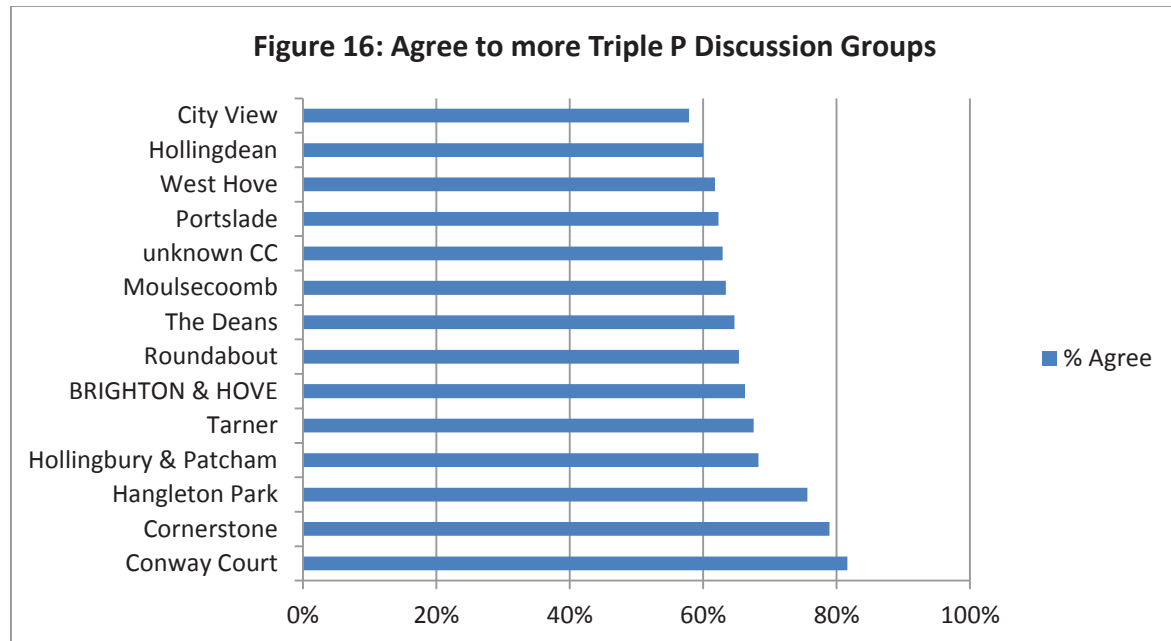
"Groups are impersonal and busy, whereas home visits enable you to build a relationship. Both are needed."

Case Study 5

A father received EYV home visits when his newly adopted son wouldn't eat properly. The visits in the home environment helped him and his partner to overcome this and his son is now eating well. He felt that this support was needed in the home setting; otherwise the EYV wouldn't have been able to understand the home context and to give appropriate advice. He felt that at such a crucial time in the attachment/settlement stage this support needed to be in the home and wouldn't have worked in a children's centre.

3.9. Parenting Support

Figure 16 illustrates how many respondents agree to the proposal to offer discussion groups and talks on specific parenting topics and to reduce the number of parenting courses to enable more families to get the help they need, when they need it (563 responses). Overall 66% agreed to offer more discussion groups, with about 15% not being sure.



Comments from the Questionnaire on Parenting Support Proposals

“A parenting group works because over time people build a level of trust so that they can expose their issues more readily. A drop in session would not build this group dynamic.”

“Many families cannot commit to several weekly sessions due to sickness in the family and other commitments, so you quite rightly pointed out single sessions are better.”

“The Triple P parenting courses should be offered in digital format and made available to everyone who is interested on an online database. This would enable more parents to benefit from the education without having to increase the number of courses.”

“It's all very well having a general discussion about parenting, that is a good intro. But some parents are going to need some more personalized help in certain areas. It would be good if after discussion there was a sign up form which parents could enter if wanted /needed more 1 to 1 help.”

“As a teacher, I see daily the impact of poor parenting ...This also impacts on the local community. Unfortunately, the parents who need the most help are unlikely to attend drop in sessions on particular topics / issues. Courses where parents can either volunteer to attend or are ordered to attend seem much more realistic.”

Face-to-face Consultation on Parenting Support

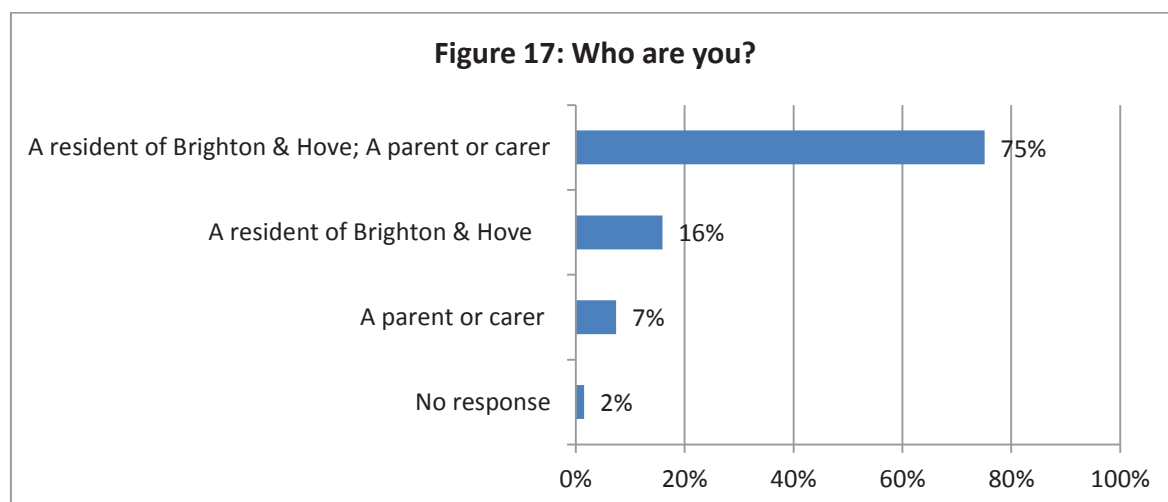
Many parents had used the children’s centres for parenting support but the methods were mixed with some having attended a Triple P course, some getting 1-2-1 advice from professionals in the centre or at home and others getting tips and advice from other parents.

Most parents felt that providing drop-in discussion groups and seminars was a good idea, especially as it’s hard for busy or working parents to commit to an 8-week course. Only a minority of parents said they preferred to attend a longer course, which was largely to do with continuity, getting to know other parents and having the freedom to think about parenting without the child present.

Parents felt it was necessary to offer childcare so that they could attend. Most preferred daytime sessions but others said evenings or weekends would be better due to work commitments.

One parent had been on a Triple P course but did not find it relevant for adopted children with attachment issues and trauma. She said it was important to offer specific parenting help for these families as she had to travel to London and pay a lot for the relevant course.

4. Who Responded?



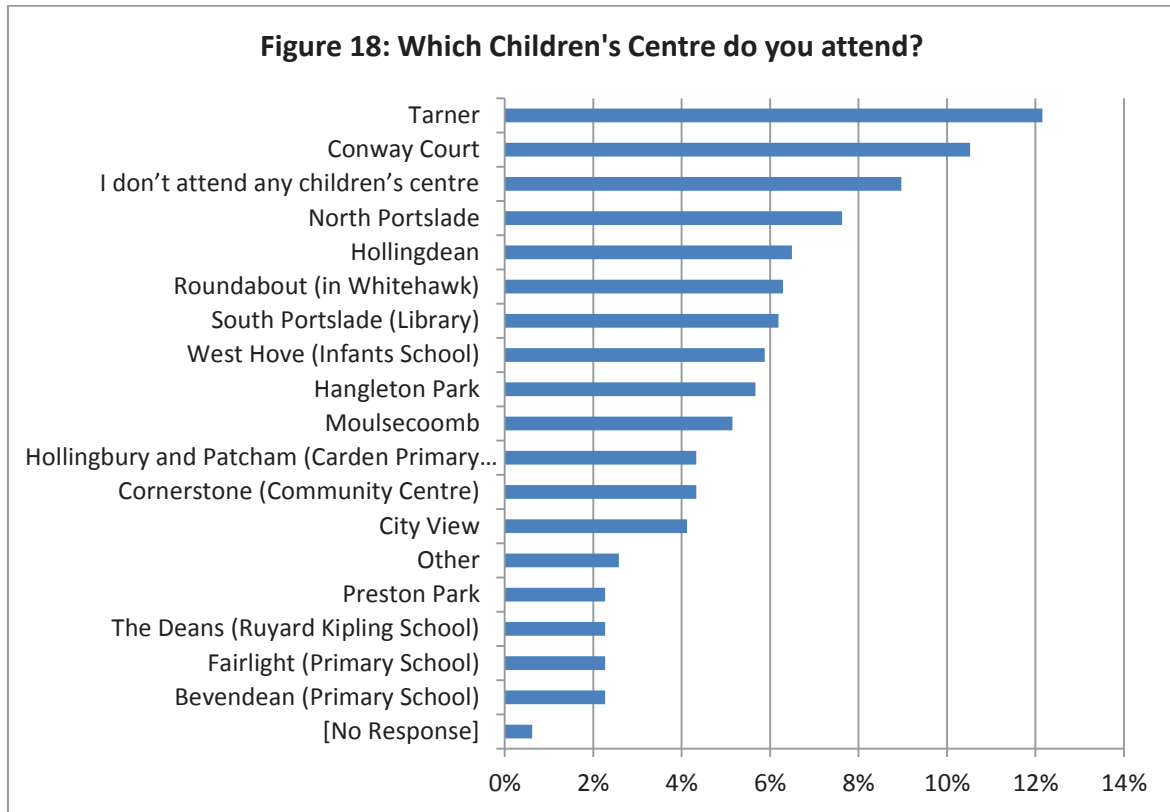
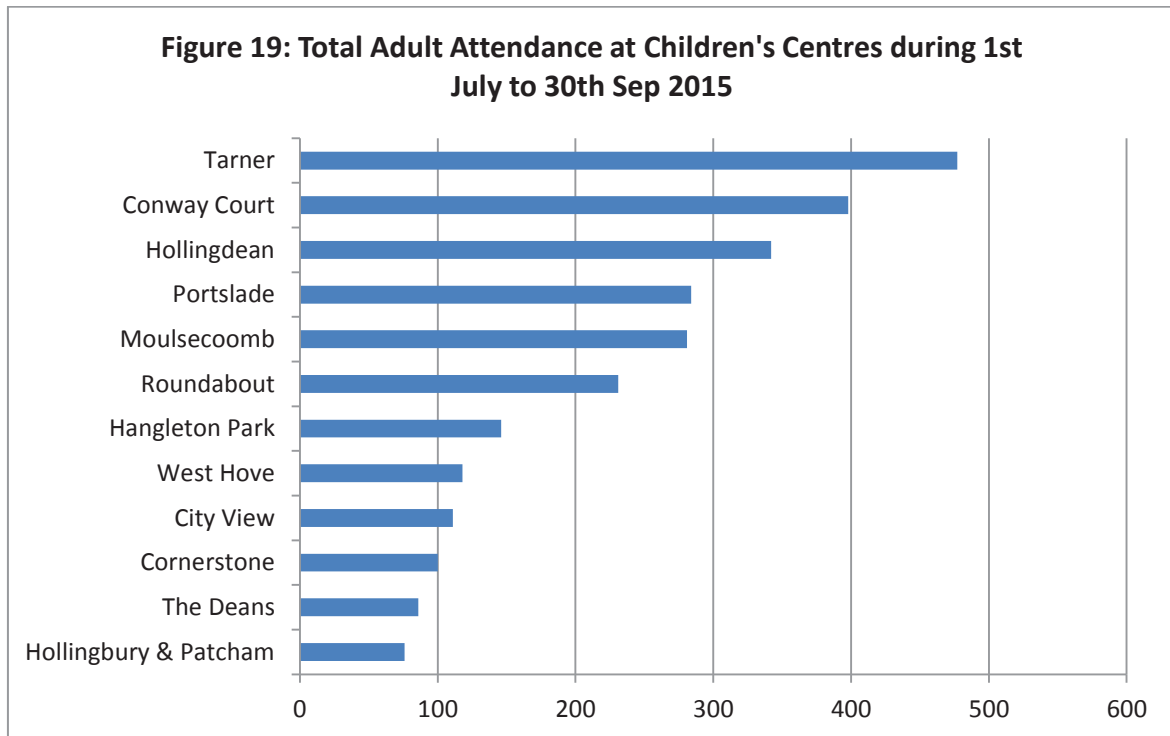
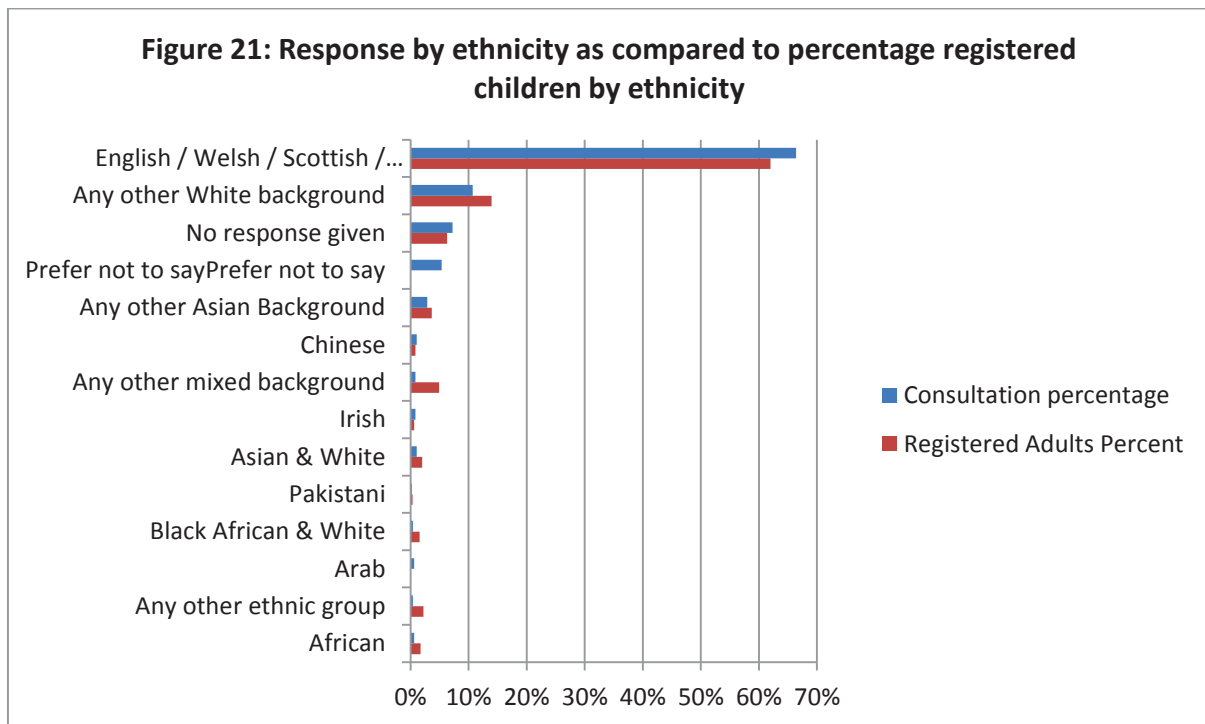
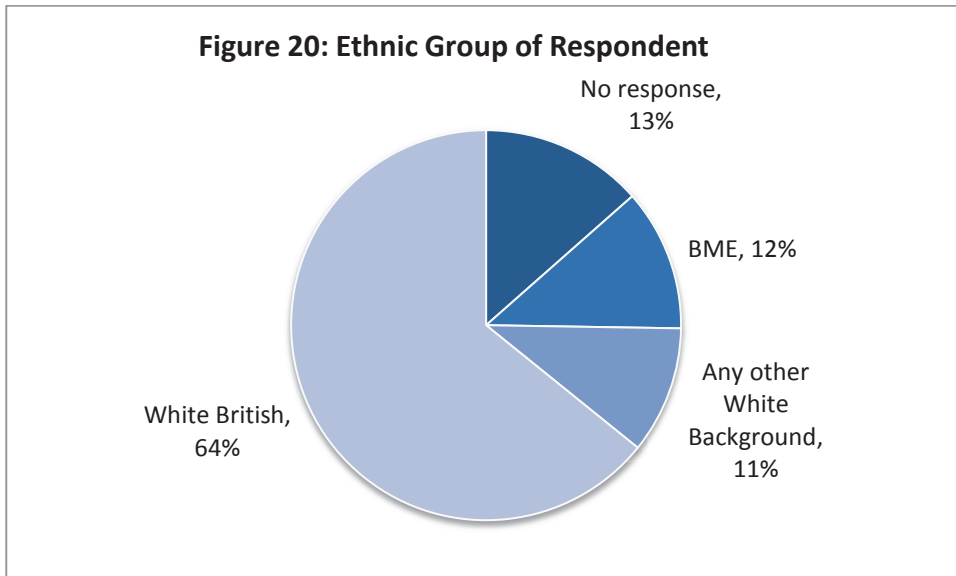
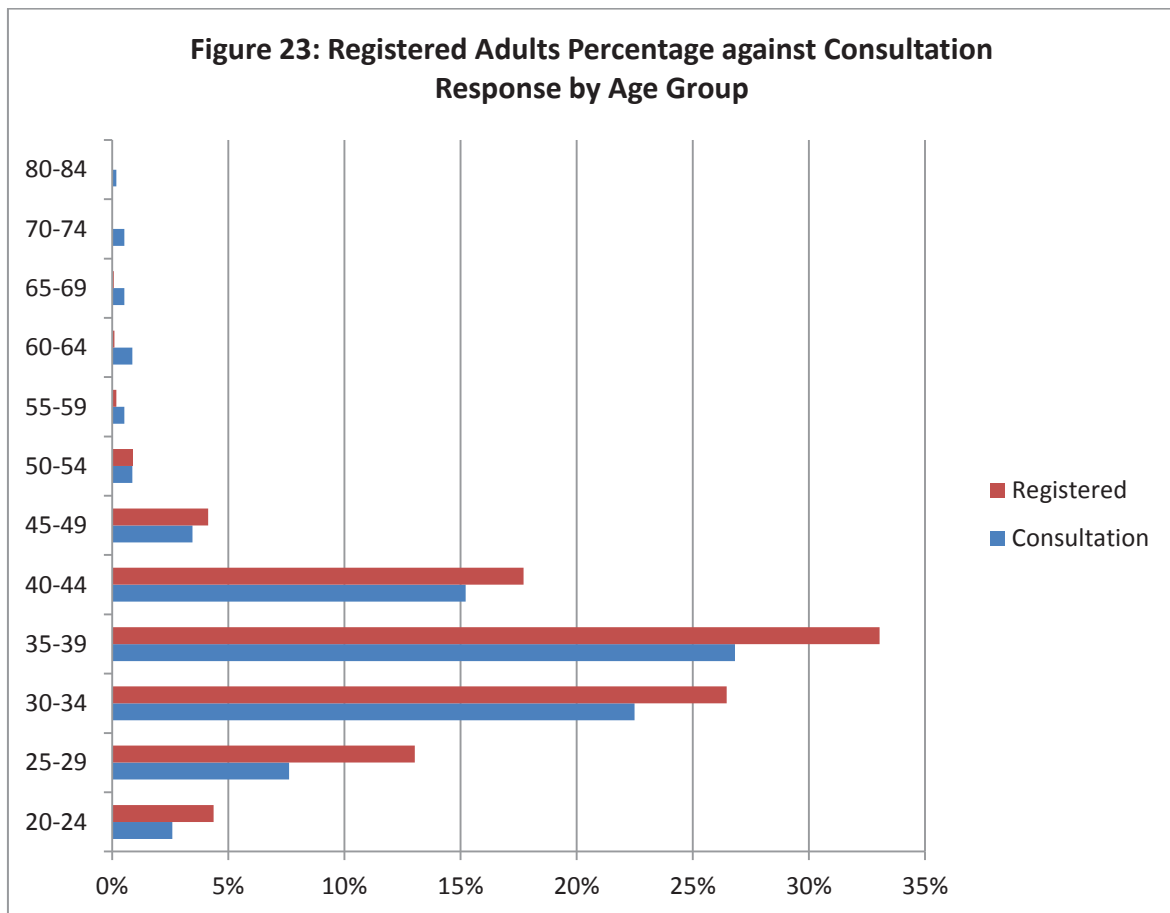
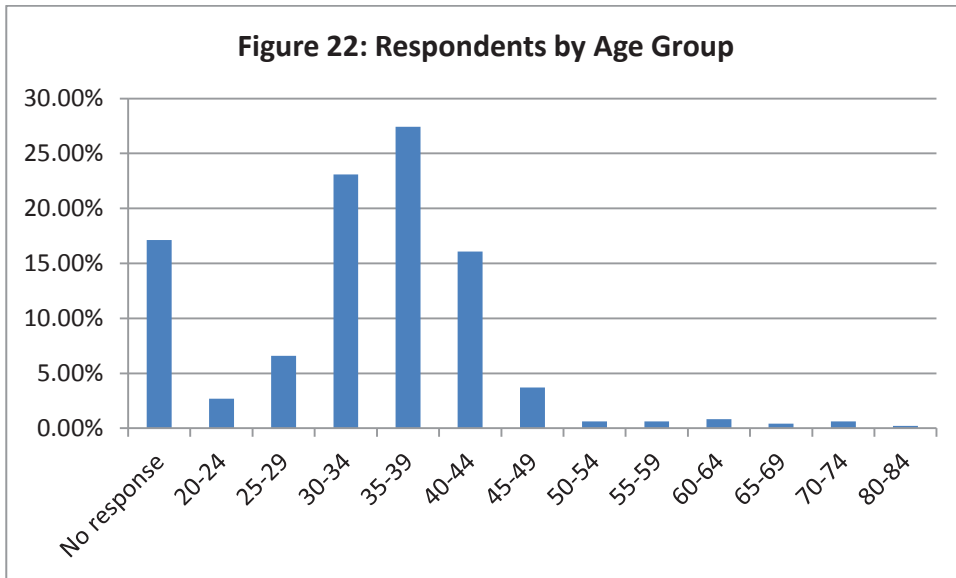


Figure 19 is for comparison with figure 18. It demonstrates that the respondents to the consultation are typical of the general attendance; Turner, Conway Court, Hollingdean and Portslade are popular centres, with City View, Cornerstone and The Deans less so.

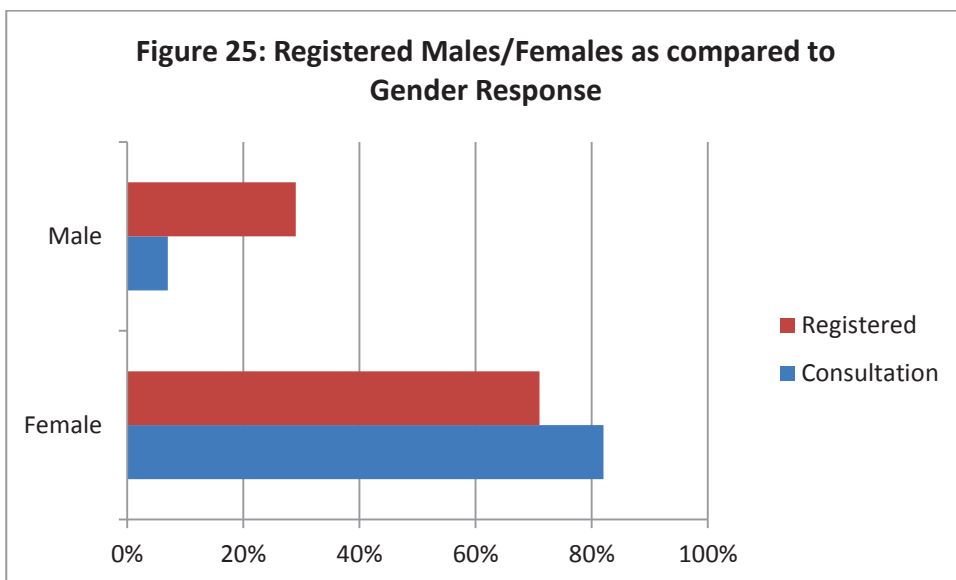
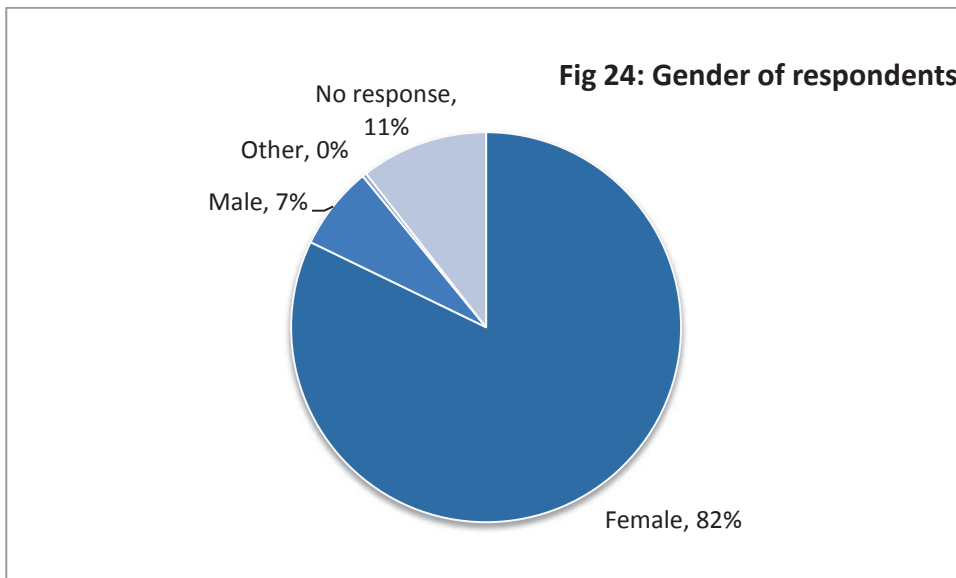




Note that 13% of respondents declined to give their ethnicity.



Note that 18% of respondents declined to give their age.



Note that 11% of respondents declined to provide their gender.

Figure 26: Sexual Orientation of Respondents

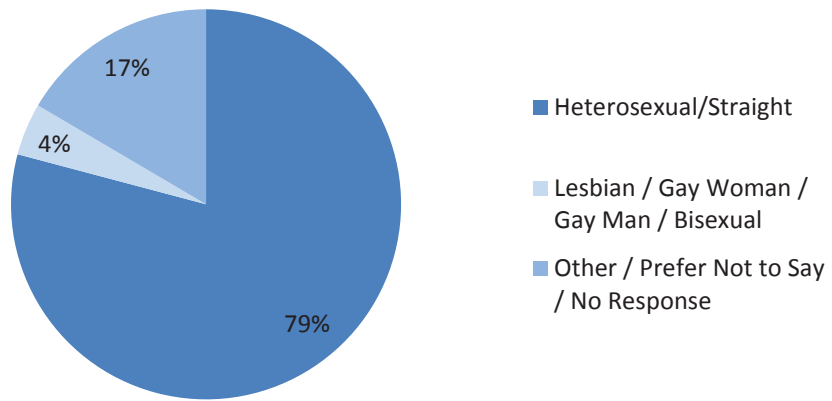


Figure 27: Respondent Religion or Belief

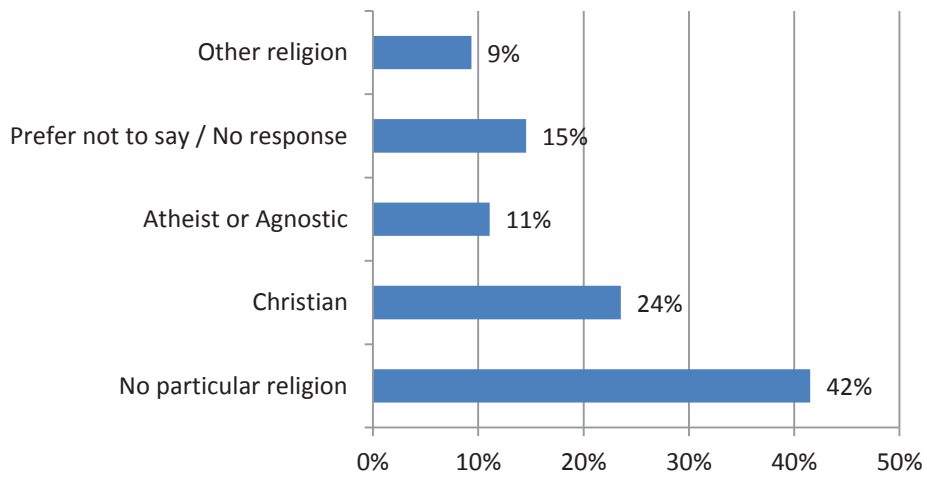


Figure 28: Whether respondents day to day activities are limited

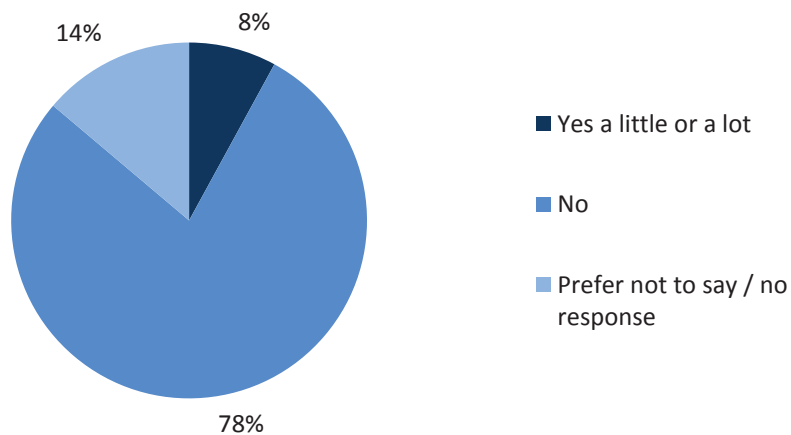


Figure 29: Whether respondent is a carer or not

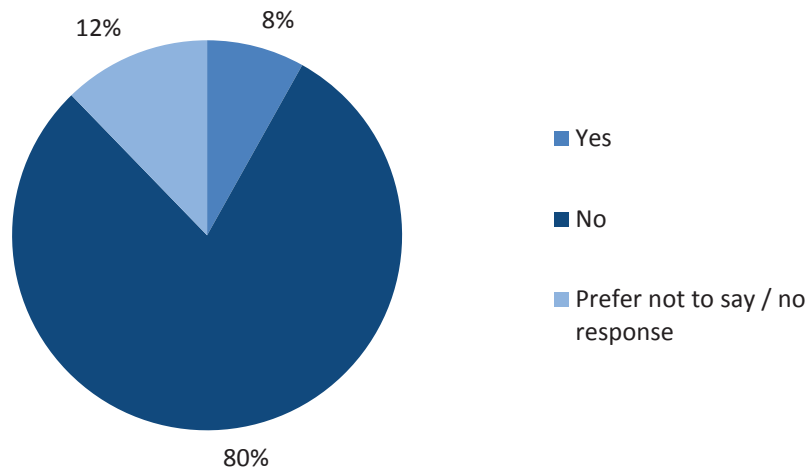
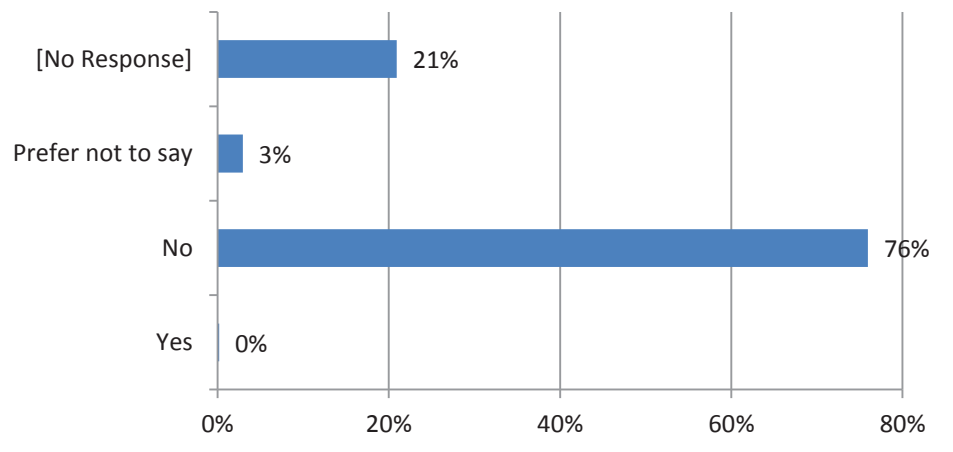


Figure 30: Whether respondent is serving in the armed forces



Proposed Changes to Children's Centre Groups

STAY AND PLAY <i>(including Crawlers & Toddlers and Jump for Joy)</i>			
	Current Services	Future Services	Proposed Changes
Hollingbury & Patcham	1	1	No change
Hollingdean	1	1	No change
Preston Park	0	0	No change
Tarner	2	1	-1
Cornerstone	0	0	No change
Moulsecomb	3	1	-2
Bevendean	2	1	-1
Meadow View	1	0	-1
Coldean	0	0	No change
Roundabout	2	1	-1
Hangelton Park	1	1	No change
Conway Court	2	1	-1
West Hove	0	0	No change
Woodingdean	2	1	-1
Rottingdean	0	0	No change
Saltdean	0	0	No change
North Portslade	3	1	-2
South Portslade	0	0	No change
City View	1	1	No change
Fairlight	0	0	No change
TOTAL	21	11	-10

STORIES AND PLAY (Libraries)			
	Current Services	Future Services	Proposed Changes
Moulsecomb	1	1	No change
Coldean	1	0	-1
Roundabout	1	1	No change
Woodingdean	0.5	0	-0.5
Rottingdean	0.5	0	-0.5
TOTAL	4	2	-2

BABY GROUPS			
	Current Services	Future Services	Proposed Changes
Hollingbury & Patcham	1	1	No change
Hollingdean	1	1	No change
Preston Park	0	0	No change
Tarner	1	1	No change
Cornerstone	0	0	No change
Moulsecoomb	1	1	No change
Bevendean	0	0	No change
Coldean	0	0	No change
Roundabout	1	1	No change
Hangelton Park	1	1	No change
Conway Court	2	1	-1
West Hove	0	0	No change
Woodingdean	0	0	No change
Rottingdean	1	1	No change
Saltdean	0	0	No change
North Portslade	1	1	No change
South Portslade	0	0	No change
City View	0	0	No change
Fairlight	2	1	-1
TOTAL	12	10	-2

Equality Impact and Outcome Assessment (EIA) Template - 2015

EIAs make services better for everyone and support value for money by getting services right first time.

EIAs enable us to consider all the information about a service, policy or strategy from an equalities perspective and then action plan to get the best outcomes for staff and service-users¹. They analyse how all our work as a council might impact differently on different groups². They help us make good decisions and evidence how we have reached these decisions³.

See end notes for full guidance. Either hover the mouse over the end note link (eg: Age¹³) or use the hyperlinks ('Ctrl' key and left click).

For further support or advice please contact the Communities, Equality and Third Sector Team on ext 2301.

1. Equality Impact and Outcomes Assessment (EIA) Template

First, consider whether you need to complete an EIA, or if there is another way to evidence assessment of impacts, or that an EIA is not needed⁴.

Title of EIA⁵	Proposed Changes to Children's Centre Services	ID No.⁶	
Team/Department⁷	Early Years – Children's Centres		
Focus of EIA⁸	<p>Brighton and Hove City Council is proposing to reduce funding to children's centres by £176,000 (10%) in addition to the removal of £670,000 temporary funding agreed for 2015/16 only in 2016/17.</p> <p>This is due to budget pressures caused by a reduction in Government funding and a rise in demand for council services. As a result the following changes to the service are proposed:</p> <ul style="list-style-type: none">• Reduce the number of designated children's centres from 12 to 7 main sites.• Continue to use the following children's centres as main sites: Roundabout (Whitehawk), Moulsecoomb, Turner, Hangleton Park, Hollingdean, North Portslade (with reduced opening hours) and Conway Court.• Retain the following children's centres as service delivery points: The Deans, City View, Hollingbury and Patcham, West Hove and provide outreach services in these venues and in family homes.• Improve on-line information and advice.• Continue to provide open access groups for parents with new babies.		

- Reduce the number of drop in stay and play type groups but continue to provide groups across the city with priority access for families identified as needing support and with children under two.
- Offer more parenting talks and discussion groups to reach more parents at an earlier stage and fewer longer parenting courses.
- Promote volunteering and community/ parent run groups.
- Refocus support for parental involvement to support for parents and carers to access learning, training and employment opportunities.
- Continue to provide targeted groups in the main children's centres including Bi-lingual Families Groups.
- Reduce the number of home visits by council staff but continue to provide home based interventions for the most vulnerable families.
- Improved support for families with young children facing multiple disadvantage.
- Reduce children's centre funding for supported childcare places following the increase in free childcare places for two year olds.
- Develop children's centres as part of Neighbourhood Hubs.

The service supports children under five and the vast majority of adults who use the service are women. Any changes in the services will, therefore, disproportionately impact on these groups.

About Children's Centres

Children's centres aim to improve outcomes for young children and their families and to reduce inequalities between families in terms of:

- Child development and school readiness
- Parenting aspirations and skills
- Child and family health and life chances

Evidence shows if you focus on the early years you have the best chance of transforming a child's life, and that inception to age two is the most important time.

The centres offer a range of universal services and also target families from more marginalised groups to ensure that they are able to access integrated, early childhood services and benefit from additional support where it is required.

Children's centre services are delivered by integrated health and council teams and also refer and

	<p>There are approximately 14,500 children under 5 in Brighton & Hove. The city is divided into 12 catchment areas covered by designated children's centres. As part of the proposals, the catchment areas will be combined into seven.</p> <p>A public consultation was held on proposed changes to children's centre services for 2015/16. The consultation was promoted to all parents using children's centres and staff encouraged targeted families to complete the consultation.</p> <p>The proposals for 2016/17 have been modified as a result of the consultation. For example, this year we are proposing to keep the drop-in baby groups and to keep one drop-in, open access Stay and Play group in all designated children's centres. The responses to the consultation said these services are essential to support first time parents, to reduce isolation, address inequality and promote social cohesion.</p> <p>The proposals this year have protected or prioritised services for families and children most at risk of poor outcomes. For example we are continuing to offer targeted referral services like protective behaviours, speech and language development and Triple P parenting groups as well as open access groups specifically for BME families, families with disabled children and dads groups.</p>
--	--

Protected characteristics groups from the Equality Act 2010	What do you know⁹? Summary of data about your service-users and/or staff	What do people tell you¹⁰? Summary of service-user and/or staff feedback	What does this mean¹¹? Impacts identified from data and feedback (actual and potential)	What can you do¹²? All potential actions to: <ul style="list-style-type: none"> • advance equality of opportunity, • eliminate discrimination, and • foster good relations
Age¹³	<p>We have approximately 14,500 children under five allocated to children's centre teams (14,549 recorded for Quarter 2 July-Sept 2015).</p> <p>In Brighton & Hove, more than 90% of eligible</p>	<p>From the current and previous consultation, service users have told us that children's centres are vital for families with young children.</p> <p>Children's centre services help to reduce isolation for parents,</p>	<p>Changes in children's centre services will specifically impact on children under five and their families.</p> <p>All the evidence suggests that providing support to families with children in the early years has a</p>	<p>Health visitors working as part of the children's centre service will continue to deliver the universal elements of the Healthy Child Programme including the five universal reviews to identify needs (ante-natal, new birth, 6-8</p>

Protected characteristics groups from the Equality Act 2010	What do you know⁹? Summary of data about your service-users and/or staff	What do people tell you¹⁰? Summary of service-user and/or staff feedback	What does this mean¹¹? Impacts identified from data and feedback (actual and potential)	What can you do¹²? All potential actions to: <ul style="list-style-type: none"> • advance equality of opportunity, • eliminate discrimination, and • foster good relations
	<p>free Early Years childcare place. This rises to 95% take up for looked after children.</p> <p>There are higher numbers of children under 2 attending Stay and Play Hollingdean, Hollingbury and Patcham, City View and Moulsecoomb.</p> <p>There are higher numbers of children over 2 years attending Stay and Play groups in The Deans, North Portslade, Coldean and Tarnar children's centres.</p> <p>The number of teenage parents attending children's centres fluctuates each quarter. 31 teen parents were recorded as attending children's centres in Quarter 2.</p> <p>The largest group of</p>	<p>address problems early on, help to prepare children for nursery and school and are instrumental in bringing communities together. Parents said that savings to this service will lead to greater costs later on.</p> <p>Parents and carers had mixed views about which families should be prioritised where there is high demand for Stay and Play groups. There is no consensus about which families we should prioritise.</p> <p>25% of respondents said they would prioritise all families on a first come first served basis, 25% said families living in the local area, 22% said children under 2 years and 17% said first time parents.</p>	<p>how well they do throughout their life.</p> <p>Reduced funding for childcare places from the children's centre budget will impact on a small number of children under two.</p> <p>The proposal to prioritise children under two will impact more on those over two years.</p>	<p>Two year olds from families on out of work benefits and working families on low incomes are entitled to free part time early education places. Around a third of children (900) are eligible.</p> <p>Children's centres will monitor equalities impacts from the revised services and take remedial action if needed.</p> <p>Teenage parents are entitled to support as part of the Family Nurse Partnership Programme.</p> <p>Early Years family coaches will support families facing multiple disadvantages.</p>

Protected characteristics groups from the Equality Act 2010	What do you know ⁹ ? Summary of data about your service-users and/or staff	What do people tell you ¹⁰ ? Summary of service-user and/or staff feedback	What does this mean ¹¹ ? Impacts identified from data and feedback (actual and potential)	What can you do ¹² ? All potential actions to: • advance equality of opportunity, • eliminate discrimination, and • foster good relations
	consultation questionnaire were aged between 30 and 39 which is representative of the majority of our centre users.			
Disability ¹⁴	<p>For Quarter 2 we had 74 children under 5 registered as disabled. However this information is not reliable our system records disabled children under a targeted code 'NTAR' which also includes children with a child protection plan and looked after children. Also, because we register children at the new birth visit we may not capture disabilities that become apparent later on.</p> <p>This issue will be resolved when the new NHS system, System One, is implemented.</p> <p>There are 16 two year</p>	<p>We worked in partnership with local charity Amaze to ensure families with disabled children were consulted on proposed changes to children's centre services.</p> <p>These families told us that they are concerned about the cumulative impact of changes to children's centres and other services for example changes to the PRESENS service.</p> <p>Some families are concerned that this will impact on the promptness of identification of needs and support.</p>	<p>Disabled children are a targeted group for children's centre services and will continue to be supported.</p> <p>The weekly 'Sweet Peas' group will continue. There will also continue to be support for Chatterbox groups for children with speech and language delay.</p> <p>However, the proposals may mean some children have greater difficulty accessing Stay and Play and home Visiting Services.</p>	<p>Health visitors working as part of the children's centre service will continue to deliver the universal elements of the Healthy Child Programme including the five universal reviews to identify needs (ante-natal, new birth, 6-8 weeks, 1 year, 2.5 years).</p> <p>Two year old disabled children are automatically entitled to free Early Years childcare places.</p> <p>We will continue to prioritise children with disabilities for Stay and Play groups and home visits.</p> <p>Action: We will improve</p>

Protected characteristics groups from the Equality Act 2010	What do you know ⁹ ? Summary of data about your service-users and/or staff	What do people tell you ¹⁰ ? Summary of service-user and/or staff feedback	What does this mean ¹¹ ? Impacts identified from data and feedback (actual and potential)	What can you do ¹² ? All potential actions to: • advance equality of opportunity, • eliminate discrimination, and • foster good relations
	<p>statement of special education needs (SEN) or an education health and care plan or they get Disability Living Allowance</p> <p>In Quarter 2 we had 8 families attending Sweet Peas, a monthly targeted group for disabled children under 5 at Turner children's centre.</p>			<p>registering and attending children's centres. The new health service information system, System One, due to be implemented in 2016 will help with this.</p>
Gender reassignment ¹⁵	<p>Not relevant for children under 5.</p> <p>We collect data on gender reassignment but do not currently compile statistics due to low numbers recorded.</p> <p>1% of our survey respondents said they did not identify with the gender they were assigned at birth. 16% chose not to answer the</p>	<p>Children's centres are inclusive and families of all genders are welcome.</p> <p>There is a concern that parent-led groups or alternative provision for under 5s within the community may not be as inclusive or welcoming to Trans parents.</p>	<p>Trans parents with children under 5 may feel excluded from play groups and not get the same benefit as other families.</p>	<p>Rainbow Families, a play group for LGBT families with children under 5 will continue to meet at the Fiveways Play Centre in Preston Park.</p> <p>Action: We will contact Trans community groups in the city to establish whether there is a need for an under 5 group for Trans parents. If so, we will support them to set up a parent led group in</p>

Protected characteristics groups from the Equality Act 2010	What do you know ⁹ ? Summary of data about your service-users and/or staff	What do people tell you ¹⁰ ? Summary of service-user and/or staff feedback	What does this mean ¹¹ ? Impacts identified from data and feedback (actual and potential)	What can you do ¹² ? All potential actions to: • advance equality of opportunity, • eliminate discrimination, and • foster good relations
				Action: We will improve our monitoring of families with Trans parents registering and attending children's centres. .
Pregnancy and maternity¹⁶	Many of our service users are pregnant as we provide midwifery appointments in our main centres 2 future parents completed the consultation (0.35%)		There are no proposals to change midwifery clinics.	Health visitors do an antenatal contact.
Race¹⁷	33% of the city's under 5 population are BME. Population breakdown by ethnic group for children under 5: White British (67%) White Other (14%) Mixed Ethnicity (8%) Asian (5%) Black (2%)	BME families were specifically targeted in the consultation via the Bilingual Families and Mosaic groups. Children's centres are inclusive and welcoming of families of all races and ethnic backgrounds and there was a concern that parent-led groups or	Turner and Conway Court children's centres have the highest number of BME families attending, followed by Moulsecoomb, Cornerstone and Hangleton Park. Because BME attendance is higher in	The Bilingual Families Groups will continue at Turner, Conway Court and Hangleton Park. The Mosaic Group will also continue at Hollingdean. We continue to offer one Stay and Play group in centres across the city.

Protected characteristics groups from the Equality Act 2010	What do you know ⁹ ? Summary of data about your service-users and/or staff	What do people tell you ¹⁰ ? Summary of service-user and/or staff feedback	What does this mean ¹¹ ? Impacts identified from data and feedback (actual and potential)	What can you do ¹² ? All potential actions to: • advance equality of opportunity, • eliminate discrimination, and • foster good relations
	<p>Not Specified (2%)</p> <p>Stay and Play attendance breakdown by ethnic group:</p> <p>White British (63%) White Other (13%) Mixed Ethnicity (10%) Asian (4%) Black (2%) Chinese (1.5%) Other/Unknown/Not Specified (6.5%)</p> <p>Take up of early years childcare placements by eligible two year olds by ethnic group is as follows: White British (74.5%) BME – (25.5%)</p> <p>The breakdown of people responding to the children's centre consultation were:</p> <p>White British (64%) White other (11%) BME (12%) No response (13%)</p>	<p>under 5s within the city may not be as inclusive to all families.</p> <p>Parents also said that while they welcome more information and advice being available online, parents and carers who do not speak English as their first language tend to prefer face to face contact.</p> <p>They also said children's centres are vital places for families who are new to the city as it helps reduce isolation and helps them to integrate into the local community.</p>	<p>reduction in Stay and Play groups will potentially impact on these families more.</p>	

Protected characteristics groups from the Equality Act 2010	What do you know ⁹ ? Summary of data about your service-users and/or staff	What do people tell you ¹⁰ ? Summary of service-user and/or staff feedback	What does this mean ¹¹ ? Impacts identified from data and feedback (actual and potential)	What can you do ¹² ? All potential actions to: • advance equality of opportunity, • eliminate discrimination, and • foster good relations
Religion or belief¹⁸	<p>Our data shows there are 10,058 registered adults with children under 5 and 2,488 adults attending the centres in Quarter 2.</p> <p>Breakdown by religious group:</p> <p>No religion 26% Christian 27% Muslim 5% Jewish 1% Other 13%</p> <p>Note these are approximate figures for the 2015 year.</p> <p>Breakdown of respondents to the children's centre consultation questionnaire by religion:</p> <p>No religion (42%) Christian (24%) Atheist/Agnostic (10%) Muslim (2%) No response (14%) Other religion (8%)</p>	<p>Children's centres are inclusive and families of all religions and backgrounds are welcome.</p> <p>There is a concern that parent led groups or alternative provision for under 5s within the community may not be as inclusive to all religious groups.</p>	<p>The proposals to reduce Stay and Play groups across the city may impact on families of different religions.</p>	<p>Staffed children's centre groups will continue to promote tolerance of all religions and none.</p> <p>Action: To develop a policy for other groups using children's centres that includes a commitment to equality and diversity with mutual respect and tolerance for those with different faiths and beliefs.</p>

Protected characteristics groups from the Equality Act 2010	What do you know ⁹ ? Summary of data about your service-users and/or staff	What do people tell you ¹⁰ ? Summary of service-user and/or staff feedback	What does this mean ¹¹ ? Impacts identified from data and feedback (actual and potential)	What can you do ¹² ? All potential actions to: • advance equality of opportunity, • eliminate discrimination, and • foster good relations
Sex/Gender ¹⁹	<p>The highest proportion of parents using children's centres are women.</p> <p>Of those completing the consultation questionnaire 82% of respondents identified as female and 7% identified as male.</p> <p>For Quarter 2 we recorded 439 registered fathers and 226 of these attended a children's centre group or service. This represents 8% of our target population.</p> <p>Boys are less likely to achieve a good level of development than girls in their early years foundation stage profile (in Brighton & Hove 73.1% of girls and 56.5% of boys achieved a good level of development in 2015). Take-up of free Early Years childcare places is higher with two</p>	<p>Face to face consultation with fathers at the Dads Group in Hollingdean highlighted that dads and male carers value the dads groups.</p> <p>Play groups are often dominated by mothers and female carers so it helps that they have somewhere to go with their children where they do not feel the odd one out.</p> <p>It was also important to them that their children see other dads playing with their children and being good role models.</p>	<p>Monitoring of services shows that the majority of parents using the services are women. Any changes to the service will impact disproportionately on women who have young children.</p>	<p>We will continue to run the dads groups at Hollingdean and Turner children's centres.</p> <p>We will continue to support the Early Childhood Project to fund the equalities toy library in Turner which promotes gender equality.</p> <p>Action: To explore the feasibility of running parenting discussion groups in the evenings which may encourage more dads to attend.</p> <p>Action: To consider what more can be done to promote boys learning in the children's centres.</p> <p>Action: To develop a policy for other groups using children's centres that includes a commitment to equality and diversity with respect to gender</p>

Protected characteristics groups from the Equality Act 2010	What do you know ⁹ ? Summary of data about your service-users and/or staff	What do people tell you ¹⁰ ? Summary of service-user and/or staff feedback	What does this mean ¹¹ ? Impacts identified from data and feedback (actual and potential)	What can you do ¹² ? All potential actions to: • advance equality of opportunity, • eliminate discrimination, and • foster good relations
Sexual orientation ²⁰	<p>Our consultation questionnaire asked for information on respondents' sexuality. 79% gave their sexuality as heterosexual, 4% gave their sexuality as Lesbian, Gay or Bisexual and 17% did not divulge their sexuality or chose 'other'.</p> <p>As 17% of respondents said they did not attend any children's centre, our data is not reflective of the user population.</p>	<p>Children's centres are inclusive and parents of all sexualities are welcome.</p> <p>LGBT families attending the Rainbow Families Group were consulted in face-to-face interviews.</p> <p>There was a concern that parent led groups or alternative provision for under 5s within the community may not be as inclusive to these families. There are a number of free or low cost play groups run by churches or other religious institutions which LGBT families may not feel welcome in.</p>	<p>The reduction in Stay and Play groups around the city will mean less provision for LGBT families and other protected groups.</p> <p>LGBT families benefit from children's centre services for advice, support, access to other services and opportunities to meet other families in their local area. These parents also face additional stigma because of their sexuality and are more likely to care for children who are adopted or looked-after.</p>	<p>Rainbow Families, a play group for LGBT families with children under 5 will continue to meet at the Fiveways Play Centre in Preston Park.</p> <p>Action: To improve our data on LGBT parents.</p> <p>Action: To develop a policy for other groups using children's centres that includes a commitment to equality and diversity with respect to sexuality.</p>
Marriage and civil partnership ²¹	<p>Our centres registration form ask parents if they are single or in relationship.</p> <p>For Quarter 2 we recorded 136 lone parents as attending a</p>	<p>Children's centres are inclusive and all parents are welcome.</p> <p>There is a concern that parent led groups or alternative provision for under 5s within the</p>	<p>Children of single parents are more likely to face disadvantages and live in child poverty.</p> <p>Given that single parents are less likely to be able to afford to pay for play</p>	<p>Funding for free childcare places for two year olds is specifically aimed at low income parents and there is likely to be higher take up for this group.</p> <p>Action: To develop a</p>

Protected characteristics groups from the Equality Act 2010	What do you know ⁹ ? Summary of data about your service-users and/or staff	What do people tell you ¹⁰ ? Summary of service-user and/or staff feedback	What does this mean ¹¹ ? Impacts identified from data and feedback (actual and potential)	What can you do ¹² ? All potential actions to: • advance equality of opportunity, • eliminate discrimination, and • foster good relations
	target population. National data on lone parents indicates that they are more likely to be on low incomes.	understanding of the needs of single parents.	reduction in Stay and Play groups in the city. A higher number of lone parents attend Roundabout, Conway Court and Turner children's centres. A reduction in groups here may disproportionately affected these families.	that includes a commitment to equality and diversity with respect to single parents. We will ask local single parent groups such as SPIN to advise on this policy.
Community Cohesion ²²	We gather monitoring data for all children under 5 years on the NHS Patient Information Management System (PIMS) Data includes age, ethnicity, disability status. PIMS also records data about mothers for the first year of the baby's life. We gather additional information through Children's Centre registration forms.	The overwhelming majority of service users consulted said how important the children's centre open access groups are for building social cohesion. Many said that other play groups for under 5s tend to be less socially diverse with fewer opportunities to meet families from different social, religious and ethnic backgrounds.	The reduction of Stay and Play groups may reduce the opportunities families have to socialise and build positive relationships with families from different backgrounds.	We will continue to provide open access baby groups and one Stay and Play group in each across the city. We will continue to encourage diverse community groups to use the centres. Action: To develop a policy for other groups using children's centres that includes a commitment to equality and diversity for all protected groups.

Protected characteristics groups from the Equality Act 2010	What do you know ⁹ ? Summary of data about your service-users and/or staff	What do people tell you ¹⁰ ? Summary of service-user and/or staff feedback	What does this mean ¹¹ ? Impacts identified from data and feedback (actual and potential)	What can you do ¹² ? All potential actions to: • advance equality of opportunity, • eliminate discrimination, and • foster good relations
Other relevant groups ²³	<p>Our data shows that 18% of children under 16 in the city live in poverty. It varies widely from 37% in Moulsecoomb and 10% in West Hove and Hollingbury & Patcham.</p> <p>More information is included in the children's centre needs assessment.</p> <p>There are 788 disadvantaged two year olds in the city who receive a free Early Years childcare place (90% take up). Parents have to be in receipt of Income Support (or Universal Credit) or Working Tax Credit with an income of less than £16,190 per year.</p> <p>For Quarter 2 we recorded 196 children under 5 with a child protection plan, 113 under 5s who are looked</p>	<p>Service users and staff tell us that these figures will be higher as not all families in poverty claim these benefits.</p> <p>Families who have a higher level of income and are not eligible for benefits are affected by the high cost of housing and other living costs in the city.</p> <p>Families tell us that these 'hidden poor' often cannot afford to provide their children with a decent standard of living.</p> <p>Families on low incomes or who have less money due to high housing and living costs also tell us they are reliant on children's centre groups for somewhere free to take their children. These groups are instrumental in reducing their isolation and improving their</p>	<p>Families living in poverty are one of the main target groups for children's centres and will be impacted by the change in services.</p> <p>For example, families in poverty are less likely to be able to afford to travel to, or pay to attend alternative play groups.</p> <p>Families living in cramped or sub-standard accommodation are more likely to benefit from having somewhere else to go which is free, warm, safe and has space for children to play and develop their motor skills.</p>	<p>Health visitors working as part of the children's centre service will continue to deliver the universal elements of the Healthy Child Programme including the five universal reviews to identify needs (ante-natal, new birth, 6-8 weeks, 1 year, 2.5 years).</p> <p>The proposal is to have 4 early years family coaches to support families with multiple disadvantage.</p> <p>Children's centres will continue to offer targeted groups for families with specific needs, including Triple P parenting courses and courses for protective behaviours.</p> <p>Action: To encourage more parents and community groups to set up groups within the</p>

Protected characteristics groups from the Equality Act 2010	What do you know ⁹ ? Summary of data about your service-users and/or staff	What do people tell you ¹⁰ ? Summary of service-user and/or staff feedback	What does this mean ¹¹ ? Impacts identified from data and feedback (actual and potential)	What can you do ¹² ? All potential actions to: <ul style="list-style-type: none"> • advance equality of opportunity, • eliminate discrimination, and • foster good relations
	We do not keep data on carers.	toys they cannot afford which aid children's development.		Action: To develop a policy for other groups using children's centres that includes a commitment to equality and diversity for all protected groups.
Cumulative impact²⁴	As above.	<p>Many parents were concerned at the cumulative impact of cuts to children's centre services on top of cuts to other services and the Government's welfare changes.</p> <p>Families in the city are also impacted by the rising cost of housing and living costs.</p>	Families living in poverty are one of the main target groups for children's centres and will be impacted by the change in services.	<p>Health visitors working as part of the children's centre service will continue to deliver the universal elements of the Healthy Child Programme including the five universal reviews to identify needs (ante-natal, new birth, 6-8 weeks, 1 year, 2.5 years).</p> <p>We have a higher than average take up of funding for free childcare places for two year olds which is specifically aimed at low income parents and children facing multiple disadvantage</p>

Protected characteristics groups from the Equality Act 2010	What do you know ⁹ ? Summary of data about your service-users and/or staff	What do people tell you ¹⁰ ? Summary of service-user and/or staff feedback	What does this mean ¹¹ ? Impacts identified from data and feedback (actual and potential)	What can you do ¹² ? All potential actions to: <ul style="list-style-type: none"> • advance equality of opportunity, • eliminate discrimination, and • foster good relations
				<p>Early Years family coaches to support families with multiple disadvantage.</p> <p>Action: To encourage more parents and community groups to set up groups within the centres in order to increase provision.</p> <p>Action: To develop a policy for other groups using children's centres that includes a commitment to equality and diversity for all protected / disadvantaged groups.</p>

Protected characteristics groups from the Equality Act 2010	What do you know⁹? Summary of data about your service-users and/or staff	What do people tell you¹⁰? Summary of service-user and/or staff feedback	What does this mean¹¹? Impacts identified from data and feedback (actual and potential)	What can you do¹²? All potential actions to: <ul style="list-style-type: none"> • advance equality of opportunity, • eliminate discrimination, and • foster good relations
<p>Assessment of overall impacts</p> <p>The service supports children under five and the vast majority of adults who use the service are women. Any changes in the services will, therefore, disproportionately impact on these groups.</p> <p>The biggest impact of the reduced Stay and Play groups will be in centres which offer more than one group currently. These are:</p> <ul style="list-style-type: none"> • Tarner • Moulsecoomb • Bevendean • Coldean • Roundabout • Conway Court • Woodingdean • Rottingdean • North Portslade <p>Tarner and Conway Court have higher than average number of BME families attending groups and services. Roundabout, Tarner and Moulsecoomb have higher than average numbers of families with additional needs attending groups and services. A higher number of lone parents attend Roundabout, Conway Court and Tarner children's centres. Therefore, a reduction in groups here may disproportionately affect these families.</p> <p>Although there are other open access stay and play type groups in these areas (alternative provision), there may be a number of potential barriers to access. These include cost, travel or other barriers that may deter some families.</p> <p>There will be a reduction in home visiting which will disproportionately affect families who don't attend children's centres to access services for various reasons.</p>				
<p>Further recommendations²⁵</p>				

Protected characteristics groups from the Equality Act 2010	What do you know⁹? Summary of data about your service-users and/or staff	What do people tell you¹⁰? Summary of service-user and/or staff feedback	What does this mean¹¹? Impacts identified from data and feedback (actual and potential)	What can you do¹²? All potential actions to: <ul style="list-style-type: none"> • advance equality of opportunity, • eliminate discrimination, and • foster good relations
<p>The public consultation completed in 2015 is being used to inform the changes.</p> <p>The proposals include continuing to offer open access baby groups and one open access Stay and Play groups per centre. Families consulted said the continuation of these groups were essential to address inequality and promote social cohesion.</p> <p>Council funded children's centres services will continue to support those families and children most at risk of poor outcomes including more support from the Early Year family coaches for families with young children facing multiple disadvantage.</p> <p>Two year olds from families on out of work benefits and working families on low incomes are entitled to free part time early education places. Around 30% of two year old children are eligible and take up in the city is higher than average at over 90%.</p> <p>Health visitors will continue to deliver the universal elements of the Healthy Child Programme including the five universal reviews to identify needs (ante-natal, new birth, 6-8 weeks, 1 year, 2.5 years).</p> <p>Partnership working with health visiting ensures that the need of all early children and their families is assessed and the identified support is provided based on these needs taking into account protected characteristics. The health visitors will also be key in communicating service changes to parents, identifying families affected as well as new and future parents and signposting them to alternative services. Children's Centre staff will support parent-run groups to compensate for some of the reduced service.</p> <p>We will continue to monitor the impacts from the revised service and consult with families, adjusting the service accordingly.</p>				

3. List detailed data and/or community feedback which informed your EIA

Title (of data, research or engagement)	Date	Gaps in data	Actions to fill these gaps (add these to the Action plan below)
Consultation questionnaire completed by 578 respondents	17.11.2015 to 20.11.2015	As the survey was open to the wider public, the data is not necessarily reflective of our children's centre users.	
Face-to-face interviews with BME parents at a Mosaic Group in Hollingdean	24.11.2015	The face-to-face interviews did not collect other profile data from respondents.	
Face-to-face interviews with BME parents at a Bilingual Families Group in Tarner	25.11.2015	The face-to-face interviews did not collect other profile data from respondents.	
Face-to-face interviews with parents at a Jump for Joy Group in Tarner	27.11.2015	The face-to-face interviews did not collect other profile data from respondents.	
Face-to-face interviews with dads and male carers at the Dad's Group in Hollingdean	30.11.2015	The face-to-face interviews did not collect other profile data from respondents.	
Face-to-face interviews with parents at the Adopters Group in Preston Park	01.12.2015	The face-to-face interviews did not collect other profile data from respondents.	
Face-to-face interviews with parents at a Stay and Play Group in Hollingdean	02.12.2015	The face-to-face interviews did not collect other profile data from respondents.	

Face-to-face interviews with parents at a Triple P Discussion Group in Hollingdean	02.12.2015	The face-to-face interviews did not collect other profile data from respondents.	
Face-to-face interviews with parents at Carden School	07.12.2015	The face-to-face interviews did not collect other profile data from respondents.	
Face-to-face interviews with parents at the Moulsecoomb children's centre food bank	10.12.2015	The face-to-face interviews did not collect other profile data from respondents.	
Face-to-face interviews with parents at A Stories and Play Group in Rottingdean	14.12.2015	The face-to-face interviews did not collect other profile data from respondents.	
Face-to-face interviews with parents at a baby group in Fairlight School	14.12.2015	The face-to-face interviews did not collect other profile data from respondents.	
Face-to-face interviews with parents at the Rainbow Families LGBT Group in Preston Park	15.12.2015	The face-to-face interviews did not collect other profile data from respondents.	

4. Prioritised Action Plan²⁶

Impact identified and group(s) affected	Action planned	Expected outcome	Measure of success	Timeframe
NB: These actions must now be transferred to service or business plans and monitored to ensure they achieve the outcomes identified.				
Protecting access to services for all families who need them.	Action: To encourage more parents and community groups to establish and run groups within children's centres.	A greater level of provision in children's centres which all families can access.	An increase in families who are able to attend a Stay and Play group in their local area at times convenient to them.	December 2016
	Action: To develop a policy for all groups using children's centres that includes a commitment to equality and diversity for all protected groups.	An equality and diversity policy which is widely understood and adhered to by all groups using children's centres.	Increase in families who use community/parent-led groups in the centres who say they feel welcome and included.	May 2016
	Action: To explore the feasibility of running parenting discussion groups in the evenings which may encourage more working parents, including dads and male carers, to attend.	At least one evening discussion group per term.	Greater number of dads/male carers getting support with parenting.	August 2016
Monitoring of disabled children using children's centre services.	Action: To improve our monitoring of families with disabled children registering and attending children's centres.	The implementation of the health service's new System One system will enable accurate data to be inputted against each unique child.	Accurate monitoring of families with disabled children using children's centre services.	From May 2016
Increasing accessibility of children's centre services for Trans parents with	Action: To contact Trans community groups in the city to establish whether	To set up a play group for Trans parents and their	Trans parents with children under 5 are able to socialise and get	August 2016

	under 5 group for Trans parents. If so, we will support them to set up a parent-led group in a children's centre.		parents in the city.	
--	---	--	----------------------	--

EIA sign-off: (for the EIA to be final an email must sent from the relevant people agreeing it or this section must be signed)

Lead Equality Impact Assessment officer: Ali Ghanimi

Date: 28 December 2015

Directorate Management Team rep or Head of Service: Caroline Parker

Date: 30 December 2015

Communities, Equality Team and Third Sector officer: Sarah Tige-Ford

Date:

Guidance end-notes

¹ The following principles, drawn from case law, explain what we must do to fulfil our duties under the Equality Act:

- **Knowledge:** everyone working for the council must be aware of our equality duties and apply them appropriately in their work.
- **Timeliness:** the duty applies at the time of considering policy options and/or before a final decision is taken – not afterwards.
- **Real Consideration:** the duty must be an integral and rigorous part of your decision-making and influence the process.
- **Sufficient Information:** you must assess what information you have and what is needed to give proper consideration.
- **No delegation:** the council is responsible for ensuring that any contracted services which provide services on our behalf can comply with the duty, are required in contracts to comply with it, and do comply in practice. It is a duty that cannot be delegated.
- **Review:** the equality duty is a continuing duty. It applies when a policy is developed/agreed, and when it is implemented/reviewed.
- **Proper Record Keeping:** to show that we have fulfilled our duties we must keep records of the process and the impacts identified.

NB: Filling out this EIA in itself does not meet the requirements of the equality duty. All the requirements above must be fulfilled or the EIA (and any decision based on it) may be open to challenge. Properly used, an EIA can be a tool to help us comply with our equality duty and as a record that to demonstrate that we have done so.

² Our duties in the Equality Act 2010

As a council, we have a legal duty (under the Equality Act 2010) to show that we have identified and considered the impact and potential impact of our activities on all people with 'protected characteristics' (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation, and marriage and civil partnership).

This applies to policies, services (including commissioned services), and our employees. The level of detail of this consideration will depend on what you are assessing, who it might affect, those groups' vulnerability, and how serious any potential impacts might be. We use this EIA template to complete this process and evidence our consideration.

The following are the duties in the Act. You must give 'due regard' (pay conscious attention) to the need to:

- **avoid, reduce or minimise negative impact** (if you identify unlawful discrimination, including victimisation and harassment, you must stop the action and take advice immediately).
- **promote equality of opportunity.** This means the need to:
 - Remove or minimise disadvantages suffered by equality groups
 - Take steps to meet the needs of equality groups
 - Encourage equality groups to participate in public life or any other activity where participation is disproportionately low
 - Consider if there is a need to treat disabled people differently, including more favourable treatment where necessary
- **foster good relations between people who share a protected characteristic and those who do not.** This means:
 - Tackle prejudice
 - Promote understanding

³ EIAs are always proportionate to:

- The size of the service or scope of the policy/strategy
- The resources involved
- The numbers of people affected
- The size of the likely impact
- The vulnerability of the people affected

The greater the potential adverse impact of the proposed policy on a protected group (e.g. disabled people), the more vulnerable the group in the context being considered, the more thorough and demanding the process required by the Act will be.

⁴ **When to complete an EIA:**

- When planning or developing a new service, policy or strategy
- When reviewing an existing service, policy or strategy
- When ending or substantially changing a service, policy or strategy
- When there is an important change in the service, policy or strategy, or in the city (eg: a change in population), or at a national level (eg: a change of legislation)

Assessment of equality impact can be evidenced as part of the process of reviewing or needs assessment or strategy development or consultation or planning. It does not have to be on this template, but must be documented. Wherever possible, build the EIA into your usual planning/review processes.

Do you need to complete an EIA? Consider:

- Is the policy, decision or service likely to be relevant to any people because of their protected characteristics?
- How many people is it likely to affect?
- How significant are its impacts?
- Does it relate to an area where there are known inequalities?
- How vulnerable are the people (potentially) affected?

If there are potential impacts on people but you decide not to complete an EIA it is usually sensible to document why.

⁵ **Title of EIA:** This should clearly explain what service / policy / strategy / change you are assessing

⁶ **ID no:** The unique reference for this EIA. If in doubt contact Clair ext: 1343

⁷ **Team/Department:** Main team responsible for the policy, practice, service or function being assessed

⁸ **Focus of EIA:** A member of the public should have a good understanding of the policy or service and any proposals after reading this

This section should explain what you are assessing:

- What are the main aims or purpose of the policy, practice, service or function?
- Who implements, carries out or delivers the policy, practice, service or function? Please state where this is more than one person/team/body and where other organisations deliver under procurement or partnership arrangements.
- How does it fit with other services?
- Who is affected by the policy, practice, service or function, or by how it is delivered? Who are the external and internal service-users, groups, or communities?
- What outcomes do you want to achieve, why and for whom? Eg: what do you want to provide, what changes or improvements, and what should the benefits be?
- What do existing or previous inspections of the policy, practice, service or function tell you?
- What is the reason for the proposal or change (financial, service, legal etc)? The Act requires us to make these clear.

⁹ **Data:** Make sure you have enough data to inform your EIA.

- What data relevant to the impact on protected groups of the policy/decision/service is available?⁹
- What further evidence is needed and how can you get it? (Eg: further research or engagement with the affected groups).
- What do you already know about needs, access and outcomes? Focus on each of the protected characteristics in turn. Eg: who uses the service? Who doesn't and why? Are there differences in outcomes? Why?
- Have there been any important demographic changes or trends locally? What might they mean for the service or function?
- Does data/monitoring show that any policies or practices create particular problems or difficulties for any groups?
- Do any equality objectives already exist? What is current performance like against them?
- Is the service having a positive or negative effect on particular people in the community, or particular groups or communities?
- Use local sources of data (eg: JSNA: <http://www.bhconnected.org.uk/content/needs-assessments> and Community Insight: <http://brighton-hove.communityinsight.org/#>) and national ones where they are relevant.

¹⁰ **Engagement:** You must engage appropriately with those likely to be affected to fulfil the equality duty.

- What do people tell you about the services?
- Are there patterns or differences in what people from different groups tell you?
- What information or data will you need from communities?
- How should people be consulted? Consider:
 - (a) consult when proposals are still at a formative stage;
 - (b) explain what is proposed and why, to allow intelligent consideration and response;
 - (c) allow enough time for consultation;
 - (d) make sure what people tell you is properly considered in the final decision.
- Try to consult in ways that ensure all perspectives can be considered.

¹¹ Your EIA must get to grips fully and properly with actual and potential impacts.

- The equality duty does not stop decisions or changes, but means we must conscientiously and deliberately confront the anticipated impacts on people.
- Be realistic: don't exaggerate speculative risks and negative impacts.
- Be detailed and specific so decision-makers have a concrete sense of potential effects. Instead of "the policy is likely to disadvantage older women", say how many or what percentage are likely to be affected, how, and to what extent.
- Questions to ask when assessing impacts depend on the context. Examples:
 - Are one or more protected groups affected differently and/or disadvantaged? How, and to what extent?
 - Is there evidence of higher/lower uptake among different groups? Which, and to what extent?
 - If there are likely to be different impacts on different groups, is that consistent with the overall objective?
 - If there is negative differential impact, how can you minimise that while taking into account your overall aims
 - Do the effects amount to unlawful discrimination? If so the plan must be modified.
 - Does the proposal advance equality of opportunity and/or foster good relations? If not, could it?

¹² Consider all three aims of the Act: removing barriers, and also identifying positive actions we can take.

- Where you have identified impacts you must state what actions will be taken to remove, reduce or avoid any negative impacts and maximise any positive impacts or advance equality of opportunity.
- Be specific and detailed and explain how far these actions are expected to improve the negative impacts.
- If mitigating measures are contemplated, explain clearly what the measures are, and the extent to which they can be expected to reduce / remove the adverse effects identified.
- An EIA which has attempted to airbrush the facts is an EIA that is vulnerable to challenge.

¹³ **Age:** People of all ages

¹⁴ **Disability:** A person is disabled if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. The definition includes: sensory impairments, impairments with fluctuating or recurring effects, progressive, organ specific, developmental, learning difficulties, mental health conditions and mental illnesses, produced by injury to the body or brain. Persons with cancer, multiple sclerosis or HIV infection are all now deemed to be disabled persons from the point of diagnosis.

¹⁵ **Gender Reassignment:** In the Act a transgender person is someone who proposes to, starts or has completed a process to change his or her gender. A person does not need to be under medical supervision to be protected

¹⁶ **Pregnancy and Maternity:** Protection is during pregnancy and any statutory maternity leave to which the woman is entitled.

¹⁷ **Race/Ethnicity:** This includes ethnic or national origins, colour or nationality, and includes refugees and migrants, and Gypsies and Travellers

¹⁸ **Religion and Belief:** Religion includes any religion with a clear structure and belief system. Belief means any religious or philosophical belief. The Act also covers lack of religion or belief.

¹⁹ **Sex/Gender:** Both men and women are covered under the Act.

²⁰ **Sexual Orientation:** The Act protects bisexual, gay, heterosexual and lesbian people

²¹ **Marriage and Civil Partnership:** Only in relation to due regard to the need to eliminate discrimination.

²² **Community Cohesion:** What must happen in all communities to enable different groups of people to get on well together.

²³ **Other relevant groups:** eg: Carers, people experiencing domestic and/or sexual violence, substance misusers, homeless people, looked after children, ex-armed forces personnel, people on the Autistic spectrum etc

²⁴ **Cumulative Impact:** This is an impact that appears when you consider services or activities together. A change or activity in one area may create an impact somewhere else

²⁵ **Assessment of overall impacts and any further recommendations**

- Make a frank and realistic assessment of the overall extent to which the negative impacts can be reduced or avoided by the mitigating measures. Explain what positive impacts will result from the actions and how you can make the most of these.
- Countervailing considerations: These may include the reasons behind the formulation of the policy, the benefits it is expected to deliver, budget reductions, the need to avert a graver crisis by introducing a policy now and not later, and so on. The weight of these factors in favour of implementing the policy must then be measured against the weight of any evidence as to the potential negative equality impacts of the policy,
- Are there any further recommendations? Is further engagement needed? Is more research or monitoring needed? Does there need to be a change in the proposal itself?

²⁶ **Action Planning:** The Equality Duty is an ongoing duty: policies must be kept under review, continuing to give 'due regard' to the duty. If an assessment of a broad proposal leads to more specific proposals, then further equality assessment and consultation are needed.

Children's Centre Review 2015 Brighton & Hove

Final:



**Brighton & Hove
City Council**

Table of Contents

1. Introduction	3
2. Summary of factors influencing the review	4
3. Consultation	6
4. Proposals for changes	6
Appendices to the report.....	13
I. Information Considered by the Review Board.....	13
i. Importance of the Early Years.....	13
ii. Statutory Guidance and Ofsted.....	13
iii. Council Vision and Priorities.....	14
iv. Early Help Outcomes Framework	16
v. Current Children’s Centres and Services.....	17
vi. Children’s Centre Advisory Groups	20
vii. Integrated Service with Health Visiting.....	20
viii. Proposed Changes to Children’s Centre Services	22
ix. Children’s Centre Nurseries	25
x. Council Funding for Children’s Centres.....	26
xi. Summary of the Children’s Centre Needs Analysis 2015.....	27
xii. Consultation	29
xiii. Children’s Centre Review Board.....	34
xiv. Objectives of the Review.....	34

1. Introduction

- 1.1 This report sets out proposals and options for a revised children's centre service across Brighton & Hove to take account of reductions in funding. The report will be submitted to the Children, Young People and Skills Committee as the basis for a public consultation on the future children's centre service in Brighton & Hove.
- 1.2 The report was completed following discussions with parents, voluntary sector representatives and officers from the council and Sussex Community NHS Trust who considered existing and future children's centre arrangements through a review board chaired by the Director of Children's Services. Appendix xiii on page 33 sets out the terms of reference for the review board.
- 1.3 In Brighton & Hove there is a citywide children's centre service integrated with health visiting. Midwives are based in the larger centres. All centres provide baby and stay and play groups for children and parents, healthy child clinics, parenting groups, volunteering opportunities and information about training or getting back to work. Some of the activities are drop-in sessions and available to all local families and others by appointment or referral. Children's centres also provide home visiting for families who need additional support. There are currently 12 statutory children's centres in Brighton & Hove serving a population of 14,745 children under five years old. Services are also provided from a number of linked sites.
- 1.4 When the first children's centres were developed they had to include 8am to 6pm childcare to support parents to work. Nurseries are located in four of our children's centres. All of the nurseries provide free early education places for two, three and four year olds funded by government as well as childcare paid for by parents. Council funding to subsidise the nurseries was reduced by £200,000 in 2015/16 and further savings will be agreed as part of the council budget for 2016/17.
- 1.5 The council's budget proposals for 2015/16 included a reduction in funding for children's centres. Following a public consultation the Budget Council agreed temporary funding of £670,000 to maintain services for 2015/16 only. There is a proposal for a further saving of £176,000 as part of the 2016/17 budget proposals. If agreed the total reduction will be £846,000 (35%) from the budget of £2,390,000.

2. Summary of factors influencing the review

- 2.1. In common with other councils across England Brighton & Hove city council has to make savings across all service areas as result of reductions in government funding and pressures on services.
- 2.2. It will not be possible to provide the same level of services through children's centres with the reduction in funding to children's centre budget. Nearly 80% of the budget is spent on staffing and so significant reductions in staff will be needed to achieve the savings.
- 2.3. The Labour administration's priority to ensure that the most vulnerable and disadvantaged children receive the council's support, consolidating services where possible, and targeting resources at those most in need.
- 2.4. The children's centres statutory guidance includes the requirement to reduce inequalities between families in greatest need and their peers. The government has announced plans to launch an open consultation this autumn about children's centres which will aim to make sure that they have the best impact on children's lives and maximise support to families. This will include working with Ofsted to reform inspections.
- 2.5. A public consultation on changes to children's centres in Brighton & Hove took place during the winter of 2014/15. Proposals included reducing the number of universal groups and merging children's centres. There was strong disagreement with the proposals. Key themes included: children's centres provide vital services and should not change, savings now will lead to greater costs and poorer outcomes in the future, universal services are key to reducing stigma and community cohesion and should be kept. There was agreement that families who have most needs should get priority. A summary of the findings of the consultation is on page 28.
- 2.6. Issues identified as having the greatest impact on the health and wellbeing of children and young people in the city include: child poverty, education, youth unemployment, housing, alcohol and substance misuse, healthy weight and good nutrition, domestic and sexual violence, emotional health and wellbeing, smoking, as well as the wellbeing of children and young people with disabilities and complex needs. (Joint Strategic Needs Assessment 2015).
- 2.7. National research evidence has shown that focussing on early years gives the best chance of transforming a child's life: "Giving every child the best start in life is reducing health inequalities across life... What happens during these early years (starting in the womb) has lifelong effects on many aspects of health and wellbeing." (Marmott 2010)

- 2.8. A needs analysis identified significant inequalities in outcomes across the city. Children living in Moulsecoomb, Roundabout, Tarner and Hangleton areas have some of the highest needs, and poorest outcomes in the city. However there are also pockets of deprivation across the city.
- 2.9. Nearly 20% of children in the city live in poverty and welfare reforms are having a further detrimental impact on families.
- 2.10. Nationally children's services are dealing with a growing number of child protection cases and children at risk of neglect. The council needs to strengthen early help services to "turn around" families just below social work thresholds.
- 2.11. There has also been a change in the council's relationship with Sussex Community NHS Trust. The Section 75 secondment agreement ended in March 2015 and temporary arrangements for the council continuing to manage the health visiting service will end in March 2016. Responsibility for commissioning health visiting transferred to the council's public health department in October 2015. Health visitors see and assess all children as part of the Healthy Child Programme during five mandated health and development assessments. Health visitors will continue to be based in and work from children's centres but there will be a clearer distinction between the roles of council and SCT staff in the future.
- 2.12. There has been a major shift in government policy on early years since the creation of children's centres with the introduction of free early education places for two year olds living in low income families. Eligible children include those in families on Income Support or Working Tax Credit with an income of less than £16,190 a year. Children are also eligible if they have an Education, Health and Care Plan or get Disability Living Allowance, adopted children and children looked after by the local authority. In Brighton & Hove around 30% of two year olds qualify for free places and the take up of more than 84% is one of the highest in England. Funding for early education places for two year olds is ring-fenced in the Dedicated Schools Grant and is worth £2.5 million in 2015/16.
- 2.13. The Special Education Need and Disabilities (SEND) Code of Practice (2014) covers the 0 to 25 age range. Health visitors support the early identification of young children who may have SEND, through the Healthy Child Programme. From September 2015 this includes an integrated review that covers the development areas in the Healthy Child Programme two year review and the Early Years Foundation Stage two year progress check for children attending early years provision. Children and young people with more complex needs have a co-ordinated assessment and an Education, Health and Care plan.
- 2.14. The council plans to move to a co-operative model of service delivery. The City Neighbourhoods programme plans to establish hubs in the heart of communities, bringing appropriate services closer to those who need them by forging stronger links with local people. The neighbourhood hubs will host a variety of services, based on the needs of the local area; they will be delivered by council staff alongside a range of partners, including voluntary organisations, and supported by volunteers. The aim is to save money, improve outcomes and reduce inequality. Children's centres will form part of this programme.

3. Consultation

3.1. Further consultation took place in the summer and autumn of 2015 to help identify options for future services. Face to face discussions were held with parents, staff and other stakeholders via the parents' reference group, staff meetings and children's centre advisory groups.

3.2. The key messages those we consulted wanted to get across were:

Children's centres are an early help service. Cutting provision will have negative consequences for child outcomes and for future budgets as problems are left to escalate.

In the context of wage freezes, rising living costs and cuts to benefits, tax credits and other support services, children's centre services will be needed more, not less.

Universal services like stay and play are key to reducing stigma, building social cohesion, reducing isolation and for attracting families into children's centres in the first place. Families have described these services as a 'lifeline'.

Reducing the number of universal drop-in services risks needs not being identified and met early on.

These groups are important for socialising children and preparing them for school and nursery. They offer a more structured learning environment and challenge children in ways that other community-led groups do not.

3.3. A more detailed summary of the consultation findings is on page 28.

4. Proposals for changes

Proposals for Children's Centres and Delivery Points

There is a considerable variation in the size of different children's centres across the city and the services that are delivered from them. The largest children's centres are stand-alone buildings based in the most disadvantaged areas of the city and deliver the most services. Other children's centres are much smaller, are generally small extensions to schools, and deliver fewer services.

Main Sites

Proposals are to continue using the following seven children's centres as main sites and designated children's centres:

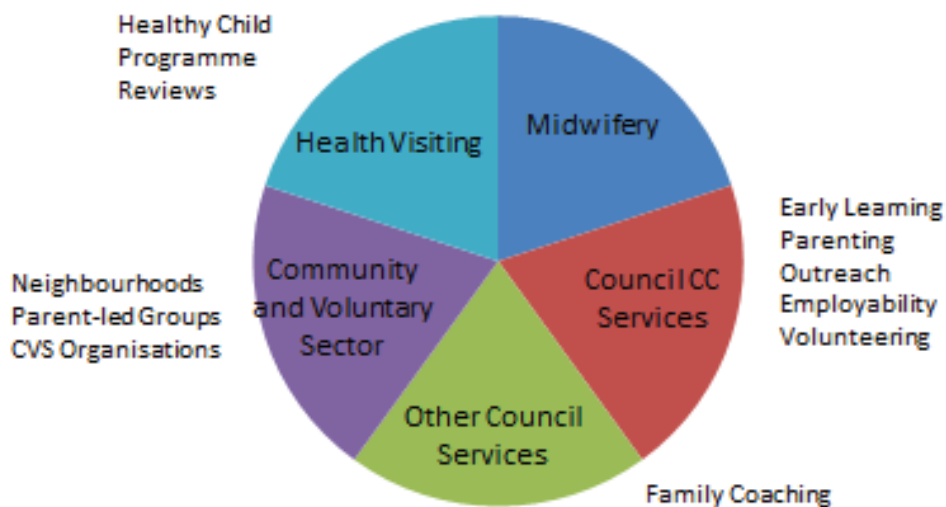
- Roundabout (Whitehawk)
- Moulsecoomb
- Turner
- Hollingdean,
- Hangleton Park
- Conway Court
- Portslade (but with reduced opening hours)

This is because data shows that families have highest needs and poorest outcomes in these areas and also to ensure that there is a spread of main sites across the city. The main sites will offer a range of children's centre services and will be open from 9am to 5pm. North Portslade is a smaller centre and the proposal is to reduce the opening hours here.

The proposal is to develop these children's centres as part of neighbourhood hubs and explore whether they can host a variety of services, based on the needs of the local area. These services will be delivered by the council alongside a range of partners, including voluntary sector organisations, and supported by volunteers.

Future model for children's centres:

Children's Centre Services



Delivery Points

The proposals are to merge the following children's centres and to continue to use them as delivery points for services:

- The Deans (Rudyard Kipling primary school) – merge with Roundabout
- West Hove (West Hove infant school) – merge with Conway Court
- Hollingbury and Patcham (Carden primary school) – merge with Hollingdean
- City View – merge with Moulsecoomb

The proposal is that Cornerstone community centre will no longer be a children's centre. The community centre provides services including a baby group and hosts a pre-school that offers free early education places.

To minimise costs in running the buildings, service delivery points will only open for children's centre services when there is a service running. Services will vary from site to site and will be based on local need. A possible partnership with the library service is being explored for Hollingbury and Patcham.

The following venues will continue to be used as linked sites.

- South Portslade Library
- Bevendean primary school
- Fairlight primary school
- Preston Park Children's Centre

In addition the proposal is to explore developing a citywide on-line children's centre providing access to information and advice via the council website and through social media for families with young children in Brighton & Hove. This would build on information already available from our Family Information Service, children's centre Facebook pages and national websites.

Proposed Children's Centres



Children's Centre Services

Proposed citywide offer for children under five and their families across the city:

Universal - available to all

- Midwifery clinics
- Healthy Child Programme delivered by health visitors including development reviews and clinics
- Baby groups
- Stay and play group (one for each area) with priority for children under two
- Positive parenting talks and discussion groups
- Advice on training/employment/volunteering
- Access to free early education for three and four year olds

Targeted services - aimed at particular groups or families with identified needs

- Access to free early education for eligible two year olds
- Parenting courses
- Postnatal depression groups
- Bilingual families' groups
- Dads' groups
- Chatterbox (communication)

- Now We Are Two (supporting children’s early learning)
- Home-based interventions (for example covering developmental delay, parenting)
- Food banks (Tarnar, Moulsecoomb, Roundabout)

Baby groups

Last year there was a proposal to change baby groups to short courses. Parents said that these open access groups were vital, particularly for those parents who lack experience or who are socially isolated. The proposal is to continue to run on-going baby groups as this is a key transition time for new parents. There will not be any short courses in addition to the on-going groups. Health visitors and other professional will attend the groups to give advice and information to new parents and carers.

Proposed changes to stay and play drop-in groups

There are 21 stay and play-type groups a week across the city including Toddler and You and Jump for Joy in some areas.

Because of reductions in funding there will not be enough staff to run this number of groups in the future.

Last year the proposal was to stop running on-going stay and play groups and to run time limited groups for children under two instead. Parents disagreed with this proposal and said that these drop-in groups are important for building friendships, reducing isolation, finding out about other services families need and for preparing children for nursery and school.

This proposal is to continue to offer **one** free, drop in stay and play session per week in the following eleven areas.

- Hollingbury and Patcham
- Hollingdean
- Tarnar
- Moulsecoomb
- Bevendean
- Roundabout (in Whitehawk)
- Hangelton Park
- Conway Court
- The Deans
- North Portslade
- and City View

The proposal is not to provide a weekly stay and play drop in session at Meadowview where numbers are low.

Where there is high demand for a group priority will be given to families with needs identified by health visitors and children under two years old. This is because two year olds from families on the lowest incomes are entitled to free early education.

The proposal is to continue to support parents to volunteer and to encourage parents or community groups to use the space in children's centres to run other groups if there is a local demand.

Proposed changes to stories and play library groups

The Children's Centre budget has funded some Stories and Play sessions in libraries. Last year the proposal was to stop funding these groups but parents said that they valued them. The proposal this year is to continue to fund groups in the Moulsecoomb and Whitehawk libraries but to no longer fund other sessions in Coldean or Woodingdean. Data shows that the numbers of children doing well when they start school is lowest in Moulsecoomb and Whitehawk.

Proposed changes to parenting support

The proposal is to reduce the number of Triple P parenting courses and offer more help early on in Triple P weekly discussion groups and talks on parenting topics that will be open to all parents. Children's centres will continue to provide one to one parenting advice and Triple P tip sheets. The proposal is also to offer more online parenting support in the form of parenting advice and web-based courses.

Targeted support for families who need more help

Children's Centres will continue to run a range of groups targeted at families who need additional support. These include Bilingual Families Groups, Feeling Good Feeling Safe Groups, Chatterbox communications groups and Now we are two which supports parents with their child's early learning.

There will be an overall reduction in home visits and one to one contacts. Home visits and one to one contacts by council staff have been provided to a range of families with different levels of needs on issues including parenting, sleep, baby massage, and home learning. The proposal is to continue to encourage attendance at children's centres and only offer home visiting to those parents who need it most.

The proposal is also to improve support for families with young children facing multiple disadvantage as part of the city's Stronger Families Stronger Communities Programme. This programme includes Family Coaches who work with families and households on issues such as:

- School and education
- Offending and anti-social behaviour
- Housing
- Supporting adults and young adults into work and learning
- Advice about money
- Parenting skills
- Domestic violence and abuse,
- Alcohol and substance misuse
- Mental & physical health needs

Changes to children's centre advisory groups and support for volunteering, employment and training

There are 10 advisory groups which meet once a term to advise and help staff who run children's centres. The group makes sure that the centre knows parents' views and helps to challenge and improve the performance of the centre.

The proposal is to focus more on helping parents to volunteer and to access training and work with a living wage. We recognise that nearly 20% of children in the city live in poverty and that the range of benefit reductions are having an impact on our parents and will continue to do so with ongoing changes to tax credits.

This means there will be less time to support the advisory groups. The proposal is to reduce the number of advisory groups and consult them on ways to ensure that parents have a say in how children's centres are run. The proposal is to support five advisory groups in the future:

- Tarner /City View,
- Hollingdean/Hollingbury and Patcham,
- Moulsecoomb,
- Roundabout/The Deans,
- and Hangleton/Portslade/ Conway Court.

Appendices to the report

I. Information Considered by the Review Board

i. Importance of the Early Years

There have been a number of studies that have shown that focussing on the early years gives the best chance of transforming a child's life:

- “Giving every child the best start in life is reducing health inequalities across life... What happens during these early years (starting in the womb) has lifelong effects on many aspects of health and wellbeing.” (Marmott 2010)
- “The early years is a time of dramatic growth and development: a child’s brain doubles in size in the first year and by age three it will have reached 80% of its adult volume. At age two or three, the brain has up to twice as many synapses than in adulthood. Because the early years are a time when children are learning rapidly, how well they are taught, whether that is at home or outside of the home, is very important.” (Ofsted 2015)

ii. Statutory Guidance and Ofsted

The core purpose of children’s centres, as set out in the government’s Sure Start Children’s Centre Statutory Guidance (<https://www.gov.uk/sure-start-childrens-centres-local-authorities-duties>), is to improve outcomes for young children and their families and reduce inequalities between families in greatest need and their peers in:

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

Local authorities have a statutory duty to:

- Improve the well-being of young children in the following areas:
 - physical and mental health and emotional well-being
 - protection from harm and neglect;
 - education, training and recreation:
 - the contribution made by them to society; and
 - social and economic well-being.
- Reduce inequalities between young children in those areas; and

- Make arrangements to secure that early childhood services in their area are provided in an integrated manner which is calculated to:
 - facilitate access to those services; and
 - maximise the benefit of those services to parents, prospective parents and young children.

A Sure Start children's centre is defined in legislation as a place or a group of places which make available integrated universal and targeted early childhood services including:

- Early education and childcare
- Social services
- Health services
- Training and employment
- Information and advice

Children's centres must provide some activities for young children on site.

The guidance states that children's centres are as much about making appropriate and integrated services available, as about providing premises in particular geographical areas.

The government has announced that it plans to launch an open consultation this autumn about children's centres which will aim to make sure that children's centres have the best impact on children's lives and maximise support to families. This will include working with Ofsted to reform inspections.

The government has announced plans to increase free early education for three and four year olds with working parents from 15 to 30 hours a week.

iii. Council Vision and Priorities

The city's vision is for Brighton & Hove to be the connected city. Creative, dynamic, inclusive and caring. A fantastic place to live, work and visit. (Corporate Plan)

The service priority for children is that children and young people should have the best possible start in life, growing up happy, healthy and safe with the opportunity to reach their potential. (Corporate Plan 2015)

The Children, Young People and Skills Committee has agreed the following four priorities:

- Ensure that the most vulnerable and disadvantaged children receive the council's support, consolidating services where possible, and targeting resources at those most in need
- Take the council on an improvement journey to achieve excellent services for children and young people by 2019, as rated by Ofsted

- Provide greater challenge and support to council maintained schools to close the disadvantage and educational attainment gaps, including a focus on STEM subjects (Science, Technology, Engineering and Mathematics)
- Eliminate long-term youth unemployment (18-24 years old) and boost apprenticeships in the city by 2019

iv. Early Help Outcomes Framework

This early help outcomes framework indicates the expectations that we have for all children, young people and families living in Brighton & Hove. Performance indicators for each early help service sit behind the outcomes.

Children and young people are ready for and thrive in school and leave able to participate in the social and economic life of the city

- Develop secure attachments
- Healthy and well
- Safe and protected from harm
- Stimulating home learning environment
- Attending nursery or school
- Reaching academic potential
- Resilient & able to make effective transitions
- Increased skills and qualifications
- Improved readiness for work

Parents have the support, skills and resilience needed to bring up their children

- Responsive positive parenting
- Good physical & mental health
- Free from domestic abuse
- Free from substance misuse
- Good levels of literacy & numeracy
- Good aspirations for selves and children

Communities have inclusive, active networks which support & involve children, young people and families

- Improved use of community assets
- Improved support networks
- Improved home & living conditions
- Parents and young people are law abiding and responsible in their community.

v. Current Children's Centres and Services

In Brighton & Hove there is citywide children's centre service with council children's services staff and health visitors working together.

There are 12 statutory children's centres serving a population of 14,745 children under five years old. Each statutory children's centre covers a defined catchment area with an average of 1,217 children under five.

Services are also provided from a number of linked sites and in family homes. All the children's centres were inspected by Ofsted in 2011/12 and judged as good or outstanding.

Most services are provided by the integrated children's centre teams with some additional services commissioned from the voluntary sector. The larger children's centres also include nurseries.

Health visitors are employed by Sussex Community NHS Trust (SCT) and are commissioned (from October 2015) by public health in the council.

Midwives are based in the larger centres and are employed by Brighton and Sussex Hospitals Trust and commissioned by the Clinical Commissioning Group (CCG).

Children's Centre Catchment Areas



Designated Children's Centres	Description
Moulsecoomb Children's Centre	Designated - main hub. High need area. Large building including council staff, health visiting, midwifery and Jump Start nursery
Roundabout Children's Centre	Designated - main hub. High need area. Large building including council staff, health visiting, midwifery, Family Nurse Partnership with the Roundabout nursery next door. Outreach to the Deans
Hangleton Gateway Centre	Designated - main hub. High need area. Large building including council staff, health visiting, midwifery. Next to the community centre.
Hollingdean Children's Centre	Designated - main hub. Mixed needs in the catchment area. Large building including café, council staff, midwives and health visiting services, Cherry Tree nursery. Piloting community use at weekends. Health visitors and some council staff based in Shenfield Way
Tarner Children's Centre	Designated - main hub. Large building including council staff, health visiting, midwives, Family Information Service, café. Link to Friends Centre upstairs and Tarnerland nursery school (separate building).
North Portslade Children's Centre	Smaller building with Acorn nursery in the upper part of building. Most of the staff team based in a GP surgery but deliver services from the children's centre. Midwives. Services also delivered from South Portslade Library
Conway Court Children's Centre (Sussex Community NHS Trust)	Sussex Community Trust building which also includes other adult health services, midwifery, health visiting and council staff. Low need but very large catchment area and higher than average BME population.
West Hove Children's Centre (in West Hove infant school (Portland Road))	Extension to West Hove infant school (Portland Road). No staff based there. Used for small groups
Hollingbury & Patcham Children's Centre	Part of Carden primary school with a separate entrance. Includes health visiting team.
Cornerstone Community Centre	Community centre with rooms rented for healthy child clinics only. Community centre now running baby groups themselves.
City View Children's Centre Sussex Community Trust	Sussex Community Trust building. Includes a health visiting team and service delivery for the Early Parenting Assessment Programme. Services also delivered from

	Fairlight primary school (see below).
The Deans Children's Centre (in Rudyard Kipling primary school)	Extension to the school. Outreach from Roundabout children's centre.
Linked sites	
Preston Park Children's Centre (Fiveways Playgroup)	Voluntary early years provider which runs groups. Health visiting outreach. Community use.
Fairlight Children's Centre (in Fairlight primary School)	Room in the school and outreach from City View
South Portslade (in South Portslade Library)	Rooms in the library. No staff. Midwifery and healthy child clinic
Bevendean Children's Centre (in Bevendean primary school)	Room in the school. Outreach from Moulsecoomb

Summary of Services

Universal (available to all)

- Midwifery clinics
- Healthy child clinics
- Health visitor reviews
- Baby groups
- Stay and play, Jump for Joy, library groups
- Toy libraries
- Book Start (free books)
- Advice on training/employment/volunteering
- Access to free early education for three and four year olds

Universal Plus / Partnership Plus (aimed at particular groups or families with identified needs)

- Access to free early education for eligible two year olds
- Bilingual families' groups
- Dads' groups
- Positive parenting programme groups (Triple P)
- Feeling Good Feeling Safe groups
- Postnatal depression group

- Crèches for children to allow parents to attend groups
- Chatterbox (communication)
- Now We Are Two (new group supporting the Early Years Foundation Stage)
- Home-based interventions (usually block of visits for six weeks covering neglect, developmental delay, parenting,
- Food banks (Tarnar, Moulsecoomb, Roundabout)
- Supported childcare places for children under three with child protection and early help plans

The average number of groups run each week across the city is:

- Healthy child clinics– 22 (*led by health visitors*)
- Universal groups– 37 (including baby groups and stay and play type groups)
- Targeted groups– 23

Total number of groups and clinics per week (average) = 82

Council staff also provide home-based interventions for families, some of whom are reluctant to attend children's centres.

Children's centres host and provide administrative support for midwifery clinics.

vi. Children's Centre Advisory Groups

There are 10 children's centre advisory groups with members including parents, children's centre staff, voluntary organisations, schools and other local services. The advisory groups advise and help the staff who run children's centres. The groups makes sure that the centre knows parents' views and helps to challenge and improve the performance of the centre.

vii. Integrated Service with Health Visiting

Children's centres are part of an integrated, citywide service led by health visitors. Health visitors register parents at the new birth visit. They see and assess all children as part of the Healthy Child Programme during five mandated health and development assessments. The assessments form the basis preventative and early intervention services to meet need. They include:

- Antenatal health promotion visit
- New baby review
- Six to eight weeks assessment
- One year assessment
- Two to two-and-a-half year review – integrated with nursery progress check

Children's centres use the nationally defined health visiting levels of service which also match the Brighton & Hove threshold document:

- Community – understanding community needs and local resources to meet them
- Universal (level 1) – health child programme reviews, information about parenting and immunisation, universal groups, early education
- Universal plus (early help – low level 2) – targeted packages of care to meet identified needs eg. maternal mental health, breast-feeding, nutrition, parenting support.
- Universal partnership plus (high level 2 up including targeted early help, child protection, , looked after children) – contributing or leading packages of care for those identified as having complex needs or being at risk including troubled families and child protection.

Health visitors act as lead professionals for families and supervise council children's centre staff (such as early years visitors) to ensure that there is no duplication of assessment or support for families. A key strength has been complete information sharing between council staff and health visiting. Lack of information sharing has been identified by Ofsted as a major weakness in other areas.

viii. Proposed Changes to Children’s Centre Services

Proposed Changes to Stay & Play

	STAY AND PLAY <i>(including Crawlers & Toddlers and Jump for Joy)</i>		
	Current Services	Future Services	Proposed Changes
Hollingbury & Patcham	1	1	No change
Hollingdean	1	1	No change
Preston Park	0	0	No change
Tarner	2	1	-1
Cornerstone	0	0	No change
Moulsecomb	3	1	-2
Bevendean	2	1	-1
Meadowview	1		
Coldean	0	0	No change
Roundabout	2	1	-1
Hangelton Park	1	1	No change
Conway Court	2	1	-1
West Hove	0	0	No change
Woodingdean	2	1	-1
Rottingdean	0	0	No change
Saltdean	0	0	No change
North Portslade	3	1	-2
South Portslade	0	0	No change
City View	1	1	No change
Fairlight	0	0	No change
TOTAL	21	11	-10

Proposed Changes to Stories & Play

	STORIES AND PLAY (Libraries)		
	Current Services	Future Services	Proposed Changes
Moulsecoomb	1	1	No change
Coldean	1	0	-1
Roundabout	1	1	No change
Woodingdean	0.5	0	-0.5
Rottingdean	0.5	0	-0.5
TOTAL	4	2	-2

Proposed Changes to Baby Groups

	BABY GROUPS		
	Current Services	Future Services	Proposed Changes
Hollingbury & Patcham	1	1	No change
Hollingdean	1	1	No change
Preston Park	0	0	No change
Tarner	1	1	No change
Cornerstone	0	0	No change
Moulsecoomb	1	1	No change
Bevendean	0	0	No change
Coldean	0	0	No change
Roundabout	1	1	No change
Hangelton Park	1	1	No change
Conway Court	2	1	-1
West Hove	0	0	No change

Woodingdean	0	0	No change
Rottingdean	1	1	No change
Saltdean	0	0	No change
North Portslade	1	1	No change
South Portslade	0	0	No change
City View	0	0	No change
Fairlight	2	1	-1
TOTAL	12	10	-2

ix. Children's Centre Nurseries

Phase one children's centres had to include childcare provision open from 8 am to 6 pm to support parents to work. The children's centres with nurseries are:

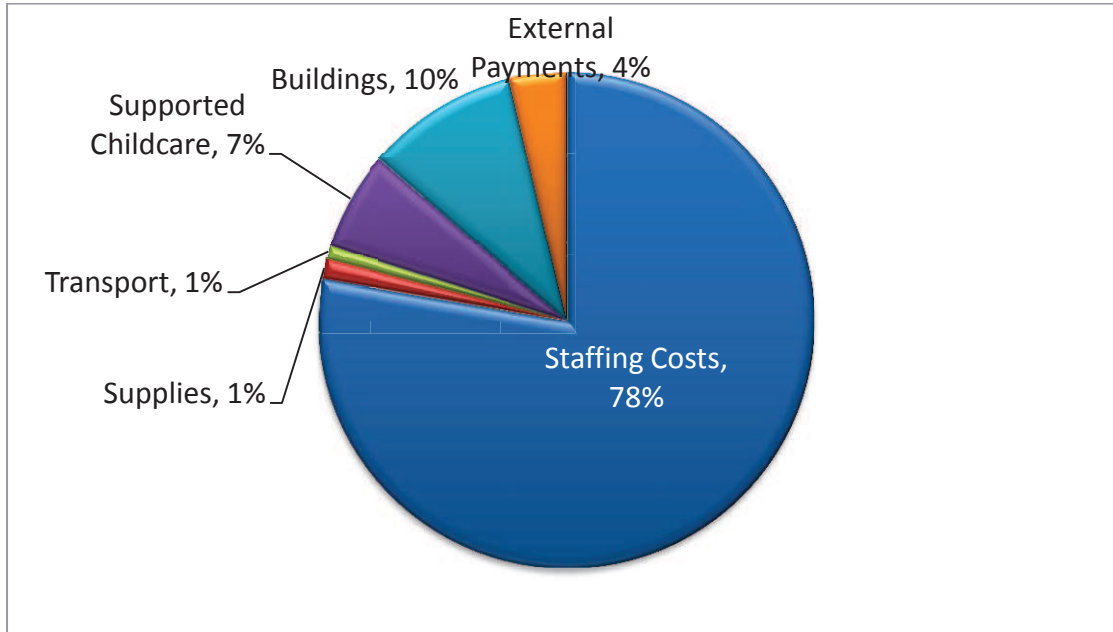
- Roundabout (Whitehawk): Roundabout Nursery and Sun Valley Nursery
- Moulsecoomb: Jump Start
- Hollingdean: Cherry Tree,
- North Portslade: Acorn,
- Tarner – in partnership with Tarnerland Nursery School

All the nurseries provide free early education places for two, three and four year olds funded by government and childcare which parents pay for.

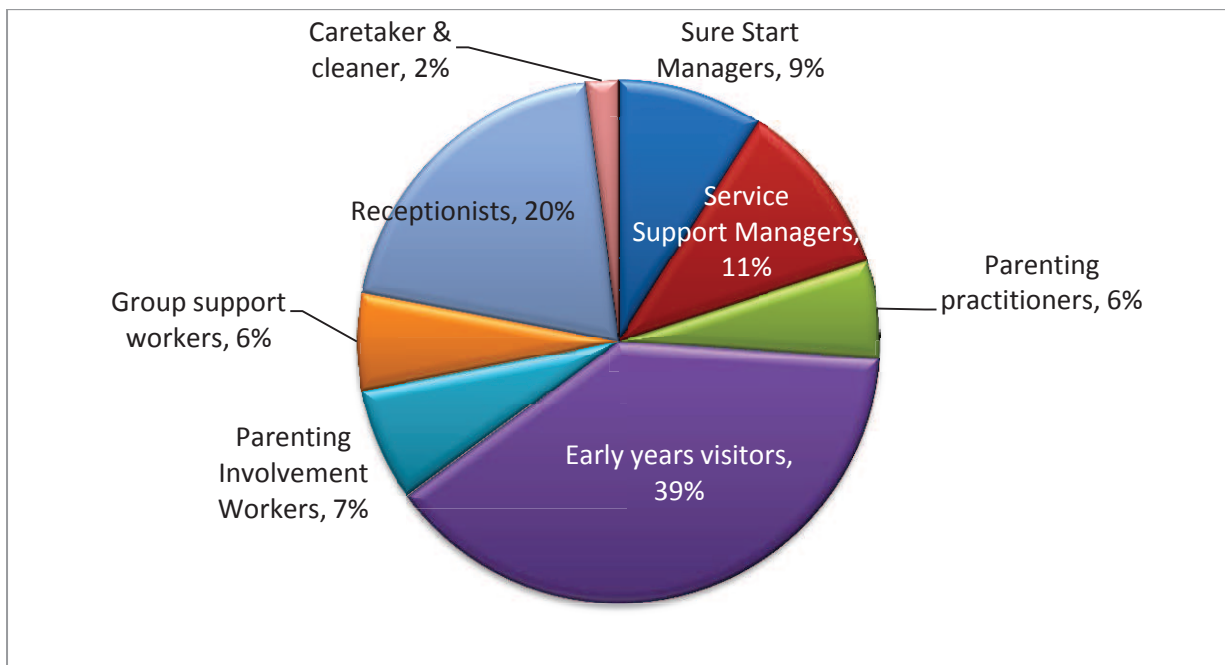
The children's centre budget has also paid for supported childcare places for children on child protection and early help plans. The need for this funding has reduced because of the increase in government funding for free early education places for low income two year olds.

x. Council Funding for Children's Centres

The council children's services budget for 2015/16 is £2.39 million and this includes one-off funding of £670,000 agreed in the 2015 budget. The majority of the funding is spent on staffing. Buildings costs make up a small proportion with the largest buildings costing the most.



The largest group of staff is early years visitors following by reception staff. Early years visitors run universal and targeted groups, support healthy child clinics and deliver home-based interventions.



xi. Summary of the Children's Centre Needs Analysis 2015

In order to help consider the population, needs and outcomes from children's centres and to inform the review, a small working group looked at evidence from five areas:

- Population
- Children with identified additional needs
- Deprivation
- Health and wellbeing
- Education

The full report is attached at appendix 4. Key points have been summarised here.

When we talk about needs and outcomes in the context of children's centres we mean:

- **Needs:** the things that might mean that some children (and families) require more support to help them develop
- **Outcomes:** the difference made to a child (and their family) at age five – this could for example be improved physical or mental health or being at a good level of development at school age, or having a job

Brighton & Hove context:

- Rising population of children and young people but the number of under five year olds projected to remain around 15,300 for the next decade
- Recent births figures have fallen below 3,000 for the first time
- The city's population is more ethnically diverse than in the past, with 21% of school children from a Black or Minority Ethnic Group and 26% of births to mothers born outside the UK

The outcomes for our children and young people in the city are mixed.

Issues identified in the Joint Strategic Needs Assessment as having the greatest impact on the health and wellbeing of children and young people in the city include: child poverty, education, youth unemployment, housing, alcohol and substance misuse, healthy weight and good nutrition, domestic and sexual violence, emotional health and wellbeing, smoking, as well as the wellbeing of children and young people with disabilities and complex needs.

Many outcomes are related with high levels of deprivation in the city (page 4 of the JSNA)

- Over half (56%) of the city's residents live in areas classed as the 40% most deprived in the country with only 4% living in areas within the 20% least deprived (See figure what?)
- Around 18% (7,735) of children under 16 live in poverty (lower than across England at 19%)
- Child poverty varies widely; In Moulsecoomb and Bevendean 39% of children live in poverty, compared with 6% in Hove Park.

Population by children's centre

- Hollingbury and Patcham has the largest number of children of any centre
- City View and Conway Court have higher numbers aged under one year where more intensive support is required

- In Turner almost one in five children is under one year old
- The percentage of BME children is high in the Cornerstone, Turner and Conway Court catchment areas with Other White Children the largest group.

Identified additional needs

- Moulsecoomb, Roundabout, Turner and Hangleton Park have significantly higher levels of children with additional identified needs (page 8)

Income deprivation

- Roundabout, Moulsecoomb, Hollingdean and Turner have significantly higher levels of children living in the most income deprived areas in England.

Health and wellbeing

- Moulsecoomb, Roundabout, Hangleton Park, Portslade and the Deans have significantly poorer health and wellbeing indicators (page 10). However, it is worth noting that breastfeeding rates (2014/15) in all areas of Brighton & Hove are better than England (page 11)

Educational achievement at the end of the reception year in school.

- Moulsecoomb and Turner have significantly poorer achievement at the end of reception year in school.

Combined ratings

- Looking at the ratings across each of the four domains shows that children living in Moulsecoomb, Roundabout, Turner and Hangleton Park children's centre areas have some of the highest needs, and poorest outcomes in the city
- In each of these four areas more than 70% of the children resident attend their local centre rather than an alternative centre
- Other areas, like Cornerstone and West Hove, have consistent low need/better outcomes.

Children's Centre	Overall rating for population	Overall rating children with identified needs	Overall rating for deprivation	Overall rating for health and wellbeing	Overall rating for education
City View	SIMILAR	LOW	SIMILAR	SIMILAR	SIMILAR
Conway Court	HIGH	LOW	LOW	BETTER	SIMILAR
Cornerstone	HIGH	SIMILAR	LOW	BETTER	SIMILAR
Hangleton Park	SIMILAR	HIGH	SIMILAR	WORSE	WORSE
Hollingbury & Patcham	LOW	LOW	LOW	SIMILAR	SIMILAR
Hollingdean	LOW	SIMILAR	HIGH	SIMILAR	BETTER
Moulsecoomb	SIMILAR	HIGH	HIGH	WORSE	WORSE
Portslade	SIMILAR	SIMILAR	SIMILAR	WORSE	SIMILAR
Roundabout	SIMILAR	HIGH	HIGH	WORSE	SIMILAR
Turner	HIGH	HIGH	HIGH	SIMILAR	WORSE
The Deans	LOW	SIMILAR	SIMILAR	WORSE	SIMILAR
West Hove	SIMILAR	LOW	LOW	SIMILAR	BETTER

xii. Consultation

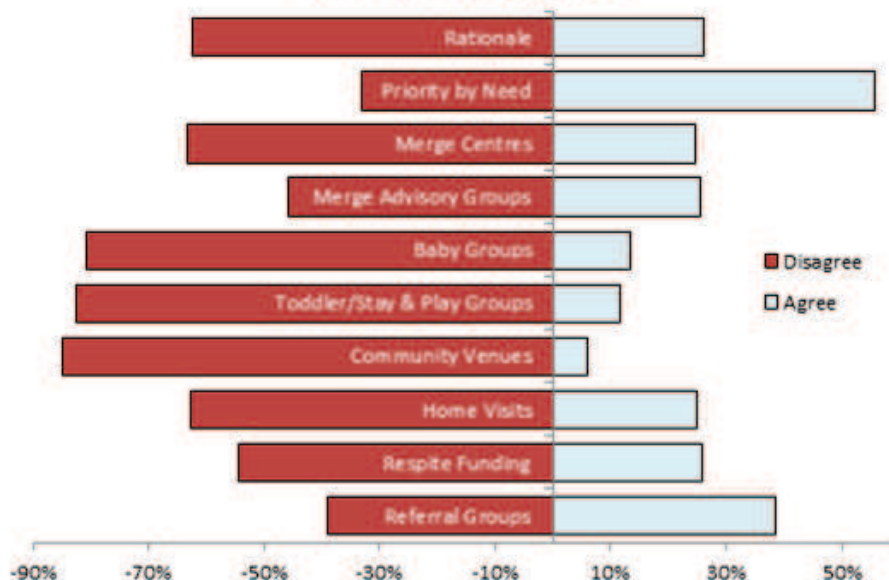
The council consulted on proposed changes to children's centres in the winter of 2014/15 to take account of reductions in funding. The proposals for changes were to:

- Reduce the number of designated children's centres from 12 to eight. The following children's centres would no longer be designated as statutory: West Hove, Cornerstone, City View and Hollingbury and Patcham. These venues would continue to be used for health visiting. Explore whether other children and family services including those provided by voluntary organisations could be delivered from children's centres.
- Provide a revised core offer in the context of the early help strategy to focus council resources on those families in the greatest need of support and to use interventions which have the best evidence for improving outcomes. Reduce universal groups, encourage community and family capacity by supporting volunteering. Reduce council funding for voluntary sector partners in line with the revised core offer and reduce funding for respite childcare funding.
- Detailed proposals consulted on were to merge the following advisory groups: City View with Turner and Cornerstone and Hollingbury and Patcham with Hollingdean; reduce universal groups by replacing on-going baby groups with an eight week course and to replace on-going toddler, stay and play and jump for joy groups with a one term long group aimed at children under two. The proposals included running additional groups in high need areas and supporting parent-led groups. The proposals also included no longer funding open access groups in libraries run by the Early Childhood Project. There were also proposals to reduce funding for childcare places for children under the age of three in need and reduce home visiting by council staff.

There was strong opposition to the proposals with more than 800 responses to the questionnaire.

The graph below shows the percentage of respondents who disagreed or agreed with each proposal in the consultation. A detailed analysis of the response to each proposal is provided in consultation report.

Results at a glance



The table below includes a summary of the comments made in response to the consultation. Full details are in the consultation report.

Question	Response	Top three comments plus those with over 50 responses
Rationale for proposals to reduce children's centre services	62% disagreed 26% agreed	Children's centres provide vital services and should not change Savings now will lead to greater costs/problems in the future Universal services are more effective and should be kept Comments on national government/council should oppose cuts
Families who need most help should have priority	56% agreed 33% disagreed	All children and families need support regardless of income. How do you define need? (<i>Many responders assumed that need was based on whether a family was claiming benefits and disagreed with this approach</i>) Will increase the risk of post natal depression/mental health problems and isolation.
Proposals to merge children's centres	63% disagreed 25% agreed	Difficult and expensive for families to travel further Children's centres and services should be local Do not close children's centres or specific groups in children's centres
Proposal to merge advisory groups	45% disagreed 26% agreed 22% neither agreed nor disagreed	Children's Centres and services should be local. The questionnaire was hard to understand/don't understand the specific question Difficult and expensive for families to travel further <i>[Note – some responders did not know what an advisory group was and assumed this question was about closing children's centres or groups within them]</i>
Change baby	81%	Universal services more effective and should be kept

groups to an eight week course	disagreed 13% agreed	How do you define need? Group was a lifeline/invaluable Should be drop-in/flexible Will mean all potentially vulnerable families will not be identified Course too short/inflexible Will increase the risk of post natal depression/mental health problems and isolation.
Change on going stay and play groups to groups lasting one term	83% disagreed 11% agreed	All families need support regardless of income Course too short/too inflexible Children's centres provide vital services and should not change Should be drop-in/flexible
No longer run drop ins in libraries and community venues	85% disagreed 6% agreed	Don't close universal groups in community venues These groups support children with reading and access to books Services should be local
Reduce home visits	63% disagreed 25% agreed	Do not stop home visits Less home visiting will increase risks for vulnerable families Important for families who do not attend children's centres Remaining children's centres/groups will be over subscribed <i>[Some responders thought that this question was about health visitors. It refers to home visits from council staff].</i>
Reduce funding for childcare for children with high levels of need	54% disagreed 26% agreed	Will mean worse outcomes for children How do you define need? <i>Some responders assumed the question was about childcare for working parents/free early education.</i>
Proposal to review referral and target groups	39% disagreed 38% agreed	More information needed about the purpose of the review Children's centres provide vital services and should not change Agree with the proposals
Other comments		Children's services should be protected/cut other areas Heart-breaking/appalled/disastrous for future generations Do not close children's centres/groups in children's centres

Summary of what staff told us

- Home visiting gets families to come to groups in children's centres
- Reduction in early intervention will have impact on child outcomes resulting in more pressure on specialist services
- Need to avoid stigmatising target families
- Needs vary according to catchment area
- Concerned that universal provision may vary across the city
- Difficult to measure all preventative work
- Community-led groups will need support
- Look at income generation to offset cuts
- Increase usage/opening hours of centres
- Reorganise sessions to reduce costs
- Review groups in terms of investment and outcomes
- Rationalise the management and administration of centres

Initial Consultation in Autumn 2015

During September and October 2015 face to face discussions were held with parents, staff and other stakeholders to get their views on options for change. These discussions took place at the parents reference group, children's centre advisory groups, and staff team meetings.

The results of the initial consultation are summarised as follows:

How do we balance targeted and universal services?

- Universal services like stay and play are valued by families. They are seen as key to reducing stigma, building social cohesion and for getting families into centres where they can be referred to the right support services.
- Universal groups and drop-ins are also seen as vital for building social networks and reducing isolation, particularly for first time parents or those new to the city. Families have described these services as a 'lifeline'.
- Universal groups like stay and play are important for preparing children for school and nursery. They offer a more structured learning environment and challenge children in ways that other community groups do not.
- Targeted groups should follow on from universal groups to capture parents already in the centres. Health visitors and other early years professionals should be available at drop-in groups so that parents who have specific questions or concerns can get advice.
- More could be done to prioritise places for those most in need, for example not letting childminders occupy spaces intended for parents and to find ways to discourage parents from booking on to groups but not then turning up.
- Baby groups are particularly important and valued, particularly by first time parents who lack confidence and experience.
- Parents and carers prefer drop-in groups and activities than time-limited courses as they are more flexible and families may need help at different times.
- All families need support, regardless of income. Focussing resources on areas of high need within the city could disadvantage those living in more affluent areas who need help.

- Reducing prevention and early intervention services for children under five are likely to have consequences for child outcomes and for future budgets as problems are left to escalate. This is particularly key given cuts to tax credits, the high cost of living and cuts to other services
- Consider charging for some services but in a way that does not disadvantage those who cannot afford to pay
- Limiting targeted services or places for those on benefits are divisive and will exclude those in work but are poor/in need due to the high cost of living.

Home Visiting

- Nursery places are not enough. Parents need interventions in the home to help them play with their children, facilitate learning, develop parenting skills and care for their child effectively
- Reducing home visiting will increase risks for vulnerable families who do not come into children's centres for various reasons.

Volunteering

- Parent and community-led groups will need lots of support and resources to ensure they are safe, accessible and meet the needs of users.
- Must ensure community-led groups have the structure and training to aid child development and ensure the needs of the families are met. There will also need to be some way of referring and signposting families to the right support services.
- Need to look more widely than parents and consider who else in the community can volunteer.

Service locations

- Consider merging or de-designating the smaller centres but ensure there are services families can access in their locality, for example by providing mobile or pop-up services or running services from other community buildings or schools.
- Getting across the city can be expensive for families and there are other barriers to travelling such as restricted car parking and being far from home if children are ill or if other children need to be collected from school.

xiii. Children's Centre Review Board

Role and Function of the Board

The function of the board is to take responsibility for the strategic direction and management of the children's centre review.

The role of the board is to oversee a review of children's centres and make recommendations to the Children, Young People and Skills Committee for a redesigned service.

The board will:

- Provide effective leadership and promote a creative approach to service redesign
- Ensure the review is conducted fairly and with integrity and full attention is paid to equalities issues in conducting the review
- Reconcile differences in opinion and resolve disputes
- Take on responsibility for any corporate issues associated with the project.
- Identify and manage risks through the Risk Register
- Have a broad understanding of programme and project management issues and approaches
- Nominate a proxy to attend a meeting if they unable to attend.

xiv. Objectives of the Review

To review the children's centre service by:

- Considering the needs of young children and identifying the needs of adults which impact on their ability to parent in Brighton & Hove
- Taking account of the views of parents, young children, and staff
- Having regard to the council's statutory duties to improve outcomes for young children and reduce inequalities, provide integrated services and ensure there are sufficient children's centres
- Completing a baseline analysis of current activity and investment by the council and partners including assessing the strengths and weaknesses of the current model against the Ofsted framework and national evidence on what works in early years
- Benchmarking against other local authority approaches and input from a local authority peer challenge
- Taking account of the reviews of and changes to other children's services including Stronger Families Stronger Communities, the Youth and Parenting Reviews, Social Work and Special Needs and Disabilities.
- Scenario planning for future levels of funding over the next three years
- Taking account of equalities impacts.

To make recommendations for a redesigned service which will be sustainable for the future, addressing:

- redefining priorities linked to local and national developments and future resources
- strategy for involving and raising the aspirations of parents including the role of volunteers and/or parent run groups and future of advisory groups

- a revised core offer of universal and early help services as part of city's early help offer/pathway
- the model of integration with the health visiting including performance reporting
- working arrangements with other council services for both early years and older children
- relationships with other external partners including Job Centre Plus, midwifery and voluntary sector providers
- the future use of children's centre buildings including the number of designated children's centres, opening hours, possible role as local service centres, use by the community and opportunities for income generation
- a revised council staffing and management structure
- completing an Equalities Impact Assessment.

Children's centre review – supporting information (October 2015)

Introduction

In order to help consider both the population and needs of Children's Centre area populations, to inform the review, a small working group defined and populated a minimum dataset of indicators at children's centre area level into these five domains:

- Population
- Children with identified additional needs
- Deprivation
- Health and wellbeing
- Educational outcomes

This report gives the detail of these indicators for children's centre areas.

Activity by children's centre is also included here, as is information on evaluations of improvement on activities city-wide.

Table of Contents

Introduction	1
Brighton & Hove context	4
Proportion of people living in each deprivation quintile in England, for England, the South East and Brighton & Hove, IMD 2015 and Mid Year Population Estimate 2013, compared with 2003 population.....	5
Income deprivation affecting children.....	6
Children in Need rate per 10,000	6
Population by children’s centre	7
Population figures for under 5s by Children’s Centre (split as under 1 years and 1 to 4 years) snapshot at Q1 2015/16	7
Percentage Ethnicity 0-5 Year Olds - Citywide.....	8
Attendance - Unique attendance across the city CCs for Q1 2015/16	9
Percentage of unique children who attend their local centre.....	10
Children with identified additional needs	11
Population of under 5s need (U, UP and UPP) and Children In Need rate per 1,000 snapshot at Q1 2015/16.....	11
Deprivation	12
Income deprivation affecting children index (2015).....	12
Percentage of 2 Year Olds Eligible for Funding, split by FSM and WTC.....	13
Health and wellbeing	14
Breastfeeding - Prevalence data 6-8 weeks – 2014/15 compared to England.....	16
Educational outcomes	17
Early years foundation stage (EYFPS) and improvement since 2014.....	17
EYFPS trend 2013 to 2015 – Percentage of Children Achieving a Good Level of Development by Centre Area	18
EYFPS trend pre 2013 – Percentage of Children Achieving a Good Level of Development by Centre Area	19
Combined ratings.....	20
Attendance.....	21
City-wide unique attendances per activities (grouped) for Q1 2015/16.....	21
Visits - Early years visitors and parenting practitioner home visits or 1 to 1 contacts by need for Q1 2015/16.....	22
Evaluations of improvement on activities City-wide	23
Universal Group: Baby & You (113 evaluations).....	23

Universal Group: Bilingual Families (50 evaluations).....	24
Universal Group: Stay & Play (150 evaluations)	25

Brighton & Hove context

This section is taken from the Brighton & Hove Joint Strategic Needs Assessment – more information is available at <http://www.bhconnected.org.uk/content/needs-assessments>

The population of children and young people in the city has been rising and continues to rise. In 2012 we had almost 59,000 children and young people aged 0-19 years living in the city, around 6,000 more than in 2002. Over the next twenty years this is expected to increase to around 63,000. For under fives however, the population projections are more stable with 15,300 children under 5 in 2013 and this is project to be 15,400 in 2024 by the Office for National Statistics.

In Brighton & Hove, the number of live births was 3,291 in 2011, an increase of 8% (3,035 births) from 2005. In 2013 the number of births fell to below 3,000 (2,967). The number of births per year in the city is projected to increase by 11% from 2013 to 2024 – to around 3,300 births per year. This compares with a projected increase of 4% in England and 3% in the South East. However, this is not yet adjusted for recent lower numbers of births seen in the city.

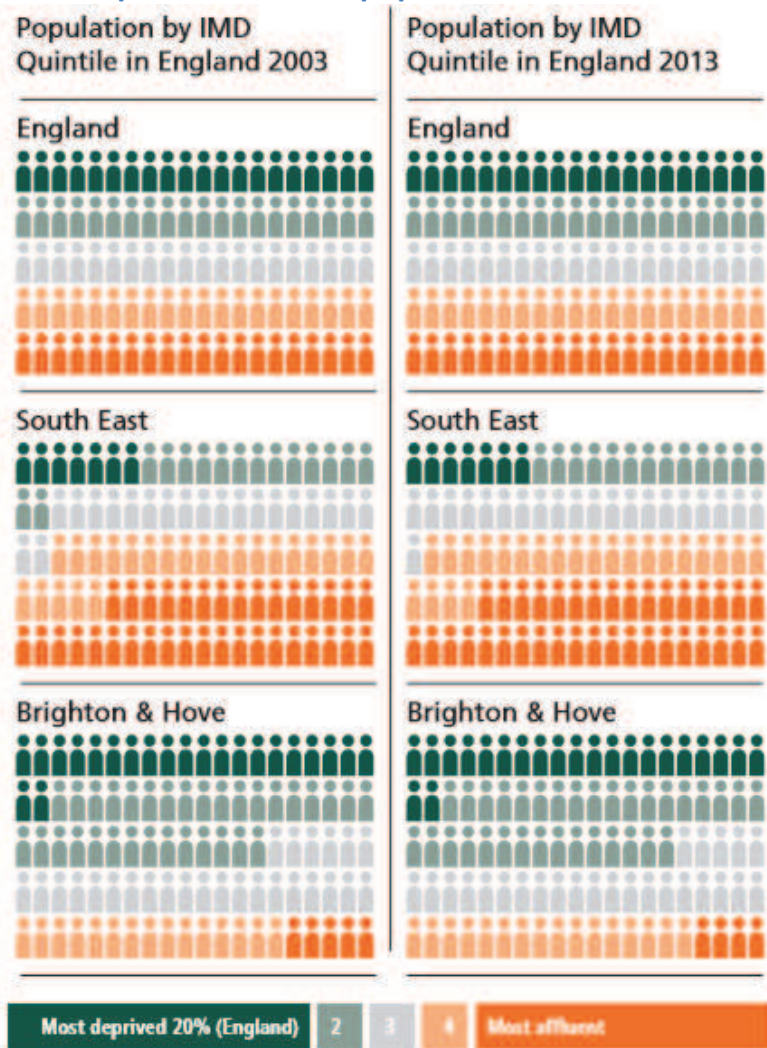
The city's population is also a diverse one with around one in five (21%) school children from a black or minority ethnic group and 12% of school children have English as an additional language. Likewise this is seen in new births, in Brighton & Hove in 1998 14% of births were to mothers born outside the UK, rising to 26% of births in 2011 and remaining at this level in 2013. The greatest proportion in 2013 was to mothers born in Europe (18%), Middle East and Asia (6%) and Africa (5%). Until 2003 the most common country of birth outside of the UK was Bangladesh, but in more recent years those born in Poland have a greater number of births.

The outcomes for our children and young people are mixed. Issues identified in the Joint Strategic Needs Assessment as having the greatest impact on the health and wellbeing of children and young people in the City include: child poverty, education, youth unemployment, housing, alcohol and substance misuse, healthy weight and good nutrition, domestic and sexual violence, emotional health and wellbeing, smoking, as well as the wellbeing of children and young people with disabilities and complex needs.

In schools slightly fewer children are achieving a good level of development at the end of reception in Brighton and Hove at 64.7% as the England average (both 66.3%) in 2015. Results in primary schools are similar to the national average, and provisional results for 2013/14 suggest that just over half (53%) of GCSE students achieved 5 A*-C grades including English and maths, across England this was 56%.

Many of these outcomes are related with high levels of deprivation in the City: over half (56%) of the city's residents live in areas classed as the 40% most deprived in the country with only 4% living in areas within the 20% least deprived (See figure).

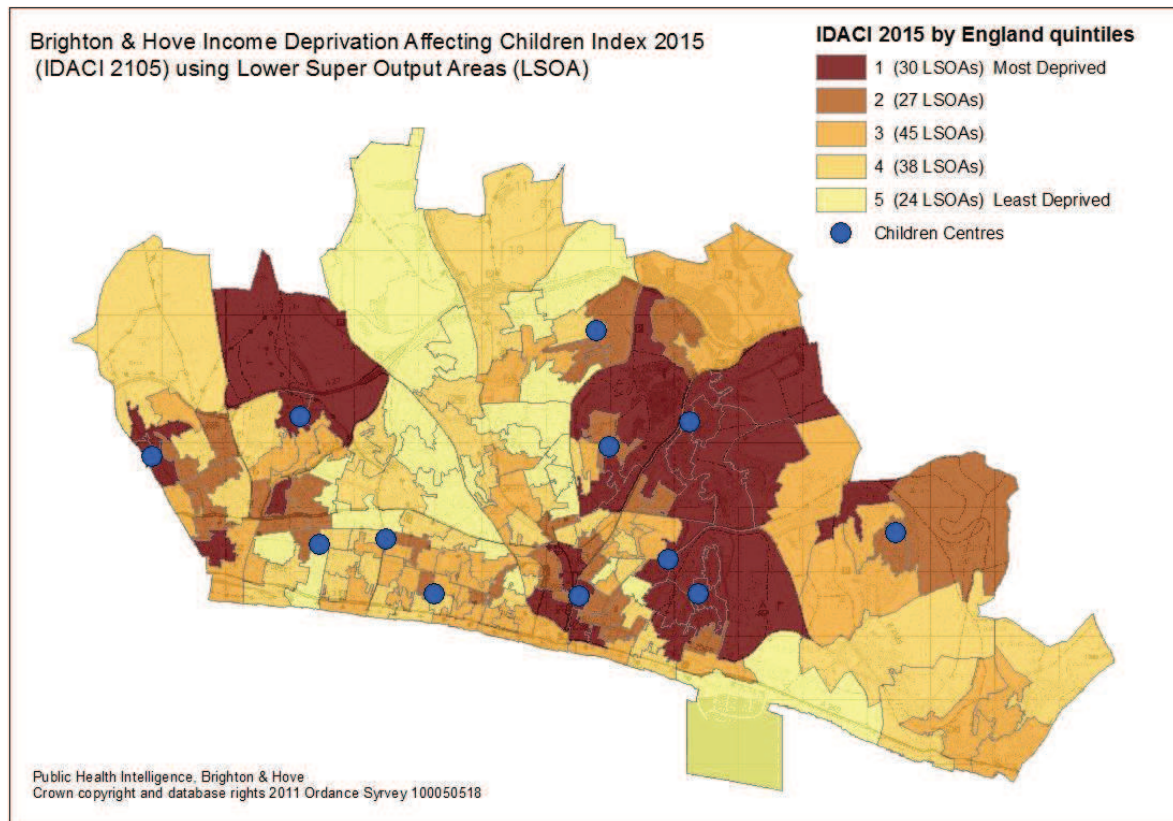
Proportion of people living in each deprivation quintile in England, for England, the South East and Brighton & Hove, IMD 2010 and Mid Year Population Estimate 2013, compared with 2003 population



Affluence and social advantage varies widely across the City with wealthy areas but large pockets of significant poverty in Moulsecoomb, Whitehawk and parts of Queens Park and Portslade in particular. Around 18% (7,735) of children under 16 live in poverty (lower than across England at 19%). Child poverty varies widely; Moulsecoomb children’s centre has 37% and West Hove and Hollingbury & Patcham has 10%.

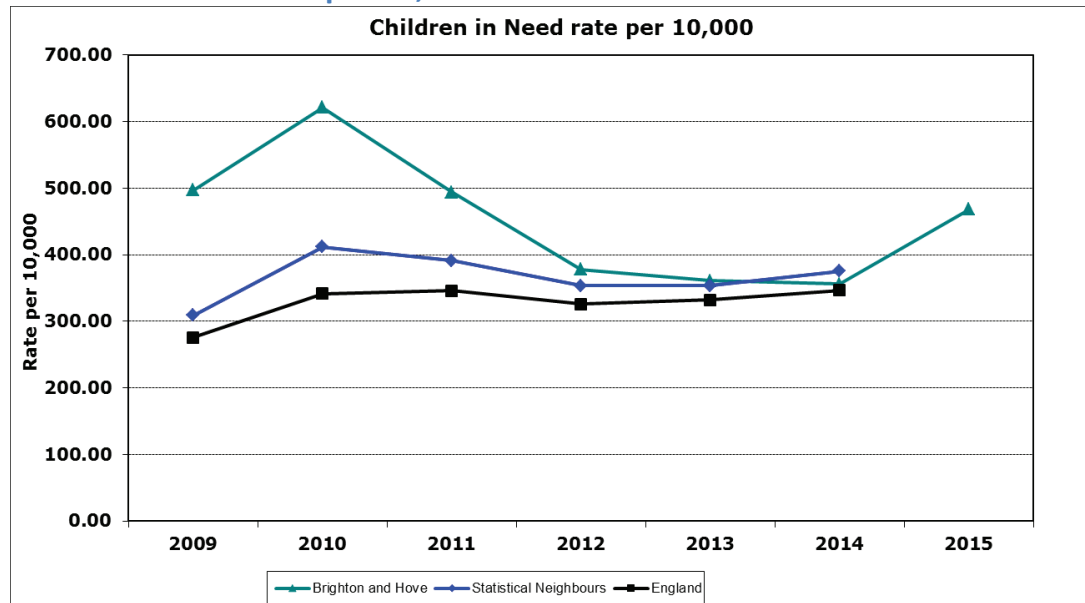
The city also has higher rates of children in care: for every ten thousand children in the City, 88 are in care compared with 60 in every ten thousand children across England. There has been a recent increase in children in need rates (see figure overleaf).

Income deprivation affecting children



Source: Index of Multiple Deprivation 2015, Communities and Local Government

Children in Need rate per 10,000



Source: LAIT for 2009 to 2014. CareFirst for B&H 2015 data. National publication due October 2015.

Population by children's centre

Population figures for under 5s by Children's Centre (split as under 1 years and 1 to 4 years) snapshot at Q1 2015/16

Children's Centre	Total under 5s	Number of children age under 1 year	Percentage of children aged under 1 year	Number of BME children aged 0-5 years	Percentage of BME children aged 0-5 years	Overall rating for population
City View	1396	295	21.1%	367	26.3%	SIMILAR
Conway Court	1455	321	22.1%	556	38.2%	HIGH
Cornerstone	926	199	21.5%	460	49.7%	HIGH
Hangleton Park	1245	206	16.5%	411	33.0%	SIMILAR
Hollingbury & Patcham	1698	278	16.4%	419	24.7%	LOW
Hollingdean	1320	211	16.0%	338	25.6%	LOW
Moulsecoomb	956	196	20.5%	252	26.3%	SIMILAR
Portslade	1393	278	20.0%	323	23.2%	SIMILAR
Roundabout	1106	223	20.2%	380	34.4%	SIMILAR
Tarner	1089	257	23.6%	509	46.4%	HIGH
The Deans	1002	176	17.6%	222	22.2%	LOW
West Hove	1010	188	18.6%	345	34.2%	SIMILAR
Unknown	0	0	-	0	0.0%	
Brighton & Hove Total	14596	2828	19.4%	4582	31.4%	
Brighton & Hove Average	1216.33	235.67	19.4%	382	32.0%	
Brighton & Hove Upper (+20%)	1459.60	282.80	23.3%	390	32.1%	
Brighton & Hove Lower (-20%)	973.07	188.53	15.5%	372	30.6%	

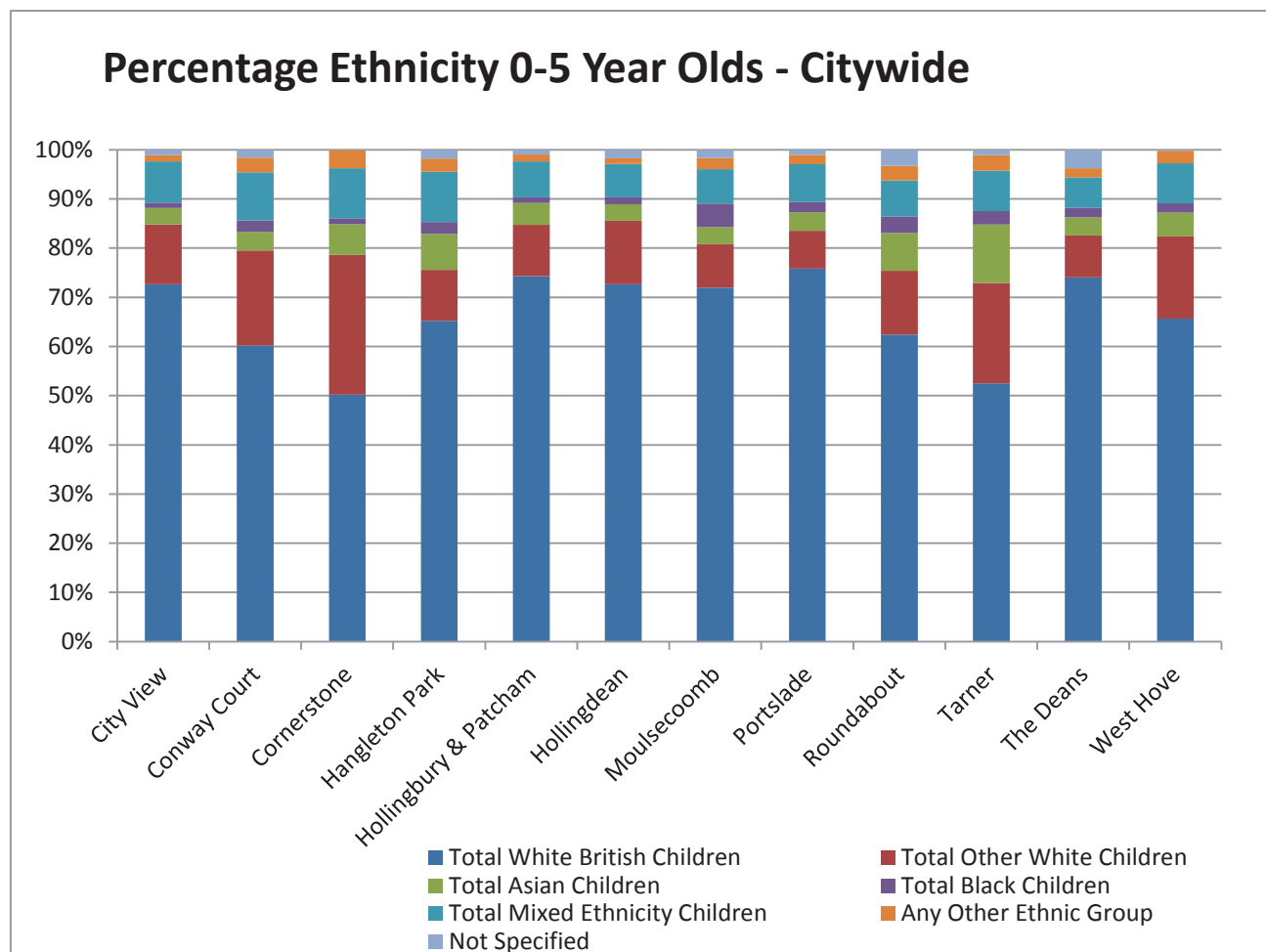
Hollingbury and Patcham has the largest number of children of any centre though City View and Conway Court have higher numbers aged under one year where more intensive support is required. In Tarner almost one in five children are under 1 year. The percentage of BME children is high in the Cornerstone, Tarner and Conway Court catchment areas with Other White Children the largest group.

Source: PIMS

Snapshot of population as at 30th June 2015

Page | 7

Percentage Ethnicity 0-5 Year Olds - Citywide



Attendance - Unique attendance across the city CCs for Q1 2015/16

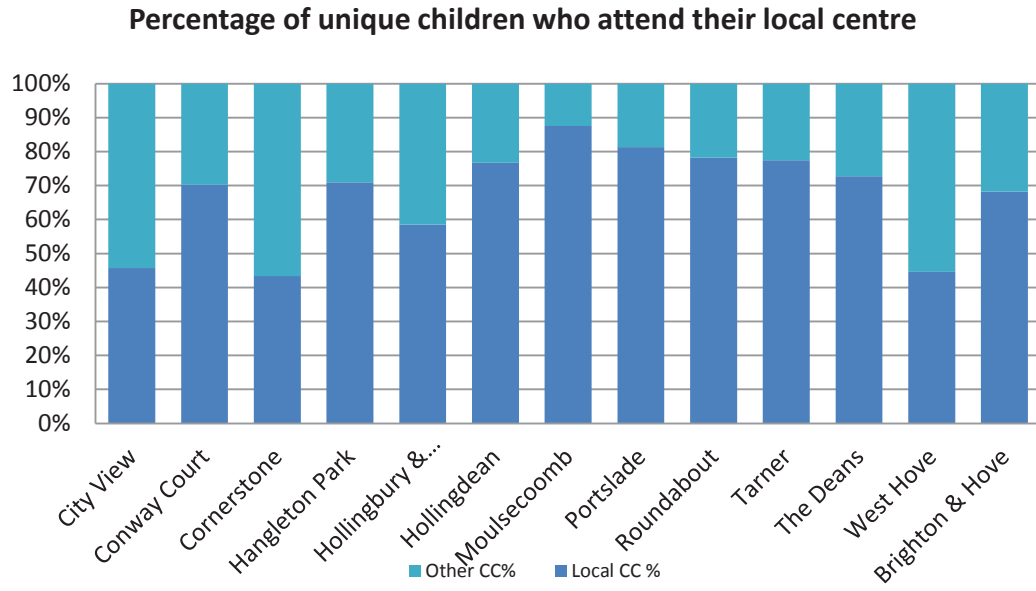
CC Residence	Total number attending CC	Number attending at local CC	% Attending at local CC	Number attending at other CCs	% Attending at other CCs	% of significant attendances at other CCs
City View	282	129	46%	153	54%	Turner-27% Moulsecoomb-11% Hollingdean-8%
Conway Court	344	242	70%	102	30%	West Hove-13%
Cornerstone	173	75	43%	98	57%	Turner-34% Conway Court-9%
Hangleton Park	200	142	71%	58	29%	Conway Court-12%
Hollingbury and Patcham	212	124	58%	88	42%	Hollingdean-18%
Hollingdean	236	181	77%	55	23%	
Moulsecoomb	208	182	88%	26	13%	
Portslade	284	231	81%	53	19%	
Roundabout	230	180	78%	50	22%	Turner-13%
Turner	288	223	77%	65	23%	Cornerstone-8%
The Deans	187	136	73%	51	27%	Roundabout-14%
West Hove	175	78	45%	97	55%	Conway Court-43%

High number of local children and families attending their reach area centre		High number of children and families attending other centres for services	
--	--	---	--

This table shows the number of individual children attending children's centres in the first quarter of 2015/16. It includes all attendances.

West Hove, City View and Cornerstone have a high proportion of children attending other children's centres.

Percentage of unique children who attend their local centre



Children with identified additional needs

Population of under 5s need (U, UP and UPP) and Children In Need rate per 1,000 snapshot at Q1 2015/16

Children's Centre	Total under 5s	Universal (U) %	Universal Plus (UP) %	Universal Partnership Plus (UPP) %	Significance based on UP+UPP	Children in Need (rate per 1,000)*	Significance on Children In Need	Overall rating for the domain
City View	1396	85%	10%	3%	LOW	32.2	LOW	LOW
Conway Court	1455	83%	14%	2%	LOW	20.6	LOW	LOW
Cornerstone	926	80%	17%	0%	SIMILAR	38.9	SIMILAR	SIMILAR
Hangleton Park	1245	73%	21%	3%	HIGH	43.4	SIMILAR	HIGH
Hollingbury & Patcham	1698	85%	11%	2%	LOW	21.2	LOW	LOW
Hollingdean	1320	80%	13%	4%	SIMILAR	39.4	SIMILAR	SIMILAR
Moulsecoomb	956	57%	29%	7%	HIGH	116.1	HIGH	HIGH
Portslade	1393	75%	19%	2%	SIMILAR	38.8	SIMILAR	SIMILAR
Roundabout	1106	63%	27%	4%	HIGH	103.1	HIGH	HIGH
Tarner	1089	70%	25%	3%	HIGH	66.1	HIGH	HIGH
The Deans	1002	80%	15%	1%	LOW	47.9	SIMILAR	SIMILAR
West Hove	1010	84%	13%	2%	LOW	24.8	LOW	LOW
Brighton & Hove Total	14596	77.1%	17.2%	2.8%		46.4		

Moulsecoomb, Roundabout, Tarner and Hangleton Park have significantly higher levels of children with additional identified needs.

Source: PIMS. *CIN from CareFirst

Children in need figures includes CIN, CPP and LAC

Deprivation

Income deprivation affecting children index (2015)

Children's Centre	DEPRIVATION	Income Deprivation Affecting Children Index (% of children 10% most deprived areas in England)	Income Deprivation Affecting Children Index (% of children 10%-30% most deprived areas in England)	Income Deprivation Affecting Children Index (% of children 30%-70% most deprived areas in England)	Income Deprivation Affecting Children Index (% of children 70%-100% most deprived areas in England)	Overall change since 2010
City View	SIMILAR	12%	12%	43%	33%	Relatively less deprived
Conway Court	LOW	0%	0%	92%	8%	Relatively less deprived
Cornerstone	LOW	0%	11%	74%	15%	Relatively less deprived
Hangleton Park	SIMILAR	7%	18%	37%	38%	Relatively less deprived
Hollingbury & Patcham	LOW	0%	7%	47%	47%	No change
Hollingdean	HIGH	8%	22%	34%	36%	No change
Moulsecoomb	HIGH	47%	20%	33%	0%	No change
Portslade	SIMILAR	0%	28%	59%	12%	No change
Roundabout	HIGH	35%	19%	36%	10%	Relatively less deprived
Turner	HIGH	9%	35%	48%	8%	Relatively less deprived
The Deans	SIMILAR	0%	19%	76%	5%	No change
West Hove	LOW	0%	8%	59%	34%	Relatively less deprived
Brighton & Hove Total		9%	16%	53%	22%	Less deprived (relative to national LSOAs)

Note: Based on the updated index of multiple deprivation published on 30th September 2015: IDACI measures the proportion of all children aged 0 to 15 living in income deprived families (based on people that are out-of-work, and those that are in work but who have low earnings).

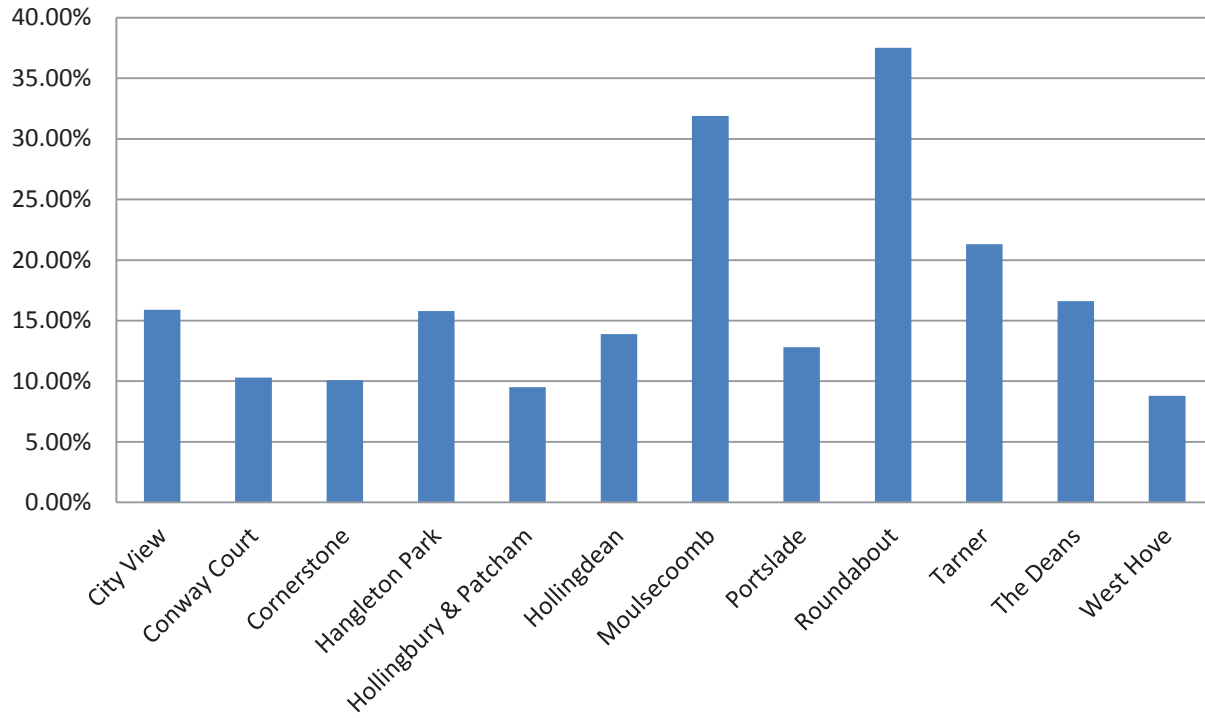
Roundabout, Moulsecoomb, Hollingdean and Turner have significantly higher levels of children living in the most income deprived areas in England.

Percentage of 2 Year Olds Eligible for Funding, split by FSM and WTC (from the DWP)

The highest proportions are in Moulsecomb and Roundabout. The lowest in Conway Court, West Hove and Hollingbury & Patcham

Children's Centre	Total 2 Year Olds in Catchment Area	Percentage of 2 Year Olds Eligible for Funding (FSM)	Percentage of 2 Year Olds Eligible for Funding (WTC)
City View	258	15.9%	9.7%
Conway Court	302	10.3%	12.6%
Cornerstone	189	10.1%	12.2%
Hangleton Park	247	15.8%	13.0%
Hollingbury & Patcham	357	9.5%	9.5%
Hollingdean	251	13.9%	9.2%
Moulsecomb	182	31.9%	21.4%
Portslade	266	12.8%	13.9%
Roundabout	232	37.5%	22.8%
Tarner	244	21.3%	12.7%
The Deans	199	16.6%	17.6%
West Hove	193	8.8%	10.9%
Brighton & Hove Total	2920	16.4%	13.4%

% 2 year olds eligible for funding by catchment area



120

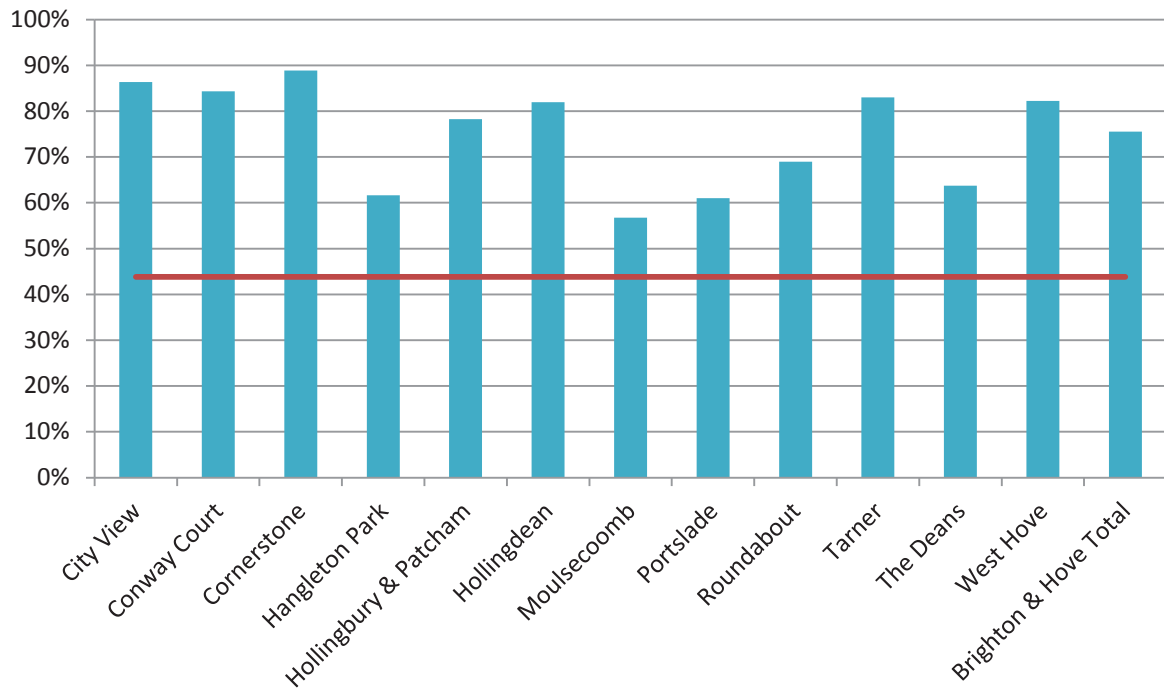
Health and wellbeing

Children's Centre	Overall rating	Maternal smoking at booking (2014/15)	Maternal smoking at delivery (2014/15)	Breastfeeding initiation (2014/15)	Breastfeeding 6-8 weeks (2014/15)	Healthy weight (2013/14 – 2014/15)
City View	SIMILAR	7%	4%	91%	86%	82%
Conway Court	BETTER	7%	4%	96%	84%	83%
Cornerstone	BETTER	6%	3%	98%	89%	84%
Hangleton Park	WORSE	10%	9%	86%	62%	76%
Hollingbury & Patcham	SIMILAR	9%	6%	90%	78%	84%
Hollingdean	SIMILAR	8%	4%	90%	82%	87%
Moulsecoomb	WORSE	18%	13%	78%	57%	78%
Portslade	WORSE	9%	9%	85%	61%	80%
Roundabout	WORSE	18%	12%	82%	69%	77%
Tarner	SIMILAR	8%	6%	93%	83%	81%
The Deans	WORSE	7%	5%	82%	64%	81%
West Hove	SIMILAR	6%	3%	91%	82%	83%
Brighton & Hove Total		9%	6%	89%	76%	81%
England					44%	

Note: Low birthweight excluded as rates are very low (6%) and there is no children's centre with significantly better/worse rates.

Roundabout, Moulsecoomb, Hollingdean and Tarner have significantly higher levels of children living in the most income deprived areas in England.

Breastfeeding - Prevalence data 6-8 weeks – 2014/15 compared to England



Educational outcomes

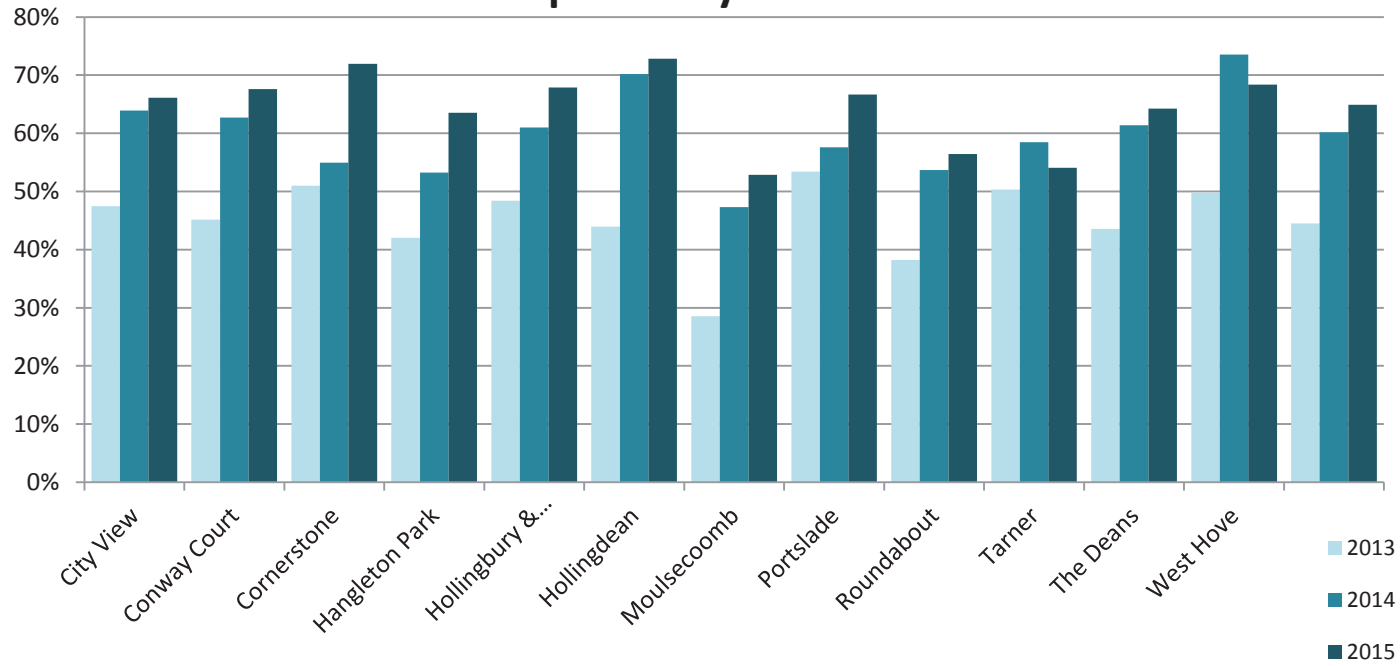
Early years foundation stage (EYFPS) and improvement since 2014

Children's Centre	Overall domain rating	2014		2015		Percentage points Difference in GAP 2014 v 2015
		% Pupils Achieving 'Good' FPS Standard	% FSM Pupils Achieving 'Good' FPS Standard	% Pupils Achieving 'Good' FPS Standard	% FSM Pupils Achieving 'Good' FPS Standard	
City View	WORSE	63.9%	27.6%	66.1%	42.4%	● 12.6%
Conway Court	BETTER	62.7%	66.7%	67.6%	61.3%	● -10.3%
Cornerstone	SIMILAR	55.0%	45.0%	71.9%	68.4%	● 6.4%
Hangleton Park	SIMILAR	53.3%	30.6%	63.5%	50.0%	● 9.1%
Hollingbury & Patcham	SIMILAR	61.0%	39.1%	67.9%	58.1%	● 12.1%
Hollingdean	BETTER	70.2%	48.6%	72.8%	61.8%	● 10.5%
Moulsecoomb	WORSE	47.3%	36.4%	52.8%	42.4%	● 0.5%
Portslade	SIMILAR	57.6%	40.5%	66.7%	45.2%	● -4.4%
Roundabout	SIMILAR	53.7%	45.1%	56.5%	51.7%	● 3.9%
Turner	SIMILAR	58.5%	44.0%	54.1%	48.3%	● 8.7%
The Deans	SIMILAR	61.4%	46.2%	64.2%	51.5%	● 2.4%
West Hove	BETTER	73.5%	55.6%	68.4%	71.4%	● 21.0%
Brighton & Hove Total		60.1%	41.8%	64.7%	51.6%	● 5.1%
England Average		60.0%	45.0%	66.3%		

Moulsecoomb and Turner have significantly poorer achievement at early years foundation stage.

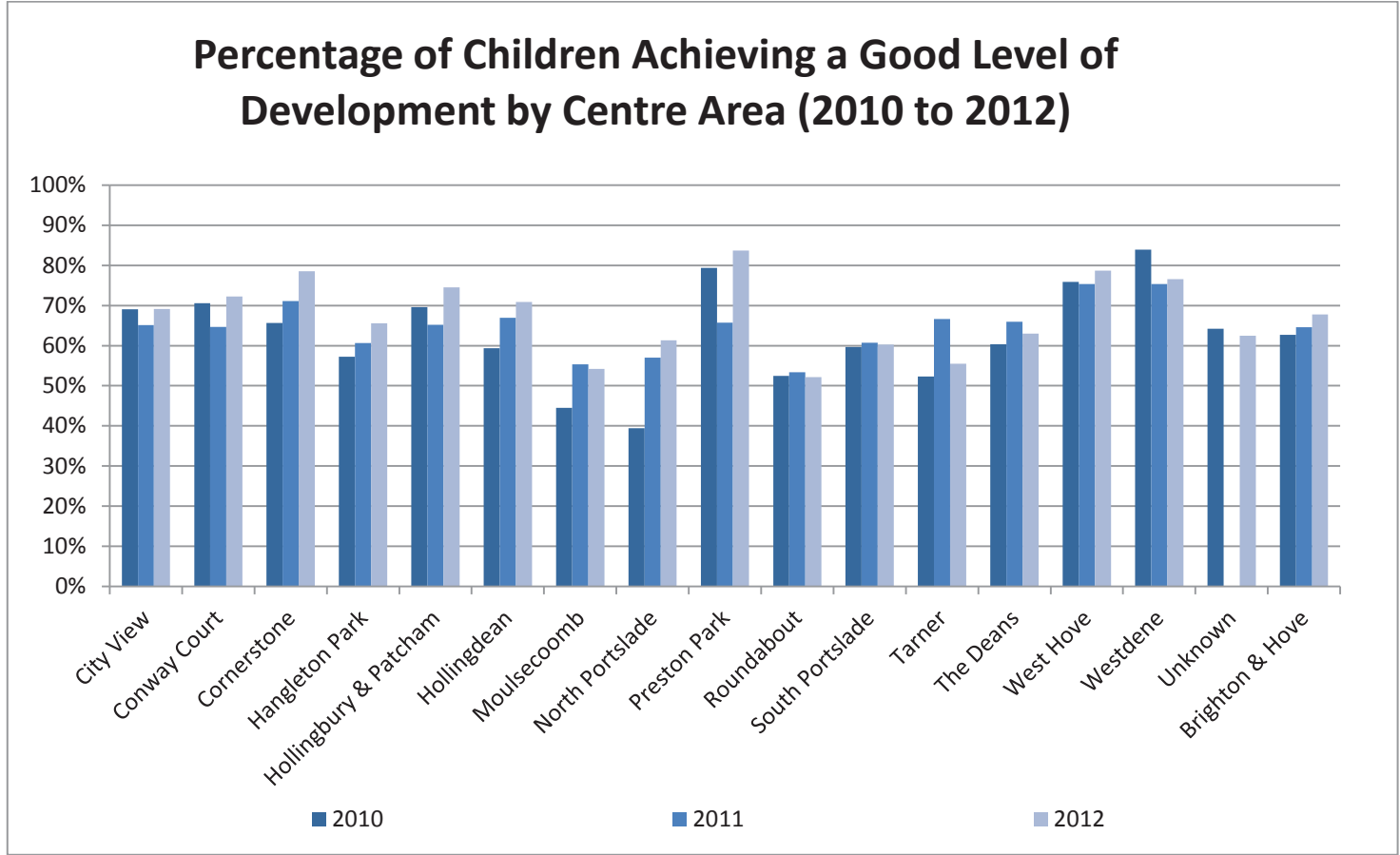
EYFPS trend 2013 to 2015 – Percentage of Children Achieving a Good Level of Development by Centre Area

Percentage of Children Achieving a Good Level of Development by Centre Area



124

EYFPS trend pre 2013 – Percentage of Children Achieving a Good Level of Development by Centre Area



Note: Measure of development was changed after 2012

125

Combined ratings

Children's Centre	Overall rating for population	Overall rating children with identified needs	Overall rating for deprivation	Overall rating for health and wellbeing	Overall rating for education
City View	SIMILAR	LOW	SIMILAR	SIMILAR	SIMILAR
Conway Court	HIGH	LOW	LOW	BETTER	SIMILAR
Cornerstone	HIGH	SIMILAR	LOW	BETTER	SIMILAR
Hangleton Park	SIMILAR	HIGH	SIMILAR	WORSE	SIMILAR
Hollingbury & Patcham	LOW	LOW	LOW	SIMILAR	SIMILAR
Hollingdean	LOW	SIMILAR	HIGH	SIMILAR	BETTER
Moulsecoomb	SIMILAR	HIGH	HIGH	WORSE	WORSE
Portslade	SIMILAR	SIMILAR	SIMILAR	WORSE	SIMILAR
Roundabout	SIMILAR	HIGH	HIGH	WORSE	SIMILAR
Tarner	HIGH	HIGH	HIGH	SIMILAR	WORSE
The Deans	LOW	SIMILAR	SIMILAR	WORSE	SIMILAR
West Hove	SIMILAR	LOW	LOW	SIMILAR	BETTER

Looking at the ratings across each of the four domains shows that children living in Moulsecoomb, Roundabout and Tarner children's centre areas have some of the highest needs and poorest outcomes in the city. In each of these three areas over 70% of the children resident attend their local centre rather than an alternate centre. Other areas, like Cornerstone and West Hove have consistent low need/better outcomes.

Attendance

City-wide unique attendances per activities (grouped) for Q1 2015/16

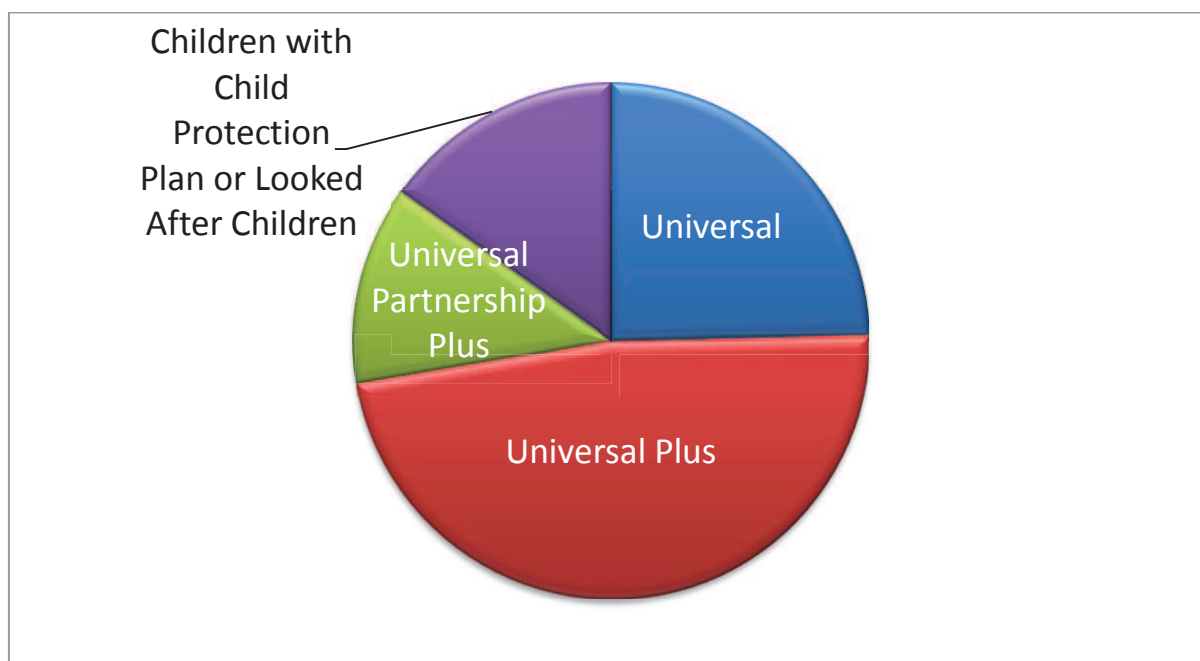
Attendance activity	Number of unique attendances	Number of all attendances	Average number of attendances
Healthy Child Clinic	1516	2317	1.53
Jump for Joy and Stay & Play and Toddler & You	1053	3686	3.50
Baby & You	306	770	2.52
Bilingual Families	189	622	3.29
Toy Library	182	464	2.55
Healthy Eating Group and Healthy Lifestyle	150	250	1.67
Positive Parenting Programme and Protective Behaviours	129	375	2.91
Breastfeeding Drop-in	124	198	1.60
Food Bank	94	376	4.00
Childminder Drop-in	67	353	5.27
Communication Group/Chatterbox	63	198	3.14
Post Natal Depression Group	46	162	3.52
All other activities	119	264	2.22
Total	4038	10035	2.49

Source: ChildView

Attendances between 1st April and 30th June 2015

Visits - Early years visitors and parenting practitioner home visits or 1 to 1 contacts by need for Q1 2015/16

	Level of need					Total
	Universal	Universal Plus	Universal Partnership Plus	Children with a Child Protection Plan or LAC	Unknown	
All visits	181	475	155	198	22	1031
Children visited	91	176	46	56	8	377
Average visits	2.0	2.7	3.4	3.5	2.8	2.7
Population	11256	2516	409	354	-	14535
Percentage children visited by need	24.1%	46.7%	12.2%	14.9%	2.1%	2.6%



Source: PIMS

Home visits by named staff during 1st April to 30th June 2015

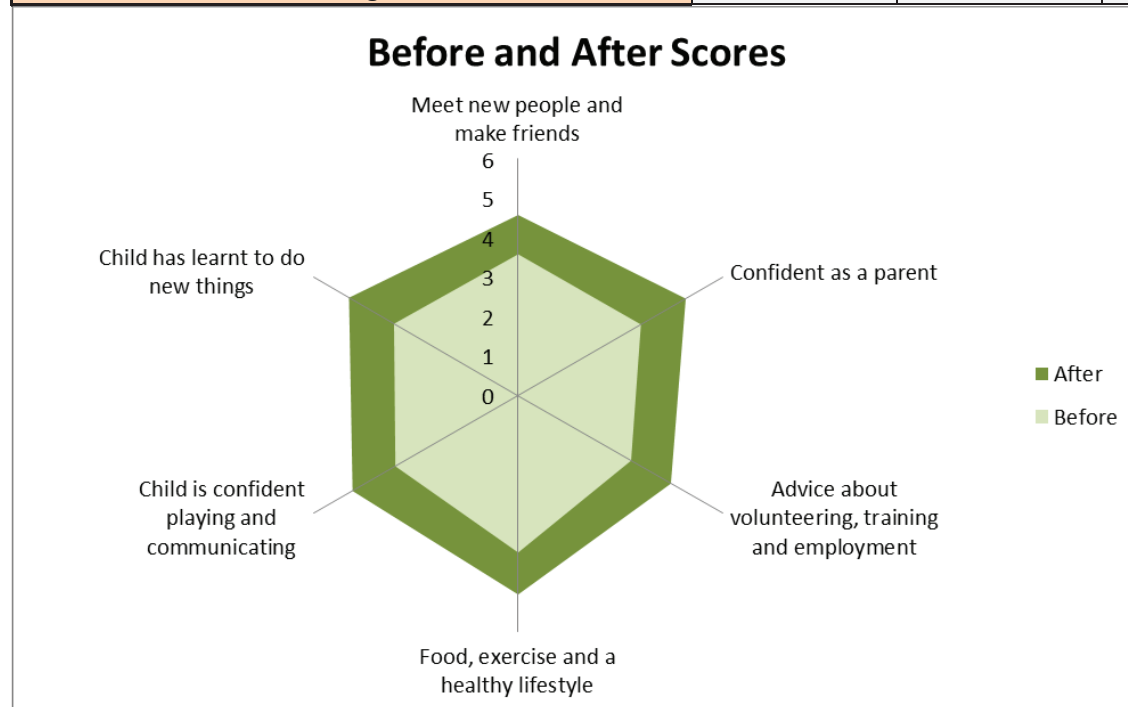
Appointments coded against 'Counsel, Advice or Support – Client' and 'General Child Care'

Evaluations of improvement on activities City-wide

Data: Consultation Portal. Evaluations entered between 1st April and 7th August 2015. Comparing before and after scores.

Universal Group: Baby & You (113 evaluations)

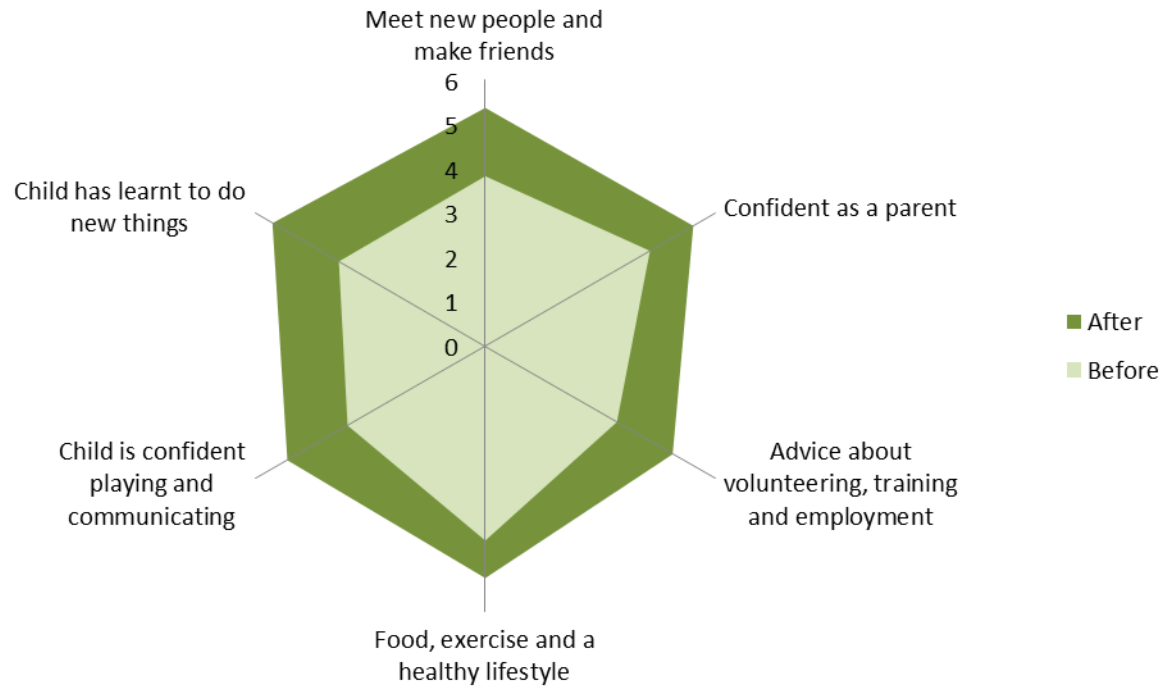
	Average Before	Average After	Average Improvement
Meet new people and make friends	3.59	4.58	1.00
Confident as a parent	3.60	4.92	1.31
Advice about volunteering, training and employment	3.31	4.48	1.17
Food, exercise and a healthy lifestyle	3.99	5.06	1.06
Child is confident playing and communicating	3.60	4.86	1.26
Child has learnt to do new things	3.64	4.96	1.32



Universal Group: Bilingual Families (50 evaluations)

	Average Before	Average After	Average Improvement
Meet new people and make friends	3.84	5.38	1.54
Confident as a parent	4.30	5.43	1.13
Advice about volunteering, training and employment	3.43	4.89	1.45
Food, exercise and a healthy lifestyle	4.40	5.24	0.85
Child is confident playing and communicating	3.59	5.16	1.57
Child has learnt to do new things	3.82	5.55	1.73

Before and After Scores



Universal Group: Stay & Play (150 evaluations)

	Average Before	Average After	Average Improvement
Meet new people and make friends	3.84	5.04	1.20
Confident as a parent	4.23	5.14	0.91
Advice about volunteering, training and employment	3.39	4.59	1.20
Food, exercise and a healthy lifestyle	4.68	5.27	0.58
Child is confident playing and communicating	3.87	5.21	1.34
Child has learnt to do new things	4.09	5.43	1.34

Before and After Scores

