KEY DECISION NOTICE

SERVICE AREA:	**CHILDRENS SERVICES**
SUBJECT MATTER:	**EARLY YEARS OFFER - CHILDREN'S CENTRE REVIEW**
DECISION:	It is DETERMINED that the Council: (1) Note the results and findings of the consultation on the proposed option for the new delivery model. (2) Note the revised proposal based upon the findings and developments within the consultation period. (3) Approve and implement this phase of Children's Centre redesign within the new Early Years Delivery model. (4) Evaluates the impact of the proposal for Children's Centres within the new Early Years Delivery model after one year as part of a phased approach, with a view to making further changes should an evaluation indicate this.
DECISION MAKER:	Councillor Allison Gwynne
DESIGNATION OF DECISION TAKER(S):	Executive Member (Children And Families)
DATE OF DECISION:	29 September 2014
REASON FOR DECISION:	The aim of the review of the Early Years offer is to put in place of more effective offer that supports the New Early Years Delivery model, ensures that we are able to move to a more targeted offer and away from an emphasis on single-purpose buildings. In addition to this the review needs to ensure that we are able to continue to deliver a new Early Years offer within the very difficult financial circumstances facing public services. Therefore the offer needs to ensure that costs associated with the Children's Centres buildings are reduced. Following an extensive public consultation exercise we have now been able to amend the original proposal for the review. This now means that although there is still a need to re-model the services to a more targeted offer which does not rely on buildings and that there are still significant financial pressures, we have been able to adapt parts of the offer to ensure we are able to provide additional services through schools and community venues alongside our new delivery model. The result is that we have been able to propose Resource Agreements with a number of schools which sees schools running and having full access to the physical buildings in return for an agreement to provide access to those sites for delivery of Early Years provision.
ALTERNATIVE OPTIONS REJECTED (if any):	That we do not revise the Original Proposal. That all Centres remain in their current format and the offer continues to be solely delivered through these buildings. That all Centres are Commissioned out to an external provider.

	That we reduce the number of standalone buildings to 4 across the borough.
CONSULTEES:	Extensive – Full consultation period from 12 December 2013, until the 31 July 2014 (Key partners including schools, health, community groups, Local Authority staff, private childcare providers, service users including parents and vulnerable groups)
FINANCIAL IMPLICATIONS: **(Authorised by Borough Treasurer)**	The Children's Centre review will deliver the following annual revenue efficiency savings within Council directorates for the Strategy and Early Intervention service (Community, Children, Adults and Health Directorate and Corporate Landlord (Economic Growth, Investment and Sustainability) – part year in 2014/2015 and whole year in 2015/2016. Implementation Date: 1 October 2014 to 2014/2015 — Community, Children, Adults and Health £million: 0.230 — Economic Growth, Investment and Sustainability) £million: 0.012 — Total £million: 0.242 Implementation Date: 1 April 2015 to 2015/2016 — Community, Children, Adults and Health £million: 0.300 — Economic Growth, Investment and Sustainability) £million: 0.034 — Total £million: 0.334 It is essential that the revised service proposal is continually reviewed in line with existing revenue budget monitoring procedures to ensure the service is managed within the reduced funding envelope. The revised service proposal should not lead to any clawback of capital resources via the Department for Education from prior year investment in the Children's Centre service infrastructure.
LEGAL IMPLICATIONS: **(Authorised by Borough Solicitor)**	The Council is required under section 5A of the Childcare Act 2006 to, so far as is reasonably practicable, include arrangements for sufficient provision of Children's Centres to meet local need. The Council has consulted widely on proposals to change its Early Years provision delivered through Childrens Centres and has amended those proposals to reflect the responses received. This will result in no reduction of Childrens Centres (as defined in paragraph 2.6). The review has considered and addressed the Statutory Guidance issued under section 3(6) of the Childcare Act 2006. It is important that the public sector equality duty is complied with. This is set out in section 7 of the report and the equality impacts are summarised in section 9 (paragraphs 9.62 to 9.75) and section 10 and are set out in the appended equality impact assessment. The impact from the Original Proposals have been mitigated by the Revised Proposal which will ensure the continuance of existing provision at sites or through alternate

	delivery mechanisms such as targeted outreach. The public sector equality duty is a duty to have regard to the impacts and to consider mitigation measures. Although this report sets out a positive future direction for the Early Years service and Childrens Centres the assessment acknowledges that if the recommendations are implemented Asylum Seeking Families using Fairfield Childrens Centre would no longer access ad hoc drop in sessions. The Council was require to consult with those affected by the proposals as a requirement of s5D of the Childcare Act 2006 and the Sure Start children's centres statutory guidance which it has now done. Members must consider the responses received to the consultation with an open mind. Those responses have, in part informed the Revised Proposals. Members must be mindful of the risk of Capital Clawback from the DfE. The Council consulted with the DfE as part of the consultation exercise and must at all times act in accordance with the terms of any grant funding agreement(s). The review has been undertaken in recognition of the risk and the use of Resource Agreements with schools intends to preserve the use of for purposes consistent with the Sure Start, Early Years and Childcare which mitigates the risk. Whilst discussions have been had with head teachers at schools, all of whom have given positive feedback to the proposals for Resource Agreements, full terms of the agreement have not been formally agreed and therefore there remains a risk in terms of achieving savings, meeting the sufficiency duty and/or claw back if a school refuses to conclude an agreement.
CONFLICT OF INTEREST:	None.
DISPENSATION GRANTED BY STANDARDS COMMITTEE ATTACHED:	Not required.
ACCESS TO INFORMATION:	The background papers relating to this report can be inspected by contacting the report writer Jane Forrest, Head of Strategy and Early Intervention by: ☎ Telephone:0161 342 4143 e-mail: Jane.Forrest@tameside.gov.uk

Signed..... **Dated** 29 September 2014
Councillor Allison Gwynne – Executive Member (Children and Families)

KEY DECISION REPORT

SERVICE AREA:	**CHILDRENS SERVICES**
SUBJECT MATTER:	**EARLY YEARS OFFER - CHILDREN'S CENTRE REVIEW**
DATE OF DECISION:	29 September 2014
DECISION TAKER	Councillor Allison Gwynne, Executive Member (Children and Families)
REPORTING OFFICER:	Jane Forrest, Head of Strategy and Early Intervention
REPORT SUMMARY:	The Report details a revised proposal for delivery of the New Early Years Model which has been adapted based on the extensive consultation exercise. The report details how delivery of this model will be achieved and how buildings, primarily school buildings will be used as part of this delivery.
RECOMMENDATIONS:	It is DETERMINED that the Council: 1. Note the results and findings of the consultation on the proposed option for the new delivery model. 2. Note the revised proposal based upon the findings and developments within the consultation period. 3. Approve and implement this phase of Children's Centre redesign within the new Early Years Delivery model. 4. Evaluates the impact of the proposal for Children's Centres within the new Early Years Delivery model after one year as part of a phased approach, with a view to making further changes should an evaluation indicate this.
JUSTIFICATION FOR DECISION:	The aim of the review of the Early Years offer is to put in place of more effective offer that supports the New Early Years Delivery model, ensures that we are able to move to a more targeted offer and away from an emphasis on single-purpose buildings. In addition to this the review needs to ensure that we are able to continue to deliver a new Early Years offer within the very difficult financial circumstances facing public services. Therefore the offer needs to ensure that costs associated with the Children's Centres buildings are reduced. Following an extensive public consultation exercise we have now been able to amend the original proposal for the review. This now means that although there is still a need to re-model the services to a more targeted offer which does not rely on buildings and that there are still significant financial pressures, we have been able to adapt parts of the offer to ensure we are able to provide additional services through schools and community venues alongside our new delivery model. The result is that we have been able to propose Resource Agreements with a number of schools which sees schools

	running and having full access to the physical buildings in return for an agreement to provide access to those sites for delivery of Early Years provision.
ALTERNATIVE OPTIONS REJECTED (if any):	That we do not revise the Original Proposal. That all Centres remain in their current format and the offer continues to be solely delivered through these buildings. That all Centres are Commissioned out to an external provider. That we reduce the number of standalone buildings to 4 across the borough.
CONSULTEES:	Extensive – Full consultation period from 12 December 2013, until the 31 July 2014 (Key partners including schools, health, community groups, Local Authority staff, private childcare providers, service users including parents and vulnerable groups)
FINANCIAL IMPLICATIONS: **(Authorised by Borough Treasurer)**	The Children's Centre review will deliver the following annual revenue efficiency savings within Council directorates for the Strategy and Early Intervention service (Community, Children, Adults and Health Directorate and Corporate Landlord (Economic Growth, Investment and Sustainability) – part year in 2014/2015 and whole year in 2015/2016.

Implementation Date	Community, Children, Adults and Health £million	Economic Growth, Investment and Sustainability) £million	Total £million
1 October 2014 to 2014/2015	0.230	0.012	0.242
1 April 2015 to 2015/2016	0.300	0.034	0.334

It is essential that the revised service proposal is continually reviewed in line with existing revenue budget monitoring procedures to ensure the service is managed within the reduced funding envelope.

The revised service proposal should not lead to any clawback of capital resources via the Department for Education from prior year investment in the Children's Centre service infrastructure.

LEGAL IMPLICATIONS: **(Authorised by Borough Solicitor)**	The Council is required under section 5A of the Childcare Act 2006 to, so far as is reasonably practicable, include arrangements for sufficient provision of Children's Centres to meet local need. The Council has consulted widely on proposals to change its Early Years provision delivered

	through Children's Centres and has amended those proposals to reflect the responses received. This will result in no reduction of Children's Centres (as defined in paragraph 2.6). The review has considered and addressed the Statutory Guidance issued under section 3(6) of the Childcare Act 2006. It is important that the public sector equality duty is complied with. This is set out in section 7 of the report and the equality impacts are summarised in section 9 (paragraphs 9.62 to 9.75) and section 10 and are set out in the appended equality impact assessment. The impact from the Original Proposals have been mitigated by the Revised Proposal which will ensure the continuance of existing provision at sites or through alternate delivery mechanisms such as targeted outreach. The public sector equality duty is a duty to have regard to the impacts and to consider mitigation measures. Although this report sets out a positive future direction for the Early Years service and Children's Centres the assessment acknowledges that if the recommendations are implemented Asylum Seeking Families using Fairfield Children's Centre would no longer access ad hoc drop in sessions. The Council was require to consult with those affected by the proposals as a requirement of s5D of the Childcare Act 2006 and the Sure Start children's centres statutory guidance which it has now done. Members must consider the responses received to the consultation with an open mind. Those responses have, in part informed the Revised Proposals. Members must be mindful of the risk of Capital Clawback from the DfE. The Council consulted with the DfE as part of the consultation exercise and must at all times act in accordance with the terms of any grant funding agreement(s). The review has been undertaken in recognition of the risk and the use of Resource Agreements with schools intends to preserve the use of for purposes consistent with the Sure Start, Early Years and Childcare which mitigates the risk. Whilst discussions have been had with head teachers at schools, all of whom have given positive feedback to the proposals for Resource Agreements, full terms of the agreement have not been formally agreed and therefore there remains a risk in terms of achieving savings, meeting the sufficiency duty and/or claw back if a school refuses to conclude an agreement.
RISK MANAGEMENT:	The report details strategic risks in the delivery of an Early Years offer and how the Council proposes to mitigate them through the Children's Centre redesign within the new Early Years Delivery model. The report also details the financial risk which arises out of the Children's Centre redesign occasioned because assets were funded through a capital grant. Those risks have been mitigated through the use of Resource Agreements intended to preserve the use of the assets in a way compatible with the capital grant agreements.
LINKS TO COMMUNITY PLAN:	Healthy Tameside, Supportive Tameside, Prosperous

	Tameside, Learning Tameside, Safe Tameside
ACCESS TO INFORMATION:	The background papers relating to this report can be inspected by contacting the report writer Jane Forrest, Head of Strategy and Early Intervention by: Telephone:0161 342 4143 e-mail: Jane.Forrest@tameside.gov.uk

1 EXECUTIVE SUMMARY

1.1 48% of children in England are assessed in reception class each year as not being school ready. This represents 306,923 children each year who are on a poor life trajectory from the outset, unable to engage with the national curriculum effectively and at risk of never catching up. In Tameside 58% of children are assessed as not being school ready (2013). These children are less likely to reach their full potential at school, have poor health outcomes and ultimately, less likely to be economically active and productive. Conversely, many of them are likely to place a high demand on public services throughout their lives.

1.2 Children in Tameside deserve to have the best possible start in life and what they experience in their earliest years is key to their success in adulthood. To improve the outcomes for children within the early years, support needs to begin in the antenatal period with parents and families and continue throughout childhood to school life.

1.3 We recognise that our current Early Years offer is no longer fit for purpose and in the past a focus has been placed too heavily on physical assets (children's centre buildings) and not enough on providing the right services at the right time. We recognise that a new service offer is required and is integrated across our partnerships and services, including schools, health services, private and voluntary service and the community. The more that agencies join-up to deliver services to meet the needs of families with young children, the more those needs can be met in a seamless way. Therefore in order to achieve this vision we have reviewed our early years offer, including Children's Centres.

1.4 A key aim of the review was to put in place of more effective provision to support children to have the best possible start in life, improve levels of school readiness and ensure we are able to shift our focus away from a reliance on specific buildings, such as Children's Centres.

1.5 In addition to this, the review needs to ensure that we are able to continue to deliver a new Early Years offer within the very difficult financial circumstances facing public services. In developing the new model, the service area has been required to make savings of £300,000 across 2013/14 to 2014/15. £50,000 of these savings have already been met through (a) natural wastage of human resources and (b) continued reduction of non-human resources which are not included in building costs. The implementation of the revised proposal allows us to meet the remaining savings of £250,000 against a full year budget. This will lead to an annual expenditure reduction from £882,000 to £582,000.

1.6 In reviewing the current Early Years offer, we have been mindful of our statutory duty to, so far as is reasonably practicable, include arrangements for sufficient provision of children's centres to meet local need. It is also necessary for us to consider our duty under the Equalities Act 2010.

1.7 We have had to be mindful of the risk of Capital Clawback from the DfE and ensure that any remodelling of a Children's Centre is done so in a way that means that the asset is used, or monies reinvested, for a similar purpose consistent with the Sure Start, Early Years and Childcare aims.

1.8 Following a comprehensive assessment of need a proposed new Early Years offer was developed which aimed to align the Children's Centre provision with a more targeted Early Years Delivery Model.

1.9 A Key Decision taken on 11 December 2013 gave permission to extensive consultation activities on a proposed new service offer and ran from 12 December 2013 until 31 July 2014; this included formal public consultation via the Big Conversation as well as targeted workshops and groups with key stakeholders and vulnerable groups. This report details these consultation activities, the results of this consultation and the considerations which

have been taken into account in order to develop the final proposal for a new Early Years delivery model and that could be reasonably accommodated within the financial constraints set out.

1.10 The Original Proposal which went out for public consultation identified 7 key Children's Centres from which to base the offer supported by Outreach delivery in alternative buildings and settings including the family home. These 7 Key Centres were selected on the basis of a combination of issues including the needs of the areas and geographical coverage. The original proposal can be found in Appendix 1.

1.11 One of the main findings of the consultation was that people wished to access future provision on a school site rather than any other building and consultation with schools indicated that schools wish to be more involved as a direct deliverer of Early Years and Community provision and would be keen to utilise Children's Centre buildings to achieve this.

1.12 Taking this into consideration and full analysis of all consultation responses (further details in Section 9), a Revised Proposal has been developed and maintains the 7 Key Centres from the original report but also provides access to Early Years provision on school sites (see Table 1 below). This means that some Children's Centres will now become part of an extended schools resource and an agreement secured with schools to maintain a certain number of hours of Early Years delivery in order to deliver a new offer of Early Years provision to families. The agreement will specify the schools responsibilities associated with the buildings such as maintenance and associated running costs. It will also specify the number of hours schools will allow the Council and associated partners to use the building for Early Years service delivery.

1.13 The exception to this is Waterloo and Linden Road sites where we have had to explore alternative options due to the nature and location of these sites. Full details for proposals on both sites are detailed in Section 11.

Table 1: Proposed delivery sites

Direct Provision	Resource Agreement with School	Alternative Arrangement at site
St Peters	Rosehill	Waterloo
Hattersley	Dukinfield	Denton Linden
Mossley	Dukinfield Lyndhurst	
Greenside (brought in-house)	Fairfield	
Denton South	Longdendale	
Hyde Flowery	Audenshaw	
Ridgehill		

N.B. Direct Provision will be from a Local Authority Designated Centre, outreach from each of these centres will be delivered at alternative site, through a school managed facility, secured within a resource agreement with each school

1.14 Tameside's new Early Years Delivery offer is an holistic, integrated model for all children, from conception to 5 years and has at its heart an evidence based approach to assessment and intervention. This is based upon both levels of needs and a focus on the 'First 1001 Critical Days' for a family from conception to starting school. The new model is heavily focused upon integration, particularly between health services and the neighbourhood offer (see Appendix 6 of the previous report: Tameside Early Years Shared Outcomes Framework – contained in Appendix 1 of this report).

1.15 The Revised Proposal responds to both the findings of the consultation activities and the needs assessment in the original report. The Revised Proposal puts forward an option to provide a whole-borough 8 stage delivery model for children under 5 years and their parents.

1.16 The Early Years Delivery Model puts in place a comprehensive evidence based assessment process for all families in the borough across 8 stages in development from conception up until entry into school. This ensures that the new model is able to more effectively target resources to those most in need. Once need is identified at these stages, an appropriate offer will be put in place according to more effective evidence based interventions.

1.17 In order for us to more effectively target Early Years provision at the most vulnerable and those most in need, each stage in the New Delivery Model will involve an assessment process which will ensure that we are able to (a) accurately understand the issues within a family from conception (b) communicate these issues across agencies and (c) ensure our new delivery offer is targeted at the most vulnerable groups.

1.18 From these assessments (which assess need of children in communication, gross motor, fine motor, problem solving, and personal-social) children in need of intervention will access a specific pathway which will mean access to a relevant evidence based intervention and further more specific/targeted assessments as required.

1.19 Assessments will be carried out by the most appropriate practitioner depending on the age of a child and will include midwifes, health visitors, nursery nurses, Early years workers and school based practitioners. Delivery of interventions will take place in a range of settings depending on the family's circumstances; some will be in the family home, health centres, Children's Centres and extended school sites.

1.20 Any child/family who does not attend assessment points will be followed up initially by the responsible assessor, and an integrated outreach package will be put in place between health, local authority, nursery & school, utilising commissioned outreach support as required.

1.21 Delivery of new Early Years offer will be supported by Public Health investment and specifically the growth in the number of health visitors and the development of Family Nurse Partnership which is a programme of intensive parenting support to first time young parents and has a very high success rate.

1.22 Tameside's Early Years Delivery model is part of a Greater Manchester (GM) approach and is one of the pillars of the wider public service reform programme. It is central to achieving the economic ambition for both Tameside and GM and in "turning off the tap" of future dependency.

1.23 The Early Years Delivery model will be incrementally rolled out across the borough and it is suggested that the redesign of Children's Centres as outlined in this report is part of Phase 1 and a review point after 1 year of delivery informs future phases. This will allow the Council to fully understand the impact of the new arrangements and if necessary make further changes to ensure we are able to achieve our ambition for improving Early Years provision and ultimately school readiness.

2 BACKGROUND

2.1 48% of children in England are assessed in reception class each year as not being school ready. This represents 306,923 children each year who are on a poor life trajectory from the outset, unable to engage with the national curriculum effectively and at risk of never

catching up. In Tameside 58% of children are assessed as not being school ready (2013). These children are less likely to reach their full potential at school, have poor health outcomes and ultimately, less likely to be economically active and productive. Conversely, many of them are likely to place a high demand on public services throughout their lives.

2.2 Public Services are undergoing a period of unprecedented change. In order to meet the growing demands of our communities in a challenging economic climate we need to fundamentally reform our services alongside our partners to ensure that we are able to get significantly better outcomes, reduce dependency and increase self-sufficiency and life chances.

2.3 The vision in Tameside is to drive whole system reform across public services and develop a response to issues of increased demand, reduced budgets and slow economic growth. Successfully delivered, redesign of public services will radically shift the way in which Public Service resources are used across the borough, enabling returns on investment to be reused to support broader demand reduction. The redesign aims to reduce demand for public services, and to improve productivity and outcomes, to move beyond a local authority driven programme and develop a programme with organisations from across the Tameside Strategic Partnership.

2.4 As part of this programme of redesign and reform, we need to ensure that we are able to prevent the need for high cost interventions later in life through an effective, more efficient and responsive early years offer. Our current Early Years Offer is no longer fit for this purpose in terms of being targeted at those most in need and as such forms the foundation of this review. A key focus of our offer in the past has placed too heavily on physical assets and not enough on providing the right services at the right time.

2.5 In order to ensure we are able to able to meet the demands of a new delivery model, improve outcomes and deliver a new Early Years Offer, it is essential that we review the current Children's Centre Offer in the borough.

2.6 According to the Department for Education, a Sure Start Children's Centres is 'a place or group of places':

- which is managed by or on behalf of, or under arrangements with, the local authority with a view to securing that early childhood services in the local authority's area are made available in an integrated way;
- through which early childhood services are made available (either by providing the services on site, or by providing advice and assistance on gaining access to services elsewhere); and
- at which activities for young children are provided.

2.7 It follows from the statutory definition of a Children's Centre that Children's Centres are as much about making appropriate and integrated services available, as they are about providing premises in particular geographical areas.

2.8 The 'core purpose' of a Children's Centre is 'to improve outcomes for young children and their families and reduce inequalities between families in the greatest need and their peers in:

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

3 CURRENT POSITION

3.1 Tameside currently has 17 designated Children's Centre in the borough. These Centres have been rolled out in 'Phases' since 1999. Phase 1 (1999-2006) saw the Sure Start Local Programmes (SSLP) being rolled out in the most deprived areas in England. Phase 2 (2006-2008) sought to build on the success of Phase 1 by ensuring that the remaining disadvantaged areas had access to Children's Centre Services, in addition services would also be developed to service families outside the most disadvantaged areas. Finally, Phase 3 (2008-2010) sought to complete the national roll-out of Children's Centres for families living in less disadvantaged and more affluent areas (to reach all children).

3.2 Table 2 below shows the breakdown of Phases:

Table 2: Implementation of children's centres in Tameside

Phase 1	Phase 2	Phase 3
St Peters Children's Centre	Millbrook Children's Centre	Hyde Newton Children's Centre
Hyde Flowery Children's Centre	Longdendale Children's Centre	Audenshaw Children's Centre
Hattersley Children's Centre	Fairfield Children's Centre	
Greenside Children's Centre	Lyndhurst Children's Centre	
Rosehill Children's Centre	Denton Linden Children's Centre	
Waterloo Children's Centre	Mossley Children's Centre	
Ridgehill Children's Centre	Denton South Children's Centre	
Dukinfield Children's Centre		

3.3 Furthermore, the nature of a Children's Centre Offer means that the physical presence of the Children's Centres can vary. Some of the Centres are stand alone buildings, some are integrated into a school site, some form part of a local health asset and some are 'virtual' Centres which rely on outreach and creating access to services elsewhere:

Table 3: Type of building used for the children's centres

Children's Centre	Comments
Audenshaw	School based, attached to school
Denton	School based, attached to school
Denton South	Health Building, rent cost met by Council
Lyndhurst (Dukinfield)	On school site, dedicated room within school
Dukinfield (Yew Tree)	On school site (complex of schools), adjacent to Acorn Nursery
Fairfield	School based, in school grounds but not attached, childcare on-site
Greenside	School based site, self contained but school commissioned to provide services.
Hattersley	Stand alone, childcare on-site
Hyde Flowery	On school site, not attached to school, childcare on-site
Hyde Newton	No physical building - outreach via Hyde Flowery Centre
Longdendale	On school site, not attached to school
Millbrook	Provision through room located at Copley Leisure Centre
Mossley	On school site, attached to school
Ridgehill	On school site, not attached to school, childcare on site
Rosehill	School based, attached to school, childcare on-site
St Peter's	Standalone site, childcare on site
Waterloo	Standalone site, childcare on site

4 DRIVERS FOR CHANGE

4.1 There are a number of factors that support the need for a full review of the Children's Centre offer within the borough. These are :

4.2 **Strategic Influences:** In redesigning a more effective Early Years Model, there are a number of strategic influences both within the service area and within the wider arena of public service reform which mean that we need to fundamentally redesign our services to contribute to this agenda. These influences are set out in the service redesign section of this report.

4.3 **Resources:** This report is contextualised by the very difficult financial position in which the Council finds itself and which is outlined in the financial section of this report. The financial situation is a catalyst for ensuring that Children's Centres and the wider Early Years and Early Intervention Offer is delivered in the most efficient and effective way possible.

5 STRATEGIC INFLUENCES - SERVICE REDESIGN

Public Service Reform

5.1 The vision for Public Service Reform (PSR) in Tameside and across Greater Manchester is to drive whole system reform across public services and develop a response to issues of increased demand, reduced budgets and slow economic growth. Successfully delivered, the PSR programme will radically shift the way in which Public Service resources are used across the borough, enabling returns on investment to be reused to support broader demand reduction.

5.2 There are five thematic strands of Public Service Reform which aim to achieve this:

- Early Years
- Troubled Families
- Health and Social Care
- Transforming Justice
- Work and Skills

5.3 The five thematic plans follow one cross-cutting PSR plan and set out how we intend to develop both synergies across the themes and how we, as public services, fundamentally redesign and fully integrate public services around individuals and families and overcome imposed system constraints, reforming our workforces and the way we share information and intelligence.

5.4 Though the PSR agenda means that we cannot review our Children's Centre Offer in isolation or view the Children's Centre offer as distinct from other public services either physically or operationally, there are two thematic strands which have had a greater influence within our review and our associated proposals. These are the development of the GM-wide Early Years offer and the development of the whole family, whole place way of working set out under the Troubled Families theme.

Early Years

5.5 The new Early Years offer makes the case for changing the focus and spend in the Early Years from that of distinct service areas and buildings to investment in the new model.

5.6 The new model is heavily focused upon integration, particularly between health services and the neighbourhood offer (see Appendix 6 of the previous report: Tameside Early Years Shared Outcomes Framework – contained in Appendix 1 of this report).

5.7 The model consists of:

- A shared outcomes framework, across all local partners;
- A common assessment pathway across GM: eight common assessment points for an integrated ('whole child' and 'whole family') assessment at key points in the crucial developmental window, using expanded existing assessment points, and with the remaining Healthy Child Programme visits to continue as standard;
- Evidence-based assessment tools to identify families reaching clinically diagnosable thresholds for intervention or having multiple risk factors as early as possible;
- Needs assessment triggers referral into an appropriate evidence-based targeted intervention;
- A suite of evidence-based interventions is being developed, to be sequenced alongside other public service interventions as a package of transformational support to families, with appropriate step-down packages of support rather than 'free fall', to help off-set the risk of re-entry to a high level of need in future. Areas will be able to 'top up' the suite of interventions with additional services according to local circumstances;
- Ensuring better use of daycare: new 'contract' with parents eligible for targeted twos daycare to drive engagement in education/employment/training/volunteering, and introducing new common terms and conditions to drive improvement in all daycare settings;
- A new workforce approach, to drive a shift in culture: enabling frontline professionals to work in a more integrated way in support of the 'whole family' and with other services to collectively reduce dependency and empower parents;
- Better data systems to ensure the lead professional undertaking each assessment has access to the relevant data to see the whole picture, to reduce duplication and confusion, to track children's progress and in particular support the most vulnerable and disadvantaged;
- Long-term evaluation to ensure families' needs are being addressed and add to national evidence for effective early intervention.

'Troubled Families' – Integrated Family Services

5.8 The GM Troubled Families programme focuses on reducing the number of Troubled Families fitting the national TFU definition but also incorporates upstream preventative work with families at risk of becoming troubled. This whole system approach supports cohorts of families not yet in crises, and brings together a wide range of approaches (such as the work and skills or programmes to reduce domestic violence) that support change in deep seated inter-generational behaviours in communities. The approach recognises not only the inter-connectedness within issues at a family level but also the inter-connectedness between themes within a community.

5.9 As such the model has seen us jointly investing with partners to ensure that we are able to provide not only a pan-sectoral intervention service for those families who have been identified as 'troubled families' but also an early intervention service which provides services to families with complex needs at an early stage. This model provides us and families with the advantages of a single early intervention service, the chance to test a future model of investment and ability to reduce future demand on services. Again the focus is on up-skilling the workforce, not in the provision of dedicated buildings.

5.10 The development of the Integrated Family Service for Troubled Families has been progressed according to the New Delivery Principles (Governance of the New Delivery Model is through the multi-agency Troubled Families Steering group, which reports to the Local Public Service Executive):

- Developing the single front door – A single referral, assessment and support HUB;
- Single, whole-family assessment;

- Solution focused not problem focused – addressing the underlying needs of a family rather than fire-fighting individual issues;
- A new workforce for a new way of working – wider reform of the workforce and associated training to support the new model and overcome traditional professional boundaries;
- Further develop and embed the Key Worker role – Develop a new Family Intervention Worker role specifically to work with 'Troubled Families' AND families at risk of becoming 'troubled';
- The Early Support approach – build and scale up an early intervention model into the new design of children and family services to reduce demand and cost to the public purse;
- The Step-in and Step-out model – agree and implement a process for stepping in specialist agencies into a family intervention when necessary. Prevent unnecessary referrals to numerous services;
- Changing our culture.

The Neighbourhood Offer

5.11 In addition to these reform and integration themes, the review of the Children's Centre Offer has needed us to make sure that the offer is closely streamlined with the principles being developed by the new Neighbourhood Offer in Tameside.

5.12 The Neighbourhood Offer is about aligning services that are delivered in communities based on what is needed and what is affordable. It aims to both shift expectations of what can be provided by public services and will incorporate the integration of both universal and targeted services.

5.13 The new Early Years Offer aims to work with Neighbourhood teams and utilise other civic buildings, neighbourhood and universal teams within the 'Go To' Centres concept.

Importance of Children's Centres to corporate priorities

5.14 48% of children in England are assessed in reception class each year as not being ready for school. This represents 306,923 children each year who are on a poor life trajectory from the outset, unable to engage with the national curriculum effectively and at risk of never catching up. In Tameside 58% of children are assessed as not being school ready (2013). These children are less likely to reach their full potential at school, have poor health outcomes and ultimately, less likely to be economically active and productive. Conversely, many of them are likely to place a high demand on public services throughout their lives.

5.15 The Council aims to focus its priorities according to the following:

- Work with families to ensure children are ready for school;
- Support families to care for their children safely;
- Increase educational attainment and skills levels;
- Work with businesses to create economic opportunities for residents;
- Reduce levels of benefit dependency;
- Help people to live independent lifestyles supported by responsible communities;
- Improve health and wellbeing of residents;
- Protect the most vulnerable.

5.16 These priorities are identified by the Community Strategy which provides the direction for the Early Years Steering Group and the Troubled Families Steering Group. The New Early Years Offer which will be delivered as a result of this review forms an integral part of ensuring that we are able to achieve these priorities. In particular, the majority of these priorities rest heavily upon having an effective Early Years Offer.

5.17 Some children are failing to achieve positive outcomes and this creates both poor economic growth and significant 'failure' cost to Tameside and GM – the estimated cost that accrues to local government is approximately £50m pa. A further £750m pa of failure cost accrues to the wider public sector (For school readiness figures see Appendix 3, Part D of the previous report contained in Appendix 1 of this report).

5.18 We know that proportions of children who are ready for school had been steadily increasing from 2008 to 2012 reflecting the previously heavy investment in the Children's Centres and Early Years agenda. The impact of the significant reductions in resources since is beginning to present within the school readiness figures. In particular, Tameside now has a lower proportion of children who are school ready compared to statistical neighbours.

5.19 It is exceptionally important to note here that the impacts of Early Years interventions and services are, and always have been, set firmly in a longitudinal and life-course context i.e. positive impact can take 5-10-20 years to be fully realised in society.

6 REVENUE FINANCIAL CONTEXT

6.1 Before April 2011 the Children's Centres and Sure Start provision in the borough had been fully funded from specific Central Government grants. This was through a combination of the Sure Start Grant and other supporting grant funding streams. In 2010/11 the ring fenced revenue allocation for this area was £9.09m with £4.21m specifically allocated for Children's Centres within this total. It is important to note that the legacy of this level of funding informed the offer in place at present which is no longer financially viable and as such is the subject of this review. Estimated expenditure for 2013/14 is provided in Table 4.

6.2 This review aims to remodel the Early Year Offer at the same time as delivering savings for the financial years 2013/14 and 2014/15. The savings target for Strategy and Early Intervention was £50,000 in 2013/14 and an additional £250,000 in 2014/15, i.e. a total of £300,000.

6.3 The current budget and savings are in two Directorates of the Council which are Communities, Children, Adults and Health (CCAH) (service area: Strategy and Early Intervention) and Economic Growth, Investment and Sustainability (EGIS) (service area: Corporate Landlord, e.g. in respect of buildings related expenditure).

6.4 **Table 4: Net Expenditure Outturn 2013/14**

	Human Resources £	**Non-Human Resources £**	**Total* £**
Strategy and Early Intervention	484,370	287,272	771,642
Corporate landlord	N/A	305,443	305,443
Total	**484,370**	**592,715**	**1,077,085**

*net of any income where relevant e.g. rental income

6.5 All expenditure and savings figures stated within the report are subject to a number of caveats and assumptions (These are the same as in the original report – see Appendix 1 section 9 of the original report – this includes Capital expenditure related implications).

7 LEGAL AND STATUTORY CONSIDERATIONS

7.1 There are two specific legal matters which Members need to consider when making the decision regarding the future of Early Year's provision and specifically how it's delivered through Children's Centres. These are in addition to general public law principles relating to decision making.

7.2 The first relates to Section 5A of the Childcare Act 2006 that requires the Council, so far as is reasonably practicable, to include arrangements for sufficient provision of Children's Centres to meet local need (s5A Childcare Act 2006).

7.3 A Children's Centre is described in legislation as a place, or a group of places—

(a) which is managed by or on behalf of, or under arrangements made with, an English local authority, with a view to securing that early childhood services in their area are made available in an integrated manner,
(b) through which each of the early childhood services is made available, and
(c) at which activities for young children are provided, whether by way of early years provision or otherwise.

7.4 In determining sufficiency the Council may have regard to any Children Centres provided outside its area, and those it expects to be provided outside its area.

7.5 Under section 3(6) of the Childcare Act 2006 the Secretary of State has power to give guidance in relation to the Children's Centre duty.

7.6 Chapter 2 of the statutory guidance says what the local authority must/should do when deciding upon the sufficiency of children's centres:

Local authorities **must:**

- take steps to identify parents and those expecting a baby in their area who are unlikely to take advantage of early childhood services available and encourage them to use them; and
- ensure there are sufficient children's centres, so far as reasonably practicable, to meet local need

Local authorities should:

- ensure that a network of Children's Centres is accessible to all families with young children in their area;
- ensure that Children's Centres and their services are within reasonable reach of all families with young children in urban and rural areas, taking into account distance and availability of transport;
- together with local commissioners of health services and employment services, consider how best to ensure that the families who need services can be supported to access them;
- target Children's Centres services at young children and families in the area who are at risk of poor outcomes through, for example, effective outreach services, based on the analysis of local need;
- demonstrate that all children and families can be reached effectively;
- ensure that opening times and availability of services meet the needs of families in their area;
- not close an existing Children's Centre site in any reorganisation of provision unless they can demonstrate that, where they decide to close a Children's Centre site, the outcomes for children, particularly the most disadvantaged, would not be adversely affected and will not compromise the duty to have

sufficient Children's Centres to meet local need. The starting point should therefore be a presumption against the closure of Children's Centres;

- take into account the views of local families and communities in deciding what is sufficient Children's Centre provision;
- take account of families crossing local authority borders to use Children's Centres in their authority. Families and carers are free to access early childhood services where it suits them best; and
- take into account wider duties under section 17 of the Children Act 1989 and under the Child Poverty Act 2010.

7.7 Members must have regard to the assessment of need in deciding whether they are satisfied that the proposal will provide "sufficient provision of children's centres to meet local need".

7.8 The second specific duty is in relation to the Equality Act 2010. 'Meeting the general equality duty requires 'a deliberate approach and a conscious state of mind': R (Brown) v Secretary of State for Work & Pensions [2008] EWHC 3158 (Admin). Members must know and understand the legal duties in relation to the public sector equality duty and consciously apply the law to the facts when considering and reaching decisions where equality issues arise.

7.9 The Equality Act 2010 introduces a new public sector equality duty which came into force on 6 April 2011. The public sector duty is set out at Section 149 of the Equality Act 2010. It requires the Council, when exercising its functions, to have due regard to the need to eliminate discrimination, harassment and victimization and other conduct prohibited under the Act, and to advance equality of opportunity and foster good relations between those who share a protected characteristic and those who do not share that protected characteristic.

7.10 A protected characteristic is defined in the Act as:

- age;
- disability;
- gender reassignment;
- pregnancy and maternity;
- race (including ethnic or national origins, colour or nationality);
- religion or belief;
- sex; and
- sexual orientation.

7.11 Marriage and civil partnership are also a protected characteristic for the purposes of the duty to eliminate discrimination. The previous public sector equalities duties only covered race, disability and gender.

7.12 Having due regard to the need to 'advance equality of opportunity' between those who share a protected characteristic and those who do not includes having due regard to the need to remove or minimize disadvantages suffered by them. Due regard must also be had to the need to take steps to meet the needs of such persons where those needs are different from persons who do not have that characteristic, and encourage those who have a protected characteristic to participate in public life. The steps involved in meeting the needs of disabled persons include steps to take account of their disabilities. Having due regard to 'fostering good relation' involves having due regard to the need to tackle prejudice and promote understanding.

7.13 Complying with the duty may involve treating some people differently or more favourably in order to ensure they are not adversely impacted upon, so far as that is allowed by the discrimination law.

7.14 In addition to the Act, the Council is required to comply with any statutory Code of Practice issued by the Equality and Human Rights Commission including Codes of Practice issued under the previous legislation remains relevant and the Equality and Human Rights Commission has also published guidance on the new public sector equality duty. The advice set out to Members in this report is consistent with the previous Codes and published guidance.

7.15 The equality duty arises where the Council is deciding how to exercise its duty under the Childcare Act 2006 to provide sufficient provision of Children's Centres to meet local need – since the provision of an Early Year's service is a Council function.

7.16 The Council's duty under Section 149 of the Act is to have 'due regard' to the matters set out in relation to equalities when considering and making decisions on the provision of children's centres. Accordingly due regard to the need to eliminate discrimination, advance equality, and foster good relations must form an integral part of the decision making process. Members must consider the effect that implementing a particular policy will have in relation to equality before making a decision.

7.17 There is no prescribed manner in which the equality duty must be exercised. However, the Council must have an adequate evidence base for its decision making. This can be achieved by means including engagement with the public and interest groups, and by gathering details and statistics on the users of the children's centres and how they are used. The potential equality impact of the proposed changes to the provision of Children's Centres has been assessed, and that assessment is addressed in this report in section 9 and Appendix 2. A careful consideration of this assessment is one of the key ways in which members can show "due regard" to the relevant matters.

7.18 Where it is apparent from the analysis of the information that the policy would have an adverse effect on equality then adjustments should be made to avoid that effect (mitigation). The report sets out what these are believed to be and how they could be addressed.

7.19 Members should be aware that the duty is not to achieve the objectives or take the steps set out in s.149. Rather, the duty on public authorities is to bring these important objectives relating to discrimination into consideration when carrying out its public functions (which includes the functions relating to Children's Centres). "Due regard" means the regard that is appropriate in all the particular circumstances in which the authority is carrying out its functions. There must be a proper regard for the goals set out in s.149. At the same time, Members must also pay regard to any countervailing factors, which it is proper and reasonable for them to consider. Budgetary pressures, economics and practical factors will often be important. The weight of these countervailing factors in the decision making process is a matter for members in the first instance.

7.20 The Council has several other relevant legal responsibilities, including the legal requirement to set a balanced budget.

8 ORIGINAL PROPOSAL – NEW CHILDREN'S CENTRE OFFER

8.1 In developing a new Children's Centre offer and the original proposal we had been conscious of the following:-

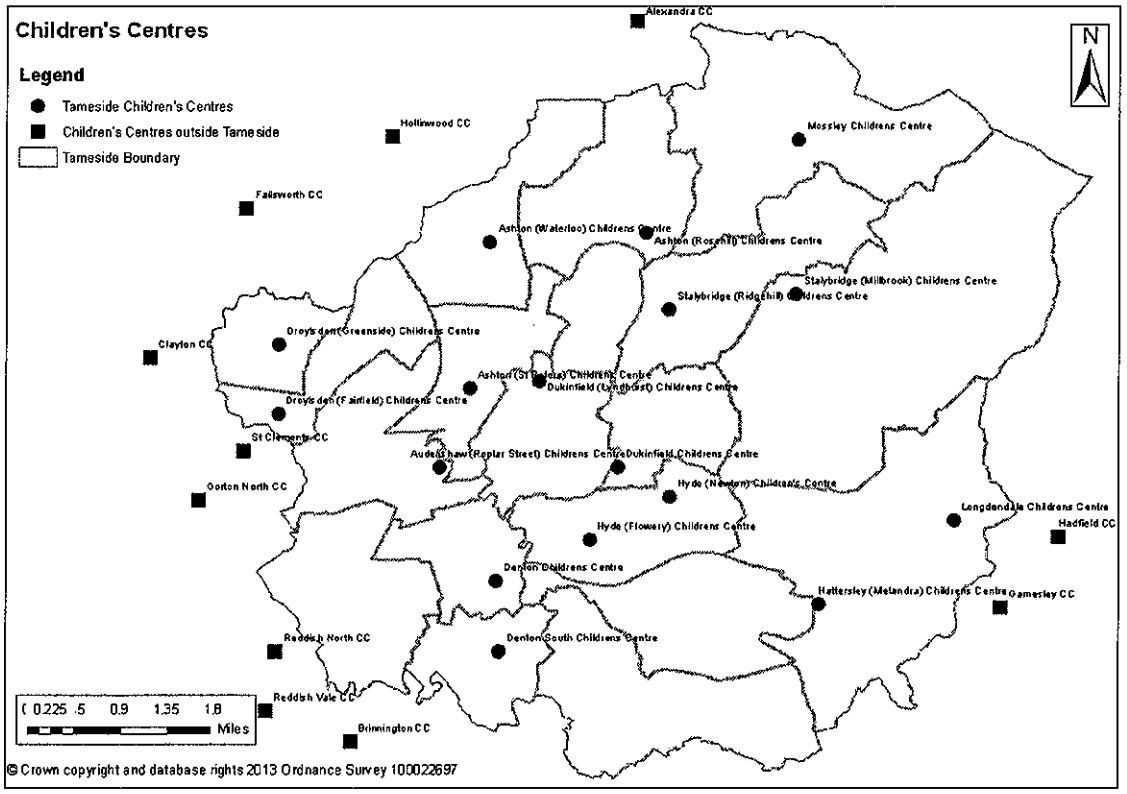
8.2 Needs Assessment: The Council undertook a thorough needs assessment relating to Children's Centre services in the borough within the context of the drivers listed above. This has involved analysis of school readiness, transport and access, usage of Children's Centres and the socio-economic make-up of the areas they serve. The analysis from the

Needs Assessment was used to plan the new and integrated delivery model across the Early Years, Early Intervention and the Neighbourhood Offer and to inform the original proposal set out in Appendix 1.

8.3 The new Early Years Offer and the proposal set out below considered the need to balance financial realities, the fact that the current offer is no longer fit for purpose, the principles of Whole Public Service Redesign, the need to fulfil our statutory obligations and the need to ensure we are able to prioritise the provision of a targeted and accessible Children's Centre offer to the most vulnerable families and the most deprived areas to contribute to the Council's priorities.

8.4 Following the compilation of a comprehensive needs assessment and engagement with key stakeholders, the original proposal was developed which could be utilised to meet the aims of the review. Key data for each of the Children's Centres, needs and accessibility analysis can be found in the Original Report (Appendix 1). The current position of all Children's Centres is indicated in the map below as well as alternative Children's Centres located in neighbouring authorities:

Map 1: Current children's centre provision



8.5 A number of options for remodelling have been extensively researched and considered based on our need to balance competing priorities. The New Early Years Offer aims to:

- Integrate Services with other public agencies;
- Ensure a more effective early years assessment and intervention model (The 8 Stage Model);
- Remove the focus on individual buildings and place an emphasis on the wider public service workforce.

8.6 In line with these aims, the Original Proposal would have seen a reduction in some of the physical Children's Centre buildings. This mean that delivery of the Early Years Offer would be either at an alternative Children's Centre building within 'reasonable' travel distance for all families, through an alternative public building (e.g. school or health centre)

or through an effective targeted outreach offer for vulnerable families and those areas of highest need.

8.7 Although the new Early Years offer will focus on providing targeted outreach in the locality rather than provision through a single building, the location of the remaining Children's Centres will reflect areas with a higher level of need - the proximity and presence of the Centre increasing accessibility to families within that neighbourhood.

8.8 The proposal is to reduce the number of current buildings to 7 key centres throughout the borough. These have been selected on the basis of a combination of issues including:

- Geographical location;
- Nature of the building and the site;
- Accessibility of other services in the locality that offer similar services e.g. "mums and tots" sessions run in church halls, "Time for a Rhyme " sessions run in libraries;
- Accessibility of the centres by foot, public transport and car;
- Potential use of other provision within the locality to provide outreach;
- Provision of other Children's Centres in neighbouring authorities that are close to the Tameside boundary;
- A combination of levels on need based on the following key indicators:
  - % of the population aged 0-4
  - % of the population classified as from a BME group
  - % of households where no one has English as a main language
  - % of households with no central heating
  - % of the population with no access to a car
  - % of the population living in child poverty
  - Number of children known to be looked after, classified as a child in need or on a child protection plan
  - Number of families on the troubled families programme
  - Number of incidents of domestic violence
  - Level of deprivation
  - % of the 0-15 population who have a limiting long-term illness
  - % of lone parents
  - % of foundation stage pupils who are not deemed ready for school
  - % of the 16+ population with no qualifications
  - % unemployed
  - % of the working age population who are permanently sick of disabled
- Financial Considerations.

8.9 The Original Proposal was to retain seven of the existing 17 Children's Centres and the location of these are detailed in Table 5 :

Table 5: Proposed retained children's centres

Retain	Serving
St Peters Children's Centre	Ashton Locality
Ridgehill Children's Centre	Stalybridge, Dukinfield and Mossley
Mossley Children's Centre	Stalybridge, Dukinfield and Mossley
Denton South Children's Centre	Denton, Droylsden and Audenshaw
Hyde Flowery Children's Centre	Hyde, Hattersley and Longdendale
Hattersley Children's Centre	Hyde, Hattersley and Longdendale
Greenside Children's Centre (Remodeled - Decommissioned but retained)	Denton, Droylsden and Audenshaw

8.10 The Map below shows the location of the Centres to be retained in the Original Proposal:

Map 2: Proposed retention of children's centres

9 RESULTS OF CONSULTATION

9.1 The consultation on the proposal was carried out from 12 December 2013 until 12 March 2014. The consultation was extensive and incorporated a formal public consultation available via the Council's Big Conversation Site, a series of consultations with other services and agencies including schools and community groups as well as additional community based consultation exercises aimed at parents and vulnerable groups.

Big Conversation Consultation

9.2 Following the data cleansing process, the final valid response figure (e.g. following removal of duplicate responses) was 475 individuals. The percentages of responses from each demographic group are tabled below.

Demographic Group	Tameside population	Achieved sample following cleansing
Gender		
Male	49.1%	8.0%
Female	50.9%	92.0%
Age		
Under 30	37.4%	26.9%
30 to 44	20.5%	53.1%
45 to 59	20.2%	14.6%
60 to 79	17.9%	5.2%
80+	4.0%	0.2%

Ethnicity		
White	90.9%	94.3%
BME	9.1%	4.1%
Disability		
Yes - Day-to-day activities limited	20.9%	8.4%
No - Day-to-day activities not limited	79.1%	91.6%

9.3 A total of 92% of respondents were female, while 8% were male. This is not representative of the Tameside population (50.9% female 49.1% male). These figures illustrate the level of females that are parents/carers of children, in particular under the age of 5.

9.4 Females are over represented; however this could be due to females tending to be the primary carer of the majority of children attending Centres. Ethnic minority groups were under represented in the Big Conversation section of the consultation (94.3% white 4.1% BME), however when assessing Tameside population this is in line with local trend (90.9 White 9.1 BME). Respondents aged between 60 & 79 and 80+ (5.2% 60-79 02% 80+) are again under represented, however with the majority of parents/carers having children under the age of 5 this would be expected.

9.5 Disabled respondents with day to day activities limited (8.4%) is lower than the Tameside population (20.9%), this is addressed through the additional consultation sessions with those from this group.

Key Findings from the Big Conversation consultation (Structured questions)

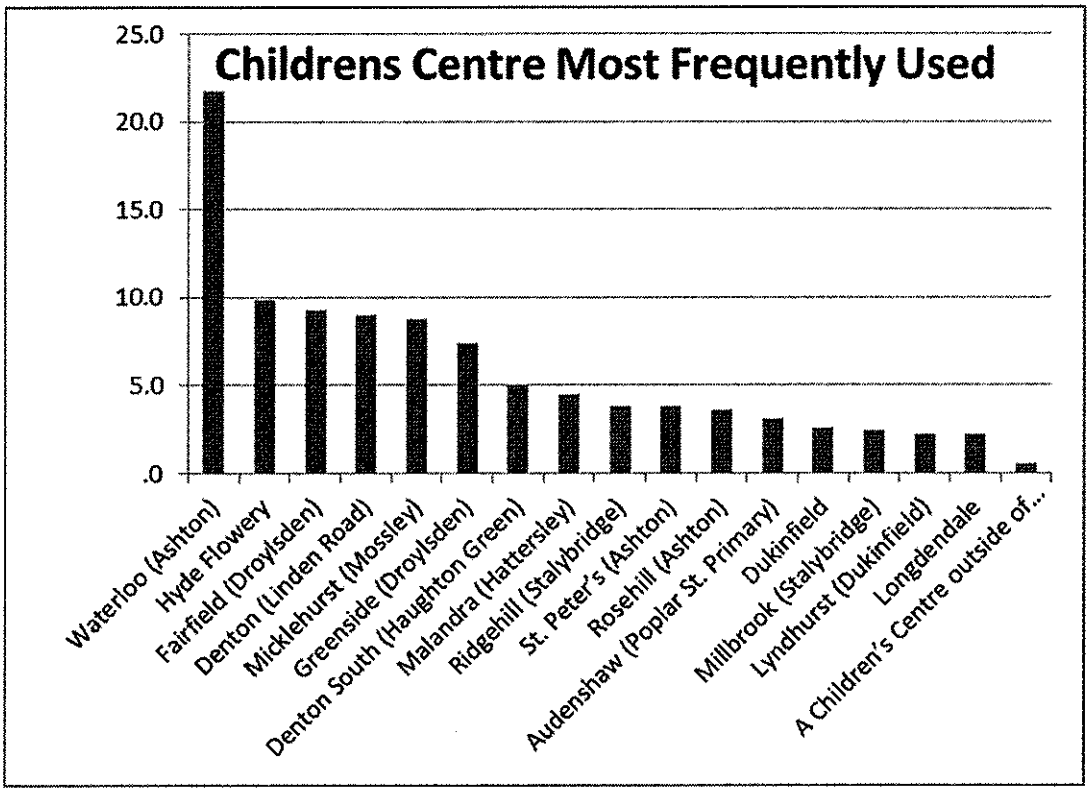
Question 2. How often do you usually visit/use a Children's Centre in Tameside?

9.6 The majority of respondents use the Children's Centre on a weekly basis (56.3% two or more times a week 27.8% weekly).

9.7 BME respondents confirmed that they use Children's Centres two or more times a week (79.2%) in comparison to white individuals who use the centre (50.4%) two or more times a week.

Question 3. Which Children's Centre do you use most often?

9.8 As can be seen below Waterloo Children Centre is used most often (21.8%). This is followed by Hyde Flowery (9.8%), Fairfield Droylsden (9.3%) and Micklehurst Mossley (8.8%). Among respondents with day-to-day activities limited, Waterloo Children's Centre was most frequented (39.4%) with 19 of the 34 disabled respondents using that Centre. Waterloo was the most frequently accessed by BME respondents (28.6%), with Fairfield following (28.6%).



Question 4. Apart from the Children's Centre you use most often (as indicated in Q4) do you use any other Children's Centres?

9.9 Respondents were asked to confirm if they attend any other Children's Centres and Waterloo was the centre most attended (16.7%). Greenside Droylsden (26.7%) & Fairfield Droylsden (26.7%) were most frequented particularly by male attendees apart from their normal Children's Centre.

Question 5. When visiting a Children's Centre, what is this usually for?

9.10 When asked to confirm which services members of the public were likely to access Stay and Play sessions (17.6%) which was followed by Baby Weigh (13.94%) and Rhyme Time (11.78%) as indicated in the below table. Male respondents were also more likely to use the Stay and Play sessions (73.0%) and also BME public members confirming that this is the most accessed service on offer (70.8%). This was significantly lower for respondents with a disability with day-to-day activities limited (51.5%) however this was the most popular service on offer for this group.

Services on Offer	% attended
Stay & Play Sessions	17.6%
Mini Movers	5.33%
Breakfast Club	0.5%
Breastfeeding Support	6.03%
Bookstart	3.23%
Baby Babble	6.67%
Baby Weigh	13.94%
After School Club	0.63%
Rhymetime	11.78%
Childminder's Network	1.05%

Holiday Activities	5.53%
Parenting Group	2.44%
Parenting Advice	4.5%
Weight Matters	1.89%
Health Advice	2.73%
Antenatal	2.44%
Development Checks	3.09%
Adult Learning / Training	1.22%
Dental Advice	0.77%
One to one support	1.68%
Job and Benefit Advice	0.7%
Accessing a public computer	0.7%
To use a meeting room	0.91%
Other (Please state below)	5.58%

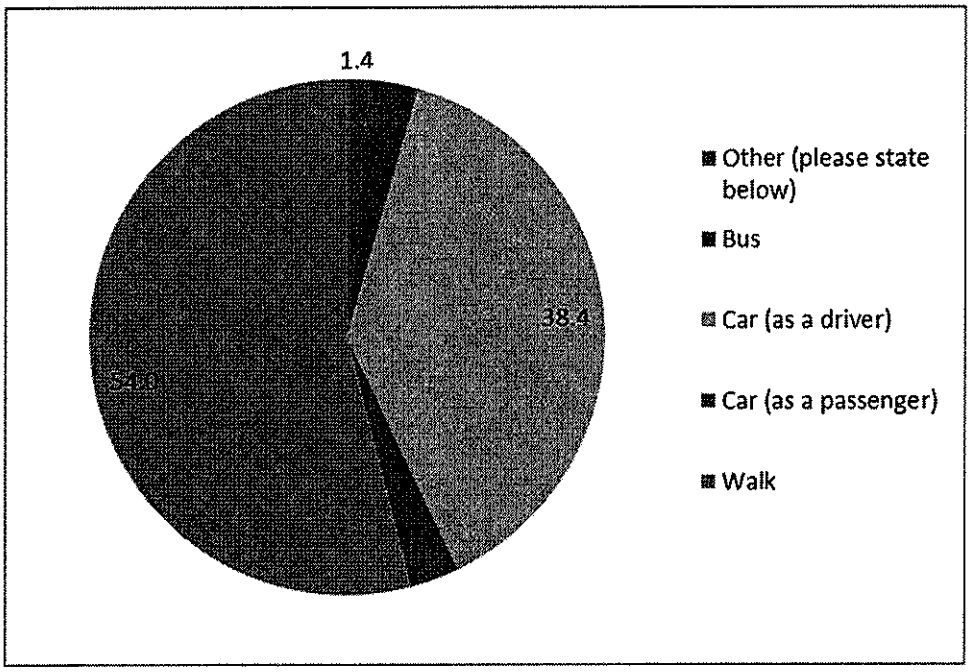
Question 6. From the options listed below, please select the THREE services you think are most important for a Centre to provide?

9.11 The services above were then further evaluated with respondents being asked to specifically choose three of the most important services as in the table above. Again Stay and Play sessions were most popular with respondents in general (71.5%) followed by Baby Weigh (31.8%) and Rhyme Time (27.4%). This again confirmed the popularity of the services across all groups.

Question 7. How do you usually travel to the Children's Centre which you use most often (as indicated in Q4)?

9.12 When asked to confirm how the Children's Centres were accessed the majority of parents/carers walked to the Centres (54%) followed by car as a driver (38.4%). The lack of use of buses to commute to the centres (3.1%) compared to walking emphasises that distance could be an issue for many parents/carers. The results are shown as below.

Most Regular Method of Travel to Children's Centres



Question 8. What impact (if any) do you think the new proposed Children's Centre offer for Tameside will have on you?

9.13 The results of the consultation indicated that the majority of respondents would no longer use a Children's Centre (37.7%) or use the Centres less often than they currently do (35.2%). 7.4% did confirm however that they would attend a different Centre within Tameside, although (14.8%) would instead access services such as local groups or outings with friends.

Question 9. Where a Children's Centre will close under the new proposed offer the Council is seeking to provide alternative provision in other venues. From the list below, please select which of these venues you would be willing to attend for services?

9.14 Respondents were asked to confirm which venues they would consider attending for services currently offered in the Children's Centres. Schools were the most popular (59.0%) but it this could be because demographically it could be more likely that they may have one within walking distance. Community Centres (50.7%) and Health Centres (41.2%) were also popular venues; again this could be locality and a more community setting. GP Surgeries (25.9%) and Faith buildings (26.6%) were the least favourite option however it was confirmed that some respondents were willing to attend for services.

Question 10. What would you like to see happen to those buildings which will no longer be open as Children's Centres under the new proposed offer?

9.15 Finally respondents were asked if after consultation the Children's Centres no longer offered the current services what provision they would prefer them to offer. It was confirmed that Early Year's services should still exist in the Children's Centres and preferably would be provided by schools (39.8%) and Community Groups were also popular (28.6%). Private Provision was less popular (18.7%) however this could be attributed to the perceived cost as Children's Centre services are generally free or subsidised.

9.16 Parents and carers were considered the least popular option to run the Children's Centres (13%). This was also the case for the under-represented groups (BME, male, disability and those with limited day-to-day activities). When considering each different location Waterloo Children's Centre differs from this general opinion as the preferred option for running the centre was private provision (38.4%). There is currently a pre-school located within the building which offers subsidised care during school hours. When accessing the written comments made by parents/carers their main concern is this facility closing as it allows parents/cares to take up work and training activities.

Question 11. Are you aware of any local groups (including groups of parents/carers) who would be interested in running a self-funded Children's Centre?

9.17 Respondents were given the opportunity to provide details of any parties that may be interested in taking over a Centre. This was not very successful (87.9%) said that they did not know anyone, with 4 respondents confirming that they may know someone that could be interested.

Key Findings from the Big Conversation consultation (Free response questions)

9.18 When analysing the data and comments made by parents/carers it becomes apparent that the Children's Centres are considered a successful venture by the respondents as not one individual had criticism for any of the Children's Centres. Much of the commentary detailed how the Centres 'brought communities together' with many individuals raising concerns that parents and carers would become isolated. Many expressed that the closing of the Centres

would cause parents/carers and children to become excluded socially as friendships were formed within group activities that provided support networks for individuals and children. This was also linked to increasing the prevalence of mental health issues specifically post natal depression in mothers. Also the Centres had supported many mothers with breastfeeding and it was confirmed that without this support they would simply have given up.

9.19 The comments also expressed the commitment of staff in the Centres and the relationships that had been made between parents/carers and staff leading to a feeling of trust. The services provided also included advice for problems such as debt and access to benefit advice which would otherwise not be available. The informal setting of the Centre allowed parents/carers to feel more confident in seeking advice that they would feel uneasy accessing in more professional settings.

9.20 Parents/carers also expressed concern for their child's development socially and the risk to their development. The Centres provided the opportunity for babies/children to socialise and develop though play and Centre activities and this was seen as vital to the child's development. The closing of the Centres and the risk of losing these opportunities was viewed as detrimental to preparing children for the transition to school. Parents/carers confirmed that the closing of the Centres would impact on school readiness and would place the children at a disadvantage to other children that would have access to these services.

9.21 The Centres were generally viewed as a safe environment for children with excellent facilities tailored to the needs of children. As many only used their local Centre they were concerned about accessing other Centres both because of the distance and also the cost of travel expenses. Many of the parents currently walk to the centres and would because of the closures have to use public transport. This was found to be costly and also difficult as buses in general will only allow two prams on. Time restraints will also be a factor in travelling as many parents/carers had children to collect from nursery/school throughout the day, and this would prevent access to the Centres.

9.22 The Waterloo Centre alone had forty four comments which highlighted the concerns surrounding its closure. Much of the concern centred on Happy Hedgehogs Pre-school which is open during school hours and is available to parents at a cost of £10 per week. This subsidised cost allowed parents to work whilst their child was safe, happy and learning in preparation for the transition to school. Many parents/carers confirmed that without this service attendance at work would be difficult as private nursery is costly.

9.23 There were a number of free text responses indicating a "General Opposition" to Centres being closed. These are addressed in the response table in section 10.

Specific responses from vulnerable and protected groups

9.24 There were a number of responses specifically from some vulnerable and protected groups. Some of these comments were general in nature but revolved around access, opportunities to socialise and some specific comments in relation to the Waterloo Centre and Dukinfield Centre:

BME Groups

"We would strongly like to protest in favour of Waterloo children centre to remain open for the foreseeable future. We believe this centre is very important for the community in particular for the development of the local children. Closing this centre will impact our children's welfare and cause burden to families who rely on this centre. I believe Tameside should support this centre and re-assess its initial decision. If we can show support or protest any further to help keep Waterloo centre remain open, we wish to be included in doing so"

"I'm a member of staff and a parent who accesses happy hedgehogs preschool and other services within the Waterloo children's centre I feel that the centre is a important and valued centre which has become a major part of the community giving families and children support and a safe place to access for some families it is a home away from home a place where there meet and make long life friends and a place where they can get advice which they can trust as a member of staff at happy hedgehogs preschool was one of the chosen childcare provider to be situated in the Waterloo area it has become a provider who has gained a excellent reputation with a outstanding grade from Ofsted where we are recognised for our hard work and commitment to families and most importantly the children who are our future coming from a parent as well who has had a child already attend the preschool and moved on to school gaining lots of skills and knowledge during his time there I also have a child due to attend September 2014 I wouldn't feel comfortable sending her anywhere else I have total trust and know that happy hedgehogs and the Waterloo children's centre is where I want her to access where she is safe and the staff will give her the skills and knowledge she needs Waterloo children's centre is important and vital part of the Waterloo area community I hope it continues to do so in the future please keep it in the community so it is there for all families and children who are a big part of our future"

"I have found my local children's centres (Dukinfield) to be an extremely valuable resource from which both myself and my daughter have benefitted greatly. The 7 centres you are proposing to leave open are difficult for me to travel to which I'm sure would be the same situation for many people. I have learnt so much from staff at the children's centres about how or better interact and play with my daughter and find it very sad I will no longer be able to participate in groups and classes with her."

Disability

"I help to look after my grandaughter. For 3 years she has been enjoying going to the groups at Linden road Denton, since she was born. She was born with a serious mouth defect, she has a cleft lip and palate and on advice from the cleft surgeon and his team at Manchester Children's Hospital she goes to different groups to help her speech and communication. We use the Denton children's centre because it is near where she lives and this means she mixes with children from her area. She has come on really well and the children's centre and the girls who work there have all helped and we as a family are really grateful. We want to continue to bring her to the same place. If you close the 10 centres – will this mean that all the other centres will have too many people and we cannot get a place at the stay and play or the rhyme time?"

"I look after my daughter's baby a few days a week and attend the children's centre as much as possible. I find the staff welcoming and helpful. I would find it extremely difficult to attend other Centres on the days I have my grandaughter I am not able to walk far and have limited bus fair."

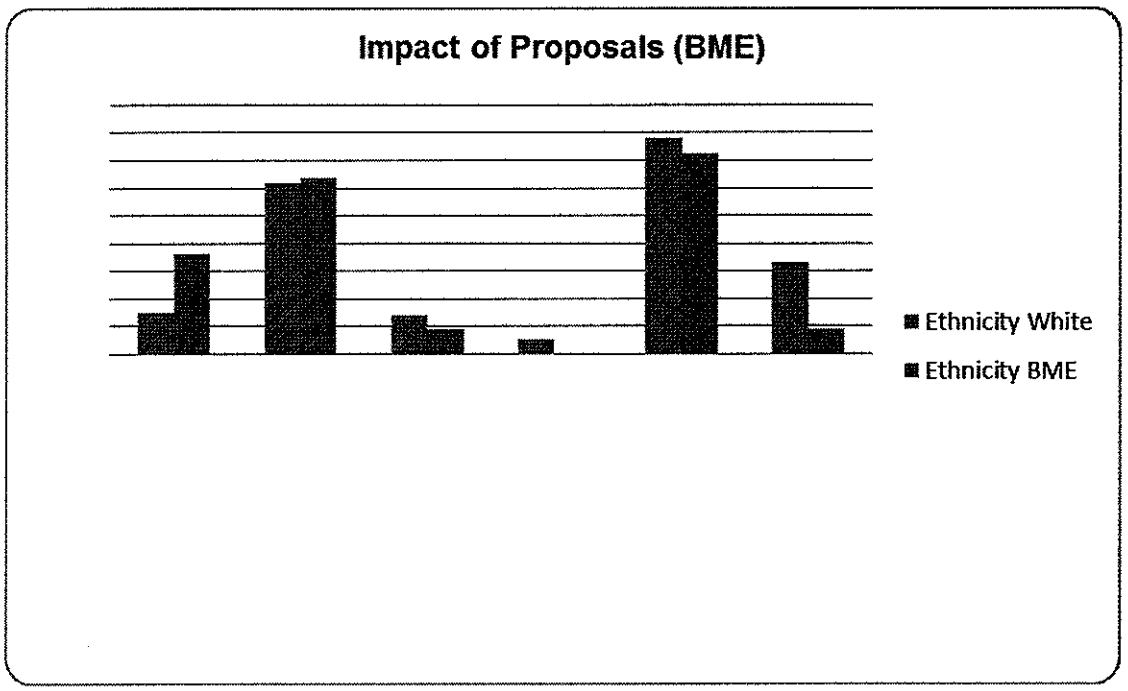
"I'm sure I speak on behalf of not just myself but of every parent with young children when i say that the Children's Centres provide a source of help, support both emotionally and physically for parents. I personally rely on the centres for a chance to meet other parents as i am a single mummy. It gives me a chance to socialise and also for my son to integrate into a social fun environment."

Disability and Maternity

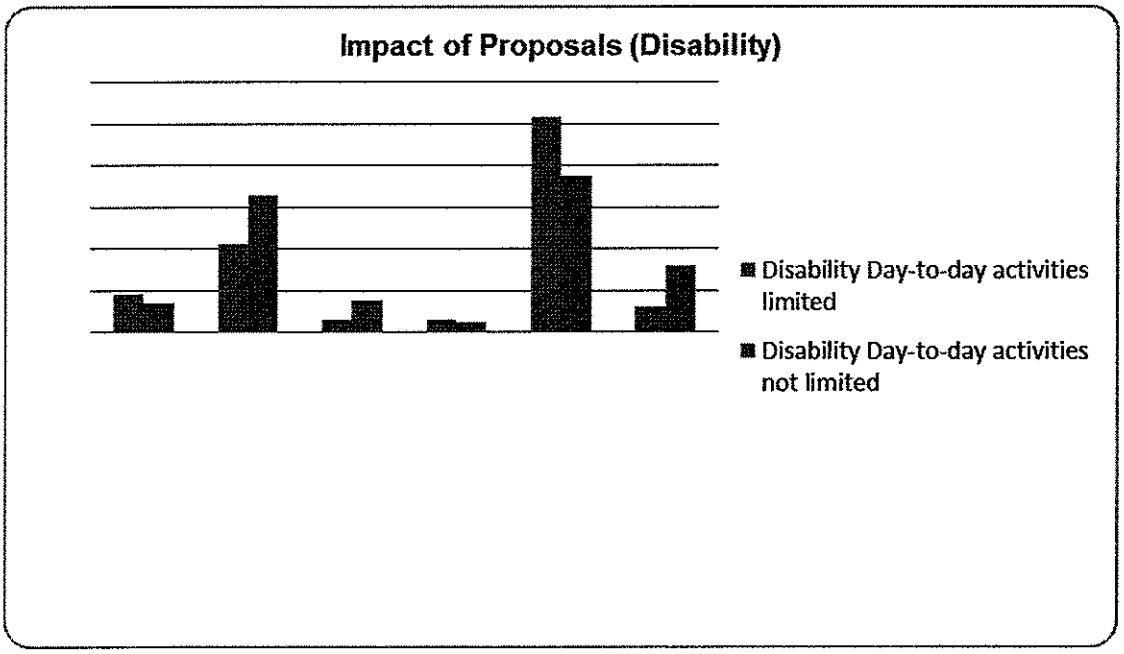
"I spent most of my maternity leave in children's centres and it allowed me to build a strong network of people for parenting support, supported the development of my child and allowed me to learn new skills including first aid training. The more locations you close you reduce people's chances of getting out and developing their children."

9.25 The overall impact upon vulnerable and protected groups was also assessed as part on the consultation activities. In terms of impact of the original proposals, 18% of BME group

respondents said that the changes would have no impact compared to 7.6% of White respondents. BME groups were slightly more likely to report that they would use Children's Centre services less often (31.8% as opposed to 31.0%).



9.26 In terms of impact of the original proposals on those with a disability, the impact level was perceived to be slightly higher. 7.0% of those with a disability said that they thought that the proposals would have no impact compared to 9.1% of those without a disability. 33% of those with a disability said they would use centres less that they currently do compared to 21.2% without a disability. However, those with a disability reported that they were more likely than those without a disability to attend another centre within Tameside (7.5% compared to 3%).



Key Findings from the Consultation – Consultation Workshops

9.27 In addition to the formal consultation available through the Big Conversation website, the consultation exercises also widely promoted the opportunity to attend workshop

consultation events at the Children's Centres. This was promoted to all sections of the community through a variety of methods. The workshops involved a number of session where vulnerable and protected groups were represented including BME Groups, Teenage Parents, Asylum Seekers and those with SEN. This ensured that the consultation exercise was able to take into account a wider array of views from the borough which was representative of the make-up of our communities and residents.

9.28 The consultation activities were publicised at all available opportunities within Tameside. This included libraries, health centres, GP surgeries, community centres, and faith buildings, notice boards situated with school playgrounds and through all 17 Children's Centres. Information displayed included the purpose of the consultation and a detailed visual instruction of how and where to access the online link. In addition to this, specific consultation with partners was carried out including:

Schools linked to Children's Centres

9.29 Where Centres are based on a school site, centre managers met with senior school staff to give information around the purpose of the consultation and timeline. This was done before the consultation to ensure they had prior knowledge and accurate information. Face to face meetings were also held with each head teacher using the opportunity to discuss possible outcomes and ways forward.

Providers within Children's Centres

9.30 Managers met with providers to give information around the purpose of the consultation and timeline. This was done before the consultation to ensure they had prior knowledge and accurate information. Face to face meetings were also held with each provider using the opportunity to discuss possible outcomes and ways forward. Additional meetings also helped with parents using childcare if and when requested.

Advisory groups

9.31 The most up-to-date information was provided to all advisory group members both within planned meetings and via email when any updates were available. All members where committed to promoting the consultation within their own partner organisations including fellow colleagues and where appropriate service users. The partner organisations involved within this were Job Centre Plus, Health Visiting Team, Police, New Charter, Oral health, Nutrition, Health Improvement, Homestart. The range of agencies differs across advisory groups.

Early Help Staff

9.32 Staff briefings took place on 13 and 17 December 2013 and 14 January 2014. In addition to this, all staff were asked to disseminate consultation information to families, particularly hard to reach and vulnerable groups.

Wider Staff (Social Care, Voluntary Sector, Barnardos, Homestart, Schools, LEAP)

9.33 Staff were invited to all briefings and invited to contribute to the consultation either through the briefings or through email providing them with details of the proposal and of the consultation activities.

Targeted Groups/Child Minders/Parents and Carers

9.34 Laptops were made available in Children's Centres to complete the survey online, paper copies were also available. Posters were on display in Children's Centres and libraries promoting the consultation activities

9.35 Outreach support was also given to ensure that our vulnerable groups identified had the opportunity to access the consultation. This was carried out by Family Intervention Workers and Early Years Workers supporting targeted service users to take part in the consultation both within Children's Centres and in their homes.

Group and Individual Meetings with Health Services

9.36 Group and face to face meetings were carried out with Stockport Foundation Trust, Tameside Foundation Trust and Pennine Care NHS Trust. This included Midwifery and Paediatrics and was also supplemented by consultation activities carried out at ante-natal clinics.

9.37 Details of the groups sessions, the consultation activities and the respondents at those groups are detail as followed:

Groups	Consultation through	Targeted groups in attendance
Advisory Groups Stay & Play Rhyme Time Baby Clinic Child Development Child Minders Network Baby Group Post Natal Child minders Network	• Laptop available for public/users to complete survey on line. • Paper copies made available for public/users to complete, given to Customer Care to input. • Conversation/flyers handed out • Outreach via FIW • Attendance at community groups • Cover/ QA session • 1:1 Sessions • Group sessions	BME = 158 attendees Lone Parents = 95 attendees Grandparents = 34 attendees Male = 78 attendees Referred/Live Cases (Complex Needs) = 49 attendees Teenage Parents = 23 attendees Asylum Seekers = 5 attendees Looked After Children = 7 family attendees Special Educational Needs = 6 family attendees

Findings from consultation workshops/group sessions

Denton, Droylsden and Audenshaw

9.38 Following the group sessions in this area, 70% of respondents were found to use Children's Centre services two or more times per week. The primary reasons for use were Stay and Play/Rhyme-time, Baby Babble and 1:1 Parenting services. The majority of respondents walked to the Centre though 6 also used the car as a driver. Only 4 respondents would consider attending a Community Centre for Children's Centre provision. If Children's

Centres closed, 80% said that they would no longer use the provision, 15% would use less often and 5% would use a similar activity not provided at the Centre.

Key comments from these activities include:

9.39 Respondents felt comfortable and 'at ease' within the Children's Centre environment. One parent felt strongly about this specifically because her child had behavioral difficulties and felt that this non-judgmental environment was particularly helpful for him.

9.40 Respondents liked the range of services available in one venue, the support received from staff and the safe environment provided by the Centres.

9.41 It was felt that children's development would be affected if Centres were to close. It was also noted that the Children's Centre activities were important for socialising with other parents and children and that these opportunities would be missed.

9.42 Finally, respondents were concerned about the increased distance of travel which may be needed if current Centres were to close.

Stalybridge, Dukinfield and Mossley

9.43 Respondents from this locality were concerned about the lack of access within this area if both Dukinfield and Lyndhurst buildings were to close. Parents were concerned regarding what community services may be available in this eventuality.

9.44 Those families without access to a car said that they wouldn't be able to travel to Stalybridge or Ashton so would be unable to access these services.

9.45 It was noted by the respondents that activities provided through the Centre meant that isolated parents were able to socialize and having easy access to Early Years Workers meant that parents had ample opportunity to talk through concerns that they did not have time to raise with their Health Visitor.

9.46 Children who had attended Children's Centre activities in the area enjoyed attending and had been able to make new friends via these sessions. In particular, the respondents were complementary about the Child Minders group which provided a child-friendly setting, was a chance to socialise and for children to develop skills.

9.47 It the event of buildings being unavailable, parents were concerned that there would be nowhere else to meet and that advice and information, readily available through the Centres, would be unavailable.

Ashton

9.48 From respondents in this locality who attended focus groups, over 60% used the Centre once per week and 44% used the Centre's more than twice per week.

9.49 Primary reasons for the use of Centre's were Stay and Play, Physical Play Sessions, Rhyme time, Time for Tots, Baby Weigh Sessions, New Baby Groups, Sensory Room usage, pre-school and sessional day care and access to support and advice.

9.50 The majority of parents reported that they walked to the Centre and would be unlikely to afford bus fares. Only 5 parents said they used a car at times.

9.51 As an alternative venue for providing Children's Centre services, all those in attendance thought that a Community Centre would be the most appropriate place. 10% said that the main factor would be access to an alternative venue.

9.52 In terms of the impact of closing buildings in the locality, over 50% expressed their concern as they believed that their children benefitted from the socialisation at the centres. 40% said that the Centre's were the only place that their children socialized.

9.53 Most of the parents said that the Centre is a part of the community and believed that the changes would have a negative impact on child development and readiness for school. In addition to this parents felt that through activities they were able to share experiences of becoming a parent and meet new people.

9.54 50% of parents felt that they received very good advice, information and support that they believed they would not get elsewhere. Parents felt that the free provision and the safe environment encouraged people to access provision. Many parents felt cut-off from the community and lack of money was seen as a barrier to access other services. The routine of attend the centre was seen as helping with social issues.

9.55 The majority of parents felt that it was really important that all children could access activities to contribute positively to child development regardless of how much money each family had and where they lived. Parents felt that access to holiday activities was particularly useful as lots other activities were considered expensive.

Hyde, Hattersley and Longdendale

9.56 Parents who did not have access to their own transport said that they would not be able to travel to other centres and were concerned about where services would be provided should a Centre close. A number of the parents chose to access certain Centres because they were closer to siblings' schools and this meant that they would be unlikely to access services at an alternative venue because of this.

9.57 Parents with transport noted that they realized they were fortunate to be able to easily access others centres but felt concerned that less fortunate families would be unable to travel.

9.58 Parents believe that Hattersley Children's Centre is a good place to meet other parents from other areas in Mottram and Longdendale, they felt that it held a vital place within the community now that previous shops and neighbourhood centres had been demolished. A specific point raised regarding the Hattersley Children's Centre was that residents do not like crossing over the road to the other side of Hattersley where Tesco is located.

9.59 Parents stated that they didn't not feel that the Hattersley Community Hub was a suitable place to deliver services from and some parents expressed concerns that they did not feel that this venue was 'child friendly'. They also felt that if services were to be delivered from single room in this venue that it would lose services would lose their identify as a 'Children's Centre'.

9.60 Parents noted that having Hattersley Children's Centre directly attached to the nursery provision was particularly valuable as this made for a good transition from Children's Centre services to the childcare provision.

9.61 Parents provided comments about the centres in the area:

"I don't think Hattersley Children's Centre should be moved as it has the facilities here that are needed and it is good for children moving up into bigger classes and preparing for nursery and school"

"I have attended Children's Centre activities with both my children of ages 8 and 2. My eldest is doing excellent at school. She scored the highest level on her SATS last year and I believe that this is partly due to the good start her education had through the stay and

play/rhyme time sessions. My youngest child has delayed speech and language and this was picked up from staff at the stay and play sessions who quickly referred him to speech and language services. Children's Centres have a positive impact on adult and child wellbeing"

"My son is 14 months old and I have come to the children's centres since he was 8 weeks old. The service is invaluable and the staff and friends made here are such an important support network to me. I feel that a really good service will be lost if we lose centres"

"If Hattersley Children's Centre were to move we would lose the outside areas. Also the community hub over the road is a little walk away from the centre but in the snow and dark weather I would not be willing to walk that extra bit"

"I don't think this centre [Hattersley] should shut as this has an outdoor play area and children who come to stay and play get used to coming here and will be ready for attending the nursery"

"The [Hyde Flowery] Children's Centre is a critical part of our community and provides a fantastic resource"

Targeted Consultation sessions – Protected and Vulnerable Groups

9.62 In addition to the Group Consultation sessions which included some service users from protected groups, the consultation process also included sessions with specific protected and vulnerable groups.

Targeted – Asylum Seekers

9.63 A further 4 Asylum seeking families were consulted to determine any specific impacts the proposal would have which related to them being Asylum seekers.

9.64 3 of the Asylum seekers primarily used the Fairfield Children's Centre, 1 used a cross-border Centre in Openshaw. 1 had previously used Greenside Children's Centre and 2 had previously also used the cross-border Centre in Openshaw.

9.65 The Asylum seeking families used the Centres for a variety of purposes but covered 'Stay and Play' Sessions, Baby Weigh, Rhyme Time, Holiday activities, drop in one-to-one support and to access a public computer.

9.66 The group report that the proposals would mean that 2 families would use another Centre outside of Tameside (Openshaw) and 3 said that they would attend alternative venues such a provision in the local library. They would also be happy to attend provision in local schools or other community venues. In addition to this it was reported that this group use Fairfield for ad hoc drop in and advice from Children's Centre Staff.

Targeted – BME

9.67 A further 13 families from BME groups were consulted to determine any specific impacts the proposal would have which related to them being from BME groups.

9.68 4 used Hyde Flowery, 5 used St Peters, 2 Rosehill, 1 Waterloo and 1 Mossley. The families use the Centres for a variety of reasons, most often for Holiday Activities but also including Baby Weigh, Rhyme Time, Baby Babble.

9.69 The group report that the proposals would mean that they would be less likely to be able to mix with other children and parents, there will be less provision to attend and that they would be more isolated potentially leading to poor mental health due to lack of support.

9.70 Members of the group commented that they would "*attend any venue as long as I felt comfortable and welcome*" and that they *"can use other buildings but [it] would not be the same – atmosphere/resources".*

9.71 Parents noted that they "*would not be able to travel to another centre if this one gets full because of the closures", "It would be too far for me to go to another centre", "my daughter would miss being able to play with other kids if she could not come here", "It's a shame because we need more of these centres not less"*

Targeted – Teenage Parents

9.72 A further 6 young women who are parents were consulted to determine any specific impacts the proposal would have which related to them being teenage parents.

9.73 3 used St Peters, 2 Rosehill, 1 Greenside and 1 Fairfield. The young parents said they used the Centres primary for the dedicated "Young Parents" group at St Peters, but also for the baby weigh sessions, parent advice, Rhyme Time and one-to-one support around housing.

9.74 The group report that the proposals would mean that they would not be able to meet new people, they wouldn't have anywhere to go with their babies to play with, they would have no friends, they would be scared and they would not have support from the Teen Parents Group.

9.75 In addition the young parents made the following comments: *"it is ridiculous that they are going to close the children's centre", "they would be taking away things that people rely on", "cannot afford to take her baby to places like busy bouncers as it costs too much money", "it would be a shame to see the local children's centre sat empty", "would not know where to go if they needed support"*

Petitions

9.76 In addition to the organised consultation activities, the consultation also received a number of signatures within petitions. These noted a 'general objection' to Centres being closed rather than specific comments. There were 1069 signatures of general objection received regarding the Dukinfield Centre and 130 regarding the Linden Road Centre.

10 RESPONSES TO THEMES OF CONSULTATION

10.1 The consultation activities presented feedback which can be summarised according to a number of themes. Below is a summary of these themes and a Council response.

CONSULTATION FEEDBACK THEME	TAMESIDE MBC RESPONSE
GENERAL OPPOSITION (1) **Including concerns regarding;** • **Loss of community services** • **Proposals affecting vulnerable**	The New Early Years Delivery Model provides a comprehensive offer to families within the borough. In addition, the New Delivery Model will improve the way resources are targeted at the most vulnerable families through systematic assessment and screening and will ensure that those who need services most will

groups of people	be actively engaged at various stages from conception until entry into school. A comprehensive assessment of need and accessibility has informed the development of the new offer and where we have found gaps in our provision from the consultation activities we have put in place appropriate additionally either through resource agreements with schools who will take over physical buildings or through alternative arrangements as detailed in section 11 of the Revised Proposal. Our consultation has informed us that the most popular alternative venues are schools or health centres. The offer makes use of both of these types of venues to continue to deliver our core offer and our new delivery model. We have given priority to activities targeted at those most in need and where it is possible to run universal activities from community venues, we have taken this opportunity. An example includes 'Stay and Play' activities in a number of libraries.
IMPACTS UPON CHILD DEVELOPMENT AND 'READINESS FOR SCHOOL'	The New Early Years Deliver model is based upon targeted provision of evidence based practices aimed specifically at improving child development and readiness for school. For example, each child will be assessed at key stages from conception using evidenced based Ages and Stages Questionnaire. This will be a holistic assessment but will include assessment points for Child Development. Where a need is identified, support will be put in place as part of the New Delivery Model according to the level of need. This means that we will have a comprehensive development offer from conception to the transition into school.
IMPACTS UPON OPPORTUNITIES TO SOCIALISE/INCREASED ISOLATION	Where possible we have tried to maintain opportunities for a number of activities to continue either through resource agreements or through alternative venues. For example baby weigh sessions taking place in local health clinics or stay and play sessions in libraries. In addition to the offer provided here there are also numerous community spaces available to residents in the borough including community centres, church buildings and voluntary groups.

ACCESS TO ALTERNATIVE PROVISION	As part of the Revised Proposal we have ensured that there all venues are within reasonable travel distance of all areas in Tameside with additional access points included through resource agreements with schools, health provision through clinics and stay and play sessions in libraries. In addition to this, the most vulnerable and complex families will receive support in their own home either from an Early Years Worker, Health Visitor or Family Intervention Worker.
Travel – General Access	As part of our needs assessment, a full assessment of travel options and distances was carried out in order to ensure that all venues would be accessible to families in the borough. Our consultation activities informed us that the majority of people either walked or used a car. Before the review 100% of families would be within 2 miles of an offer, with the original proposal 98% would be within 2 miles of a venue or 92% within 1.5 miles. With the Revised Offer we estimate that access levels will be even greater due to the use of resource agreements, alternative arrangements and other venues (Clinics and Libraries).
Travel – access for vulnerable groups	As part of the review we have ensured that greater resource is put in place for the most vulnerable families in the borough. For all families who are identified as needing an additional level of support at any stage of the new delivery model, home visits will be offered as part of the package of support. This will be carried out via a Health Visitor, Family Intervention Worker or Early Years worker. For specific vulnerable groups identified as part of the review we anticipate that with the revised offer in place, all areas with a higher proportion of Children in Need, BME groups and areas with low levels of school readiness will be within 1.5 miles of either a direct delivery site.

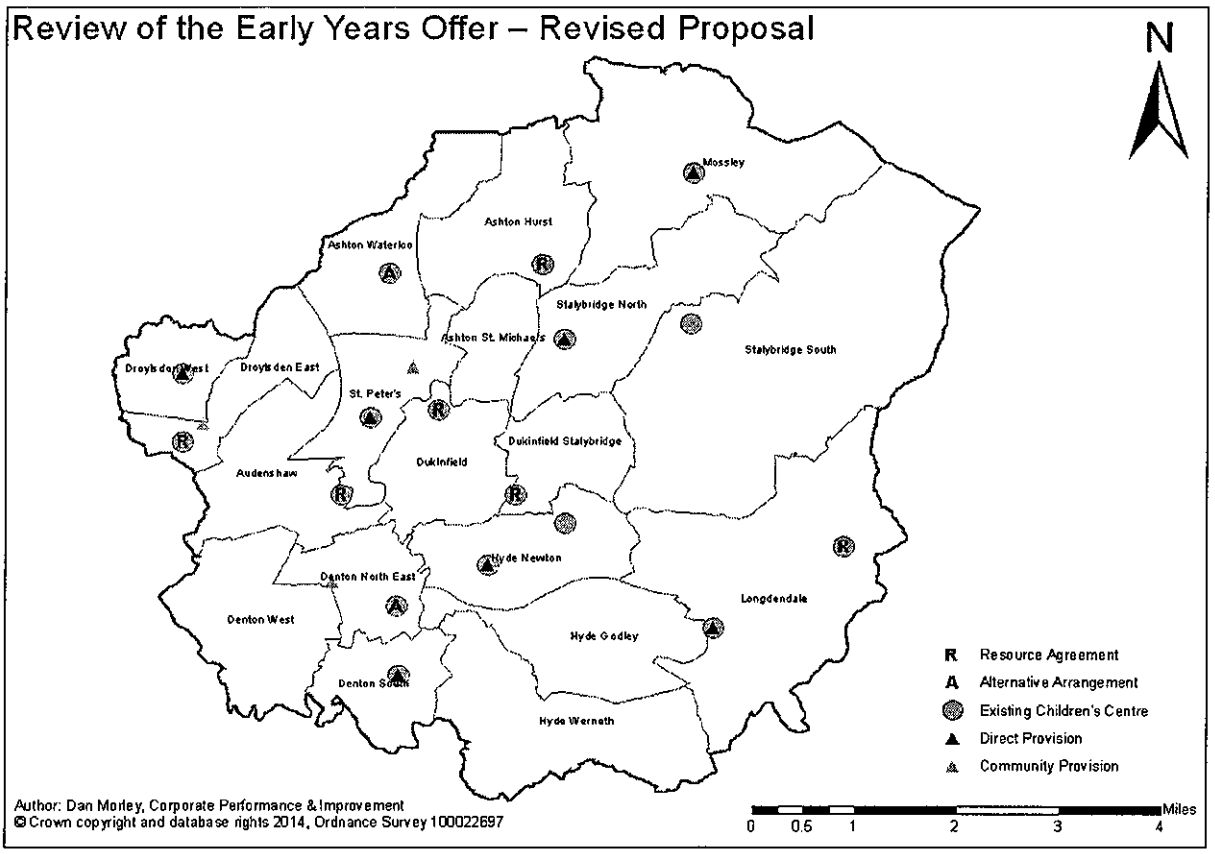
ACCESS TO ADVICE AND GUIDANCE	As part of the Delivery Model, all families will continue to have access to high quality advice and guidance through the Healthy Child Pathway delivered to all families by their Health Visitor. This provides an initial opportunity for parents to discuss concerns and ask about alternative services in the borough which they can access. Where families are attending services either within a direct delivery site or outreach on a school site, they will continue to be able to seek advice and guidance from professional staff at these services. Where a family and their child are making use of local childcare provision, they will continue to be able to seek the advice of Early Years professionals who are supported in terms of quality provision by the Early Years Quality Team. In addition to this, all families in the borough will continue to have access to the Families Information Service.
CONCERNS AT SPECIFIC CENTRES (not addressed above) - Waterloo	As part of the Revised Proposal we now aim to put in place an Alternative Arrangement (see section 11 for details) on the site of the Waterloo Centre. This will address both the limited access, specifically to health services, in the area and will enable the opportunity of working with the on-site provider to develop a business model to continue to be based at the site alongside other services.
VULNERABLE AND PROTECTED GROUPS	It is important to note, that there will be no loss of a particular provision, just a change in location or a change of delivery mechanism. We have assessed the impact of the Revised Proposal upon vulnerable and protected groups. As a result of the continued provision through resource agreements and the targeted outreach offer through the New Early Years Delivery model, we anticipate that no group will be disproportionately disproportionately disadvantage or impact on any specific group which is related to their characteristics. The only exception to this has been the identification that Fairfield Children's Centre is heavily used for ad hoc drop in purposes for Asylum Seeking Families as a result of the Revised Proposal, although there will continue to be Early Years provision at this site through a resource agreement with the school, the

	drop in offer will no longer be available. In order to address this we will put in place additional requirements for this resource agreement which will ensure that members of the public wanting to use this site for ad hoc drop in enquires will be efficiently supported through clear signposting arrangements from this site to either another Children's Centre site (e.g. Greenside or St Clements, Openshaw) or local Go-To centre. There will also be a telephone number advertised at this site for information advice and guidance. The need for this specific part of the offer should be minimized by the assessment of all families from conception to school entry which will identify those families who are Asylum Seeking and ensure that they are holistically supported according to all of their needs. Finally there were some concerns raised by Young Parents/Teenage parents about the impact the proposals would have on them. These focused on concerns about continued access to the Young Parents group which allowed them to be supported and have access to peers in a similar situation. The Young Parents group will continue to run at St Peters Children's Centre in the Revised Proposal and all Teenage Parents will continue to receive direct support as part of the targeted delivery in the New Early Years delivery model.

11 REVISED PROPOSAL

11.1 The considerations set out within the Original Proposal, including the assessment of needs and financial and statutory considerations, are the same as those within the Revised Proposal though our consultation activities with both residents and key agencies have provided us with additional considerations and opportunities to develop our Revised Proposal.

11.2 The Revised Proposal is a hybrid model which utilises the New Early Years Delivery Model which is targeted according to need but is secured through a range of venues and wrap-around support. This will either mean a direct delivery site or outreach through Resource Agreement sites at schools, alternative arrangements at venues or universal provision in community libraries. The map below illustrates the Revised Proposal:



11.3 The only exceptions to these arrangements are Newton Children's Centre and Millbrook Children's Centre. Newton, though a designated centre does not currently occupy a dedicated building and as such will continue to be offered through the Hyde footprint. Similarly, with Millbrook the provision here is not as a dedicated Centre but through outreach provision either in through the Youth Base at Copley leisure centre or through outreach via the Ridgehill Centre. Both of these arrangements are already in place.

Whole Borough Early Years Delivery Model

11.4 Through the consultation activities detailed in this report, we have now been able to firm up details of our offer for families at various levels of needs using our New Early Years Delivery Model. This is based upon both levels of needs and a focus on the 'First 1001 Critical Days' for a family from conception. This will allow us to move our focus away from a 'bricks and mortar' offer (i.e. reliance on specific buildings) towards a more effective targeted and personalised offer to those most in need.

11.5 The table below illustrates the offering for our New Early Years Delivery Model and is aligned to levels of need. Depending on the offer available to families this will either be delivered through the remaining Centres, schools with resource agreements, specialist provision or via home contact in the case of the Family Intervention Worker and Health Visitors. This will be a borough-wide offer and will move towards greater resources being invested in levels 2 or above.

Early Years New Delivery Model Offer

What will I get from the Delivery Model?

The First 1001 Days +	New Delivery Model Stage	Universal services ***Services that are accessible to all***	Universal Plus (level 3) ***Provides a joined up Early Intervention response from a multi agency team***	Universal Partnership Plus Offer (level 4) ***Provides ongoing support from specialist services***
Day 1	**Stage 1** Pre Birth Before 12 weeks, 6 days or on presentation Midwife Midwifery Health & Social Assessment * early help indicator	Booking at Hospital or GP Surgery by your Midwife	Ongoing Monitoring of any specific maternal health needs by midwife	Midwifery/Obstetrician coordinated specialist care (e.g. mental health)
		Healthy Child Programme (Programme of screening, immunisation, health and development reviews, supplemented by advice around health, wellbeing and parenting)	Targeted ante-natal home visit by your Health Visitor	Psychiatrist coordinated mental health care
		Ante-natal classes at hospital venue	Family Common Assessment	Liaison with Children's Social Care
			Audiology where necessary	Coordinated Social Care Package if required
			Family Nurse Partnership	Assessment and intervention by Early Attachment Service
				Bridges (Domestic Violence Support)
				Mellow Bumps

Day 270	**Stage 2** - New Birth Visit 10 - 14 days Health Visitor * early help indicator. CC registration.	Homestart and Midwifery Breastfeeding Support	Family Common Assessment	Continuation of coordinated specialist care
		Health Visitor New Birth Visit	Targeted Breastfeeding Support (Homestart and Health Visitor)	Referral to Social Care/Child and Family Assessment
		Information Provision on local support services	Post-natal group provided by Health Visitor	Coordinated Social Care Package if required
		Baby Express	Family Intervention Worker	Continuation of coordinated mental health care
		New Beginnings - new parents group	Additional Health Visitor Visits	Paediatric Consultancy
		Baby Clinic	G.P. support for elevated health needs (Maternal and child)	ISCAN
		Neo-natal behavioural observation	Neo-natal behavioural assessment scale (NBAS)	Neo-natal unit care
		Healthy Child Programme	Family Nurse Partnership	Assessment and intervention by Early Attachment Service
		Hearing Test		Bridges (Domestic Violence Support)
		Neo-natal medical screening		Mellow Babies
Day 420	**Stage 3** - 2 months (1 mth to 2m 30d) Health Visitor * early help indicator (ASQ3)	2 month health visitor assessment	Family Common Assessment	Continuation of coordinated specialist care
		Ages and Stages Questionnaire (ASQ 3)	Family Intervention Worker	Referral to Social Care/Child and Family Assessment
		Healthy Child Programme	Targeted Breastfeeding Support (Homestart and Health Visitor)	Coordinated Social Care Package if required
		Immunisations and 6-8 week G.P. baby check	Post-natal group provided by Health Visitor	Continuation of coordinated mental health care
		Postnatal depression questionnaire	Post-natal depression group provided by health visitor	Paediatric Consultancy
		Stay and Play sessions	Additional Health Visitor Visits	ISCAN
		New Beginnings - new parents group	G.P. support for elevated health needs (Maternal and child)	Neo-natal unit care

		Baby Clinic	Baby Babble (Speech and Language targeted group)	Assessment and intervention by Early Attachment Service
		Rhyme time	Solihull Approach	Bridges (Domestic Violence Support)
			Homestart befriending support	Mellow Babies
			Solihull Parenting (programme for 0-2 year olds)	
			Physical Play (to promote gross motor development)	
			Family Nurse Partnership	
Day 540	**Stage 4** - 9 months (9 mth to 9m 30d) Health Visitor * Predict and plan for 2 year old offer (ASQ3)	Ages and Stages Questionnaire (ASQ 3)	Family Common Assessment	Continuation of coordinated specialist care
		Health Visitor and Nursery Nurse Development Check	Family Intervention Worker	Referral to Social Care/Child and Family Assessment
		Stay and Play sessions	Infant feeding support	Coordinated Social Care Package if required
		Baby Clinic	Post-natal depression group provided by health visitor	Continuation of coordinated mental health care
		Rhyme time	Additional Health Visitor Visits	Paediatric Consultancy
		Families Information Service (Including childcare advice)	G.P. support for elevated health needs (Maternal and child)	ISCAN
			Small Talk (Speech and Language targeted group)	Assessment and intervention by Early Attachment Service
			Solihull Approach	Bridges (Domestic Violence Support)
			Homestart befriending support	Mellow Babies
			Solihull Parenting (programme for 0-2 year olds)	
			Physical Play (to promote gross motor development)	
			Portage Service	
			Family Nurse Partnership	

Day 630	**Stage 4b** Targeted 18 months (17m to 18m 30d) Targeted Twos pathway *agree 2 year old offer and targets for child and parent/s (ASQ3)	N/A	Targeted Ages and Stages Questionnaire (ASQ-3)	N/A
			Family Common Assessment	
			Family Intervention Worker	
			Additional Health Visitor Visits	
			Toddler Talk (Speech and Language targeted group)	
			Solihull Approach	
			Homestart befriending support	
			Solihull Parenting (programme for 0-2 year olds)	
			Physical Play (to promote gross motor development)	
			Portage Service	
			Leap for Life (Nutrition and physical play course for parents)	
			Speech and language therapy	
			Family Nurse Partnership	
Day 990	**Stage 5** 24 months (23-28½ months) HV & EY provider (ASQ3 and EYFS)	Ages and Stages Questionnaire (ASQ 3)	2 year free entitlement funded place	Continuation of coordinated specialist care
		Health Visitor and Nursery Nurse Development Check	One to One 'story sack' sessions (reading advice and support)	Referral to Social Care/Child and Family Assessment
		Rhyme time	Family Common Assessment	Coordinated Social Care Package if required
		Families Information Service (Including childcare advice)	Family Intervention Worker	Continuation of coordinated mental health care
		Stay and Play sessions	Additional Health Visitor Visits	Paediatric Consultancy
			Leap for Life (Nutrition and physical play course for parents)	ISCAN
			Incredible Years (Parenting Course)	Assessment and intervention

				by Early Attachment Service
			Strengthening Families Strengthening Communities (Parenting Course)	Bridges (Domestic Violence Support)
			Portage Service	
			Speech and language therapy	
			Family Nurse Partnership	
The 1001 Critical Days				
Day 1300	**Stage 6** On entry to Nursery (universal 3/4 year old provision) (ASQ3 as per age) EY Provider (ASQ3 and EYFS)	3 Year funded nursery place	Family Common Assessment	Continuation of coordinated specialist care
		Rhyme time	Family Intervention Worker	Referral to Social Care/Child and Family Assessment
		Stay and Play sessions	Additional Health Visitor Visits	Coordinated Social Care Package if required
		Early Years Provider - Ages and Stages Questionnaire (ASQ 3)	Incredible Years (Parenting Course)	Continuation of coordinated mental health care
		Early Years Foundation Stage Assessment (Provider based)	Strengthening Families Strengthening Communities (Parenting Course)	Paediatric Consultancy
			Triple P (Parenting Course)	ISCAN
			Portage Service	Assessment and intervention by Early Attachment Service
			Speech and language therapy	Educational Psychologist
			Family Nurse Partnership	Bridges (Domestic Violence Support)
Day 1900	**Stage 7** On entry to Reception in school (ASQ3 as per age) EY Provider and	School Place	Family Common Assessment	Continuation of coordinated specialist care
		School - Ages and Stages Questionnaire (ASQ 3)	Family Intervention Worker	Referral to Social Care/Child and Family Assessment
		Early Years Foundation Stage Assessment	Strengthening Families Strengthening Communities (Parenting Course)	Coordinated Social Care Package if required

	receiving school (ASQ3 and EYFS)	(school based)		
			Triple P (Parenting Course)	Continuation of coordinated mental health care
			Portage Service	Paediatric Consultancy
			Incredible Years (Parenting Course)	ISCAN
			Speech and language therapy	Educational Psychologist
			Family Nurse Partnership	Bridges (Domestic Violence Support)
Day 2100	**Stage 8** Early Years Foundation Stage Profile and ASQ3 Undertaken by school within the last term before the child's 5th birthday (by 30/6) *EYFS profile results derive from this assessment	EYFS Profile	Supported transition to school	Supported transition to school

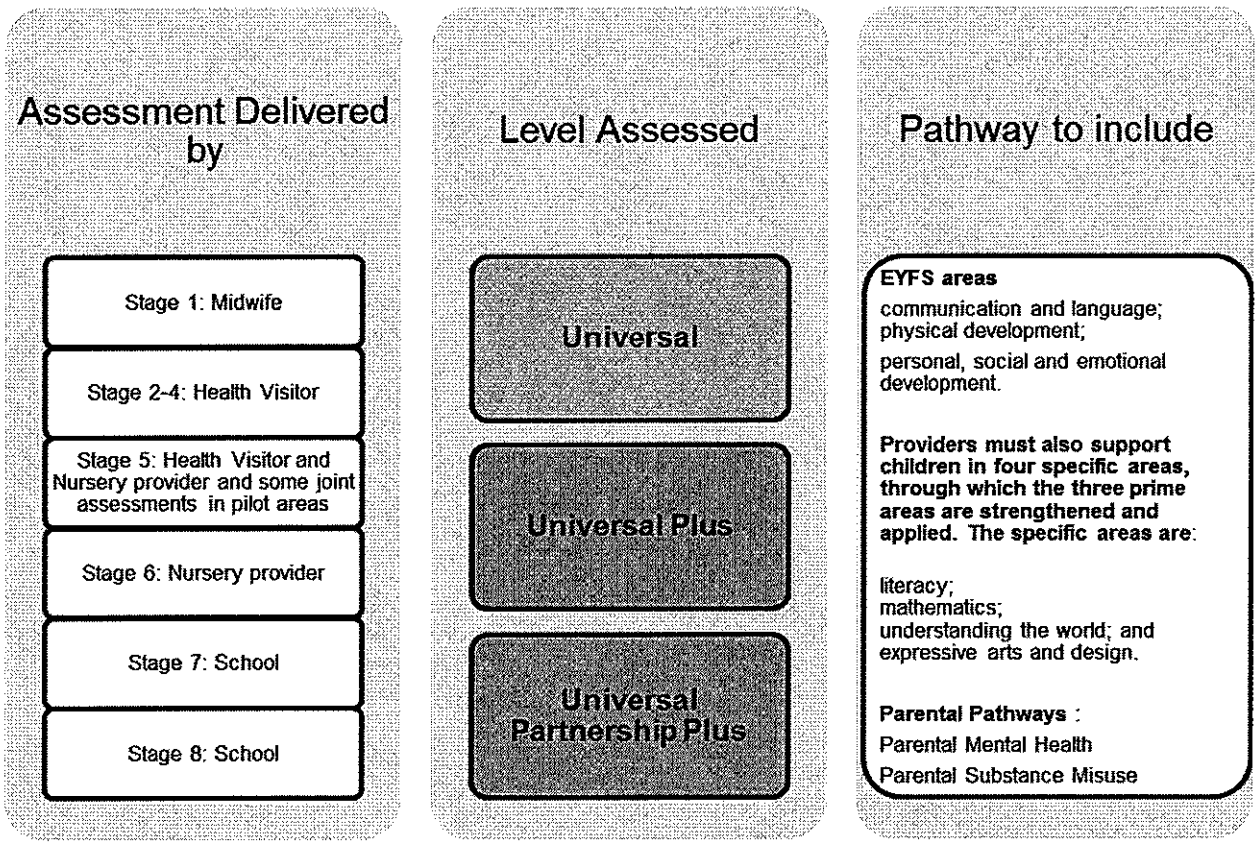
Assessment Delivery and Pathways

11.6 Each stage in the New Delivery Model will involve an assessment process which will ensure that we are able to (a) accurately understand the issues within a family from conception; (b) communicate these issues across agencies; and (c) ensure our new delivery offer is targeted at the most vulnerable groups.

11.7 From these assessments (which assess need of children in communication, gross motor, fine motor, problem solving, and personal-social) children in need of intervention will access a specific pathway which defines relevant evidence based interventions and further more specific/targeted assessments as required.

11.8 Any child/family who does not attend assessment points will be followed up initially by the responsible assessor, and an integrated outreach package will be put in place between health, Children's Centre, nursery & school, utilising commissioned outreach support as required.

11.9 As well as assessing children's needs, parent needs will also be assessed and relevant pathways of support accessed e.g. Parent/Infant mental health pathway. The following diagram illustrates who will carry out each assessment and provides examples of some of the subject areas under assessment which will determine which part of the New Delivery Model the Family will need to receive.



How will we secure the New Delivery Model and Provision through buildings?

Maintained Provision through Direct Delivery

11.10 As part of the New Delivery Model, the revised proposal will allow us to maintain 7 Key Designated Centres which will be supported by outreach provision either through Resource

Agreement Venues, Alternative Arrangement Venues or wrap around provision (detailed below).

11.11 For those Key Centres which will provide direct delivery, we will take this opportunity to secure full and appropriate Service Level Agreements (SLAs) where these Centres will remain on a school site.

11.12 **Greenside:** As part of the original proposal we set out the possibility of maintaining provision through Greenside Children's Centre but bringing this provision back 'in-house' in order to save significant funds and ensure that provision could be adapted to fit the New Delivery Model. The Revised Proposal also allows us to incorporate this direct provision through no longer outsourcing the provision to Greenside Primary School but through the Local Authority directly running this site.

Maintained Provision through Resource Agreements

11.13 In addition to the borough-wide offer delivered through the New Early Years Delivery model we have now revised our proposed offer to include provision in some existing centres through resource agreements with schools which are on site or near the site of an existing centre. On the whole, this will mean that schools will agree to take over the physical buildings of existing Centres in return for allocating specific service provision in keeping with a Children's Centre offer. This will allow financial savings to be made to both the service and Corporate Landlord but will ensure that there is some continued Early Years provision delivered through these buildings.

11.14 This means that physical buildings can become part of an Extended School resource and continue to provide an Early Years offer through agreements with local schools on or close to the sites.

11.15 Each Resource Agreement will ensure the following principles:

- The fabric of the building will remain the responsibility of the Local Authority;
- The maintenance and running of the building and associated costs will be covered by the host school;
- Host schools will commit to regular maintenance checks;
- Resource Agreements will identify appropriate review points for the provision at the venue and of the agreement;
- Resource Agreements will detail specific exclusions and restrictions of the site.

11.16 To ensure that the Statutory Children's Centre Offer continues to be available as part of these arrangements in the revised proposal, we have been able to identify the provision needed at each site based on the needs assessment from the previous report (Appendix 1). The provision requirements at each site to enter into a Resource Agreement are as follows (note that the number of hours needed will vary depending on other venues/sites delivering the remainder of the offer e.g. baby weigh sessions at clinics):

Site	R.A. to include Health Offer (Hours per week)	R.A. to include Child Development Offer (Hours per week)	Estimated total hours needed for outreach delivery*
Dukinfield – Yew Tree	0 (Delivered at Dewsnap Lane Clinic)	20	20
Dukinfield – Lyndhurst	4	3	7

Fairfield	5	14 (Plus playgroup – a.m. sessions)	19
Audenshaw – Poplar Street	0 (Delivered through Ann Street Clinic)	4	4
Rosehill	14	14	28
Longdendale	0 (Delivered through Hollingworth Clinic)	3 (Remaining provision at Hattersley Centre)	3

*This is arrived at through a combination of current usage at each centre and an estimation of the level of targeted intervention based on assessment of needs. This may be subject to change and will be reviewed termly as part of the Resource Agreement.

Maintained Provision through Alternative Arrangements

11.17 There are two Centre's for which we have had to explore alternative options:

11.18 **Waterloo**: for the Waterloo Children's Centre, a Resource Agreement has not been possible due to the nature and location of the site (i.e. stand alone from school site). However, our needs assessment and the findings from our consultation activities have meant that we have had to consider alternative arrangements at this site within the significant financial constraints placed upon local services. Firstly, there is a particular shortage of alternative Early Years health provision in this locality and secondly there is a need to maintain an "Outstanding" Early Years Provider as part of our 2 year old sufficiency duty. The building costs are not sustainable for the Provider to take on as part of a sole occupancy arrangement. There is limited opportunity for use of other public service buildings in this geographical area without this alternative arrangement.

11.19 As part of longer term transitions arrangements for Health Visiting, the Council will have a duty to ensure a universal coverage for the Healthy Child Programme and without the Waterloo site this will be challenging in this locality. As a result we aim to enter into a 12-month transition phase at this site. This means that we will continue to maintain the building with the assistance of Public Health funding for this programme, within a wider delivery model for Early Years provision. This will allow us to maintain the lease with the private provider and recover some of the building costs as well as meeting our sufficiency duty. It will also allow us to continue to utilize the site as part of the outreach offer of the New Delivery Model. During the 12 month transition phase we will work within the due diligence process for the transfer of health visitor arrangements to address the issue of health visiting need in this area. We will work with the Provider to develop a business model which allows them to either maintain joint occupancy at this site or secure alternative accommodation within the locality.

11.20 **Denton Linden Road:** for the Denton Linden Children's Centre, again, a Resource Agreement has not been possible due to pending application for academy status. We have, however, identified an opportunity to realise an alternative arrangement at this site. This site will be able to link-up to a much broader children and families offer through the co-location of the sensory impairment team with an agreement to maintain a supplementary Early Years offer in keeping with the New Delivery Model. As this will be under the control of the Local Authority rather than a school, costs will be met by the co-located service through the dedicated school grant and the site will not require a formal Resource Agreement.

	A.A to include Health Offer (Hours per week)	A.A to include Child Development Offer (Hours per week)	Total hours need for outreach delivery
Denton - Linden Rd	4	8	12
Waterloo	3 (In addition to Public Health provision)	4 (Plus playgroup all day)	7

Maintained Provision through 'Wrap around' Provision

11.21 In addition to the maintained offer we have been to secure through Resource Agreements with schools and Alternative Arrangement venues, we have also been able to ensure supplementary provision at a universal level delivered through alternative community venues, commissioned provision and borough-wide support for Early Years providers through our Early Years Quality Team.

11.22 In particular this includes provision for 'Stay and Play' sessions via current library venues within the community which was highlighted as one of the most used types of services (at universal level) from our consultation activities. The location of this type of universal community provision can be seen on Revised Proposal Map.

11.23 As part of our supporting commissioning arrangements, Homestart will continue to provide support for vulnerable families and support and promotion of breastfeeding in the borough. As part of the New Delivery model Homestart will provide commissioned outreach support to vulnerable families either following the outcome of an assessment at one of the NDM stages or through identification of risk following non-attendance at an assessment point.

11.24 The Early Years Provider Development Team will provide wrap-around support, advice and guidance to all Early Years settings offering services to children aged birth to five years. The Early Years Quality Officers offer specialist support to the Private, Voluntary and Independent settings which include day nurseries, pre-schools and childminders. In addition, they are to offer a range of information and assistance to Children's Centres and Local Community Groups such as Parent and Toddler Groups (where parents/carers may attend with their children) in delivering high quality targeted and universal services to families with young children. The Revised Proposal will ensure that all providers and supporting community provision in Tameside receive this support as a standard part of the delivery model.

12 ASSESSMENT OF REVIEW AND REVISED PROPOSAL AGAINST STATUTORY GUIDANCE

	Assessment against Review and Revised Proposal	
Statutory Guidance	**Fit with Statutory Guidance**	**Notes**
a) ensure that a network of children's centres is accessible to all families with young children in their area;	Y	The Revised Offer Ensures that a network of Early Years provision in-keeping with the children's centre core purpose is available to all families in the borough. This has been determined by placing additional provision at schools or providing home visits.

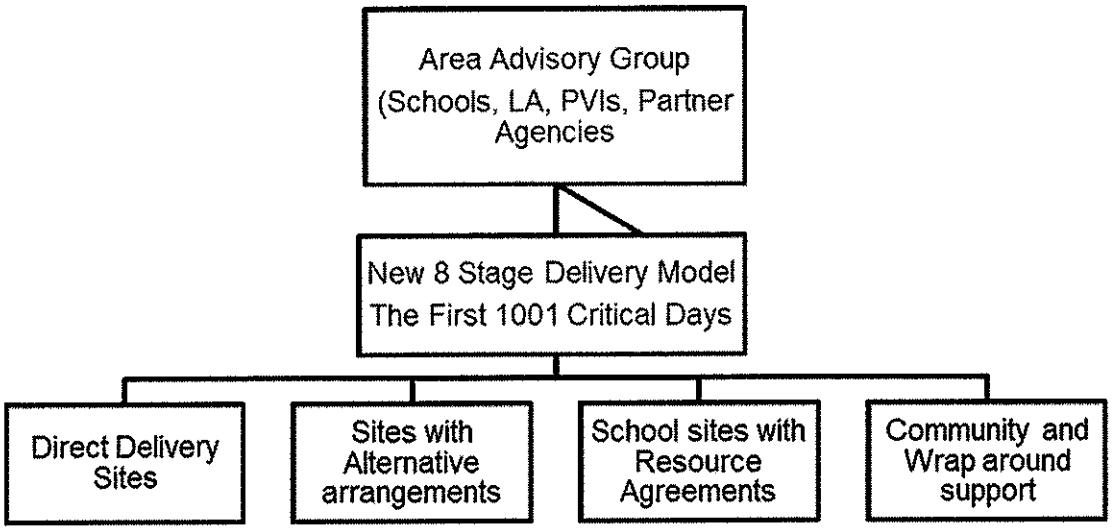
b) ensure that children's centres and their services are within reasonable reach of all families with young children in urban and rural areas, taking into account distance and availability of transport;	Y	The Review has included a thorough assessment of travel distances by foot, car and public transport. The full assessment of this can be seen within the Original Report and ensures that all provision is within 'reasonable' travel distance.
c) together with local commissioners of health services and employment services, consider how best to ensure that the families who need services can be supported to access them;	Y	The Review has ensured that commissioners have been involved in the review to ensure that services are accessible to those who need services. In particular Public Health Commissioners have formed an integral part of developing the new offer.
d) target children's centres services at young children and families in the area who are at risk of poor outcomes through, for example, effective outreach services, based on the analysis of local need;	Y	The New Early Years Delivery model ensures a comprehensive screening of all families in the borough. This means that ALL families will be assessed at Key Points in their development and following identification of a need will be offered either support in their own home or supported to access a service at either a direct delivery site or through a site with a resource agreement.
e) demonstrate that all children and families can be reached effectively;	Y	No family in the borough will be missed as the New Early Years Delivery model ensures a comprehensive screening of all families in the borough. This means that ALL families will be assessed at Key Points in their development and following identification of a need will be offered either support in their own home or supported to access a service at either a direct delivery site or through a site with a resource agreement.
f) ensure that opening times and availability of services meet the needs of families in their area;	Y	The majority of parents and families using services used them twice a week during the day. The Revised Proposal ensures that though some activities may run at a slightly different time that this usage pattern will be supported to continue. Where vulnerable families are unable to access direct provision or provision of sessions at a school site they will be supported via visits from either a Health Visitor or Family Intervention Worker at a convenient time.
g) not close an existing children's centre site in any reorganisation of provision unless they can demonstrate that, where they decide to close a children's centre site, the outcomes for children,	Y	The Review aims primarily to avoid any closure of a centre where possible and particularly when vulnerable families may be adversely affected. The Revised Proposal enables us to maintain a

particularly the most disadvantaged, would not be adversely affected and will not compromise the duty to have sufficient children's centres to meet local need. The starting point should therefore be a presumption against the closure of children's centres;		service offer at most sites through agreements with schools.
h) take into account the views of local families and communities in deciding what is sufficient children's centre provision;	Y	The Review has involved an extensive consultation process which has provided the opportunity for local families and communities to provide their view on the sufficiency of proposals. In addition to this, outside of the review, all children's centre services have advisory boards which allow parents and stakeholders to continuously assess sufficiency.
i) take account of families crossing local authority borders to use children's centres in their authority. Families and carers are free to access early childhood services where it suits them best; and	Y	The Review involved an assessment of Children's Centre provision outside of the local authority boundary (details of this can be found in the original report). Though we believe that the Revised Proposal provides opportunity for families to choose which site to access provision they are also able to access provision identified outside of the borough.
j) take into account wider duties under section 17 of the Childcare Act 1989 and under the Child Poverty Act 2010.	Y	The Review and Revised Proposal has taken into account its duty to safeguard and promote the welfare of children within their area who are in need; and so far as is consistent with that duty, to promote the upbringing of such children by their families. We have done this by ensuring that we have a robust assessment model in place to identify children in need and provide these children with appropriate support to support their development and upbringing through the New Early Years Delivery Model. In addition to this we have also considered the impact that the proposals will have on levels of child poverty in the area by carrying out a comprehensive needs assessment for the borough and ensuring that we are able to target and support those most at risk of poverty including those at risk of poor childhood development, poor health and poor adult health and wellbeing, all of which contribute to the risk of children growing up in poverty.

13 INTEGRATED GOVERNANCE ARRANGEMENTS FOR THE EARLY YEARS

13.1 Alongside the New Early Years Delivery Model and the new arrangements for delivery through Resource Agreements and wrap-around support, it is important that we review the Governance arrangements to support this new offer. To this end, we have developed new governance arrangements which are based on 'Area' governance for the whole of Early Years provision within a cluster of communities.

13.2 Each area is to have an integrated advisory board for Early Years which will oversee and drive forward the new delivery model in the area and will be subject to the Ofsted inspection regime:



14 IMPLEMENTATION

14.1 Subject to approval and on the basis of agreement in principle, we will move to secure all agreements detailed in this proposal including remodeling our services according to the New Delivery Model and through the resources, methods and buildings identified within the report.

15 RECOMMENDATIONS

15.1 As detailed at the front of this report.

APPENDIX 1

Previous Report Including Needs Assessment

The previous report included the Original Proposal and the full needs assessment can be accessed via this link: **Early Years Review Previous Report**

APPENDIX 2

Equality Impact Assessment Form

Subject	Early Years Offer – Children's Centre Review	
Service / Business Unit	**Service Area**	**Directorate**
Strategy and Early Intervention	Strategy and Early Intervention	Communities, Children, Adults and Health
EIA Start Date (Actual)	**EIA Completion Date (Expected)**	**Completion Date (Actual)**
October 2013	August 2014	*To be completed by Corporate Performance*

Lead Contact / Officer Responsible	Jane Forrest
Service Unit Manager Responsible	Jane Forrest

EIA Group (lead contact first)	**Job title**	**Service**
Jane Forrest	Head of Strategy and Early Intervention	Strategy and Early Intervention
Thomas Johnson	Troubled Families and Public Service Reform	Strategy and Early Intervention
Lorraine Kitching	Research & Customer Insight Manager	Corporate Performance and Improvement

NB – EIAs should always be carried out by at least 2 people, and as part of the overall approach to a service review or service delivery change. Guidance from court cases indicates that judgements arrived at in isolation are not consistent with showing 'due regard' to the necessary equality duties

SUMMARY BOX

The aim of the Review of the Early Years offer is to put in place of more effective Early Years Offer that supports the New Early Years Delivery model, ensures that we are able to move to a more targeted offer and away from an emphasis on single-purpose buildings.

In addition to this the Review needs to ensure that we are able to continue to deliver a new Early Years offer within the very difficult financial circumstances facing public services. Therefore the offer needs to ensure that costs associated with the Children's Centres buildings are reduced.

Following an extensive public consultation exercise we have now been able to amend the original proposal for the review of the Early Years Offer. This now means that although there is still a need to re-model the services to a more targeted offer which does not rely on buildings and that there are still significant financial pressures, we have been able to adapt parts of the offer to ensure we are able to provide additional services through schools and community venues alongside our new delivery model.

The result is that we have been able to propose Resource Agreements with a number of schools which sees schools running and having full access to the physical buildings in return for an agreement to provide access to those sites for delivery of Early Years provision. Again, this is in addition to the New Early Years Delivery Model which assesses all families at Key Points from conception to entry into school, identifies need and puts in place a package of appropriate support.

The Original Proposal went out for consultation in December 2013 and this included an Interim EIA which assessed the impact of the original proposal and of the whole early years review. The majority of the assessment impact of the Early Years Review is still included within this report in terms of an assessment of the current users but this EIA is updated to assess the impact of the revised proposal which follows the findings of the consultation.

The review has also had to take into consideration the following legal considerations and has been driven by the influences identified below:

Under Section 5A of the Childcare Act 2006, the council has a statutory duty, so far as is reasonably practicable to iinclude arrangements for sufficient provision of children's centres to meet local need. Similarly, under the public sector equality duty (Section 149 of the Equality Act 2010) we are required, as part of any decision to amend or alter a service, practice or provision, to pay due regard to the need to (a) eliminate discrimination, victimisation & harassment; (b) advance equality of opportunity; and (c) foster good relations in respect of the nine protected characteristics of race, age, gender, disability, sexual orientation, religion or belief, gender reassignment, pregnancy & maternity, and marriage & civil partnership.

There are a number of factors that support the need for a full review of the Early Years Offer within the borough. These are :

Strategic Influences: In redesigning a more effective Early Years Model, there are a number of strategic influences both within the service area and within the wider arena of public service reform which mean that we need to fundamentally redesign our services to contribute to this agenda. These influences are set out in the service redesign section of this report.

Resources: This report is contextualised by the very difficult financial position in which the Council finds itself and which is outlined in the financial section of this report. The financial situation is a catalyst for ensuring that Children's Centres and the wider Early Years and Early Intervention Offer is delivered in the most efficient and effective way possible.

The impact of the proposal has been considered in light of a number of policy changes both locally and across Greater Manchester and a number of pieces of evidence. These include the collation of a number of data sets relevant to early year's provision and its use, transport accessibility and an assessment of the needs of different areas within the borough.

As the proposal for the redesign has been subject to an extensive consultation period with users, members of the public, key stakeholders, groups and other interested parties

Section 1 - Background

BACKGROUND

The aim of the Review of the Early Years offer is to put in place of more effective Early Years Offer that supports the New Early Years Delivery model, ensures that we are able to move to a more targeted offer and away from an emphasis on single-purpose buildings.

In addition to this the Review needs to ensure that we are able to continue to deliver a new Early Years offer within the very difficult financial circumstances facing public services. Therefore the offer needs to ensure that costs associated with the Children's Centres buildings are reduced.

Following an extensive public consultation exercise we have now been able to amend the original proposal for the review of the Early Years Offer. The Revised Proposal is based on the extensive consultation and is intended to simultaneously address the pressures identified below and address

the issues raised by vulnerable and protected and vulnerable groups. These are highlighted in the following sections.

Under Section 5A of the Childcare Act 2006, the council has a statutory duty, so far as is reasonably practicable to iinclude arrangements for sufficient provision of children's centres to meet local need

A Children's Centre is described in legislation as a place, or a group of places—

(a) which is managed by or on behalf of, or under arrangements made with, an English local authority, with a view to securing that early childhood services in their area are made available in an integrated manner,
(b) through which each of the early childhood services is made available, and
(c) At which activities for young children are provided, whether by way of early years provision or otherwise.

In determining sufficiency the Council may have regard to any children centres provided outside its area, and those it expects to be provided outside its area.

Under section 3(6) of the Childcare Act 2006 the Secretary of State has power to give guidance in relation to the children's centre duty

Chapter 2 of the statutory guidance says what the local authority should do when deciding upon the sufficiency of children's centres:

a) ensure that a network of children's centres is accessible to all families with young children in their area;
b) ensure that children's centres and their services are within reasonable reach of all families with young children in urban and rural areas, taking into account distance and availability of transport;
c) together with local commissioners of health services and employment services, consider how best to ensure that the families who need services can be supported to access them;
d) target children's centres services at young children and families in the area who are at risk of poor outcomes through, for example, effective outreach services, based on the analysis of local need;
e) demonstrate that all children and families can be reached effectively;
f) ensure that opening times and availability of services meet the needs of families in their area;
g) not close an existing children's centre site in any reorganisation of provision unless they can demonstrate that, where they decide to close a children's centre site, the outcomes for children, particularly the most disadvantaged, would not be adversely affected and will not compromise the duty to have sufficient children's centres to meet local need. The starting point should therefore be a presumption against the closure of children's centres;
h) take into account the views of local families and communities in deciding what is sufficient children's centre provision;
i) take account of families crossing local authority borders to use children's centres in their authority. Families and carers are free to access early childhood services where it suits them best; and
j) take into account wider duties under section 17 of the Childcare Act 1989 and under the Child Poverty Act 2010.

Similarly, under the public sector equality duty (Section 149 of the Equality Act 2010), as part of any decision to make changes to a service or provision, the Council is required to pay due regard to the need to (a) eliminate discrimination, victimisation & harassment; (b) advance equality of

opportunity; and (c) foster good relations, in respect of the nine protected characteristics of race, age, gender, disability, sexual orientation, religion or belief, gender reassignment, pregnancy & maternity, and marriage & civil partnership.

The purpose of this EIA is to assess the impact of the new early years offer and the revised proposal. It should be noted that although we are assessing this impact, The Children's Centre Offer is specifically to provide support for the most vulnerable groups and ensure that inequalities in outcomes are narrowed. This means that by their nature, Children's Centres and by extension the remodelled offer provides support to vulnerable groups through targeted work.

The Revised Proposal is a hybrid model which utilises the New Early Years Delivery Model which is targeted according to need but is secured through a range of venues and wrap-around support. This will either mean a direct delivery site or outreach through Resource Agreement sites at schools, alternative arrangements at venues or universal provision in community libraries.

Each stage in the New Delivery Model will involve an assessment process which will ensure that we are able to (a) accurately understand the issues within a family from conception (b) communicate these issues across agencies and (c) ensure our new delivery offer is targeted at the most vulnerable groups.

From these assessments (which assess need of children in communication, gross motor, fine motor, problem solving, and personal-social) children in need of intervention will access a specific pathway which defines relevant evidence based interventions and further more specific/targeted assessments as required.

Any child/family who does not attend assessment points will be followed up initially by the responsible assessor, and an integrated outreach package will be put in place between health, Children's Centre, nursery & school, utilising commissioned outreach support as required.

The Revised Proposal puts forward an option to provide a whole-borough 8 stage delivery model which is further secured through provision at the following:

Direct Provision	Resource Agreement with School	Alternative Arrangement at site
St Peters	Rosehill	Waterloo
Hattersley	Dukinfield	Denton Linden
Mossley	Dukinfield Lyndhurst	
Greenside (brought in-house)	Fairfield	
Denton South	Longdendale	
Hyde Flowery	Audenshaw	
Ridgehill		

Tameside currently has 17 designated Children's Centre in the borough. These Centres have been rolled out in 'Phases' since 1999. Phase 1 (1999-2006) saw the Sure Start Local Programmes (SSLP) being rolled out in the most deprived areas in England with eight centres. Phase 2 (2006-2008) sought to build on the success on Phase 1 by ensuring that the remaining disadvantaged areas had access to Children's Centre Services, in addition services would also be developed to service families outside the most disadvantaged areas, this saw the introduction of 7 centres. Finally, Phase 3 (2008-2010) sought to complete the national roll-out of Children's Centres for families living in less disadvantaged and more affluent areas (to reach all children) with

the introduction of two centres.

The table below show the breakdown of Phases[1]:

Phase 1	Phase 2	Phase 3
St Peters Children's Centre*	Millbrook Children's Centre	Hyde Newton Children's Centre
Hyde Flowery Children's Centre*	Longdendale Children's Centre	Audenshaw Children's Centre
Hattersley Children's Centre*	Fairfield Children's Centre	
Greenside Children's Centre*	Lyndhurst Children's Centre	
Rosehill Children's Centre	Denton Linden Children's Centre	
Waterloo Children's Centre	Mossley Children's Centre*	
Ridgehill Children's Centre*	Denton South Children's Centre*	
Dukinfield Children's Centre		

The 'core purpose' of a Children's Centre is 'to improve outcomes for young children and their families and reduce inequalities between families in the greatest need and their peers in:

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

There are a number of factors that support the need for a full review of the Children's Centre offer within the borough. These are :

Resources: This report is contextualised by the very difficult financial position in which the Council finds itself. Before April 2011 the Children's Centres and Sure Start provision in the borough had been fully funded from specific Central Government grants. This was through a combination of the Sure Start Grant and other supporting grant funding streams. In 2010/11 the ring fenced revenue allocation for this area was £9.09m with £4.21m specifically allocated for Children's Centres within this total. It is important to note that the legacy of this level of funding informed the offer in place at present which is no longer financially viable and as such is the subject of this review.

This review aims to deliver savings for the financial years 2013/14 and 2014/15. The savings target for Strategy and Early Intervention is £50,000 in 2013/14 and an additional £250,000 in 2014/15, i.e. a total of £300,000. The financial situation is a catalyst for ensuring that Children's Centres and the wider Early Years and Early Intervention Offer is delivered in the most efficient and effective way possible.

Strategic Influences: Though there is a pressing financial imperative to make sure that we deliver all of our services in a significantly more efficient manner and continue to respond to ongoing budgetary pressures, there are a number of strategic influences both within the service area and within the wider arena of public service reform which mean that we need to fundamentally redesign our services to contribute to this agenda. These include public sector reform, the new early years offer, the integrated family service for troubled families and the neighbourhood offer.

Across Greater Manchester there are five strands to the public sector reform agenda; two of these

[1] The asterisks depict those children's centres that are proposed to remain open.

have had a greater influence in helping to shape this review and the develop the final proposals; these are the development of the GM-wide Early Years offer and the development of the whole family, whole place way of working set out under the Troubled Families theme.

Early Years Offer

The new early years offer makes the case for changing the focus and spend in the early years from that of distinct service areas and buildings to investment in the new model. Governance of the new Early Years Offer is through the local Early Years Steering and implementation Group. The new model is heavily focused upon integration, particularly between health services and the neighbourhood offer and consists of

- A shared outcomes framework, across all local partners;
- A common assessment pathway across GM: eight common assessment points for an integrated ('whole child' and 'whole family') assessment at key points in the crucial developmental window, using expanded existing assessment points, and with the remaining Healthy Child Programme visits to continue as standard;
- Evidence-based assessment tools to identify families reaching clinically diagnosable thresholds for intervention or having multiple risk factors as early as possible;
- Needs assessment triggers referral into an appropriate evidence-based targeted intervention;
- A suite of evidence-based interventions is being developed, to be sequenced alongside other public service interventions as a package of transformational support to families, with appropriate step-down packages of support rather than 'free fall', to help off-set the risk of re-entry to a high level of need in future. Areas will be able to 'top up' the suite of interventions with additional services according to local circumstances;
- Ensuring better use of daycare: new 'contract' with parents eligible for targeted twos daycare to drive engagement in education/employment/training/volunteering, and introducing new common terms and conditions to drive improvement in all daycare settings;
- A new workforce approach, to drive a shift in culture: enabling frontline professionals to work in a more integrated way in support of the 'whole family' and with other services to collectively reduce dependency and empower parents;
- Better data systems to ensure the lead professional undertaking each assessment has access to the relevant data to see the whole picture, to reduce duplication and confusion, to track children's progress and in particular support the most vulnerable and disadvantaged;
- Long-term evaluation to ensure families' needs are being addressed and add to national evidence for effective early intervention.

'Troubled Families' – Integrated Family Services

The GM Troubled Families programme focuses on reducing the number of Troubled Families fitting the national TFU definition but also incorporates upstream preventative work with families at risk of becoming troubled. This whole system approach supports cohorts of families not yet in crises, and brings together a wide range of approaches (such as the work and skills or programmes to reduce domestic violence) that support change in deep seated inter-generational behaviours in communities. The approach recognises not only the inter-connectedness within issues at a family level but also the inter-connectedness between themes within a community.

The new early years offer will play an integral part in assisting those families identified as troubled and help to address any issues early on in a child's life in order to prevent larger costs to the public purse at a later date.

The Neighbourhood Offer

In addition to these reform and integration themes, the review of the Children's Centre Offer has needed us to make sure that the offer is closely streamlined with the principles being developed by the new Neighbourhood Offer in Tameside. The Neighbourhood Offer is about aligning services that are delivered in communities based on what is needed and what is affordable. It aims to both shift expectations of what can be provided by public services and will incorporate the integration of both universal and targeted services.

The new Children's Centre Offer aims to work with Neighbourhood teams within this offer and utilise other civic buildings, neighbourhood and universal teams within the 'Go To' Centres concept.

Users / demographics

Currently 51% of the Tameside's population lives within half a mile of a children's centre, 91% live within 1mile, 98% live within 1.5 miles and 100% of the population lives within 2 miles. Under the proposal, all of Tameside's population will live within 2.5 miles of a children's centre within the borough.

All of Tameside's Children's Centres are within a 20 minute drive time of a Children's Centres that is proposed to remain open.

Children's Centres are a targeted service aimed at families with 0-4 year olds and in addition provide services to expectant parents. There are currently 14,439 0-4 year olds in Tameside with 15% using the centres (2,193) over a 2-3 month period. The number of users at each centre varies and is shown below:

Audenshaw CC – currently accessed through other centres
Denton CC - 257
Denton South CC - 174
Dukinfield CC - 75
Dukinfield Lyndhurst CC – 69
Fairfield CC - 192
Greenside CC – 146
Hattersley CC – 65
Hyde Flowery CC – 273
Hyde Newton CC – currently accessed through other centres
Longdendale CC - 65
Millbrook CC – 24
Mossley CC - 181
Ridgehill CC – 134
Rosehill CC – 108
St. Peter's CC – 212
Waterloo CC - 218

The current children's centre offer provides the following services in those children's centres which are to be remodelled within the new offer:

Audenshaw & Guide Bridge

- Baby Weigh
- Child Minder Support Group / Network
- Stay & Play
- Rhyme Time
- Child Development Checks
- Toddler Talk

Denton Linden Rd

- Baby Babble
- Baby Weigh
- Child Minder Support Group / Network
- Child Development Checks
- Community Groups
- Holiday Activity Sessions
- Post Natal Group
- Rhyme Time
- Stay and Play
- Toddler Talk
- 1:1 Parenting Sessions
- Disabled Parking
- Disabled Toilets
- No. of public access PCs
- Parking Facilities

Dukinfield

- Stay and Play
- Baby Babble
- Physical Play
- Childminders Group
- Breastfeeding Group / Support
- Holiday Activity Sessions
- Ante- natal Group
- New Beginnings
- Post Natal Group
- Toddler Talk
- Disabled Parking
- Disabled Toilets
- No. of public access PCs
- Parking Facilities

Dukinfield (Lyndhurst)

- Baby Babble
- Physical Play
- Baby Weigh
- New Beginnings
- Child Minder Support Group / Network
- Stay and Play
- Disabled Parking
- Disabled Toilets
- Parking Facilities

Fairfield

- Pre School Private Provider
- Ante Natal Drop-in
- Baby Babble
- Baby Weigh
- Holiday Activity Sessions
- Physical Play
- Rhyme Time

- Post Natal Group
- Stay and Play
- Toddler Talk
- 1:1 Parenting Sessions
- Childminding Network
- Disabled Parking
- Disabled Toilets
- No. of public access PCs
- Parking Facilities

Hyde Newton

- Baby Babble
- Rhyme Time

Longdendale

- Baby Babble
- New Beginnings
- Rhyme Time
- Child Minder Support Group / Network
- Stay and Play
- Sling Meet
- Toddler Talk
- Disabled Parking
- Disabled Toilets

Millbrook

- Baby Babble
- Breastfeeding Group / Support
- Child Minder Support Group / Network
- Stay and Play
- Disabled Toilets

Rosehill

- Rosebuds
- Baby Babble
- Breastfeeding Group / Support
- Baby Weigh
- Holiday Activity Sessions
- Stay and Play
- New Beginnings
- Parenting Courses
- Toddler Talk
- Physical Play
- 1:1 Parenting Sessions
- Disabled Parking
- Disabled Toilets
- No. of public access PCs
- Parking Facilities

Waterloo

- Happy Hedgehogs
- Baby Babble
- Child Minder Support Group / Network
- Baby Weigh

- Holiday Activity Sessions
- Physical Play
- Rhyme Time
- New Beginnings
- Parenting Courses
- 1:1 Parenting Sessions
- Disabled Parking
- Disabled Toilets
- No. of public access PCs
- Parking Facilities

This review is driven by a number of factors though it is primarily informed by the need to remodel the Early Years offer as part of our wider service reforms in order to improve outcomes from birth. The proposal identified seeks to balance this with the financial challenge facing public services. Children's Centre Services form an integral part of ensuring that we are able to achieve our corporate priorities, particularly in respect to school readiness. As such, it is important that this review ensures that any chosen option mitigates the risks identified through this process.

Where existing centres will no longer be run as a designated Children's Centre, we will seek to utilise facilities at non-retained centres through Resource Agreements with schools. Similarly we will seek to utilise other community provision such as health clinics though resource agreements (and in the future through wider investment agreements) with our partners. This will be supplemented further with targeted work within a family home.

Retained Centres will, however, not simply be utilised as a Children's Centre but will assist in the provision of our broader integration agenda and community offer. For example, these venues will be used to house Early Help teams and multi-agency teams to enable us to deliver an integrated whole family offer within each locality. Similarly, these centres will provide both outreach venues for neighbourhood teams in the most deprived areas of the borough supporting and complementing our ambition to develop the 'Go To' Centres and community hubs concept. Taken together with these wider agendas, the proposal will allow the development of a holistic offer not only for our new Early Years Model but for a whole-place model beyond the early years towards whole-family and whole-community working.

This EIA is intended to assess the impact of the revised proposal.

Section 2 – Issues to consider & evidence base

ISSUES TO CONSIDER

Based on the our knowledge of the current Early Years Services, active user data and catchments areas, the following impacts have been identified across various protected characteristic groups in respect of the proposal. In addition to this and to inform the new offer we have carried out a full and extensive consultation process to assess the impact. The headlines from the consultation follow the assessment of the current users.

Where a Children's Centre catchment area is referred to, this is based upon the population within that Children's Centre areas, using the Lower Super Output Areas (LSOAs) where the majority of the area falls within the catchment area. Some LSOAs will appear in more than one catchment area due to overlapping catchments and some LSOAs will not appear in any as they fall outside of all the catchment areas.

Protected characteristics – general points

Gender
The split between male (48.6%) and female (51.4%) children attending the children is in line with

the Tameside average (49.1% and 50.9% respectively). Although remodelling of certain children's centres will not have a disproportionate effect on either gender, they will be an impact for their carers. The majority of parents/carers attending the children's centres with the children are females. Consequently, any loss of provision from changes to Early Years' service delivery will mean that the impact will be felt greater amongst females than males.

Age
Primarily the early years' service is aimed at 0-4 year olds and their parents/carers with additional services being provided to expectant parents. Data is not collected on the age of the parent/carer attending the session, only for the child attending.

In light of the Council's recognition that children's centres play an important role in encouraging early year's development and helping children to become school ready there is a potential impact on the 0-4 year old population.

Disability
According to the user records, the proportion of users with a disability is very low at 1.4%. However, this is self-reported, and figures relating to those with a Limiting or Long Term Illness (LLTI) show that approximately 3.9% of 0-15 year olds are affected. Children's Centres catchment areas with high incidences of 0-15 year olds experiencing LLTI are Greenside (4.5%) and Denton South (4.2%).

The largest number of users with a disability attend sessions at Denton Children's Centre (12) and Dukinfield Children's Centre (12).

Race / Ethnicity
Tameside has a population that is predominately white, or from a white background with 90.9%, identifying as such. Resident BME communities are mainly concentrated in the catchment areas of St. Peters (16.7%), Hyde Flowery (11.2%) and Ridgehill (10.4%).

Children's Centre user data shows that there are currently four children's centres that have significantly higher number of users from a BME background compared to the Tameside average. 30.5% of users at St. Peter's were from a BME background, 27% at Fairfield, 25% at Rosehill and 15.9% at Hyde Flowery.

Fairfield CC serves an area with large numbers of asylum seekers and maybe disproportionately affected by any change.

In the last Residents Opinion Survey 2010-11, BME respondents also rank 'facilities for children' as more important than their white counterparts (42% and 13% respectively).

Pregnancy / Maternity

There may be an impact for mothers with babies and infants accessing early year's provision. The remodelling of the early years offer will potentially limit ease of access to health and wellbeing resources (ante-natal classes) around pregnancy, maternity, childcare and parenting services.

CONSULTATION

The consultation on the proposal was carried out from 12 December 2013 until 12 March 2014. The consultation was extensive and incorporated a formal public consultation available via the Council's Big Conversation Site, a series of consultations with other services and agencies including schools and community groups as well as additional community based consultation exercises aimed at parents and vulnerable groups.

Big Conversation Consultation

Following the data cleansing process, the final valid response figure was 475 individuals.

The percentages of responses from each demographic group are tabled below.

Demographic Group	Tameside population	Achieved sample following cleansing
Gender		
Male	49.1%	8.0%
Female	50.9%	92.0%
Age		
Under 30	37.4%	26.9%
30 to 44	20.5%	53.1%
45 to 59	20.2%	14.6%
60 to 79	17.9%	5.2%
80+	4.0%	0.2%
Ethnicity		
White	90.9%	94.3%
BME	9.1%	4.1%
Disability		
Yes - Day-to-day activities limited	20.9%	8.4%
No - Day-to-day activities not limited	79.1%	91.6%

A total of 92% of respondents were female, while 8%% were male. This is not representative of the Tameside population (50.9% female 49.1% male). These figures illustrate the level of females that are parents/carers of children, in particular under the age of 5 (70.1% female 5.7% male).

Females are over represented; however this could be due to females tending to be the primary carer of the majority of children attending centres. Ethnic minority groups were under represented (94.3% white 4.1% BME), however when assessing Tameside population this is in line with local trend (90.9 White 9.1 BME). Respondents aged between 60 & 79 and 80+ (5.2% 60-79 02% 80+) are again under represented, however with the majority of parents/carers having children under the age of 5 this would be expected.

Disabled respondents with day to day activities limited (8.4%) is lower than the Tameside population (20.9%) however this could be due to a low level falling into this category (34 respondents).

Key Findings from the Big Conversation consultation (Structured questions)

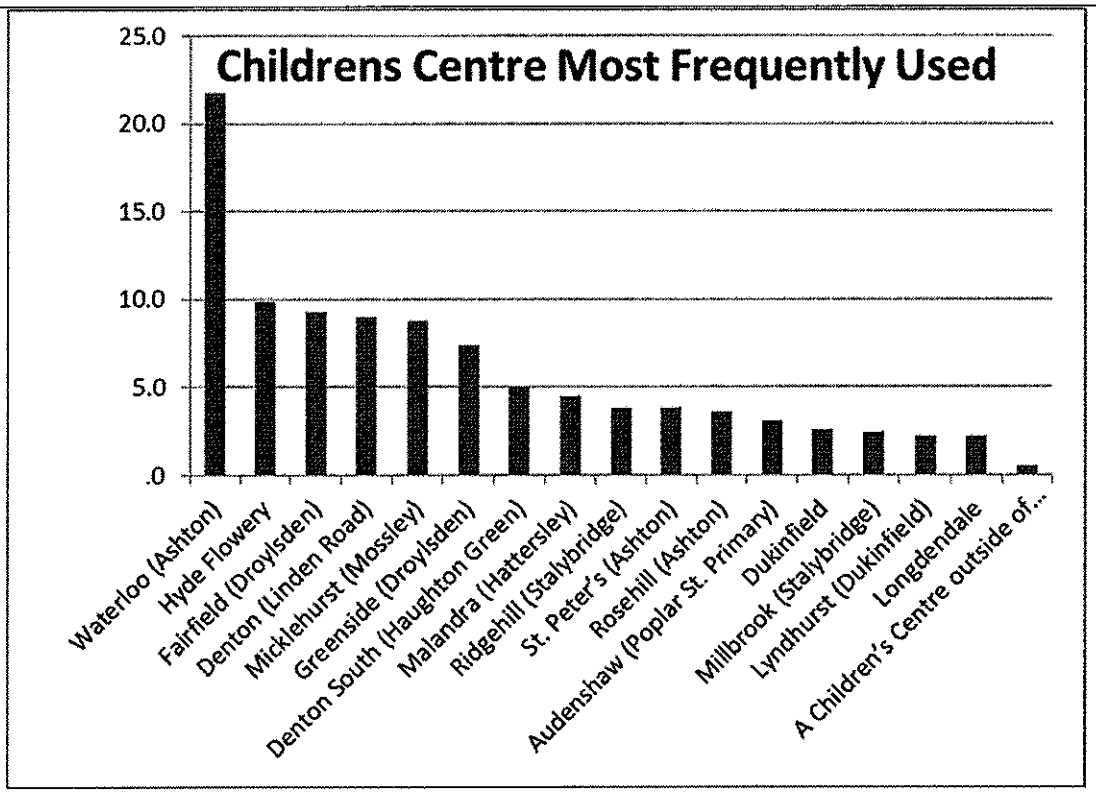
Question 2. How often do you usually visit/use a Children's Centre in Tameside?

The majority of respondents use the Children's Centre on a weekly basis (56.3% two or more times a week 27.8% weekly).

BME respondents confirmed that they use Children's Centres two or more times a week (79.2%) in comparison to white individuals who use the centre (50.4%) two or more times a week.

Question 3. Which Children's Centre do you use most often?

As can be seen below Waterloo Children Centre is used most often (21.8%). This is followed by Hyde Flowery (9.8%), Fairfield Droylsden (9.3%) and Micklehurst Mossley (8.8%). Among respondents with day-to-day activities limited, Waterloo Children's Centre was most frequented (39.4%) with 19 of the 34 disabled respondents using that centre. Waterloo was the most frequently accessed by BME respondents (28.6%), with Fairfield following (28.6%).



Question 4. Apart from the Children's Centre you use most often (as indicated in Q4) do you use any other Children's Centres?

Respondents were asked to confirm if they attend any other Children's Centres and Waterloo was the centre most attended (16.7%). Greenside Droylsden (26.7%) & Fairfield Droylsden (26.7%) were most frequented particularly by male attendees apart from their normal Children's Centre.

Question 5. When visiting a Children's Centre, what is this usually for?

When asked to confirm which services members of the public were likely to access Stay and Play sessions (17.6%) which was followed by Baby Weigh (13.94%) and Rhyme Time (11.78%) as indicated in the below table. Male respondents were also more likely to use the Stay and Play sessions (73.0%) and also BME public members confirming that this is the most accessed service on offer (70.8%). This was significantly lower for respondents with a disability with day-to-day activities limited (51.5%) however this was the most popular service on offer for this group.

Services on Offer	% attended
Stay & Play Sessions	17.6%
Mini Movers	5.33%
Breakfast Club	0.5%
Breastfeeding Support	6.03%
Bookstart	3.23%
Baby Babble	6.67%
Baby Weigh	13.94%
After School Club	0.63%
Rhymetime	11.78%
Childminder's Network	1.05%
Holiday Activities	5.53%
Parenting Group	2.44%
Parenting Advice	4.5%

Weight Matters	1.89%
Health Advice	2.73%
Antenatal	2.44%
Development Checks	3.09%
Adult Learning / Training	1.22%
Dental Advice	0.77%
One to one support	1.68%
Job and Benefit Advice	0.7%
Accessing a public computer	0.7%
To use a meeting room	0.91%
Other (Please state below)	5.58%

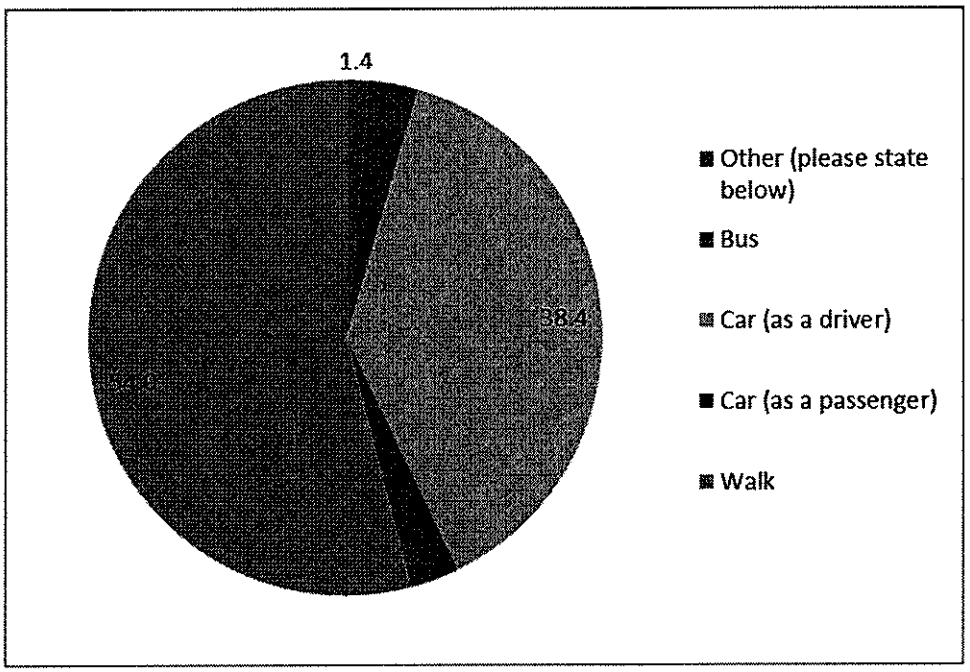
Question 6. From the options listed below, please select the THREE services you think are most important for a Centre to provide?

The services above were then further evaluated with respondents being asked to specifically choose three of the most important services as in the table above. Again Stay and Play sessions were most popular with respondents in general (71.5%) followed by Baby Weigh (31.8%) and Rhyme Time (27.4%). This again confirmed the popularity of the services across all groups.

Question 7. How do you usually travel to the Children's Centre which you use most often (as indicated in Q4)?

When asked to confirm how the Children's Centres were accessed the majority of parents/carers walked to the Centres (54%) followed by car as a driver (38.4%). The lack of use of buses to commute to the centres (3.1%) compared to walking emphasises that distance could be an issue for many parents/carers. The results are shown as below.

Most Regular Method of Travel to Children's Centres



Question 8. What impact (if any) do you think the new proposed Children's centre offer for Tameside will have on you?

The results of the consultation indicated that the majority of respondents would no longer use a Children's Centre (37.7%) or use the centres less often than they currently do (35.2%). 7.4% did confirm however that they would attend a different centre within Tameside, although (14.8%) would instead access services such as local groups or outings with friends.

Question 9. Where a Children's Centre will close under the new proposed offer the Council is seeking to provide alternative provision in other venues. From the list below, please select which of these venues you would be willing to attend for services?

Respondents were asked to confirm which venues they would consider attending for services currently offered in the Children's Centres. Schools were the most popular (59.0%) but it this could be because demographically it could be more likely that they may have one within walking distance. Community centres (50.7%) and Health Centres (41.2%) were also popular venues; again this could be locality and a more community setting. GP Surgeries (25.9%) and Faith buildings (26.6%) were the least favourite option however it was confirmed that some respondents were willing to attend for services.

Question 10. What would you like to see happen to those buildings which will no longer be open as Children's Centres under the new proposed offer?

Finally respondents were asked if after consultation the Children's Centres no longer offered the current services what provision they would prefer them to offer. It was confirmed that early year's services should still exist in the Children's Centres and preferably would be provided by schools (39.8%) and Community Groups were also popular (28.6%). Private Provision was less popular (18.7%) however this could be attributed to the perceived cost as Children's Centre services are generally free or subsidised.

Parents and carers were considered the least popular option to run the Children's Centres (13%). This was also the case for the under-represented groups (BME, male, disability and those with limited day-to-day activities). When considering each different location Waterloo Children's centre differs from this general opinion as the preferred option for running the centre was private provision (38.4%). There is currently a Pre-school located within the building which offers subsidised care during school hours. When accessing the written comments made by parents/carers their main concern is this facility closing as it allows parents/cares to take up work and training activities.

Question 11. Are you aware of any local groups (including groups of parents/carers) who would be interested in running a self-funded Children's Centre?

Respondents were given the opportunity to provide details of any parties that may be interested in taking over a Centre. This was not very successful (87.9%) said that they did not know anyone, with 4 respondents confirming that they may know someone that could be interested.

Key Findings from the Big Conversation consultation (Free response questions)

When analysing the data and comments made by parents/carers it becomes apparent that the Children's Centres are considered a successful venture by the respondents as not one individual had criticism for any of the children's centres. Much off the commentary detailed how the centres 'brought communities together' with many individuals raising concerns that parents and carers would become isolated. Many expressed that the closing of the centres would cause parents/carers and children to become excluded socially as friendships were formed within group activities that provided support networks for individuals and children. This was also linked to increasing the prevalence of mental health issues specifically post natal depression in mothers. Also the centres had supported many mothers with breastfeeding and it was confirmed that without this support they would simply have given up.

The comments also expressed the commitment of staff in the centres and the relationships that had been made between parents/carers and staff leading to a feeling of trust. The services provided also included advice for problems such as debt and access to benefit advice which would otherwise not be available. The informal setting of the centre allowed parents/carers to feel more confident in seeking advice that they would feel uneasy accessing in more professional settings.

Parents/carers also expressed concern for their child's development socially and the risk to their development. The centres provided the opportunity for babies/children to socialise and develop though play and centre activities and this was seen as vital to the child's development. The closing of the centres and the risk of losing these opportunities was viewed as detrimental to preparing children for the transition to school. Parents/carers confirmed that the closing of the centres would impact on school readiness and would place the children at a disadvantage to other children that would have access to these services

The centres were generally viewed as a safe environment for children with excellent facilities tailored to the needs of children. As many only used their local centre they were concerned about accessing other centres both because of the distance and also the cost of travel expenses. Many of the parents currently walk to the centres and would because of the closures now have to use public transport. This was found to be costly and also difficult as buses in general will only allow two prams on. Time restraints will also be a factor in travelling as many parents/carers had children to collect from nursery/school throughout the day, and this would prevent access to the centres.

The Waterloo centre alone had forty four comments which highlighted the concerns surrounding its closure. Much of the concern centred on Happy Hedgehogs Pre-school which is open during school hours and is available to parents at a cost of £10 per week. This subsidised cost allowed parents to work whilst their child was safe, happy and learning in preparation for the transition to school. Many parents/carers confirmed that without this service attendance at work would be difficult as private nursery is costly.

Unfortunately, a large proportion of free-text responses did not include reference to specific centres but simply made comments surrounding children's centre services as a whole. This would have provided greater insight into which concerns and issues affected specific centres.

Specific responses from vulnerable and protected groups

There were a number of responses specifically from some vulnerable and protected groups. Some of these comments were general in nature but revolved around access, opportunities to socialize and some specific comments in relation to the Waterloo Centre and Dukinfield Centre:

BME Groups

"We would strongly like to protest in favour of Waterloo children centre to remain open for the foreseeable future. We believe this centre is very important for the community in particular for the development of the local children. Closing this centre will impact our children's welfare and cause burden to families who rely on this centre. I believe Tameside should support this centre and re-assess its initial decision. If we can show support or protest any further to help keep Waterloo centre remain open, we wish to be included in doing so"

"I'm a member of staff and a parent who accesses happy hedgehogs preschool and other services within the Waterloo children's centre I feel that the centre is a important and valued centre which

has become a major part of the community giving families and children support and a safe place to access for some families it is a home away from home a place where there meet and make long life friends and a place where they can get advice which they can trust as a member of staff at happy hedgehogs preschool was one of the chosen childcare provider to be situated in the Waterloo area it has become a provider who has gained a excellent reputation with a outstanding grade from Ofsted where we are recognised for our hard work and commitment to families and most importantly the children who are our future coming from a parent as well who has had a child already attend the preschool and moved on to school gaining lots of skills and knowledge during his time there I also have a child due to attend September 2014 I wouldn't feel comfortable sending her anywhere else I have total trust and know that happy hedgehogs and the Waterloo children's centre is where I want her to access where she is safe and the staff will give her the skills and knowledge she needs Waterloo children's centre is important and vital part of the Waterloo area community I hope it continues to do so in the future please keep it in the community so it is there for all families and children who are a big part of our future"

"I have found my local children's centres (Dukinfield) to be an extremely valuable resource from which both myself and my daughter have benefitted greatly. The 7 centres you are proposing to leave open are difficult for me to travel to which I'm sure would be the same situation for many people. I have learnt so much from staff at the children's centres about how or better interact and play with my daughter and find it very sad I will no longer be able to participate in groups and classes with her."

Disability

"I help to look after my grandaughter. For 3 years she has been enjoying going to the groups at Linden road Denton, since she was born. She was born with a serious mouth defect, she has a cleft lip and palate and on advice from the cleft surgeon and his team at Manchester Children's Hospital she goes to different groups to help her speech and communication. We use the Denton children's centre because it is near where she lives and this means she mixes with children from her area. She has come on really well and the children's centre and the girls who work there have all helped and we as a family are really grateful. We want to continue to bring her to the same place. If you close the 10 centres – will this mean that all the other centres will have too many people and we cannot get a place at the stay and play or the rhyme time?"

"I look after my daughter's baby a few days a week and attend the children's centre as much as possible. I find the staff welcoming and helpful. I would find it extremely difficult to attend other Centres on the days I have my grandaughter I am not able to walk far and have limited bus fair."

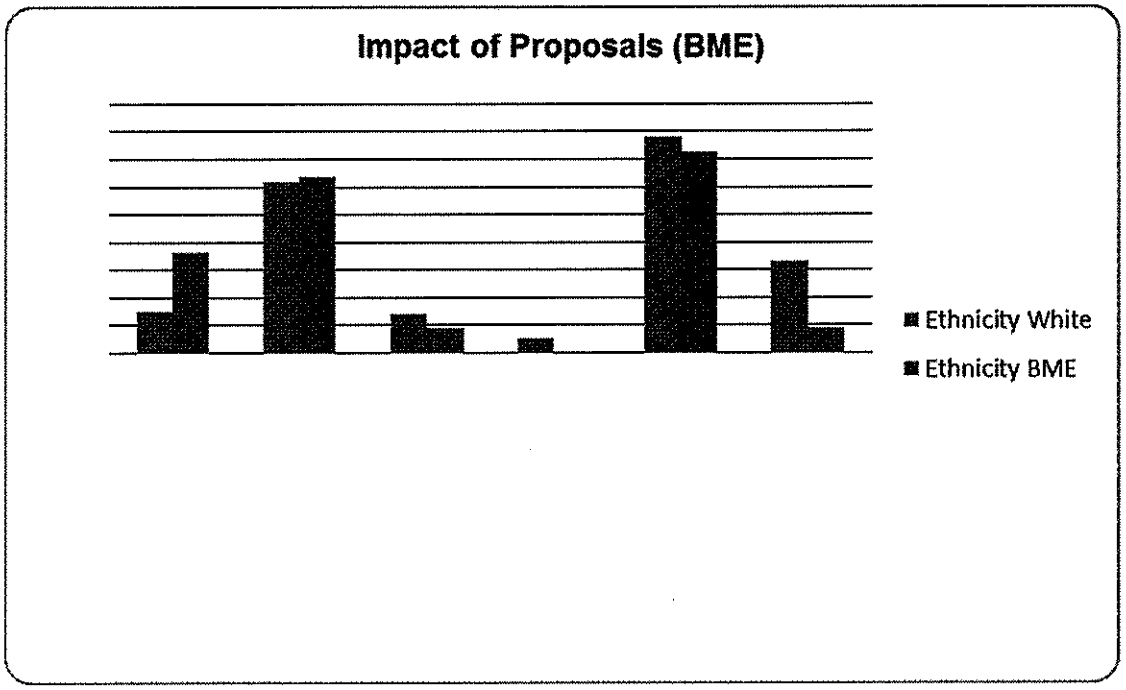
"I'm sure I speak on behalf of not just myself but of every parent with young children when i say that the Children's Centres provide a source of help, support both emotionally and physically for parents. I personally rely on the centres for a chance to meet other parents as i am a single mummy. It gives me a chance to socialise and also for my son to integrate into a social fun environment."

Disability and Maternity

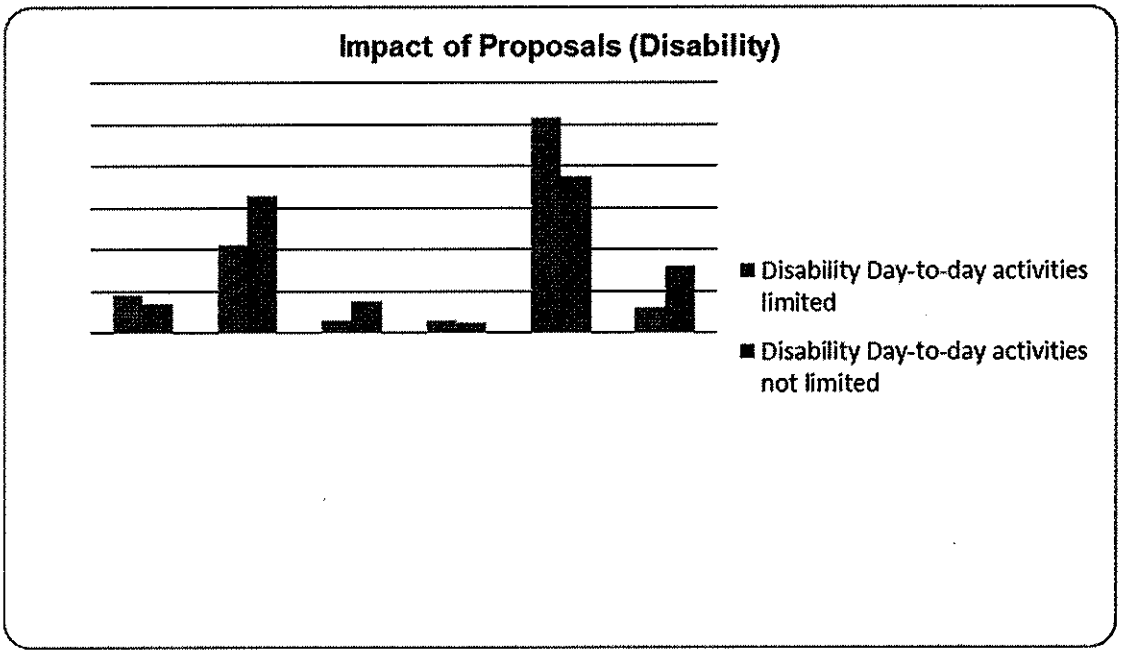
"I spent most of my maternity leave in children's centres and it allowed me to build a strong network of people for parenting support, supported the development of my child and allowed me to learn new skills including first aid training. The more locations you close you reduce people's chances of getting out and developing their children."

The overall impact upon vulnerable and protected groups was also assessed as part on the consultation activities. In terms of impact of the original proposals, 18% of BME group respondents said that the changes would have no impact compared to 7.6% of White respondents.

BME groups were slightly more likely to report that they would use children's centre services less often (31.8% as opposed to 31.0%).



In terms of impact of the original proposals on those with a disability, the impact level was perceived to be slightly higher. 7.0% of those with a disability said that they thought that the proposals would have no impact compared to 9.1% of those without a disability. 33% of those with a disability said they would use centres less that they currently do compared to 21.2% without a disability. However, those with a disability reported that they were more likely than those without a disability to attend another centre within Tameside (7.5% compared to 3%). This may be due to these groups relying on the support offered.



Key Findings from the Consultation – Consultation Workshops

In addition to the formal consultation available through the Big Conversation website, the consultation exercises also widely promoted the opportunity to attend workshop consultation events at the Children's Centres. This was promoted to all sections of the community through a variety of methods. The workshops involved a number of sessions where vulnerable and protected groups were represented including BME Groups, Teenage Parents, Asylum Seekers and those with SEN. This ensured that the consultation exercise was able to take into account a wider array of views from the borough which were representative of the make-up of our communities and residents.

The consultation activities were publicised at all available opportunities within Tameside. This included libraries, health centres, GP surgeries, community centres, and faith buildings, notice boards situated with school playgrounds and through all 17 children's centres. Information displayed included the purpose of the consultation and a detailed visual instruction of how and where to access the online link. In addition to this, specific consultation with partners was carried out including:

Schools linked to Children's Centres

Where centres are based on a school site centre managers met with senior school staff to give information around the purpose of the consultation and timeline. This was done before the consultation to ensure they had prior knowledge and accurate information. Face to face meetings were also held with each Headteacher using the opportunity to discuss possible outcomes and ways forward.

Providers within Children's Centres

Managers met with providers to give information around the purpose of the consultation and timeline. This was done before the consultation to ensure they had prior knowledge and accurate information. Face to face meetings were also held with each provider using the opportunity to discuss possible outcomes and ways forward. Additional meetings also helped with parents using childcare if and when requested.

Advisory groups

The most up-to-date information was provided to all advisory group members both within planned meetings and via email when any updates were available. All members where committed to promoting the consultation within their own partner organisations including fellow colleagues and where appropriate service users. The partner organisations involved within this were Job Centre Plus, Health Visiting Team, Police, New Charter, Oral health, Nutrition, Health Improvement, Homestart. The range of agencies differs across advisory groups.

Early Help Staff

Staff briefings took place on 13 and 17 December 2013 and 14 January 2014. In addition to this, all staff were asked to disseminate consultation information to families, particularly hard to reach and vulnerable groups.

Wider Staff (Social Care, Voluntary Sector, Barnardos, Homestart, Schools, LEAP)

Staff were invited to all briefings and invited to contribute to the consultation either through the briefings or through email providing them with details of the proposal and of the consultation activities.

Targeted Groups/Child Minders/Parents and Carers

Laptops were made available in Children's centres to complete the survey online, paper copies also available. Posters were on display in Children's centres and libraries promoting the consultation activities

Outreach support was also given to ensure that our vulnerable groups identified had the opportunity to access the consultation. This was carried out by Family Intervention Workers and Early Years Workers supporting targeted service users to take part in the consultation both within Children's Centres and in their homes.

Group and Individual Meetings with Health Services

Group and face to face meetings were carried out with Stockport Foundation Trust, Tameside Foundation Trust and Pennine Care NHS Trust. This included Midwifery and Paediatrics and was also supplemented by consultation activities carried out at ante-natal clinics.

Details of the groups sessions, the consultation activities and the respondents at those groups are detail as followed:

Groups	Consultation through	Targeted groups in attendance
Advisory Groups Stay & Play Rhyme Time Baby Clinic Child Development Child Minders Network Baby Group Post Natal Child minders Network	Laptop available for public/users to complete survey on line. Paper copies made available for public/users to complete, given to Customer Care to input. Conversation/flyers handed out Outreach via FIW Attendance at community groups Cover/ QA session 1:1 Sessions Group sessions	BME = 158 attendees Lone Parents = 95 attendees Grandparents = 34 attendees Male = 78 attendees Referred/Live Cases (Complex Needs) = 49 attendees Teenage Parents = 23 attendees

		Asylum Seekers = 5 attendees Looked After Children = 7 family attendees Special Educational Needs = 6 family attendees

Findings from consultation workshops/group sessions

Denton, Droylsden and Audenshaw

Following the group sessions in this area, 70% of respondents were found to use Children's Centre services two or more times per week. The primary reasons for use were Stay and Play/Rhyme-time, Baby Babble and 1:1 Parenting services. The majority of respondents walked to the centre though 6 also used the car as a driver. Only 4 respondents would consider attending a Community Centre for Children's Centre provision. If Children's Centres closed, 80% said that they would no longer use the provision, 15% would use less often and 5% would use a similar activity not provided at the Centre.

Key comments from these activities include:

Respondents felt comfortable and 'at ease' within the Children's Centre environment. One parent felt strongly about this specifically because her child had behavioral difficulties and felt that this non-judgmental environment was particularly helpful for him.

Respondents liked the range of services available in one venue, the support received from staff and the safe environment provided by the Centres.

It was felt that children's development would be affected if Centres were to close. It was also noted that the Children's Centre activities were important for socialising with other parents and children and that these opportunities would be missed.

Finally, respondents were concerned about the increased distance of travel which may be needed if current Centres were to close.

Stalybridge, Dukinfield and Mossley

Respondents from this locality were concerned about the lack of access within this area if both Dukinfield and Lyndhurst buildings were to close. Parents were concerned regarding what community services may be available in this eventuality.

Those families without access to a car said that they wouldn't be able to travel to Stalybridge or Ashton so would be unable to access these services.

It was noted by the respondents that activities provided through the Centre meant that isolated parents were able to socialize and having easy access to Early Years Workers meant that parents had ample opportunity to talk through concerns that they did not have time to raise with their Health Visitor.

Children who had attended Children's Centre activities in the area enjoyed attending and had been able to make new friends via these sessions. In particular, the respondents were complementary

about the Child Minders group which provided a child-friendly setting, was a chance to socialise and for children to develop skills.

It the event of buildings being unavailable, parents were concerned that there would be nowhere else to meet and that advice and information, readily available through the Centres, would be unavailable.

Ashton

From respondents in this locality who attended focus groups, over 60% used the centre once per week and 44% used the centres more than twice per week.

Primary reasons for the use of centres were Stay and Play, Physical Play Sessions, Rhyme time, Time for Tots, Baby Weigh Sessions, New Baby Groups, Sensory Room usage, pre-school and sessional day care and access to support and advice.

The majority of parents reported that they walked to the centre and would be unlikely to afford bus fares. Only 5 parents said they used a car at times.

As an alternative venue for providing Children's Centre services, all those in attendance thought that a Community Centre would be the most appropriate place. 10% said that the main factor would be access to an alternative venue.

In terms of the impact of closing buildings in the locality, over 50% expressed their concern as they believed that their children benefitted from the socialisation at the centres. 40% said that the centres were the only place that their children socialized.

Most of the parents said that the centre is a part of the community and believed that the changes would have a negative impact on child development and readiness for school. In addition to this parents felt that through activities they were able to share experiences of becoming a parent and meet new people.

50% of parents felt that they received very good advice, information and support that they believed they would not get elsewhere. Parents felt that the free provision and the safe environment encouraged people to access provision. Many parents felt cut-off from the community and lack of money was seen as a barrier to access other services. The routine of attend the centre was seen as helping with social issues.

The majority of parents felt that it was really important that all children could access activities to contribute positively to child development regardless of how much money each family had and where they lived. Parents felt that access to holiday activities was particularly useful as lots other activities were considered expensive.

Hyde, Hattersley and Longdendale

Parents who did not have access to their own transport said that they would not be able to travel to other centres and were concerned about where services would be provided should a centre close. A number of the parents chose to access certain centres because they were closer to siblings schools and this meant that they would be unlikely to access services at an alternative venue because of this.

Parents with transport noted that they realized they were fortunate to be able to easily access others centres but felt concerned that less fortunate families would be unable to travel.

Parents believe that Hattersley Children's Centre is a good place to meet other parents from other areas in Mottram and Longdendale, they felt that it held a vital place within the community now that previous shops and neighbourhood centres had been demolished. A specific point raised regarding

the Hattersley Children's Centre was that residents do not like crossing over the road to the other side of Hattersley where Tesco is located.

Parents stated that they didn't not feel that the Hattersley Community Hub was a suitable place to deliver services from and some parents expressed concerns that they did not feel that this venue was 'child friendly'. They also felt that if services were to be delivered from single room in this venue that it would lose services would lose their identity as a 'Children's Centre'.

Parents noted that having Hattersley Children's Centre directly attached to the nursery provision was particularly valuable as this made for a good transition from Children's Centre services to the childcare provision.

Parents provided comments about the centres in the area:

"I don't think Hattersley Children's Centre should be moved as it has the facilities here that are needed and it is good for children moving up into bigger classes and preparing for nursery and school"

"I have attended Children's Centre activities with both my children of ages 8 and 2. My eldest is doing excellent at school. She scored the highest level on her SATS last year and I believe that this is partly due to the good start her education had through the stay and play/rhyme time sessions. My youngest child has delayed speech and language and this was picked up from staff at the stay and play sessions who quickly referred him to speech and language services. Children's Centres have a positive impact on adult and child wellbeing"

"My son is 14 months old and I have come to the children's centres since he was 8 weeks old. The service is invaluable and the staff and friends made here are such an important support network to me. I feel that a really good service will be lost if we lose centres"

"If Hattersley Children's Centre were to move we would lose the outside areas. Also the community hub over the road is a little walk away from the centre but in the snow and dark weather I would not be willing to walk that extra bit"

"I don't think this centre [Hattersley] should shut as this has an outdoor play area and children who come to stay and play get used to coming here and will be ready for attending the nursery"

"The [Hyde Flowery] Children's Centre is a critical part of our community and provides a fantastic resource"

Targeted Consultation sessions – Protected and Vulnerable Groups

In addition to the Group Consultation sessions which included some service users from protected groups, the consultation process also included sessions with specific protected and vulnerable groups.

Targeted – Asylum Seekers

A further 4 Asylum seeking families were consulted to determine any specific impacts the proposal would have which related to them being Asylum seekers.

3 of the Asylum seekers primarily used the Fairfield Children's Centre, 1 used a cross-border Centre in Openshaw. 1 had previously used Greenside Children's Centre and 2 had previously also used the cross-border Centre in Openshaw.

The Asylum seeking families used the centres for a variety of purposes but covered 'Stay and Play' Sessions, Baby Weigh, Rhyme Time, Holiday activities, drop in one-to-one support and to access a public computer.

The group report that the proposals would mean that 2 families would use another centre outside of Tameside (Openshaw) and 3 said that they would attend alternative venues such a provision in the local library. They would also be happy to attend provision in local schools or other community venues. In addition to this it was reported that this group use Fairfield for ad hoc drop in and advice from Children's Centre Staff.

Targeted – BME

A further 13 families from BME groups were consulted to determine any specific impacts the proposal would have which related to them being from BME groups.

4 used Hyde Flowery, 5 used St Peters, 2 Rosehill, 1 Waterloo and 1 Mossley. The families use the Centres for a variety of reasons, most often for Holiday Activities but also including Baby Weigh, Rhyme Time, Baby Babble.

The group report that the proposals would mean that they would be less likely to be able to mix with other children and parents, there will be less provision to attend and that they would be more isolated potentially leading to poor mental health due to lack of support.

Members of the group commented that they would "*attend any venue as long as I felt comfortable and welcome*" and that they *"can use other buildings but [it] would not be the same – atmosphere/resources"*.

Parents noted that they "*would not be able to travel to another centre if this one gets full because of the closures", "It would be too far for me to go to another centre", "my daughter would miss being able to play with other kids if she could not come here", "It's a shame because we need more of these centres not less"*

Targeted – Teenage Parents

A further 6 young women who are parents were consulted to determine any specific impacts the proposal would have which related to them being teenage parents.

3 used St Peters, 2 Rosehill, 1 Greenside and 1 Fairfield. The young parents said they used the centres primary for the dedicated "Young Parents" group at St Peters, but also for the baby weigh sessions, parent advice, Rhyme Time and one-to-one support around housing.

The group report that the proposals would mean that they would not be able to meet new people, they wouldn't have anywhere to go with their babies to play with, they would have no friends, they would be scared and they would not have support from the Teen Parents Group.

In addition the young parents made the following comments: *"it is ridiculous that they are going to close the children's centre", "they would be taking away things that people rely on", "cannot afford to take her baby to places like busy bouncers as it costs too much money", "it would be a shame to see the local children's centre sat empty", "would not know where to go if they needed support"*

LIST OF EVIDENCE SOURCES
Demographic information – children's centres catchment areas, user data Facilities and sessions run at the children's centres Location of neighbouring children's centres Walk distance modelling – Salford University Residents Opinion Survey 2010 Asset information Results of formal consultation process December 13 to March 14

Section 3 – Impact

IMPACT
Equalities Impact of the Proposal / Actions Required The anticipated impact is based upon previous user data and consultation evidence highlighted above. As such, the section below details where mitigations are already planned, or where further work is anticipated, in order to lessen the impact of the proposed changes and the protected characteristics where an impact has been identified. Before the review 100% of families would be within 2 miles of an offer, with the original proposal 98% would be within 2 miles of a venue or 92% within 1.5 miles. With the Revised Offer we estimate that access levels will be even greater due to the use of resource agreements, alternative arrangements and other venues. The Revised Proposal incorporates additional provision to sit alongside the direct delivery sites. This means that the majority of the other sites will either be taken over by schools or alternative provision. These resource agreements with these sites will build in a requirement to for the schools or other service to maintain access to an early years offer. This means that physical buildings can be de-designated as a single purpose Children's Centres but continue to provide the same offer through agreements with local schools on or close to the sites. Each resource Agreement will ensure the following principles: • The fabric of the building will remain the responsibility of the Local Authority • The maintenance and running of the building and associated costs will be covered by the host school • Host schools will commit to regular maintenance checks • Resource Agreements will identify appropriate review points for the provision at the venue and of the agreement. • Resource Agreements will detail specific exclusions and restrictions of the site. To ensure that the Statutory Children's Centre Offer continues to be available as part of these arrangements in the revised proposal, we have been able to identify the provision needed at each site based on the needs assessment from the previous report As a result of these arrangements which are also linked together by the New Early Years delivery model, the impact of vulnerable groups is anticipated to be negligible as a borough-wide service will still be in place. The New Early Years Delivery Model also ensures that all families from vulnerable groups are identified at key stages and are supported according to their needs.

The consultation findings have been taken into account as part of the Revised Offer which we now believe that the coverage and assessment model does not disproportionately disadvantage or impact on any specific group which is related to their characteristics.

The only exception to this has been the identification that Fairfield Children's Centre is heavily used for ad hoc drop in purposes for Asylum Seeking Families as a result of the Revised Proposal, although there will continue to be early years provision at this site through a resource agreement with the school, the drop in offer will no longer be available.
In order to address this we will put in place additional requirements for this resource agreement which will ensure that members of the public wanting to use this site for ad hoc drop in enquires will be efficiently supported through clear signposting arrangements from this site to either another Children's Centre site (e.g. Greenside or St Clements, Openshaw) or local Go-To centre. There will also be a telephone number advertised at this site for information advice and guidance. The need for this specific part of the offer should be minimized by the assessment of all families from conception to school entry which will identify those families who are Asylum Seeking and ensure that they are holistically supported according to all of their needs.

Finally there were some concerns raised by Young Parents/Teenage parents about the impact the proposals would have on them. These focused on concerns about continued access to the Young Parents group which allowed them to be supported and have access to peers in a similar situation. The Young Parents group will continue to run at St Peters Children's Centre in the Revised Proposal and all Teenage Parents will continue to receive direct support as part of the targeted delivery in the New Early Years delivery model.

Section 4 – Proposals & Mitigation

PROPOSALS & MITIGATION

It is important to note, that there will be no loss of a particular provision, just a change in location or a change of delivery mechanism, the mitigations below will go some way towards alleviating any negative effects. These include the provision of some of the existing services in other venues such as schools, health clinics, community buildings through resource agreements and alternative arrangements

We will in addition provide a targeted outreach service through the New Early Years Delivery model to those families most in need of our services and will assist us in providing a comprehensive service to those families that can't access one of the remaining children's centres.

Our analysis also provides us with an understanding of the many community activities that take place for those aged 0-4, for example 'mums and tots' groups in community centres and church halls and we will signpost families to these services in addition to those run by the Council. This provision along with provision in neighbouring boroughs has also been taken into account when ensuring continued access to provision.
As a result of these arrangements which are also linked together by the New Early Years delivery model, the impact of vulnerable groups is anticipated to be negligible as a borough-wide service will still be in place. The New Early Years Delivery Model also ensures that all families from vulnerable groups are identified at key stages and are supported according to their needs.

The consultation findings have been taken into account as part of the Revised Offer which we now believe that the coverage and assessment model does not disproportionately disadvantage or impact on any specific group which is related to their characteristics.

The only exception to this has been the identification that Fairfield Children's Centre is heavily used for ad hoc drop in purposes for Asylum Seeking Families as a result of the Revised Proposal, although there will continue to be early years provision at this site through a resource agreement

with the school, the drop in offer will no longer be available.

In order to address this we will put in place additional requirements for this resource agreement which will ensure that members of the public wanting to use this site for ad hoc drop in enquires will be efficiently supported through clear signposting arrangements from this site to either another Children's Centre site (e.g. Greenside or St Clements, Openshaw) or local Go-To centre. There will also be a telephone number advertised at this site for information advice and guidance. The need for this specific part of the offer should be minimized by the assessment of all families from conception to school entry which will identify those families who are Asylum Seeking and ensure that they are holistically supported according to all of their needs.

Finally there were some concerns raised by Young Parents/Teenage parents about the impact the proposals would have on them. These focused on concerns about continued access to the Young Parents group which allowed them to be supported and have access to peers in a similar situation. The Young Parents group will continue to run at St Peters Children's Centre in the Revised Proposal and all Teenage Parents will continue to receive direct support as part of the targeted delivery in the New Early Years delivery model.

Section 5 – Monitoring

MONITORING PROGRESS
The officer who has overall responsibility of ensuring the impact is monitored is Jane Forrest. Through our integrated governance arrangements for the revise proposal, we will continue to work with all stakeholders in order to monitor the impact of these arrangements on vulnerable groups and identify any possible mitigation. The impact upon vulnerable and protected groups will continue to be monitored through the performance management arrangements of the service and through the Ofsted Inspection Framework which requires these services to demonstrate how they are targeting and supporting vulnerable groups and how they are making a positive impact upon these groups. Where arrangements are in place with schools or other agencies through resource agreements, the access to continued provision and the impact upon these groups will continue to be monitored through the ongoing contract monitoring arrangements.

Issue / Action	Lead officer	Timescale
Ensure ongoing monitoring arrangements are in place through:- • integrated governance • monitoring of resource agreements and performance management framework.	Jane Forrest Lorraine Butler	ongoing

NB – The version sent to Corporate Performance should be the version agreed and signed off by the relevant Senior Manager.

Sign off

Signature of Service Unit Manager	Date
Jane Forrest	**21 August 2014**
Signature of Assistant Executive Director / Assistant Chief Executive	**Date**