

Agenda Item No: 7 (I)

DERBYSHIRE COUNTY COUNCIL

CABINET

3rd March 2015

Report of the Acting Strategic Director for Children & Younger Adults

Report on the Findings of the Consultation Undertaken on the Proposals to Review Children's Centres – (Children and Young People)

1. Purpose of Report

This report informs Cabinet of the results of the phase 2 consultation on Children's Centre services, and the findings of the Equality Analysis and Health Impact Assessment, and makes recommendations for:

- I. The closure of two Children's Centres and the associated services (Ashbourne and Duffield) and;
- II. The closure of two Children's Centres (Langwith and Castle Gresley) where the buildings are not fit for purpose and the transfer of services to other sites.

2. Information and Analysis

It has been recognised and evidenced that the first five years of a child's life has a huge bearing on their health, well-being and development. Through the delivery of the Children's Centre Service, in conjunction with other universal and targeted services provided by Derbyshire County Council and partner organisations, the aim is to reach all the families who need support most and ensure that all children have a good start in life.

Derbyshire currently has 54 Children's Centres, organised in groups, which work together to deliver services from a range of venues. The services include early education and childcare, health services and parenting & family support, and are delivered to support the needs of the local communities they serve.

Children's Centre services can be delivered in a range of settings and do not necessarily require a purpose-built venue. Across the County,

services are already being delivered in families' homes; at local community venues and in locations where partnerships with other agencies such as schools or health can strengthen the support to a family or child and deliver an integrated early offer of help.

Local Authorities across the country are facing unprecedented financial challenges, which for Derbyshire represent cuts to its budget of £157 million by 2018. In order to meet this target, Cabinet is being invited to review all contracts and review every service when the opportunity arises to make sure that services are now affordable.

As the local authority cuts its budget to achieve the £157m in savings, it is as important as ever that it ensures that the remaining budget complies with Government priorities of achieving value for money, especially for families in greatest need of support, when determining local arrangements.

On 4th February 2015, Council considered the revenue budget for 2015/2016 which indicated proposed budget reductions. A reduction in the number of Children's Centres was identified as a potential area for future Members' consideration, with a view to achieving a saving of £944,000 in the financial year 2015-16.

The Children's Centre Review is looking at ways to ensure that children continue to be safe, and that families with young children receive the support they need to enable them to be healthy and ready to learn. It is seeking to make savings whilst developing a clearer, more effective Children's Centre model that will maximise the impact on narrowing the gaps between those children who achieve well at school and those who under-achieve.

The Children's Centre Review process must have regard to the requirements of the Department for Education Sure Start Children's Centres: statutory guidance - April 2013. The guidance states that local authorities should 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.**

2.1 Children's Centre Consultation- Phase 1

In May 2014, Cabinet agreed to consult with residents, service users, interested organisations and other key partners to seek their initial views on:

- i) options for reducing the Children's Centre budget; and
- ii) criteria that would be applied to identify Children's Centres for more in-depth impact assessment work.

This was followed by a phase 1 public consultation and equality analysis.

2.2 Criteria to Determine the Future of Individual Centres in Derbyshire

Following the phase 1 consultation and consideration of the feedback received, a further report was submitted to Cabinet on 30th September 2014 to seek approval to apply the following proposed criteria to the 54 Children's Centres:

- i) Relatively low level of need/deprivation;
- ii) Relatively low engagement of the 0-5 population;
- iii) Relatively high level of centre running costs;
- iv) Ease of access to a children's centre;
- v) Availability of alternative local services.

Criteria i) to iii) above were used to generate the specific recommendations in the Cabinet report of 30th September 2014. Both the proposed criteria and the application of the criteria then formed the basis of a phase 2 consultation exercise. It was not considered feasible to develop a system of ranking or scoring for the two final criteria – ease of access and availability of other local services – and so these were not used to generate the proposals for consultation but have been explored further through the consultation and as part of the ongoing development of the Equality Analysis.

2.3 Children's Centres Consultation – Phase 2

A second phase of public consultation on the proposals took place from 8th October 2014 to 21st January 2015. 470 responses were received via an online or paper questionnaire. In addition to this, 66 focus groups with current service users, potential service users and professionals were held at Centres that would be affected by the proposals.

In addition to the formal public consultation, a 'Health Impact Assessment' has been carried out by a team from Public Health. This has involved focus groups with 221 Children's Centre users and 1,048 individual comments were received.

The consultation feedback, Health Impact Assessment and other letters and representations from members of the public and professionals have been considered to inform the recommendations in this report. Responses to the feedback are set out below and in the equality analysis.

A full analysis of the consultation and the potential impact of the proposals relating to Ashbourne, Duffield, Castle Gresley and Langwith Children's Centres can be found within the Equality Impact Analysis (Appendix 1) and the Health Impact Assessment (background paper).

During the course of the consultations a number of suggestions were made of alternatives to closing the centres, or mitigating the impact. The suggestions made are considered as part of the equality and consultation analysis (Section 7, Appendix 1). Members are asked to give particularly close consideration to the contents of this section. Members will note that a number of the suggestions made have been included in the action plan at Section 9.

The consultation also sought views on proposals to change the opening hours of 10 phase three Children's Centres. This report does not cover those proposals, as more time is needed to fully consider the consultation responses.

2.4 Recommendations

2.4.1. Ashbourne Children's Centre

Ashbourne Children's Centre is situated in an Adult Education Building on a site 0.5 miles from the town centre. The centre is part of a much larger building and comprises a small room with a small open plan office space.

In response to the public consultation, all of the respondents¹ living in the Ashbourne Children's Centre reach area said that closing the centre would affect them. In total, 86 respondents stated that they would be affected if the centre closed. Of these 86, 56 were people who said they had used the Centre in the past 12 months (45 were families; five were local Children's Centre employees; six were other professionals and three unknown). Three people who had used the Centre in the past 12 months said they would not be affected.

The negative impacts which respondents identified were:

¹ All those respondents who provided their home postcode, whose postcode was in the Ashbourne reach area. A number of respondents did not provide their home postcode and so it is not possible to link their feedback to a particular Children's Centre or area.

- There would be less opportunity to meet other local parents;
- Social isolation: A number of people said that they would be socially isolated without the Centre as there was a lack of alternative local provision. Several respondents said that they could not travel to access other services due to cost and/or limited transport options;
- Three respondents were concerned about the potential impact on mothers suffering from post-natal depression;
- Staff working within the Children's Centre and some other local services, including schools, commented that there was a need in the local area for early help for vulnerable families;
- A number of respondents were concerned about the impact on early child development, and the loss of free local activities for children such as the Toy Library and stay & play groups.

Although the majority of people who commented felt there would be a negative impact from closure, a small number of respondents felt that there would not be any impact as the service was not known about or accessed by the families who needed it most.

The Equality Analysis considers each of the potentially negative impacts which have been identified, and discusses how they could be mitigated. It should be made clear that whilst it is possible to mitigate the impact to an extent there will still be an adverse impact experienced by families in the area and Members are asked to read the analysis and to consider the adverse impact identified and the degree of mitigation which is, or is not, possible.

In particular Members will wish to be satisfied that 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.

In relation to the Ashbourne area, the Analysis concludes that some alternative local services are available, for example a specialist perinatal mental health service and a range of community parent and toddler groups. These would be publicised better to families. The Equality Analysis also concludes that, given the very rural nature of the surrounding area, there would be a greater risk of social isolation if the Children's Centre closed, particularly amongst low income families. To ensure that all vulnerable families are supported, outreach services would continue to be provided by other Children's Centres and the Multi-Agency Teams. (For further details on the proposed mitigations, see Appendix 1, section 9).

Alongside the concerns which have been expressed in consultation, however, the Equality Analysis recognises that Ashbourne ranks 47th out of 54 areas in Derbyshire for deprivation (i.e. it is one of the least

deprived areas), and that the Children's Centre is the 4th most expensive for running costs despite its small size (which means that there is a need to deliver many of its services from other venues). The centre also ranks 54th for engagement as it is the least well-used, with only 198 contacts taking place between July 2013 and July 2014 (in an area where there are 733 children under five years of age). With the measures that would be implemented to reduce the impact of closure, the Acting Strategic Director is satisfied that there would not be an adverse effect on outcomes for vulnerable 0-5 year olds in the area.

It is recommended that, as proposed in the Cabinet report dated 30th September 2014, this Centre and associated services are closed on 31st May 2015.

2.4.2 Duffield Children's Centre

Duffield Children's Centre is situated in a shop front, within walking distance of the town centre. A small venue with limited room for activities is used for Children's Centre activities, with a small enclosed office space for confidential work. The Children's Centre is located in an area where there is generally a low need for services. Duffield ranks 53rd out of 54 Derbyshire areas for deprivation (i.e. it is the second least deprived). Health outcomes are better than the County average. Usage of the centre is low: Duffield ranks 49th out of 54 Children's Centres for engagement of the 0-5 population.

In the phase 2 consultation, 24 respondents said they would be affected if Duffield Children's Centre closed. 14 out of the 24 respondents who said they would be affected had used the centre within the past 12 months, including 10 families; three paid carers and one unknown). The potential negative impacts which respondents identified included:

- A reduction in local opportunities for early learning and socialisation;
- Difficulties in accessing alternative provision due to lack of car transport or low income;
- Loss of a local weighing facility for babies;
- Belper Children's Centre would become too busy;
- Increased social isolation.

The potential negative impacts are analysed in more detail in the Equality Analysis Appendix 1 and the Health Impact Assessment (Background paper) Overall, the number of respondents who identified that closure would affect them or their children adversely was very low. Some of the negative impacts that were mentioned related specifically to the loss of a local weighing facility and access

to free local activities. It should be made clear that whilst it is possible to mitigate the impact to an extent there will still be an adverse impact experienced by families in the area and Members are asked to read the analysis and to consider the adverse impact identified and the degree of mitigation which is or is not possible

In particular Members will wish to be satisfied that 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

With the mitigations that are proposed in the Equality Analysis (Appendix 1, section 9), the Acting Strategic Director is satisfied that that closure would not have any adverse impact on children's outcomes.

It is therefore recommended that Duffield Children's Centre and its associated services close, as proposed in the Cabinet report dated 30th September 2014, on 31st May 2015.

2.4.3. Langwith Children's Centre

Langwith Children's Centre is sited as part of Stubbin Wood School, in a room that was previously a community room within the school building. The school now needs additional space and has asked the Authority to vacate the space. The consultation proposed that local Children's Centre services would continue, but would be delivered from alternative local venues.

In response to the consultation, 15 respondents said they would be affected by the proposed relocation of Langwith Children's Centre services, of which six had actually used the Children's Centre in the past 12 months. Of the nine respondents who said they would be affected and had not used the centre, three had used other centres, three were current or former Children's Centre employees, and three were former service users.

Of the 15 respondents who said they would be affected by the proposed relocation of the services, four stated that they could access services from Shirebrook or Whaley Thorns Children's Centres, although some said they would find this difficult. Five said they could not access another centre and six said they did not know.

Langwith Children's Centre is located in an area of high need for services, and the Health Impact Assessment identifies that some key outcomes for children in the local area are below the Derbyshire average. Attendance at activities run by the centre is generally high. The Equality Analysis concludes, however, and the Acting Strategic Director is satisfied that,

there is unlikely to be any adverse impact from relocation. This is because the centre itself is generally used as an office, and although one group session per week takes place there, this will be replaced by a similar group which will be run on the school site twice per week, independently of the Children's Centre.

In line with the Equality Analysis (Appendix 1, section 9), it is recommended that the proposed transfer of services to Shirebrook Children's Centre proceeds; that outreach services continue to be available for vulnerable families in the Langwith Junction area, and that all families who said they would find it difficult to access an alternative Children's Centre are contacted and signposted to the new group sessions at Stubbin Wood school.

2.4.4. Castle Gresley

Castle Gresley Children's Centre is currently experiencing subsidence to the wall at the rear of the Centre. A structural engineer has inspected the wall and confirmed that it is in poor condition and requires demolition and rebuild. It is unsafe for use in its current state and services have already been withdrawn and transferred on a temporary basis to other community bases.

In response to consultation, 13 respondents said they would be affected by the proposed re-location of services, 10 of whom had used the centre in the past 12 months. Of the respondents who said they would be affected, eight said that they could access support from alternative Children's Centres or local venues. Five said they did not know. No respondents identified that they would be unable to access another Children's Centre.

In summary, the impact of re-location is considered to be low, particularly as services are already operating on a satisfactory basis (on a temporary basis) from other community bases. In line with the Equality Analysis (Appendix 1, section 9), it is recommended that the full closure of this centre continues and that delivery of the services from other community venues also continues. All those families who said they would find it difficult to access an alternative Children's Centre would be contacted and signposted to alternative local provision within their community.

It should be made clear that whilst it is possible to mitigate the impact to an extent there will still be an adverse impact experienced by families in the area and Members are asked to read the analysis and to consider the adverse impact identified and the degree of mitigation which is or is not possible

In particular members will wish to be satisfied that 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.

With the mitigations that are proposed in the Equality Analysis (Appendix 1, section 9), the Acting Strategic Director is satisfied that that closure would not have any adverse impact on children's outcomes.

3. Financial Considerations

The proposals would achieve annual savings of £225,444 in total, rising to £232,647 if an alternative user is found for the venue in Ashbourne.

As a result of closing Duffield Children's Centre, annual savings of £15,220 can be made from the date the centre closes which, subject to approval, would be 31st May 2015. Further annual savings of £18,379 relating to rents, rates and alarms can be made once the current lease ends which, subject to approval would be from the 25th September 2015.

As a result of closing Ashbourne Children's Centre, annual savings of £3,908 can be made from the date the centre closes. Further annual savings on rent of £7,203 can be made by the Children's Centre. However, this would also result in an equivalent loss of income to Adult Education who maintain the building, until they were able to find an alternative user for this part of the building.

As a result of closing Castle Gresley Children's Centre, annual savings of £14,782 can be made from the date the centre closes which would be immediately following the Cabinet decision. Further annual savings of £9,547 relating to rates & alarms can be made once the property has been disposed of.

Langwith Children's Centre is in part of Stubbin Wood School and the arrangement was not formalised by way of a lease; the school simply loaned use of the room. As a result, there are no direct cost savings from the closure of this site.

In addition, a further annual saving on staffing of £163,608 can be made as a result of the full reduction of staffing at Duffield & Asbourne Children's Centres and services delivered from those centres. This would result in a reduction of 1 FTE Children Centre Co-ordinator grade 12 (saving £47,460 including on costs) and 4 FTE Family Support Workers grade 8 (saving £116,148 including on costs).

4. Equality Consideration

Further work has been undertaken as part of the consultation process in order that the Council may have regard to its equality and human rights obligations when making final decisions. Information gathered during consultation and development of the Health Impact Assessment has informed the development of the Equality Impact Analysis (Appendix 1). Any adverse impact that has been identified during consultation has been mitigated, as far as possible.

5. Human Resources Considerations

On 30 September 2014, Cabinet approved the implementation of revised posts and structures in the Supporting Families Services and Children's Centres subject to consultation with staff and the Trade Unions. This review is on-going and appointments to the revised roles are planned to take place during March and April 2015, with a proposed starting date of 1 June 2015 for the new contracts.

The impact of the proposals to close Ashbourne and Duffield Children's Centres is a reduction of 1 FTE Children's Centre Co-ordinator, Grade 12 and 4 FTE Family Support Workers, Grade 8. The reduction and savings required for the Children's Centre Co-ordinator can be achieved by deleting an existing vacancy. The further staffing reduction of 4 FTE Family Support Workers can be absorbed through the on-going review of Children's Centre roles by reconfiguring the staffing allocation and associated budget accordingly, within the two localities where the Children's Centres are based.

The change of base for staff at Langwith and Castle Gresley Children's Centres will be achieved through the on-going review and appointment process to the revised roles on locality-based contracts.

The Trade Unions will be consulted on the contents of this Cabinet report through the Non-Schools DJC meeting.

6. Legal Considerations

Under section 5A of the Childcare Act 2006 local authorities have a duty to make arrangements to ensure that there are sufficient children's centres, so far as is reasonably practicable, to meet local need.

A Sure Start children's centre is defined in the Act as a place or a group of places:

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

It follows from the statutory definition of a children's centre that children's centres are as much about making appropriate and integrated services available, as it is about providing premises in particular geographical areas.

Under Section 5(D) of the Act, local authorities must ensure that there is consultation before any significant changes are made to children's centre provision in their area.

The authority is under an obligation to observe the contents of the statutory guidance referred to above.

In reaching a decision the Council has a duty to read and give conscientious, genuine consideration to the responses to the consultation process set out in the report (including its appendix). In assessing these proposals, the Council should also have regard to its statutory duties under the Equality Act 2010.

So far as the Equality Act 2010 is concerned Cabinet Members are reminded that they are under a personal duty, when considering a decision, to have due regard to, in short, the need to protect and promote the interests of persons with protected characteristics (i.e. people who are vulnerable on account of age, gender reassignment, pregnancy or maternity, marriage/civil partnership, race, disability, religion or belief, sex, sexual orientation).

In order to discharge this duty, Cabinet Members will need to give careful consideration to what is said in the report, the consultation feedback and the Equality Impact Analysis (Appendix 1) about the potential adverse impact of the proposed changes and the potential mitigation.

7. Other Considerations

In preparing this report the relevance of the following factors has been considered: prevention of crime & disorder; and environmental, health, property and transport considerations.

8. Background Papers

1. Appendix 1 - Equality Impact Analysis containing phase 2 consultation results
2. Cabinet Reports – May 6th 2014 and 30th September 2014
3. Department for Education Sure Start Children's Centres: statutory guidance- April 2013
4. Health Impact Assessment, held by the CAYA commissioning team

9. Key Decision

Yes

10. Call-In

Is it required that the Call-in period be waived in respect of the decisions being proposed within this report?

No.

11. Acting Strategic Director's Recommendations

It is recommended that Cabinet notes the results of the phase 2 consultations, and the findings of the Equality Impact Analysis and Health Impact Assessment, and agrees to:

- I. The closure of two Children's Centres and the associated services (Ashbourne and Duffield) on 31st May 2015;
- II. The closure of two Children's Centres (Langwith and Castle Gresley) where the buildings are not fit for purpose and the transfer of services to other sites;
- III. Receive a further report on the future development of the Children's Centres at a later date.

Ian Johnson, Acting Strategic Director for Children & Younger Adults

Health Impact Assessment of Derbyshire Children's Centres

**Public Health
Health and Communities Directorate**

February 2015

**Jane Hicken
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February 2015

“Children’s Centres are trusted and valued as a family resource in the community for parents and young children”

(Gamesley)

“The sessions that the Children’s Centre provides during the school holidays are invaluable, there’s always something going on every day, very little happens on the estate during the holidays”

(Gamesley)

“The children’s Centre offers more than a social time it offers advice and support for child development and parent development”.

(Chapel en le Frith)

“Sessions are structured and planned by the worker. As a Dad who work’s full-time it’s helpful and useful to have one-to-one time with my son with activities for him to do”.

(Clay Cross)

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1.0 Executive Summary of the Derbyshire Children's Centre review

1.1 Background

In Derbyshire County there are fifty four Children's Centres which bring services together to improve the quality of life and increase opportunities for children, families and carers. Services offered by the centres are delivered by a range of organisations working together within the centres and through outreach provision.

A major review of Derbyshire Children's Centres is currently underway as part of Derbyshire County Councils Government spending targets, resulting in budgetary cuts amounting to £157 million by 2018. As a consequence a service review of Children's Centres is considering the best possible options of effectively delivering essential services while making savings.

1.2 What are the objectives of the Children's Centre review?

The overall aim of this Health Impact Assessment (HIA) is to explore the health impacts which may result from the proposed reconfiguration of Children's Centre provision by Derbyshire County Council. The aim is to achieve these following objectives:

- Identify and profile the population groups who will be affected by the proposals.
- Identify the potential positive and negative health impacts on those who will be affected by the proposals.
- Inform CAYA's decision making regarding the reconfiguration of children centres.

1.3. Summary of Key Findings

Consultation with service users revealed that:

The Children's Centres as a whole are:

- Considered a safe, trusted place for support and information.
- Provides the ability for parent and child to socialise.
- Are valued for the support they offer on emotional well-being and mental health.
- A positive place to get health information from.
- An environment that promotes school readiness.

And that any potential impact that reduces access to services will:

- Impact on travel costs (potential higher).
- Reduce access to professionals/professional services and other services.
- Reduce access to reliable information.
- Affect social contact and networks that have formed.

- Restrict access to venues that are appropriate, child friendly and fit for purpose (e.g. clean, safe,
-

However, general mitigating factors are:

- Proactively explore with DCHS/CCGs/DACES/Libraries/Voluntary Sector where alternative/shared/integrated or HUB based provision could be provided.
- Derbyshire's Local Offer includes leisure and activity providers, health and care services, education providers and support groups. www.derbyshiresendlocaloffer.org
- Ensure all staff have up to date information regarding other local services they can signpost to.
- Ensuring all staff are trained in MECC (Making Every Contact Count) and signposting to specific provisions.
- Joint working/training to ensure consistency of information and practice between health and early year's provision.
- Integrated health working to maximise the information sharing and outcomes that contribute to a child's journey

1.4 Health Impact Assessment Key Considerations

Decisions for relocation, reducing children centre hours or closure should first plan to address the general and specific mitigating factors identified in his review. In particular, as recommended in the 4Children Sure Start Children Centres - A National Review of Sure Start Children Centres 2014 - The benefits of a HUB model and integrated working in helping children centres improve the impact of their work with targeted, disadvantaged and vulnerable families would be valuable in ameliorating the impact of service changes.

2.0 Health Impact Assessment

2.1 What is a Health Impact Assessment (HIA)?

A widely adopted definition of HIA, endorsed by the World Health Organisation (WHO), is as follows:

A combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population.

The main potential benefits of conducting an HIA are improvements to measurable health outcomes by maximising the positive health impacts and minimising the negative health impacts of a proposal; HIA can also help to reduce health inequalities.

2.2 Why is Derbyshire interested in the health impacts of Children's Centres?

Sure Start Children's Centres have been an integral part of early year's provision supporting children aged 0–5 and their families since they were first launched in 2004, following on from the success of Sure Start Local Programmes between 1999 and 2004¹. Since their formation they have sought to build their service around the needs of child and families providing universal and targeted provision, supporting two thirds of the half million most vulnerable families nationally².

We have now reached a critical juncture for Children's Centres, with many local authorities facing significant financial pressures on and reductions to budgets, placing Children's Centres at a decisive point in their journey – to continue to provide cost efficiencies, whilst seeking to shift the emphasis of provision towards greater partnership working, developing services that are built and integrated around the needs of children and families.

The aim is to set out a shared ambition in which local partners from health services, education, social care, the voluntary sector, and family and specialist support move towards a model of multi-agency working where Children's Centres extend their provision, acting as the conduit or 'hub' of services – enabling multiple services to work together with families as part of a team with early help and intervention at the core.

The challenge now for local authorities as commissioners is to fulfil their legal duty to work with local partners and influence a joined-up approach³ ensuring Children's Centres are pivotal in leading the reform of public service provision, focusing on the journey of the child, driving up outcomes, moving to early intervention and prevention which focuses on the needs and aspirations of children and families.

The national charity 4Children is offering support to commissioners and Children's Centres in delivering the biggest impact to disadvantaged families through the '*Reach Out*' Project, helping Children's Centres improve the impact of their work with targeted, disadvantaged and vulnerable families. For further details contact:

<http://www.4children.org.uk/Programmes/Detail/Reach-Out>

2.3 Community consultation

A Public Health team led the collection of data utilising existing Children's Centre user groups to conduct 29 focus groups across the fifteen Children's Centres affected by the proposed reconfiguration of service provision, including Arkwright, Ashbourne, Bakewell, Castle Gresley, Chapel en le Frith, Coton in the Elms, Crich, Duffield, Gamesley, Killamarsh, Langwith, Sandiacre, Tupton, West Hallam, and Wirksworth.

A broad cross section of Children's Centre service users were involved in the focus group consultations, including parents, carers, grandparents and child-minders, in total 221 users were present (not including babies, toddlers,

Children's Centre staff or facilitators), and **1,048** individual comments were collated.

A standard introduction was employed by two Public Health facilitators at the start of each focus group, explaining the rationale for the consultation. A pictorial model of the '*Wider Determinants of Health*' (Dalgren and Whitehead 1991) was displayed and explained to facilitate participants understanding of what we meant by the term 'health', and to consider the broader aspects of theirs and their families health that could be impacted on (positively and negatively), when responding to the questions.

The same sets of questions were used with all 29 focus groups (See Appendix 1) the duration of each focus group consultation took approximately one hour. Not every user answered every question, this was primarily due to the nature of the focus groups in which babies and toddlers were often present and consequently parent/carers encountered inevitable distractions during the consultation process.

The questionnaire consisted of eight questions; the first four questions measured the frequency of use of Children's Centre services by users (a quantitative measure). The second set of four questions explored the health impacts users perceived would affect them and/or their families as a result of potential changes to service provision (a qualitative measure). The responses to all 29 focus groups were compiled into one document measuring the overall frequency of use (quantitative) and themed responses (qualitative) (See Appendix 2).

¹ Abdinasir, K; Capron, L. (2014). *The right start: How to support early intervention through initial contact with families*. The Children's Society. UK.

² 4Children (2014). *Sure Start Children's Centre Census 2014. A national overview of Sure Start Children's Centres in 2104*. 4Children, UK.

³ LGA (2014). *Rewiring Public Services. Our ambition for children and young people*. LGA, London.

3.0 Derbyshire Health Indicators

3.1 Quilt table

The data in the quilt table below shows Children's Centres (affected by the current service review) by the reach area health and related outcomes compared to the Derbyshire average. The England average is also shown.

Table. Children Centre Reach Area health and related outcomes compared to the Derbyshire average

Indicator	Period	England	Derbyshire County	Children's Centres														
				Closure		Reduced Hours										Relocation		
				Ashbourne	Duffield	Arkwright	Bakewell	Crich	Tupton	Wirksworth	Chapel-en-le-Frith	Coton in the Elms	Killamarsh	West Hallam	Sandiacre	Langwith	Castle Gresley	Gamesley
1. Smoking during pregnancy	2012/13	12.7%	16.6%	8.8%	5.6%	7.2%	11.5%	8.1%	12.0%	14.5%	11.4%	17.9%	14.9%	12.3%	15.0%	37.5%	21.1%	-
2. Births to teenage women (Age <20 Years)	2010/11 - 2012/13	20.5	20.2	4.5	6.6	18.4	5.7	5.4	9.5	21.2	14.7	13.6	10.2	16.4	13.5	34.2	38.0	-
3. Breastfeeding at birth	2013/14	75.5%	74.0%	78.0%	84.5%	73.6%	96.5%	83.7%	77.6%	90.8%	87.9%	56.7%	90.2%	79.2%	82.8%	37.2%	63.3%	-
4. Breastfeeding at 10-14 days	2013/14	-	52.7%	55.4%	65.2%	47.7%	72.9%	58.3%	64.0%	68.3%	71.5%	42.5%	67.1%	63.1%	61.0%	25.9%	42.1%	-
5. Breastfeeding at 6-8 weeks	2013/14	51.1%	39.9%	42.6%	58.3%	36.4%	61.2%	48.5%	46.1%	61.9%	57.0%	32.5%	46.3%	50.7%	45.9%	20.3%	32.5%	-
6. Child Obesity in Reception (Age 4-5 Years)	2011/12 - 2013/14	9.4%	8.2%	7.3%	7.8%	5.4%	6.1%	7.4%	4.6%	7.2%	7.4%	8.2%	10.1%	10.1%	8.2%	9.0%	8.2%	13.5%
7. A&E Attendances (Age <5 Years)	2012/13	-	490.5	443.6	510.5	584.6	477.7	516.7	389.6	453.3	365.2	398.6	439.0	582.4	547.1	442.6	457.3	-
8. EM Hospital Admissions due to Injury (Age <5 Years)	2010/11 - 2012/13	-	122.5	98.4	88.7	81.3	94.9	75.4	111.8	98.1	137.7	121.9	113.9	79.2	85.2	54.2	162.3	-
9. Immunisations: Age 1 DTaP/ IPV/Hib	2011/12	94.7%	97.1%	97.1%	97.6%	97.8%	98.1%	97.0%	95.7%	97.1%	97.5%	95.2%	98.8%	95.6%	96.7%	96.9%	95.7%	97.0%
10. Immunisations: Age 2 Pneumococcal Booster	2011/12	91.5%	95.2%	95.5%	95.6%	97.0%	96.3%	96.7%	95.5%	92.3%	97.3%	92.9%	98.0%	92.0%	91.3%	93.1%	92.9%	94.9%
11. Immunisations: Age 2 Hib/Men C Booster	2011/12	92.3%	96.4%	97.0%	96.9%	96.6%	96.1%	97.4%	95.8%	94.5%	98.0%	95.5%	98.6%	94.1%	93.4%	93.9%	96.3%	93.2%
12. Immunisations: Age 2 MMR (1st Dose)	2011/12	91.2%	94.7%	95.5%	94.2%	96.9%	95.8%	94.9%	95.3%	92.4%	96.5%	93.7%	97.1%	90.4%	90.8%	94.5%	92.6%	96.6%
13. Immunisations: Age 5 DTaP/ IPV	2011/12	87.4%	93.3%	91.6%	95.6%	95.6%	95.2%	94.2%	95.8%	94.2%	96.0%	90.5%	95.5%	92.1%	82.3%	86.5%	90.9%	98.6%
14. Immunisations: Age 5 MMR (2nd Dose)	2011/12	86.0%	90.8%	88.7%	93.0%	93.2%	91.8%	90.3%	93.2%	85.4%	92.7%	89.5%	95.2%	89.5%	80.1%	85.1%	89.5%	92.8%
15. Disabled Children (Age <11 Years)	2014	-	1.8%	2.2%	1.7%	2.2%	2.2%	1.6%	2.0%	1.3%	1.6%	1.4%	2.6%	2.1%	1.9%	2.7%	1.6%	2.1%

Key:

The rates for Children Centre's in the table are shaded based upon the statistical significance (95% confidence level) compared to the Derbyshire average.

 Significantly Worse than the Derbyshire Average	 Significance not assessed
 Not Significantly Different to the Derbyshire Average	- Data not available
 Significantly Better than the Derbyshire Average	

Metadata:

1. Percentage of maternities where status known, source: DCC. 2. Rate per 1,000 females aged 15-19 years, source: SUS. 3. Percentage of maternities where status known, source: DCHS data adjusted to match NHS England rate. 4&5. Percentage of infants, Derbyshire 6-8 week target = 43%, source: DCHS. 6. Percentage of children, Derbyshire target = 8.8%, source: NCMP. 7. Rate per 1,000, source: SUS. 8. Rate per 10,000, source: SUS. 9. Children aged one who have completed immunisation for diphtheria, tetanus, polio, pertussis, Haemophilus influenzae type b (Hib), source: DCC. 10. Children aged two who have completed immunisation for pneumococcal, source: DCC. 11. Children aged two who have completed immunisation for Haemophilus influenzae type b (Hib) and meningitis C (MenC), source: DCC. 12. Children aged two who have completed immunisation for measles, mumps and rubella, source: DCC. 13. Children aged five who have completed immunisation for diphtheria, tetanus, polio, pertussis, source: DCC. 14. Children aged five who have completed immunisation for measles, mumps and rubella (MMR), source: DCC. 15. Percentage of Children, source: DCC.

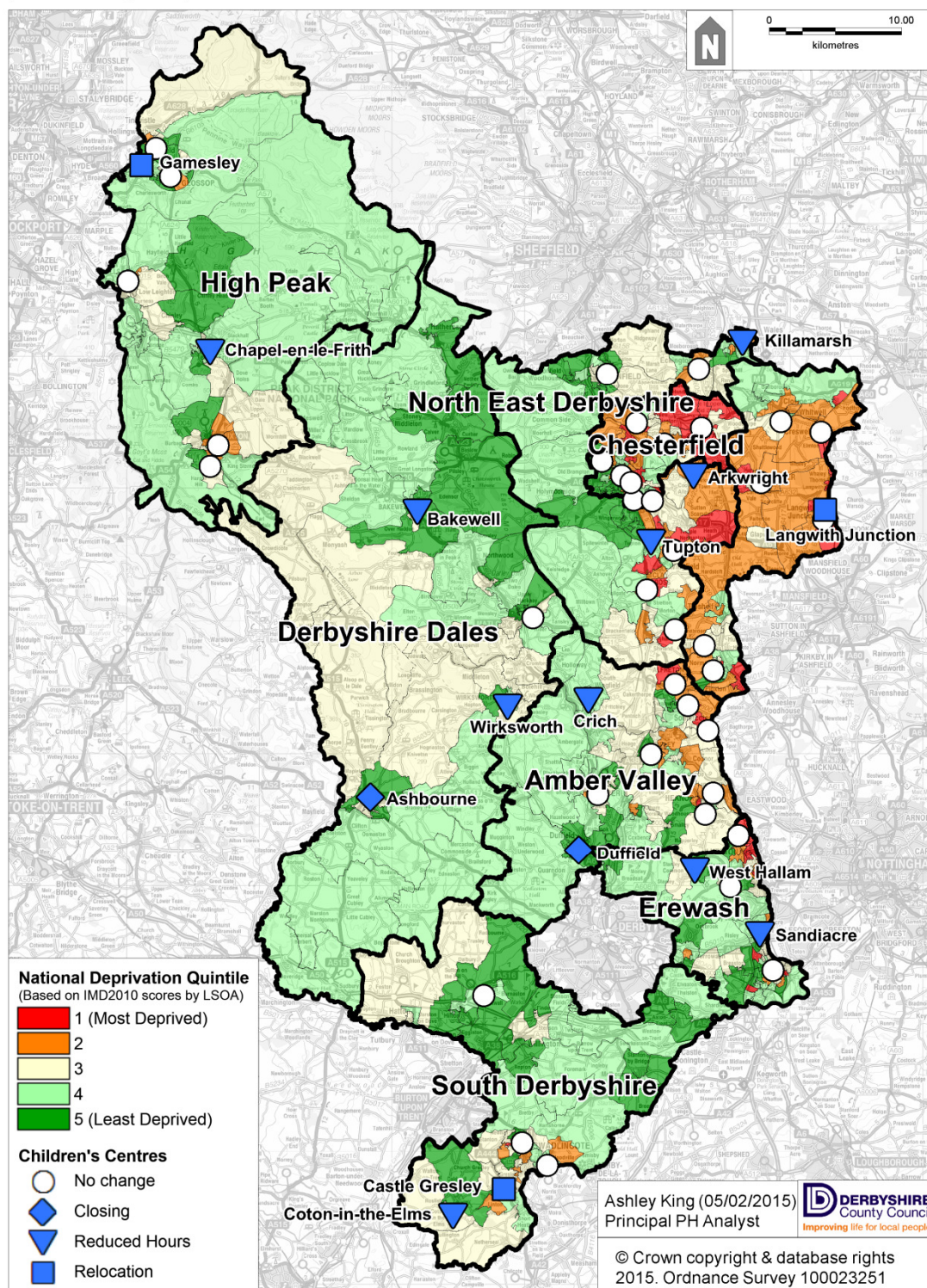
DCC = Derbyshire County Council, DCHS = Derbyshire Community Health Services, SUS = Secondary Uses Service

3.2 IMD map of Derbyshire

The map below overlays each Children's Centres location to the Index of Multiple Deprivation (IMD) national quintile at Lower Super Output Area (LSOA). Those Children's Centres affected by the current service review are indicated accordingly.

Children's Centres in Derbyshire and Deprivation

(as at February 2015)



4.0 Health impacts and mitigating actions

Section 4 considers the broad health factors identified within the scope of this assessment (Lifestyle, Social and Economic, Access to services, and Mental Well-being), together with the focus group consultation responses; information on service provision provided by the fifteen Children's Centres (See Appendix 3); and expert knowledge from Derbyshire County Council Public Health and Children and Young Adults (CAYA) Services, to inform the prevalent health impacts (positive and negative) that are probable, and the mitigating actions (general and specific) The mitigating actions identified are suggestions and not a comprehensive response.

When compiling this report, Cabinet Members requested information specific to four Children's Centres, Ashbourne, Castle Gresley, Duffield and Langwith. Section 4.1 therefore provides corresponding information relating to these four centres - Table 4.2 shows the health indicators (extracted from Tables 3.1 and 3.2). Table 4.3 extracts quotes from the consultation process, and Table 4.4 shows quantitative responses from the consultation process.

Section 4.5 goes on to consider all fifteen Children's Centres within the scope of this report.

4.1 Ashbourne, Castle Gresley, Duffield and Langwith Children's Centres

Table 4.2 Health Indicators (extracted from Tables 3.1 and 3.2)

Children's Centre	IMD by LSOA	PH Outcomes significance			Children <11yrs with known disability by CC reach area
		Better	No difference	Worse	
Ashbourne	3 to 5	2	12	0	2.20%
Castle Gresley	3	0	10	4	2.70%
Duffield	5	5	9	0	1.70%
Langwith	1	0	8	6	2.70%

Table 4.3 Qualitative feedback - quotes from the focus groups

Ashbourne
<p><i>"Newcomer to Ashbourne, not knowing anyone, centre gave me a purpose to get out – for advice, socialise with other mums, peer signposting".</i></p> <p><i>"Nowhere for babies and first time parents".</i></p> <p><i>"Other venues would involve cost".</i></p> <p><i>"Accessed breastfeeding and baby oral health groups".</i></p> <p><i>"Access to creative things – too expensive to do on household budget".</i></p>

"Not enough mental health support".

"Cost of other classes expensive".

Overall interpretation was the ease of access to the children's centres that included health was positive, whereas access to direct health provision was more difficult.

Castle Gresley

"Social isolation – parent/child".

"Ease of access for health visitor advice".

"Limited internet access would cause problems if having to seek advice elsewhere".

"Access to Toy Library".

"Too far to travel to Salvation Army".

"Cannot afford other provision".

"Health advice mainly from children centre would be missed".

Respondents found it difficult to think of positive changes.

Concern re cost of public transport and that there was to be more houses built in the area, which would place a demand on services.

Note that Castle Gresley has 4 worse PH outcomes which are the prevalence of teenage mothers and breastfeeding.

Duffield

"The option to attend the Children's Centre will be missed".

"No free services, more pressure on finances to fund more expensive alternatives".

"Health advice mainly from Children's Centres workers will be missed".

"Opportunities for creative play, creating memories and recognising the importance of play will be missed".

"Duffield Children's Centre provides a small intimate and friendly environment, which is less intimidating than larger busier centre".

"Through the Children's Centre bonds and friendships are established, which means that you have someone to do things with outside the Children's Centre".

"Without the Children's Centre you would not know anything about other services".

Local and convenient service will be missed and one mum felt that she would not have time to travel to services further away.

One mum said that she would have stopped breastfeeding earlier without the support of the Children's Centre

The group could only think of the Health Visitor or phoning the GP surgery. There would be more demand for Health Visitors without children centres.

Langwith

"No positive things – community centre closed – nowhere else to go".

"Bus fare to Shirebrook £3.20 limited service".

"Nowhere for mums to meet in the community".

"Really important for Mental Health". (Respondent has Post Natal Depression).

"Safe place to play".

"Social benefit".

"Nowhere else to get experience".

Concern re no immediate facilities including lack of playing areas for infants and toddlers. Cost of transport can vary from £3.20 to £4.80, reduced bus service.

Note that Langwith has 6 worse public health outcomes around smoking in pregnancy, breastfeeding and immunisations. – suggesting the need to strengthen integrated working with Maternity and Health Visiting.

Table 4.4 Quantitative feedback

(extracted from Appendix 2)

Q1. How often do you use the Children's Centre to meet friends and socialise?					
	<i>n=</i>	More than once a week	Once a week	Less than once a week	Never
Ashbourne	10	6	3	1	0
Castle Gresley	13	4	5	2	0
Duffield	9	3	6	0	0
Langwith	14	0	14	0	0
Total	46	13	28	3	0

Q2. How often do you use education and early years services in the Children's Centre?					
	<i>n=</i>	More than once a week	Once a week	Less than once a week	Never

Ashbourne	10	6	0	2	0
Castle Gresley	13	3	5	1	1
Duffield	9	0	3	1	5
Langwith	14	0	14	0	0
Total	46	9	22	4	6

Q3. How often do you use services in the Children's Centre to get HEALTH advice, support and signposting?

	n=	More than once a week	Once a week	Less than once a week	Never
Ashbourne	10	0	3	1	6
Castle Gresley	13	2	5	2	1
Duffield	9	0	0	5	4
Langwith	14	0	14	0	0
Total	46	2	22	8	11

Q4. How often do you use services in the Children's Centre to get advice?

	n=	More than once a week	Once a week	Less than once a week	Never
Ashbourne	10	0	1	5	4
Castle Gresley	13	6	0	1	4
Duffield	9	0	0	0	9
Langwith	14	0	0	0	0
Total	46	6	1	6	17

4.5 All Children's Centres within scope

Tables 4.6 (Lifestyle), 4.7 (Social and economic factors), 4.8 (Access to Services) and 4.9 (Mental Well-being) below illustrate:

1. General mitigating actions applicable to all four broad health factors.
2. Focus group user response, expressing qualitative and quantitative feedback.
3. Description of impact and specific mitigating actions.

4.6 Lifestyle

Poor lifestyle can cause a range of physical and mental health problems including obesity, cancers and heart condition. Different population groups have different lifestyle experiences and different needs.

The key population groups this will cover are: Pregnancy, Mothers, Fathers, Carers, Grandparents/extended family, Pre-school children, Children, Young People.

General mitigating actions:

- Proactively explore with DCHS/CCGs/DACES/Libraries/Voluntary Sector where alternative/shared/integrated or HUB based provision could be provided.
- Derbyshire's Local Offer includes leisure and activity providers, health and care services, education providers and support groups. www.derbyshiresendlocaloffer.org
- Ensure all staff have up to date information regarding other local services they can signpost to.
- Ensuring all staff are trained in MECC (Making Every Contact Count) and signposting to specific provisions.
- Joint working/training to ensure consistency of information and practice between health and early year's provision.
- Integrated health working to maximise the information sharing and outcomes that contribute to a child's journey

Focus group user response:

(221 participants in 29 focus groups. The numbers below reflect the percentage who responded to the questions).

How often do you use services in the Children's Centres to get HEALTH advice, support and signposting?	Themed comments and focus group quotes (positive and negative).
<ul style="list-style-type: none">• 36% of service users use the centre one or more times a week.• 29% of services users less than once a week.• 20% never use for health advice, support and signposting.• Overall approximately 65% of service users used Children's Centre provision to access health advice, support and signposting.	<p>Extracts from positive themed comments:</p> <ul style="list-style-type: none">• Would use more if more to do or promoted better.• Safe secure and supportive environment for children to play.• Used more when the children were younger for support.• Use as and when needed.• Access to professional support.

- Peer support for breastfeeding.
- Weighing, speech and language.
- PEEPS.
- Highlight of my week.
- Face to face advice/support in confidence.
- Age appropriate sessions.
- Outreach support (hearing, speech and language).
- Would do other things instead.
- Would not impact/affect me.

Positive quotes from focus groups:

Dads' group – ***“Activities good as allow bonding between dad and son”***. (Clay Cross)

Stay and Play – ***“The opportunity to see the Health Visitor when at the Children’s Centre”***. (Bakewell)

Stay and Play – ***“Breastfeeding in public – a no, no, felt comfortable here but not at the doctor’s surgery”***. (Bakewell)

Borrowash Clinic – ***“Mum said that they would not have breastfed without the breastfeeding group, meeting other mums in a similar situation helped them to feel more confident breastfeeding in public. Losing this support is a worry”***. (Sandiacre)

Bumps and Babies - ***“Seeing the Health Visitor for regular check-ups, e.g. weighing baby”***. (Killamarsh)

Positive collated comments from focus groups:

Borrowash Clinic – **Access to the Health Visitor respondents liked having specific times when they knew the Health Visitor would be there.** (Sandiacre)

	<p>Extracts from negative themed comments:</p> <ul style="list-style-type: none"> • HV too clinical. • Children's Centre not fully utilised. • Loss of parent networks. • Loss of access to professional support/services. • Access to vitamins and Doidy cups. • What will happen to Children's Centre specialist support (e.g. allergy, speech, breastfeeding)? <p>Negative quotes from focus groups: Gamesley Children's group – <i>"We tried a breastfeeding groups away from the Children's Centre but it did not take off as there were issues around perception of privacy and trust"</i>. (Gamesley)</p>
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Category area	Description of impact	Specific mitigating actions
Diet / nutrition Will the proposal affect access to healthy eating and breastfeeding support and services that reduce food poverty?	Negative impact <ul style="list-style-type: none"> • Reduced access to support sustaining breastfeeding. • Reduced access for families re healthy eating – including healthy fruit and snacks options (child's diet). • Reduce access to food banks and food co-operatives where delivered. • Reduced access to Healthy Start vitamins 	<ul style="list-style-type: none"> • HV/Peer Breastfeeding support and Children's Centres to work together to identify suitable venue and collaborative approaches to supporting BF. DCHS have a web page on BF support. • Proactively explore with DCHS/CCGs/DACES/Libraries/Voluntary Sector where alternative provision could be provided locally for Healthy Start Vouchers, food banks and food cooperatives. • Collaboratively explore how to identify families who have food poverty, and the best referral

	<ul style="list-style-type: none"> Fuel poverty checks undertaken in few Children's Centres. 	<p>process to ensure that they are linked into appropriate support.</p> <ul style="list-style-type: none"> Work with DCHS/Maternity/CCGS to ensure access to Healthy Start.
<p>Physical activity Will the proposal affect access to information, advice and activities that support healthy physical development and physical fitness?</p>	<p>Negative impact</p> <ul style="list-style-type: none"> Reduced access to HENRY (Health, Exercise and Nutrition for the Really Young). Reduced access to safe outdoor play areas. Reduced access to Stay, Weigh and Play, Play and Learn, Buggy Walks, etc. Reduced access to ECAM (Every Child A Mover) Reduced access to Healthy Walks/buggy walks 	<ul style="list-style-type: none"> Alternative venues (e.g. schools) are being explored to deliver the HENRY parents/carers course. The learning from ECAM has just commenced which will support practitioners in outreach work re gross motor development. Access to Active Derbyshire web site. http://www.activederbyshire.co.uk/ <ul style="list-style-type: none"> Work in partnership with District and Borough Council Leisure Centre's - early gym groups and early years settings to take forward ECAM principles and develop associated pathways. Promote local Walking for Health Groups /Buggy Walks: <ul style="list-style-type: none"> http://www.walkingforhealth.org.uk http://www.activederbyshire.co.uk/
<p>Smoking/Alcohol and Substance Misuse (legal and illegal drugs) Will the proposal affect access to appropriate services?</p>	<p>Negative Impact</p> <ul style="list-style-type: none"> Direct impact will only occur in the Children's Centre that delivers associated service directly. 	<ul style="list-style-type: none"> Ensure all staff are trained in stop smoking, and substance misuse services relevant to Tier 1 as appropriate. All staff working in MAT (Multi-agency teams) to be familiar with referral processes and where stop smoking, and substance misuse services

		<p>are located and the times of opening.</p> <ul style="list-style-type: none"> • Utilise library services more effectively to signpost to lifestyle services – PH to ensure Libraries have up to date information. • Substance misuse including illegal and legal drugs and alcohol are commissioned across the county through Adult Services. • Space4U will be developing a website. • Stop Smoking Services are commissioned by district according to need. • Stop Smoking - http://www.dchs.nhs.uk/home/healthy-you/livelifebetterderbyshire/stop_smoking1
<p>Sexual behaviour Will the proposal affect access to sexual health services?</p>	<p>Negative Impact</p> <ul style="list-style-type: none"> • Direct impact will only occur in the Children's Centres that delivers associated service directly. 	<ul style="list-style-type: none"> • All staff working in Multi-Agency Teams to be familiar with referral processes and where services are located and the times of opening. • School nursing as part of the MAT provision can provide sexual health information and advice in different venues through extended school provision. • For Sexual Health Services all signposting and a full list of clinic availability and times: http://www.derbyshiresexualhealth.nhs.uk
<p>Health promotion activities Will the proposal affect access to health promotion provision/information?</p>	<p>Negative Impact</p> <ul style="list-style-type: none"> • The Health Promotion Service and Health Visiting deliver some activity in Children's Centres, as does Children's Centre staff. The closure or reduction of hours could impact on access to provision. 	<ul style="list-style-type: none"> • Utilisation of other local venues – e.g. Health provision, DACES, pharmacies, libraries or school settings could support local delivery. • Ensure all non-health staff are trained to provide up to date, consistent, evidence based health promotion information. • Health Trainers referral into the Wellbeing Service (Health Trainers) via Children's Centre staff. Wellbeing referral form available in

		Children's Centre as part of Children's Centre referral pathways.
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4.7 Social and economic factors

The conditions in which people live can affect their health. It is recognised that those who experience poverty, low income, unemployment, and poor housing have poorer health than those living in better socio-economic conditions.

The key population groups this will cover are: Pregnancy, Mother, Fathers, Carers, Grandparents/extended family, Pre-school Children, Children and Young People.

General mitigating actions

- Proactively explore with DCHS/CCGs/DACES/Libraries/Voluntary Sector where alternative/shared/integrated or HUB based provision could be provided.
- Derbyshire's Local Offer includes leisure and activity providers, health and care services, education providers and support groups. www.derbyshiresendlocaloffer.org
- Ensure all staff have up to date information regarding other local services they can signpost to.
- Ensuring all staff are trained in MECC (Making Every Contact Count) and signposting to specific provisions.
- Joint working/training to ensure consistency of information and practice between health and early year's provision.
- Integrated health working to maximise the information sharing and outcomes that contribute to a child's journey

Focus group user response

(221 participants in 29 focus groups. The numbers below reflect the percentage who responded to the questions).

How often do you use services in the Children's Centre to get advice? (Examples: Citizens Advice (CAB), Job Centre advice, training advice, budgeting advice, etc.)	Themed comments and focus group quotes (positive and negative).
<ul style="list-style-type: none"> • 8% of service users use the centre one or more times a week. • 14% of services users less than once a week. 	<p>Extracts from positive themed comments:</p> <ul style="list-style-type: none"> • Access to adult learning opportunities / information / training / qualifications.

<ul style="list-style-type: none"> 50% never used for this purpose. 	<p>Positive quotes from focus groups: Dads' group – "<i>Pathways to nursery group is very important</i>". (Clay Cross)</p> <p>Extracts from negative themed comments:</p> <ul style="list-style-type: none"> Cost/charges – access to other groups, transport, no car, financial pressures. Restricted access to 2 year funding. Loss of opportunity for children to develop skills, learning, stimulation, transition to pre-school routines and eating with other children and early year's education. Loss of opportunity to interact, creative play, socialises, learn, and meet other children. Limit access for older children. <p>Negative quotes from focus groups: Stay and Play – "<i>Don't qualify for free 2 year old places so services very valuable</i>". (Bakewell)</p>
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Category area	Description of impact	Specific Mitigating Actions
Poverty / income Will the proposal have an impact on information and advice that will reduce poverty?	Negative Impact <ul style="list-style-type: none"> Where credit union service, CAB, or income debt provision is delivered via the Children's Centre there will be an impact. Reduced access to inform parents of their entitlement to 2 year provision. Cost of travel for families to access information. Reduced access to Fuel Poverty Checks where they take place. 	<ul style="list-style-type: none"> Ensure other local access to information and advice in relation to poverty is in place. CAB is delivered in 90% of GP surgeries. Work closely with Health Visiting, and enable schools via School Nursing to look at joint opportunities to promote access to fuel poverty/credit unions, CAB information and checks. Utilise schools and other settings to promote information re fuel poverty and food poverty.
Employment /	No Impact	<ul style="list-style-type: none"> Consider joint working opportunities with DCHS re

<p>Volunteering Will the proposal affect employment or volunteering opportunities?</p>	<ul style="list-style-type: none"> Volunteering will continue in all areas. <p>Negative impact</p> <ul style="list-style-type: none"> Reduced access to Job Centre Plus and training could be reduced. 	<p>volunteering e.g. Peer Breast Feeding Voluntary support to consider extending roles and align with a community mother's scheme approach.</p> <ul style="list-style-type: none"> Ensure all staff has up to date information re childcare support to remove barriers to employment and training. – CIS (DCC Children's Information Service). Ensure links to Job Centre Plus.
<p>Education and Training Will the proposal impact access or create barriers to education and training opportunities or basic numeracy and literacy skills?</p>	<p>Negative Impact Reduced access to programmes that support –</p> <ul style="list-style-type: none"> - Literacy and health - Ready to Learn (school readiness groups) - Little Talkers – speech and language - PEEP - Positive Parents - Kick Start - Freedom Programme - Strengthening Parenting - Basic Skills - Family learning - Lifesaving (First Aid) - HENRY (weight reduction and healthy eating) - ECAT - Every Child A Talker - ECAM - Every Child A Mover - Job Centre Plus - Kick Start (Adult Ed) - NEET provision 	<ul style="list-style-type: none"> Maintain outreach provision to help signpost and promote skills based courses Use the expertise of Libraries to promote and engage with literacy and speech and language. Work with DACES to promote local courses Consider childcare provision to enable mothers to attend. Multi-agency teams maintain existing NEET provision Signpost to: www.derbyshiresendlocaloffer.org
<p>Housing Will the proposal reduce access to information regarding housing?</p>	<p>Negative Impact</p> <ul style="list-style-type: none"> Reduced access may impact upon the Children's Centre to provide information and support, signposting and advocacy regarding housing issues. 	<ul style="list-style-type: none"> Ensure Staff are well briefed to signpost/refer and are knowledgeable regarding Housing Association support as well as District and Borough Housing support. Work in partnership with District and Borough

	<ul style="list-style-type: none"> Loss of access to Housing Support via Rykneld Homes and Acorn Group Housing Champion Worker. 	<p>Council Homeless Teams to ensure their support is widely known and how to access.</p> <ul style="list-style-type: none"> Provide links to Action Housing & Support Limited (Derbyshire).
Family cohesion Will the proposal affect family contact?	Where delivered this could reduce access to: <ul style="list-style-type: none"> Family contact service. (Social Care contact) Father/dad groups. Grandparents/extended family groups. 	<ul style="list-style-type: none"> Explore with the voluntary sector, District and Borough Councils/church associations and health venues on information sharing to enable people to access support.
Crime/Community Safety Will the proposal affect access to services and information regarding crime and safety?	Negative Impact (professional response) <ul style="list-style-type: none"> Protective environment of Children Centres facilitate information and concerns to be raised regarding – crime, neighbour disputes, Domestic violence and concerns re safeguarding Reduction in the liaison between Children's Centre workers and the Police Community Safety Officer (PCSO's) would be a deficit in early intervention. 	<ul style="list-style-type: none"> Ensure all staff has information on how and where to contact Domestic Violence provision and staff and are sensitive to facilitating DV disclosure. Ensure Safeguarding procedures are integral to all staff. Develop links to ensure information flow and dialogue between PCSO's and Children's Centres. Secure local facilities that can provide a protective environment.

4.8 Access to services

Location of services impacts on how accessible they are to communities. Lack of access is a barrier to people improving their health and well-being.

The key population groups this will cover are: Pregnancy, Mothers, Fathers, Carers, Grandparents/extended family, Pre-school children, Children, Young People.

General mitigating actions:

- Proactively explore with DCHS/CCGs/DACES/Libraries/Voluntary Sector where alternative/shared/integrated or HUB based

provision could be provided.

- Derbyshire's Local Offer includes leisure and activity providers, health and care services, education providers and support groups. www.derbyshiresendlocaloffer.org
- Ensure all staff have up to date information regarding other local services they can signpost to.
- Ensuring all staff are trained in MECC (Making Every Contact Count) and signposting to specific provisions.
- Joint working/training to ensure consistency of information and practice between health and early year's provision.
- Integrated health working to maximise the information sharing and outcomes that contribute to a child's journey

Focus group user response:

(221 participants in 29 focus groups. The numbers below reflect the percentage who responded to the questions).

The distance travelled to Children's Centres (based on focus group respondents recorded postcode).	Themed comments and focus group quotes (positive and negative).
<ul style="list-style-type: none"> • Average travelling distance 4 miles. • Furthest travelling distance 15 miles. • The least travelled distance 0.5 miles. <p>(See Appendix 4)</p>	<p>Extracts from positive themed comments:</p> <ul style="list-style-type: none"> • Prepared to travel for the right provision (Duffield) <p>Positive quotes from focus groups: Stay, Weigh and Play <i>"Might be a pooling of resources and meet other people at a different location"</i>. (Duffield)</p> <p>Extracts from negative themed comments:</p> <ul style="list-style-type: none"> • Cost/charges – access to other groups, transport, no car, financial pressures. <p>Negative quotes from focus groups: Borrowash Clinic - <i>"Told I am not able to use Derby city's Children's Centre – feel aggrieved"</i>. (Sandiacre)</p>
How often do you use Education and Early Year's services in the Children's Centre?	Themed comments and focus group quotes (positive and negative).

- 56% of service users use the centre one or more times a week.
- 9% of services users less than once a week.
- 22% never use for health advice, support and signposting.
- **65% of service users use the facilities to access education and early year's provision.**

Extracts from positive themed comments:

- Change of venue may result in more/pooling of resources (toys, people and space).
- Cuts have to be made somewhere/money could be spent elsewhere.
Would meet different/more people at alternative locations.
- Volunteering opportunities.
- Access to professional services and other services.
- Free access.

Positive quotes from focus groups:

Baby Coo and Do – ***“The Children’s Centres offer more than a social time and offers advice and support for child and parent development”***. (Chapel en le Frith)

Stay and Play – ***“It’s made the transition to pre-school so much easier”***. (Coton in the Elms)

Mixed Group (Collective comment) ***“Family Support Outreach – one mum explained how important and vital this service had been to her family, others mentioned outreach for hearing and speech and language issues”***. (Arkwright)

Extracts from negative themed comments:

- Unaware of services offered.
- Block courses don’t run weekly.
- Lack of alternative venues.
- Part of community.
- Loss of service.

Negative quotes from focus groups:

Stay and Play - ***“Preparing your child for nursery some cuts have had an impact already”***. (Bakewell)

	Mixed Group <i>“As a new parent it’s difficult to know what is normal – I need reassurance and the early identification and early intervention would be lost”.</i> (Arkwright)
<i>How and where would you get the support and advice you need if the Children’s Centre closed or the hours reduced?</i>	Themed comments and focus group quotes (positive and negative).
<ul style="list-style-type: none"> The impact of this is as above – 65% of service users use the centre one or more times per week to access support and information. 	<p>Extracts from positive themed comments:</p> <ul style="list-style-type: none"> Go to/contact health professionals/services (e.g. HV, MATs, CC Workers, GP, NHS111, CAB, community centre, Job Centre, other Children’s Centre, school, hospital, A&E, Drop-in clinic). Internet/google searches (e.g. NHS Direct), social media (Facebook) – some sites may give incorrect/inappropriate advice. Information from family/friends/others. Children’s Centre facilities really good/hub of community/supportive environment. <p>Positive quotes from focus groups: Gamesley Children’s Group - <i>“Children’s Centre is trusted and valued as a family resource in the community for parents and young children”</i> (Gamesley)</p> <p>Extracts from negative themed comments:</p> <ul style="list-style-type: none"> I don’t know/no idea/wouldn’t go anywhere. Stay at home. Service support would be lost/no face to face contact (e.g. Breastfeeding support). Nowhere to meet others for peer support. There would be nowhere for volunteers.

- No voluntary sector organisations available.
- Cost implications – bus/car/other play groups.

Negative quotes from focus groups:

Baby COO and Do group collective response - “***Proposed new housing development would mean an increase in the number of families and young children this would put added pressure to reduced service***”. (Chapel en le Frith)

Dads’ group – “***No idea, probably random research on the internet but don’t believe would find similar support***”. (Clay Cross)

Walker and Talkers Group – “***Would go literally insane if I didn’t have anything to come out to that didn’t involve travel or money***”. (Clay Cross)

Learners Can Play – “***Concern – volunteers made redundant – [being a volunteer] is valuable from a volunteer point of view***”. (Chapel en le Frith).

Learners Can Play – “***Increase demand on GPs and Health Services in the absence of Children’s Centre support***”. Chapel en le Frith).

Borrowash Clinic – “***You would have to go to the doctors but getting an appointment is very difficult***”. (Sandiacre)

Borrowash Clinic – “***Less access to Health Visitors***”. (Sandiacre)

Gamesley Children’s Group – “***If we go elsewhere for advice we start again every time (in terms of getting to know the staff and the staff getting to know our children) If they don’t know our children personally or our parenting styles***

	<p><i>then it would be text book advice that is given to us. There is trust there – we are more familiar and comfortable here”.</i> (Gamesley)</p> <p>Mixed Group – <i>“Peer support would be lost and it is vital”.</i> (Arkwright)</p>
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Category area	Description of impact	Specific mitigating actions
Communications Will service changes affect the ability to share information with families?	Negative Impact: <ul style="list-style-type: none"> Reduced access to a trusted access point for information, support and advice for families. Reduced access to a range of information, support and advice for families with young children. 	<ul style="list-style-type: none"> Check availability of accessible information provision elsewhere that offers trusted provision – e.g. Libraries, Health Centres, GP surgeries, community centres, Citizens Advice, DACES, voluntary provision, District and Borough Councils. Signpost to: www.derbyshiresendlocaloffer.org Health Trainers referral into the Wellbeing Service (Health Trainers) via Children’s Centre staff. Wellbeing Referral form available in Children’s Centre as part of Children’s Centre referral pathways.
Health / Social Care services Will the proposal affect people’s ability to access or receive help from other services?	Negative impact <ul style="list-style-type: none"> Reduced access where services are delivered through Children’s Centres or it is their main referral route. Reduction of joint working opportunities between health, social care, housing, voluntary sector could potentially breakdown communication routes. Impact upon Health Visiting if part of their core or targeted delivery is in partnership or through 	<ul style="list-style-type: none"> Strategic agreement between services and providers to ensure sign up to effective information sharing. Joint and integrated working and information sharing pathways to be agreed, with all staff trained in pathway routes and mechanisms (IT) to ensure data /information sharing. Ensure effective referral pathways and communications for outreach support.

	<p>Children's Centres.</p> <ul style="list-style-type: none"> Partnership services currently delivered through some Children's Centres could be affected: <ul style="list-style-type: none"> Continence Clinic (Chesterfield Royal Hospital (NHS) Foundation Trust). Healthy Baby Clinics (Pennine Care/DCHS). Leap for Life (Pennine Care). Rykneld Homes and Acorn Group Housing Champion Worker. Parent Craft (Royal Derby Hospital Foundation Trust Maternity Services). ASD (Autism Spectrum Disorder) support group. Talking Mental Health (IAPT). 	<ul style="list-style-type: none"> Ensure local relocation of external provision where possible. Signpost to: www.derbyshiresendlocaloffer.org
<p>Transport</p> <p>Will the proposal make access to services prohibitive?</p>	<p>Negative Impact</p> <ul style="list-style-type: none"> Reduced access to services where travel is involved. This could reduce the ability to access provision. May increase transport costs for service users if they have to travel further. 	<ul style="list-style-type: none"> Provision of outreach services. Source transport availability to advice service users. Provision of Community Transport services.
<p>Childcare</p> <p>Will the proposal affect access to appropriate/affordable childcare? (E.g. special/cultural needs)?</p>	<p>Negative Impact</p> <ul style="list-style-type: none"> Reduced access to childcare provision where Children's Centres provide this. Reduced access where Children's Centre workers signpost to childcare services and provide support to access 2 year funding. 	<ul style="list-style-type: none"> Children's Centre workers signpost to childcare services and provides support to access 2 year funding. Signpost to: www.derbyshiresendlocaloffer.org

Voluntary Services Will the proposal affect access to appropriate voluntary services?	Negative Impact <ul style="list-style-type: none"> The interface with the voluntary sector groups may be weakened if there is no local Children's Centre to align to. 	<ul style="list-style-type: none"> Work with local voluntary sector organisations to provide alternatives venues. Working closely with the voluntary sector to explore what they can provide – in particular early play opportunities that could link to Children's Centre participation rates through Children's Centre staff support.
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4.9 Mental well-being

How people think and feel is affected by perception, physical health, socio-economic determinants and local environment. Poor well-being affects physical and social well-being and improving mental health reduces the risk of mental illness (e.g. depression, anxiety, schizophrenia).

The key population groups this will cover are: Pregnancy, Mothers, Fathers, Carers, Grandparents/extended family, Pre-school children, Children, Young People.

General mitigating actions:

- Proactively explore with DCHS/CCGs/DACES/Libraries/Voluntary Sector where alternative/shared/integrated or HUB based provision could be provided.
- Derbyshire's Local Offer includes leisure and activity providers, health and care services, education providers and support groups. www.derbyshiresendlocaloffer.org
- Ensure all staff have up to date information regarding other local services they can signpost to.
- Ensuring all staff are trained in MECC (Making Every Contact Count) and signposting to specific provisions.
- Joint working/training to ensure consistency of information and practice between health and early year's provision.
- Integrated health working to maximise the information sharing and outcomes that contribute to a child's journey

Focus group user response

(221 participants in 29 focus groups. The numbers below reflect the percentage who responded to the questions).

How often do you use Children's Centres to meet friends and socialise?	Themed comments and focus group quotes (positive and negative).
<ul style="list-style-type: none"> • 69% of service users use the centre one or more times a week. • 16% of services users less than once a week. • 4% never use for health advice, support and signposting. 	<p>Extracts from positive themed comments:</p> <ul style="list-style-type: none"> • Safe, secure environment to meet other and for children to play. • Age appropriate sessions (pre-birth, baby massage, Talkers) • Access during school holidays. • Emotional, practical and social support. <p>Positive quotes from focus groups: Stay and Play – <i>"It has helped me to feel OK in myself. I had some depression before having my baby. This group has helped me make friend and keep me feeling mentally OK in myself. We swap phone numbers and keep in touch in between too".</i> (Bakewell)</p> <p>Gamesley Stay and Play – <i>Helps with depression, without support of Children's Centre would struggle.</i> Gamesley</p> <p>Extracts from negative themed comments:</p> <ul style="list-style-type: none"> • Effect on mental health – confidence, social isolation, mental health, stress, post natal depression, would stay at home, no confidence to go back to work. • Familiarity of the centre – starting over again. • Loss of access to professional support. <p>Negative quotes from focus groups: Borrowash Clinic – <i>"Would use centres more if able to use Spondon in Derby City".</i> (Sandiacre)</p> <p>Mixed Group – <i>"If I didn't have the Children's Centre to come to I would go insane. It's a lifeline for me".</i> (Arkwright)</p>

		Mixed Group – “ <i>Would impact upon mental health – post natal depression</i> ”. (Arkwright)
Category area	Description of impact	Specific Mitigating Actions
Social inclusion and Emotional Well-Being Will the proposal have a direct impact on engagement in community life, social support or interaction for different groups? Will it have an effect on motivation, self-esteem, confidence, hopefulness, optimism, life satisfaction for different groups?	Negative Impact <ul style="list-style-type: none"> • Closure or reduction in provision will result in reducing contact with others, and breaking down established social networks. • Contribute to a loss of control and emotional well-being • Reduce access to support, information and advice. 	<ul style="list-style-type: none"> • Ensure all staff are trained at Tier 1 mental health/emotional well-being support. • Joint work with HVs to identify those most vulnerable and ensure outreach provision. • Ensure the cluster can respond to individual and group needs. • Work closely with local support groups. • Negotiating with Derby City Council regarding reciprocal use of Children’s Centre provision that occupy border potions.

4.10 Key Emerging themes

When analysing the focus group participant feedback it was evident that a number of consistent themes were emerging across all fifteen Children's Centres. Table 4.11 illustrates emerging themes from the feedback.

Table 4.11 Key emerging themes

The Children's Centres as a whole are:
<ul style="list-style-type: none">• Considered a safe, trusted place for support and information.• Provides the ability for parent and child to socialise.• Are valued for the support they offer on emotional well-being and mental health.• A positive place to get health information from.• An environment that promotes school readiness.
Any potential impact that reduces access to service delivery will:
<ul style="list-style-type: none">• Impact on travel costs (potential higher).• Reduce access to professionals/professional services and other services.• Reduce access to reliable information.• Affect social contact and networks that have formed.• Restrict access to venues that are appropriate, child friendly and fit for purpose (e.g. clean, safe,

4.12 Health Impact Assessment Key Considerations

Decisions for relocation, reducing children centre hours or closure should first plan to address the general and specific mitigating factors identified in his review. In particular, as recommended in the 4Children Sure Start Children Centres - A National Review of Sure Start Children Centres 2014 - The benefits of a HUB model and integrated working in helping children centres improve the impact of their work with targeted, disadvantaged and vulnerable families would be valuable in ameliorating the impact of service changes.

5.0 Appendices

Appendix 1 Focus Group Questionnaire



Derbyshire Children's Centre Health Impact Assessment

FOCUS GROUP

Name of Children's Centre:	
Name of Group:	
Number attending group:	
Date:	
Time:	
Venue:	
Facilitators and Note Taker names:	

Quick Starter Questions (Q1, 2, 3 and 4)

Q1. How often do you use the Children's Centre to meet friends and socialise?

More than once a week	
Once a week	
Less than once a week	
Never	
Additional group comments	

Q2. How often do you use Education and Early Years services in the Children's Centre? (Examples: Parenting courses, play and learn, early years education, etc.)

More than once a week	
Once a week	
Less than once a week	
Never	
Additional group comments	

Q3. How often do you use services in the Children's Centre to get HEALTH advice, support and signposting? (Examples: Stop smoking, mental health, changing your lifestyle, eating on a budget, seeing a Health Visitor, etc.)

More than once a week	
Once a week	
Less than once a week	

Never	
Additional group comments	

Q4. How often do you use services in the Children's Centre to get advice? (Examples: Citizens Advice (CAB), Job Centre advice, training advice, budgeting advice, etc.)

More than once a week	
Once a week	
Less than once a week	
Never	
Additional group comments	

General Questions (Q5, 6, 7 and 8)

Q5. What would change for you and your family if the Children's Centre closed or the hours reduce?

A. Can you give examples of any POSITIVE changes (Example: the group/s I go to might move to a more convenient location).

B. Can you give examples of any NEGATIVE changes (Example: It will be difficult for me to meet friends or my children to meet friends).

Q6. Of the services provided by the Children's Centre, what would you say are the most important for you and your family's health and wellbeing?

Q7. How might reduce access to the Children's Centre affect you and your family's health and wellbeing?

Q8. How and where would you get the support and advice you need if the Children's Centre closed or the hours reduce?

Q9. Other points raised by this focus group.

Appendix 2

Focus group response

Q1. How often do you use the Childrens Centre to meet friends and socialise?					
	<i>n=</i>	More than once a week	Once a week	Less than once a week	Never
Arkwright	10	3	4	2	0
Ashbourne	10	6	3	1	0
Bakewell	20	9	9	2	0
Castle Gresley	13	4	5	2	0
Chapel en le Frith	11	6	4	0	1
Coton in the Elms	11	1	6	4	0
Crich	9	3	4	2	0
Duffield	9	3	6	0	0
Gamesley	16	9	5	2	0
Killamarsh	12	7	5	0	0
Langwith	14	0	14	0	0
Sandiacre	25	1	11	10	2
Tupton	11	6	2	2	1
West Hallam	35	0	4	8	4
Wirksworth	15	8	4	0	1
Total	221	66	86	35	9
% rate of those responding to Qs.		30%	39%	16%	4%

Additional comments:

Purpose built - cost effectiveness of reducing hours?

School holidays includes older children.

Would use more if more things to do/more services/facilities/promoted better.

Group number varies.

Safe, secure, supportive environment.

Use less now child older.

As and when needed.

Q2. How often do you use education and early years services in the Childrens Centre?					
	<i>n=</i>	More than once a week	Once a week	Less than once a week	Never
Arkwright	10	1	6	1	1
Ashbourne	10	6	0	2	0
Bakewell	20	8	10	2	0
Castle Gresley	13	3	5	1	1
Chapel en le Frith	11	3	4	0	0
Coton in the Elms	11	1	2	1	6
Crich	9	3	4	2	0
Duffield	9	0	3	1	5
Gamesley	16	15	1	0	0
Killamarsh	12	6	1	0	5

Langwith	14	0	14	0	0
Sandiacre	25	0	4	6	14
Tupton	11	5	1	3	2
West Hallam	35	0	4	0	15
Wirksworth	15	9	5	0	0
Total	221	60	64	19	49
% rate of those responding to Qs.		27%	29%	9%	22%

Additional comments:

Would use more if more things to do/more services/facilities/promoted better.

Use less now child older.

Provide home education.

Unaware of services offered.

Block courses don't run weekly.

Q3. How often do you use services in the Children's Centre to get HEALTH advice, support and signposting?					
	<i>n=</i>	More than once a week	Once a week	Less than once a week	Never
Arkwright	10	1	4	1	3
Ashbourne	10	0	3	1	6
Bakewell	20	1	10	5	3
Castle Gresley	13	2	5	2	1
Chapel en le Frith	11	5	1	0	3
Coton in the Elms	11	0	0	6	4
Crich	9	1	2	3	3
Duffield	9	0	0	5	4
Gamesley	16	13	2	1	0
Killamarsh	12	5	0	2	0
Langwith	14	0	14	0	0
Sandiacre	25	0	1	16	7
Tupton	11	0	5	0	6
West Hallam	35	0	1	14	4
Wirksworth	15	0	3	9	1
Total	221	28	51	65	45
% rate of those responding to Qs.		13%	23%	29%	20%

Additional comments:

Would use more if more things to do/more services/facilities/promoted better.

Go elsewhere (e.g. Health Centre, other parents, GP, courses, leaflets).

As and when needed.

Use less now child older.

Unaware of services offered.

Safe, secure, supportive environment.

Q4. How often do you use services in the Children's Centre to get advice?					
	<i>n=</i>	More than once a week	Once a week	Less than once a week	Never
Arkwright	10	0	0	0	0
Ashbourne	10	0	1	5	4
Bakewell	20	0	0	11	7
Castle Gresley	13	6	0	1	4
Chapel en le Frith	11	1	1	1	4
Coton in the Elms	11	0	0	0	10
Crich	9	0	0	0	9
Duffield	9	0	0	0	9
Gamesley	16	4	4	6	1
Killamarsh	12	0	0	0	7
Langwith	14	0	0	0	0
Sandiacre	25	0	0	1	23
Tupton	11	0	0	5	6
West Hallam	35	1	0	1	17
Wirksworth	15	0	0	0	10
Total	221	12	6	31	111
% rate of those responding to Qs.		5%	3%	14%	50%

Additional comments:

Would use more if more things to do/more services/facilities/promoted better.

Unaware of services offered.

As and when needed.

Use less now child older.

Centre provision to other support services (e.g. Speakers, CAB).

Q5. What would change for you and your family if the Children's Centre closed or the hours reduced?

Positive health impacts

- Change of venue positive may result in more/pooling of resources (toys, people, and space).
- Better publicity/promotion of groups, classes, sessions.
- Cuts have to be made somewhere/money could be spent elsewhere.
- If relocated in same area.
- Prepared to travel.
- Meet different/more people at alternative location.

Negative health impacts

- Negative impact on parent/carer/grandparent
- Loss of peer support, parent networks, socialisation, friends, communication, encouragement, inclusive, new to area, outlet for mums, build confidence, single parents, adult conversation, sharing experiences, highlight of week, loss of contact.
- Loss of access to professional support/services - CC staff, HVs, Child-minders, peer support (breastfeeding, etc.), clinic, weighing, speech and language, PEEP, baby massage, health advice, 2 year government funding,

other children's services, in confidence, vitamins, Doidy cups.

- Loss of service/access to resources, specialist services (Dads, new babies), access to centre, part of community, specialist resources (sensory equipment), links to advice /support services, a hub, purpose built, free, disabled access, safe, appropriate, clean, privacy, trust, valued, lack of alternative venues, limited sessions, sessions too busy.
- Loss of access for professionals to deliver classes/groups – HVs, Child-minders.
- Effect on mental health – confidence, social isolation, mental health support, coping, lifeline, post natal depression, PTSD, stress, stay at home, lonely, sanity, purpose, self-esteem, rural isolation, negative impact.
- Costs/charges - other venues, travel, no car, parking, financial pressures.

Negative impact on baby/child

- Loss of opportunity to interact, creative play, socialise, learn, meet others, increase confidence, independence.
- Loss of opportunity to develop, skills, learn, stimulation, transition to pre-school, routine, eating with other children, early years education.
- Effect on mental health – stress passed onto child.
- Access for older children.

Q6. Of the services provided by the Children's Centre, what would you say are the most important for you and your family's health and wellbeing?

Positive health impacts

- Access to professionals/professional services and other services.
- Face to face advice/support in confidence.
- Specialist resources (sensory room).
- Safe/secure environment to meet others/for children to play.
- Outreach support (hearing, speech and language).
- Age appropriate sessions/activities/groups (Pre-birth, Baby Massage, Talkers).
- Access during school holidays.
- Health advice (e.g. brushing teeth, fire safety, breastfeeding, weaning, health advice).
- Emotional, practical and social support.
- Adult learning opportunities/information/training/qualifications (e.g. PEEPS).
- Child learning, development, skills, pathways to pre-school.
- Volunteering opportunities.
- Free access.

Negative health impacts

- HVs too clinical.
- Children's centre not fully utilised.

Q7. How might reduced access to the Children's Centre affect you and your family's health and wellbeing?

Positive impacts

- Would do other things instead.
- Would not impact/affect me.

Negative impacts

- Effect on mental health – confidence, social isolation, mental health, stress, post natal depression, would stay at home, confidence to go back to work.
- Reduced/inequality of access/opportunities/facilities/support for families in future.
- No other baby changing and feeding facilities.
- Costs/charges – access to other groups, transport, no car, financial pressures.
- [Child] Loss of opportunity to interact - creative play, socialise, learn, meet others, increase confidence, independence.
- [Child] Loss of opportunity to develop - skills, learning, stimulation, transition to pre-school, routine, eating with other children, early year's education.
- Familiarity of the Centre – starting all over again.
- Access to professional support (staff, HVs).
- Free.

Q8. How and where would you get the support and advice you need if the Children's Centre closed or the hours reduced?

- I don't know/no idea/wouldn't go anywhere.
- Stay at home.
- Information from family/friends/others.
- Internet/google searches (e.g. NHS Direct), social media (Facebook) – some sites may give incorrect/inappropriate advice.
- Go to/contact health professionals/services (e.g. HV, MATs, CC Workers, GP, NHS111, CAB, community centre, Job Centre, other children's centre, school, hospital, A&E, Drop-in clinic).
- Service support would be lost/no face to face contact (e.g. Breastfeeding support).
- Nowhere to meet others for peer support.
- There would be nowhere for volunteers.
- No voluntary sector organisations available.
- Cost implications – bus/car/other play groups.

Q9. Other points raised by the focus group

- One group said that the questions did not reflect their needs (how it would be used if there were greater services in-situ).
- Whole health and wellbeing service across the community needs assessing.
- No outreach work if services not available.
- Bigger centres in one place/new schools should have Children's centres.
- Children's Centre facilities really good/hub of community/supportive environment.
- Proposed new housing development (Chapel en le Frith) increase in families will add pressure to reduced service.
- Children form friendships/helps transition into school.
- What will happen to children's centre specialist support (e.g. allergy, speech, breastfeeding)?
- Told I am not able to use Derby city's children's centre – feel aggrieved.
- Children's centres not publicised well/not aware of services available
- Criminal waste of resources, local government should be shed.
- Increased risk of isolation.

Appendix 3
Children's Centre Service Provision template



Information about your Children's Centre service provision

Name of Children's Centre:	
Date:	
Completed by:	

Please complete the table below for ALL services delivered by your Children's Centre. It is important that the information is current, accurate and completed in full to enable an assessment of where alternative service provision may be necessary in the future.

Do not include services that are no longer provided.

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1. Health services for children, parents/carers and expectant parents

Services delivered by CC.	Services delivered by other agencies.		Is there a charge for the service?	Will the proposed changes to your CC have an impact on this service?	Mitigation – can the service be delivered from an alternative venue in the area?
	Name	Delivered by			
Example	Breastfeeding Peer Support	HV (DCHS)	No	Yes	Health Centre
					Add more rows if needed

2. Nursery/pre-school provision

Services delivered by CC.	Services delivered by other agencies.		Is there a charge for this service?	Will the proposed changes to your CC have an impact on this service?	Mitigation – can the service be delivered from an alternative venue in the area?
	Name	Delivered by			

					Add more rows if needed

3. Programmes to develop parenting skills e.g. behaviour management, attachment, healthy lifestyles

Services delivered by CC.	Services delivered by other agencies.		Is there a charge for this service?	Will the proposed changes to your CC have an impact on this service?	Mitigation – can the service be delivered from an alternative venue in the area?
	Name	Delivered by			

					Add more rows if needed
4. Training and employment services to assist parents/carers, expectant parents & users					
Services delivered by CC.	Services delivered by other agencies.		Is there a charge for this service?	Will the proposed changes to your CC have an impact on this service?	Mitigation – can the service be delivered from an alternative venue in the area?
	Name	Delivered by			
					Add more rows if needed
5. Advice, support, information and guidance services for parents/carers, expectant parents & users					
Services delivered by CC.	Services delivered by other agencies.		Is there a charge for this service?	Will the proposed changes to your CC have an impact on this service?	Mitigation – can the service be delivered from an alternative venue in the area?
	Name	Delivered by			

					Add more rows if needed

6. Other services not covered in the above (please state)

Services delivered by CC.	Services delivered by other agencies.		Is there a charge for this service	Will the proposed changes to your CC have an impact on this service?	Mitigation – can the service be delivered from an alternative venue in the area?
	Name	Delivered by			
					Add more rows if needed

Appendix 4

Postcodes – furthest distance travelled by Children’s Centre

Children's Centre	Venue of focus group	Name of Group	Furthest distance travelled (miles)
Arkwright	Arkwright Children's Centre	Mixed Focus Group	5.514
Ashbourne	Ashbourne Children's Centre	Baby Group	4.682
	Ashbourne Children's Centre	Messy Play, Rhythm and Rhyme	1.356
Bakewell	Bakewell Children's Centre	Bakewell Bunnies	8.536
	Bakewell Children's Centre	Stay & Play	7.61
Castle Gresley	Swadlincote Children's Centre	Toy Library	3.537
	Castle Gresley Salvation Army	Little Dragons Toddler Group	2.101
Chapel-en-le-Frith	Chapel-en-le-Frith Children's Centre	Baby Coo and Do Group	1.373
	Chapel-en-le-Frith Children's Centre	Learners Can Play	4.962
Coton-in-the-Elms	Coton in the Elms Children’s Centre	Childminder Group	10.038
	Coton in the Elms Children’s Centre	Stay and Play	3.571
Crich	The Glebe Centre	Stay, Weigh and Play	3.044
	The Wesley Methodist Chapel	Young Parents Group	5.654
Duffield	Duffield Children's Centre	Stay, Weigh and Play	5.917
	Duffield Children's Centre	Little Learners	15.27
Gamesley	Geoffrey Church Centre	Gamesley Childrens Group	1.678
	Gamesley Children's Centre	Stay and Play	2.256
Killamarsh	Killamarsh Children's Centre	Childminder Group	2.041
	Killamarsh Children's Centre	Bumps and Babes	7.094
Langwith	Langwith Children's Centre	Little Explorers	1.605
Sandiacre	Borrowash Youth Centre	Borrowash Clinic	1.941
	Petersham Community Centre	Stay and Play	1.294
	Methodist Hall	Sunshine Clinic	3.463
Tupton	Clay Cross Children's Centre	Men Only Group	11.034
	Tupton Children's Centre	Walkers and Talkers	0.493
West Hallam	West Hallam Children's Centre	Bright Beginnings	4.829
	Charnos Family Support Centre	Little Learners	2.333
Wirksworth	Wirksworth Memorial Hall	Toy Library	3.034
	Wirksworth Memorial Hall	Breastfeeding Club/Baby Club	2.799

AMBER VALLEY Health Profile

How health is Amber Valley

The health profile for Amber Valley has been taken from the Public Health England document Amber Valley health profile (2014) and will be referenced within the appendices.

Health in summary

The population of Amber Valley is 123,000 people. The health of people in Bolsover is varied compared with the England average. Deprivation is higher than average and about 23.2% (3,200) children live in poverty. Life expectancy for both men and women is lower than the England average.

Living longer

Life expectancy is 7.5 years lower for men and 3.4 years lower for women in the most deprived areas of Bolsover than in the least deprived areas.

Child health

In Year 6, 18.7% (127) of children are classified as obese. The rate of alcohol-specific hospital stays among those under 18 was 51.0*. This represents 8 stays per year. Levels of GCSE attainment, breastfeeding and smoking at time of delivery are worse than the England average.

Adult health

In 2012, 31.0% of adults are classified as obese, worse than the average for England. The rate of alcohol related harm hospital stays was 663*. This represents 503 stays per year. The rate of self-harm hospital stays was 232.0*, worse than the average for England. This represents 177 stays per year. The rate of smoking related deaths was 346*, worse than the average for England. This represents 149 deaths per year. Estimated levels of adult excess weight and physical activity are worse than the England average. Rates of sexually transmitted infections, people killed and seriously injured on roads and TB are better than average. The rate of early deaths from cancer is worse than average. Rates of statutory homelessness, violent crime and long term unemployment are better than average.

Priorities for Amber Valley Priorities include smoking in pregnancy, reducing inequality in life expectancy and healthy life expectancy within the area, and increasing breastfeeding.

BOLSOVER Health Profile

How healthy is Bolsover

The health profile for Bolsover has been taken from the Public Health England document Bolsover health profile (2014) and will be referenced within the appendices.

Health in summary

The population of Bolsover is 76,000 people. The health of people in Bolsover is varied compared with the England average. Deprivation is higher than average and about 23.2% (3,200) children live in poverty. Life expectancy for both men and women is lower than the England average.

Living longer

Life expectancy is 7.5 years lower for men and 3.4 years lower for women in the most deprived areas of Bolsover than in the least deprived areas.

Child health

In Year 6, 18.7% (127) of children are classified as obese. The rate of alcohol-specific hospital stays among those under 18 was 51.0*. This represents 8 stays per year. Levels of GCSE attainment, breastfeeding and smoking at time of delivery are worse than the England average.

Adult health

In 2012, 31.0% of adults are classified as obese, worse than the average for England. The rate of alcohol related harm hospital stays was 663*. This represents 503 stays per year. The rate of self-harm hospital stays was 232.0*, worse than the average for England. This represents 177 stays per year. The rate of smoking related deaths was 346*, worse than the average for England. This represents 149 deaths per year. Estimated levels of adult excess weight and physical activity are worse than the England average. Rates of sexually transmitted infections, people killed and seriously injured on roads and TB are better than average. The rate of early deaths from cancer is worse than average. Rates of statutory homelessness, violent crime and long term unemployment are better than average.

Priorities for Bolsover

Priorities include smoking in pregnancy, reducing inequality in life expectancy and healthy life expectancy within the area, and increasing breastfeeding.

DERBYSHIRE DALES Health Profile

How healthy is Derbyshire Dales

The health profile for Derbyshire Dales has been taken from the Public Health England document Derbyshire Dale's health profile (2014) and will be referenced within the appendices.

Health summary

The population of Derbyshire Dales is 71,000 people. The health of people in Derbyshire Dales is generally better than the England average. Deprivation is lower than average, however about 10.7% (1,200) children live in poverty. Life expectancy for both men and women is higher than the England average.

Living longer

Life expectancy is not significantly different for people in the most deprived areas of Derbyshire Dales than in the least deprived areas.

Child health

In Year 6, 15.7% (97) of children are classified as obese, better than the average for England. The rate of alcohol specific hospital stays among those under 18 was 36.9*. This represents 5 stays per year. Levels of smoking at time of delivery are worse than the England average. Levels of teenage pregnancy and GCSE attainment are better than the England average.

Adult health

In 2012, 19.5% of adults are classified as obese. The rate of alcohol related harm hospital stays was 602*. This represents 452 stays per year. The rate of self-harm hospital stays was 170.8*. This represents 104 stays per year. The rate of smoking related deaths was 216*, better than the average for England. This represents 108 deaths per year. The rate of people killed and seriously injured on roads is worse than average. Rates of sexually transmitted infections and TB are better than average. Rates of statutory homelessness, violent crime, long term unemployment, drug misuse, early deaths from cardiovascular diseases and early deaths from cancer are better than average.

Priorities for Derbyshire Dales

Priorities include smoking in pregnancy, reducing equality in life expectancy and healthy life expectancy within the area, and increasing breastfeeding

EREWASH Health Profile

How healthy is Erewash

The health profile for Erewash has been taken from the Public Health England document Erewash health profile (2014) and will be referenced within the appendices.

Health in summary

The population of Erewash is 113,000 people. The health of people in Erewash is varied compared with the England average. Deprivation is lower than average, however about 19.8% (3,900) children live in poverty. Life expectancy for both men and women is higher than the England average.

Living longer

Life expectancy is 4.9 years lower for men in the most deprived areas of Erewash than in the least deprived areas.

Child health

In Year 6, 20.2% (207) of children are classified as obese. The rate of alcohol-specific hospital stays among those under 18 was 31.8*. This represents 7 stays per year. Levels of breastfeeding and smoking at time of delivery are worse than the England average.

Adult health

In 2012, 24.4% of adults are classified as obese. The rate of alcohol related harm hospital stays was 651*. This represents 728 stays per year. The rate of self-harm hospital stays was 157.5*, better than the average for England. This represents 177 stays per year. The rate of smoking related deaths was 292*. This represents 186 deaths per year. Estimated levels of adult excess weight are worse than the England average. Rates of sexually transmitted infections and TB are better than average. Rates of statutory homelessness and drug misuse are better than average.

Priorities for Erewash

Priorities include smoking in pregnancy, reducing inequality in life expectancy and healthy life expectancy within the area, and increasing breastfeeding.

HIGH PEAK Health Profile

How healthy is High Peak

The health profile for High Peak has been taken from the Public Health England document High Peak health profile (2014) and will be referenced within the appendices.

Health in summary

The population of High Peak is 91,000 people. The health of people in High Peak is varied compared with the England average. Deprivation is lower than average, however about 13.9% (2,200) children live in poverty. Life expectancy for men is higher than the England average.

Living longer

Life expectancy is 8.5 years lower for men and 7.3 years lower for women in the most deprived areas of High Peak than in the least deprived areas.

Child health

In Year 6, 15.2% (129) of children are classified as obese, better than the average for England. The rate of alcohol-specific hospital stays among those under 18 was 63.7*. This represents 12 stays per year. Levels of breastfeeding and smoking at time of delivery are worse than the England average.

Adult health

In 2012, 20.0% of adults are classified as obese. The rate of alcohol related harm hospital stays was 615*. This represents 557 stays per year. The rate of self-harm hospital stays was 200.4*. This represents 179 stays per year. The rate of smoking related deaths was 281*. This represents 141 deaths per year. Estimated levels of adult excess weight are better than the England average. Rates of sexually transmitted infections and TB are better than average. Rates of statutory homelessness, violent crime, long term unemployment and drug misuse are better than average.

Priorities for High Peak

Priorities include smoking in pregnancy, reducing inequality in life expectancy and healthy life expectancy within the area, and increasing breastfeeding.

NORTH EAST DERBYSHIRE Health Profile

How healthy is North East Derbyshire

The health profile North East Derbyshire has been taken from the Public Health England document North East Derbyshire profile (2014) and will be referenced within the appendices.

Health in summary

The population for North East Derbyshire is 99,000 people. The health of people in North East Derbyshire is varied compared with the England average. Deprivation is lower than average, however about 15.4% (2,500) children live in poverty. Life expectancy for both men and women is similar to the England average.

Living longer

Life expectancy is 11.5 years lower for men and 5.9 years lower for women in the most deprived areas of North East Derbyshire than in the least deprived areas.

Child health

In Year 6, 15.2% (149) of children are classified as obese, better than the average for England. The rate of alcohol-specific hospital stays among those under 18 was 47.9*. This represents 9 stays per year. Levels of breastfeeding and smoking at time of delivery are worse than the England average.

Adult health

In 2012, 24.9% of adults are classified as obese. The rate of alcohol related harm hospital stays was 591*. This represents 603 stays per year. The rate of self-harm hospital stays was 205.6*. This represents 194 stays per year. The rate of smoking related deaths was 265*, better than the average for England. This represents 171 deaths per year. The rate of people killed and seriously injured on roads is worse than average. Rates of sexually transmitted infections and TB are better than average. Rates of statutory homelessness, violent crime, long term unemployment and drug misuse are better than average.

Priorities for North East Derbyshire

Priorities include smoking in pregnancy, reducing inequality in life expectancy and healthy life expectancy within the area, and increasing breastfeeding.

SOUTH DERBYSHIRE Health Profile

How healthy is South Derbyshire

The health South Derbyshire has been taken from the Public Health England document South Derbyshire profile (2014) and will be referenced within the appendices.

Health in summary

The population of South Derbyshire is 96,000 people. The health of people in South Derbyshire is varied compared with the England average. Deprivation is lower than average, however about 13.3% (2,400) children live in poverty. Life expectancy for both men and women is similar to the England average.

Child health

In Year 6, 18.4% (163) of children are classified as obese. The rate of alcohol-specific hospital stays among those under 18 was 39.3*. This represents 8 stays per year. Levels of GCSE attainment, breastfeeding and smoking at time of delivery are worse than the England average.

Adult health

In 2012, 22.2% of adults are classified as obese. The rate of alcohol related harm hospital stays was 583*, better than the average for England. This represents 535 stays per year. The rate of self-harm hospital stays was 169.9*. This represents 160 stays per year. The rate of smoking related deaths was 269*. This represents 124 deaths per year. Estimated levels of adult excess weight are worse than the England average. Estimated levels of adult smoking are better than the England average. The rate of people killed and seriously injured on roads is worse than average. Rates of sexually transmitted infections and TB are better than average. Rates of violent crime, long term unemployment and drug misuse are better than average.

Priorities for North South Derbyshire

Priorities include smoking in pregnancy, reducing inequality in life expectancy and healthy life expectancy within the area, and increasing breastfeeding.

Derbyshire County Council

Equality Impact Analysis Record

Form 2014



Department	CAYA
Service Area	Children Centres
Changes or proposals	Children Centre Review – Stage 2
Chair of Analysis Team	Eleanor Hedley
Date of Analysis	Completed 23 February 2015
Version	3

1. Prioritising what is being analysed

a. Description of current service arrangements

There are currently 54 Children's Centres offering a range of services within Derbyshire including early education and child care, health services, parenting and family support. The Department for Education Sure Start children's centre statutory guidance (April 2013) clarifies what local authorities and statutory partners must do to fulfil their statutory responsibilities because it is required by legislation. The guidance places a duty on the Local Authority to "improve the well-being of young children in their area and reduce inequalities between them".

To this end, Derbyshire Children Centres work in partnership with health, education, childcare providers, social care and voluntary sector organisations to reduce the gap between children who are underachieving and those who are reaching their developmental milestones. Currently each centre is subject to Ofsted inspection with delivery of services being provided within a defined reach area and informed by local need. Services are provided to families with children aged 0-5 years and are usually open five days a week (Monday to Friday) with occasional weekend hours. Some smaller centres currently open on a part-time basis. A team of three children's centre workers and a Coordinator managing the centre deliver services to local communities they serve. Derbyshire's 54 Children Centres are currently organised in groups across the county; Each Children centre group works together to utilise a range of venues to deliver services.

The Children's Centre Review is looking at how Derbyshire County Council can provide the right services in the right place for those young children and families who need the support the most. This may mean refocusing finances to consider savings while avoiding duplication where there are partners delivering services and putting Children's Centre support where it is most needed. The aim of the review is to reduce duplication in provision, improve effectiveness and focus on those areas in greatest need.

b. Details of proposals or changes

A range of studies/research has proven that the first five years of a child's life has a huge bearing on their health, wellbeing and development. Through the delivery of the Children's Centre Service and other services delivered by Derbyshire County Council and partner organisations, the aim is to reach all the families who need support most and ensure that all children have a better start in life.

The proposals considered in this Equality Analysis have been developed through a two-staged process, namely:

Phase 1

In May 2014, the Council's Cabinet agreed to start a review of Children's Centres and agreed the proposed methodology. This was followed by a phase 1 consultation seeking initial views on options for reducing the Children's Centres budget and the criteria that would be applied to select individual centres for in-depth impact assessment work.

Phase 2

Following the outcome of phase 1 consultation, Cabinet approved a subsequent report on 30th September 2014 which outlined how the consultation feedback had been used to develop criteria and how these criteria had been applied to generate options for consultation. The Council agreed to proceed on the basis of consulting on proposals to:

- 1) The closure of two Children's Centres and the associated services located in Ashbourne and Duffield;
- 2) The closure of two Children's Centres (Langwith and Castle Gresley) where the buildings are not fit for purpose and the transfer of services to other sites;
- 3) Changes to opening hours and associated services of 10 phase three* centres;
- 4) The relocation of one Children's Centre's services to another site (Gamesley) to promote further engagement of service users in an area of high need.

This Equality Analysis considers the potential impact of proposals 1) and 2) above.

Phase 2 consisted of a public consultation specific to the Centres identified for consideration as set out in the 30th September Cabinet report. A public consultation on proposals relating to the identified Children's Centres took place over 15 weeks from Wednesday 8th October 2014 to Wednesday 21st January 2015. There were 470 respondents to the Public Consultation via an online or paper questionnaire. In addition to this 66 consultation events with current service users, potential service users and professionals were held at the Centres that would be affected.

Further consultation took place via the Council's Public Health services to collect further data utilising existing Children's Centre user groups via 29 focus groups of people using the centres across the 15 Children's Centres affected by the proposed reconfiguration of service provision to the health impact needs of users, with the support of centre staff. A broad cross section of Children's Centre service users were involved in the Health Impact Assessment (HIA) focus

group consultations, in total 221 users were present and 1,048 individual comments were collated.

*The centres were originally established to meet different levels of need. Phase one centres serve communities where a high area of need was identified; phase three centres serve communities within areas of least deprivation.

C. Rationale for proposed changes

The Children's Centre Review is looking at ways to ensure that children continue to be safe, and that families with young children receive the support they need to enable them to be healthy and ready to learn. Due to significant financial pressures placed on the County Council a full review of the children's centre future provision is being undertaken, with options to make savings whilst developing a clearer, more effective Children's Centre model that will maximise the impact on narrowing the gaps between those children who achieve well at school and those who underachieve.

The proposals for consultation were identified by:

- a) Developing and consulting on criteria for the selection of individual centres for in-depth impact assessment work. Following the phase 1 consultation, the criteria that were approved by Cabinet in September 2014 were:

- Needs of the centre's local population
- Number of people using the centre
- Financial bottom line of the centre
- Ease of access to a children's centre
- Availability of alternative local services

The first three of these criteria were applied to generate the recommendations to consult on closure of Ashbourne and Duffield Children's Centres, which ranked the most poorly when measured against the criteria of: a) situated in areas of least deprivation b) with low contact figures and c) relatively high running costs. Ashbourne ranks 47th out of 54 centres for deprivation, 4th most expensive for running costs and 54th for engagement. Duffield ranks 53rd out of 54 for least deprivation, 5th most expensive for running costs and 49th out of 54 for engagement of the 0-5 population.

It was not considered feasible to develop a system of ranking or scoring for the two remaining criteria – ease of access and availability of other local services. These have been explored further through the consultation and the ongoing development of the Equality Impact Analysis.

- b) In addition, there is a need to provide Children's Centres that are safe and fit for purpose. As part of the review, Castle Gresley and Langwith were identified as being located in areas where there is a relatively high level of need for services, but there were issues relating to the buildings. It is proposed, in these two cases, to re-locate the existing services so that they are delivered from alternative community venues (in the case of Castle Gresley) and nearby Children's Centres (in the case of Langwith).

Castle Gresley Children's Centre is currently experiencing subsidence to the wall at the rear of the Centre. A structural engineer has inspected the wall and confirmed that it is in a poor condition and requires demolition and rebuild. An estimated cost for these works is £150,000+. It is unsafe for use in its current state and services have already had to be withdrawn from the site and relocated to other community venues on a temporary basis.

Langwith Children's Centre is sited within Stubbin Wood school, utilising a community room

which had capacity. An agreement was made with the school for its use. The school now needs more space for nursery provision and other teaching space and has asked the County Council to vacate the space. It is proposed that services would continue to run from Shirebrook Children's Centre which is nearby.

There is still a need to provide a service in Castle Gresley and Langwith and the service would remain in place but savings of £24,000 would be made by closing the buildings.

2. The team carrying out the analysis

Name	Area of expertise/ role
(Chair) Eleanor Hedley	Children Centre Co-ordinator – supporting Children Centre Consultation Phase 2
Tracy Marsh	Commissioning Manager: Previously Children's Centre Coordinator/ Multi Agency Team Manager. Seconded to lead the review
Barbara Ackrill	Research and Information- support to the Children's Centre Review consultation
Jane Hicken	Public Health
Julie Hirst	Public Health
Jayne Straw	Derbyshire Management Information team
John Cowings	Senior Policy Officer-Equalities as critical friend

3. Existing information and consultation based feedback

a. Sources of data and consultation used

Source	Reason for using
Public Consultation October 2014 to January 2015	Public opinion obtained on proposed changes to determine impact on those using each centre and any potential ways to mitigate the impact
Consultation Events October 2014 to January 2015	Public opinion obtained on proposed changes to determine impact on those using each centre and any potential ways to mitigate the impact
Service User Information	To identify groups using the children's centres
Participation of the population in the centres	% of 0-5 population accessing centres
Health Impact Assessment October to November 2014	Public opinion obtained on proposed changes to determine the health impact on those using each centre and any potential ways to mitigate the impact
Property Services – Suitability for services	Examine suitability of running services (health & safety, location and cost)
Sure Start Statutory Guidance April 2013	Defines the duties on local authorities to deliver an appropriate Children's Centre Service
Petitions submitted as part of Public Consultation for Ashbourne & *Tupton	Public opinion on the proposed closure of Ashbourne Children Centre and reduction of

Source	Reason for using
Children's Centres October 2014 to January 2015	hours to Tupton Children Centre *For the purposes of this Equality Analysis only Ashbourne Children Centre is being considered, Tupton Children Centre will be considered at a later date as part of a separate recommendation
Derbyshire Safeguarding Board Protocols and Guidance	To ensure that safeguarding is considered as a priority when evaluating the impact of proposed service changes.
Children's Centre Performance Report – CAYA Management Information	To identify number of service users using children centres and report on data collected by Children Centres within Derbyshire
Derbyshire Observatory statistical information	Representation of data from 2011 Census to inform on representation of the population

4. Known impact on different protected characteristic groups

- a. From existing data and information – who is likely to be adversely affected, how, and to what degree? Will anyone gain or benefit from the proposals?

Protected Group	Findings
Age including children and families, older people	<p>Families with children aged 0-5 years access the Children's Centres services.</p> <p>Throughout Derbyshire 80.1% of parents with children under 5 years in the population have registered with a centre and of those 77.1% have used the service within the last 12 months (CAYA Management Information Dec 2014 to Dec 2014).</p> <p>Ashbourne: 50% of parents with children under 5 years in the Ashbourne area have registered with the Children Centre and of those 61% have used the service within the last 12 months. OFSTED identified that of those families who were considered vulnerable and in need of greater support, 85% were being supported and participating while the remaining 15% received universal support with 3 or more contacts within a year. (OFSTED report July 2015)</p> <p>Duffield: 67% of parents with children under 5 years in the Duffield area have registered with the Children Centre and of those 81% have used the service within the last 12 months.</p> <p>Castle Gresley: 80% of parents with children under 5 years in the Castle Gresley area have registered with the Children Centre and of those 64% have used the service within the last 12 months.</p> <p>Langwith: 100% of parents with children under 5 years in the Langwith area have registered with the Children Centre and of those 78% have used the service within the last 12 months</p>

	<p>It is of interest to note 5.4% of the total population of Derbyshire are between the ages of 0-4 years with 12.4% of the total population of Derbyshire being between the ages of 5-15years when considering the need for service provision according to age band. (Derbyshire Observatory, 2011 Census: Summary Profile)</p>																														
<p>Disabled people including mobility, sensory, learning, mental health, HIV, and also include carers and relatives</p>	<p>There are currently 221 disabled children under 5 registered with the children's centres in Derbyshire.</p> <p>Disabled children who do not meet the criteria for support from the county's disability team, based on their level of disability, may be signposted to a children's centre for support. Children may receive home support or attend a Children Centre as part of a universal group or as a group with similar needs (Every Child a Talker, Positive Play, Time for Two's etc.)</p> <p>There are currently 70 parents or carers of children under 5 who are Disabled and registered with a Derbyshire Children Centre.</p> <p>Parents who have a disability may receive support from a children's centre to help them with their parenting. There may also be a need for the children's centre to be alerted to the fact that, in some cases, the children are the "young carers" for their parents.</p> <p>It is important that services remain accessible to children with disabilities and parents with disabilities.</p> <p>Ashbourne:</p> <table border="1"> <thead> <tr> <th>Disabled Children under 5's</th><th>Disabled Parents of Children Under 5's</th></tr> </thead> <tbody> <tr> <td>within the Wirksworth grouping</td><td>in the Wirksworth Grouping</td></tr> <tr> <td>6</td><td>2</td></tr> <tr> <td>within Ashbourne reach area</td><td>within Ashbourne reach area</td></tr> <tr> <td>2</td><td>2</td></tr> </tbody> </table> <p>Duffield:</p> <table border="1"> <thead> <tr> <th>Disabled Children under 5's</th><th>Disabled Parents of Children Under 5's</th></tr> </thead> <tbody> <tr> <td>within the Belper grouping</td><td>in the Belper Grouping</td></tr> <tr> <td>9</td><td>3</td></tr> <tr> <td>within Duffield reach area</td><td>within Duffield reach area</td></tr> <tr> <td>2</td><td>Data not available by centre</td></tr> </tbody> </table> <p>Castle Gresley:</p> <table border="1"> <thead> <tr> <th>Disabled Children under 5's</th><th>Disabled Parents of Children Under 5's</th></tr> </thead> <tbody> <tr> <td>within the Newhall grouping</td><td>in the Newhall Grouping</td></tr> <tr> <td>9</td><td>3</td></tr> <tr> <td>within Castle Gresley reach area</td><td>within Castle Gresley reach area</td></tr> <tr> <td>4</td><td>1</td></tr> </tbody> </table>	Disabled Children under 5's	Disabled Parents of Children Under 5's	within the Wirksworth grouping	in the Wirksworth Grouping	6	2	within Ashbourne reach area	within Ashbourne reach area	2	2	Disabled Children under 5's	Disabled Parents of Children Under 5's	within the Belper grouping	in the Belper Grouping	9	3	within Duffield reach area	within Duffield reach area	2	Data not available by centre	Disabled Children under 5's	Disabled Parents of Children Under 5's	within the Newhall grouping	in the Newhall Grouping	9	3	within Castle Gresley reach area	within Castle Gresley reach area	4	1
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Gender (Sex) including men and women, boys and girls	<div>Gender is not a key factor affecting the delivery of the service. Children's centres use Early Years information to inform them of local need and they may identify that a certain gender is underachieving in reaching its developmental milestones and, therefore want to capture and increase the participation of that gender, but the centre is accessible to all. There are services to support all parents and carers.</div> <div>The following charts shows the number of under 5 children by gender who have participated over a 12 month period and have accessed children's centres in Derbyshire.</div> <div><table><tr><th colspan="3">U5s that have participated 01/02/2014-31/01/2015</th></tr><tr><th>Gender</th><th>Population</th><th>Participated#</th></tr><tr><td>F</td><td>19967</td><td>12729</td></tr><tr><td>M</td><td>20853</td><td>13199</td></tr></table></div> <div>The following portrays the number of parents and carers by gender with children under 5</div> <div><table><tr><th colspan="3">Parents of an U5 that have participated 01/02/2014-31/01/2015</th></tr><tr><th>Gender</th><th>Population</th><th>Participated#</th></tr><tr><td>F</td><td>-</td><td>15399</td></tr><tr><td>M</td><td>-</td><td>5624</td></tr><tr><td>U</td><td>-</td><td>20</td></tr></table></div>	U5s that have participated 01/02/2014-31/01/2015			Gender	Population	Participated#	F	19967	12729	M	20853	13199	Parents of an U5 that have participated 01/02/2014-31/01/2015			Gender	Population	Participated#	F	-	15399	M	-	5624	U	-	20
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U	-	20																										
Gender reassignment – including impact if any on Transgender people	This would not be relevant to this analysis as gender reassignment is not a key factor affecting the delivery of this service.																											
Marriage and civil partnership – also include impacts on lone parents and unmarried couples	Services are not delivered on the basis of marital status. According to information provided by the Derbyshire Observatory in the 2011 Census summary profile, 27.6% of total households in Derbyshire have dependent children and of those 6.2% are lone parents. It is relevant to note that across the county 4,910 people are lone parents of children under 5 and of those 2,572 are parents/carers who are registered with a Children's Centre as lone parents. However, the true figure registered with centres may be higher as the option to register as a lone parent is via a self-completed registration form. Some users may find this a sensitive issue and do not want to be recognised as such.																											

	<div>Overview by Children Centre</div> <table><tr><td>Lone parent with children under 5 in:</td><td># of population are lone parents</td><td>% of the population who are participating with a Children Centre</td><td>% of those families having 3 or more contacts with a children centre</td></tr><tr><td>Ashbourne:</td><td>35</td><td>48.6%</td><td>22.9%</td></tr><tr><td>Duffield:</td><td>30</td><td>30%</td><td>20%</td></tr><tr><td>Castle Gresley:</td><td>115</td><td>48.7%</td><td>27%</td></tr><tr><td>Langwith:</td><td>45</td><td>33%</td><td>20%</td></tr></table> <div>(CAYA Management Information)</div>	Lone parent with children under 5 in:	# of population are lone parents	% of the population who are participating with a Children Centre	% of those families having 3 or more contacts with a children centre	Ashbourne:	35	48.6%	22.9%	Duffield:	30	30%	20%	Castle Gresley:	115	48.7%	27%	Langwith:	45	33%	20%
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Pregnancy and maternity – including new mothers/ parents	<div>The data for mothers accessing ante natal support through children’s centres is not collected.</div> <div>Going forward there is a need to start collecting this data to understand what percentage of ante natal parents use a children’s centre</div>																				
Race – including all racial groups, including impact if any on Gypsies and Travellers	<div>95.8% of residents in Derbyshire belong to the White British Group (Derbyshire Observatory, 2011 Census: Summary Profile)</div> <div>Within South Derbyshire and South Dales there are 16 under 5 traveller children registered with children centres and of those 14 are participating. There are 11 traveller parents registered with children centres and of those 7 are participating.</div> <div>Within Amber Valley there is 1 traveller parent registered with children centres who is participating.</div> <div>No further data for under 5 traveller children and parents of under 5 traveller children is available.</div> <div>Overview of data by locality for Children Under 5 Black and minority groups:</div> <table><tr><td></td><td>#Population</td><td>#Registered</td><td>#Participating</td></tr><tr><td>Ashbourne: South Derbyshire</td><td>5</td><td>12</td><td>7</td></tr><tr><td>Duffield: Amber Valley</td><td>8</td><td>31</td><td>26</td></tr><tr><td>Castle Gresley: South Derbyshire</td><td>47</td><td>34</td><td>21</td></tr><tr><td>Langwith: Bolsover</td><td>3</td><td>19</td><td>14</td></tr></table> <div>Please note the # of those registered may exceed the population figures as the option to register is via a self-completed registration form and data has been taken based on how the population have registered themselves.</div> <div>Review of local data indicates traveller families and BME groups are a low proportion of users and families in need who are accessing Children Centres within Derbyshire. Based on this information there is no reason to believe that BME families will be adversely impacted</div>		#Population	#Registered	#Participating	Ashbourne: South Derbyshire	5	12	7	Duffield: Amber Valley	8	31	26	Castle Gresley: South Derbyshire	47	34	21	Langwith: Bolsover	3	19	14
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Restricted

	<p>upon by the proposal to Children Centres.</p> <p>Children's centres have access to interpreters to communicate with parents. Multi-cultural reading material, toys and other resources are provided for families and children.</p>
Religion and belief including non-belief, including religious minority communities, Humanists	<p>Data available acknowledges that within Derbyshire 63.6% of the population consider themselves Christian with 28% of the Derbyshire population indication they are of no religion. (Derbyshire Observatory, 2011 Census: Summary Profile)</p> <p>Further data is not currently available but it would be useful to collect this information for more detailed assessments relating to the communities in the future.</p> <p>Culturally appropriate reading materials and other resources are available to families and children from children centres and partner agencies. Services can be adapted to take account of individual and family needs in respect to any of the proposals.</p>
Sexual orientation – including the impact if any on LGB people	<p>The sexual orientation of parents is not a determining factor in the delivery of Children Centre services. All families can access children's centres irrespective of sexual orientation. A small number of same sex parent households already use centre across the county and there is no reason to believe that the proposals will specifically adversely affect them due to their sexual orientation.</p>

Non-statutory

Poorer and disadvantaged communities and groups, including people who experience financial exclusion	<p>Derbyshire data shows varying levels of deprivation which can be ranked and applied to each children's centre reach area. The more deprived the area is the more likely families are to require support from children's centres to help their children reach their full potential. To ensure we are working to those families who need it most, the data, as a reflection of families' need for services, should be reviewed.</p> <p>A significant number 21.3% of children under the age of 5 live in a workless household within Derbyshire.</p> <p>The centres were originally established to meet different levels of need. Phase one centres serve communities where a high area of need was identified; phase three centres such as Ashbourne and Duffield Children Centres serve communities within areas of least deprivation within Derbyshire. However, phase three centres such as Castle Gresley are in areas with some level of deprivation, whereas Langwith is situated in an area of high need.</p>
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Impact on employees of Derbyshire County Council or prospective employees

This is part of a separate review involving Trades Unions and Staff who may be affected. The review was detailed as part of the September 30th 2014 Cabinet report: "Integrating Early Help and Safeguarding Services for Children, Young People and their Families". This Cabinet report provided details of the staffing requirements in terms of equitable resource allocation between localities and revised job roles for staff in Children's Centres. The majority of staffing changes required to support a more focused service have been addressed in the aforementioned report. All changes will be subject to consultation with the relevant Trades Unions and employees. However, as most of the employees working in these centres are female, it is women who will be affected by the changes.

In addition, the proposals considered in this Equality Analysis relating to Ashbourne and Duffield Children's Centres would involve a reduction of 1 full-time equivalent Children's Centre co-ordinator post and 4 full-time equivalent Family Support Workers. The reduction required for the Children's Centre Co-ordinator can be achieved by deleting an existing vacancy. The further staffing reduction of 4 full-time equivalent Family Support Workers can be absorbed through the ongoing review of Children's Centre roles by reconfiguring the staffing allocation and associated budget accordingly, within the localities in which the two Children's Centres are based.

- b. From existing customer and other feedback – who is likely to be adversely affected, how and to what degree? Will anyone gain or benefit?

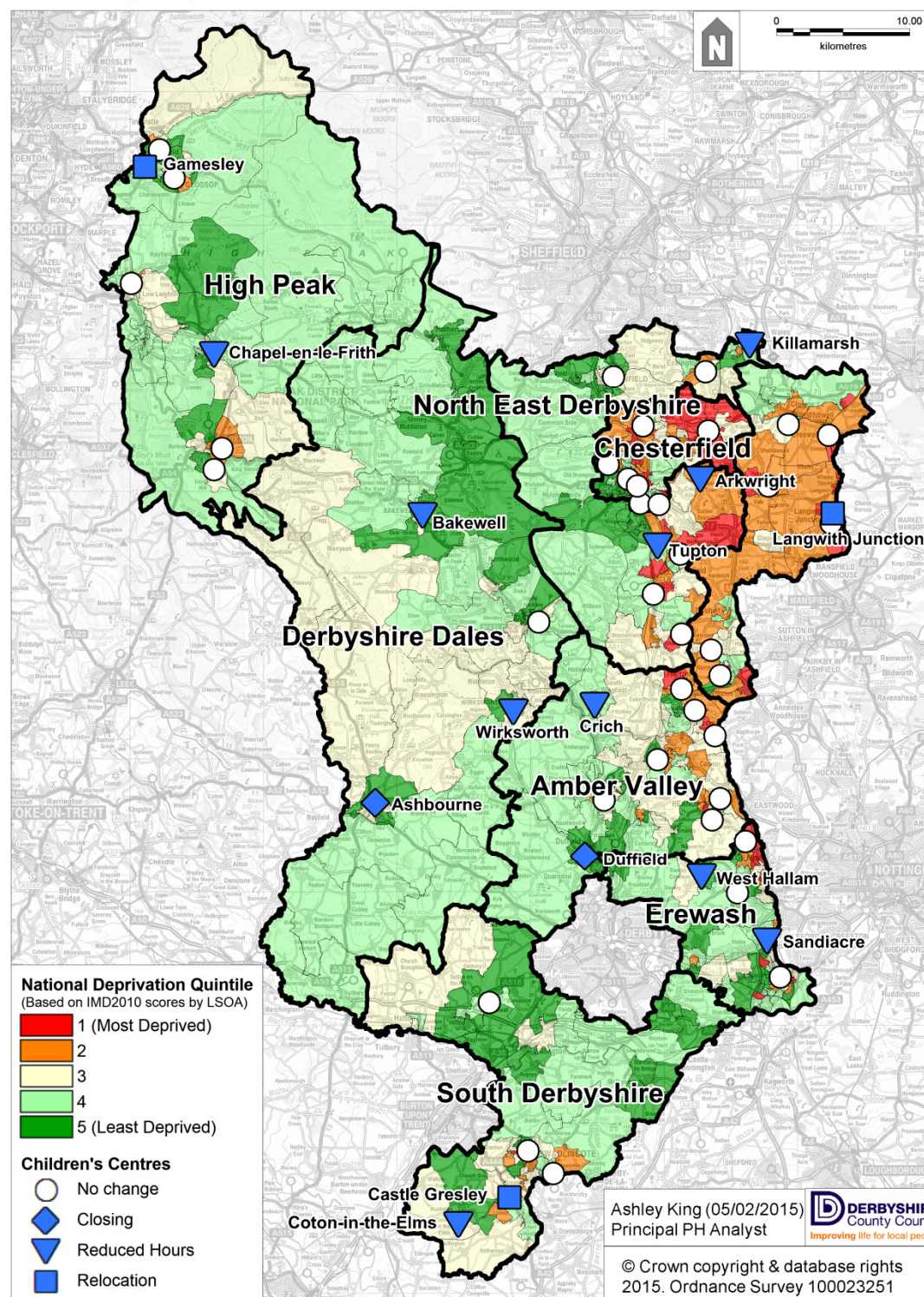
Protected Group	Findings																					
Age	The average age of those who responded to the Phase 2 consultation was 35																					
Disability	<div>An overview of those 470 respondents who indicated they consider themselves to have a disability.</div> <table><tr><td>No</td><td>Yes</td><td>Total</td></tr><tr><td>372</td><td>21</td><td>393</td></tr><tr><td>94.7%</td><td>5.3%</td><td>100.0%</td></tr></table>	No	Yes	Total	372	21	393	94.7%	5.3%	100.0%												
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Gender (Sex)	92 % of the respondents to the Phase 2 consultation were women																					
Gender reassignment	Not identified in the consultation questionnaire																					
Marriage and civil partnership	Not identified in the consultation questionnaire																					
Pregnancy and maternity	<div>Not identified in the consultation questionnaire</div> <div>Data has not been collected for prospective parents but it is key to ensure prospective parents are able to access health services and support which may have been delivered from a children’s centre site.</div>																					
Race	<div>An overview of respondents’ Race</div> <table><tr><td>White</td><td>Asian/Asian British</td><td>Black/Black British</td><td>Mixed</td><td>Chinese</td><td>Other</td><td>Total</td></tr><tr><td>383</td><td>6</td><td>1</td><td>3</td><td>2</td><td>1</td><td>396</td></tr><tr><td>96.7%</td><td>1.5%</td><td>0.3%</td><td>0.8%</td><td>0.5%</td><td>0.3%</td><td>100.0%</td></tr></table>	White	Asian/Asian British	Black/Black British	Mixed	Chinese	Other	Total	383	6	1	3	2	1	396	96.7%	1.5%	0.3%	0.8%	0.5%	0.3%	100.0%
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Religion and belief including non-belief	Not identified in the consultation questionnaire																					
Sexual orientation	Not identified in the consultation questionnaire																					

Restricted

Non-statutory

Poorer and disadvantaged communities	<p>Not identified in the consultation questionnaire. However, see section 3.1 of the HIA (Quilt Table) highlighting health and related outcomes for the Children Centre reach area This information highlights the link between deprivation and poorer health outcomes.</p> <p>See also the map below for an overview of deprivation within Derbyshire, also highlighted within the HIA:</p>
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Children's Centres in Derbyshire and Deprivation (as at February 2015)



A duty does exist to ensure those families living in areas of disadvantage can still access services from a children's centre.

Travel costs may be incurred by families living in the areas of Ashbourne, Duffield, Castle Gresley and Langwith Children Centres to be able to access services from an alternate venue.

	<p>A duty does exist to mitigate against any costs which may put families at a disadvantage and miss the opportunity to access services by ensuring communication of local community groups that can be accessed within the area.</p> <p>If proposals do proceed, it will be necessary to ensure information about where services are being delivered from is communicated appropriately to the communities that would be affected so as they are able to engage with the services and mitigate against barriers to access.</p>
Rural	<p>Not identified in the consultation questionnaire.</p> <p>A duty does exist to ensure those families living in rural communities where there is deprivation are able to access a service from a children's centre (preferably the nearest venue with associated services). If proposals do proceed, it will be necessary to ensure that information about where the services are being delivered from and alternative community provision is communicated appropriately to the communities that would be affected so as they are able to engage with the services and as part of the mitigation against barriers to access.</p> <p>Vulnerable families in rural areas where it is proposed that the Children's Centre would close (Ashbourne and Duffield) would require outreach support in their homes. This would need to be provided by other Children's Centres and/or other local Multi-agency team workers. Effective joint working would be needed with education, health services and the voluntary sector to make sure those families' needs are identified and that an integrated offer of early help is provided.</p> <p>It is relevant to note 20.1% of the population living in Derbyshire do not own a car or van and therefore other transport would need to be accessed by this population to access services.</p>

Employees or prospective employees

See earlier section on impact of employees of Derbyshire County Council

c. Are there any **other** groups of people who may experience an adverse impact because of the proposals?

Some parents and carers of children under 5 may have poor literacy skills and require alternative methods of communication to be used to ensure information on proposed changes are received. There is a duty to mitigate against the possibility of those families not being able to engage with alternate services.

The safety and wellbeing of the children is of prime concern to the centres. Safeguarding protocols and procedures need to be consistently applied by knowledgeable staff. Swift and appropriate steps must be taken if children are at risk of harm. Children who are looked after, subject to child protection plans or children in need must continue to be well supported. Processes need to continue to be seamless between social care, education, health partners to continue to support and monitor children. The early help process ensures that children and families can access timely support in times of difficulty and often pre-empts and prevents the need for statutory intervention. If closure of Ashbourne and Duffield Children Centres is recommended there will be a need to ensure that vulnerable families are able to receive support from other centres and/or partner

agencies to ensure that children are safeguarded and that children's health and wellbeing is promoted. Where required, outreach services will need to be delivered in a family's home if it is not possible to meet their needs through a local community venue.

d. Gaps in data

What are your main gaps in information and understanding of the impact of your policy and services? Please indicate whether you have identified ways of filling these gaps.

Gaps in data	Action to deal with this
Pregnancy and maternity – including new mothers/ parents The data for mothers accessing ante natal support through children's centres is not collected.	Going forward there is a need to start collecting this data from health partners to understand what percentage of ante natal parents use a children's centre. This will be reviewed as part of Derbyshire County Council's partnership agreement currently under development with Children Centres.
Religion and belief including non-belief, including religious minority communities, Humanists. No collection of this data is currently available	It would be useful to collect this information for more detailed assessments relating to the communities in the future. We will review adding this to Children Centre forms as part of the single assessment and Children Centre registration process.

6. From the consultation you have carried out specifically in relation to proposed changes, what views or issues have been raised by those who have responded? (Include both their views and any issues they have raised which alludes to the likely impact)

a) Please summarise the consultation which has been carried out

The overall aim of this Equality Impact Assessment (EIA) is to explore the equality impact which may result from the proposed reconfiguration of Children's Centre provision by Derbyshire County Council. The aim is to achieve the following objectives:

- Identify and profile the population groups who will be affected by the proposals.
- Identify the potential positive and negative equality impacts on those who will be affected by the proposals.
- Inform decision making regarding the reconfiguration of children centres.

In summary, the initial phase 1 consultation was successful in reaching a wide audience and generating a high level of responses. The feedback from the phase 1 consultation was detailed and considered in an earlier Equalities Assessment.

Phase 2 consisted of a public consultation specific to the Centres identified for consideration. A

public consultation on proposals to the identified Children Centres took place over 15 weeks from Wednesday 8th October 2014 to Wednesday 21st January 2015. Members of the public were given the opportunity to respond to a paper-based questionnaire; complete an online questionnaire; phone Call Derbyshire to register their views or attend one of the children centre sessions where the Children's Centre workforce supported the completion of questionnaires and took verbal and written feedback from service users. There were also opportunities to attend a health impact assessment focus group within each of the centres as part of a regularly running session. The consultation was promoted widely by the Children's Centre workforce, posters, leaflets and Derbyshire County Council newsletter updates on the County Council website under "Have your say". The Children's Centre co-ordinators ensured that all families registered with their centre were informed about the consultation.

1500 questionnaires were printed with 470 respondents to the Public Consultation via an online or paper questionnaire. In addition to this 66 consultation events with current service users, potential service users and professionals were held at the Centres throughout the consultation period. Written feedback in the form of letters from service users and professionals were received. Verbal feedback from service users was noted and collected by the Children's Centre Workforce. A further 29 focus groups were held across 15 centres to identify the health impact needs of users, conducted by public health with the support of centre staff which informed the analysis of the Health Impact Assessment.

Methodology Used to Conduct the Consultation

A standard introduction to the questionnaire was employed by the Children Centre workforce and those handling calls within Call Derbyshire, explaining the rationale for the consultation. The questionnaire consisted of twenty-seven questions split into sections; the first two questions related to taking part in Phase 1 of the previous consultation, the next four questions asked about usage of children's centres in Derbyshire in the last 12 months (to help determine access and local need), the following sections reviewed what the specific impact would be on users of the proposed closures of Ashbourne and Duffield Children's Centres and asked if they had any suggestions to reduce the impact of these two proposed closures. Questions 15 to 19 reviewed the proposed relocation of Langwith and Castle Gresley children's centres, asking how this would affect service users, what relocation would mean to families and any suggestions on how to reduce the impact of the proposed relocation.

The responses to all 470 completed questionnaires were compiled into one document. The feedback about overall usage of children centres was analysed quantitatively and the themed responses relating to the impact on families on the potential changes qualitatively. A synopsis of the consultation is found below for each of the 4 Children Centres. The summary of information on the 4 centres includes relevant local information shared by service users as part of the general feedback during consultation sessions.

- a) Please summarise the feedback received. This should make clear where those who have responded have highlighted any potential adverse impact as well as their opinions on the proposals.

Summary of the Key Findings from the Health Impact Assessment (HIA):

(These relate to all Centres which formed part of the Phase 2 consultation)

The HIA collates feedback from 221 Children's Centre users and 1,048 individual comments. The HIA identifies that Children's Centres as a whole are:

- Considered a safe, trusted place for support and information.
- Provides the ability for parent and child to socialise.
- Are valued for the support they offer on emotional well-being and mental health.
- A positive place to get health information from.
- An environment that promotes school readiness.

The HIA also identifies that any potential impact that reduces access to services will:

- Impact on travel costs (potentially higher).
- Reduce access to professionals/professional services and other services.
- Reduce access to reliable information.
- Affect social contact and networks that have formed.
- Restrict access to venues that are appropriate, child friendly and fit for purpose

Summary of the Key Findings from the Phase 2 public consultation:

Overall, the vast majority of respondents felt that the proposals would have a negative impact on their families. The key themes were:

- Impact on children's social contact, activities they could access, early development
- Loss of a local venue and resource
- Impact on travel costs (potential to be higher and travel more time-consuming, resulting in parents/users not being able to attend sessions at alternative venues
- Effect on social contact and networks resulting in isolation particularly for new parents

A summary of the service provision at each of the 4 centres and key themes emerging from consultation are as follows:

Ashbourne:

Overview of Ashbourne Children Centre:

Full closure of Ashbourne Children's Centres is being proposed. Ashbourne is situated in an area of low deprivation with low engagement figures (only 198 contacts took place between July 2013 and July 2014). Ashbourne ranks 47th out of 54 centres for deprivation, but has the 4th most expensive running costs within Derbyshire. Ashbourne Children's Centre provides a small activity room where 1:1 and group sessions and activities take place for families. The building is shared with Adult Education and further rooms are made available to carry out larger sessions and meetings. Due to the location of the centre (0.5 miles from the town centre), activities are frequently held elsewhere e.g. in the health centre, library or Children's Centre workers travel to support local parent and toddler groups. Current provision for early years children at the centre and their parents consists of:

- Creative play, 10.00-11.30 on Mondays;
- Baby Group, 10.00–11.30 on Tuesdays;
- Citizens Advice Appointments, 13.00-15.00 every fortnight on Wednesdays (appointments are also available at the GP surgery and Wirksworth Children's Centre);
- Toy Library, 14.30 to 16.00 on Fridays at Ashbourne Library (costs £3 to join and 50p per fortnight to hire a toy).

The Ashbourne reach area is made up of several villages and hamlets scattered over a large rural setting. Many people travel outside of the immediate area for work. This is a relatively affluent region overall with high employment levels and low wages; there is an element of asset rich, cash poor. It has been identified that rural isolation has a significant impact on families, compounded by limited amenities and transportation options outside of the two towns; putting families at risk of social exclusion. It remains a priority within the Children's Centre group to ensure that the outlying villages have outreach services on a rolling programme in order to support families that cannot access the centres easily. Outreach workers are very proactive in the local community developing and supporting families to engage with the centre and other local services.

Within the Ashbourne Children's Centre reach area, the most recent OFSTED inspection report (July 2014) identifies that registrations are increasing year on year. The report also highlighted "All children and families who are most in need of support are known to the centre group and access the services it provides". When reviewed further it was determined of those families who were considered vulnerable and in need of greater support 85% of this group were being supported and participating while the remaining 15% received universal support with 3 or more contacts within a year. (OFSTED report July 2015)

The overwhelming majority of three and four year olds and most eligible two year olds access their free education entitlement. Partners in the private and voluntary sectors who deliver the early education offer are well supported by the centre in providing additional support to these children and their families where this is needed (OFSTED report)

Common themes identified by respondents in public consultation:

In total, 86 respondents said they would be affected by the closure of Ashbourne Children's Centre. This represented 100% of the responses from the Ashbourne Children's Centre reach area and comprised:

- 52 people who said they had used a Children's Centre in the past 12 months (any Children's Centre)
- 15 current or former Children's Centre employees (any Children's Centre)
- 5 people who had never used or worked at a centre
- 9 people who had used a centre in the past but not within the past 12 months.

Question 4 asked whether respondents had used Ashbourne Children's Centre within the past 12 months. 59 respondents said they had used the Centre within the past 12 months. It appears that of the 59 respondents who said they had used Ashbourne Children's Centre:

- 45 were families with young children;
- 5 were local Children's Centre staff;
- 6 were other professionals (e.g. schools);
- 3 respondents did not make any comments in response to Question 8 so it is not possible to identify whether they are families or professionals.

56 of the 59 respondents who had used Ashbourne Children's Centre within the past year said they would be affected if it closed; however of these 56 respondents, 3 did not say what impact it would have. A further 3 respondents who had used the centre in the past year did not identify that closure would affect them.

Question 8 asked what impact closure of the Centre would have. The key themes were:

Theme	Number of respondents mentioning theme:
Loss of services – free local activities; Toy Library; Fruit & Veg scheme; information	14 respondents
Children's Centre has helped with social interactions/meeting people	9 respondents
Families who felt they would not have any support	8 respondents
Increased social isolation	6 respondents
Families who said they could not travel to another Children's Centre	6 respondents
Responses from Children's Centre staff - service is needed locally	5 respondents
Children's Centre has had an impact on child's development and learning	4 respondents
Impact on mental health e.g. postnatal depression	3 respondents
Responses from other professionals – Children's centre is needed locally	3 respondents
Responses from other professionals - would lose ability to refer to Children's Centre or lose a local venue for meetings	3 respondents
Responses from Children's Centre staff or volunteers - concerned about their jobs	3 respondents
Loss to community	3 respondents
Use Children's Centre to access sensory room and activities for disabled child	1 respondent
Would be more difficult to access Citizens Advice Bureau advice sessions as GP sessions often booked up	1 respondent
Limited impact – centre not widely used although there is some need	1 respondent
Impact not specified	3 respondents

(Table analyses responses from those who said they had used the centre in the past 12 months and would be affected. Figures do not sum because many respondents identified more than one impact)

Of those respondents who said they would be affected by closure of Ashbourne Children's Centre:

- 1 respondent said they would be able to travel to another Children's Centre (Matlock Centre)
- 36 respondents said they would not be able to travel to another centre
- 15 respondents said they did not know.

The key themes identified in the focus group sessions were very similar to those raised in the consultation questionnaire responses.

Summary of suggestions by respondents to reduce the impact of proposals:

16 respondents made suggestions to reduce the impact of the proposals, as follows:

- Reduce opening hours or timetable of events and run current services out of other community venues such as the Ashbourne library or Lunar Lift off
- Choose specific days to open according to needs of families
- Reduce hours at several children centres around the county so parents can access their

- own local centre
- Reduce staff members or share staff between centres (3 respondents)
- Close other centres in a grouping where other children's centres are in close proximity compared to that of Ashbourne and Wirksworth & where centres have not received a good OFSTED report
- Close building but continue to have provision within the area due to the high level of safeguarding needs and geographical area that is required to be covered
- Charge for activities
- Further strengthen Ashbourne children centre and the surrounding area
- Suggest services be run out of another council building or community building within the local area so as to have a base relocate (10 respondents)
- Ensure surrounding centres are running at full capacity
- 2 respondents suggested holding some sort of fundraising event and/or coffee mornings to generate income for the centre
- Hold drop in sessions at local schools for families that cannot access the children centre because they live in different area and the distance
- Keep an office or helpline open to support families in need
- Employ a 'floating children's support worker' who could be based in existing healthcare/local authority facilities and run activities, the toy library, as well as offering support to vulnerable families.
- Keep some kind of session for families to attend
- Offer outreach session to villages
- Have workers attend the baby clinic again
- Run more sessions through the Ashbourne library
- Further tailor services to community needs and review annually
- Keep a voice/presence/base via schools
- Merge into the new library centre which is more centrally located in Ashbourne. Offer fewer sessions but promote more on social media. Promote more with Health Visitors and primary schools
- Move some sessions to other public facilities such as the library
- Suggestion to charge £2 per session to generate income
- Utilising travelling children's centre bus more
- if a sensory area is needed it could perhaps remain at the adult education centre and the room be booked out
- Suggest the children's centre key workers need a clear base in Ashbourne. perhaps at a school which has the highest level of need (St Oswald's could offer space) and the staff could hot desk

Other considerations relevant to the impact of the proposal to close Ashbourne Children Centre and associated services:

- Cost of other sessions ranges from £2.50 to £5
- It should be noted that a crèche facility at the local Ashbourne Leisure centre has recently been closed by Derbyshire Dales District Council.
- New housing developments have been made within the town centres over the last 5 years; Some of these households are appropriate for families and any further planned housing developments may have an impact on the number of under 5's in the area in the upcoming 10 years
- Due to the 161 approximate square miles of mostly rural region covered by Ashbourne Children Centre, broadband and mobile black spots do exist in several areas which could impact on isolation of families. For example if families do not have a landline, access to the internet or access to a vehicle to be able to meet basic needs provision for these families during crisis may be required.

- There are many houses within the area that are still on coal and oil for means of heating. For the purposes of this consultation it is relevant to be aware that the expense of coal and oil may put a further burden on those who are more likely to be disadvantaged and require access to funding such as the discretionary funds in times of crisis. 1.96% of households within Derbyshire are without central heating. Due to the rural area of Ashbourne and the surrounding towns, villages and hamlets households under this category could put a further burden on families.
- Reduction of bus services and increase in fares in rural areas may have an impact for families being able to travel without incurred costs being a further burden or for families to be able to access services from another centre. Bus services to other areas such as Wirksworth, Matlock and Belper are limited from Ashbourne which could isolate families and remain as a barrier to accessing services in the future. See Table on Nearest Alternative Centre below.
- Mobile library service reduction may have an impact to the surrounding reach area of Ashbourne in the provision of resources being available to families outside of a town centre.
- The Children's Centre building is situated on the outskirts of town approximately 1.5 to 2 miles from the lower decile area (identified vulnerable families) within Ashbourne and just under a mile from the centre of town. The current location of the building is considered not to be appropriate with it not being easily accessible and on the outskirts of town. Limited services (by way of a Toy Library) are able to run from the Ashbourne Library in the centre of the town. The office base is in a significantly confined space as part of an open plan room and is not considered appropriate to hold confidential discussions while sessions are in progress. Limited use of the outdoor area is made due to cohabitation of birds and resulting mess which would pose a risk to children if it were not appropriately cleaned. Use is made of the outlying fields and parks next to the centre.
- A variety of parent and toddler sessions are available within Ashbourne and the surrounding area. The alternative provision has been mapped and confirmation has been ascertained to determine the information is up to date (see below for details).
- As part of the consultation feedback approximately 100 names were collected by a young parent and service user to support a public petition of the closure of Ashbourne Children Centre. This information was recorded and noted by media in November 2014.
- It was noted in the recent OFSTED inspection for the Wirksworth and Ashbourne grouping (where the centres received a "Good" standing), registrations are increasing year on year. The report also highlighted "All children and families who are most in need of support are known to the centre group and access the services it provides".

Community Groups available for Access in Ashbourne & Surrounding Reach Area - January 2015

Within Ashbourne Town Centre Within a 3 mile Radius	Within Surrounding Reach Area	Distance to CC
Tiny Talk – Baby Signing Fee more than £3	Brailsford Playgroup Brailsford Village Institute	8 miles
Kids@cornerstone & Messy Church (one off events) Ashbourne Methodist Church No fee	Hulland Community Playgroup/ Hulland Hippos Village Institute, Hulland Ward	7.5 miles
Parent and Toddler Group Ashbourne Elim Pentecostal Church	The Wendy Club Community (Fun Club) Room Henry Prince School, Mayfield	3.5 miles
Hill Top Parent and Toddler Group Hill Top School	Mayfield Parent and Toddler Group The Church Room	3.5 miles

	Mayfield (next to the church)		
	Stanton Playgroup Stanton Village Hall	6 miles	
	Bradley Toddler Group Bradley C of E Primary School	5.1 miles	
	Hartington Stay Play Hartington Primary School	14 miles	
	Wyaston Parent and Child Group Wyaston Village Hall	5 miles	
	Ellastone Parent and Toddler Group Ellastone Village Hall	7.5 miles	
	Parwich Village	8.5 miles	

Distance to nearest alternative Children Centres:

Ashbourne: to Wirksworth	10 miles
Ashbourne: to Matlock	16 miles
Ashbourne: to Etwall	18.5 miles
Ashbourne: to Belper	15.5 miles
Ashbourne: to Derby	19 miles

Duffield:

Overview of Duffield Children's Centre:

Full closure of Duffield Children's Centre is being proposed. Duffield is situated in an area of low deprivation (53rd out of 54 areas) with low engagement figures (49th out of 54 for engagement of the 0-5 population). Duffield is the 5th most expensive for running costs out of the 54 Derbyshire Children Centres.

Duffield Children's Centre is situated in a shop front within walking distance of Duffield town centre. A small venue with limited room for activities is utilised for Children Centre Activities with a small enclosed office for staff to work from confidentially. Due to keyholding arrangements, other services have not been able to work from the centre unless other staff are present due to lone working policies. Duffield no longer has business service support as this is now provided by Belper Children's Centre and Duffield has been deemed part-time by the Amber Valley locality since May 2014. Duffield currently operates only when a children's centre session is running on specified days and times throughout the week. This is no more than two days a week.

According to the most recent OFSTED report (where the Belper Grouping received a Good grading):

'The group is successfully engaging the large majority of all families living in the area. Importantly, they have regular and sustained contact with the vast majority of families from targeted groups, including lone parents, and families from minority ethnic backgrounds. Involvement with families is carefully monitored and this helps the centres to measure the impact of their work'

Common themes identified by respondents in public consultation:

In total, 24 respondents in total said they would be affected by the closure of Duffield Children's Centre. This comprised:

- 14 people who said they had used Duffield Children's Centre in the past 12 months
- 3 people who had used another Children's Centre;
- 3 current or former Children's Centre employees (any Children's Centre)
- 1 person who had never used or worked at a centre
- 2 people who had used a centre in the past but not within the past 12 months.

Question 4 asked whether respondents had used Duffield Children's Centre within the past 12 months. 15 respondents said they had used the Centre within the past 12 months. It appears that, of these 15 respondents:

- 3 were paid carers for young children;
- 1 was a local children's services provider;
- 10 were families with young children;
- 1 unknown.

14 out of the 15 respondents who had used Duffield Children's Centre within the past year said they would be affected if it closed. One respondent said they would not be affected directly, but there would be an indirect impact on their work as a children's services provider.

Question 8 asked what impact closure of the Centre would have. The key themes were:

Theme	Number of respondents mentioning theme:
Loss of local services	3 respondents
Use centre to weigh children – may weigh less often	3 respondents
Families who said they had limited transport to access another Children's Centre or other groups	2 respondents
Families who said they wouldn't be able to attend other activities e.g. due to low income	2 respondents
Fewer opportunities for children to socialise and learn	2 respondents
Centre helps my work as children's services provider	1 respondent
Children's Centre has helped me to access the support I need	1 respondent
Lovely place to come	1 respondent
Centre helps to socialise	1 respondent
Increase in social isolation	1 respondent
Centre has helped child to develop and make friends	1 respondent
Impact not specified	1 respondent

(Table analyses responses from those who said they had used the centre in the past 12 months. Figures do not sum because many respondents identified more than one impact)

Of those respondents who said they would be affected by closure of Duffield Children's Centre:

- 4 respondents said they would be able to travel to another Children's Centre (Belper Centre).
- 5 respondents said they would not be able to travel to another centre;
- 4 respondents said they did not know.

The key themes which emerged from the focus groups were very similar to those which were raised in the consultation questionnaire.

Specific comments identified by respondents:

"Duffield Children's Centre has been a constant relief for me to be able to take my daughter to play in a healthy warm and welcoming environment with other parents to swap advice with and children for my daughter to interact with"

- 2 respondents indicated other venues can be cramped such as Belper Children Centre and GP surgeries
- 1 respondent in agreement with closure
- 1 respondent indicated "Duffield is predominantly an area people move to for their children's education and a lot of parents have children who are of varying ages, mine are no exception. It would be a travesty for parents living within Duffield to be denied a vital support service"
- 1 respondent indicated a risk of post natal depression after suffering the "baby blues" after the birth of first child
- 1 respondent indicated "Such a support service in Duffield is vital both for the service provision and its residents who invest more than the average citizen to live in an area which prides itself on the education it provides to the local children. To have the childrens' centre close down not only goes against the ethos of living in Duffield but also hinders the younger lives who through no fault of their own, will miss out on essential early learning opportunities, which will help shape the rest of their fruitful lives."
- 1 respondent suggested services be transferred from Duffield to Belper Children Centre

Summary of suggestions by respondents to reduce the impact of the proposal:

- Consider charging for sessions
- Allow hire for nursery/play groups/parties
- Open more centres with café facilities to increase income rather than just closing as "White Elephant" buildings
- Continue to run services from other venues within the area Suggestion to run a weigh in clinic at Belper Children Centre with a request to have more baby groups within area
- 6 respondents suggested Duffield becomes a part time centre
- Reduce staff
- Suggestion for Duffield Children Centre to become a facility owned by the community to generate income ("weigh in clinics can be done at a GP surgery and the breast feeding groups can be done at Belper")

Other considerations relevant to the impact of the proposal to close Duffield Children

Centre and associated services:

- Service users within Duffield could be signposted to the Holbrook community playgroup approximately 1.8 miles away from the current venue, there are a variety of pre-schools within the area that can be accessed
- Seedlings Toddler Group at Emmanuel Community Church in Duffield offers a play group for babies and toddlers with a variety of activities including music, physical exploration and snack, once a week
- An NCT baby and parent support group also runs within the local community, run by volunteers
- Health Visitors will continue to offer a Health Clinic at Little Eaton Village Hall approximately 2 miles from Duffield centre
- Bus Services 6.1 or 6.3 run between Duffield and Belper centres with approximately 25 mins travel time. Below is an overview of distance to alternative centres with corresponding fares expected to be incurred by users:

Distance to nearest alternative Children's Centres:

Duffield: to Belper	4.5 miles
Duffield: to Wirksworth	10.5 miles
Duffield: to Crich	9 miles
Duffield: to Ripley	10 miles

Castle Gresley:

Overview of Castle Gresley Children's Centre:

Castle Gresley Children's Centre is currently experiencing subsidence to the wall at the rear of the Centre. A structural engineer has inspected the wall and confirmed that it is in a poor condition and requires demolition and rebuild. It is unsafe for use in its current state and services have already had to be withdrawn from the site and relocated to other community bases temporarily. It has been noted by the Children Centre workforce that access to services for Castle Gresley improved when they moved to the current venue within the Salvation Army and held a breastfeeding and baby group.

Common themes identified by respondents in public consultation:

Question 7 of the consultation questionnaire asked respondents if they would be affected by the re-location of Castle Gresley Children's Centre services. 13 respondents in total said they would be affected by the re-location of Castle Gresley Children's Centre services. This comprised:

- 10 people who said they had used Castle Gresley Children's Centre in the past 12 months
- 2 people who had used another Children's Centre
- 1 current or former Children's Centre employees (any Children's Centre)
- 1 person who had never used or worked at a centre.

The key themes were:

- Majority of respondents indicated they were happy with the current venue and re-location would not impact them, they were able to travel
- The current local venue is easier to access by public transport
- It was felt the relocation to the community venue was a good venue and generally closer for users to access than where services had been previously located at Castle Gresley

Other specific comments identified by respondents:

- 1 respondent indicated "Using community venues would make services more easily accessible for families – And if chosen wisely would then be available for the families that need those services/support"
- 1 respondent indicated a concern over the lack of support being offered from the new venue
- 3 respondents indicated it would be difficult to access services at the new community venue due to cost of transport or no access to transport
- 9 respondents indicated the transfer of services to a new community venue has improved access and/or it has not had impact on travel due to having transport

Of those respondents who said they would be affected by re-location of Castle Gresley Children's Centre:

- 8 respondents said they would be able to travel to another Children's Centre (Newhall, Woodville, Coton-in-the-Elms) or access the services being delivered from community venues in the Castle Gresley area)
- 0 respondents said they would not be able to travel to another centre
- 5 respondents said they did not know.

Summary of suggestions by respondents to reduce the impact of the proposal:

- Provide funding for travel to venues further away
- Parents to pay contributions towards running of the groups
- 'Staff available by telephone when centres not open'
- Ensure full range of services available across the sites
- Grouping services with other Children Centres in reach area
- Bigger centres in one place
- Link centres with schools when built
- Let more people know about the groups
- Suggestion to have a Teen parent group

Other considerations relevant to the impact of the proposal to re-locate Castle Gresley Children Centre and deliver services from alternative venues:

- Alternative services available within the local area from nearby Children's Centres such as Newhall, Woodville and Coton in the Elms and also community groups.
- The transfer of services to the community venue at Rickman's corner is ideally situated for families to access from Castle Gresley, Linton, Overseal and particularly beneficial for families to safely access from the Castleton Park estate were there are a growing number of families.

- The transfer of services to the community venue at the Salvation Army is accessible to families living within the Old Church Gresley area and Swadlincote Centre.
- The transfer of services to the community venues has benefited the service users in the higher areas of need (LSOA's) as services are now located closer to the Castle Gresley Reach area
- Health Visiting Team will be providing a Health Clinic at the Gresley Dale Surgery. Access to the clinic will be available for all families and there is a 24 hour breastfeeding support number in each child's red book
- There is a mobile phone black spot on in Church Gresley on one of the large new housing estates which could impact on parental isolation if they do not have a landline. Access information to other Children's Centres could be made available to those who have limited mobile access and are unable to access a landline when appropriate
- There has been over the past three years and continues to be large numbers of new properties being built within the Castle and Church Gresley reach areas. These are homes suitable for families so we anticipate a rise in number of under 5's who may require future service provision.
- There are many houses within the area that are still on coal and oil for means of heating. For the purposes of this consultation it is relevant to be aware that the expense of coal and oil may put a further burden on those who are more likely to be disadvantaged and require access to funding such as the discretionary funds in times of crisis.

Distance to nearest alternative Children's Centres:

Castle Gresley Mount Pleasant building to new community venue at Salvation Army	2.5 miles
Castle Gresley Mount Pleasant building to new community venue at Rickman's Corner (within walking distance approx. 10 mins)	0.8 miles
Castle Gresley Mount Pleasant building to Newhall Children Centre	4 miles
Castle Gresley Mount Pleasant building to Woodville Children Centre	3.5 miles
Castle Gresley Mount Pleasant building to Coton in the Elms Children Centre	5 miles

Langwith:

Overview of Langwith Children Centre

Langwith Children's Centre is sited within Stubbin Wood school utilising a community room which had capacity. An agreement was made with the school for its use. The school now needs more space for nursery provision and other teaching space and has asked the County Council to vacate the space. Currently 1 universal group is run once a week at the Langwith facility by the Children's Centre; this is the only provision which is being delivered from the centre. Attendance at this session tends to be high with the same parents attending regularly. Other groups such as New Houghton (approximately 4.5 miles from Langwith) are already run from Shirebrook Children's Centre; All staff are based out of Shirebrook Children's Centre with no base at Langwith. The proposal is to close the Children Centre activities currently run from the Langwith community room. Families would continue to have access to services run from nearby Shirebrook and Whaley Thorns Children's Centres, and service users would be signposted to alternative community settings.

Common themes identified by respondents in public consultation:

15 respondents to the consultation questionnaire said they would be affected by the re-location of Langwith Children's Centre services. This comprised:

- 6 people who said they had used Langwith Children's Centre in the past 12 months
- 3 people who had used another Children's Centre;
- 3 current or former Children's Centre employees (any Children's Centre)
- 3 people who had used a centre in the past but not within the past 12 months.

Key themes identified were:

- Loss of centre within walking distance
- Other centres would be accessed but with difficulty and travel costs
- Loss of social & emotional development and interaction with other children
- Loss of social networking with other parents
- Less time to socialise due to having to access other travel arrangements

Of those respondents who said they would be affected by re-location of Langwith Children's Centre:

- 4 respondents said they would be able to travel to another Children's Centre (Shirebrook or Whaley Thorns).
- 5 respondents said they would not be able to travel to another centre;
- 6 respondents said they did not know.

In total, 10 respondents indicated travel to another Children Centre would be difficult and impact on the attendance of groups.

Summary of suggestions by respondents to reduce the impact of the proposal:

- Continue to rent the room in Langwith once a week
- Put more group sessions on at Shirebrook and Langwith
- Promote the services the centre offers to the village more and surrounding areas.
- Have an open day so people are aware of the centre. Put extra days on in the week at Langwith and put the hours back to 9:30-11:30 a.m with snack
- Transport

Other considerations relevant to the impact of the proposal to re-locate Langwith Children Centre and deliver services from alternative venues:

- Woodshoots Nursery based at the same location in Stubbin Wood School is planning to run 'stay and play' sessions, 2 per week (1 morning and 1 afternoon session). The target audience the same as the children's centre current target group. These sessions will include messy play, crafts and possibly swimming. If a cost is to be associated with these sessions it is unknown at this time

- Users could be signposted to Willow Tree farm offering messy play sessions, less than ¼ mile down the road from Langwith junction.
- Within the Stubbin Wood School site there is an onsite private child care provider which users can be signposted to
- Health services provided by Health Visitors from Shirebrook Health Centre remain unchanged and would continue to service Langwith & Whaley Thorns area
- There is a proposed housing development of approximately 589 houses which could impact on the number of Under 5's requiring access to services. However, the proposal for the development is on the ground leading up to Sports Direct, which would mean it would likely impact more on the Shirebrook Children's Centre reach area rather than the Langwith Junction site.

Distance to nearest Children's Centres:

Langwith: to Shirebrook	0.9 miles Approximately 15 mins to walk
Langwith: to Whaley Thorns	3.5 miles

7. Are there any ways of avoiding or reducing likely possible adverse impact on any groups of people, what are those actions, and how will they assist?

A number of suggestions have been made in the consultation feedback, and the HIA, to avoid or reduce the likely possible adverse impact. The suggestions can be grouped as follows:

1. Retain outreach / helpline / floating support in the Duffield/Ashbourne areas
2. Improve information about local services and make sure families aware of alternative provision (HIA)
3. Give Children's Centre and MAT workforce access to the 'Making Every Contact Count' training (HIA)
4. Retain access to sensory area in Ashbourne Reduce opening hours or reduce staffing at Duffield and Ashbourne instead of closing the centres
5. Charge parents / carers for activity sessions and other income-generating activities
6. Close other centres which are geographically closer or not rated 'good'
7. Use other community venues to deliver services
8. Financial support for parents who need to travel further
9. Improve integrated working between agencies (HIA)

These suggestions are considered in turn below:

1. Retain outreach or 'floating help' in Ashbourne and Duffield areas

Recommended - it is vital that vulnerable families with young children get the support they need. Outreach services would need to continue. These would be provided by other Children's Centres or MATs.

2. Improve information about local services and signpost families to alternative provision in all 4 centre reach areas

Recommended - if the proposals go ahead, it will be essential that local families are informed, and helped to access other services that meet their needs in an appropriate way, taking account of specific needs e.g. language, parents with poor literacy etc.

3. Give Children's Centre and MAT staff access to the 'Making Every Contact Count' training

Recommended for Duffield and Ashbourne areas - this training supports organisations/individuals that come into contact with members of public to have a conversation to improve health, based on behaviour change methodologies (ranging from brief advice, to more advanced behaviour change techniques), empowering healthier lifestyle choices and exploring the wider social determinants that influence all of our health. Public Health is commissioning MECC training as part of the Integrated Lifestyle Service provision, and it could be extended to the wider children's services workforce. Extending this training within the Duffield and Ashbourne areas could help to reduce the potential impact of the proposed closures.

4. Retain access to sensory area in Ashbourne

Recommended - this was raised as a concern by one family with a disabled child. If the proposed closure goes ahead, this family will need to be helped to make sure they can access a sensory area if there continues to be a need.

5. Reduce opening hours or staffing at Duffield and Ashbourne instead of closing the centres

Not recommended. Duffield is already a part-time centre, which opens no more than 2 days per week. It is also one of the most expensive Children's Centres to run, with low usage. Reducing the opening hours further would not be cost effective, and this level of mitigation is not considered to be necessary given the low number of service users who said they would be affected by closure. The nature of the consultation responses also indicates that the impact of closure would be very small. There are alternative parent & toddler groups within the area and Belper Children's Centre is accessible by bus.

Ashbourne currently operates 5 days per week, although activity sessions only take place on 3 days (plus a Citizens Advice Bureau fortnightly clinic). Reducing opening hours would reduce staffing costs, but would not deliver the level of savings required. Although closure would clearly affect local families in terms of the range of activities and services available in the area, it is not considered that there would be a detrimental effect on children's outcomes. Ashbourne is a relatively affluent area, and usage of the centre has been very low (only 198 contacts between July 2013 and July 2014). There are alternative local groups that families could access, although there would be reduced choice and potentially higher cost/travel times.

6. Charge parents/carers for activity sessions and other income-generating activities

Not recommended. Charging and income generation was considered as part of the phase 1 consultation, and was rejected as it would be costly to administer whilst being unlikely to raise sufficient income. It could also deter vulnerable families which Children's Centres are particularly seeking to support. This assessment remains the same. In relation to Ashbourne, for example, if families had been charged £2 per session this would have raised only £396 between July 2013 and July 2014.

7. Close centres which are situated near to other centres, or not rated 'good'

Not recommended. The quality of centres is very important, however, it is not considered that it would be appropriate to close centres that are performing relatively less well if they are in areas of greater need. A more appropriate response would be to work with those centres to improve performance. For this reason, the need for services rather than quality has been used as a criterion. Ashbourne and Duffield are in areas of low need for services, and are not well-used. Access to alternative centres and local services in these areas has been considered as part of this Analysis.

8. Use other local venues to deliver services in the Ashbourne / Duffield areas

Not recommended. This would achieve only a relatively small saving (in relation to building costs). As noted above, it is not considered that closure of the centres and the associated services would have an adverse impact on children's outcomes and therefore a mitigation of continuing to deliver services out of alternative venues is not required.

9. Financial support for parents/carers who need to travel further

Not recommended. In each of the 4 Children's Centre areas, some alternative local provision is available. A financial assistance scheme would be complex and costly to administer, since it would require an element of judgement about what services were appropriate for families to access and what financial help they needed. Consideration would also need to be given to families in other areas who may travel further to activities and would not be able to access financial support.

10. Improve integrated working between agencies ('hub' model proposed in the HIA)

Recommended, but not as a specific mitigation for these proposals. It is a longer term ambition to deliver more integrated local services. No specific changes to joint working between agencies have been identified in the short term that would reduce the impact of these proposals, but delivery of more integrated service should continue to be pursued.

8. Main Conclusions and Recommendations

CONCLUSIONS

Based on the analysis the following is believed to be of importance and should be noted by decision-makers:

- The consultation was successful in reaching a wide audience and generating a good level of responses.
- The overall conclusion is that outcomes for children and families would not be adversely affected by the proposals and that the proposals would not compromise the duty to have sufficient children's centres to meet local need.
- A number of mitigations have been identified that would assist in avoiding the possibility of any adverse impact. These are detailed below and in Section 9.

Analysis and Mitigations: Ashbourne

Closure of facilities at Ashbourne Children's Centre would mean that centre based activities and associated services would cease to exist. The nearest alternative Children's Centre would be at Wirksworth, 10 miles away. Travelling to Wirksworth or Belper may be a possibility for some families who live to the north or east of Ashbourne. However, for many others it is unlikely to be a realistic option. Local families would need to access alternative children's services in the local area. Families would need to be signposted and helped to access alternative provision. The data on current usage of the Children's Centre and the fact that it is situated in what is generally a more affluent area suggests that closure would be unlikely to have an adverse impact on children's

outcomes. However, given the rural nature of the area and the fact that there are pockets of need/deprivation, outreach support will be vital to ensure that vulnerable families continue to get the help they need.

Services for postnatal depression would need to be publicised through all agencies. All partners would have a responsibility to ensure that mothers at risk of, or experiencing, postnatal depression were signposted to these perinatal services.

Analysis and Mitigations: Duffield

Closure of facilities at Duffield Children's Centre would mean that centre based activities and associated services would cease to exist. The nearest alternative Children's Centre would be at Belper, 4.5 miles away. This represents a bus journey of approximately 25 minutes. Service users would be encouraged to access alternate Children Centres for the provision of children's and associated services. There are also a number of parent and toddler groups within Duffield which could continue to be accessed. Families currently using the Children's Centre would need to be signposted and helped to access other Children's Centres or alternative provision. The data on current usage of the Children's Centre and the fact that it is situated in what is generally a more affluent area suggests that closure would be unlikely to have an adverse impact on children's outcomes. However, outreach support will be vital to ensure that vulnerable families continue to get the help they need.

Analysis and Mitigations: Castle Gresley

The proposal for Castle Gresley is to re-locate services to community venues, as the Children's Centre building is unsafe. There would be no reduction in the level of service. Overall, the responses to consultation suggest that there would be a very minimal impact. The re-location has already taken effect (on a temporary basis) and in many respects the new community venues provide better access. A number of respondents have welcomed the change whilst others felt that it would increase travel. Families currently using the Children's Centre would need to be signposted and helped to access the re-located Children's Centre services, or an alternative Children's Centre. Service users who were not able to access the new community venues would be signposted to play groups and toddler groups within the reach area. Some of these groups have a fee of £1 per child. Outreach support offered within the home would continue.

Analysis and Mitigations: Langwith Children's Centre

The proposal for Langwith is to re-locate services to Shirebrook Children's Centre, with Whaley Thorns offering a nearby alternative. There would be no reduction in the level of service. Overall, the responses to consultation suggest that there would be a very minimal impact. There are other local activities, including a similar group that is due to start at Stubbin Wood school. Families currently using the Children's Centre would need to be signposted and helped to access the re-located Children's Centre services, or an alternative Children's Centre. Service users who were not able to access the new community venues would be signposted to appropriate provision within the reach area. Support offered within the home would continue.

Although it is not considered that the proposals would have an adverse impact on outcomes for children and families, it is proposed that the situation is monitored by the new 'Early Years Strategy Group' to identify any unforeseen impact. If the impact is more negative than anticipated, Members would be informed.

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Restricted

	about local activities and support)			
Families are helped to improve their health outcomes in areas where it is proposed that the Children's Centre services close.	<ul style="list-style-type: none"> The 'Making Every Contact Count' (MECC) training will be delivered to staff working within Children's Centres and Multi-Agency Teams in Ashbourne/ Duffield areas 	Public Health - Lead Consultant for Children	By 1 June 2015	Monitoring by Early Years Strategy Group
Mothers at risk of postnatal depression are identified and given the support they need	<ul style="list-style-type: none"> Children's services in all 4 areas to receive information about perinatal mental health services and how to make referrals 	CAYA Locality Managers	By 1 June 2015	Monitoring by Early Years Strategy Group
Monitor and review data for mothers accessing ante natal support through children's centres.	<ul style="list-style-type: none"> To understand what percentage of ante natal parents use a children's centre 	CAYA Management Information	Ongoing	Monitoring by Early Years Strategy Group
Monitor and review the situation once the proposals are implemented to ensure no unforeseen effects have occurred	<ul style="list-style-type: none"> Ongoing monitoring of impact. Inform Members and consider further mitigations if the outcomes are more negative than anticipated 	Children's Centres Strategy Group	Ongoing	Oversight by Early Years Strategy Group

10. Monitoring and review arrangements

Please outline what steps will be taken to monitor and review the implementation of proposals if they are agreed here:

Monitoring and review will be overseen by the Early Years Strategy Group.

11. Conformation that equality impact analysis (EIA) completed and read

Name of officer signing off EIA as completed

Date:

This Equality Impact Analysis has been read by

Name	Date	Position

Where and when published e.g. with Cabinet Report, on DCC website

With Cabinet report of 3rd March 2015

Decision-making processes

Attached to report (title):

Date of report:

Author of report:

Audience for report e.g. Cabinet:

Web location of report:

Decision in relation to report

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Details of follow-up action or links to further EIAs

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Updated by:

Date: