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Ask for: Anna Taylor
Date: 11.12.2023

Dear Member

SCRUTINY COMMITTEE - TUESDAY, 19 DECEMBER 2023

As referred to in the covering report the information contained within this supplement remains available online but is published here for ease – separately to the agenda pack to reduce the size of the main pack.

Agenda Item No

- B1 **Call-in of Decision 23/00092 - Kent Family Hub Model - Implementation**
(Pages 1 - 184)
- B2 **Call-in of Decision 23/00100 - Commissioned Youth Service Contracts**
(Pages 185 - 316)
- B3 **Call-in of Decision 23/00101 - Kent Communities Programme** **(Pages 317**
- 856)

Yours sincerely

A handwritten signature in black ink, appearing to read 'Ben Watts', is written over a faint, illegible printed name.

Benjamin Watts
General Counsel

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EQIA Submission Draft Working Template

If required, this template is for use prior to completing your EQIA Submission in the EQIA App.

You can use it to understand what information is needed beforehand to complete an EQIA submission online, and also as a way to collaborate with others who may be involved with the EQIA.

Note: You can upload this into the App when complete if it contains more detailed information than the App asks for and you wish to retain this detail.

Section A

1. Name of Activity (EQIA Title):	Family Hubs
2. Directorate	Children, Young People and Education
3. Responsible Service/Division	Integrated Children's Services

Accountability and Responsibility

4. Officer completing EQIA Note: This should be the name of the officer who will be submitting the EQIA onto the App.	Danielle Day Programme Manager – Family Hubs
5. Head of Service Note: This should be the Head of Service who will be approving your submitted EQIA.	Carolann James Director of Operational Integrated Children's Services
6. Director of Service Note: This should be the name of your responsible director.	Carolann James Director of Operational Integrated Children's Services

The type of Activity you are undertaking

7. What type of activity are you undertaking?

Tick if Yes	Activity Type
Yes	Service Change – operational changes in the way we deliver the service to people.
Yes	Service Redesign – restructure, new operating model or changes to ways of working
Yes	Project/Programme – includes limited delivery of change activity, including partnership projects, external funding projects and capital projects.
Yes	Commissioning/Procurement – means commissioning activity which requires commercial judgement.
Yes	Strategy /Policy – includes review, refresh or creating a new document
	Other – Please add details of any other activity type here.

8. Aims and Objectives and Equality Recommendations – Note: You will be asked to give a brief description of the aims and objectives of your activity in this section of the App, along with the Equality recommendations. You may use this section to also add any context you feel may be required.

Equality Impact Assessment (EQIA)

This EQIA is intended to assess the potential impact of our decisions on persons with different protected characteristics. In particular, this EQIA has been prepared to help us to have regard to the need to: (i) eliminate discrimination; (ii) advance equality of opportunity; and (iii) foster good relations between persons who share a relevant protected characteristic and those who do not, in the exercise of our public functions. These issues are relevant considerations to be taken into account whenever a new policy, function, or system change is being proposed in the exercise of our public functions. This EQIA is also intended to evidence that these considerations have in fact been taken into account, and the weight given to them as part of our decision-making process.

Case for change – Family Hub programme

The Department for Education (DfE) has selected Kent County Council (KCC) as a Family Hub and Start for Life Transformation Authority. Family Hubs are about bringing together and integrating support services for children, young people, and families so that they are easier for people to access. These will include, but not be limited to, KCC services:

- Children's Centres
- Youth Hubs and community youth provision
- Health Visiting Services

And partnerships, including:

- Community-based midwifery care
- Community organisations

Summary of proposals

Since the inception of Early Help and Preventative Services (EHPS) in 2015, Kent County Council (KCC) has been able to maintain a comprehensive Open Access offer, including both universal and targeted provision, delivered through both KCC staff and settings and commissioned services across the 0-19 years age group.

In September 2020, a DfE and DHSC review of outcomes for babies and the first 1001 days of a child's life, led by Andrea Leadsom MP, developed a framework for local authorities to work with health partners and develop a Start for Life concept within a 0-19 years (25 years with Special Educational Needs and Disabilities [SEND]) Family Hub model.

Existing Open Access services work closely with partners including Public Health services such as Health Visiting provision through co-location. This close working partnership provides a strong foundation for Kent to deliver to the ambitions of the national review and develop a whole family approach to services as set out in the proposals for the Family Hub model.

We know that reducing health inequalities and improving health and wellbeing requires organisations to closely work together. Through the Family Hub programme KCC seeks to deliver the best outcomes through a hybrid of universal and targeted support for children, young people, and their families, delivering services identified through the Family Hub guidance.

Our goals for the Family Hub model are to:

- Offer support to all parents and carers: from the early stages of preparing to become a parent, and throughout the child's first two years
- Reduce inequalities in health, wellbeing, and education
- Create a supported, capable workforce who work in partnership with families
- Ensure families are listened to
- Provide targeted, timely and accessible support to those in greatest need
- Support teenagers as they move into adulthood
- Provide services based on evidence and need

The model proposes some changes to the existing Open Access services and those available from Public Health:

- Services to families with children up to the age of 8yrs to support the physical, social, and emotional development, communication, and language development in young children.
- Support to young people aged 8-19 (25 for young people with SEND) around emotional health and wellbeing, educational and social development and pathways into adulthood.
 - Support for parents with parenting, emotional wellbeing, understanding child development and managing family conflict.
 - Online support for new parents
 - Increased parenting support from antenatal to 2 years
 - Perinatal Mental Health services for parents
 - Infant feeding support

- Home learning support

The DfE Family Hub model must fit with the new KCC's 'Securing Kent's Future – Budget Recovery Strategy'. The model of delivery must proactively evidence the best value for money in decision making. Sustainability and best value is at the core of all decisions and the design of the Family Hub model to ensure services can be delivered beyond the life of the Family Hub grant and elements will work within KCC's new budgetary requirements.

This EQIA relates to the policy change for Kent, to rebase our existing Open Access & Youth inhouse services to deliver provision with the Family Hub model for children and families 0 to 19 (25 with SEND).

Family Hub services will be delivered through a number of different avenues. This will include face-to-face, a digital offer and community outreach. Our Family Hubs will offer a one stop shop for advice and information for children and their families.

The Family Hub approach delivers joined up whole family services across each district. This model will be used to strengthen our arrangements with co-located partners and ensure a consistent model for Start for Life partnership across the county.

The model will strengthen the arrangements with Health Visiting and community midwifery to ensure through co-location and system arrangements, we work towards a family only needing to tell their story once.

Every Family Hub provision will be managed across a district, and staff will continue to work across the range of Family Hub sites ensuring that each location is appropriate for the services at that site. For example, appropriate spaces for adolescents, ensuring that services on school sites maintain safeguarding requirements, and ensuring support services to families, such as debt and welfare advice or parental conflict are delivered in an appropriate space maintaining privacy of participants.

Family Hub sites in each district will deliver a range of Start for Life and partnership services and work with the voluntary and community sector to provide access to a wide range of services. There will be services for 0-19 years in Family Hub sites for example, this may include activities for older children after school in a building that currently offers mainly 0-11 years services.

The increase of community outreach may mean more services within community settings where there are needs identified. The outreach offer will be developed in partnership with district and community partners and will vary according to the local partnerships and buildings available.

There will be more peer to peer community support and the introduction of Family coaches to offer additional community support.

Summary of Options for Consideration

Following the public consultation and review of the responses received, a range of options have been put forward for consideration, they are detailed below with a summary of the main equality impacts:

Option 1: Do not implement the Family Hub model.

This would mean the Local Authority would not meet the minimum expectations set by the DfE in accordance with the Memorandum of Understanding, with the associated risk of losing c£11m of additional funding. If this were to occur, we would not be able to offer any additionality to our existing services.

If option 1 is chosen then there will be no change to the service that KCC already delivers, therefore there will be no impact on persons with different protected characteristics.

Option 2: Deliver the mandatory enhanced services set out by the DfE.

We will continue to deliver a 0-19 (25 SEND) Family Hub model offering enhanced services only in the DfE mandated areas set out in the following Key Decisions taken by the Cabinet Members for Integrated Children's Services and Adult Social Care and Public Health;

Infant Feeding 23/00076

Parenting Support - 23/00081

Home Learning Environment - 23/00082
Perinatal Mental Health - 23/00075

Families will still have access to Family Hub staff members who will be able to offer them assistance in finding the help that they need to access local services through signposting only.

If option 2 is chosen then there will be a positive impact to under twos and their parents, as well as pregnancy and maternity services, as we will be enhancing the existing service as outlined above, however there will be a negative impact on persons with different protected characteristics aged over 2 as these services will focus solely on the first 1001 days.

Option 3: Wider Family Hub offer

We will continue to deliver a 0-19 (25 SEND) Family Hub model offering enhanced services in the DfE mandated areas set out in the following Key Decisions taken by the Cabinet Members for Integrated Children's Services and Adult Social Care and Public Health.

Infant Feeding 23/00076
Parenting Support - 23/00081
Home Learning Environment - 23/00082
Perinatal Mental Health - 23/00075

In addition, we will offer the 7 services we consulted on below that service users felt they might most use. These will be delivered by Family Hub practitioners, through enhanced and additional modes of delivery, in each district throughout the county. We have used the consultation data and the design of the Family Hub model to allow residents to access services in a way that suits their preferences and fits in with their lifestyle wherever possible; for example, some consultees clearly prefer face to face groups and appointments, however some consultees stated they find it easier to access information online and talk to experts virtually. Young people had a very clear voice in our consultation and had a clear preference for face to face delivery which we have taken into account.

- Education for parents on child development
- Activities for children aged 0-5
- Activities for older children and young people
- Information, advice and guidance about support services for children and young people with Special Education Needs and Disabilities (SEND)
- Information and signposting to mental health services (children and adults)
- Support for parents/carers of adolescents (teenagers)
- Online safety for children and young people

Option 4: Deliver a Family Hub model through a developed Family Hub Network. Our preferred option.

KCC will continue to deliver a 0-19 (25 SEND) Family Hub Model offering enhanced services in the DfE mandated areas set out in Key Decisions taken by the Cabinet Members for Integrated Children's Services and Adult Social Care and Public Health;

Infant Feeding 23/00076
Parenting Support - 23/00081
Home Learning Environment - 23/00082
Perinatal Mental Health - 23/00075

As outlined in option 3, the following services will be delivered by Family Hub practitioners:

- Education for parents on child development
- Activities for children aged 0-5
- Activities for older children and young people

- Information, advice and guidance about support services for children and young people with Special Education Needs and Disabilities (SEND)
- Information and signposting to mental health services (children and adults)
- Support for parents/carers of adolescents (teenagers)
- Online safety for children and young people

In addition to these, we will also ensure that the remaining 4 services (which are outlined below) are accessible through the Family Hub model. The additional specialist services in option 4 will be delivered through partnership working with the VCS and partners (the Family Hub Network). We have outlined each service and the changes applicable for each option in appendix 3.

- Support for young people with substance misuse (alcohol/drugs)
- Domestic abuse support
- Debt and welfare advice
- Signposting to information to support separating and separated parents

Option 4 is our preferred option because we recognise the importance of all 11 services following feedback from the consultation and within our Family Hub model, we are in a position to offer, in an innovative and consistent way across the county, to deliver joined up services to meet the need of children, young people and families.

If option 3 or 4 is chosen there will be positive impacts generally in terms of additional services including digital and outreach offers. The negative impacts to persons with different protected characteristics as the services outlined in option 3 and 4 are identified in further detail in this equalities impact assessment.

Summary and justification

We consider that the different options for member consideration will have differing levels of impact on groups with protected characteristics. Whilst there will be some positive impacts, particularly relating to the enhancement of services, the co-location of services and the Family Hub model, it is important to address the negative impacts on groups with protected characteristics and how the impacts are mitigated, within our options for implementation presented in the Family Hub paper. The impacts are to be considered alongside the options presented for decision on the buildings that the services will be delivered from, identified through the Kent Communities programme (KCP), which is subject to its own EQIA process.

Broadly, the mitigations against the impacts on women and young children (outlined above) include a more expansive outreach offer (details to be co-designed with partners) that will (in part) focus on providing services to areas that may not have a dedicated Family Hub site, for instance those in more rural areas. The Family Hub model will enable parents to have improved information and access to services antenatally with an increasing focus on developing services for fathers-to-be. Feedback from fathers has already identified suggestions such as an improved digital offer with more information on support such as finances and learning more about child development. More insight work is continuing to develop the services for fathers as part of the Family Hub model.

Within the umbrella of the Family Hub model there is a collation of a wider range of services for families to improve knowledge and access to them. Although some service users may be required to travel further, the model proposes that families may should be able to access a wider range of required service from sites where services are delivered.

Children and young people with SEND needs should be able to navigate through services and local support through the collation of services in the model. There may be some differences in location of services. Some services may move to co-located spaces and outreach services are reliant on local community buildings therefore physical access to some services may be impacted by community building limitations.

Users with English as a second language may find the proposal for co-location of services which will require re-location of provision more difficult to navigate initially, therefore service teams will be supported in communicating changes early and effectively to these users. Teams will receive guidance in helping signpost and support these residents effectively.

The consultation did not have enough responses from some service user groups with protected characteristics. We recognise this as an area of continued development and will ensure within our future work to proactively reach groups to engage the service user voice from these seldom heard groups and those with protected characteristics. These include, gender identity, religion and belief, wider family carers, and sexual orientation and those with differing ethnicities.

The Family Hub model seeks to reduce inequalities and increase engagement of seldom heard groups through ongoing participation activity such as Parent Carer panels. We are committed to ensuring services are developed to reach such communities therefore we will have targeted participation activity to develop the Family Hub model of services.

The Family Hub model will be developing more peer to peer groups with those with lived experience, for example SEND peer group support and fathers groups. This will be supported by staff to help set up and support through use of spaces within the Family Hub sites.

On consideration of the negative impacts with the new areas of focus for development about we feel the proposal are justified through the increased access to provision, information and services across the Family Hub model. All of these mitigation activities do need to be balanced against our Best Value Duty set out in Securing Kent's Future ensuring the activities are sustainable and can be delivered beyond the life of the Family Hub grant and work within KCC's new budgetary requirements.

Section B – Evidence

Note: For questions 9, 10 & 11 at least one of these must be a 'Yes'. You can continue working on the EQIA in the App, but you will not be able to submit it for approval without this information.

<p>9. Do you have data related to the protected groups of the people impacted by this activity? <i>Answer: Yes/No</i></p>	<p>Yes</p>
<p>10. Is it possible to get the data in a timely and cost effective way? <i>Answer: Yes/No</i></p>	<p>Yes</p>
<p>11. Is there national evidence/data that you can use? <i>Answer: Yes/No</i></p>	<p>Yes</p>
<p>12. Have you consulted with Stakeholders? <i>Answer: Yes/No</i> <i>Stakeholders are those who have a stake or interest in your project which could be residents, service users, staff, members, statutory and other organisations, VCSE partners etc.</i></p>	<p>Yes</p>

13. Who have you involved, consulted and engaged with?
Please give details in the box provided. This may be details of those you have already involved, consulted and engaged with or who you intend to do so with in the future. If the answer to question 12 is 'No', please explain why.

Initial informal engagement took place between January and August 2022 with staff, service users and partners to explore the themes and aims of a Family Hub model in Kent, to inform the proposals and the application for the Family Hub Grant Funding

in August 2022. Colleagues from across Integrated Children’s Services have spoken with KCC staff, health visitor and midwifery colleagues, other public health colleagues, commissioners and the Voluntary and Community Sector (VCS).

Work to develop the involvement of parent/carers started in March 2023 and includes feedback on the branding for Kent Family Hubs, Fathers’ feedback on Start for Life services and feedback on the Service user Journey in the two test sites. Further consultation and engagement has taken place and will continue with internal and external stakeholders as well as children, young people, and parent/carer representatives throughout the duration of this programme of transformation.

The Family Hub services consultation launched on 19 July 2023 and closed on the on 13 September. The consultation aimed to gather the views of the community about the proposed changes to Children’s Centre services, youth provision, Health Visiting and community-based midwifery care. Families were able to complete an online or physical form, send emails, written communication and young people also sent videos, voice notes and flip charts from youth sessions. The feedback from the consultation has informed the equalities impact analysis and modelling.

Family Hub Consultation feedback

The table below shows the profile of consultees responding to the consultation questionnaire only, we do not have the profile data for those who responded through alternative methods. The proportion who left this question blank or indicated they did not want to disclose this information has been included.

RESPONDING AS...	Number of consultees answering	% of consultees answering
As a Kent resident	849	94%
On behalf of a friend or relative	24	3%
A resident from somewhere else	14	2%
Other	6	1%
Prefer not to answer / left blank	15	2%

Our consultation data shows women were the majority of consultees and are far more likely to be impacted by the implementation of the Family Hub model as they form the majority of parent/carer service users as supported by our user reach data.

GENDER	Number of consultees answering	% of consultees answering
Male	97	11%
Female	597	66%
Prefer not to answer / left blank	214	24%

The consultation shows that those most consultees were between the age of 25 - 49 and that supports our KCC user data for those that utilise our services with 67% having children and 4% expecting a child. 22% of consultee’s left this question blank.

As outlined below we have recognised Age as an impacted group.

AGE	Number of consultees answering	% of consultees answering
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0-15	14	2%
16-24	28	3%
25-34	198	22%
35-49	315	35%
50-59	62	7%
60-64	23	3%
65-74	23	2%
75-84	15	2%
85 & over	3	0.3%
Prefer not to answer / left blank	227	25%

PRESENCE OF CHILDREN	Number of consultees answering	% of consultees answering
I/we have children	612	67%
I am / we are expecting a child	40	4%
I/we do not have children	54	6%
Prefer not to answer / left blank	202	22%

AGES OF CHILDREN	Number of consultees answering	% of consultees answering
0-1 year old	194	21%
2-5 years old	240	26%
6-10 years olds	196	22%
11-19 years old	238	26%
I/we do not have children	54	6%
Do not have children / prefer not to answer / left blank	255	28%

Profile of professionals / organisation consultees responding

263 consultees took part in the consultation questionnaire specifically responding as professionals/organisations.

The KCC team also received feedback via email / letters. All emails / letters / videos received were passed to Lake Market Research to review and include comments in this report accordingly.

The table below shows the profile of consultees responding specifically to the consultation questionnaire. The proportion who left this question blank or indicated they did not want to disclose this information has been included. The main responses that were identified came from KCC staff, charities and the voluntary/community sector and educational establishments.

RESPONDING AS...	Number of consultees answering	% of consultees answering
Kent County Council staff	77	29%
Community-based midwifery staff	2	1%
Health Visiting staff	17	6%
Staff from another health-related organisation	11	4%
As a representative of a local community group or residents' association	2	1%
On behalf of an educational establishment, such as a school, college or early years setting	40	15%
On behalf of a Parish / Town / Borough / District Council in an official capacity	15	6%
As a Parish / Town / Borough / District / County Councillor	16	6%
As a Kent business owner or representative	2	1%
On behalf of a charity, voluntary or community sector organisation (VCS)	53	20%
On behalf of a faith group	2	1%
Other	26	20%

14. Has there been a previous equality analysis (EQIA) in the last 3 years? <i>Answer: Yes/No</i>	Yes
15. Do you have evidence/data that can help you understand the potential impact of your activity? <i>Answer: Yes/No</i>	Yes
Uploading Evidence/Data/related information into the App <i>Note: At this point, you will be asked to upload the evidence/ data and related information that you feel should sit alongside the EQIA that can help understand the potential impact of your activity. Please ensure that you have this information to upload as the Equality analysis cannot be sent for approval without this.</i>	

Section C – Impact

16. Who may be impacted by the activity? *Select all that apply.*

Service users/clients <i>Answer: Yes/No</i>	Yes	Residents/Communities/Citizens <i>Answer: Yes/No</i>	Yes
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Staff/Volunteers <i>Answer: Yes/No</i>	Yes	
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17. Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing? <i>Answer: Yes/No</i>	Yes
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18. Please give details of Positive Impacts

The principles and framework for the Family Hub model, as set out by central government, are built based on improving user experience by:

1. increasing access to a wider range of services in one place or under one shared umbrella;
2. improving the interface and join-up between services; and
3. having services working within practice that builds on strengths and puts children, young people and their families at the centre of services.

Examples of positive impacts that we anticipate from the Family Hub model for service users with protected characteristics include:

- Increased information and support for fathers-to-be and fathers
- Increased support for mothers and fathers on perinatal mental health and the different gender impacts
- Easy to navigate digital and virtual offers for pregnant parents on a wider range of services
- Increased support and access to Infant feeding support for mothers and father
- Increased information for parents/carers on child development at early years and adolescent development
- Targeted support for parents of children with additional needs or disabilities
- More peer to peer groups led by those with lived experience eg SEND peer support groups
- Targeted engagement of seldom heard groups to help further develop the Family Hub model eg for families where English is a second language.

There is more detailed Kent demographic data and positive impacts in the Family Hub post consultation EQIA.

Negative Impacts and Mitigating Actions
 The questions in this section help to think through positive and negative impacts for people affected by your activity. Please use the Evidence you have referred to in Section B and explain the data as part of your answer.

19. Negative Impacts and Mitigating actions for Age

a) Are there negative impacts for age? <i>Answer: Yes/No</i> <i>(If yes, please also complete sections b, c, and d).</i>	Yes
b) Details of Negative Impacts for Age	<p>We recognise that parents (most likely to be aged between 25 and 39) may need to access services differently, may need to travel to alternative locations and may receive a different type of service than previously offered. Travel costs could become a barrier to access and, if this is the case, this could affect their ability to access the support required when needed.</p> <p>Additionally, as Family Hubs adopt a 0-19 (25 for SEND) whole family approach. The look and feel of buildings may change and individuals from different age groups will have to share space. This may affect how individuals feel about space that was previously designed for their age range and could impact on feelings of safety and belonging.</p>

	<p>We know that young people were concerned about this as part of their feedback on the Family Hub services consultation. 12% of consultees answering indicated there should be more youth services offered / more activities for young people / not less / separate spaces should be provided for them. In addition, promotional education/information material for young people that is displayed in buildings may not be suitable for different age ranges.</p> <p>Additionally, parents (most likely to be aged between 25 and 39) may also experience some negative impacts as a result of these changes to the look and feel of buildings, and the co-location of a wider range of services at Family Hubs. Parents of younger children may feel uncomfortable sharing spaces with teenagers, as the messaging around information, guidance and support literature is very different, also they may feel uncomfortable approaching a building with lots of young people gathered outside.</p>
<p>c) Mitigating Actions for age</p>	<p>We will address recognised barriers to accessing services, and how outreach and digital options of support could assist. In some cases, where required home visits or support through other community provision could be provided. Leaflets and posters will be displayed with consideration for the different service user groups in a Family Hub site to ensure the materials are age appropriate.</p> <p>As part of the co-design element of the model, users will be involved in the development of shared spaces to create a sense of ownership and belonging.</p> <p>We will ensure that timetabling and scheduling considers when children, young people and families are available based on their age range. Promotional material will also need to be age appropriate in delivery spaces.</p> <p>Parent Carer Panels will seek to engage and include a wide range of parents and carers at the different end of the age range to ensure inclusivity.</p>
<p>d) Responsible Officer for Mitigating Actions – Age</p>	<p>Danielle Day Programme Manager – Family Hubs</p>
<p>20. Negative Impacts and Mitigating actions for Disability</p>	
<p>a) Are there negative impacts for Disability? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i></p>	<p>Yes</p>
<p>b) Details of Negative Impacts for Disability</p>	<p>The Census and the Council do not routinely collect data on the number of parents with a disability living in Kent, so it is difficult to assess the impact of the service change without a baseline.</p> <p>Face to face services are not changing but they may be delivered from a different location, however some children and young people with disabilities could be more digitally excluded. For example, an enhanced digital offer may have limited applicability for children, young people, and adults with SEND, who are hard of hearing, or have visual impairment or dyslexia who may struggle to engage with virtual activities.</p> <p>Changes to buildings, staffing, timings, and the addition of co-located staff may be a challenge for some children, young people and adults who struggle with change by the nature of their disability. New environments and the level of activity in those</p>

environments (as a result of co-location and integration of services) could also adversely affect those groups.

Outreach support will be in community buildings and this may impact accessibility dependant on physical building limitations.

We recognise that individuals with disabilities may need to access services differently, may need to travel to alternative locations and may receive a different type of service than previously offered. Travel could become a barrier to access and, if this is the case, this could affect their ability to access the support required when needed.

c) Mitigating Actions for Disability

We will undertake co-production of digital content to ensure it is functional and accessible for individuals with disabilities.

Our peer-to-peer support through Family Coaches and volunteers may assist individuals who feel that services don't understand the challenges they face. This should assist with greater engagement and the opportunity to offer support.

We will also undertake digital accessibility testing of web content to ensure accessibility across a wider spectrum of need e.g., sensory needs, deaf or hard of hearing, blind/poor vision, dyslexic, physical, neurodivergence, and mental health difficulties.

Venues will be checked for accessibility and advice will be given to partners and volunteers delivering services as part of the wider network on inclusive practice.

Family Hubs, by working as part of the SEND Transformation programme, will be able to improve and develop on our inclusion practice.

Our data driven approach, outreach offer and work through the Family Hub network will assist us able to identify the greatest need and respond appropriately.

There are four specific categories of need that have been identified through a data driven approach, as areas of focus within the Family Hub model that indicate a requirement for outreach provision within the community.

- I. Specific 'edge-of-town' communities falling outside the 20 min walking distance but high proportion of families and young people living in deprivation sitting outside the boundary and therefore '0-19' outreach activity is required.
- II. Larger communities 'whole towns' that see a high cumulative 0-19 deprivation linked need across the whole area but not enough to warrant a whole building.
- III. Rural communities with high levels of deprivation that may otherwise be cut off, with cumulative level of need requiring specific 0-19 outreach provision.
- IV. Areas where specific flexible detached youth provision is required – often 'in the field' and not linked to specific building locations.

Outreach work in the community within the Family Hub model will be delivered across both urban and rural localities informed by need/data.

Outreach is community-based provision, delivered in non-Family Hub sites such as libraries, community centres and may take place in family homes (for example Health Visitors attending a family home).

	<p>It will not be possible to have a Family Hub site in all localities, particularly in rural areas with low population density as outlined within the Kent Communities programme. Outreach delivery will improve reach to isolated and/or vulnerable communities through its flexibility/agility in responding to need and not being tied to a physical Family Hub site location.</p> <p>In these cases, the Family Hub offer will be delivered from existing community buildings e.g., libraries, halls, as well through a digital offer with the nature of delivery varying and informed by local need and data. The need/type of outreach provision will be reviewed on a regular basis, examples include:</p> <ul style="list-style-type: none"> • Practitioners delivering targeted groups/activities from locations such as community halls and libraries. • Joint work with community and health partners. • Practitioners working alongside existing groups, such as toddler groups on a regular basis to extend the reach/access to information, advice, and guidance. • Practitioners holding drop-in surgeries/sessions to provide 1 to 1 signposting and support. • Practitioners holding targeted virtual groups and activities online. • The frequency of outreach and rural delivery will be determined by need and data, and in some cases may be weekly, monthly, or termly. <p>We will engage on barriers to accessing services, and how outreach and digital options of support could assist.</p>
d) Responsible Officer for Mitigating Actions - Disability	Danielle Day Programme Manager – Family Hubs
a) Are there negative impacts for Sex? Answer: Yes/No (If yes, please also complete sections b, c, and d).	Yes
b) Details of Negative Impacts for Sex	<p>Given that females may be disproportionately affected as they are most likely to access our services currently, we need to recognise that women may be negatively impacted by the co-location of services. This is likely to be subjective to individuals lived experience and circumstance. For example, women mainly attend groups for support around domestic violence and may struggle to enter buildings where men are sharing the space.</p> <p>Conversely, some fathers or male carers may be put off attending spaces that are mostly occupied by women.</p>
c) Mitigating Actions for Sex	<p>Our workforce development programme will include training on inclusive practice, and we will work with the wider Family Hub network to consider how groups and services are scheduled and promoted appropriately.</p> <p>Our digital offer will allow us to target information, signposting, and online content suitable for the needs of service users based on their sex, and individual needs.</p> <p>Our parent carer panels, and co-design opportunities will also assist us in improving accessibility. We will seek feedback from all service users to improve and develop</p>

inclusive and safe delivery spaces that acknowledge how circumstances and lived experience can affect men and women’s view on space sharing.

We will continue to work with partners to develop and improve our offer to fathers and male carers and ensure feedback from fathers and male carers is used to develop relevant and engaging services to support them in their parenting roles.

d) Responsible Officer for Mitigating Actions - Sex
Danielle Day
Programme Manager – Family Hubs

22. Negative Impacts and Mitigating actions for Gender identity/transgender

a) Are there negative impacts for Gender identity/transgender?
Answer: Yes/No (If yes, please also complete sections b, c, and d).

No

b) Details of Negative Impacts for Gender identity/transgender

There are areas within service user groups with protected characteristics that we don’t have data from the consultation or from across the service. We recognise this as an area of development and will ensure within our future work to develop the model we will proactively reach groups to engage the service user voice from these seldom heard groups and those with protected characteristics.

c) Mitigating actions for Gender identity/transgender

N/A

d) Responsible Officer for Mitigating Actions - Gender identity/transgender

N/A

23. Negative Impacts and Mitigating actions for Race

a) Are there negative impacts for Race? *Answer: Yes/No (If yes, please also complete sections b, c, and d).*

Yes

b) Details of Negative Impacts for Race

Gravesham and Dartford districts both have a higher number of ethnic communities than the Kent Average:

District	Asian, Asian British or Asian Welsh	Black, Black British, Black Welsh, Caribbean or African	Mixed or Multiple ethnic groups	Other ethnic group	White
Dartford	9.9%	10.5%	3.1%	2.0%	74.5%
Gravesham	11.2%	6.5%	2.6%	3.0%	76.6%
Kent Average	4.6%	2.7%	2.3%	1.3%	89.1%

Within these districts the co-production work to develop the access to services will ensure that feedback is representative of the communities living within the districts to help shape how we support communities.

People whose first language is not English are more likely to be digitally excluded and may not be able to access an enhanced digital offer. They may also not access traditional marketing activity for face to face, understand the changes being proposed or understand how to access or apply for support in the future. They may be more

	<p>reliant on local access points. We also recognise that some ethnic minority families may not feel that the services are available to cater for their specific cultural needs.</p>
<p>c) Mitigating Actions for Race</p>	<p>Co-production of digital content will be developed to be inclusive focusing on simple language that is either available to translate or is compatible with common translation software.</p> <p>Targeted provision will be informed by a range of data including the number of children whose main language is not English, and the number of students from ethnically diverse backgrounds. Ongoing analysis will be required to ensure that Family Hub services are targeted at more “hidden” communities or ethnic groups.</p> <p>Family Hubs will work alongside partner agencies, community groups and faith organisations to identify ethnic minority children, families, and communities in the local area to provide local solutions to service provision e.g., specifically designed groups and interventions to improve outcomes for diverse ethnic communities.</p> <p>Enhanced community working and support from volunteer and peer support networks should increase awareness of services and access routes. Universal health services within the Start for Life offer may use interpretation services to support services for one-to-one support. In areas of higher need (e.g., in Dartford and Gravesham 15% of children don’t have English as their main language) promotional materials should be available in alternative languages where possible e.g., for targeted campaigns.</p> <p>Family Coaches and volunteers may assist individuals who feel that services don’t understand the challenges they face. This should assist with greater engagement and the opportunity to offer support. The Family Coaches, volunteers and any peer to peer groups much reflect the ethnic diversity of local populations. In Dartford and Gravesham there will be proactive engagement of community groups to engage a diverse group of Family Coaches.</p>
<p>d) Responsible Officer for Mitigating Actions - Race</p>	<p>Danielle Day Programme Manager – Family Hubs</p>
<p>24. Negative Impacts and Mitigating actions for Religion and belief</p>	
<p>a) Are there negative impacts for Religion and Belief? Answer: Yes/No (If yes, please also complete sections b, c, and d).</p>	<p>No</p>
<p>b) Details of Negative Impacts for Religion and belief</p>	<p>There is currently no direct data which measures religion of children and young people or parents of children and young people living in Kent. The only data collected is related to the overall population and based on the 2021 Census data. The Council provides services to children, young people, and their families, irrespective of their religion or beliefs.</p> <p>We recognise this as an area of development, and will ensure within our future work to develop the model we will proactively reach community and faith groups to engage the service user voice from these seldom heard groups and those with protected characteristics.</p>
<p>c) Mitigating Actions for Religion and belief</p>	<p>N/A</p>

d) Responsible Officer for Mitigating Actions - Religion and belief	N/A
25. Negative Impacts and Mitigating actions for Sexual Orientation	
a) Are there negative impacts for sexual orientation. Answer: Yes/No (If yes, please also complete sections b, c, and d).	No
b) Details of Negative Impacts for Sexual Orientation	<p>Our services are open to all individuals, but we recognise that accessing services can be challenging.</p> <p>Some LGBTQ+ individuals who are concerned about accessing face to face services may benefit from our online digital and virtual offer.</p> <p>There are areas within service user groups with protected characteristics that we don't have data from the consultation or from across the service. We recognise this as an area of development, and will ensure within our future work to develop the model we will proactively reach groups to engage the service user voice from these seldom heard groups and those with protected characteristics</p>
c) Mitigating Actions for Sexual Orientation	N/A
d) Responsible Officer for Mitigating Actions - Sexual Orientation	N/A
26. Negative Impacts and Mitigating actions for Pregnancy and Maternity	
a) Are there negative impacts for Pregnancy and Maternity? Answer: Yes/No (If yes, please also complete sections b, c, and d).	Yes
b) Details of Negative Impacts for Pregnancy and Maternity	<p>We recognise that expectant mothers may need to access services differently, may need to travel to alternative locations and may receive a different type of service than previously offered. Travel costs and accessibility could become a barrier to access and, if this is the case, this could affect their ability to access the support required when needed.</p> <p>The Family Hub model includes midwifery and Health Visiting support which includes home visiting services, this will not change with any of the Family Hub implementation options.</p> <p>The Family Hub model includes the outreach offer and work through the Family Hub network will assist us able to identify the greatest need and respond appropriately.</p> <p>There are four specific categories of need that have been identified through a data driven approach, as areas of focus within the Family Hub model that indicate a requirement for outreach provision within the community.</p> <ol style="list-style-type: none"> I. Specific 'edge-of-town' communities falling outside the 20 min walking distance but high proportion of families and young people living in deprivation sitting outside the boundary and therefore '0-19' outreach activity is required. II. Larger communities 'whole towns' that see a high cumulative 0-19 deprivation linked need across the whole area but not enough to warrant a whole building.

- III. Rural communities with high levels of deprivation that may otherwise be cut off, with cumulative level of need requiring specific 0-19 outreach provision.
- IV. Areas where specific flexible detached youth provision is required – often ‘in the field’ and not linked to specific building locations.

Outreach work in the community within the Family Hub model will be delivered across both urban and rural localities informed by need/data.

Outreach is community-based provision, delivered in non-Family Hub sites such as libraries, community centres and may take place in family homes (for example health visitors attending a family home).

It will not be possible to have a Family Hub site in all localities, particularly in rural areas with low population density as outlined within the Kent Communities programme. Outreach delivery will improve reach to isolated and/or vulnerable communities through its flexibility/agility in responding to need and not being tied to a physical Family Hub site location.

In these cases, the Family Hub offer will be delivered from existing community buildings e.g., libraries, halls, as well through a digital offer with the nature of delivery varying and informed by local need and data. The need/type of outreach provision will be reviewed on a regular basis, examples include:

- Practitioners delivering targeted groups/activities from locations such as community halls and libraries.
- Joint work with community and health partners
- Practitioners working alongside existing groups, such as toddler groups on a regular basis to extend the reach/access to information, advice, and guidance.
- Practitioners holding drop-in surgeries/sessions to provide 1 to 1 signposting and support.
- Practitioners holding targeted virtual groups and activities online.
- The frequency of outreach and rural delivery will be determined by need and data, and in some cases may be weekly, monthly, or termly

We will engage on barriers to accessing services, and how outreach and digital options of support could assist.

ii) **Mitigating Actions for Pregnancy and Maternity**

We will consult on barriers to accessing services, and how outreach and digital options of support could assist. In some cases support through other community provision could be provided.

iii) **Responsible Officer for Mitigating Actions - Pregnancy**

and Maternity	
27. Negative Impacts and Mitigating actions for marriage and civil partnerships	
a) Are there negative impacts for Marriage and Civil Partnerships? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	No
b) Details of Negative Impacts for Marriage and Civil Partnerships	N/A
c) Mitigating Actions for Marriage and Civil Partnerships	N/A
d) Responsible Officer for Mitigating Actions - Marriage and Civil Partnerships	N/A
28. Negative Impacts and Mitigating actions for Carer's responsibilities	
a) Are there negative impacts for Carer's responsibilities? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	No
b) Details of Negative Impacts for Carer's Responsibilities	N/A
c) Mitigating Actions for Carer's responsibilities	N/A
d) Responsible Officer for Mitigating Actions - Carer's Responsibilities	N/A

EQIA Submission Draft Working Template

If required, this template is for use prior to completing your EQIA Submission in the EQIA App.

You can use it to understand what information is needed beforehand to complete an EQIA submission online, and also as a way to collaborate with others who may be involved with the EQIA.

Note: You can upload this into the App when complete if it contains more detailed information than the App asks for and you wish to retain this detail.

Section A

1. Name of Activity (EQIA Title):	Family Hubs Model Development and ceasing of the Commissioned Youth Contracts
2. Directorate	Children, Young People and Education
3. Responsible Service/Division	Integrated Children's Services

Accountability and Responsibility

4. Officer completing EQIA Note: This should be the name of the officer who will be submitting the EQIA onto the App.	Danielle Day Programme Manager – Family Hubs
5. Head of Service Note: This should be the Head of Service who will be approving your submitted EQIA.	Carolann James Director of Operational Integrated Children's Services
6. Director of Service Note: This should be the name of your responsible director.	Carolann James Director of Operational Integrated Children's Services

The type of Activity you are undertaking

7. What type of activity are you undertaking?	
Tick if Yes	Activity Type
Yes	Service Change – operational changes in the way we deliver the service to people.
Yes	Service Redesign – restructure, new operating model or changes to ways of working
Yes	Project/Programme – includes limited delivery of change activity, including partnership projects, external funding projects and capital projects.
Yes	Commissioning/Procurement – means commissioning activity which requires commercial judgement.
Yes	Strategy /Policy – includes review, refresh or creating a new document
Post consultation	Other – Please add details of any other activity type here.

8. Aims and Objectives and Equality Recommendations – Note: You will be asked to give a brief description of the aims and objectives of your activity in this section of the App, along with the Equality recommendations. You may use this section to also add any context you feel may be required.

About the Service

Kent County Council (KCC) is seeking to implement Family Hubs across Kent and initiated a consultation to determine the views of Kent's residents on the proposed model. Family Hubs aim to provide family help early on, from pregnancy into early adulthood until they reach the age of 19 (25 for young people with Special Education Needs and Disabilities [SEND]). Services offered at Family Hubs will change from the current services, with co-location of a wider range of services, for a wider range of ages with a focus on increased information for parents/carers and community partners on babies, children, and adolescent development. This will be an important change for service users which may have equalities impacts.

To support the delivery of these changes and the development of the new service offer, KCC will receive a one-off grant, up to £11m over the 3-year period of the programme, from the Department for Education (DfE). The grant is to support system transformation through workforce development and supporting development of new services whilst KCC remains responsible for sustaining the costs of the new service offer through Council resources.

As published in the Medium-Term Financial Plan (MTFP), there are approximately £2.4m savings associated with the programme's outcomes.

This consultation proposed a new way of working through:

- Bringing together Youth Hubs, Children's Centres, Health Visiting and community-based Midwifery care, with other key community services into a 0-19 age (25 for young people with SEND) Family Hub model for Kent.
- Developing a Family Hub network by bringing together support from a number of different organisations, with professionals from different services working in partnership, to offer high quality, joined up support for the whole family.
- *Co-locating services to help with multi agency working.
- Delivering a range of services as mandated through the Family Hub and Start for Life offer including perinatal mental health support, infant feeding support, parenting support, and developing the Home Learning Environment through a mixture of centre-based support, outreach support and a new digital offer for service users.
- Introducing a range of additional services such as services for parents of adolescents, improved access to support for children and young people with SEND and Family Coaches.

The proposed model considers feedback from the public consultation and represents a proposed change of our current service offer which currently includes:

- Services to families with children up to the age of 8yrs to support the physical, social, and emotional development, communication, and language development in young children.
- Support to young people aged 8-19 (25 for young people with SEND) around emotional health and wellbeing educational and social development and pathways into adulthood.
- Support for parents with parenting, emotional wellbeing, understanding child development and managing family conflict.
- Online support for new parents.

*Proposals for co-location of Family Hubs with non-Family Hub services (such as Adult Education, Libraries and Gateways) have been detailed in the Kent Community Services consultation held earlier this year.

The table below shows services that the DfE require us to do and KCC's proposals for 'additional activities', which are areas where we have a choice about how to implement a Family Hub model. These are the areas we consulted families and young people on.

Core activities (funded by DfE Family Hub grant)	Additional activities proposed (delivered through Service Transformation)
Develop Early Language skills through the Home Learning Environment	Expand and promote our offer for parents of adolescents (teenagers)
Preparation and support for pregnancy and parenthood	Expand and promote support available for emotional wellbeing
Enhanced infant feeding support	Improved access to information and support for children with SEND

Introduce a Family Hub digital offer	Co-ordinate Family Hub networks
Implement a new range of outreach support	Development of Family Coaches and peer support groups
Improve and diversify our information, advice, and support	Additional activities as identified through the consultation
Integrate our recording and reporting	Adoption of the whole family approach
Co-design and evaluation	
Workforce development	

How will the proposed model affect wider users?

- Users may access a range of services in existing centres, or new community buildings such as village halls, libraries, or leisure centres.
- Some locations will change or be unavailable as outlined in proposals within the [Community Services Consultation | Let's talk Kent](#)
- Service users should no longer need to explain their situation repeatedly to different professionals as we will integrate our working practices to better capture families' stories once.
- Service users will have access to a greater range of digital and online information to support their role as parents.
- Service users will be supported to recognise Family Hubs as a safe space to raise their concerns which may relate to their mental health and wellbeing during pregnancy or postnatally.
- Service users will not just be a recipient of service. We will work alongside families to make sure we design our offer with their feedback in mind.
- Service users may receive additional support through trained volunteers, peers, or Family Coaches.
- Some buildings will look and feel different as they cater for whole families and a wider range of services. For example, an existing Youth Hub may now have activities for younger children taking place and specific information for parents on show, such as infant feeding posters.
- Using a whole family approach, families will be able to make positive changes when needed using family led solutions and the information, support, skills, and expertise of the Family Hub network.
- Parents of young people will be able to access a wider range of information on adolescents.

Key to tackling inequalities will be support which includes group and individual interventions. Some of these will address inequalities driven by protected characteristics such as support for families with children with SEND. Others may be driven by poor outcomes observed, for example neonatal (newborn) outcomes are significantly lower for African, African British, Asian and Asian British babies.

Equality analysis has also been conducted on the proposed location of Open Access and Health Visiting services in the Community Services consultation. The potential impacts of travel and co-location have been analysed and is available to view on the Let's Talk Kent website.

Further information about the model and the proposals can be found in the consultation document.

Recommendations

We anticipate that the overall impact of Family Hubs will be positive for children, young people, and families, including those with protected characteristics who access the relevant services. This is likely to include children and young people with SEND, those with the protected characteristics of pregnancy and maternity, those from ethnically diverse communities as well as those with lower household incomes.

We expect to see positive outcomes for children, young people, and families such as:

1. An increase in the proportion of infants having a first feed of breast milk and being breastfed in the first weeks and months after birth.
2. An increase in the number of children with special education needs whose educational and health needs are being met.
3. An increase in the number of Dads engaging with support and services.

KCC understands that there will be some negative impacts, which include impacts from ceasing of the commissioned youth contracts delivering discretionary service. KCC will continue to provide an in-house youth provision which will remain a mixture of activity at KCC centres and outreach locations. We also recognise there are a wide range of youth activities already available in communities e.g., local sports clubs.

We will also develop community-based youth work by supporting existing or new local volunteer-led groups. We will develop services specifically for families of young people, targeting where there is greatest need.

Considering the mitigations that will be put in place, KCC considers the negative impacts of its proposals on commissioned youth services are justified and proportionate. In light of the need to make savings, KCC also considers that the potential negative equality impacts are justified in considering the positive outcomes for users of Family Hubs, including those with protected characteristics, as referred to above.

Section B – Evidence

Note: For questions 9, 10 & 11 at least one of these must be a 'Yes'. You can continue working on the EQIA in the App, but you will not be able to submit it for approval without this information.

<p>9. Do you have data related to the protected groups of the people impacted by this activity? <i>Answer: Yes/No</i></p>	<p>Yes Equality and diversity data - Kent County Council. Additional links are noted below.</p>
<p>10. Is it possible to get the data in a timely and cost effective way? <i>Answer: Yes/No</i></p>	<p>Yes</p>
<p>11. Is there national evidence/data that you can use? <i>Answer: Yes/No</i></p>	<p>Yes-Much of this is available from The best start for life a vision for the 1 001 critical days.pdf (publishing.service.gov.uk)</p>
<p>12. Have you consulted with Stakeholders? <i>Answer: Yes/No</i> <i>Stakeholders are those who have a stake or interest in your project which could be residents, service users, staff, members, statutory and other organisations, VCSE partners etc.</i></p>	<p>Yes</p>

13. Who have you involved, consulted and engaged with?
Please give details in the box provided. This may be details of those you have already involved, consulted and engaged with or who you intend to do so with in the future. If the answer to question 12 is 'No', please explain why.

- Engagement has taken place with Public Health, community-based Midwifery care, and Health Visiting partners as well as commissioned services and parent carer representatives, staff, and partner organisations.
- Partnership attendance at the Family Hub Board and the Start for Life Board is in place to ensure additional strategic governance.

- Staff engagement has included information sessions, with a guest speaker from the Anna Freud Centre (National Centre for Family Hubs), who have been appointed by the DfE to support the implementation of Family Hubs across England.
- Further area-based engagement sessions have taken place with Open Access staff and a Let's Talk Kent platform has been set up to take feedback directly from Open Access staff.
- Service users and residents have already been introduced to the concept of Family Hubs through various press releases, the Community Services consultation and information sessions to managers and staff. The feedback from the Kent Community Services consultation has also been considered to help inform the Family Hubs proposals and further consultation.

The service will also develop and enhance co-design opportunities through participation and engagement with children, young people, and families. This will feed into ongoing service design.

Parent carer panels are being developed to offer families the opportunity to share feedback based on their experiences to support the continuous improvement of our Family Hub services. We have already started to have conversations with parents and carers to inform our thinking.

Family Hub Consultation feedback

The table below shows the profile of consultees responding to the consultation questionnaire only, we do not have the profile data for those who responded through alternative methods. The proportion who left this question blank or indicated they did not want to disclose this information has been included.

RESPONDING AS...	Number of consultees answering	% of consultees answering
As a Kent resident	849	94%
On behalf of a friend or relative	24	3%
A resident from somewhere else	14	2%
Other	6	1%
Prefer not to answer / left blank	15	2%

Our consultation data shows women were the majority of consultees and are far more likely to be impacted by the implementation of the Family Hub model as they form the majority of parent/carer service users as supported by our user reach data.

GENDER	Number of consultees answering	% of consultees answering
Male	97	11%
Female	597	66%
Prefer not to answer / left blank	214	24%

The Consultation shows that those most consultees were between the age of 25 - 49 and that supports our KCC user data for those that utilise our services with 67% having children and 4% expecting a child. 22% of consultee's left this question blank.

As outlined below we have recognised Age as an impacted group.

AGE	Number of consultees answering	% of consultees answering
0-15	14	2%
16-24	28	3%
25-34	198	22%
35-49	315	35%
50-59	62	7%
60-64	23	3%
65-74	23	2%
75-84	15	2%
85 & over	3	0.3%
Prefer not to answer / left blank	227	25%

PRESENCE OF CHILDREN	Number of consultees answering	% of consultees answering
I/we have children	612	67%
I am / we are expecting a child	40	4%
I/we do not have children	54	6%
Prefer not to answer / left blank	202	22%

AGES OF CHILDREN	Number of consultees answering	% of consultees answering
0-1 year old	194	21%
2-5 years old	240	26%
6-10 years olds	196	22%
11-19 years old	238	26%
I/we do not have children	54	6%
Do not have children / prefer not to answer / left blank	255	28%

Profile of professionals / organisation consultees responding

263 consultees took part in the consultation questionnaire specifically responding as professionals/organisations. The KCC team also received feedback via email / letters. All emails / letters / videos received were passed to Lake Market Research to review and include comments in this report accordingly. The table below shows the profile of consultees responding specifically to the consultation questionnaire. The proportion who left this question blank or indicated they did not want to disclose this information has been included. The main responses that

were identified came from KCC staff, charities and the voluntary/community sector and educational establishments.

RESPONDING AS...	Number of consultees answering	% of consultees answering
Kent County Council staff	77	29%
Community-based midwifery staff	2	1%
Health Visiting staff	17	6%
Staff from another health-related organisation	11	4%
As a representative of a local community group or residents' association	2	1%
On behalf of an educational establishment, such as a school, college or early years setting	40	15%
On behalf of a Parish / Town / Borough / District Council in an official capacity	15	6%
As a Parish / Town / Borough / District / County Councillor	16	6%
As a Kent business owner or representative	2	1%
On behalf of a charity, voluntary or community sector organisation (VCS)	53	20%
On behalf of a faith group	2	1%
Other	26	20%

14. Has there been a previous equality analysis (EQIA) in the last 3 years? *Answer: Yes/No*

Yes - Our Community Services consultation set out how equality, diversity and inclusion was first considered using data for many characteristics that are provided by Equality Law.

This included data on

- Where young people lived
- Transport connectivity
- Percentage of households that are able to access services in a building within 30 minutes on public transport
- Transport mapping to understand the accessibility of building as know that older parents and carer, young people and those with a disability are more likely to be reliant on public transport

The Community Services consultation Equality Impact Assessments (EqIA) are available to read online via [Community Services Consultation \(Let's Talk Kent.gov.uk\)](https://www.kent.gov.uk/consultation)

15. Do you have evidence/data that can help you understand the potential impact of your activity? *Answer: Yes/No*

Yes

Uploading Evidence/Data/related information into the App <i>Note: At this point, you will be asked to upload the evidence/ data and related information that you feel should sit alongside the EQIA that can help understand the potential impact of your activity. Please ensure that you have this information to upload as the Equality analysis cannot be sent for approval without this.</i>	Link to the Community Services Consultation Link to equality and diversity data Link to the Health Needs Assessment 0-4 year olds in Kent Link to 2021 Mid-year population estimates: Age and sex profile Link to NHS Kent and Medway Perinatal equity and equality report Link to House of Commons Gypsies and Travellers briefing paper Link to Department for Education research brief on the lives of young carers in England Link to Family Hubs and Start for Life programme: local authority guide Link to Emotional health and wellbeing after birth information Link to Kent Family Hub Consultation

Section C – Impact

16. Who may be impacted by the activity? Select all that apply.

Service users/clients <i>Answer: Yes/No</i>	Yes	Residents/Communities/Citizens <i>Answer: Yes/No</i>	Yes
Staff/Volunteers <i>Answer: Yes/No</i>	Yes		

17. Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing? Answer: Yes/No

Yes

18. Please give details of Positive Impacts

Protected characteristics.

Pregnancy and Maternity

Women who are pregnant or who have had a baby are most likely users of some services. During 2020 there were 15,940 live births in Kent, with some districts having a higher percentage of births e.g., Gravesham, Maidstone, Dartford, and Tonbridge & Malling. In Dartford, the births make up a higher percentage of the total population in that district highlighting the importance of equity in service provision (see 0-4 needs assessment). The Start for Life Offer will focus on perinatal mental health and infant feeding which is likely to benefit females through pregnancy and maternity as well as babies and infants. The Start for Life offer will be able to be accessed digitally which will be helpful for women who may struggle to travel.

In addition, our parenting education programmes will also provide new families with the information that they need to support them at this critical time.

Work around Reducing Parental Conflict and targeted support around domestic violence where needed will support (where applicable) relationship stability and the family environment/safeguarding.

Co-location of services will make the physical experience accessing services easier and should reduce the number of times that stories need to be re-told. There will also be an increased awareness of other potential sources of support.

In addition, the Family Hub and Start for Life model provides us with the opportunity to engage with people at an earlier point through maternity services building those key relationships at a critical time.

Sex

Population data from the 2021 Census shows that there are slightly more female residents than male in Kent (51.3% female vs 48.7% male). However, females only outnumber males from aged 25 years; prior to this, males outnumbered females in children and young people. Services are available for all parents, regardless of gender, however, the majority of parents currently accessing services are women.

To encourage men to access services, there will be a targeted community offer and digital resources.

As we develop our community-based offering there will be an increase of opportunities for volunteers and Family Coaches. We will actively encourage men to participate and engage in these opportunities.

The DfE ambition is for 50% of parent / carer panels to be Fathers / male partners and we will actively promote involvement and engagement through the Family Hub networks and digital offer.

We will also work with all service users to ensure that activities take place in safe spaces.

Age

There are 369,600 children and young people (ages 0-19) living in Kent (Census 2021). The spread of ages is uneven across Kent; 5.5% of total population are 0-4 year olds, 6.0% are 5-9 years old, 6.2% are 10-14 years old and 5.6% are 15–19 year olds.

The majority of Children Centre services are accessed by parents / carers aged 25-39, babies and children aged 0-8.

Young people (aged 8-19) will benefit from community-led social and developmental activity available for all, whilst those at most risk of missing out where community resources do not meet the need will be prioritised if needed.

Needs assessments will support targeted interventions for young adults such as: teenage mothers, those who are at risk of homelessness, young carers, sexual or criminal exploitation or grooming and those Not in Education, Employment or Training (NEET), those at risk of going missing and those at risk of drug and alcohol misuse.

Families will experience smoother transition points as this is 0-19 year old (25 for children with SEND) service so will be able to access services under the Family Hub model and network.

Age related specific services will continue.

Following national policy, recognising the importance of the first 1,001 days, and implementing services to ensure the best start in life for babies will improve outcomes.

Disability

Kent has a higher proportion of people aged under 16 (5.8%) claiming a disability benefit than both the regional (4.5%) and national average (4.6%). It is unknown how many children with SEN, or a disability, use current services, as this information is not routinely collected.

The Family Hub offer will benefit those with SEND through additional parenting education and improved access to information on support for children and young people . We currently know those with SEN are underrepresented in our service, a more targeted approach should ensure more equal access for children with SEND with the help of outreach and digital provision.

Some community-based provision may take place in environments they are more familiar with e.g., home or school, reducing anxiety and behaviours that challenge and for some, our digital offer will improve the opportunity to access information, advice and guidance and online support.

Accessibility of venues will be a consideration across the Family Hub network, including outreach venues.

Through taking a whole family approach, and the co-location of services, parents, and carers of children with disabilities will not have to tell their story more than once.

Feedback suggests parents of children with SEND prefer online and email communication options, so they would benefit from an enhanced digital offer. They may also benefit from virtual delivery that can be done at a time and place to suits them,

increasing flexibility around caring needs.

The Census and the Council do not routinely collect data on the number of parents with a disability living in Kent, so it is difficult to assess the impact of the service change without a baseline.

Through more integrated working, parents and carers, including those experiencing baby loss, should be better supported to seek and receive help for their mental health. Focused support will be available for those who are suffering from perinatal mental health issues.

Through enhancing the existing emotional wellbeing support in place, children and young people and their families will be able to get the emotional wellbeing and health support they need when facing difficult situations. This includes the provision of face-to-face support, outreach and digital information, advice, and guidance.

Religion

There is currently no direct data which measures religion of children and young people or parents of children and young people living in Kent. The only data collected is related to the overall population and based on the 2021 Census data. The Council provides services to children, young people, and their families, irrespective of their religion or beliefs.

However, as we develop a community-based offer, we would work with religious organisations to provide support to develop provision in a safe and supportive way, helping them stay linked to the Family Hub network to seek advice. Our data driven approach will allow us to engage with those who do not normally engage with services. We also have the opportunity to engage with people at an earlier point through maternity services and can build a rapport with communities earlier.

Through the wider Family Hub network and the outreach offer we have the opportunity to engage with new spaces and places that are accessed by families who are from ethnic minority backgrounds or have English as a second language. This could include links to faith groups for example. We aim to build our relationships with communities and encourage further access and tailoring of services accordingly.

Race

Ethnicity varies across the districts in Kent. Gravesham and Dartford have the highest proportion of ethnically diverse profiles. Approximately a third of 0–4 year-olds in Gravesham and a quarter of Dartford district are non-white British. This highlights the importance of acknowledging the increased likelihood of inequalities, and likely barriers to accessing health services in these areas. A recent report on Equity and Equality in the Kent and Medway Local Maternity and Neonatal system suggests that Kent mirrors the national picture with regards to Black and Asian women having a higher risk of dying in pregnancy, maternal mortality rates, neonatal mortality rate and stillbirths per 1,000 total births. The report also highlighted differences in early access to antenatal care with Black and Asian women less likely get early access to antenatal care.

According to the 2021 Census, there are a total of 7,660 people living in Kent from one of the Gypsy, Roma or Traveller communities. There is likely to be under-recording as people may be reluctant to self-identify for fear of discrimination and mistrust of organisations and authorities. Gypsy, Roma, Traveller communities have higher rates of mortality, morbidity and long-term health conditions, low child immunisation and a higher prevalence of anxiety and depression compared with the general population.

Given that parent and infant health outcomes are already worse for Black and Asian families, as well as those from white minority backgrounds such as Gypsy, Roma, Traveller communities, co-ordinated interventions will be targeted at these groups across services to reduce health inequalities.

Through the wider Family Hub Network and the outreach offer, we have the opportunity to engage with new spaces and places that are accessed by families who are from ethnic minority backgrounds or have English as a second language. This could include links to faith groups for example. We aim to build our relationships with communities and encourage further access and tailoring of services accordingly.

Taking a data driven approach will allow us to target communities who do not feel that existing services are “for them” and we will use outreach opportunities through the Family Hub partnership to improve engagement and participation.

Carers

According to 2021 Census, there are 10,855 young carers aged 0-24 in Kent. Nationally there is a trend in under identification as young people often do not report that they have caring responsibilities at home. We estimate that there could be up to four times more young carers in Kent.

Young carers or adults with caring responsibilities may find it hard to access in person services due to their caring responsibilities and may particularly benefit from enhanced digital and virtual opportunities, as well as services in locations they already visit such as schools.

Co-located services will also play a part in making this experience easier, reducing the need for carers to have to re-tell their story.

Whole family working will assist in capturing the wider challenges of caring and the impact this has on whole family wellbeing.

Young carers will continue to be offered support through targeted supportive groups.

Sexual orientation/ Gender identity/ Transgender

Our services are open to all individuals, but we recognise that accessing services can be challenging.

Some LGBTQ+ individuals who are concerned about accessing face to face services may benefit from our online digital and virtual offer. Our workforce development across the Family Hub network will support inclusive practice and whole family working with a commitment to equality. Our outreach offer will give individuals the opportunity to access support in places they are already comfortable. LGBTQ+ young people will be actively encouraged to participate in service design opportunities.

Low income

Relative low income is defined as a family in low income before housing costs in the reference year. In 2020/21 in Kent, 17.3% of all children aged 0-4 years were living in relative low-income families (nationally its 18.1%). However, some districts have a higher proportion of children (aged 0-4) living in relative low-income families including Thanet (23.6%), Folkestone and Hythe (21.3%), Gravesham (21.1%), Dover (21.1%) and Swale (20%). The council provides services to children, young people, and their families, irrespective of family circumstances (income level). However, evidence from the Local Maternity and Neonatal System equity report suggests that women living areas of deprivation in Kent are likely to seek antenatal care later compared to women in other groups likely leading to differences in health outcomes. (Perinatal equity and equality: NHS Kent and Medway (icb.nhs.uk))

The Family Hub emphasis on providing targeted support for families in areas of 20% most deprived in Kent will aim to redress this inequity in access.

Wider impact

KCC is receiving a grant of approximately £11m to transform our services. This is an exciting opportunity to improve our services to benefit the residents of Kent. The grant is in place to support system transformation through service integration, workforce development, and co-designed new services as directed by the DfE.

This significant investment and an improved integrated model across Children’s Centres, youth provision, Health Visiting, community-based Midwifery care, with other key community services have positive wider impact for the wider population.

In addition, service users will benefit from better access to services, signposting, information, advice, and guidance as well as greater availability and visibility of services within the community. They may access this independently, through digital channels, or through outreach such as through community networks or in physical buildings.

Children and parents/carers will continue to receive support targeted at different age groupings so the support they receive is

appropriate and tailored to their development stage.

Parent carer panels and peer support networks will ensure those from minority groups are able to be heard and shape our services. We think this will particularly benefit those from ethnically diverse communities whose views may currently be underrepresented, same sex parents (LGBTQ), those with SEND, carers, and fathers. Virtual support networks may be particularly effective where parents are in a very small minority in their community. Enhanced digital support will enable service users to engage with services at a time that works for them.

The co-location of staff in buildings will make services easier to access and reduce the need for service users to tell their story more than once.

The integrated working model would ensure that staff working under the Family Hub umbrella would all adopt the whole family model and have access to workforce development opportunities. This means that families would receive a more consistent style and quality of service.

The new model also includes partnerships with local community and voluntary services as a key part of the Family Hub network. We will seek to offer increased access to partners to deliver their services for families within Hubs and jointly in outreach where there are joint opportunities and needs are identified. This will enable improved access to a wider range of services for children, young people and parents/carers.

Negative Impacts and Mitigating Actions

The questions in this section help to think through positive and negative impacts for people affected by your activity. Please use the Evidence you have referred to in Section B and explain the data as part of your answer.

19. Negative Impacts and Mitigating actions for Age

a) Are there negative impacts for age? Answer: Yes/No
(If yes, please also complete sections b, c, and d).

Yes

b) Details of Negative Impacts for Age

57% of all consultees were between 25-49 with 67% having children and only 4% expecting a child. The most common activity used is activities for children 0-5 at 70% of consultees answering, followed by activities for older children and young people at 48%. Around a third of consultees answering indicated they use education for parents on child development (35%), information, advice and guidance about support services for children and young people with Special Education Needs and Disabilities (SEND) (31%) and information and signposting to mental health services (children and adults) (31%).

There are significant differences in the current use of activities by demographic:

- A higher proportion of consultees aged 25-34 and 35-49 use activities for children aged 0-5 (86% and 79% respectively).
- A higher proportion of consultees aged 50-64 and 65 & over, use activities for older children and young people (67% and 62% respectively), information and signposting to mental health services (children and adults) (45% and 41% respectively), support and information for

parents/carers of adolescents (teenagers) (35% and 34% respectively) and online safety for children and young people (21% and 38% respectively)

It can be surmised that those in the 25-49 category typically have children belonging to 0-5 whilst parents of older children and young people are 50+.

Just under a third of consultees answering (32%) indicated the future Family Hub model should include a place specifically for teenagers / activities for teenagers / support for teenagers / youth activities.

Just over a quarter (27%) believe the ending of commissioned youth contracts will result in them missing out on socialising / mixing / building confidence in making friends / socialising. 21% believe that the removal of these activities will be detrimental to children / young people that use them and have a negative impact. 15% specifically referenced mental health / wellbeing / anxiety / isolation concerns if these activities were stopped.

By ceasing the commissioned youth contracts, (ages 8-19, and up to 25 for young people with SEND) we do recognise that there will be a cohort of children who currently access those services and for whom they will no longer be available. Our data tells us that these services currently reach 8,834 young people across the county. Young people currently accessing these services, and who wish to continue attending similar youth provision, will need to find alternative, community-based services. This may cause disruption and may lead to increased numbers of young people no longer engaged in activities or having to seek alternative youth activities.

Furthermore, it is possible that alternatives will be fewer in number, may not offer the same services or may not be as accessible as the services which are currently offered. This is likely to mean that some young people are unable to access services which are as suitable as services they previously accessed, and some service users may cease to access services altogether.

We also recognise that parents (most likely to be aged between 25 and 39) may need to access services differently, may need to travel to alternative locations and may receive a different type of service than previously offered. Travel costs could become a barrier to access and, if this is the case, this could affect their ability to access the support required when needed.

Additionally, as Family Hubs adopt a 0-19 (25 for young people with SEND) whole family approach, the look and feel of buildings may change and individuals from different age groups will have to share space. This may affect how individuals feel about space that was previously designed for their age range and could impact on feelings of safety and belonging. We know that young people

were concerned about this as part of their feedback on the Community Services consultation. In addition, promotional education/information material for young people that is displayed in buildings may not be suitable for different age ranges. Additionally, parents (most likely to be aged between 25 and 39) may also experience some negative impacts as a result of these changes to the look and feel of buildings, and the co-location of a wider range of services at Family Hubs.

c) Mitigating Actions for age

KCC will continue with youth provision which is run by KCC, which would remain a mix of activity at KCC centres and outreach locations. We also recognise there are a wide range of youth activities already available in communities e.g., local sports clubs.

We are committed to developing community-based youth work by supporting existing and new local volunteer-led groups. These services and support would be accessed or signposted to from the Family Hub network. We will develop services specifically for families of young people, targeting where there is greatest need.

To reduce the impact on vulnerable young people, we propose that any future commissioning would be aligned to education services that support children with SEND.

In addition, as part of our Family Hub outreach offer, we will improve access to Public Health services specifically for families of young people, targeting where there is greatest need.

This is unlikely to fully replicate the support offered under previous arrangements but young people who require support will be able to access a range of options.

Through the consultation, we gathered information on young people that are negatively impacted and explored whether we can reinforce outreach, or offer online support, or identify additional resources at times needed.

We consulted on barriers to accessing services, and how outreach and digital options of support could assist. In some cases, where required home visits or support through other community provision could be provided.

We will ensure that timetabling and scheduling considers when children, young people and families are available based on their age range.

Parent carer panels will seek to engage and include a wide range of parents and carers at the different end of the age range to ensure inclusivity.

There is a range of community-based youth activities which can be

	<p>accessed by young people. These include activities at afterschool clubs, leisure centres, grass roots sports clubs, youth activities provided by groups such as Scouts and Brownies, or faith groups.</p> <p>In order to address the concerns expressed within the consultation responses insofar as is possible, if commissioned youth services are not renewed it will be important for us to work with young people and former contracted providers to identify and signpost appropriate services that they will be able to access through in-house youth provision and any other local services (e.g. in the voluntary sector), via a directory of youth services. This will be provided through half yearly updates and will be managed centrally.</p>
<p>d) Responsible Officer for Mitigating Actions – Age</p>	<p>Danielle Day Programme Manager – Family Hubs</p>
<p>20. Negative Impacts and Mitigating actions for Disability</p>	
<p>a) Are there negative impacts for Disability? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i></p>	<p>Yes</p>
<p>b) Details of Negative Impacts for Disability</p>	<p>The consultation asked a variety of questions on how the potential services being proposed and the delivery model may affect people in terms of access as well as what services should be offered, assess needs for delivery including face to face vs virtual. In relation to our service offer for SEND including both direct service delivery and advice and guidance some key highlights from the consultation include:</p> <ul style="list-style-type: none"> • A higher proportion of consultees aged 50-64 use information, advice and guidance about support services for children and young people with Special Education Needs and Disabilities (SEND) (54%). • Around two thirds of consultees answering indicated they might use information and signposting to mental health services (69%), activities for children aged 0-5 (65%) and information, advice and guidance about support services for children and young people with Special Education Needs and Disabilities (SEND) (62%). • 5% of consultees highlighted the need for more support for SEN and SEND or to be be mindful of SEND when developing the Family Hub service delivery model and services. • 17% consultees indicated that our demographic of those with SEN/SEND/Autism/ND would be impacted by the proposals not being considered adequately. Highlighting the need to ensure that equalities impact remain at the core of the proposed model.

In terms of the suitability of virtual delivery vs face to face:

- The vast majority of consultees answering (93%) consider face to face (in person) access to be suitable for information, advice and guidance about support services for children and young people with Special Education Needs and Disabilities (SEND).
- Three quarters of consultees answering consider online services (75%) suitable for this service and 67% consider virtual services suitable.
- Only 6% of consultees thought virtual service delivery was appropriate for Services for SEN / SEND / ND

Services in respect of this cohort are not being reduced, however some children and young people with disabilities could be more digitally excluded. For example, an enhanced digital offer may have limited applicability for children, young people, and adults with SEND, who are hard of hearing, or have visual impairment or dyslexia who may struggle to engage with virtual activities.

Changes to buildings, staffing, timings, and the addition of co-located staff may be a challenge for some children, young people and adults who struggle with change by the nature of their disability. New environments and the level of activity in those environments (as a result of co-location and integration of services) could also adversely affect those groups.

Linked to the Community Services consultation, availability of sensory rooms may change or reduce.

c) Mitigating Actions for Disability

We will undertake co-production of digital content to ensure it is functional and accessible for individuals with disabilities.

Our peer-to-peer support through Family Coaches and volunteers may assist individuals who feel that services don't understand the challenges they face. This should assist with greater engagement and the opportunity to offer support.

We will also undertake digital accessibility testing of web content to ensure accessibility across a wider spectrum of need e.g., sensory needs, deaf or hard of hearing, blind/poor vision, dyslexic, physical, neurodivergence, and mental health difficulties.

Venues will be checked for accessibility and advice will be given to partners and volunteers delivering services as part of the wider network on inclusive practice.

The availability of sensory experiences will also be considered within delivery of services by offering more sensory resources and

	<p>activities within hubs and outreach services. This will be factored into how the Family Hub partnership develops its inclusive practice.</p> <p>Family Hubs, by working with the SEND Transformation programme, will be able to improve and develop on our inclusion practice.</p> <p>Our data driven approach, outreach offer and work through the Family Hub network will assist us able to identify the greatest need and respond appropriately.</p> <p>To ensure we continue to support young people with SEND to access youth activities there will need to be face to face targeted groups in each district to minimise impact on impacted young people with SEND.</p> <p>Evidence from the consultation tells us that families prefer virtual services on some occasions. This may be the case where a young person is experiencing anxiety in meeting people or going out to new groups. To this end we will also ensure that there is some virtual delivery of services.</p> <p>[In order to address the concerns expressed within the consultation responses insofar as is possible, if commissioned youth services are not renewed it will be important for us to work with young people and former contracted providers to identify and signpost appropriate services that they will be able to access through in-house youth provision and any other local services (e.g. in the voluntary sector), via a directory of youth services. This will be provided through half yearly updates and will be managed centrally.</p> <p>There are some existing groups available to those with disabilities, and to ensure consistency, we will deliver groups in partnership where this is beneficial to service users on a county wide basis. KCC will continue to strengthen the in-house youth provision to support those with SEND, working alongside partners.</p>
<p>d) Responsible Officer for Mitigating Actions - Disability</p>	<p>Danielle Day Programme Manager – Family Hubs</p>
<p>a) Are there negative impacts for Sex? Answer: Yes/No (If yes, please also complete sections b, c, and d).</p>	<p>Yes</p>
<p>b) Details of Negative Impacts for Sex</p>	<p>66% of all consultees (597) to the consultation were female reflecting that they are the most likely to access our services currently. 11% of consultees were male and contained within our proposals are outreach and advice for fathers.</p> <p>Given that Females may be disproportionately affected as they are</p>

	<p>most likely to access our services currently, we need to recognise that women may be negatively impacted by the co-location of services. This is likely to be subjective to individuals lived experience and circumstance. For example, women mainly attend groups for support around domestic violence and may struggle to enter buildings where men are sharing the space.</p> <p>Conversely, some Fathers or male carers may be put off attending spaces that are mostly occupied by women.</p>
<p>c) Mitigating Actions for Sex</p>	<p>Our workforce development programme will include training on inclusive practice, and we will work with the wider Family Hub network to consider how groups and services are scheduled and promoted appropriately.</p> <p>Our digital offer will allow us to target information, signposting, and online content suitable for the needs of service users based on their sex, and individual needs.</p> <p>Our parent carer panels, and co-design opportunities will also assist us in improving accessibility. We will seek feedback from all service users to improve and develop inclusive and safe delivery spaces that acknowledge how circumstances and lived experience can affect men and women’s view on space sharing.</p> <p>We will continue to work with partners to develop and improve our offer to Fathers and male carers and ensure feedback from Fathers and male carers is used to develop relevant and engaging services to support them in their parenting roles.</p>
<p>d) Responsible Officer for Mitigating Actions - Sex</p>	<p>Danielle Day Programme Manager – Family Hubs</p>
<p>22. Negative Impacts and Mitigating actions for Gender identity/transgender</p>	
<p>a) Are there negative impacts for Gender identity/transgender? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i></p>	<p>Yes</p>
<p>b) Details of Negative Impacts for Gender identity/transgender</p>	<p>We do not have data post consultation on feedback around impact on Gender identity.</p> <p>We recognise that some Transgender individuals (including adults) may not feel that the services are available to cater for their specific identity needs.</p> <p>Some Transgender parents may feel concerned about attending events due to current tensions around environments not feeling fully inclusive.</p>
<p>c) Mitigating actions for Gender identity/transgender</p>	<p>We will work with all service users to ensure that activities take place in safe spaces.</p> <p>Our digital and outreach offer will be developed and co-designed</p>

	<p>to support all service users.</p> <p>KCC will continue to provide an in-house youth provision which will remain a mixture of centre based and outreach activity. We will also undertake targeted work through local community groups to continue support for transgender and young people who are not cisgender in a safe environment where required.</p> <p>Our digital content and our Family Hub network will be able to provide information, advice, and support for a range of issues concerning gender identify.</p> <p>We will work with local community organisations to ensure provision (based on local need) includes targeted services or is well sighted on how to make groups more inclusive.</p> <p>Our workforce development programme will also include a focus on inclusive practice and an ongoing commitment to equalities.</p> <p>We will work with and co-produce services with all service users to ensure that activities take place in safe spaces.</p>
<p>d) Responsible Officer for Mitigating Actions - Gender identity/transgender</p>	<p>Danielle Day Programme Manager – Family Hubs</p>
<p>23. Negative Impacts and Mitigating actions for Race</p>	
<p>a) Are there negative impacts for Race? Answer: Yes/No (If yes, please also complete sections b, c, and d).</p>	<p>Yes</p>
<p>b) Details of Negative Impacts for Race</p>	<p>People whose first language is not English are more likely to be digitally excluded and may not be able to access an enhanced digital offer. They may also not access traditional marketing activity for face to face, understand the changes being proposed or understand how to access or apply for targeted support in the future. They may be more reliant on local access points. We also recognise that some ethnic minority families may not feel that the services are available to cater for their specific cultural needs.</p>
<p>c) Mitigating Actions for Race</p>	<p>Co-production of digital content will be developed to be inclusive, focusing on simple language that is either available to translate or is compatible with common translation software.</p> <p>Targeted provision will be informed by a range of data including the number of children whose main language is not English, and the number of students from ethnically diverse backgrounds. Ongoing analysis will be required to ensure that Family Hub services are targeted at more “hidden” communities or ethnic groups.</p> <p>Family Hubs will work alongside partner agencies, community groups and faith organisation to identify ethnic minority children, families, and communities in the local area to provide local solutions to service provision e.g., specifically designed groups and interventions to improve outcomes for diverse ethnic</p>

	<p>communities.</p> <p>Enhanced community working and support from volunteer and peer support networks should increase awareness of services and access routes. Universal health services within the Start for Life offer may use interpretation services to support services for one-to-one support. In areas of higher need (e.g., in Dartford and Gravesham 15% of children don't have English as their main language) promotional materials for targeted support should be available in alternative languages.</p>
<p>d) Responsible Officer for Mitigating Actions - Race</p>	<p>Danielle Day Programme Manager – Family Hubs</p>
<p>24. Negative Impacts and Mitigating actions for Religion and belief</p>	
<p>a) Are there negative impacts for Religion and Belief? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i></p>	<p>Yes</p>
<p>b) Details of Negative Impacts for Religion and belief</p>	<p>We had 2 responders from faith organisations to the consultation. There were specific negative impacts regarding religion and belief to the consultation proposals.</p> <p>Religious and community leaders may feel increased pressure and responsibility from becoming part of the wider Family Hubs delivery network.</p> <p>We recognise that some families may not feel that the services are available to cater for their specific religious and cultural needs.</p> <p>Some individuals may have specific requirements based on faiths and beliefs and may feel that some delivery spaces within Hubs or outreach venues are not suitable.</p>
<p>c) Mitigating Actions for Religion and belief</p>	<p>Ongoing analysis and use of local intelligence will ensure that Family Hub services are targeted at communities who have historically not accessed services.</p> <p>Working with the Family Hub network will allow us to learn from pockets of great practice / share best practice and improve our understanding of barriers and how to break them down.</p> <p>Family Hubs will work alongside faith organisations to identify families and communities in the local area to provide local solutions to service provision e.g., specifically designed groups and interventions to improve outcomes. This includes encouraging participation and engagement in co-design opportunities.</p> <p>Our parent carer panels work actively to engage individuals with different beliefs according to local demographics and need.</p> <p>Enhanced community working and support from volunteer and peer support networks should increase awareness of services and access routes.</p>

d) Responsible Officer for Mitigating Actions - Religion and belief	Danielle Day Programme Manager – Family Hubs
25. Negative Impacts and Mitigating actions for Sexual Orientation	
a) Are there negative impacts for sexual orientation. <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	Yes
b) Details of Negative Impacts for Sexual Orientation	<p>19% of responders to the consultation commented on the Equality Analysis. 4% (6 responders) felt that LGBTQIA+ were adversely affected and not considered adequately.</p> <p>We recognise that some children and young people may not feel that the services are available to cater for their specific needs and that they may not consider it safe to openly declare their sexuality.</p> <p>Whilst existing youth provision supports those who identify as LGBTQ+, LGBTQ+ users of commissioned youth provision may not be able to access them in future (where no alternatives exist) or may not feel comfortable accessing new support.</p>
c) Mitigating Actions for Sexual Orientation	<p>KCC will continue to provide an in-house youth provision which will remain a mixture of centre based and outreach activity. We will also undertake targeted work through local community groups to continue support for LGBTQ+ youth and allies in a safe environment where required.</p> <p>Our digital content and our Family Hub network will be able to provide information, advice, and support for a range of issues concerning sexual orientation.</p> <p>We will work with local community organisations to ensure provision (based on local need) includes targeted services for LGBTQ+ individuals or are well sighted on how to make groups more inclusive.</p> <p>Our workforce development programme will also include a focus on inclusive practice.</p> <p>We will work with and co-produce services with all service users to ensure that activities take place in safe spaces.</p>
d) Responsible Officer for Mitigating Actions - Sexual Orientation	Danielle Day Programme Manager – Family Hubs
26. Negative Impacts and Mitigating actions for Pregnancy and Maternity	
a) Are there negative impacts for Pregnancy and Maternity? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	Yes
b) Details of Negative Impacts for Pregnancy and Maternity	4% of consultees were expecting a baby.

Part of the model is a move towards greater outreach and digital services. There may not be as much opportunity for parents to develop a network of informal support as a result. We recognise that informal support is important to some new mothers who feel more able to cope through linking with other new mothers and developing supportive relationships, friendships and getting peer support.

We are also aware that co-location of a wider range of services at Family Hubs and the widening of the age range may impact pregnant individuals and mothers including those who are more vulnerable. For example, some individuals with new babies may feel anxious attending a site where there are other activities or services being delivered for other groups e.g., Fathers groups, depending on their own lived experiences and circumstances.

We also recognise the impact on fathers to be during pregnancy and the approach to the whole family model will include support for fathers.

c) Mitigating Actions for Pregnancy and Maternity

Family Hubs will increase access to perinatal mental health, infant feeding and infant relationship support across the county. The Family Hub network will include a range of providers who will be able to signpost individuals to support, advice and guidance and existing networks that can be accessed including community-based provision where available.

Support will be for mothers and fathers using insight gained from parents to be.

Our enhanced digital offer will include signposting to digital apps and may include virtual delivery options.

Where there are barriers to access, staff will be able to assess need to determine if direct support from a Family Hub is appropriate.

In terms of the ability to develop friendships and supportive relationships, our proposed Peer to Peer support offer will play some part in mitigating against the potential loss of informal networks.

The workforce development opportunities for the Family Hub network will ensure that a wide range of providers, including front of house staff, are able to understand key issues and provide information related to early parenthood.

Working with other partners such as community and voluntary groups there will be wider information to local groups and other support; we propose to facilitate opportunities through co-design for parents to create their own groups.

d) Responsible Officer for Mitigating Actions - Pregnancy and Maternity	Danielle Day Programme Manager – Family Hubs
27. Negative Impacts and Mitigating actions for marriage and civil partnerships	
a) Are there negative impacts for Marriage and Civil Partnerships? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	No - These changes do not adversely affect individuals because they are married or in a civil partnership.
b) Details of Negative Impacts for Marriage and Civil Partnerships	N/A
c) Mitigating Actions for Marriage and Civil Partnerships	N/A
d) Responsible Officer for Mitigating Actions - Marriage and Civil Partnerships	N/A
28. Negative Impacts and Mitigating actions for Carer's responsibilities	
a) Are there negative impacts for Carer's responsibilities? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	Yes
b) Details of Negative Impacts for Carer's Responsibilities	<p>67% (612) of the responders had children and therefore caring responsibilities.</p> <p>We recognise that carers access universal child play sessions as part of their caring responsibilities.</p> <p>Pending the outcome of the Kent Community Services and Family Hub consultations, it may be the case that some geographical locations provide fewer universal face to face services. As a result, families may need other access to activities.</p> <p>We recognise that carers may need to factor in more additional time to manage transport and accessibility issues, and any changes may be a barrier for some.</p> <p>Changes of timing, location or offer may be a barrier for young carers.</p>
c) Mitigating Actions for Carer's responsibilities	<p>Where there are barriers to access, staff will be able to assess need to determine if direct support from a Family Hub is appropriate.</p> <p>We will signpost individuals to alternative provisions where appropriate, for example, to Carers Support Services where other respite may be available. Our data driven approach and working through the Family Hub network will help us target young carers and provide support accordingly.</p> <p>Working with other partners such as community and voluntary groups there will be wider information to local groups and other support; we propose to facilitate opportunities through co-design for parents to create their own groups and develop more peer-to-peer support.</p> <p>We will develop more community support were there are</p>

requests for support to set up a group with provision of our expertise to support new group development.

We will ensure our digital offer is co-produced with carers and young carers to best meet their needs and that information is up to date and easy to access.

We will encourage participation and engagement in our Parent-Carer Panels to enable meaningful co-design of services to suit the needs of carers.

Young carers will be encouraged to take the opportunity to co-design services suitable for their needs.

Kinship carers will be provided with information, advice, and support to access appropriate services.

d) Responsible Officer for Mitigating Actions - Carer's Responsibilities

Danielle Day
Programme Manager – Family Hubs



KENT COUNTY COUNCIL FAMILY HUB SERVICES CONSULTATION - WRITTEN REPORT

PREPARED BY LAKE MARKET RESEARCH



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BACKGROUND AND METHODOLOGY

Background

The development of Family Hubs is part of a national programme taking place. Family Hubs bring together different services, so that families and young people can quickly and easily get the support they need. Professionals from different organisations will work together to provide these services, which means that users won't need to share their information more than once or contact lots of different organisations to get the help they need.

The introduction of Family Hubs in Kent will mean changes to some of the existing services Kent County Council, and partners, provide for families and young people. There will be changes to how you access the services currently provided by:

- Children's Centres
- Youth Hubs and community youth provision
- Health Visiting services
- Community-based midwifery care

The government has set out which services as a minimum must be delivered through Family Hubs. These are:

- parent-infant relationships and mental health support for new parents
- infant feeding support
- parenting support
- support with early language development and the home learning environment
- support for children with special educational needs and disabilities (SEND)
- safeguarding

The Family Hubs Services consultation was launched as a way to find out what effect the proposed changes may have and the chance to collect feedback for the development of additional Family Hub services, based on need.

The consultation also sets out proposed changes to youth services that are commissioned by KCC and seeks feedback on these.

Consultation process

The consultation ran from 19 July to 13 September 2023 and was available on the Council's "[Let's talk Kent](#)" website. There were 22,256 page views made by 8,752 visitors during this time. Two questionnaires were available, aimed at different audiences: residents/service users, and staff/professionals. The former had 908 responses (95 of which were easy read) and the latter had 263 responses. The consultation was actively promoted at children's centres and youth hubs, with paper copies of the consultation materials available at these sites.

Staff were available at a number of activity events during the consultation period (24 events across the county) to engage with participants about the proposals, answer queries and encourage participation.

Young people were engaged directly and had the option of how they participated (for example, questionnaires, group discussions etc).

To raise awareness of the consultation and encourage participation, the following activities were undertaken:

- Promotional material sent to Health Visiting service and community-based midwifery
- Social media via: Open Access district Facebook pages, and KCC's corporate Facebook, X (Twitter), LinkedIn and Nextdoor accounts
- Paid Facebook advertising
- Posters and promotional postcards in Children's Centres, Youth Hubs, Kent Libraries, and Gateways
- Promoted on Kent Library PC welcome screens
- Emails to stakeholder organisations (eg health, district councils, Kent Association of Local Councils, Healthwatch etc)
- Invite to over 9700 people registered on Let's talk Kent who had asked to be kept informed about new consultations
- Articles in KCC's residents' e-newsletter
- Articles on the Kelsi website and e-bulletin for education professionals in Kent
- Article in NHS newsletter
- Media release issued at the launch of the consultation
- Banners/information on Kent.gov.uk homepage
- Articles on KCC's staff intranet and e-newsletters and email to staff groups.
- Social Media was a planned campaign with different / repeated messaging over the consultation period.
- Email to stakeholders 2 weeks before the consultation closed to remind/prompt those who had not yet responded.
- Targeted engagement and prompts via our open access and health visiting colleagues to encourage engagement in particular locations/communities.
-

The [consultation website](#) contained a short introduction and all the consultation information (the full document, summary document, Equality Impact Assessment, questionnaires, other background information, and easy read and large print documents. A Word version of the questionnaire was available for those that did not want to complete the online form.

Promotional materials (and the website) included details of how to request alternative formats. Postcard content was translated into 3 languages (Punjabi, Polish and Slovak) for centre staff to use to engage relevant service users where necessary. A telephone number and email address were available for queries and feedback.

Points to note

- Consultees were invited to comment on each aspect of the consultation and were given the choice of which questions they wanted to answer / provide comments. The number of consultees providing an answer is shown on each chart / table featured in this report.

- Consultees were given a number of opportunities to provide feedback in their own words throughout the questionnaire. This report includes examples of verbatims received (as written by those contributing) but all free text feedback is being reviewed and considered by KCC.
- This report includes feedback provided for the design of Family Hub Services and changes to youth services. Feedback for each element of the consultation has been categorised into sections accordingly.
- This report includes feedback from residents and professionals / organisations and the consultation contained a separate questionnaire for each stakeholder group. Feedback for each stakeholder group has been reported separately.
- Feedback received by the KCC team via email has been reviewed for the purpose of analysis and free text comments have been included where applicable in this report.
- Participation in consultations is self-selecting and this needs to be considered when interpreting responses.
- Response to this consultation does not wholly represent the individuals or stakeholders the consultation sought feedback from and is reliant on awareness and propensity to take part based on the topic and interest.
- KCC was responsible for the design, promotion, and collection of the consultation responses. Lake Market Research was appointed to conduct an independent analysis of feedback.

Profile of resident consultees responding

908 consultees took part in the consultation questionnaire. The KCC team also received feedback via email / letters. Emails / letters were passed to Lake Market Research to review and include comments in this report accordingly.

The table below shows the profile of consultees responding to the consultation questionnaire only. The proportion who left this question blank or indicated they did not want to disclose this information has been included as applicable.

RESPONDING AS...	Number of consultees answering	% of consultees answering
As a Kent resident	849	94%
On behalf of a friend or relative	24	3%
A resident from somewhere else	14	2%
Other	6	1%
Prefer not to answer / left blank	15	2%

GENDER	Number of consultees answering	% of consultees answering
Male	97	11%
Female	597	66%
Prefer not to answer / left blank	214	24%

AGE	Number of consultees answering	% of consultees answering
0-15	14	2%
16-24	28	3%
25-34	198	22%
35-49	315	35%
50-59	62	7%
60-64	23	3%
65-74	23	2%
75-84	15	2%
85 & over	3	0.3%
Prefer not to answer / left blank	227	25%

PRESENCE OF CHILDREN	Number of consultees answering	% of consultees answering
I/we have children	612	67%
I am / we are expecting a child	40	4%
I/we do not have children	54	6%
Prefer not to answer / left blank	202	22%

AGES OF CHILDREN	Number of consultees answering	% of consultees answering
0-1 year old	194	21%
2-5 years old	240	26%
6-10 years olds	196	22%

11-19 years old	238	26%
I/we do not have children	54	6%
Do not have children / prefer not to answer / left blank	255	28%

Profile of professionals / organisation consultees responding

263 consultees took part in the consultation questionnaire. The KCC team also received feedback via email / letters. All emails / letters / videos received were passed to Lake Market Research to review and include comments in this report accordingly.

The table below shows the profile of consultees responding to the consultation questionnaire only. The proportion who left this question blank or indicated they did not want to disclose this information has been included as applicable.

RESPONDING AS...	Number of consultees answering	% of consultees answering
Kent County Council staff	77	29%
Community-based midwifery staff	2	1%
Health Visiting staff	17	6%
Staff from another health-related organisation	11	4%
As a representative of a local community group or residents' association	2	1%
On behalf of an educational establishment, such as a school, college or early years setting	40	15%
On behalf of a Parish / Town / Borough / District Council in an official capacity	15	6%
As a Parish / Town / Borough / District / County Councillor	16	6%
As a Kent business owner or representative	2	1%
On behalf of a charity, voluntary or community sector organisation (VCS)	53	20%
On behalf of a faith group	2	1%
Other	26	20%

EXECUTIVE SUMMARY

RESIDENT FEEDBACK - FAMILY HUB SERVICES

- Of the eleven proposed Family Hub services put forward to consultees, the most commonly used are activities for children aged 0-5 (70%) and activities for older children and young people (48%). This is followed by education for parents on child development (35%), information, advice and guidance about support services for children and young people with Special Education Needs and Disabilities (31%) and information and signposting to mental health services (children and adults) (31%).
- Of the same eleven proposed Family Hub services, the most common activities likely to use in the future are activities for older children and young people (87%), support for parents / carers of adolescents (teenagers) (73%) and online safety for children and young people (73%).
- Potential interest is also high for information and signposting to mental health services (69%), activities for children aged 0-5 (65%) and information, advice and guidance about support services for children and young people with Special Education Needs and Disabilities (SEND) (62%); reflecting an interest in a wider range of services for future use compared to those currently used.
- When asked to indicate what other services should be available for children, families and young people through the Family Hub network, the most common suggestion put forward is a place specifically for teenagers / activities for teenagers / support for teenagers / youth activities (32%).
- Of the three means of potential access to Family Hub services put forward to consultees, face to face is the most popular with 90% of consultees indicating they feel comfortable with this access route. 76% indicated they would be comfortable with accessing information services online. 55% indicated they would be comfortable with access virtual services (e.g. groups, course, live chat). The main reasons put forward for lower comfort levels with virtual access are a preference for face to face / in person approach, anxiety / feeling awkward, limited / no access to internet / equipment and a perception that face to face access is more effective.
- When asked to comment on the concept of Family Coaches, just under half of consultees answering (45%) commented that the concept was a good idea / beneficial to families. However, concerns are also expressed with regards to the training / expertise of these coaches and how this can be managed / ensured.
- When asked to comment on any other considerations for the development of Family Hub services, consultees commented on physical access to such services in terms of travel / public transport / the ability to travel needs to be considered. Face to face contact and retaining current centres / contact is also highlighted.

RESIDENT FEEDBACK - YOUTH SERVICE PROPOSALS

- Consultees were invited to comment on the specific activities highlighted in the consultation proposals and describe the difference stopping these activities would make to them.
- Just under a third of consultees answering (31%) stressed the personal need for these activities and 17% indicated that they rely on these services. Just over a quarter (27%) believe it will result in them missing out on socialising / mixing / building confidence in making friends / socialising.
- Other comments highlight that the removal of these activities would be detrimental to children / young people that use them and have a negative impact and affect mental health / wellbeing / anxiety / feelings of isolation.

PROFESSIONAL / ORGANISATION FEEDBACK - FAMILY HUB SERVICES

- Consultees were asked to select the access methods they consider suitable for delivering the pre-defined eleven services featured in the resident consultation questionnaire.
- Face to face (in person) contact is considered the most suitable access route across all eleven services with between 82% and 97% selecting this access route for each service.
- Online service (accessing information) and virtual service access is considered more suitable for other services than others, namely:
 - Information and signposting to mental health services (children and adults)
 - Support for parents/carers of adolescents (teenagers)
 - Online safety for children and young people
 - Debt and welfare advice
 - Signposting to information to support separating and separated parents
- Online service (accessing information) and virtual service access is considered less suitable for:
 - Education for parents on child development
 - Activities for children aged 0-5
 - Activities for older children and young people
 - Information, advice and guidance about support services for children and young people with Special Education Needs and Disabilities (SEND)
 - Support for young people with substance misuse (alcohol/drugs)
 - Domestic abuse support
- When prompted to comment on additional suggestions for Family Hub services, consultees made reference to the inclusion of youth / adolescent service provision and targeting of where this is

needed to achieve impact, making face to face workshops / drop in sessions / groups available and signposting, support and advisory services.

- When prompted to comment on Family Coaches, some consultees were positive towards the concept and felt it was a good idea / beneficial to families. However, concerns were expressed with regard to the level of training / expertise required and questioned whether the service can be effective with volunteers only. Some also highlighted that there is potential duplication in delivery of these services both currently and historically.
- There is a high level of interest in the support, advice and opportunities presented to consultees. A high proportion would like to see opportunities for organisations to share their knowledge and expertise (80%), opportunities for organisations to deliver their services alongside other Family Hub network partners (79%) and training and development opportunities (78%).
- Finally when asked to provide suggestions for anything else that should be considered in the development of Family Hub services, consultees expressed some concerns with regards to user access in terms of transport, location and distance and stressed the importance of keeping youth / adolescent support services and the resources / organisations / staff required to deliver these effectively.

PROFESSIONAL / ORGANISATION FEEDBACK - YOUTH SERVICE PROPOSALS

- Consultees were invited to comment on the specific activities highlighted in the consultation proposals and describe the difference stopping these activities would make to people.
- Consultees expressed concerns that increasing numbers of young people need to access support and stopping services is the opposite to what is needed. In addition consultees reference the potential implications of this in terms of mental health and safety concerns.
- Consultees also expressed concerns that these activities provide much needed services for 'hard to engage' young people / adolescents and they may not interact with other service provisions.

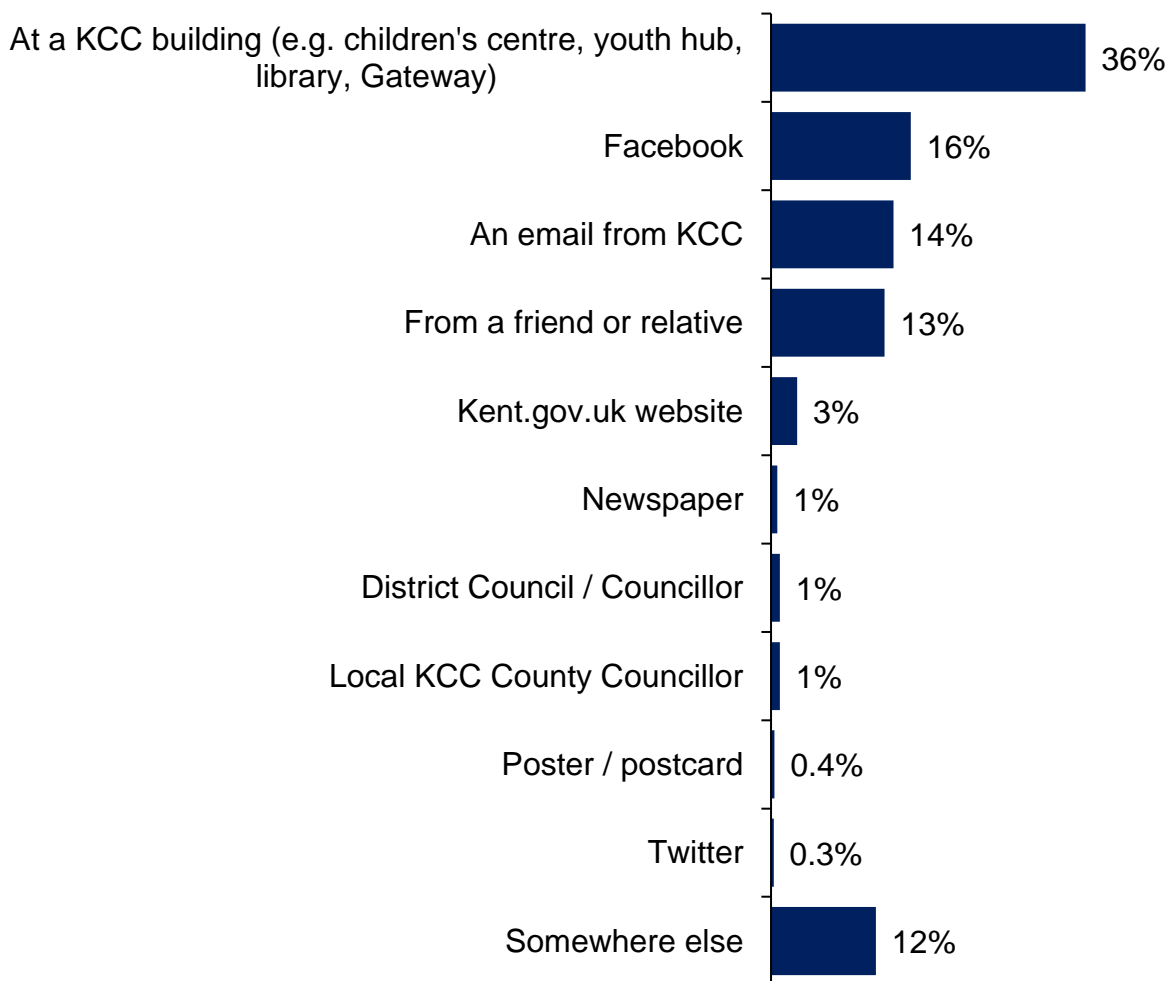
RESIDENT FEEDBACK

CONSULTATION AWARENESS

- The most common route to finding out about the consultation is at a KCC building (children's centre, youth hub, library, Gateway) at 36%.
- Other modes of finding out about the consultation include Facebook (16%), an email from KCC (14%) and from a friend or relative (13%).
- 12% indicated they found out about the consultation from an alternative source to the response list provided in the questionnaire. This includes social media networks, schools, midwives, health visitors, children centres and local clubs.

How did you find out about this consultation?

Base: all answering (899), consultees had the option to select more than one response.



SUPPORTING DATA	Number of consultees answering	% of consultees answering
At a KCC building (e.g. children's centre, youth hub, library or Gateway)	322	36%
Facebook	142	16%
An email from KCC	125	14%
From another organisation	118	13%
From a friend or relative	114	13%
Kent.gov.uk website	31	3%
District Council / Councillor	12	1%
Local KCC County Councillor	10	1%
Newspaper	7	0.8%
Poster / postcard	4	0.4%
Twitter	3	0.3%
Somewhere else (includes social media networks, schools, midwives, health visitors, children centres, local clubs)	103	12%

RESIDENT FEEDBACK

FAMILY HUB SERVICES

This section of the report summarises response to the questions posed surrounding the Family Hub Services in the consultation, as reported by consultees.

ACTIVITIES CURRENTLY USED AND MAY USE IN THE FUTURE

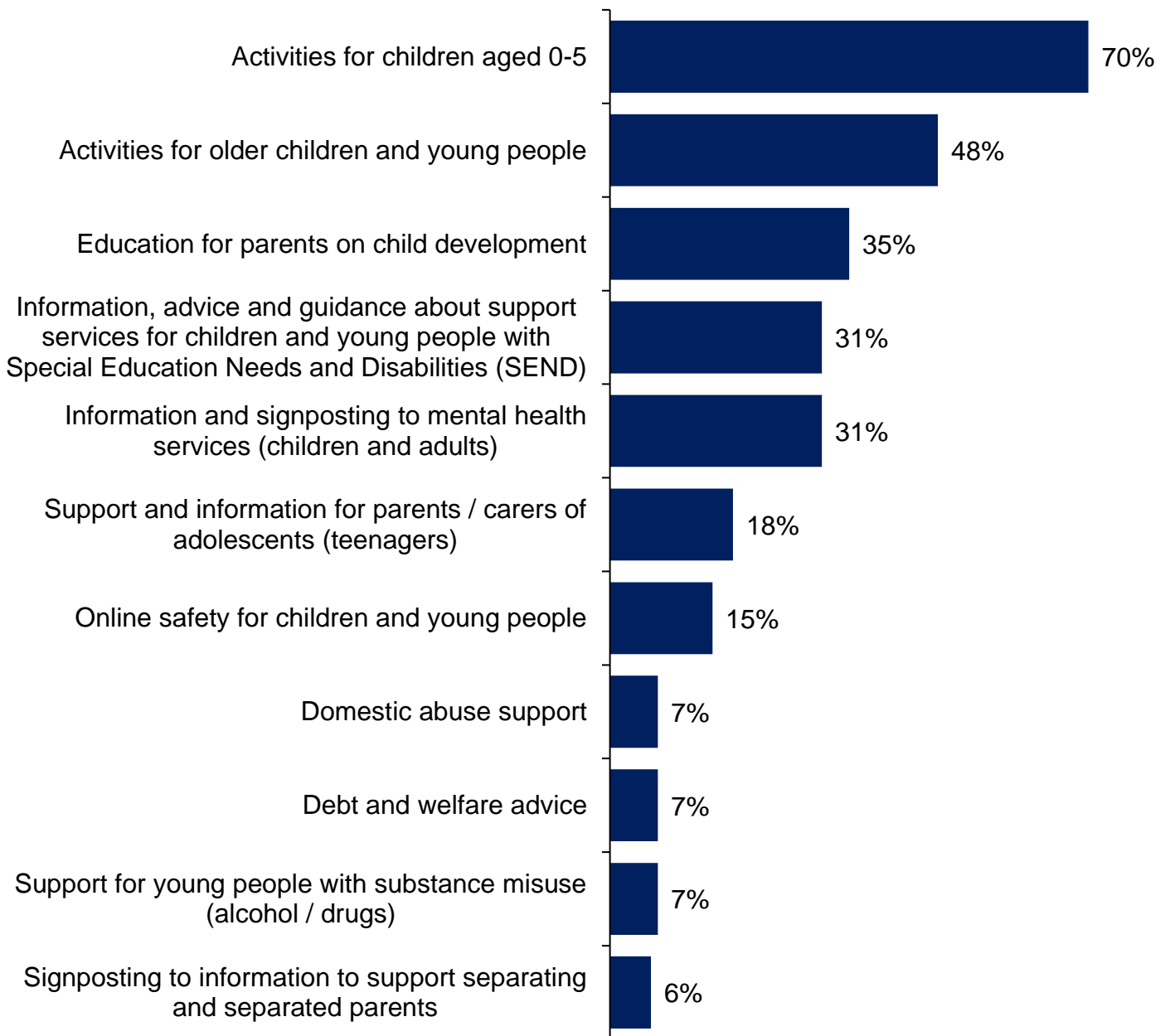
- Consultees were asked to indicate which activities they currently use (either themselves or within the household) from a pre-defined list of eleven.
- 59% of consultees answering indicated they use one or two of the eleven listed activities. 14% indicated they use three, 9% indicated they use four and 5% indicated they use five. 11% indicated they use more than five of the pre-listed activities.
- The most common activity used is activities for children 0-5 at 70% of consultees answering, followed by activities for older children and young people at 48%.
- Around a third of consultees answering indicated they use education for parents on child development (35%), information, advice and guidance about support services for children and young people with Special Education Needs and Disabilities (SEND) (31%) and information and signposting to mental health services (children and adults) (31%).
- 18% of consultees answering indicated they use support and information for parents / carers of adolescents (teenagers) and 15% indicated they use online safety for children and young people.

Activities currently use

Please tell us which activities in the list below you or your family currently use or have previously used? You may have access them through Kent County Council or through other organisations in the community

Base: all answering (843), consultees had the option to select more than one response.

NUMBER OF ACTIVITIES SELECTED	Number of consultees answering	% of consultees answering
One of the eleven listed activities	282	33%
Two of the eleven listed activities	221	26%
Three of the eleven listed activities	122	14%
Four of the eleven listed activities	78	9%
Five of the eleven listed activities	45	5%
More than 5 of the eleven listed activities	95	11%



SUPPORTING DATA	Number of consultees answering	% of consultees answering
Activities for children aged 0-5	591	70%
Activities for older children and young people	406	48%
Education for parents on child development	292	35%
Information, advice and guidance about support services for children and young people with Special Education Needs and Disabilities (SEND)	263	31%
Information and signposting to mental health services (children and adults)	259	31%
Support and information for parents / carers of adolescents (teenagers)	148	18%
Online safety for children and young people	130	15%

SUPPORTING DATA	Number of consultees answering	% of consultees answering
Domestic abuse support	63	7%
Debt and welfare advice	62	7%
Support for young people with substance misuse (alcohol / drugs)	55	7%
Signposting to information to support separating and separating parents	51	6%

There are significant differences in the current use of activities by demographic:

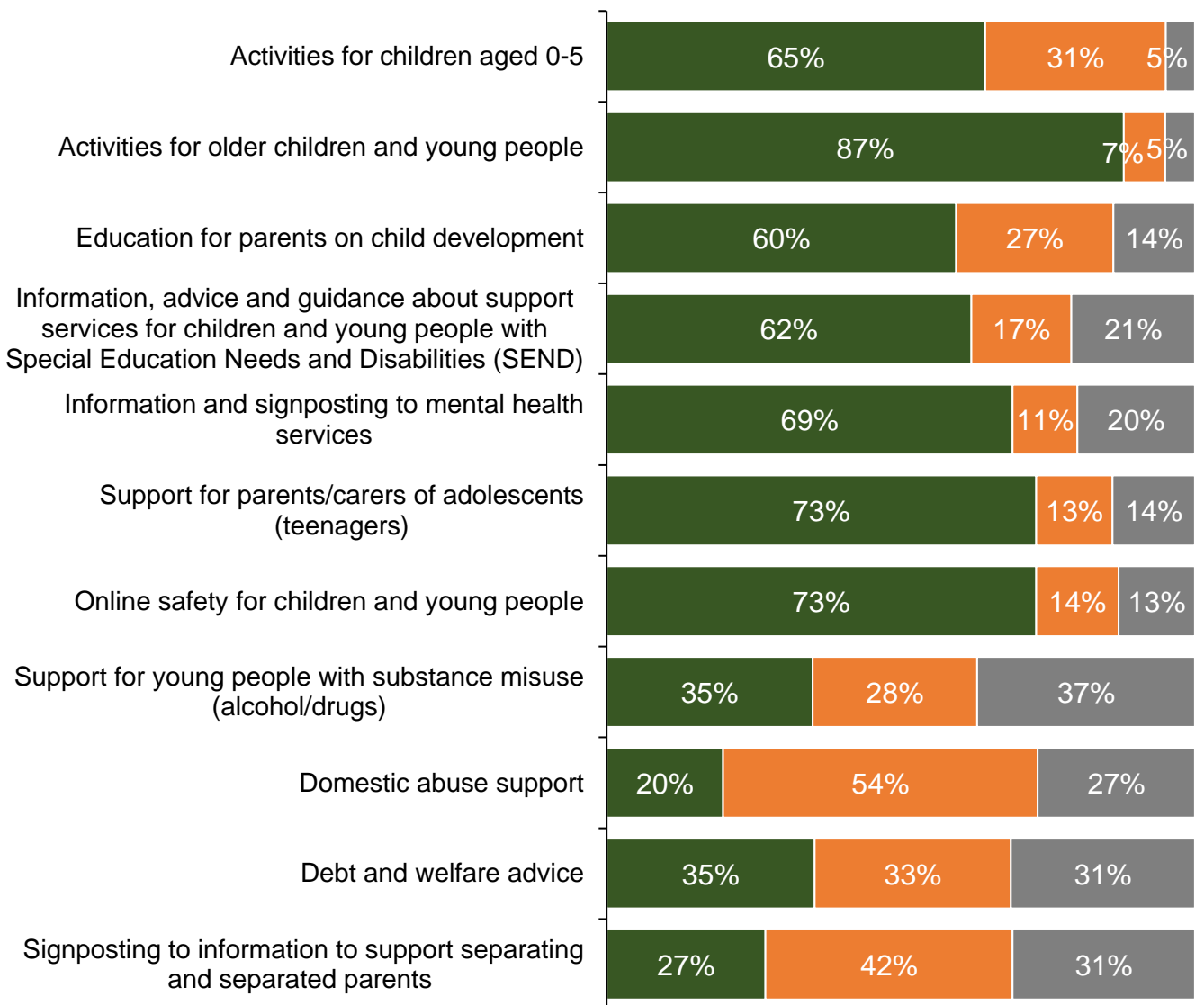
- A higher proportion of consultees aged 25-34 and 35-49 use activities for children aged 0-5 (86% and 79% respectively).
 - A higher proportion of consultees aged 50-64 and 65 & over use activities for older children and young people (67% and 62% respectively), information and signposting to mental health services (children and adults) (45% and 41% respectively), support and information for parents/carers of adolescents (teenagers) (35% and 34% respectively) and online safety for children and young people (21% and 38% respectively).
 - A higher proportion of consultees aged 50-64 use information, advice and guidance about support services for children and young people with Special Education Needs and Disabilities (SEND) (54%).
-

Activities might use in the future

- Consultees were then asked to indicate which of the same list of eleven activities they might use in the future.
- The most common activity likely to be used in the future is activities for older children and young people (87% of consultees answering), support for parents / carers of adolescents (teenagers) at 73% and online safety for children and young people (73%).
- Around two thirds of consultees answering indicated they might use information and signposting to mental health services (69%), activities for children aged 0-5 (65%) and information, advice and guidance about support services for children and young people with Special Education Needs and Disabilities (SEND) (62%).
- There is some uncertainty as to whether some of the support and advice services listed might be used; reflecting the types of services they reflect.

Which of the following do you think you might need to use in the future?

Base: all answering (727 - 843)



SUPPORTING DATA	% might need to use	% won't need to use	% don't know
Activities for children aged 0-5	65%	31%	5%
Activities for older children and young people	87%	7%	5%
Education for parents on child development	60%	27%	14%
Information, advice and guidance about support services for children and young people with Special Education Needs and Disabilities (SEND)	62%	17%	21%
Information and signposting to mental health services	69%	11%	20%
Support for parents/carers of adolescents (teenagers)	73%	13%	14%
Online safety for children and young people	73%	14%	13%
Support for young people with substance misuse (alcohol/drugs)	35%	28%	37%
Domestic abuse support	20%	54%	27%
Debt and welfare service	35%	33%	31%
Signposting for information to support separating and separated parents	27%	42%	31%

Consistent with response patterns observed for activities currently used, there are significant differences in the possible future use of activities by demographic:

- A higher proportion of consultees aged 25-34 and 35-49 indicated they might use education for parents on child development (76% and 62% respectively), activities for children aged 0-5 (89% and 62% respectively).
- A higher proportion of consultees aged 35-49 indicated they might use support and information for parents/carers of adolescents (teenagers) (82%) and online safety for children and young people (80%)
- A higher proportion of consultees aged 50-64 use information, advice and guidance about support services for children and young people with Special Education Needs and Disabilities (SEND) (70%) and support for young people with substance misuse (alcohol/drugs) (52%).

Activities currently and/or might use in the future - summary

- The table below combines consultees response to the activities currently used and the activities they might use in the future.
- Combined, the number of services currently used / may be used is higher. 11% of consultees answering indicated they use / might use one or two of the eleven listed activities. 9% indicated they use / might use three, 13% indicated they use / might use four and 13% indicated they use / might use five. 54% indicated they use / might use more than five of the pre-listed activities.
- 87% of consultees answering indicated they use or might use activities for older children and young people and 76% indicated they use or might use activities for children aged 0-5.
- Around two thirds indicated they use or might use support and information for parents / carers of adolescents (teenagers) (69%), online safety for children and young people (68%) and information and signposting to mental health services (children and adults) (65%).

Please tell us which activities in the list below you or your family currently use or have previously used? / Which of the following do you think you might need to use in the future?

Base: all answering (883), consultees had the option to select more than one response.

	Number of consultees answering	% of consultees answering
1 of the listed activities	30	3%
2 of the listed activities	68	8%
3 of the listed activities	82	9%
4 of the listed activities	111	13%
5 of the listed activities	112	13%
6 of the listed activities	130	15%
7 of the listed activities	110	12%
More than 7 of the listed activities	240	27%
Activities for older children and young people	767	87%
Activities for children aged 0-5	668	76%
Support and information for parents / carers of adolescents (teenagers)	608	69%
Online safety for children and young people	597	68%
Information and signposting to mental health services (children and adults)	575	65%
Education for parents on child development	545	62%

	Number of consultees answering	% of consultees answering
Information, advice and guidance about support services for children and young people with Special Education Needs and Disabilities (SEND)	522	59%
Support for young people with substance misuse (alcohol / drugs)	273	31%
Debt and welfare advice	272	31%
Signposting to information to support separating and separating parents	216	24%
Domestic abuse support	171	19%

ADDITIONAL SUGGESTIONS FOR FAMILY HUB NETWORK SERVICES

- Consultees were also given the opportunity to detail what they think should be available for children, families and young people through the Family Hub network in their community, in their own words.
- For the purpose of reporting, we have reviewed respondents' comments and have grouped common responses together into themes. These are reported in the table below. 52% of consultees answering via the consultation questionnaire provided a comment at this question.
- Just under a third of consultees answering (32%) indicated it should include a place specifically for teenagers / activities for teenagers / support for teenagers / youth activities.
- The other most common mentions include support for parents and carers / parenting advice (13%), a place for special needs support / support for SEND / neurodivergent needs (13%) and activities for younger children / support for younger children (12%).

What else do you think should be available for children, families and young people through the Family Hub network in your community?

Base: all answering (469)

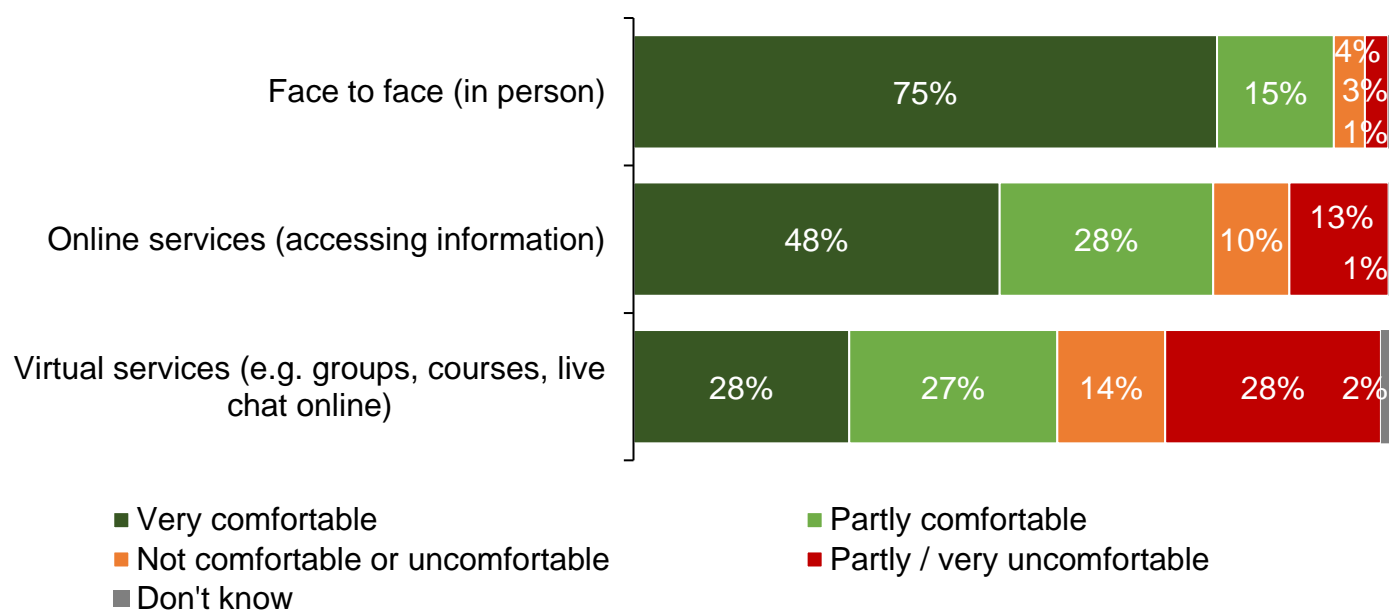
	Number of consultees answering	% of consultees answering
A place specifically for teenagers / activities for teenagers / support for teenagers / youth club / quality youth work	151	32%
Support for parents and carers / parenting advice / young carers	60	13%
Keep the current service / fine as it is / maintain it / remain open / keep funding it / we need it	64	14%
A place for special needs support / support for SEND / neurodivergent	60	13%
Activities for younger children / support for younger children	56	12%
Other groups and courses available in the area that can be included	39	8%
Mental health support	27	6%
Support for families / sibling support	25	5%
Breastfeeding support / weighing / health visitor / midwife	23	5%
Activities for all ages / a place for all / accessible to all	21	4%
Service to connect families to the services they need / more engagement / more information on what is available	20	4%
Baby groups / mother and baby / toddler groups	19	4%
Opportunity to socialise / meet others / social groups	15	3%
Financial support and advice / budgeting / money management / administration	15	3%
Health advice / healthy living / nutrition	14	3%

	Number of consultees answering	% of consultees answering
First aid courses	10	2%
Support for young carers	5	1%
Nothing	5	1%
Don't know	4	1%

LEVEL OF COMFORT IN ACCESSING SERVICES IN DIFFERENT WAYS

- Consultees were then asked to indicate how comfortable they would be with different ways of accessing services. Please note that specific services were not referenced within this question.
- Of the three means of access put to consultees, face to face access (in person) is the most popular with 90% of consultees answering indicating they would be very or fairly comfortable accessing services in this way. 3% indicated they would be partly or very uncomfortable.
- 76% of consultees answering indicating they would be very or fairly comfortable accessing information services online. 13% indicated they would be partly or very uncomfortable.
- 55% of consultees answering indicating they would be very or fairly comfortable accessing services virtually through groups, courses or live chat online. 28% indicated they would be partly or very uncomfortable.

Please tell us how comfortable or uncomfortable you would be with different ways of accessing services? Base: all answering (887 - 893)



- The table below summarises the proportion indicating they felt uncomfortable accessing services virtually by demographic.
- Whilst the proportion indicating they feel uncomfortable accessing services virtually is highest amongst consultees aged 65 & over (34), at least a quarter of all age groups indicated they would feel uncomfortable.

UNCOMFORTABLE WITH VIRTUAL ACCESS - BY DEMOGRAPHIC (number of consultees reported in brackets)	Number of consultees answering	% of consultees answering
Male (95)	21	22%
Female (584)	156	27%
Aged 25-34 (195)	46	24%
Aged 35-49 (310)	86	28%
Aged 50-64 (83)	19	23%
Aged 65 & over (38)	13	34%
Live in Ashford (42)	14	33%
Live in Canterbury (70)	18	26%
Live in Dartford (70)	24	34%
Live in Dover (71)	19	27%
Live in Folkestone & Hythe (104)	26	25%
Live in Gravesham (20 – caution low base size)	7	35%
Live in Maidstone (75)	13	17%
Live in Sevenoaks (44)	15	34%
Live in Swale (66)	20	30%
Live in Thanet (177)	45	25%
Live in Tonbridge & Malling (79)	24	30%
Live in Tunbridge Wells (10 – caution low base size)	6	60%

- If consultees indicated they feel partly comfortable or very uncomfortable with each of the three access routes above (face to face, online, virtual), they were also given the opportunity to describe the reasons in their words.
- For the purpose of reporting, we have reviewed respondents' comments and have grouped common responses together into themes. These are reported in the tables below. The base sizes for each access route varies based on the proportion of consultees who indicated they felt uncomfortable at the previous question.
- 28 consultees indicated they felt uncomfortable with accessing support face to face (in person).
- The reasons provided by these consultees included anxiety, being autistic / having special educational needs / feeling uncomfortable socially and lacking in confidence / don't like meeting new people.

Face to face access

If you are partly uncomfortable or very uncomfortable accessing support face to face (in person), please tell us why. Please include any specific support services you want to refer to. Base: all answering (28)

	Number of consultees answering	% of consultees answering
Suffer from anxiety	7	25%
Autistic / SEN / socially uncomfortable	5	18%
Lack of confidence / don't like meeting new people	5	18%
Other	5	18%

Some example verbatims underpinning these themes can be found below:

“I'm PDA autistic ADHD and find it very difficult to communicate with people that aren't neurodivergent. I also find accessing anything at the times set is nigh on impossible and/or stressful.”

“I'm an introvert, so dealing with people face to face is always challenging.”

“Being around new unfamiliar people makes me feel anxious.”

- 98 consultees indicated they felt uncomfortable with accessing support online.
- The most common reasons provided by these consultees included a preference for face to face access, a perception that alternatives to face to face are less effective, perceived difficulty using the internet / websites / lack of confidence, limited / no access to the internet / the right equipment and a perception that face to face access build relationships / trust / more interaction.

Online access

If you are partly uncomfortable or very uncomfortable accessing support through online information, please tell us why. Please include any specific support services you want to refer to. Base: all answering (98)

	Number of consultees answering	% of consultees answering
Face-to-face / in person is better / more personal	50	51%
Any other medium than face-to-face is less effective / can't just ask questions / easy to misunderstand / misinterpret	25	26%
Difficult to use internet / websites / not confident / don't know how	24	24%
Limited / no access to internet / right equipment / unreliable internet	19	19%
Face-to-face builds relationships / trust / more interaction	14	14%
Good to mix with other people / socialise	8	8%
Information / services are too generic / not tailored to individuals' needs	8	7%
Just don't like it / wouldn't work / not appropriate	7	7%
Suffer from anxiety	6	6%
Other	7	7%

Some example verbatims underpinning these themes can be found below:

“Because people need to speak to each other in person and have that human contact and relationship if the work is to be meaningful and purposeful.”

“Too much emphasis is now towards online services - it is lazy, not compassionate or effective and does not capture the real person that would be face to face.”

“I don't feel that online engagement delivers the best outcomes for those in need. It is a cheap shortcut to delivering services.”

“Because they are not specific enough to each individual's needs and they feel like a cop out for providing real support to those in need. There is not easy, real-time way to feedback how useful/not useful they are.”

- 198 consultees indicated they felt uncomfortable with accessing support virtually.
- The most common reasons provided by these consultees included a preference for face to face access, anxiety / feeling uncomfortable in groups, limited / no access to the internet / the right equipment and a perception that alternatives to face to face are less effective.

Virtual access

If you are partly uncomfortable or very uncomfortable accessing support through virtual support, please tell us why. Please include any specific support services you want to refer to. Base: all answering (198)

	Number of consultees answering	% of consultees answering
Face-to-face / in person is better / more personal	81	41%
Suffer from anxiety / uncomfortable / awkward / particularly in groups	45	23%
Limited / no access to internet / right equipment / unreliable internet	29	15%
Any other medium than face-to-face is less effective	27	14%
Good to mix with other people / socialise	24	12%
Don't like this approach / wouldn't use this approach	24	12%
Face-to-face builds relationships / trust / more interactive	22	11%
Privacy / confidentiality concerns	19	10%
Difficult to understand people / can be confusing / not in-depth	19	10%
Difficult to use internet / websites / not confident / don't know how	13	7%
Easily distracted / can't concentrate in a virtual setting	12	6%
Wouldn't work / not appropriate	11	6%
Mental health / well-being / isolation can be affected by lack of face-to-face access	10	5%
Disability / impairment can make it difficult in a non face-to-face setting	8	4%
Can't read body language / read cues in a non-face-to-face setting	7	4%
Planned sessions are restrictive on timings / inflexible	5	3%
Information / services / sessions are too generic / not tailored to individuals' needs	4	2%
Not sure / depends on the subject / topic	3	2%

Some example verbatims underpinning these themes can be found below:

“At least there is interaction, but anyone who has had a zoom meeting, which is most of us now, know that the quality of interaction is less. People with no or limited computer access, or space for privacy are disadvantaged.”

“Groups can be intrusive when you’re an introvert. Live chats can at times make you feel like you’re not engaged with a human.”

“It’s so much easier to judge others’ reactions and body language face to face. You can make more of a connection and more likely to feel emotionally supported rather than just advice.”

“So impersonal, I get very anxious talking on the phone or via online and would not use virtual services. Also not appropriate at all with small children.”

“Myself I find it hard to stay involved in online conversations and find they don’t flow like face to face. My son has a hearing impairment and ASD and cannot concentrate on online especially as he can’t lip read a screen like he can face to face.”

SUGGESTIONS FOR ONLINE SERVICE DELIVERY

- Consultees were also given the opportunity to detail their suggestions for what services could be delivered online and how, in their words.
- For the purpose of reporting, we have reviewed respondents' comments and have grouped common responses together into themes. These are reported in the table below. 37% of consultees answering via the consultation questionnaire provided a comment at this question.
- The most common responses received focus on a desire for face to face / in person services continuing (17%), a combined offering of digital and face and face access to services (14%) or not wanting digital access over face to face at all (13%).
- Of the service suggestions put forward, a signposting / information service (13%), parenting resources / support / advice (11%) and training / courses / workshops / webinars (11%) are the most common.

Please tell us your suggestions for what services we could deliver online and how.

(For example, group sessions using technology like Zoom.)? Base: all answering (334)

	Number of consultees answering	% of consultees answering
Prefer face-to-face / in person services must continue	56	17%
Offer a combination of digital & face to face / offer some services digitally / belief that face to face is better	46	14%
Signposting / information service	43	13%
No services should be digital / online / virtual / none / nothing / not interested in / don't like it / want face to face access	42	13%
Suggestions to use Zoom	40	12%
Parenting resources / support / advice	36	11%
Training / courses / workshops / webinars	36	11%
Group sessions - unspecified	29	9%
Services for new parents / pregnancy / breastfeeding / baby & toddler activities	28	8%
Counselling / therapy / mental health support	25	7%
Services for children - development / activities / staying safe online / bullying	24	7%
Services for young people specifically	20	6%
Services for SEN / SEND / ND	20	6%
Digital service delivery is not always appropriate / has its pitfalls	15	4%
Offer practical advice - CAB / financial matters / budgeting / nutrition	14	4%
Services offered through other means - Google Meets / WhatsApp / social media / skype / live chat	14	4%

	Number of consultees answering	% of consultees answering
Guidance / advice / support	13	4%
On demand content / videos / resources available / not just live events	12	4%
Not everyone can access digital services / not able to use Zoom, etc., / could be due to disability	12	4%
One-to-one sessions / not groups	10	3%
Use Microsoft Teams	9	3%
Non face-to-face provision can be less effective / substandard	7	2%
Services for adults specifically	6	2%
Most services / some services are suitable - unspecified	5	1%
Don't know / not sure	8	2%
Other	14	4%

ACCESSING SUPPORT ONLINE

- Consultees were asked to indicate how they felt about accessing support online from a list of pre-defined statements. Please note that this question was asked generally and not specifically in relation to the activities under consultation.
- 81% of consultees answering indicated they feel confident about doing things online.
- A perception of KCC's digital services and information too difficult to use is a concern for some (12%) as well as the safety of using technology to access services and the security of personal information (9%). 8% indicated they do not feel confident in using technology.
- 6% of consultees answering indicated their internet is too slow and 6% indicated that paying for devices and internet connection is too expensive.

We would now like to ask you a bit more about accessing support online. Please select from the list below the statements that may apply to you about accessing information or services digitally. Please select all that apply....?

Base: all answering (885), consultees had the option to select more than one response.

	Number of consultees answering	% of consultees answering
I am confident about doing things online	720	81%
I find KCC's digital services and information too difficult to use	104	12%
I don't think it's safe using technology to access services / concerned about the security of my information	84	9%
I don't feel confident using technology	72	8%
My internet is too slow	55	6%
Paying for devices and internet connection (including mobile data) is too expensive	54	6%
I find it too difficult	41	5%
I don't know how to do it	22	2%
I don't have the internet at home	14	2%
I don't have a device (computer, mobile phone, tablet)	10	1%
Other	57	6%

There are significant differences in confidence by demographic:

- A higher proportion of consultees aged 25-34, 35-49 and 50-64 indicated they are confident about doing things online (88%, 84% and 83% respectively) compared to consultees aged 65 & over (68%).

- A higher proportion of consultees aged 50-64 and 65 & over indicated they don't feel confident using technology (12% and 21% respectively).

ANY COMMENTS ON FAMILY COACHES

- Consultees were also given the opportunity to provide comments about Family Coaches in their words.
- For the purpose of reporting, we have reviewed respondents' comments and have grouped common responses together into themes. These are reported in the table below. 47% of consultees answering via the consultation questionnaire provided a comment at this question.
- Just under half of consultees answering (45%) commented that the concept of Family Coaches was a good idea / beneficial to families.
- 12% of consultees answering indicated that coaches should only be trained and experienced professionals only and that unqualified / untrained volunteers is not appropriate. 9% of consultees answering indicated that a combination of training and experience is essential for it to work properly.
- 7% of consultees answering indicated that being a coach should be a paid position and it is difficult to find / recruit reliable volunteers.

Please tell us if you have any comments about Family Coaches. Base: all answering (428)

	Number of consultees answering	% of consultees answering
Good idea / beneficial to families	191	45%
Must be for trained & experienced professionals only / using unqualified / untrained volunteers is inappropriate	51	12%
Training essential / must be trained and have experience for it to work	39	9%
Replacing paid staff with volunteers is a very cheap approach	34	8%
Must be a paid position	31	7%
Difficult to find / recruit volunteers / reliability / continuity concerns	28	7%
Family coaches' experience / knowledge could be beneficial	22	5%
This concept already exists / give existing services extra funding	22	5%
Concerned about inconsistent / incorrect information / lack of knowledge	19	4%
Any additional support is welcome	18	4%
Safeguarding concerns / vetting / checks / safety	18	4%
Confidentiality concerns / trust issues / could know the person	17	4%
Good idea but not sure it will work in reality	16	4%

	Number of consultees answering	% of consultees answering
Questions regarding practicalities of such an approach	16	4%
Would not use this service / this will not work / unnecessary	16	4%
Volunteers must be supported & monitored	15	4%
Cannot rely on volunteers	13	3%
Interested in being a volunteer	13	3%
Beneficial to speak to someone informally who is not a professional / must be matched carefully/correctly	12	3%
Face to face needed / family hub needed	10	2%
Services / support must be accessible / available / ability to make referrals	8	2%
Potentially interested in using this	8	2%
Do not cut other services	7	2%
Nothing to add / don't know / N/A / never heard of this	31	2%
Other	34	7%

There are significant differences in response by demographic:

- A higher proportion of consultees aged 25-34 and 35-49 indicated that family coaches are a good idea / beneficial to families (56% and 52% respectively) compared to consultees aged 50-64 and 65 & over (36 and 33% respectively).
- A higher proportion of consultees aged 50-64 and 65 & over indicated that coaches must be for trained & experienced professionals only / using unqualified / untrained volunteers is inappropriate (19% and 17% respectively).

Some example verbatims underpinning consultees commenting on family coaches being a good idea / beneficial to families can be found below:

“It sounds positive, especially in a scenario where parents need support and have nowhere else to go.”

“May be good for families who feel isolated or need support because of mental health or support with children.”

“I think this is a good idea to improve friendships and build confidence.”

Some example verbatims underpinning consultees commenting surrounding training & experience can be found below:

“If working with disabled parents or children, the volunteers MUST have experience (e.g. good, fluent BSL skills) or it reinforces the isolation for such people.”

“Great if training is sufficient to ensure matters are not made worse by ill-informed people.”

“They must complete all the safeguarding checks and be qualified at least to the same level as playgroup supervisors and providers.”

“This sounds like a very cheap way of doing Early Help or Social Work to be honest, and while the term ‘family coach’ may sound good it isn’t actually a thing that exists, so there would be no standardisation across the borough and also the country, and therefore little to no accountability. It’s a really bad idea thought up by somebody with no real experience of accessing children’s services. Having said that, despite this consultation, I’m sure it will happen, because it’s volunteer labour and therefore cheap.”

“Although there are excellent volunteers available - they do not have the required skills and experience for many of the struggles and difficulties that families have - they are not paid to maintain their qualifications, and a great deal of expectations are placed on the good will of people - if someone leaves - there could be a long delay before another person is found - I think this is KCC's way of cutting cost and relying on the goodwill of a very few individuals - also burn out might happen – it’s not fair on the volunteers.”

CONSIDERATIONS FOR DEVELOPMENT OF FAMILY HUB SERVICES

- Consultees were also given the opportunity to comment if there was anything else that they think should be considered in the development of Family Hub services.
- For the purpose of reporting, we have reviewed respondents' comments and have grouped common responses together into themes. These are reported in the table below. 37% of consultees answering via the consultation questionnaire provided a comment at this question.
- Just over a quarter of consultees answering (26%) noted that it is important to keep centres open for safety and wellbeing of users / they are concerned about the impact of closures / losing access to vital services.
- 15% of consultees answering indicated that physical access to services in terms of travel / public transport / that some will not be able to travel should be considered.
- 13% of consultees answering indicated a need to consider face to face contact / support should not be online / it will not work / could miss vulnerable people.
- 12% of consultees answering indicated there should be more youth services offered / more activities for young people / not less / separate spaces should be provided for them.

Please tell us if there is anything else you think we should consider in the development of Family Hub services. Base: all answering (339)

	Number of consultees answering	% of consultees answering
Important to keep centres open for safety and wellbeing / will cause a negative impact if they close / won't work / a bad idea / lose access to vital services	88	26%
Accessibility in getting there / transport links / costs involved / can't afford to travel / need to be local / could isolate people	50	15%
Support should not be online / it will not work / need face to face contact and support / could miss vulnerable people	43	13%
There should be more youth services offered / more activities for young people / not less / separate space for them	42	12%
Do not cut funding / more funding needed / keep funding / prioritise	37	11%
More support for parents / expectant, new parents / grandparents / young carers / young parents	22	6%
Adequately staffed / trained and experienced volunteers needed / staff not overstretched / consistency	18	5%
More support for SEN and SEND / be mindful of SEND	17	5%
Everyone should have access to help and advice / should be accessible to all / should be inclusive / shouldn't exclude	16	5%

	Number of consultees answering	% of consultees answering
Open more hours / more days / more sessions / more groups / out of hours support line	16	5%
More support for younger children / activities for younger children	13	4%
More support for families / vulnerable families	12	4%
It's a good idea in principle / it could work in essence	12	4%
Advertise / promote more online / social media / within the community to raise awareness / better marketing	11	3%
Mental health support / CAMHS	11	3%
Breast feeding support / weigh ins / baby support	8	2%
Utilise other charities / current providers to offer their services within the hub / link with others	8	2%
Pleased with the service / happy with the support provided / invaluable	7	2%
Use local venues people know in the community	6	2%
Nothing / none / doesn't affect me	12	4%
Don't know / don't know enough about it	4	1%
Other	26	8%

Example verbatims underpinning consultees comments on the importance of keeping centres open for safety and wellbeing / a perceived negative impact if they close can be found below:

“I think separate services like children's centres and youth centres like we have now is better than one main hub. It allows access to a greater number of people as they are spread out across multiple locations. Combining them all together will make access for lots of people more difficult and will no doubt also increase wait times for support also with the number of people accessing one location.”

“If the Family Hubs are implemented by closing all the current venues the familiarity and engagement is lost. We donate cycles to the bike club and to even contemplate the closure is so wrong. The collaboration by young people with role models undertaking a project relevant to their lives is irreplaceable with online.”

Example verbatims underpinning consultees' accessibility / transport links comments can be found below:

“How far people have to travel, their means of travel and the cost. How will this be mitigated for those that struggle to access services, they should have equal opportunity to access

face to face services as others. What numbers and size catchment area will each hub cover. How has deprivation been factored into provision. A 3 month test is a very short time to trial a model. How will ongoing evaluation take place. This survey does not give people the opportunity to comment on how they would prefer to receive services, except in pre-defined parameters.”

“How will these hubs be accessible to families if you are cutting down on building, we are already facing the loss of building in Canterbury and Youth services, how will those with no access to funds or money be able to travel ? If they have no internet how will they access your digital service? The most vulnerable and disabled will be disadvantaged by this decision.”

Example verbatims underpinning consultees’ online access concerns can be found below:

“Continue as much contact face to face and through groups as possible this is what families need to avoid mental health difficulties.”

“Making sure that face-face opportunities are still available. Parenthood can be isolating and it is important that there are chances for parents to engage with each other and professionals. Sometimes people do not know they need help and therefore if more services are online they require the knowledge and desire to seek these services, rather than being around professionals who might be able to see and sign post.”

RESIDENT FEEDBACK

YOUTH SERVICE PROPOSALS

This section of the report summarises response to the questions about stopping Youth Service activities referenced in the consultation, as reported by consultees.

HOW PROPOSAL TO STOP YOUTH SERVICE ACTIVITIES WILL MAKE A DIFFERENCE

- Consultees were asked to select which activity/ies they or someone in their household takes part in and then asked to describe how the proposal to stop that activity/ies would make a difference to them.
- For the purpose of reporting, we have reviewed respondents' comments and have grouped common responses together into themes. These are reported in the table below. 58% of consultees answering via the consultation questionnaire provided a comment at this question.
- Just under a third of consultees answering (31%) stressed the personal need for these activities / do not wish them to be cut and 17% indicated they rely on these services and they are valued.
- Just over a quarter (27%) believe it will result in them missing out on socialising / mixing / building confidence in making friends / socialising. 21% believe that the removal of these activities will be detrimental to children / young people that use them and have a negative impact. 15% specifically referenced mental health / wellbeing / anxiety / isolation concerns if these activities were stopped.

Please tell us how the proposal to stop these activities would make a difference to you?

Base: all answering (524)

	Number of consultees answering	% of consultees answering
Need these services / activities / don't cut them	161	31%
Miss out on socialising / mixing / being independent / building confidence / making friends	140	27%
Detrimental to children / young people that use them / have a negative impact	111	21%
Rely on these services / valued / much needed	91	17%
Services / activities provide support / information / will miss out	86	16%
Increase ASB / crime / hanging around streets / undesirable behaviour	85	16%
Affect mental health / wellbeing / cause anxiety / isolation / activities help alleviate these issues	76	15%

	Number of consultees answering	% of consultees answering
Less activities / things to do / facilities	75	14%
Don't use currently but could in the future as children not right age	74	14%
Provide a safe place to go	72	14%
Nothing to do / nowhere to go / no purpose / boredom	62	12%
Miss out on learning new skills / development	52	10%
Detrimentially affect families	49	9%
Wouldn't affect me / my household	46	9%
Loss to communities / lose community feel	45	9%
Affect those on low income / cannot afford paid for activities / need free activities	45	9%
Affect those with SEN / SEND / ND / autism	36	7%
Don't use any of these services	30	6%
Short-sighted / increase demand on other services / financial/resources	22	4%
Need more services / activities for young people not less / increase funding	21	4%
Detrimentially affects the vulnerable / disabled	21	4%
Don't know about / not heard of these / should advertise them	20	4%
Would have to travel further to access alternatives / can't afford travel	16	3%
Services / activities not needed / agree with these cuts	3	1%
N/A / nothing to add / don't know	12	2%
Other	39	7%

The pages overleaf contain a summary of response to the proposed closure of activities in each district including verbatim comments made concerning impact. However, some example verbatims underpinning the key themes identified across all districts can be found below:

“The activities offered by the cafe have been an absolute lifeline for my family. Our young people suffered the most during the pandemic and these activities have really helped with their mental health and general wellbeing. They offer activities and experiences that are not accessible or achievable otherwise to us. My children are socialising, building relationships, getting active and learning essential life skills from the club. It will be so detrimental to the health and wellbeing of all the families who attend if we were to lose it. Please, please do not cut funding of our youth clubs.”

“These services provide a valuable link to vulnerable children and are the first stage of safeguarding, they provide valuable information to statutory services and they keep children safe.”

“It would have a massive negative impact on my son. Pyxis have been a total lifeline to him. It's the only youth club he's ever attended where he feels safe, accepted and has made friends. It's the only activity he's able to attend outside of college without a parent being there to support him. Pyxis should be fully funded by KCC - they are the most amazing organisation, the ONLY organisation in the Canterbury area who fully understand the needs of neurodivergent children and young people. Pyxis is the ONLY place my son feels safe - he feels safer and more comfortable there than he does at college. His mental health was at an all-time low until Pyxis came along. If the Pyxis group that my son attends (the 18-25 year old group) is not able to continue, I fear that my son's mental health would take a downward spiral again, and he'd be back to being isolated and anxious like he was before the days of the Pyxis group he attends.”

“They would make a difference to me through the impact on the community around me if these activities are stopped. I know many who attend the disabled youth club at the Baptist church in Faversham and the 812 youth club and they express their joy at finding provision where they fit and are able to fully participate. Losing these youth activities will increase isolation and loneliness which will in turn lead to mental health difficulties which in turn will cost more to treat than continuing to fund these projects.”

“Pie Factory is a lifeline especially to youth. We have severe youth problems especially in Ramsgate. See the statistics. Removal of these services means more kids on the streets and more anti-social behaviour.”

“This service helps my autistic child develop social skills make friends and provide support for me. The free lunch they provide for children in the holidays helps me immensely. The sports and art sessions they provide have help my child learn new skills and gain confidence that he has been able to transfer to things at school.”

“My child whom is 10 has recently started attending this Vibe club. She has autism and throughout lockdown has become even more socially awkward, lacking in confidence and high anxiety. This youth club is the first place she looks forward to going. Somewhere she feels safe and is able to be herself whilst mixing with other children of similar age. Losing this club will therefore again put her back to just being stuck at home because she is to anxious to play in parks/walk the streets due to her autism making her less socially accepted and unfortunately prone to being picked on. She has always needed myself with her wherever she goes and this youth club is the first club/activity that she is independently attending, boosting her confidence, increasing her social interactions, feeling safe and enjoying herself. To lose this for her is a massive loss and I am sure when I say she won't be the only child to feel this way or loss such an important part of their life and independence.”

YOUTH SERVICES IMPACT - ASHFORD SUMMARY

The detail below summarises impact feedback from consultees about the youth services featured in the consultation document based in Ashford.

58 consultees selected on the online form that they wanted to see the list of activities that would be impacted by the proposals for the Ashford district. 19 of these consultees noted that they, or someone in their household, takes part in one of the listed activities for the Ashford district.

Which of these activities do you or someone in your household take part in? Ashford district - activity provider: The Canterbury Academy Base: all answering (19), consultees had the option to select more than one response

	Number of consultees answering
Ashford Sk8side - other activities	11
Ashford Sk8side - Girls Skate project	10
Tenterden - Highbury Hall youth sessions	6
Tenterden - Skate Project (Mon)	5
Ashford Stanhope - Girls netball	4
Ashford John Wallis - Boxing	4
Ashford John Wallis - Tennis	4
Ashford John Wallis - Basketball	4
Ashford John Wallis - British Sign Language	4
Detached community work - Bockhanger and McDonalds	4

Some example verbatims put forward can be found below:

“There is a lot of people here that will suffer if you stop these activities. youths will end up bored and getting into trouble instead.”

“It's one thing my vulnerable autistic child has been able to do with no financial burden on us and she's made welcome , taught new skills and socialising with mix of ages . The volunteers and staff are so great and supportive of us and her.”

“This would majorly impact on my son’s health and wellbeing he attend clubs after school to help him stay regulated , socialisation and support for us a as parents to have time to do things for our mental health as looking after a young person with disabilities is very stressful and can for us change daily family dynamics if we have our own space to relax.”

Engagement exercises at the Ashford Youth Hub

- As part of the consultation exercise, engagement discussions took place at Ashford Youth Hub. It is estimated that 24 young people aged 12-16 took part in these discussions.
- Young people commented that they would like to access safe spaces to talk to others / peers / staff, somewhere they can have a break from home / school life, the opportunity to socialise and meet others, the opportunity to learn new things, access outdoor activities as well as food and drink.
- Young people indicated a preference to access services and support face to face in buildings as they prefer the environment it offers, feel more comfortable talking face to face and its away from home.

YOUTH SERVICES IMPACT - CANTERBURY SUMMARY

The detail below summarises impact feedback from consultees about the youth services featured in the consultation document based in Canterbury.

83 consultees selected on the online form that they wanted to see the list of activities that would be impacted by the proposals for the Canterbury district. 40 of these consultees noted that they, or someone in their household, takes part in one of the listed activities for the Canterbury district, as follows:

Which of these activities do you or someone in your household take part in? Canterbury district - activity provider: The Canterbury Academy Base: all answering (40), consultees had the option to select more than one response

	Number of consultees answering
Pyxis (Sun and Mon)	17
Spring Lane - Youth club (Tues, Wed and Thurs)	13
Riverside - Youth sessions (Wed)	12
Canterbury bike project (not solely funded by KCC, so may not be impacted)	10
Riverside - Neuro diverse group (Thurs)	9
Detached community work - City Centre, Sturry Road, Wincheap, Thannington, Hales place and Westgate (Thurs - rotates around various locations)	9
Riverside - Volunteer group (Tues)	7

The top five themes reported in terms of impact can be found below (reported for response samples over n=30):

	% of consultees answering
Miss out on socialising / mixing / being independent / building confidence / making friends	56%
Need these services / activities / don't cut them	36%
Rely on these services / valued / much needed	39%
Affect mental health / wellbeing / cause anxiety / isolation / activities help alleviate these issues	39%
Affect those with SEN / SEND / neuro divergent / autism	28%

Some example verbatims put forward can be found below:

“It would make a massive impact on my children’s lives as they really enjoying coming to the centre, making new friends whether it would be via the youth club, cafe, or just simply meeting in the park outside of the centre, they also enjoy coming down for the local bingo and have a fun enjoyable night. I think if the centre was to shut there would be an even higher anti-social rate on the estate as this centre really does keep our children safe and out of trouble. The ladies here are absolutely amazing and we are very grateful the each and every one of them.”

“For my son access to this service has been of paramount importance to his emotional wellbeing and at times safety. The staff have supported him during some particular challenging times and have been a consistent place for him. He is currently experiencing significant health problems at the moment and the support works have been amazing and have help bring some ‘normality’ to what is a a very difficult time for my son. Riverside Youth Club is a vital resource for the children in Canterbury- there very few places for young people to spend their time - the alternative being local parks and town centre with exposes these children to risk of harm, exploitation and to be frank at times a nuisance to the public. From my son: “If the youth club closed I would be sad as the worker has supported me loads especially now that that I’m not well. I really like going and it gives me somewhere to go and have fun. There’s nowhere else to go more so for me as I’m in my wheelchair”.”

“The activities provided by Pyxis and Shepway Autism Support Group are the highlights of our son’s week. Withdrawal of these services would act to isolate him at home and remove him from his groups of friends. These activities have been key in improving his social interactions and communication. These 2 activities are the only ones in the area that cater for young people aged between 18 and 25 with autism. There is no other provision either from KCC or other providers. It would have to be replaced by KCC themselves, and the trained and skilled individuals currently providing the activities may well have obtained other employment after being let go by the current organisations, and so be unavailable requiring additional time and cost in replacing them.”

“Pyxis is the only organisation we have used (and we have tried many services) that actually makes a real difference and lasting impact on the lives on young autistic people. My middle child found it to be the only place that they enjoyed being each week and the only place they could 'be themselves'. Their mental health was seriously deteriorating and attending this youth club not only gave them hope that there were actually people who understood them and listened to them, in a way that school staff, SENCO's and CYPMHS didn't, but it also gave them some time to have fun and meet like-minded people. My youngest child had been fully out of education for 2 years, had refused to see anyone or attend any appointments, and had no social interaction whatsoever. But after getting to know the people at Pyxis, she has regained her interest in life and has been attending their social group every week since. This has also led to her now agreeing to attend school. Pyxis fully 'get' these children and can reach them in a way Early Help, SENCO's, CYPMHS etc can't. They genuinely do make a big, long-lasting impact on autistic young people's lives and enable them to value themselves and become productive members of our local community. The cost of running this organisation is miniscule in comparison to the costs on our local community, longer term, of not running it.”

“I have autism and attend SASG in Hythe and Pyxis in Canterbury. I like being with my friends and communicating with them. Seeing them face to face is most important because it means a lot to me and is much better than virtual meetings. If I didn’t have the youth clubs, I would never attend them at all and my life would be much worse. I would be lonely and sad if I could not see my friends.”

“I have only attended pyxis for a short time having been on a waiting list. It has given me the chance to socialize with people who are like me and do not judge me. I have ASD and ADHD and have some mental health issues due to being bullied at school. Pyxis is the only place that I feel safe and I can be myself. If I could no longer attend then I would go back to having nothing to look forward to each week and would lose the chance to make friends and feel like for that hour each week I fit in somewhere. People who have no interaction with people with SEN needs are not able to understand the constant struggle for us to feel accepted, to fit in, and to feel safe. We often mask how we are really feeling and keeping that mask on is exhausting. Services like Pyxis give us the chance to be who we really are even just for a short while. Their waiting list length is testimony to how much this service is wanted.”

“I really appreciate the guidance and support that I personally receive from the staff at my local centre and the youth club is fantastic so I really hope that it doesn’t close down as they provide such great activities. If my local centre closed down then my 10 year old daughter would no longer have a youth club to go to and I’m not able to send her somewhere else as I can’t afford it. Plus a community centre can help the neighbourhood by simply bringing local people together to mingle social instead of all the local people becoming distant with each other like total strangers.”

“It would make a massive impact on my children’s lives as they really enjoying coming to the centre, making new friends whether it would be via the youth club, cafe, or just simply meeting in the park outside of the centre, they also enjoy coming down for the local bingo and have a fun enjoyable night. I think if the centre was to shut there would be an even higher anti-social rate on the estate as this centre really does keep our children safe and out of trouble. The ladies here are absolutely amazing and we are very grateful the each and every one of them.”

“My daughter would be bereft. She has built so much confidence and independence from this club. She does not go to any other sessions like it or on her own. Please do not stop it.”

Engagement exercises at the Canterbury Academy Youth Hub / Whitstable Youth Centre / Hersdon Youth Group

- As part of the consultation exercise, engagement discussions took place at Canterbury Academy Youth Hub / Whitstable Youth Centre / Hersdon Youth Group. It is estimated that 42 young people aged 12 and over took part in these discussions.
- Young people commented that they would like to access safe spaces to talk to others / peers / staff, somewhere they can have a break from home / school life, the opportunity to socialise and meet others, the opportunity to learn new things and access outdoor.

- Young people indicated a preference to access services and support face to face in buildings as they prefer the environment it offers, feel more comfortable talking face to face and its away from home. Some indicated that online access may be preferred by those who suffer with anxiety.

YOUTH SERVICES IMPACT - DARTFORD SUMMARY

The detail below summarises impact feedback from consultees about the youth services featured in the consultation document based in Dartford, and user feedback received via video.

36 consultees selected on the online form that they wanted to see the list of activities that would be impacted by the proposals for the Dartford district. 10 of these consultees noted that they, or someone in their household, takes part in one of the listed activities for the Dartford district, as follows:

Which of these activities do you or someone in your household take part in? Dartford district - activity provider: Play Place Base: all answering (11), consultees had the option to select more than one response

	Number of consultees answering
Stone Pavilion - Junior and Senior youth club (Fri)	8
Stone Recreation Ground - Juniors (Thurs)	7
Temple Hill - Playground – Mixed age	7
Knockhall - Greenhithe Community Centre - Junior club (Thurs)	6
Stone - Stone Baptist Church - Junior and Seniors youth clubs (Weds)	5
Homework Heroes - Seniors (Weds and Thurs)	5
Bean - Recreation Ground - Juniors (Tues)	3
Darenth - Hillrise Park - Seniors (Tues)	3

Some example verbatims put forward can be found below:

“Stopping these activities would impact me and my family greatly. The temple hill sessions in particular helped me get out of the house post natally and made a huge positive impact on my mental health and wellbeing as a parent. They helped me and my daughter make new friends and have significantly improved her social skills and development. They remain one of the highlights of our week.”

“Taking these services away will have a huge impact to local areas and the youth. They are vital and should not be removed.”

“They shouldn't be cut because they are a lifeline and extra support to families.”

“I have a teenager and I think to have the youth centres is somewhere safe for them to go, obviously there a lot of trouble outside in parks etc it's good that they can go out, be with their friends without their parents responsibilities.”

Play Place also conducted a separate survey with parents and young people. The key findings of this survey can be found below (the charts and visuals for this survey can be found in the Appendix of this report):

- 244 out of 245 enjoyed the session they took part in.
- 198 out of 243 have tried a new activity.
- 143 out of 243 have made friends.
- The average rating for whether Play Place activities have improved how they feel emotionally is 8.59 out of 10.
- When asked openly what should be available for young people in the community, 64 mentioned activities.
- 162 indicated they would prefer to access services and support face to face in the community and 39 indicated they would prefer to access services and support face to face in a building. 44 indicated they would prefer to access services and support online. Being easy was the most common reason given for the preference stated.
- When asked openly about how not having youth activities such as those they have used will affect them, 40 indicated they would feel sad.

Engagement exercises at Dartford Youth Hub / local outreach sessions

- As part of the consultation exercise, engagement discussions took place at Dartford Youth Hub / local outreach sessions. It is estimated that 57 young people aged 9 and over took part in these discussions.
- Young people commented that they would like to access activities / sports / music / computer games, the opportunity to socialise and meet others, the opportunity to learn new things, homework support, access to safe places, sign posting to support, food and drink, services for non-verbal autistic people, more quieter areas/zones, workshops on knife crime, stalking, bullying and activities for young children and special needs children.
- Young people indicated a preference to access services and support face to face in a Hub or van as they prefer the environment it offers and feel more comfortable talking face to face. Some suggested they would prefer online access for awareness support, mental health support and job searching.

YOUTH SERVICES IMPACT - DOVER SUMMARY

The detail below summarises impact feedback from consultees about the youth services featured in the consultation document based in Dover.

56 consultees selected on the online form that they wanted to see the list of activities that would be impacted by the proposals for the Dover district. 16 of these consultees noted that they, or someone in their household, takes part in one of the listed activities for the Dover district, as follows:

Which of these activities do you or someone in your household take part in? Dover district - activity provider: Pie Factory Base: all answering (16), consultees had the option to select more than one response

	Number of consultees answering
Linwood - Youth Hub session (Thurs)	13
Aylesham - Junior youth club, Senior youth club (Tues)	5
Biggin Hall - Youth session (Wed)	5
Astor School - Youth session (Thurs)	5

Some example verbatims put forward can be found below:

“It will take away the only accessible hub that my son can reach independently. With a lack of proper rural public transport, kids will end up even more isolated than they already are or will end up joining tribes that don’t necessarily achieve anything good.”

“Stopping these activities will leave the young people with no spaces to call their own and will also have the risk of putting hard working youth works out of jobs.”

“This is the only safe place for young people to go to. It is a place they can go for advice, safety, meet and see friends and if it was to stop it would have a huge negative impact on the young people in this area. The work they do is so valuable and needed. I fear that there would be such a negative reaction and effect on young people if this was taken away/ activities stopped.”

Engagement exercises at Linwood Youth Hub / local outreach sessions

- As part of the consultation exercise, engagement discussions took place at Linwood Youth Hub / local outreach sessions. It is estimated that 34 young people aged 11 and over took part in these discussions.
- Young people commented that they would like to access to safe / trusted private places for advisory support / counselling, signposting for other support needs, places where they can be surrounded by peers / not judged / spend time away from home / prevent them being outside, activities / hobbies to keep them occupied such as sports, dance, music and arts and crafts.

YOUTH SERVICES IMPACT - FOLKESTONE AND HYTHE SUMMARY

The detail below summarises impact feedback from consultees about the youth services featured in the consultation document based in Folkestone and Hythe.

110 consultees selected on the online form that they wanted to see the list of activities that would be impacted by the proposals for the Folkestone & Hythe district. 54 of these consultees noted that they, or someone in their household, takes part in one of the listed activities for the Folkestone & Hythe district, as follows:

Which of these activities do you or someone in your household take part in? Folkestone and Hythe district - activity provider Base: all answering (54), consultees had the option to select more than one response

	Number of consultees answering
D of E (Duke of Edinburgh) Awards	23
Hythe - Youth Centre - Senior club (Weds)	22
Hythe - Youth Centre - Juniors (Mon)	19
Hythe - Shepway Autism Support Group - All age (Fri)	18
Hythe - Youth Centre - Junior club (Fri)	17
Safety in Action - Local Schools - District wide	12
New Romney - Phase 2 - Junior and Senior club (Thurs)	7
Residential Junior and Senior Leaders courses	5

The top five themes reported in terms of impact can be found below (reported for response samples over n=30):

	% of consultees answering
Miss out on socialising / mixing / being independent / building confidence / making friends	50%
Detrimental to children / young people / negative impact	30%
Affect mental health / wellbeing / cause anxiety / isolation / activities help alleviate these issues	30%
Need these services / activities / don't cut them	27%
Rely on these services / valued / much needed	23%

Some example verbatims put forward can be found below:

“Such a shame other people’s children will not have the same opportunities as mine had.”

“Both my children attended and have done since they were 8, they are now 12 Hythe youth centre has been an important part of their education their social learning and their positive development the club they attend is highly popular and attended with over 100 young people attending each week also what about the SEND group who attend your never picking those up What are you putting in its place once you have closed this club and don’t tell me you’re going to deliver street based work as this will never, yes never reach the community and the young people who attend the youth centre you be lucky to reach 5% what happens to the closure of Hythe means a rise in mental health a rise of health issues related to lack of physical activity a rise anti-social behaviour the lack of voice and being listened to the lack of being part of something and belonging the breakdown of a community of which you KCC have created you will not get that back instead you intend to train volunteers to possible support this community and "hope" it works and trying to deal with the aftermath when if it hadn’t been created would not be there you will be dealing with high levels of youth ASB when there was very little or none in the first place using police and agencies at more expense when it was created again in the first place.”

“This service is for a very vulnerable group of young people who already have limited options in this area.”

“These services are essential for providing young people with a safe and supportive space to learn, grow, and develop. They offer a variety of activities and programs that help young people to stay safe, healthy, and engaged. The closure of these services would have a devastating impact on young people in Hythe. It would leave them with nowhere to go after school or on weekends. It would also make it more difficult for them to stay safe and healthy. In addition, the closure of these services would have a negative impact on the community as a whole. It would make Hythe a less attractive place to live and work. It would also increase the risk of crime and anti-social behaviour.”

“This would stop my children from interacting in a safe environment. These clubs have been an essential part of my children going back into safe social environments after their experience of lockdown. My children both suffered high levels of anxiety post lockdown and these clubs have been a lifeline to getting them out and being with people of their own age in a safe environment. If these clubs are removed it will have a detrimental effect on their social & communication skills. It would be shameful to remove the opportunities that these clubs deliver.”

“Stopping an autism support group is utterly ridiculous, these children struggle so much, the parents are often isolated and have nowhere to turn to with others that understand the day to day struggle. Utterly ridiculous cutting this service once again people with additional needs and those that care for them are being used to save money.”

“Both my teenage daughters currently attend Hythe youth club seniors (Wednesdays) and have loved it. We only moved to Hythe last year and they have made a group of friends there. My eldest daughter (14) was homeschooled for a year and the youth club was the only time she socialised with other children her own age/similar ages. If the youth club was to close I think it would cause more teenage children to have nothing better to do but hang

around probably causing trouble in some kind of way. The youth centre gives children a safe place to be with plenty of different activities available to keep them entertained.”

“I don't want to lose this place it makes me feel confident and being me. It feels safe.”

“Youth club is a safe space for me. I've learned a lot of life skills here. It's part of my weekly routine and it brings joy to my life.”

Engagement exercises in Lydd and local outreach sessions

- As part of the consultation exercise, engagement discussions took place in Lydd and local outreach sessions. It is estimated that 28 young people aged 10 and over took part in these discussions.
- Young people commented that they would like to access to safe / trusted private places for advisory support / counselling, PHSE support, places where they can be surrounded by peers / not judged by others / spend time away from home, indoor and outdoor sports activities, sensory rooms, music and gaming. They would also like the opportunity to socialise and meet others and the opportunity to learn new things (e.g. cookery, managing money).
- Young people indicated a preference to access services and support face to face in person they prefer the environment it offers and feel more comfortable talking face to face (they feel it's more personal, they can read body language / build relationships). However, some commented that people with anxiety may prefer online support.

YOUTH SERVICES IMPACT - GRAVESHAM SUMMARY

The detail below summarises impact feedback from consultees about the youth services featured in the consultation document based in Gravesham.

33 consultees selected on the online form that they wanted to see the list of activities that would be impacted by the proposals for the Gravesham district. 11 of these consultees noted that they, or someone in their household, takes part in one of the listed activities for the Gravesham district, as follows:

Which of these activities do you or someone in your household take part in? Gravesham district - activity provider: The Grand Base: all answering (11), consultees had the option to select more than one response

	Number of consultees answering
Gravesend - GYG Committee (Thurs)	7
Gravesend - GYG Glam (Tues and Wed)	6
Gravesend - Higham Youth Club (Wed)	6
Gravesend - Youth Job Club (Mon)	5
Gravesend - GYG Performers (Wed)	5
Cobham Youth Club (Fri)	5
Gravesend - GYG Gone Wild (Mon)	4
Gravesend - Active Listening Service	4
Gravesend - Mini GYGers (Tues)	3
Gravesend - GYG Creative (Wed)	3

Some example verbatims put forward can be found below:

“My child loves meeting people his own age. I cannot afford to pay out for expensive days out or clubs. I like to know he is in an environment which is safe where he can meet mates. He's not on the streets getting enticed into a street gang.”

“Since taking part in these activities my daughter’s confidence has grown so much. She is now opening up to other possibilities she could do in the further with her school and career. She has made new friends and encouraged her to part in events she wouldn’t normally do. The support from the staff and her peers amazing. She would not have experienced this if it wasn’t for GYG.”

Engagement exercises at the Gravesham Youth event / Northfleet Youth Centre / local sessions

- As part of the consultation exercise, engagement discussions took place in Gravesham Youth event / Northfleet Youth Centre / local outreach sessions. It is estimated that 56 young people took part in these discussions.
- Young people commented that they would like to access places where they can be surrounded by peers / not judged by others / spend time away from home, access support workshops, indoor and outdoor sports activities, music, gaming and get access to food and drink. They would also like the opportunity to socialise (including SEN and accessibility groups), meet others and the opportunity to learn new things (e.g. cookery, life skills).
- Concerns were raised as to whether young people have been engaged fully with the consultation process and whether any special measures were put in place to ensure their feedback is captured.

YOUTH SERVICES IMPACT - MAIDSTONE SUMMARY

The detail below summarises impact feedback from consultees about the youth services featured in the consultation document based in Maidstone, and user feedback collected in support group sessions.

69 consultees selected on the online form that they wanted to see the list of activities that would be impacted by the proposals for the Maidstone district. 28 of these consultees noted that they, or someone in their household, takes part in one of the listed activities for the Maidstone district, as follows:

Which of these activities do you or someone in your household take part in? Maidstone district - activity provider: Salus Base: all answering (28), consultees had the option to select more than one response

	Number of consultees answering
Shepway - Youth and Community Centre - Junior club and Senior youth club (Tues)	14
Shepway - Youth and Community Centre - Junior club and Senior club - (Fri)	14
Shepway - Youth and Community Centre - Small group work sessions	12
Parkwood - Youth Centre - Junior club and Senior club (Thurs)	10
Sutton Valence - Village Hall - Junior youth club (Mon)	9
Shepway - Youth and Community Centre - Olympia Boxing (Fri)	6
Shepway - Youth and Community Centre - One to one sessions	6
Signs of Safety - District wide annual activity to focus on transition from Primary to Secondary education	6

Some example verbatims put forward can be found below:

“These proposals will have a profound impact on my granddaughter who has SEND it is also the only break my daughter gets from looking after her. We need to increase activities and respite for SEND families.”

“Me and many others will lose a place where we can do fun activities and have an escape.”

“My children would become depressed. I wouldn’t know where they are if no space for them to go with their friends. Crime rates will rise.”

“I am concerned that if funding is stopped for current youth services, that the new services by KCC won’t be as good or as frequent.”

“A lot of the children and young adults that attend are very dependent on the club for the space to socialise and learn new skills that will help them develop in later life. The

possibility of perhaps losing that for them would be significant damage to their development so it's really important that it stays available to the people of the area."

"Youth club means so much to me because I have made a lot of friends and it takes all my problems away. When I feel down all the time and it gets me away from everything. However I have built a lot of confidence and it makes me feel more like myself."

Engagement exercises at Shepway Youth Hub

- As part of the consultation exercise, engagement discussions took place in Lydd and local outreach sessions. It is estimated that 52 young people aged 8 and over took part in these discussions.
- Young people commented that they would like to access to safe / trusted private places for advisory support / counselling, PHSE support, places where they can be surrounded by peers / not judged by others / spend time away from home, indoor and outdoor sports activities, sensory rooms, music and gaming. They would also like the opportunity to socialise and meet others and the opportunity to learn new things (e.g. cookery, managing money).
- Young people indicated a preference to access services and support face to face in person they prefer the environment it offers and feel more comfortable talking face to face (they feel it's more personal, they can read body language / build relationships). However, some commented that people with anxiety may prefer online support.

YOUTH SERVICES IMPACT - SEVENOAKS SUMMARY

The detail below summarises impact feedback from consultees about the youth services featured in the consultation document based in Sevenoaks.

46 consultees selected on the online form that they wanted to see the list of activities that would be impacted by the proposals for the Sevenoaks district. 15 of these consultees noted that they, or someone in their household, takes part in one of the listed activities for the Sevenoaks district.

Which of these activities do you or someone in your household take part in? Sevenoaks district - activity provider: West Kent Extra Base: all answering (15), consultees had the option to select more than one response

	Number of consultees answering
Sevenoaks - The Hope Church, Youth Group (Tues)	7
Edenbridge - House (Tues, Wed and Fri)	7
Edenbridge - Eden Centre youth group	6
Edenbridge - Olympia Boxing (Thurs)	6
Edenbridge - 8-12s session	5
Swanley - The Junction, St Marys Road Youth Group (Fri)	4
Swanley - The Junction, Nurture group (Tues)	4
Edenbridge - Nurture group (Thurs)	4
Westerham - Youth session (Fri)	4
Westerham - Olympia Boxing (Wed)	3
West Kingsdown - Youth group (Wed)	1
Dunton Green Pavilion - (Mon)	1

Some example verbatims put forward can be found below:

“They make a difference to our society as a whole. These clubs provide safe spaces and prevent youths from getting into undesirable situations. They are sometimes the only place for them to go when things are bad at home AND school. The clubs keep teens off the streets and away from a life of crime. Parenting services, coaching etc are available everywhere, including programs supplied by schools and doctors.”

“The children enjoy these clubs, it gives them a chance to make positive relationships and steer away from peers who could lead them astray, it also gives them a safe space.”

“Myself and my very close friends have children accessing these services- it is disgraceful that you are even seriously considering cutting the funds for them. They are vital and safe hubs for our children, it is an investment in their future and the future of the community.”

“I think there will be more anti-social behaviours in the community if the youth doesn’t have a safe space to socialise. In these youth groups, it’s a great opportunity for the youth to have positive influence from adults outside their homes. I think it would be a shame to stop.”

YOUTH SERVICES IMPACT - SWALE SUMMARY

The detail below summarises impact feedback from consultees about the youth services featured in the consultation document based in Swale, and feedback received via video feedback from service users.

70 consultees selected on the online form that they wanted to see the list of activities that would be impacted by the proposals for the Swale district. 37 of these consultees noted that they, or someone in their household, takes part in one of the listed activities for the Swale district.

Which of these activities do you or someone in your household take part in? Swale district - activity provider: Southern Housing Base: all answering (37), consultees had the option to select more than one response

	Number of consultees answering
Swale – School work (various)	17
Faversham Baptist Church – 812 youth club (Thurs)	13
Sheerness Youth Centre – Youth club (Thurs)	12
Faversham Recreation Ground – Detached (Fri)	9
Faversham Baptist Church - Disability Youth Club (Mon)	8
Newington – Youth club (Tues)	8
Sheerness Healthy Living Centre – Absolute Arts youth club (Mon)	5
Sheerness County Youth Centre – Sheerness Seniors Youth Club (Tues)	5
Rushenden – Youth club (Wed)	4
Teynham – Detached provision (Thurs)	4
Thistle Hill - Detached provision (Wed)	1

The top five themes reported in terms of impact can be found below (reported for response samples over n=30):

	% of consultees answering
Miss out on socialising / mixing / being independent / building confidence / making friends	49%
Need these services / activities / don't cut them	34%
Detrimental to children / young people / negative impact	31%
Rely on these services / valued / much needed	29%
Provide a safe place to go	23%

Some example verbatims put forward can be found below:

“My children will have nowhere to go with a suitable environment to socialise. The other options are paid clubs (football, tennis, dance etc), all of which are not for socialising. This will inevitably result in my children, and many others choosing other places in the town to hang out (as its not cool to stay at a parents house all day). The impact these clubs have in the local area has clearly been overlooked. I'm so disgusted with these proposals.”

“You can't cut these services that are needed for youths and families. they need support and safe places to go. this affects every aspect of life if you cut these services, crime, health, mental health, school and housing it affects everywhere and everyone.”

“A lot of people rely heavily on these places some children I know don't go out unless to youth club as the streets are no longer safe the youth clubs here are the only thing left fun for the children to do and for the parents to know the kids are still safe it's not discriminative and all children get along make friends and are happy there also very sad that there lifelines and friendship groups even their routines will be put out of the window, have you thought about the effect on these children? Cutting funding for something so important is just ridiculous and very selfish.”

“My son is home schooled and this provides him with a way to socialise with his peers in a natural, safe and free environment. We cannot afford to send him to paid for clubs, so this would take away a big part of socialising.”

“My neurodivergent young person would be devastated. Two youth groups which are the highlight of his week. He struggles to socialise & make friends, these two groups have been a lifeline to him. They have provided a safe and welcoming space for my young person to learn and build his socialisation skills, which in turn has helped build his self-esteem. The environment and the staff provide a first class setting for those who struggle with neuro-typical life. As a parent who has searched long and hard for local groups for my son to attend, I will be sad to see the groups disappear and even sadder to watch my son withdraw from society once again.”

“Youth clubs are a safe place for children in a world which is filled with poverty,, violence, drug and alcohol abuse. They provide vital childcare for some families especially in the current economic crisis. To take these provisions away puts vulnerable young people at risk. There is very little available to children today, after 12 years children are no longer allowed to hang out in playgrounds, there is nothing for the youth of today and boredom can lead to antisocial behaviour which is rife in the area. We want children to thrive and go on to be the best they can be.”

“Playing with my friends. It boosts some people's confidence and it helps you make new friends.”

“I don't want youth club to stop because youth club is a place for children to come and be themselves and make friends.”

“I don't think youth club should be closing because I believe it's a place where young adults and kids of most ages can come together and relate as a group of people.”

Engagement exercises at Swale Youth Hub / Youth Zone / local outreach sessions

- As part of the consultation exercise, engagement discussions took place at Swale Youth Hub / Youth Zone / local outreach sessions. It is estimated that 23 young people aged 8 and over took part in these discussions.
- Young people commented that they would like to access to safe / trusted private places for advisory support / counselling, places to eat, activities such as swimming, indoor and outdoor games, arts and crafts, board games and gaming. They would also like the opportunity to socialise and meet others, the opportunity to learn new things (e.g. cookery, practical skills, independent living, self defence, music) and day trips.
- Young people indicated a preference to access services and support face to face in a Hub as they prefer the environment it offers and feel more comfortable talking face to face (they feel it's more personal). They also want to be able to meet with their friends face to face in a social but controlled environment. Some suggested that online support could be provided as an option for counselling support and education plans / revision support.

YOUTH SERVICES IMPACT - THANET SUMMARY

The detail below summarises impact feedback from consultees about the youth services featured in the consultation document based in Thanet.

148 consultees selected on the online form that they wanted to see the list of activities that would be impacted by the proposals for the Thanet district. 90 of these consultees noted that they, or someone in their household, takes part in one of the listed activities for the Thanet district, as follows:

Which of these activities do you or someone in your household take part in? Thanet district - activity provider: Pie Factory Base: all answering (90), consultees had the option to select more than one response

	Number of consultees answering
The Pavilion Youth & Community Café - Youth café sessions (Tues, Thurs and Fri)	56
Parent and Child group (Wed, all age)	42
Ramsgate Youth Centre - Band Room (Tues)	37
Ramsgate Youth Centre - The Live Room (Mon)	33
Ramsgate Youth Centre - ACT! Youth Volunteer Group (Tues)	32
Ramsgate Youth Centre - Bike Project (Mon)	31
Ramsgate Youth Centre - Junior youth club (Thurs)	29
Ramsgate Youth Centre - Open Arms (Fri)	24
Detached Community work - Streets based in Ramsgate (Fri)	20
Ramsgate Youth Centre - Band Room (Wed)	0

The top five themes reported in terms of impact can be found below (reported for response samples over n=30):

	% of consultees answering
Miss out on socialising / mixing / being independent / building confidence / making friends	40%
Need these services / activities / don't cut them	39%
Detrimental to children / young people / negative impact	33%
Services / activities provide support / information / will miss out on these	33%
Rely on these services / valued / much needed	27%

Some example verbatims put forward can be found below:

“This would be an absolute shame to cut these services for young people. They are well used and as we know there is a lack of provision for the age groups that utilise these services. There are many families in Broadstairs (despite the view it is a very affluent area) that are unable to afford activities that are provided by these groups! The Pavilion youth group is situated very near a housing estate where many of these lower income families live. There is little available locally for the kids if this place is closed and it also serves as an important hub for families to signpost other services.”

“Devastating, and a huge loss to the community. Young people in areas other than Margate will not be able to access the Quarterdeck hub due to transport, finance, volume of people, and lack of open access youth provision at Quarterdeck. There is a huge need for local provision, which has been demonstrated for many years.”

“I absolutely love going to this group since I moved to Broadstairs after leaving an abusive relationship with my child. They have helped me so much and so have the other families I’ve met we have a real support between us and we care about each other. Please do not stop this group it keeps me going.”

“They provide a safe and nurturing place for my family and I. My children can access fruit here which I can’t afford to buy. They run so many activities for families and children of all ages and is the only support we get for my transgender teen.”

“This will significantly impact the progress my daughter has made since attending Pie Factory. There has been a huge increase in her confidence, ability to engage with others, self-belief and esteem. Pie Factory has given her a purpose and a goal to work towards as it has shown her that she could be a youth worker like the people who currently support her. The proposal to stop these activities will remove the option for a safe space to engage in inclusive social circles for young people who are discovering who they are and accepted and encouraged to be themselves. I believe this will result in isolation for these young people and potentially a withdrawal from society because they don’t feel safe to be themselves.”

“It would be devastating. I don’t drive and find public transport incredibly stressful and triggers my anxiety. This is the only place I can take my kids and feel relaxed. It’s the only place I’ve ever been able to make other mum friends and the kids have been able to make friends too.”

“Our children would be bereft of things that keep them busy and motivate them to stay positive and keeps them out of trouble. They have positive role models here and interact with other kids who are trying to find their way in life in a positive manner. Without these activities I fear they will end up hanging around on the streets and getting into trouble and becoming horrible adults.”

“My daughter is 17, autistic, has anxiety and has not attended school for almost a year. During her GCSE year she found The Pavilion Youth and Community Cafe an invaluable escape, as do so many others. Most youth groups charge membership fees, and so many parents are not on a position to fund this. The Pavilion also offers additional qualifications and experiences to young people who would normally be excluded due to lack of funds.”

“It would cut the young people I know off from so much support and trusted relationships leaving them adrift with no reliable, known or trusted support workers. I have used these services myself and their specialist offerings helped me discover skills and opportunities I would not have had otherwise.”

Engagement exercises at Quarterdeck Youth Hub / local outreach sessions

- As part of the consultation exercise, engagement discussions took place at Quarterdeck Youth Hub / local outreach sessions. It is estimated that 98 young people aged 11 and over took part in these discussions.
- Young people commented that they would like to access to safe / trusted private places for advisory support / counselling / educational development / mental health, food support, PHSE support / advice, contraceptive / drug / alcohol advice and employment advice. They would also like the opportunity to socialise and meet others, the opportunity to learn new things (e.g. cookery, sport, gaming, textiles, music) and day trips.
- Young people indicated a preference to access services and support face to face in a Hub as they prefer the environment it offers and feel more comfortable talking face to face (they feel more listened to / can read body language). They also want to be able to meet with their friends face to face in a social but controlled environment. Some also suggested that their parents would not support online access / have safety concerns with accessing content online and that online isn't as engaging as speaking to support staff face to face and can be frustrating to use. Some comment on experiences of having to use online support during the pandemic and that they didn't like this.

Engagement exercises at local sessions

- As part of the consultation exercise, engagement discussions took place via local outreach sessions. It is estimated that 15 young people took part in these discussions. Some example verbatim comments from these young people can be found below:

“I've been coming to pie factory for 4 years, I remember first feeling like I didn't fit in here, and now every time I come here it's loud and I like it.”

“If I hadn't of come here 9 years ago when i first started coming here and spoke to the staff here about what was happening at home I would still be in a toxic and abusive household so here actually got me out of that environment as they flagged to social services which then helped me getting the help I needed. When I came back after the gap and where I was struggling this place gave me the mindset of “if you think you are going to fail and you can't keep going, there are places that can keep your guard up, you gotta keep going on” if it weren't for places like here who's going to provide that.”

“I have seen other people in this room, when they first get here they are very down very low, and then as it's come to this point they are more alive and more social than they were before. I think the pie factory has given people a positive influence in their life.”

“I don’t think this is right, this is our home you can’t take away from us, most of us need this place in a nice way you can’t just get rid of it. Even if it is a couple of sessions some of us need that you can’t just get rid of it because they don’t want to give you some money, even if it’s not a lot it still helps. “What other space do you have” There isn’t there nothing, we would all just be at home doing nothing, we need to go out and do stuff, I have been able to do stuff I never thought I would here.”

“When I first came here I was in the worst place you could be in as a person. But I have met friends who are now my family they are better my family, I have adults who have actually show me that it’s worth living, I don’t want any other young person to miss out on something like this, because I know first hand I’ve got mates I have brought here because of how bad they were and people have helped them out so much.”

YOUTH SERVICES IMPACT - TONBRIDGE AND MALLING SUMMARY

The detail below summarises impact feedback from consultees about the youth services featured in the consultation document based in Tonbridge & Malling.

56 consultees selected on the online form that they wanted to see the list of activities that would be impacted by the proposals for the Tonbridge and Malling district. 22 of these consultees noted that they, or someone in their household, takes part in one of the listed activities for the Tonbridge & Malling district, as follows:

Which of these activities do you or someone in your household take part in? Tonbridge and Malling district - activity provider: Salus Base: all answering (22), consultees had the option to select more than one response

	Number of consultees answering
Snodland - Junior youth club and Senior youth club (Wed)	12
East Malling / Larkfield - Junior youth club and Senior youth club (Thurs)	10
Ditton - Junior youth club and Senior youth club (Mon)	7
Signs of Safety - District wide annual activity to focus on transition from Primary to Secondary education	7
Detached sessions in Larkfield – Larkfield skate park and other locations when required	4

Some example verbatims put forward can be found below:

“Leaves a huge gap for children and young people in the communities. not having youth clubs will be disastrous. Children rely on these support services to gain self-esteem and growth - to support them to be more rounded individuals and gets them off the street when home may not be so available.”

“It would be very, very upsetting. My child struggles emotionally and joining clubs like these has helped him to build relations, to make friends and to do something which is fun. The proposal to stop these activities will impact on our children's wellbeing, they already go through challenges and difficulties. It would be very disappointing . The system in general is falling apart, with delays on NHS waiting list, these activities compensate the lack of support children received. So please, KCC, on behalf of all the parents and children who struggle, make an effort and think about us.”

“The cessation of youth services would impact enormously, the lure of joining gangs is too strong youngsters need good role models.”

“These services can be a lifeline for families. They day trips are great for my teenage children because it gives them a break for a younger child (sibling) that has additional needs. it gives one of my son’s essential communication skills due to being removed from a special school. These services are very important to our family and it would be awful if

this service/help to families stopped. I've had support at home and it was so helpful. Parents already feel like they are not listened to so stopping certain services will have a major impact on families.”

YOUTH SERVICES IMPACT - TUNBRIDGE WELLS SUMMARY

The detail below summarises impact feedback from consultees about the youth services featured in the consultation document based in Tunbridge Wells.

52 consultees selected on the online form that they wanted to see the list of activities that would be impacted by the proposals for the Tunbridge Wells district. 18 of these consultees noted that they, or someone in their household, takes part in one of the listed activities for the Tunbridge Wells district, as follows:

Which of these activities do you or someone in your household take part in? Tonbridge and Malling district - activity provider: Salus Base: all answering (18), consultees had the option to select more than one response

	Number of consultees answering
Safety in Action - annual activity for year 6 students to focus on the transition from primary to secondary school	10
Paddock Wood - Junior youth club and outreach (Mon)	7
Rusthall - Detached sessions (Tues)	7
Sherwood - Detached sessions	7
Langton Green - youth club (Tues)	5
Cranbrook - Junior and Senior mixed youth club and outreach (Thurs)	3

Some example verbatims put forward can be found below:

“There is a need for youth work in Rusthall and Langton - my understanding was that both the Salus sessions in Rusthall and Langton had ended due to a lack of staff, but I've been talking to them about starting them again, because I know there is nothing for the 9-13 age range to do during school holidays, and as a local councillor when I speak to residents the need for youth work in the village is frequently mentioned.”

“Removing youth clubs or the funding for them without a precise and consistent plan or provider in place will remove safe spaces for children and young people to go. It increases the risk of exploitation, antisocial behaviour and crime in our communities.”

“Myself and my children would have no affordable places to go for my children to socialise - this is a safe space where I can talk to other people in my area.”

“As a parent to two soon to be teenagers, one with ADHD, these services are paramount. Teenagers with safe spaces to go and to be able to safely interact with children of similar ages is important. Mental Health in young adults/teenagers need all the support they can get. Especially with current waiting times in all services especially CAMHS.”

Engagement exercises at Tunbridge Wells summer events / Youth Hub / local outreach sessions

- As part of the consultation exercise, engagement discussions took place at Tunbridge Wells summer events / Youth Hub / local outreach sessions. It is estimated that 18 young people aged 8 and over took part in these discussions.
- Young people commented that they would like to access to safe / trusted private places for advisory support / counselling, PHSE support, places where they can be surrounded by peers / not judged by others, indoor and outdoor sports activities, sensory rooms, music and gaming. They would also like the opportunity to socialise and meet others and the opportunity to learn new things (e.g. cookery).
- Young people indicated a preference to access services and support face to face in a Hub as they prefer the environment it offers and feel more comfortable talking face to face (they feel it's more personal, they feel supported and its safe). They also want to be able to meet with their friends face to face in a social but controlled environment. Some suggested that online support could be provided as an option for signposting information sources.

RESIDENT FEEDBACK

EQUALITY ANALYSIS

- Consultees were asked to comment on the Equality Analysis put forward with the consultation and if there was anything that should be considered relating to equality and diversity in their own words.
- For the purpose of reporting, we have reviewed respondents' comments and have grouped common responses together into themes. These are reported in the table below. 19% of consultees answering via the consultation questionnaire provided a comment at this question.
- A proportion of consultees indicated that specific populations would be impacted by the proposals / not considered adequately, including:
 - Young people (17%)
 - SEN / SEND / autistic / ND (17%)
 - Deprived / low income (14%)
 - Disabled / impaired / learning disabilities (14%)
 - Children (13%)
 - Families / parents (12%)

We welcome your views on our equality analysis and if you think there is anything we should consider relating to equality and diversity. Please add any comments

Base: all answering (169)

	Number of consultees answering	% of consultees answering
Young people adversely affected / not considered adequately	29	17%
SEN / SEND / autistic / ND adversely affected / not considered adequately	29	17%
Deprived / low income residents adversely affected / not considered adequately	24	14%
Disabled / impaired / learning disabilities adversely affected / not considered adequately	23	14%
Children adversely affected / not considered adequately	22	13%
Families / parents adversely affected / not considered adequately	21	12%
Criticism of consultation / questions about consultation / suggestions about consultation	17	10%
Services must be accessible / available Page 110	16	9%

	Number of consultees answering	% of consultees answering
Services must be inclusive / cater to everyone / everyone treated equally	16	9%
Non-users of technology / lack of access to technology / digital means adversely affected / not considered adequately	14	8%
Access to transport / ability to travel adversely affected / not considered adequately	11	7%
Those with mental health issues adversely affected / not considered adequately	10	6%
LGBTQIA+ adversely affected / not considered adequately	6	4%
Equality analysis seems adequate	6	4%
Equality irrelevant to this	5	3%
Rural residents adversely affected / not considered adequately	3	2%
Vulnerable residents adversely affected / not considered adequately	3	2%
N/A / nothing to add / don't know	18	11%
Comments unrelated to equality analysis	14	8%
Other	16	9%

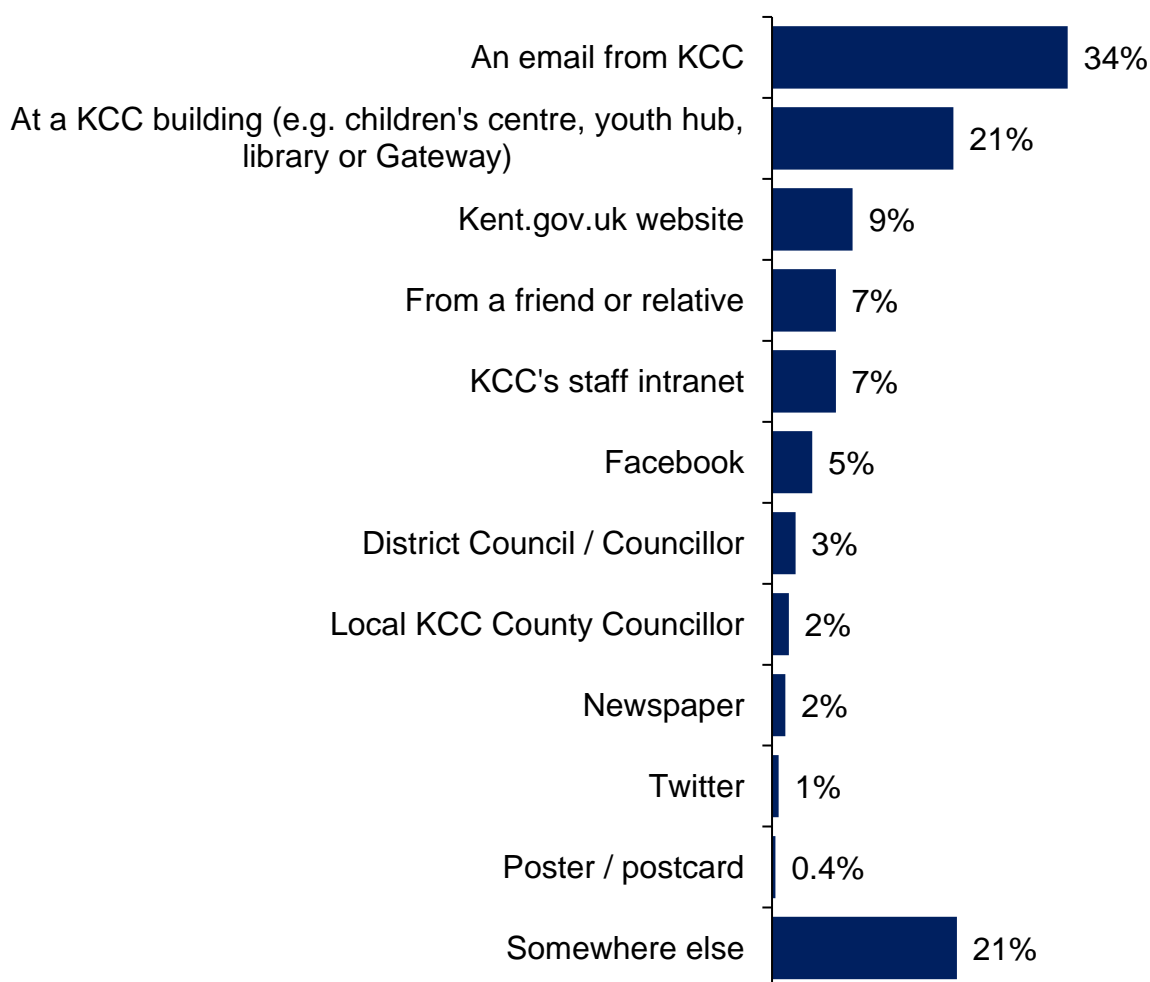
PROFESSIONALS / ORGANISATION FEEDBACK

CONSULTATION AWARENESS

- The most common means of finding out about the consultation is via an email from KCC (34%) and at a KCC building (e.g. children’s centre, youth hub, library, Gateway) at 21%.
- Other modes of finding out about the consultation include the Kent.gov.uk website (9%), from a friend or relative (7%) and KCC’s staff intranet.

How did you find out about this consultation?

Base: all answering (260), consultees had the option to select more than one response.



SUPPORTING DATA	Number of consultees answering	% of consultees answering
An email from KCC	88	34%
At a KCC building (e.g. children's centre, youth hub, library or Gateway)	54	21%
Kent.gov.uk website	24	9%

SUPPORTING DATA	Number of consultees answering	% of consultees answering
From a friend or relative	19	7%
KCC's staff intranet	19	7%
Facebook	12	5%
District Council / Councillor	7	3%
Local KCC County Councillor	5	2%
Newspaper	4	2%
Twitter	2	1%
Poster / postcard	1	0.4%
Somewhere else	55	21%

PROFESSIONALS / ORGANISATION FEEDBACK

FAMILY HUB SERVICES

This section of the report summarises response to the questions posed surrounding the Family Hub Services in the consultation, as reported by consultees.

ACCESS METHODS SUITABLE FOR SERVICES

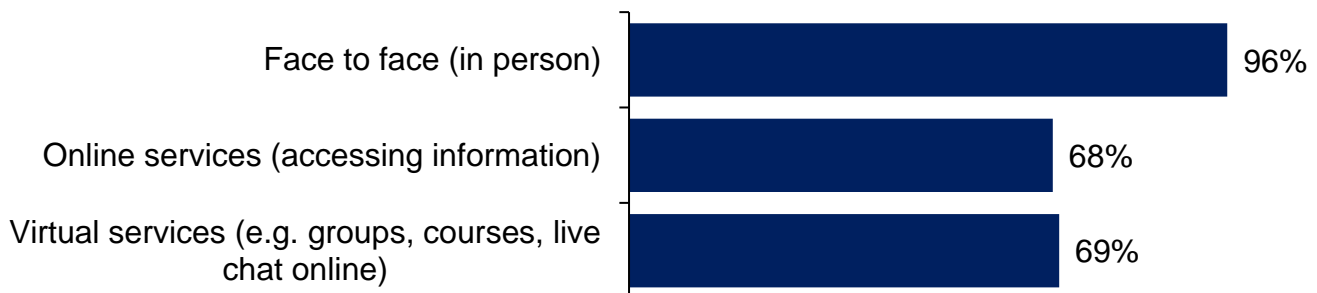
- Consultees were asked to select the access methods they consider suitable for delivering the pre-defined eleven services featured in the resident consultation questionnaire.

For each service below, please select the access methods you think are suitable. You can select one, two or three options for each service?

Education for parents on child development

- The vast majority of consultees answering (96%) consider face to face (in person) access to be suitable for education for parents on child development.
- Just under two thirds of consultees answering consider online services (68%) and virtual services (69%) suitable for this service.

Base: all answering (257), consultees had the option to select more than one response.

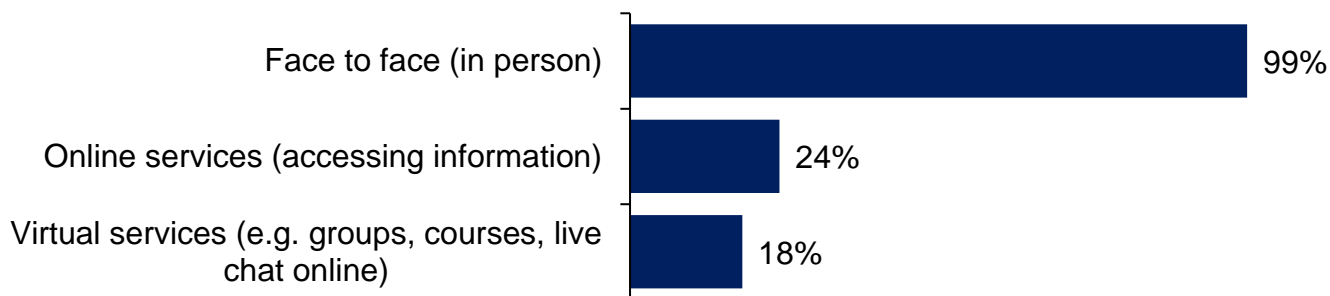


SUPPORTING DATA	Number of consultees answering	% of consultees answering
Face to face (in person)	246	96%
Online services (accessing information)	175	68%
Virtual services (e.g. groups, courses, live chat online)	177	69%

Activities for children aged 0-5

- The vast majority of consultees answering (99%) consider face to face (in person) access to be suitable for activities for children aged 0-5.
- Just under a quarter of consultees answering consider online services (24%) suitable for this service and 18% consider virtual services suitable.

Base: all answering (255), consultees had the option to select more than one response.



SUPPORTING DATA	Number of consultees answering	% of consultees answering
Face to face (in person)	253	99%
Online services (accessing information)	61	24%
Virtual services (e.g. groups, courses, live chat online)	47	18%

Activities for older children and young people

- The vast majority of consultees answering (97%) consider face to face (in person) access to be suitable for activities for older children and young people.
- Around a half of consultees answering consider online services (47%) and virtual services (51%) suitable for this service.

Base: all answering (260), consultees had the option to select more than one response.



SUPPORTING DATA	Number of consultees answering	% of consultees answering
Face to face (in person)	253	97%
Online services (accessing information)	122	47%
Virtual services (e.g. groups, courses, live chat online)	132	51%

Information, advice and guidance about support services for children and young people with Special Education Needs and Disabilities (SEND)

- The vast majority of consultees answering (93%) consider face to face (in person) access to be suitable for information, advice and guidance about support services for children and young people with Special Education Needs and Disabilities (SEND).
- Three quarters of consultees answering consider online services (75%) suitable for this service and 67% consider virtual services suitable.

Base: all answering (256), consultees had the option to select more than one response.

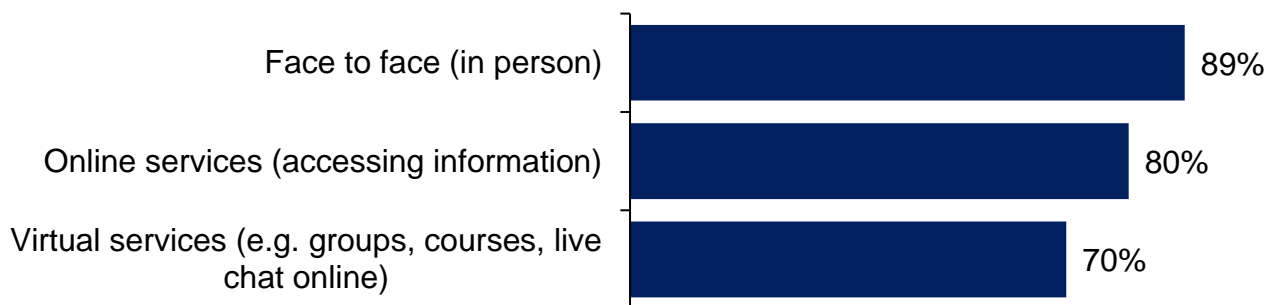


SUPPORTING DATA	Number of consultees answering	% of consultees answering
Face to face (in person)	238	93%
Online services (accessing information)	192	75%
Virtual services (e.g. groups, courses, live chat online)	171	67%

Information and signposting to mental health services (children and adults)

- The majority of consultees answering (89%) consider face to face (in person) access to be suitable for information and signposting to mental health services (children and adults).
- There is less of a distinction in suitability perceptions with 80% of consultees considering online services suitable for this service and 70% considering virtual services suitable.

Base: all answering (257), consultees had the option to select more than one response.



SUPPORTING DATA	Number of consultees answering	% of consultees answering
Face to face (in person)	228	89%
Online services (accessing information)	206	80%
Virtual services (e.g. groups, courses, live chat online)	179	70%

Support for parents/carers of adolescents (teenagers)

- The vast majority of consultees answering (93%) consider face to face (in person) access to be suitable for support for parents / carers of adolescents (teenagers).
- There is less of a distinction in suitability perceptions with 70% of consultees considering online services suitable for this service and 75% considering virtual services suitable.

Base: all answering (257), consultees had the option to select more than one response.

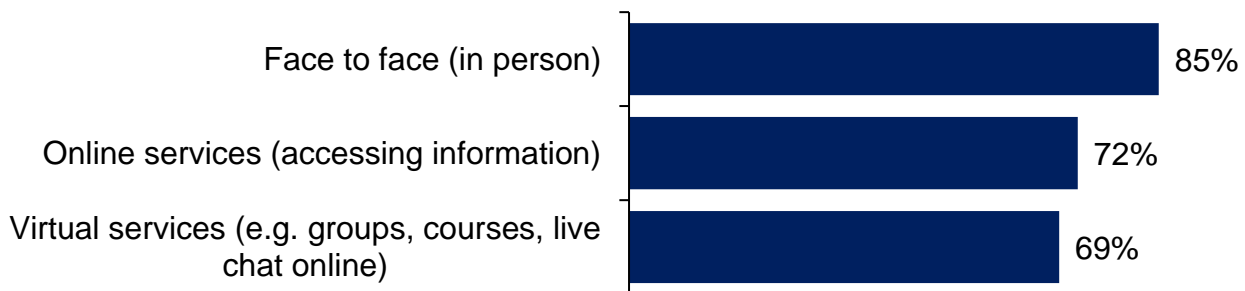


SUPPORTING DATA	Number of consultees answering	% of consultees answering
Face to face (in person)	238	93%
Online services (accessing information)	181	70%
Virtual services (e.g. groups, courses, live chat online)	192	75%

Online safety for children and young people

- The majority of consultees answering (85%) consider face to face (in person) access to be suitable for online safety for children and young people.
- There is less of a distinction in suitability perceptions with 72% of consultees considering online services suitable for this service and 69% considering virtual services suitable.

Base: all answering (254), consultees had the option to select more than one response.



SUPPORTING DATA	Number of consultees answering	% of consultees answering
Face to face (in person)	217	85%
Online services (accessing information)	184	72%
Virtual services (e.g. groups, courses, live chat online)	174	69%

Support for young people with substance misuse (alcohol/drugs)

- The vast majority of consultees answering (98%) consider face to face (in person) access to be suitable for support for young people with substance misuse (alcohol / drugs).
- 59% of consultees answering consider online services suitable for this service and 59% consider virtual services suitable.

Base: all answering (256), consultees had the option to select more than one response.



SUPPORTING DATA	Number of consultees answering	% of consultees answering
Face to face (in person)	252	98%
Online services (accessing information)	151	59%
Virtual services (e.g. groups, courses, live chat online)	151	59%

Domestic abuse support

- The vast majority of consultees answering (98%) consider face to face (in person) access to be suitable for domestic abuse support.
- 70% of consultees answering consider online services suitable for this service and 64% consider virtual services suitable.

Base: all answering (258), consultees had the option to select more than one response.

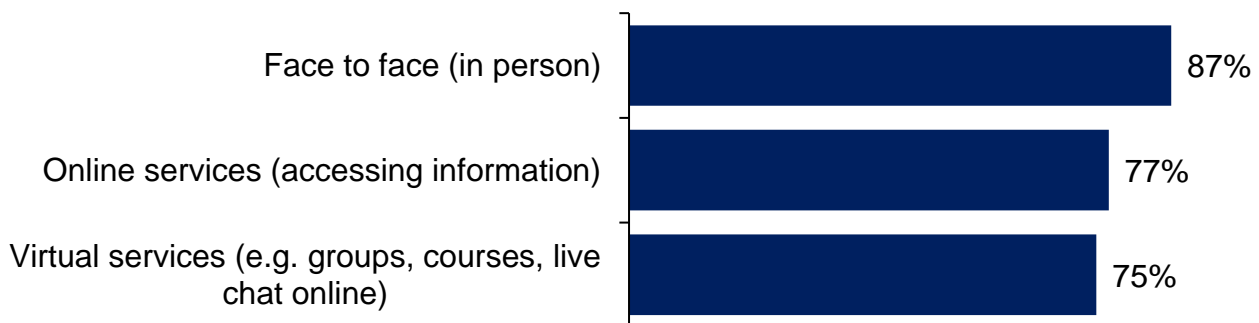


SUPPORTING DATA	Number of consultees answering	% of consultees answering
Face to face (in person)	252	98%
Online services (accessing information)	181	70%
Virtual services (e.g. groups, courses, live chat online)	165	64%

Debt and welfare advice

- The majority of consultees answering (87%) consider face to face (in person) access to be suitable for domestic abuse support.
- There is less of a distinction in suitability perceptions with 77% of consultees considering online services suitable for this service and 75% considering virtual services suitable.

Base: all answering (255), consultees had the option to select more than one response.

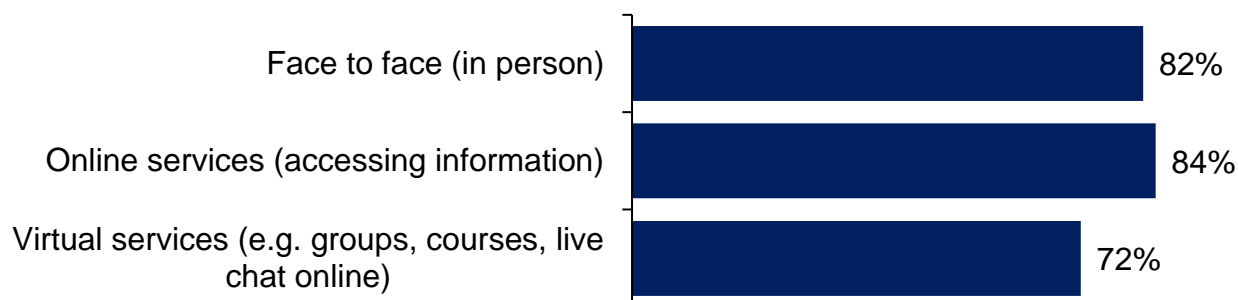


SUPPORTING DATA	Number of consultees answering	% of consultees answering
Face to face (in person)	221	87%
Online services (accessing information)	195	77%
Virtual services (e.g. groups, courses, live chat online)	189	75%

Signposting to information to support separating and separated parents

- Perceptions are broadly similar in the context of signposting to information to support separating and separated parents with 82% considering face to face access suitable, 84% considering online services suitable and 72% considering virtual services suitable.

Base: all answering (255), consultees had the option to select more than one response.



SUPPORTING DATA	Number of consultees answering	% of consultees answering
Face to face (in person)	210	82%
Online services (accessing information)	213	84%
Virtual services (e.g. groups, courses, live chat online)	184	72%

ADDITIONAL SUGGESTIONS FOR FAMILY HUB NETWORK SERVICES

Consultees were asked to indicate whether there was anything else they thought should be available for children, families and young people through the Family Hub network in Kent. 54% of consultees answered this question and provided a comment.

Example verbatim comments shown below highlight the key themes expressed:

Youth / adolescent service provision and targeting of where this is needed to achieve impact:

“Youth clubs, face to face interaction on a weekly basis with the young people and struggling families. Face to face classes and delivery of clubs and respite.”

“Youth clubs are needed for teenagers to have their own safe non-judgemental space. 10 years ago most youth centres were closed in Kent, youth violence and anti-social behaviour increased thus will happen again if they are not given their own space. I believe that many will not go to a family hub.”

“Detached youth services and the targeted use of youth clubs and support work to support vulnerable in children in areas of high need and/or where there is a measurable community impact.”

“Street-based youth work in locations of concern linked to Contextual Safeguarding Agenda - this maybe be considered under 'Activities for older children and Young People' but this agenda is far greater than activities and often it can take longer than building based work to build relationships with the young people in these spaces to affect change. It also includes working with non-traditional partners, exploring how to build guardianship capacity and is a really unique and important role in to safeguard communities.”

“Youth services are imperative and important for young people’s personal social development to ensure a holistic approach to progression. Youth services shouldn’t be cut, but actually be invested in to bring them up to the 21st century to ensure young people have access to free, engaging and positive activities to support them.”

“I think that the new family hub network is neglecting adolescent services and the important role that they have in making a difference with young people. Adolescents are one of the most vulnerable groups and can struggle to find safe spaces to engage in. With the addition of children and families and adult services being combined this could detriment the ability to work effectively with adolescents.”

“I think Youth Services should be given the same level of resources, funding and consideration as the children, anti-natal, pre-natal support that is in the Family Hub model.”

“Open Access Youth Groups are an integral aspect of the development of young people in the local community. Regardless of a young person’s background, life experiences, or behaviour there should be a safe space for young people to access and receive support. I worry that as a result of the consultation KCC will only deliver small youth groups on a referral basis, this will only help a small percentage of the young people in the community.”

Making face to face workshops / drop in sessions / groups available:

“Parenting classes/drop in sessions and face to face toddler groups with guided activities for the children to support parents by seeing how their children interact with the activities and resources. parents need the opportunity to meet other parents in a supported environment. meeting professionals and H. V. at these meetings would support parents to be familiar with and seek support from the professionals if they have a problem.”

“Drop in sessions should definitely continue for the parents to have opportunity to discuss their needs. Youth groups should continue as this particular group are often vulnerable and have nowhere else to go.”

“Behaviour management workshops built into child development sessions, so parents learn and understand what is 'normal' development and have realistic expectations on what their children should be able to achieve throughout the different stages/milestones of their lives. And information on how to manage each of these stages.”

“A variety of groups to help parents with parenting of all ages. Wider range of different groups, small & large, to address particular areas of development. Groups and activities with agencies working together to deliver information & support.”

Signposting, support and advisory services:

“Parenting programmes and support for the parent-infant relationship is usually seen as just additional. If you can offer something like Incredible Years Baby or Mellow Parenting and perinatal support which is relationship based then this will be very beneficial for the early start for babies. Croydon’s family hub offer will be including a Parent and Infant Relationship Service (PAIRS) which includes psychotherapy and practical support.”

“It is estimated that 1 in 6 adults in UK cannot read. Family hubs could offer signposting and support to local adult literacy groups - there are no such groups in Sevenoaks.”

“Information about and signposting to mental health services, activities for older children and young people.”

COMMENTS ON FAMILY COACHES

Consultees were asked to provide any comments on Family Coaches in their own words. 62% of consultees answered this question and provided a comment. 85 consultees made a positive comment towards the concept and 97 consultees referenced a concern with the concept (please note a proportion of consultees made a positive comment and raised a concern).

Example verbatim comments shown below highlight the key themes expressed:

Perceptions of the concept being a good idea / beneficial to families:

“We believe peer-to-peer support is critical and a community of individuals with lived experience provides a rich and supportive network for families to receive the support they need.”

“This could be a very powerful resource if families engage positively. The success of this almost exclusively depends on family engagement.”

“To involve families directly is a positive idea. It gives them ownership and a chance to have their say as a parent/carer. Maybe this could be done as a quarterly meet up where they can meet and converse on different topics. Outcomes could be fed back to staff, listening to the parent/carer views and implementing them where possible. This could include some positive training.”

Concerns expressed for the level of training / expertise required and questioned whether they service can be effective with volunteers only:

“Family coaches would need to be vetted thoroughly. Coaching into employment would be better than voluntary. The service should be delivered face to face.”

“How will you recruit an adequate number of Family Coaches with the requisite skills, knowledge and experience to support children and families?”

“This is outrageous. People should be recruited, trained and PAID for these services. We are already struggling with early help provision, let alone professional youth provision. Social workers are stretched beyond belief and we need more reliable support. And you are proposing people do this for free? This is insulting.”

“Volunteers are extremely difficult to recruit and hold on to especially in this current climate. Families have to work long hours to cover the cost of living so this will be limited in offering additional hours. These volunteers will also need intensive training which will come at a cost.”

“What resources are there to train and mentor these Family Coaches? Will there be supervision available for a Family Coach? Once trained will a commitment be required to volunteer for a certain length of time. We need to ensure there is not just a revolving door of family coaches and the actual family has no consistency. Should we be relying on the voluntary sector to support families in this way?”

Potential duplication of services / perceptions of similar service being delivered currently / previously:

“We already deliver this service through our team of volunteers, so this would be a duplication of services. Why can't you use existing services rather than re-invent the wheel. Managing volunteers is very time consuming and takes a lot of dedication from experienced staff, If they are not regularly supervised they will not be committed and ultimately let families down, and possible miss safeguarding issues.”

“I feel this is a service similar to what was offered under Sure Start at The Village Children's Centre but they were called Parent Reps and it worked really well, they were part of the Children's Centre team and in return for Volunteering they were offered training in areas of interest. They organised our events and helped support parents. It was a shame when this service was lost although the majority of them went onto work in various roles across KCC as excellent assets to the teams they are in.”

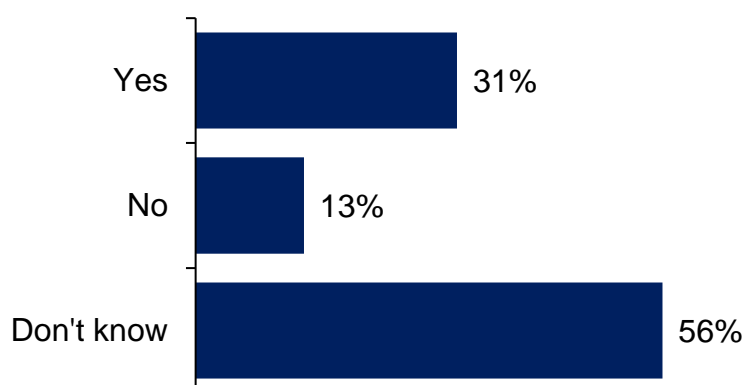
“The Family Coaches concept appears to be based on a model the charity Home-Start have used for nearly fifty years. This is a successful model and I would suggest KCC liaise with Home-Start UK about this model. This also seems to going back to the Children's Centre Model, when they first opened. Offering support to parents / volunteers to develop their skills. The culture within the service would need to change to see the Family Coaches as valuable members of staff. As a professional it has felt in the past that volunteers have not been as valued. I would be concerned that due to the cost of living crisis, there is a national shortage of volunteers at present. Would the model still work without Family Coaches?”

ORGANISATION INTEREST IN SUPPORTING DEVELOPMENT OF FAMILY COACHES AND PEER TO PEER SUPPORT

- Just under a third of consultees answering (31%) indicated they would be interested in supporting the development of Family Coaches and peer to peer support.
- 13% indicated they were not interested and 56% are unsure.

If you are responding on behalf of an organisation, would your organisation be interested in supporting the development of Family Coaches and peer to peer support?

Base: all answering (224)



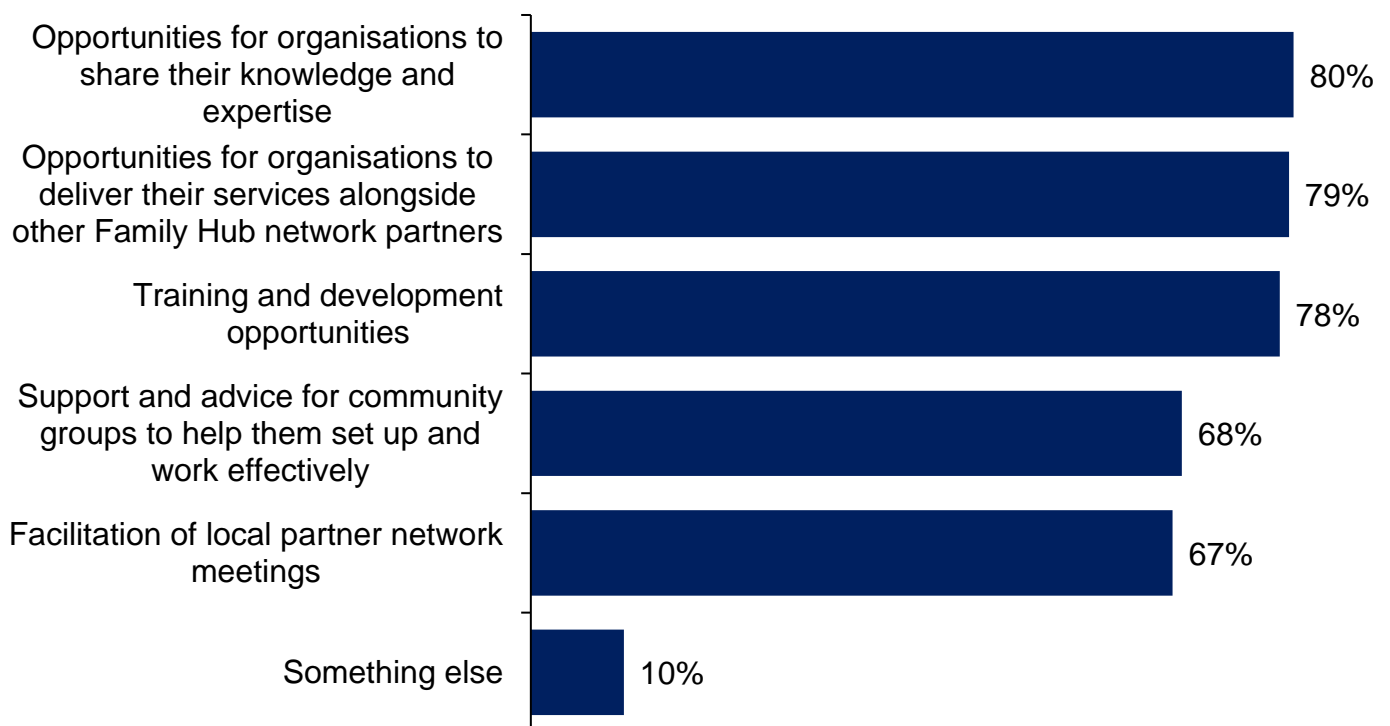
SUPPORTING DATA	Number of consultees answering	% of consultees answering
Yes	70	31%
No	29	13%
Don't know	125	56%

CONTENT OF SUPPORT, ADVICE AND OPPORTUNITIES NETWORK MEMBERS WOULD LIKE TO SEE

- There is a high level of interest in all the five options posed to consultees, but the most popular are opportunities for organisations to share their knowledge and expertise (80%), opportunities for organisations to deliver their services alongside other Family Hub network partners (79%) and training and development opportunities (78%).
- Around two thirds indicated they would like to see support and advice for community groups to help them set up and work effectively (68%) and facilitation of local partner network meetings (67%).

If your organisation was to be part of the Family Hubs network, what support, advice or opportunities would you want to see as a member of that network?

Base: all answering (206)



SUPPORTING DATA	Number of consultees answering	% of consultees answering
Opportunities for organisations to share their knowledge and expertise	164	80%
Opportunities for organisations to deliver their services alongside other Family Hub network partners	163	79%
Training and development opportunities	161	78%

SUPPORTING DATA	Number of consultees answering	% of consultees answering
Support and advice for community groups to help them set up and work effectively	140	68%
Facilitation of local partner network meetings	138	67%
Something else	20	10%

CONSIDERATIONS FOR DEVELOPMENT OF FAMILY HUB SERVICES

Consultees were asked to provide suggestions on anything else that should be considered in the development of Family Hub services in their own words. 44% of consultees answered this question and provided a comment.

Example verbatim comments shown below highlight the key themes expressed:

Concerns about user access to Family Hubs in terms of transport, location / rurality and distance:

“It's okay having family hubs, but how are people going to get there when local transport is being cut and the cost of travel and day to day living is increasing. Some families may also feel intimidated by these places. You get better outcomes when speaking to families especially teenagers in their own environment.”

“The support needs to be accessible by the most vulnerable, they need to feel that the support is available to them and that they and their children will benefit from it. It needs to be local or accessible by public transport.”

“Don't forget the rural areas - bus routes are being reduced which will have an impact on how families can reach services, wither in a building or via outreach services.”

“Family Hubs need to be in areas, which families can access by public transport. I am concerned that our proposed hubs will cross health boundaries and that they are difficult and costly to access via public transport.”

“Families in areas of deprivation. The location of services, and if virtual and online some families have no access to internet or technology. Making sure that the hubs can be accessed easily and would no cost families money to attend. Have parking accessible as this could impact families attending the hub. Even though there would be more professionals, make it a friendly space to attend, especially if families have anxiety, too many professionals in a formal building could put them off attending and getting the help they need.”

Importance of keeping youth / adolescent support services, and the resources / organisations / staff required to deliver these effectively, front of mind:

“The importance of adolescent services and the importance that these roles do not feel/ get neglected. Vulnerable adolescents need a safe space and an area they can come to for support. The family hub concept neglects these values and levels of support that are needed.”

“A comprehensive Youth Work offer. The narrative around Family Hub's both in Kent and nationally is very much orientated towards Early Years, despite it supposedly being a 0-25 offer. Young people need to have opportunities to access informal learning in adolescent appropriate spaces in their districts.”

“We are concerned that young people (13+) will be excluded as they choose not to engage with more formal all ages venues. Family Hubs may well support the most needy young people that are diagnosed with additional needs or recognised behavioural issues but we believe that the family hubs model will fail to support universal young people and lead to disengagement.”

“I'm worried that the specialisms may be lost, early years and youth for example require very different skillsets. I am hoping there are still going to be specialist workers (this may also allow for specialist parenting teams for example) but with a clear connection between teams for the seamless 0-25 age range.”

Importance of adding to existing services already facilitating support in this area and engagement with these services / support networks / users to optimise service design:

“The groundwork is already there in the Children's Centres and Youth Hubs, we need to ensure that we build on what is existing and don't try to reinvent the wheel, use the expertise and knowledge of the staff who have been working with partners and families to build the hubs.”

“Making good use of links with pre-school, nurseries and primary schools locally.”

“In the past supporting families I have found it difficult to encourage families to access Children's Centre's. As they feel that they are "being watched" and its "the road to Social Services". The hubs need to create a welcoming feeling and be open to all and not feel such a "targeted" approach.”

“You need to consider what is already available. There are lots of community run groups that lack funding or that parents go to because they get a tea or cake etc. Could we tap into some of those services and then offer advice and guidance and upskill those organisations?”

“It is imperative that a range of parents/carers who represent the diverse make up of families are actively involved in the discussions and decision-making processes throughout the development of the Family Hub and on an ongoing basis. Whatever services are being offered through Family Hubs, the importance of having the local knowledge of the needs of the families in that location is paramount in being able to offer meaningful services.”

“There are already literal organisations doing this! Support the networks that exist. Stop withdrawing social workers and early help workers to early. I see this every day at work. Please I am begging, do not take funding away from open access youth clubs. It will literally endanger lives. Not to mention the cost involved in looking after young people later on who get incarcerated or injured due to violence and have to use the NHS.”

HOW PROPOSALS TO STOP ACTIVITIES ACROSS KENT WOULD MAKE A DIFFERENCE TO PEOPLE

Consultees were asked to provide comments on how they think the proposal to stop these activities would make a difference to people in their own words. 74% of consultees answered this question and provided a comment.

Example verbatim comments shown below highlight the two themes expressed below:

Concerns that increasing numbers of young people need to access support and stopping services is the opposite to what is needed, particularly in the context of likely mental health and safety concerns:

“Support is hard to come by at this present time, the waiting lists are growing, the young people and children who need support is increasing, stopping services would be a travesty.”

“There will be no local access to youth provision. ASB levels will increase as well as drug and alcohol use. Young people who are school refusers will have nowhere to go and those who have little confidence will have no support in becoming good citizens.”

“Taking away the services that have spent years with successions of youths supporting them in their communities to become who they want to be is not the answer to saving money. Taking away all the main youth providers in the county and leaving only a skeletal KCC staff for targeted work with a small number of youth will mean, in both the short and long term, much more money being spent addressing mental health, crime and apathy.”

“Stopping these activities across Kent would have a devastating and harmful impact to young people and society at large. You are setting up a system that will result in increased youth crime and teenage pregnancy, anti -social behaviour and serious mental health issues. It is a shameful proposal that will fail young people, their families and the community.”

“By losing PCSO's, Community Wardens and now Youth Services there will be limited/no guidance for young people out in those hard to reach areas where you need time to build relationships to make positive change.”

“I think it will be horrific, we can see where already there is a lack of resourcing for youth work in parts of Kent - those are the communities struggling with perceptions of the youth, young people engaging in antisocial behaviours and generally young people not being able to access support when they need it. Current services for youth work are a lifeline to young people, please do not axe it. I'm genuinely concerned about the effect it is going to have on the places that I live and the young people I see.”

Concerns that these activities provide much needed services for 'hard to engage' young people / adolescents and they may not interact with other service provisions:

“Some externally funded provisions reach our 'hard to reach' young people as they cover more rural areas and meet young people where they are at which can be invaluable. It is also an opportunity to then signpost young people to the main hubs and build a rapport with staff before they get there.”

“I believe youth hubs are an integral part of young people finding their feet. It allows them to develop friendships, increase independence and build a level of empowerment.

From my experience of working in youth hubs, the young people develop rapport with the staff members, providing them with a safe adult to support them through difficult situations. Youth workers are not only workers who provide activities for the young people, but they offer support to family members, respond to safeguarding and provide a safe space for them to express themselves. Without youth hubs, some of these young people do not have somewhere to base themselves or have a safe adult to express themselves to.”

“The most vulnerable young people across Kent are less likely to have positive opportunities to engage with extra-curricular activities. The youth service provision gives them positive outlets and experiences and are key to improving outcomes. Whilst there are some alternatives within the voluntary sector, these do not provide the same availability or close integration with partner agencies as the current KCC provision. Stopping these activities is likely to adverse the outcomes of young people and may lead to increases in ASB and other criminality within the youth cohort.”

“I worry that deprived areas will lose out on access to the youth services in those local area. They will lose out on having that familiar face if they need to talk to an adult outside of the family home.”

“There is a rise in mental health difficulties as a result of Covid-19 and other social pressures, with school refusals being at record highs. Removal of youth services could have a detrimental impact on the wellbeing of the children currently receiving help or currently in need of it. It will also impact future society and health services, costing more in the long-term.”

YOUTH SERVICES IMPACT - ASHFORD SUMMARY

The detail below summarises impact feedback from consultees about the youth services featured in the consultation document based in Ashford.

27 consultees selected on the online form that they wanted to see the list of activities that would be impacted by the proposals for the Ashford district. 19 of these consultees made a comment about the activities, as follows:

Which of these activities do you or someone in your household take part in? Ashford district - activity provider: The Canterbury Academy Base: all answering (19), consultees had the option to select more than one response

	Number of consultees answering
Ashford Sk8side - other activities	18
Ashford Sk8side - Girls Skate project	14
Detached community work - Bockhanger and McDonalds	13
Ashford John Wallis - Boxing	10
Ashford John Wallis - Basketball	10
Tenterden - Highbury Hall youth sessions	9
Tenterden - Skate Project (Mon)	9
Ashford Stanhope - Girls netball	8
Ashford John Wallis - Tennis	8
Ashford John Wallis - British Sign Language	7

Some example verbatims put forward can be found below:

“Some of our extremely vulnerable, volatile students would be lost, Sk8side have given them a purpose, with volunteering, mentoring etc. Concern would be how they would occupy their time if this wasn't available/this service helps to safeguard vulnerable members of the community.”

“There is already a lack of resources and safe places for young people to go. Even in their own home (due to the internet) they have a world of unsafety and uncertainty. By removing all of the above we are limiting the young people in Ashford the opportunity to safe spaces. If they are not currently working then they need reimagining to support the ever changing society. There needs to be more support for the vulnerable young people in the community.”

“It's a concern that all these activities will be going. I worry the impact these closures will have on some of our vulnerable young people. It appears that these new Family Units will

not be serving our Adolescents. For many of our young people these activities are a safe haven for them. I think we will see a rise in young people hanging round particular areas/places/spaces that we have spent years trying to make safe.”

“Stopping youth sessions in Tenterden may result in some young people becoming isolated, if they don't have the means or funds to travel beyond their area to access alternative provision. Similarly with Sk8side and detached work - these activities meet young people where they are at, where they feel comfortable to engage and supported. Without these it is possible that there would be a negative effective on the mental wellbeing of these young people but also their behaviour, without activities in place that they can access and are comfortable in accessing, then they may engage more in negative activities and behaviours.”

YOUTH SERVICES IMPACT - CANTERBURY SUMMARY

The detail below summarises impact feedback from consultees about the youth services featured in the consultation document based in Canterbury.

27 consultees selected on the online form that they wanted to see the list of activities that would be impacted by the proposals for the Canterbury district. 17 of these consultees made a comment about the activities, as follows:

Which of these activities do you or someone in your household take part in? Canterbury district - activity provider: The Canterbury Academy Base: all answering (17), consultees had the option to select more than one response

	Number of consultees answering
Riverside - Neuro diverse group (Thurs)	11
Riverside - Youth sessions (Wed)	10
Canterbury bike project (not solely funded by KCC, so may not be impacted)	9
Detached community work - City Centre, Sturry Road, Wincheap, Thannington, Hales place and Westgate (Thurs - rotates around various locations)	9
Riverside - Volunteer group (Tues)	8
Spring Lane - Youth club (Tues, Wed and Thurs)	8
Pyxis (Sun and Mon)	7

Some example verbatims put forward can be found below:

“I have been a youth worker at Riverside Youth Centre for over 20 years. I run the neuro diverse and youth volunteer groups. Removal of funding for our face to face youth sessions would have a devastating effect. This was proved during lockdowns when we had to deliver sessions virtually which led to isolation for many of our club members, who find online meetings difficult and distressing. Some of our neuro diverse and learning disabled members have been attending Riverside for up to 16 years and say it is 'their home'. Some are in supported living and Riverside is their safe space to maintain the friendships they have developed. The face to face work we do has helped young people develop personal and social skills resulting in increased self - confidence, raised self-esteem and helped them gain places at college and work. Many of our vulnerable members have had very difficult experiences of being bullied at school and in social settings and are reliant on Riverside which many say is the only club they feel safe at. We have highly experienced staff, trained in disability/autism/epilepsy/challenging behaviour awareness etc. We are highly concerned about the negative effect particularly on the mental health of our neuro diverse and learning disabled members if our services are defunded.”

“Putting a stop to any of these programmes is highly damaging to all in the community. Young people rely on these services as a safe and familiar environment in order to socially develop when they may not be able to do this at home/school. It also offers them a safe

alternative to be around each other, rather than hanging around on streets. This is relevant to all young people too - no matter the age or ability. All would be affected by the proposed changes in the Family Hub Services.”

“These are preventative services, they prevent issues from escalating within families and reduce the amount of referrals to statutory services which cost the council millions.”

“Young people don’t always feel comfortable accessing services and not replacing, keeping or improving on these will have a negative impact on those currently accessing these provisions. The Bike project helps so many of our public priorities, such as wellbeing and healthy lifestyles, not to mention the difference it makes to young people’s lives. Without much needed youth services, young people will be socially isolated, especially in the Canterbury area.”

YOUTH SERVICES IMPACT - DARTFORD SUMMARY

The detail below summarises impact feedback from consultees about the youth services featured in the consultation document based in Dartford.

13 consultees selected on the online form that they wanted to see the list of activities that would be impacted by the proposals for the Dartford district. 10 of these consultees made a comment about the activities, as follows:

Which of these activities do you or someone in your household take part in? Dartford district - activity provider: Play Place Base: all answering (10), consultees had the option to select more than one response

	Number of consultees answering
Bean - Recreation Ground - Juniors (Tues)	7
Darenth - Hillrise Park - Seniors (Tues)	7
Stone - Stone Baptist Church - Junior and Seniors youth clubs (Weds)	9
Homework Heroes - Seniors (Weds and Thurs)	7
Stone Recreation Ground - Juniors (Thurs)	8
Stone Pavilion - Junior and Senior youth club (Fri)	9
Knockhall - Greenhithe Community Centre - Junior club (Thurs)	7
Temple Hill - Playground – Mixed age	9

Some example verbatims put forward can be found below:

“These areas are part of areas of deprivation this proposal will have a devastating effect upon these communities. Effecting long term health and development and mental health which in the long term will put undue pressure on local services.”

“The proposals are that the funding to Play Place in Dartford are withdrawn; this directly affects 8 schemes in the district. They are a provider to the district which has limited other commissioned services of this nature. Dartford district/borough directly borders London Boroughs and we are seeing a significant increase in our population as the borough invests in housing creating a commensurate need for these services. It is concerning that the entire schemes are being withdrawn under the proposals, it is recognised that KCC need to reduce costs in light of financial challenges, however, if achievable, it would be advantageous to balance these reductions with ongoing prioritisation of areas with significant need. Of note are the Temple Hill, Greenhithe and Stone Schemes which are all areas where there is a significant need for such services. As well as providing diversion to a range of age groups the Play Place scheme encourages a cohesive community, key to Dartford, as identified in the recent census data, highlighting the diversity within the borough.”

YOUTH SERVICES IMPACT - DOVER SUMMARY

The detail below summarises impact feedback from consultees about the youth services featured in the consultation document based in Dover.

23 consultees selected on the online form that they wanted to see the list of activities that would be impacted by the proposals for the Dover district. 15 of these consultees made a comment about the activities, as follows:

Which of these activities do you or someone in your household take part in? Dover district - activity provider: Pie Factory Base: all answering (15), consultees had the option to select more than one response

	Number of consultees answering
Linwood - Youth Hub session (Thurs)	14
Aylesham - Junior youth club, Senior youth club (Tues)	9
Biggin Hall - Youth session (Wed)	9
Astor School - Youth session (Thurs)	9

Some example verbatims put forward can be found below:

"I feel it's a mistake to stop these youth provisions as the youths will say "there is nothing to do" causing them to be together on the streets. the threat risk and harm for them with rise as it is likely to do so in the community and for community members- the majority of youths are very well behaved but some youths only have to throw a ball for the community to put up a no ball sign and complain - it's great for young people to have a base to be together, meet new people and feel welcome, and have activities to engage in."

"There is already so little to do in the Dover area, especially for very little cost or for those who may struggle to access groups/ activities that require financial commitment and costly equipment or clothing. Young people in Dover have nowhere to go and the young people are at risk of being caught up in criminal activity and / or poor mental health. The youth clubs also create happier more tolerant and caring communities."

"It would place increased pressure on a small youth hub team to cover a wider geographical area, but the outcomes for the cost is not effective. A different provider may have elicited a different response, but for Dover, losing PFM will make little difference beyond the small numbers of young people accessing."

YOUTH SERVICES IMPACT - FOLKESTONE AND HYTHE SUMMARY

The detail below summarises impact feedback from consultees about the youth services featured in the consultation document based in Folkestone and Hythe.

29 consultees selected on the online form that they wanted to see the list of activities that would be impacted by the proposals for the Folkestone and Hythe district. 23 of these consultees made a comment about the activities, as follows:

Which of these activities do you or someone in your household take part in? Folkestone and Hythe district - activity provider Base: all answering (23), consultees had the option to select more than one response

	Number of consultees answering
Hythe - Shepway Autism Support Group - All age (Fri)	20
Hythe - Youth Centre - Senior club (Weds)	19
Hythe - Youth Centre - Junior club (Fri)	19
Hythe - Youth Centre - Juniors (Mon)	18
New Romney - Phase 2 - Junior and Senior club (Thurs)	16
D of E (Duke of Edinburgh) Awards	14
Safety in Action - Local Schools - District wide	8
Residential Junior and Senior Leaders courses	6

Some example verbatims put forward can be found below:

“These activities are vital for the youth in these areas, and to stop these would be unfair as there is very little for them to do otherwise, having somewhere to go like these places maybe the only sociable fun thing they get to do each week as you never know what they are going through. It may lead to more unsociable behaviours.”

“The provision listed above covers Hythe and the Romney Marsh. Children and families within these areas will have less ready access to alternative service provision and may be geographically isolated. The removal of this provision is likely to have a negative impact on the local community and may lead to increases in ASB and other low-level criminality where the children have no alternative positive outlet. There are a number of specific issues on the district relating to children in secondary education, including a notable trend of accostings and sexual offences. The Safety in Action is a key part of increasing the safety of young people across the district.”

“I genuinely feel absolutely gutted that the youth work in this provision may be axed. I previously worked as a youth worker at Hythe Youth Centre and still remain in contact with the youth centre today. I saw firsthand the huge impact Clive Harris and Salus has within the community. Hythe youth centre has a unique take on youth work - having different

focused groups which are tailored to the young people. Clive and the team have mentored and helped so many people, and I saw firsthand how Clive mentored these young people - some of which were at risk of joining gangs, drug abuse and not achieving in school. Clive and the team worked with the young people and facilitated their learning. There are so many young people that have succeeded as a result of the work completed by Salus and the youth centre. I sadly do not think that it is possible to match this effort. In addition, the youth workers at Salus are incredibly skilled and holding degrees, qualifications and training - again this is unique to Salus. We also are able to do referrals within our services and outside of services, and I really believe the community (and in particular their perceptions of the youth) will change without Salus' youth work."

"I have listened to families with older young people with ASC and they are very worried about losing face to face sessions and have commented that their young person would not cope with online/virtual sessions."

YOUTH SERVICES IMPACT - GRAVESHAM SUMMARY

The detail below summarises impact feedback from consultees about the youth services featured in the consultation document based in Gravesham.

16 consultees selected on the online form that they wanted to see the list of activities that would be impacted by the proposals for the Gravesham district. 10 of these consultees made a comment about the activities, as follows:

Which of these activities do you or someone in your household take part in? Gravesham district - activity provider: The Grand Base: all answering (10), consultees had the option to select more than one response

	Number of consultees answering
Gravesend - GYG Gone Wild (Mon)	8
Gravesend - Mini GYGers (Tues)	8
Gravesend - GYG Glam (Tues and Wed)	8
Gravesend - GYG Creative (Wed)	8
Gravesend - GYG Committee (Thurs)	8
Cobham Youth Club (Fri)	8
Gravesend - GYG Performers (Wed)	7
Gravesend - Higham Youth Club (Wed)	7
Gravesend - Active Listening Service	7
Gravesend - Youth Job Club (Mon)	6

Some example verbatims put forward can be found below:

“Teenagers have a lack of activities to participate in already. Youth groups are an extra layer of support for young people outside of the home and school environment. Important in safeguarding.”

“The review will mean The Grand will have their funding withdrawn; they are a positive contributor and community asset in Gravesend, getting young people involved in activities and keeping them out of trouble and gangs (with a new Young Street Group having been recently identified). The group work with key public sector stakeholders including the council and the police which helps breakdown barriers and maintain cohesion and good citizenship; examples of this include collaboration with the Violence Reduction Unit to tackle serious violence. The organisation have dedicated a lot of time and effort working within the schools and with young people to tackle hate crime. Without this service, it is foreseeable that children and young people will then become involved in crime and ASB as they have less services to occupy them. This could also create additional pressure on wider services. As a secondary point, considerations around reducing children’s centres

create a risk; especially in respect of the centre in Kings Farm; a deprived area of Gravesend. Again, a reduction in service in such a key area could result in additional demand as a consequence and may result on missed interventions and safeguarding opportunities.”

YOUTH SERVICES IMPACT - MAIDSTONE SUMMARY

The detail below summarises impact feedback from consultees about the youth services featured in the consultation document based in Maidstone.

19 consultees selected on the online form that they wanted to see the list of activities that would be impacted by the proposals for the Maidstone district. 11 of these consultees made a comment about the activities, as follows:

Which of these activities do you or someone in your household take part in? Maidstone district - activity provider: Salus Base: all answering (11), consultees had the option to select more than one response

	Number of consultees answering
Shepway - Youth and Community Centre - Junior club and Senior youth club (Tues)	10
Shepway - Youth and Community Centre - Junior club and Senior club - (Fri)	9
Shepway - Youth and Community Centre - Olympia Boxing (Fri)	9
Shepway - Youth and Community Centre - One to one sessions	9
Sutton Valence - Village Hall - Junior youth club (Mon)	8
Shepway - Youth and Community Centre - Small group work sessions	8
Parkwood - Youth Centre - Junior club and Senior club (Thurs)	8
Signs of Safety - District wide annual activity to focus on transition from Primary to Secondary education	6

Some example verbatims put forward can be found below:

“This work impact the community in a massive way both immediately and long term. A lot of young people they access these services would not be the type if young person that would use a family hub, they are hard to teach, often NEET and can often lead somewhat chaotic lifestyles, I know from first-hand experience SALUS at the Manor provides a service that aimed to meet the young person’s needs. From my experience they would not attend the KCC youth hubs as primarily they would be chaotic for those services to handle.”

“Shepway and Parkwood are two areas with a high number of young people that display anti-social behaviour. Families within these areas already struggle and the youth workers in these areas have made long, valuable professional relationships with the young people and their families. If you were to take these youth services away, I can imagine the young people are likely to cause more anti-social behaviour within the area. And with it being so close to town centre, more anti-social behaviour in town due to boredom. Experiencing working with a lot of these young people, who have been to our youth centre, it is clear to see how well they have managed to build these relationships with the young people. This is

the same with Sutton Valence, although it is not as “poor” as Parkwood and Shepway, it is isolated, young people will have no access to other support.”

YOUTH SERVICES IMPACT - SEVENOAKS SUMMARY

The detail below summarises impact feedback from consultees about the youth services featured in the consultation document based in Sevenoaks.

11 consultees selected on the online form that they wanted to see the list of activities that would be impacted by the proposals for the Sevenoaks district. 7 of these consultees made a comment about the activities, as follows:

Which of these activities do you or someone in your household take part in? Sevenoaks district - activity provider: West Kent Extra Base: all answering (7), consultees had the option to select more than one response

	Number of consultees answering
Sevenoaks - The Hope Church, Youth Group (Tues)	4
Edenbridge - Eden Centre youth group	4
Edenbridge - 8-12s session	4
Edenbridge - Olympia Boxing (Thurs)	4
Swanley - The Junction, St Marys Road Youth Group (Fri)	3
Swanley - The Junction, Nurture group (Tues)	3
Edenbridge - House (Tues, Wed and Fri)	3
Edenbridge - Nurture group (Thurs)	3
West Kingsdown - Youth group (Wed)	2
Dunton Green Pavilion - (Mon)	2
Westerham - Youth session (Fri)	2
Westerham - Olympia Boxing (Wed)	2

Some example verbatims put forward can be found below:

“The Hope Church (SAYT) provides a well-attended youth group for the young people who live around Greatness. I believe that the information in your consultation is incomplete. There is an additional service at risk in Sevenoaks. KCC fund a WKHA 'detached' youth worker who spends time working with young people in the community. The police are under-resourced and underfunded. The youth workers from SAYT and WKHA have been essential at managing ongoing ASB problems that are present across Sevenoaks.”

“It would be a real pity to lose these services, we are already seeing increases in anti-social behaviour due to the cost of living crisis and the loss of these valuable youth services will only add to this problem. Church activities in particular not only take young people off of the street but encourage these children to adopt desirable values in life so the effect is twofold. Boxing groups generally offer a valuable & safe space (often for those who would

otherwise be out on the street with their peers) to learn discipline within a sport and expend huge amounts of boundless energy in a positive way. Far better to do this in the boxing ring rather than out on our streets. Youth clubs also offer opportunities for young people to socialise within a safer space than out on the streets, these services are precious and crucial to the mental wellbeing of our young people and should be a top priority for local councils.”

YOUTH SERVICES IMPACT - SWALE SUMMARY

The detail below summarises impact feedback from consultees about the youth services featured in the consultation document based in Swale.

36 consultees selected on the online form that they wanted to see the list of activities that would be impacted by the proposals for the Swale district. 31 of these consultees made a comment about the activities, as follows:

Which of these activities do you or someone in your household take part in? Swale district - activity provider: Southern Housing Base: all answering (31), consultees had the option to select more than one response

	Number of consultees answering
Swale – School work (various)	22
Newington – Youth club (Tues)	19
Sheerness Youth Centre – Youth club (Thurs)	19
Faversham Recreation Ground – Detached (Fri)	19
Sheerness County Youth Centre – Sheerness Seniors Youth Club (Tues)	18
Rushenden – Youth club (Wed)	18
Faversham Baptist Church – 812 youth club (Thurs)	18
Faversham Baptist Church - Disability Youth Club (Mon)	17
Teynham – Detached provision (Thurs)	16
Thistle Hill - Detached provision (Wed)	15
Sheerness Healthy Living Centre – Absolute Arts youth club (Mon)	13

Some example verbatims put forward can be found below:

“All of the provision in Swale has grown within the last year. Sheerness youth club (Thurs) are now at 70 members and looking to split in Sept - these are YP from families in need. We feed them every week. 812 club has grown and we are now providing an extra club for the older ones. Rushenden club will face a similar issue next term. These provisions are growing, not shrinking. They are needed by young people and their families. Parents from the disability club drive in from outside of Faversham because there isn't a similar provision anywhere nearby. They appreciate having somewhere their SEN young people can be individual, express themselves and learn to appreciate others uniqueness - in a groups of likeminded people. These activities create a safe place for YP to go, to be in a group (IMPORTANT), to learn together, to become independent away from the family.”

“It is outrageous that this is even being discussed. Hundreds of families will be greatly affected. Swale is an area of huge deprivation. Families in Sittingbourne, Faversham and the island rely vastly on these youth provisions for a safe space to disclose safeguarding,

to have a hot meal, to have respite care or to have a place to form friendships. For some, this is the only space they have where they don't feel judged. They can go along and make positive social connections and have a place where they can be themselves. It is essential that these are kept running. Swale has a mammoth proportion of young pregnancies, the young people that attend the clubs receive signposting and can learn more about how to keep themselves safe. The disability youth groups initiate friendships between those who rarely leave the house. Ridding Swale of these activities with only further isolate the young people who are not wealthy and cannot do some of these activities themselves.”

“The Island in particular, young people have limited access to activities and opportunities for them and feel a disconnect from the rest of the community the other side of the bridge. I'm not sure on numbers of young people engaging with these sessions but there should be investment to support to coproduction of these sessions so that they are what young people want and would benefit from, there is currently no provision for young people at the east end of the Island and cutting these services back even further will mean that more young people will be engaging in unsociable activities.”

“This would see the loss of 9 different types of provision delivered by the Swale Youth Consortium, which are delivered across the whole of the borough. Some recent figures provided by Brogdale CIC who are one of the key providers within the consortium have shown an average of 57 new sign-ups per month (12 month average) with demand almost doubling since 2021. The services that would stop under this proposal are in some of the more rural areas, or areas identified by local partners as higher levels of youth related ASB and crime (such as Faversham and Thistle Hill). Although the proposal has said that outreach work for youth services will be provided by KCC, linked to family hub sites, at this stage it is not clear exactly what this will look like and if it will replace any of the commissioned youth work or not.

Within the consultation earlier in the year on the locations of the family hubs, there would be one per town area for Sittingbourne, Faversham and the Isle of Sheppey. For Sheppey in particular the transport to the proposed location in Queenborough was highlighted as a key concern, making the outreach work all the more important. We wish to highlight that Swale does not have one central town and that each distinct area/town must have access to the same level of service. This we feel is unlikely to be achieved with the current proposal.

Additionally, we know that not all young people will engage at a physical site – as shown by commissioned services in that some are detached based provision, in areas as agreed with local partners. These services must also be responsive to localised issues such as ASB/crime related to young people and it is very important that such a mechanism is in place in the youth model going forward. Currently, KCC do offer outreach/detached work in those areas not covered by the commissioned providers but as already mentioned the proposal is not clear how this KCC led outreach will operate and the scale of this.”

YOUTH SERVICES IMPACT - THANET SUMMARY

The detail below summarises impact feedback from consultees about the youth services featured in the consultation document based in Thanet.

37 consultees selected on the online form that they wanted to see the list of activities that would be impacted by the proposals for the Thanet district. 28 of these consultees made a comment about the activities, as follows:

Which of these activities do you or someone in your household take part in? Thanet district - activity provider: Pie Factory Base: all answering (28), consultees had the option to select more than one response

	Number of consultees answering
Ramsgate Youth Centre - Bike Project (Mon)	24
Ramsgate Youth Centre - The Live Room (Mon)	24
Ramsgate Youth Centre - ACT! Youth Volunteer Group (Tues)	24
Ramsgate Youth Centre - Band Room (Tues)	24
Ramsgate Youth Centre - Junior youth club (Thurs)	23
The Pavilion Youth & Community Café - Youth café sessions (Tues, Thurs and Fri)	23
Detached Community work - Streets based in Ramsgate (Fri)	23
Ramsgate Youth Centre - Open Arms (Fri)	22
Parent and Child group (Wed, all age)	20
Ramsgate Youth Centre - Bike Project (Mon)	24

Some example verbatims put forward can be found below:

“There are not enough affordable, safe places such as youth clubs, in Thanet. The Pie Factory is the only youth centre in Ramsgate and The Pavilion is the only place in Broadstairs. These youth clubs are essential services, providing a safe, positive environment for our young people to learn from brilliant role models. Many of our young people rely on these places to learn social skills and valuable life skills because they may not have the support at home. Funding our youth services is a valuable investment and to remove these essential services risks a rise in anti-social behaviour and societal problems in the future. We need more centres, not fewer! Show these fantastic volunteers they are valued and give them the funding they deserve. The Pavilion Cafe is much loved in our community. Children rely on the nurturing support they receive from Victoria and her team after school and during the holidays. It is a positive place to meet with friends and benefits from its location next to the playing field. Young people can take part in exciting activities, organised trips and can choose to do the Duke of Edinburgh award. KCC needs to support this brilliant place and continue to provide funding.”

“The Pavilion Youth & Community Cafe does fantastic work with children and young teens. Opportunities such as theatre trips, sports activities, creative projects, and the Duke of Edinburgh award would not be available elsewhere to many of the children attending this valuable place. It is a safe haven throughout the year, with plenty of open space for the kids to run around and socialise with friends. It provides a welcoming and nurturing environment which many children rely on . If this much needed Youth cafe had to close due to KCC funding cuts, it would have a long lasting, detrimental impact on the well-being of the children and families who rely on the facilities, opportunities and community connections that the Pavilion currently provides.”

“As someone who works with young people and is aware of the social and economic issues facing Thanet families, I am sure these cuts will be a severe blow to the wellbeing of our young people. Adolescents in particular need specialised space and provision. It needs to appeal to them. It can't be manufactured in an instant by a Council. It is built with young people, over time, alongside the building of trust in the adults offering them opportunities to create, be safe and be the best version of themselves. The services overseen by Pie Factory are a beacon for young people in Thanet (who have suffered under austerity cuts and COVID disruptions to their education and development). Cutting these services sends a clear message that the council do not care for them and do not listen to them. It is ridiculously short sighted, as any money saved will be spent again many-fold on the young people sent into crisis when they might have been supported by the youth workers they know and trust and have a track record in their community. The difference these cuts will make cannot be overstated - we are talking about services that combat child-abuse, criminalisation of young people, mental health crisis and suicide. Services that build aspiration, empower young people and celebrate what they have to offer the world. I do not believe for a second that the 'Family Hub' will be a satisfactory replacement for what our passionate and hardworking youth service providers have built over many years.”

“Stopping these activities in Thanet will make a big difference to young people as there aren't many other places in this area of Ramsgate where they can choose to either spend time hanging out with their mates, rather than wandering the streets or local parks or where they have specific activities where they can learn to fix a bike or find out about/take part in creating and performing music.”

YOUTH SERVICES IMPACT - TONBRIDGE AND MALLING SUMMARY

The detail below summarises impact feedback from consultees about the youth services featured in the consultation document based in Tonbridge & Malling.

10 consultees indicated selected on the online form that they wanted to see the list of activities that would be impacted by the proposals for the Tonbridge & Malling district. 8 of these consultees made a comment about the activities, as follows:

Which of these activities do you or someone in your household take part in? Tonbridge and Malling district - activity provider: Salus Base: all answering (8), consultees had the option to select more than one response

	Number of consultees answering
Snodland - Junior youth club and Senior youth club (Wed)	7
Signs of Safety - District wide annual activity to focus on transition from Primary to Secondary education	7
Ditton - Junior youth club and Senior youth club (Mon)	6
East Malling / Larkfield - Junior youth club and Senior youth club (Thurs)	6
Detached sessions in Larkfield – Larkfield skate park and other locations when required	6

Some example verbatims put forward can be found below:

“Following the previous withdrawal of Children's Centres now to be known as Family Hubs there has been a void in family support around parenting opportunities, this in turn alongside ACES has led to an increase in some areas seeing a big rise in poor youth behaviours and ASB. The groups I have highlighted have had a positive impact within the areas I work at engaging those hard to reach young people and offering them diversionary activities and safety advice. Without them I predict another huge downward spiral and this in turn will add further costings to KCC in other areas to make the situation safe again i.e.: increase in referrals to Childrens Services.”

“Projects like SALUS are a god send for so many families. A safe place for the children, someone to listen to them and support when needed. It helps with the safeguarding of children as we only get to see them at school. It helps the community having a hub for children a safe place.”

YOUTH SERVICES IMPACT - TUNBRIDGE WELLS SUMMARY

The detail below summarises impact feedback from consultees about the youth services featured in the consultation document based in Tunbridge Wells.

11 consultees selected on the online form that they wanted to see the list of activities that would be impacted by the proposals for the Tunbridge Wells district. 8 of these consultees made a comment about the activities, as follows:

Which of these activities do you or someone in your household take part in? Tonbridge and Malling district - activity provider: Salus Base: all answering (8), consultees had the option to select more than one response

	Number of consultees answering
Cranbrook - Junior and Senior mixed youth club and outreach (Thurs)	7
Safety in Action - annual activity for year 6 students to focus on the transition from primary to secondary school	6
Paddock Wood - Junior youth club and outreach (Mon)	5
Rusthall - Detached sessions (Tues)	4
Langton Green - youth club (Tues)	3
Sherwood - Detached sessions	3

Some example verbatims put forward can be found below:

“These activities take place in rural areas where there is already not a lot for young people or children to become involved with. Stopping these activities will mean there would be little to nothing available for engagement for these groups without travelling to Maidstone which would impact families financially, and also depend often on public transport being available. It may also detrimentally impact mental health, relationships with community (potential increase of crime and unwanted behaviour) and limit life chances with increased risk of NEET in later life.”

“Youth activities are already very scarce and hard for rural families to access. Further cuts would be detrimental to the physical, mental and social well-being of our young people.”

NEXT STEPS

Following the assessment of this consultation data two key decision papers The Family Hub programme, and Cessation of Youth Contract, will be published on Monday 13th November, and be discussed at the Children Young People and Education Committee on 21st November, before a decision is taken by Cabinet on 30th November

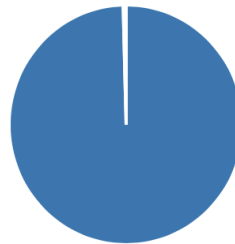
APPENDIX – PLAY PLACE SURVEY

Separate to the formal consultation conducted by KCC, Play Place designed and undertook a separate survey with parents and young people. Charts and visuals from this survey can be found below:

1. Have you enjoyed the session today?

[More Details](#)

● Yes	244
● No	1

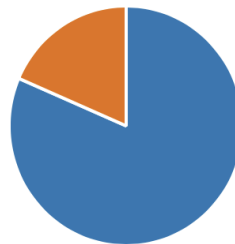


2. Have you tried a new activity?

[More Details](#)

[Insights](#)

● Yes	198
● No	45

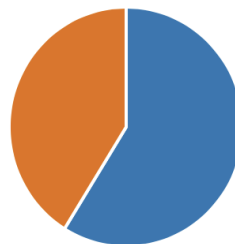


3. Have you made new friends?

[More Details](#)

[Insights](#)

● Yes	143
● No	100

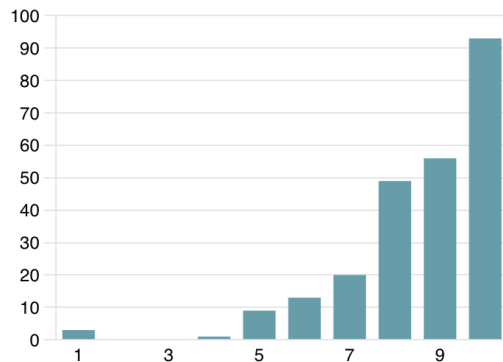


4. Has attending the Play Place activity improved how you feel emotionally? (1=not at all, 10=much happier)

[More Details](#)

[Insights](#)

8.59
Average Rating



5. What do you think should be available for young people in your community?
(Some examples might be: · Activities for young people · Information and signposting to mental health services · Online safety awareness · Support with substance misuse (alcohol/drugs) · Domestic abuse support · Debt and welfare advice)

[More Details](#)

[Insights](#)

209
Responses

Latest Responses

"As above"

"Yes absolutely"

64 respondents (31%) answered **Activities** for this question.

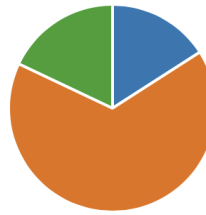


6. How do you prefer to access services and support?

[More Details](#)

[Insights](#)

● Face to face (in a building)	39
● Face to face (in the community)	162
● Online	44
● Other - please let us know how	0



7. Why?

[More Details](#)

[Insights](#)

215
Responses

Latest Responses

"Easier "

"Activities are good for families children and young people"



8. If you didn't have youth activities to go to like this, how would this affect you?

[More Details](#)

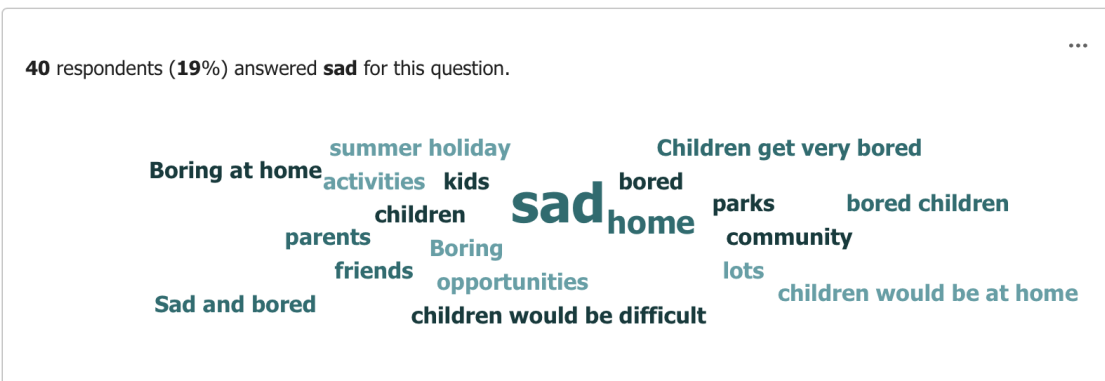
[Insights](#)

208
Responses

Latest Responses

"Fine"

"It would be disappointing "





HM Government

Annex E: Family Hub Model Framework

**Family Hubs and Start for Life
programme guide**

August 2022

The Family Hubs and Start for Life Programme is jointly overseen by the Department of Health and Social Care and the Department for Education.

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Overview

In November 2021, we published a first draft of the family hub model framework¹ alongside the application guide for the first £12m family hubs transformation fund. The framework was created to support local authorities applying to the first transformation fund to identify a standard definition of a family hub and to use it as a tool to assess themselves against a common set of criteria when making their application.

We explained that we expected the framework to develop and iterate further. We are publishing this second iteration as part of the Family Hubs and Start for Life programme.

The family hub model framework includes criteria for two stages of family hub transformation:

1. **Level 1: Basic model.** This describes a family hub model at the early stages of development.
2. **Level 2: Developed model.** This describes a more mature family hub model.

The developed model criteria incorporate and build on the basic model criteria. We have developed these criteria based on [learning from local authority areas with existing family hub models](#)², and what evidence tells us about effective integrated service delivery³.

Your local authority will be expected to achieve, as a minimum, all the level 1: basic model criteria, as well as some specific level 2: developed model criteria, over the three years of funding. The criteria that we expect your local authority to achieve as minimum are included in the blue boxes. We are asking you to be ambitious in your family hubs transformation, which is why we have selected features of the developed model which are stretching but achievable for all 75 areas by the end of the programme. You are encouraged to deliver the other developed model criteria where possible or consider other innovative ways in which you could go further, depending on your starting point and local circumstances.

The framework is not intended to be used in isolation. We expect you to use the framework alongside the guidance and tools that you are already using to help transform

1

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1030245/Family_Hub_Model_Framework.pdf

2 <https://www.gov.uk/government/publications/evaluation-of-family-hubs>

3 Melhuish, et al, (2007). Variation in Community Intervention Programmes and Consequences for Children and Families: The Examples of Sure Start Local Programmes. *Journal of Child Psychology and Psychiatry* 68(6). <http://193.61.4.225/web-files/our-staff/academic/edward-melhuish/documents/jcppNESS%20VAR07.pdf>;
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/410378/Early_help_whose_responsibility.pdf

your services. For example, [the Best Start for Life: A Vision for the 1,001 Critical Days](#)⁴, the [Supporting Families Early Help System Guide](#)⁵, [Supporting Public Health: Children, Young People and Families](#)⁶, the [Reducing Parental Conflict Planning Tool](#)⁷, and the [National Centre for Family Hubs Implementation Toolkit](#)⁸.

We will continue to review this framework to ensure it reflects the latest evidence on effective family hubs characteristics, including deriving learning from this programme.

Glossary:

Ages 0–19 (or 25 with SEND) – this includes during pregnancy through to families with children up to age 19 or up to 25 for those young people continuing to access support via the statutory SEND system.

⁴ <https://www.gov.uk/government/publications/the-best-start-for-life-a-vision-for-the-1001-critical-days>

⁵ <https://www.gov.uk/government/publications/supporting-families-early-help-system-guide>

⁶ <https://www.gov.uk/government/publications/commissioning-of-public-health-services-for-children#full-publication-update-history>

⁷ <https://www.gov.uk/government/collections/reducing-parental-conflict-programme-and-resources>

⁸ <https://www.nationalcentreforfamilyhubs.org.uk/>

Delivery area: access

Key criteria 1

There is a clear, simple way for families to access help and support through a hub building and approach.

1.1 Comms, information and brand

Minimum expectations

Level 1: basic model

- There is accessible communications for local families about the family hub network, its way of working and its offer to parents, carers and families and individual (for example adolescents), which includes publishing the Start for Life offer. Communication methods are designed to engage effectively with seldom heard families and groups.
- The area is using clear branding for the family hub network going beyond 0-5, including services for older children and young people.
- Family survey data shows that some families are aware of the brand and have a positive association.
- The local Family Information Service includes information on the family hub network.

Level 2: developed model

- The area is using clear branding going beyond 0-5 on all or nearly all services in the family hub network.
- There are examples of families accessing up-to-date and accurate family hub service information in a range of ways, (for example, digital, social media, physical leaflets, Family Information Service), with appropriate support to do so where this is needed.

Go further options

Level 2: developed model

- There are examples of methods of communication being discontinued or changed if they prove to be ineffective.
- Family survey data shows that most families are aware of the brand and have a positive association.

1.2 Single access point

Level 1: basic model

- There is a physical place a family can visit and speak to a trained staff member, face to face, who will provide them with straightforward information or advice on a wide range of family issues spanning the 0-19 (25 with SEND) age range, and connect them appropriately to further services across the 0-19 (25 with SEND) age range if they need more targeted or specialist support.
- There is a virtual place that a family can visit to access information on the advice and support available across the 0-19 (25 with SEND) age range (for example a designated web page).
- There is a phone line that families can call for queries relating to services in the family hub network, to support families who cannot access digital information. Where required, enquiries are connected into the local Family Information Service and local Multi-Agency Safeguarding Hub (MASH).
- Family satisfaction is being measured (for example customer satisfaction surveys).

Level 2: developed model

- The family journey is central to the design and delivery of the family hub network and there are established mechanisms for reviewing this and making improvements that are co-produced with local families to ensure that families experience a smooth journey in accessing services within the hub network.
- Single physical and virtual access points are in place and their use embedded across the family hub network.

Minimum expectations

Go further options

Level 2: developed model

- Family user-data and evidence is gathered to measure the extent to which families know how to navigate local services through the family hub network and how to get help, and whether they feel their needs have been met. This evidence is then acted upon to meet the needs of local families.

1.3 Outreach

Minimum expectations

Level 1: basic model

- There is an operating model that has been or will be put in place for the family hub network to proactively and safely engage seldom heard families and groups, such as (but not limited to) ethnic minority groups, fathers and male carers, armed forces families, families in rural areas, families with complex needs, families where children have SEND, families where children have a social worker, families where children may be experiencing or at risk of harm from outside the family home or network (for example peer abuse, online harm, child exploitation, criminal exploitation or violence) or where family members are experiencing physical or mental health issues.
- There is a commitment to put in place an outreach model that is focused on overcoming any stigma associated with accessing services.

Level 2: developed model

- There is effective outreach as part of the family hub network using a range of evidence-based methods (for example intensive home visiting to engage seldom heard families).
- The family hub network is encouraged to make families aware of the services at their local family hub and connect them to the hub, particularly where a need is identified.
- Family hub networks in larger and rural areas have an outreach service where they go to smaller villages and communities that may not be close to a permanent hub building.

Go further options

We have not provided any go further options here, as we expect you to deliver all of the level 2 developed model criteria as a minimum.

1.4 Family friendly culture

Minimum expectations

Level 1: basic model

- Services within the family hub network are accessible in several ways, for example virtually, physically, via outreach services and community venues, and there is an active emphasis on openness, being welcoming, and whole family working. The family hub welcomes all types of family.
- Family hubs are friendly environments for families with babies and children of all ages. They are parent and carer-friendly and provide opportunities for families to meet each other and peers to support each other informally to help deal with the stresses and isolation that parenting may bring, such as having a new baby or the transition from childhood to adolescence.

Level 2: developed model

- Maintaining a family-friendly culture is central to the design and delivery of the services within the family hub network, including through adhering to [‘You’re Welcome quality criteria’](#).

Go further options

Level 2: developed model

- Family user-data and evidence is gathered to measure the extent to which all types of families feel valued and welcomed, enjoy using family hub provision, and can articulate the difference that family hub services have made to them and their family.
- Family user-data is gathered on the strength of the user experience, for example to measure if families are more able to find and access the right help, engage, stay engaged, and be supported to a positive outcome.
- Family user-data and evidence is gathered and used to evolve the family hub environment and services to make them more family-friendly.
- Family user-data should, where available, include demographic data and cohort-level data (for example families with a social worker, early help worker or families worked with by another service).

1.5 Accessibility and equality

Minimum expectations

Level 1: basic model

- Accessibility of family hub services across protected characteristics, as well as vulnerable and seldom-heard groups, is assessed and strategies are developed to improve accessibility, informed by a needs assessment to understand population and accessibility needs.
- Information for families meets the Accessible Information Requirement and is made available in local languages.
- The family hub and its services demonstrate and model inclusion for children, young people and families with all types of special educational needs and disability, with reasonable adjustments proactively built in. Services are accessible, ensuring environments are physically and sensory accessible.

Level 2: developed model

- Services across the family hub network gather and share a range of evidence and data to ensure that families in priority groups, including those with protected characteristics, vulnerable and seldom-heard groups, are accessing services through the family hub network and feel their needs are being met, and that the impact of services on individual families is effectively monitored.

Go further options

We have not provided any go further options here, as we expect you to deliver all of the level 2 developed model criteria as a minimum.

1.6 Going beyond Start for Life and 0 to 5

Minimum expectations

Level 1: basic model

- The family hub network offers access to support for families with children of all ages 0 to 19 (25 with SEND), including the ante-natal period and vulnerable children and young people, and staff feel confident engaging with families, children and young people across this age range.
- Family user-data or evidence is gathered to assess the extent to which families know that: they can access a wide range of services from 0–19 (25 with SEND) through the family hub network, and they have confidence that the family hub staff will be knowledgeable and help them to access whatever service they need.

Level 2: developed model

- The family hub network offers an extensive range of services across the 0 to 19 (25 with SEND) age range.

Go further options

Level 2: developed model

- Family user-data or evidence is gathered to assess the extent to which families: view family hubs as places that provide services for children and young people of all ages; are confident that family hub staff will be knowledgeable and help them to access whatever service they need; and use the family hub network as their default mode of access for family services across the 0-19 (or 25 with SEND) age range.

Delivery area: connection

Key criteria 2

There are services working together for families with a universal 'front door', shared outcomes and effective governance.

2.1 Co-location

Minimum expectations

Level 1: basic model

- Co-located services tend to be for 0-5s (inclusive of the Start for Life period) however, there are some 0-19 (25 with SEND) family services co-located in family hub buildings.
- There is a co-location review or strategy underway to determine amongst all partners the future balance of co-location within family hubs and necessary plans for change.
- Main hub buildings are supplemented, where appropriate, by other linked or outreach sites. The advantages of community premises should be considered and prioritised due to their accessibility, location and familiarity to families. For example, a community hall or faith building might be an appropriate premises.
- IT systems at the family hub allow professionals to easily co-locate where appropriate.

Level 2: developed model

- The environment within the family hub is appropriate to different age groups and resources are appropriately located to take account of different users' needs.

Go further options

Level 2: developed model

- There is an extensive range of statutory and non-statutory services, across 0-19 (25 with SEND) co-located within family hub buildings. These services span family support, education, health, social care, youth services and other areas.

2.2 Governance and leadership

Minimum expectations

Level 1: basic model

- Functional multi-agency governance arrangements are in place and are becoming established, with agencies delivering services through the family hub committed to better understanding: the demand for services; the family experience; how to embed an early intervention approach delivered through the family hub network locally.
- A more joined-up approach to the services which can or could be accessed through the family hub network is championed by some local advocates, reflecting that progress can still be made on service integration.
- Some senior leaders give a consistent message about the importance of a more joined-up approach to family hub services and have started work on further service integration.

Level 2: developed model

- An effective multi-agency board owns the family hub strategy and leads delivery confidently across local agencies, including the voluntary, community and faith sectors as key partners.
- The board also performs, or is closely linked to, strategic oversight of other core functions of integrated early help, such as Supporting Families, and other relevant agendas and partnership structures, such as local drugs strategy partnerships, school attendance strategy and partnerships and Violence Reduction Units. The board has clear routes into local multi-agency safeguarding arrangements and non-statutory partners, such as education and youth work.
- The board has identified routes to engage with, influence and inform decision-making about relevant services at Integrated Care System (ICS) level and other relevant partnerships and structures. For example, they have a relationship with a local authority member of the Integrated Care Partnership, and through this route can influence the ambitions for children and young people set out in the Integrated Care Strategy. Family hubs are well placed to recognise commissioning gaps, and to collect data on need for and uptake of services, which should inform ICS planning.
- The board is linked to the local data governance board and data-sharing routes are considered with relevant agencies including health, children's social care, education and the police.
- The board includes parent, carer or family representatives. There is also a role for the single, identifiable leader of the Start for Life offer.

- Governance structures enable different agencies to take collective responsibility, share risks and jointly invest in early help, whole-family and whole-system working, including the development of the family hub network.
- Service managers working in or through the family hub network understand the governance structure and how it relates to them.
- Senior leaders, including local politicians, speak with ‘one voice’ on the importance of early help, whole-family and whole-system working, including the development of joined-up family hub services and are advocates and champions for the delivery of the local strategy and local vision for the family hub network.

Go further options

We have not provided any go further options here, as we expect you to deliver all of the level 2 developed model criteria as a minimum.

2.3 Commissioning and funding

Minimum expectations

Level 1: basic model

- Single agencies are currently responsible for commissioning services but there is commitment to develop an outcomes based joint commissioning framework between different agencies for the services which are or could be accessed through the family hub network locally. The framework is in the development phase and includes all relevant partners in its development.
- The family hub has established relationships with Integrated Care Board commissioners of healthcare services and has identified appropriate routes to influence health service commissioning (e.g., through the local Health and Wellbeing Board, through the Integrated Care Board).

Level 2: developed model

- The family hub network is a key priority in the local budget-setting process.
- All decisions about commissioning or redesigning the family hub network take account of the strength of the evidence-base.

Go further options

Level 2: developed model

- There is a joint-commissioning plan between the local authority and other partners, such as health commissioners, for the services accessed through the

family hub network. It is extensive, routine, formally agreed, and covers the majority of family hub services.

- The family hub network considers commissioning in the wider context of early help commissioning decisions and aligns budgets from a range of funding sources such as the local authority, health commissioners and potentially other public sector partners.

2.4 Outcomes

Minimum expectations

Level 1: basic model

- Services that are part of the family hub network share a local theory-of-change and population level and/or cohort outcomes framework. Measurement of family level outcomes through the Supporting Families programme feeds into local population level outcomes. There is commitment to develop this further

Level 2: developed model

- There is a clear theory-of-change about how family hub inputs and outputs relate to target outcomes and impact the key risks and protective factors that influence child development.

Go further options

Level 2: developed model

- Different agencies delivering services through the family hub have a clear view of which parts of the family hub network are working well and use this to inform strategy and service development and take action to improve underperformance against target population outcomes.
- In developing a local population and/or cohort level outcomes framework, the family hub has regard to objectives for children, young people and families set out in local strategies, including the Health and Wellbeing Strategy produced by the local Health and Wellbeing Board, the 5-year forward plan produced by the Integrated Care Board, and the Integrated Care Strategy produced by the Integrated Care Partnership.
- The local population and/or cohort level outcomes framework builds clearly on measurement of family level outcomes through the Supporting Families programme.
- The family hub network uses data to analyse the impact on services and families, and can report on the journey of the family to understand how often they present to early help or social care after engagement with the family hub.

2.5 Evidence-led practice, evaluation and quality improvement

Minimum expectations

Level 1: basic model

- Family hubs are delivering evidence-based programmes and interventions with a commitment to increase this across more of their services.
- Local strategic needs assessments include data on family needs.
- Family feedback data collected and collated on experiences of using family hub services.
- Regular family hub network staff and professional time for reflective practice and learning from past experience and projects.

Level 2: developed model

- Regular reviews of the latest evidence base on family hub practice, programme and intervention effectiveness.
- Regular family hub network staff-training and learning and development on delivering evidence-based programmes and interventions.
- Local evaluation evidence for family hubs and their constituent services is regularly reviewed at operational, management and strategic level and leads to improvements and refinement of practice, services and interventions.
- Regular events, forums and supervision time for professionals and staff to reflect on practice and learn from projects and pieces of work as part of the family hub network.

Go further options

Level 2: developed model

- Evidence-based programmes and interventions are at the core of family hub service provision and are delivered with fidelity across most services.
- Robust and up-to-date multi-agency data (for example health, education, social care) on families is routinely analysed, covering population needs and service use, based on data from across the family hub network. The analysis is routinely used (as it pertains to family hubs) to identify target groups, design services, agree priorities, forecast trends and plan, set strategy, and influence wider family and community strategies.
- Routine monitoring, tracking and analysing of family hub service performance using valid and reliable outcome metrics, and linking with caseload data, children social care data, and data from local and national partners. Proven effectiveness

of family hub services at improving child and family outcomes, with findings published.

- Established evaluation partners that offer independent scrutiny and review of the family hub network.
- Regular benchmarking, learning and activities that assure the quality of the services against intended outcomes, alongside service users experiences. Activities may be undertaken with other local authorities with family hubs and could include data and outcome benchmarking or themed audits.

Key Criteria 3

There are professionals working together, through co-location, data-sharing and a common approach to their work. Families only have to tell their story once, the service is more efficient, with safeguarding at its core, and families get more effective support.

3.1 data- sharing

Minimum expectations

Level 1: basic model

- The family hub has a data-sharing agreement in place as part of existing data-governance structures and there is regular and consistent data-sharing across the family hub network that feeds into the wider system.
- Consistent and regular data-sharing across the family hub network is used to inform whole-family working and decisions about the family hub network. There is commitment to develop this further.
- There is senior commitment and a strategic dialogue underway to improve data-sharing to benefit the family hub through existing agreements amongst education, health and social care partners.

Level 2: developed model

- N/A

Go further options

Level 2: developed model

- The family hub is a key contributor to data-sharing practices across the wider local system, sharing and receiving information across local services to inform strategic decision making and improve delivery.
- Senior leaders in the family hub network are consistently using data analysis to inform decisions about the family hub network.

3.2 Case management

Minimum expectations

Level 1: basic model

- Agencies delivering family hub services across the family hub network have case management system(s) in place which allow for accurate whole family case-recording.

Level 2: developed model

- N/A

Go further options

Level 2: developed model

- A common case management system or interoperability between case management systems, which includes the case management elements set out in the Early Help System Guide, is used across the family hub network for families with all levels of need.

3.3 Common assessment

Minimum expectations

Level 1: basic model

- There is a clear process in place and used across the family hub network to assess need as part of formal early help activity and connect families to the services they need. Common assessment and recording processes are based on the Supporting Families Outcomes Framework.
- There is senior commitment and work underway to roll out a formal coordinated common assessment process across the family hub network for universal services and families at an earlier level of need than those engaged in formal early help activity.

Level 2: developed model

- Across the family hub network there is a clear, consistent and aligned process for identifying need and risk, and for providing appropriate support at an early stage within an agreed common assessment approach. This should cover need at both formal early help level, and below (including universal).

Go further options

Level 2: developed model

- Practitioners across all agencies in the family hub network use the agreed approach to ensure effective targeting.
- There is active monitoring of impact at individual case-level using valid and reliable measurement tools, as detailed in the Supporting Families Outcomes Plan for formal early help activity, including tracking over time of paths between family hub and wider universal or specialist services.

3.4 Safeguarding

Minimum expectations

Level 1: basic model

- All agencies and services within the family hub network are aware of their duty to safeguard children, young people and families in line with the statutory guidance, and adhere to all local safeguarding guidelines.
- All family hub staff are trained to identify safeguarding concerns – whether these be intra-familial or originate outside of the home, or where there are multiple overlapping threats, and staff are aware of and able to connect individuals to the appropriate statutory agencies, where required.

Level 2: developed model

- Information sharing pathways with statutory and non-statutory partners are understood by all staff and measures are in place to ensure information is shared in a proportionate way.

Go further options

We have not provided any go further options here, as we expect you to deliver all of the level 2 developed model criteria as a minimum.

Key Criteria 4

Statutory services, the community, charities, and faith sector partners are working together to get families the help they need.

4.1 Partnerships and co-location with voluntary, community and faith sector

Minimum expectations

Level 1: basic model

- There are agreements in place for family hubs to signpost and connect families to relevant voluntary, community and faith sector and peer support offers.
- There is senior commitment and a strategy underway to grow voluntary, community and faith sector involvement in the family hub network, including considering co-location.

Level 2: developed model

- There is improved connectivity between third sector, community, faith sector and other statutory services delivered through the family hub network.
- There is a strategy to grow and support voluntary, community and faith sector organisations working towards shared outcomes with the family hub network, not just the partnerships themselves.

Go further options

Level 2: developed model

- Third sector, community and faith sector partners and education settings that work through the family hub network are working in a whole-family way.

4.2 Integration and connection

Minimum expectations

Level 1: basic model

- There is join-up between different agencies in the family hub network and a commitment to developing integrated referral pathways so that families can access services when they need them.
- There is join up between the family hub and education partners to ensure there is a clear route of support for children, young people and their families, for example where appropriate the family hub can connect families to the attendance support team within the local authority.
- The Making Every Contact Count approach is embedded.

Level 2: developed model

- Comprehensive, integrated referral pathways are used for a full range of family hub services.
- Referral pathways include voluntary, community and faith sector partners and education settings.

Go further options

Level 2: developed model

- Pathways have been revised to take account of impact, user feedback and new evidence on what works.
- Integrated monitoring systems are used across family hub services to target interventions to families with different needs identified in the local needs assessment.
- Services are flexed to respond to demand using live data.

4.3 Community ownership and co-production

Minimum expectations

Level 1: basic model

- Some resident and parent/carer engagement exercises are undertaken to ask families about their interest in using existing local services that fall within the scope of family hubs (for example statutory consultation on service re-design).
- Families can submit feedback based on their experience of accessing and using family hub services.
- Parent and Carer Panels, which focus on conception to children aged 2, are used to help shape early years services in family hub models in each locality.

Level 2: developed model

- Families and young people co-design family hub services and programmes by being on relevant governance and partnership boards.
- Families and young people participate in the delivery of family hub services or programmes (for example peer support programmes, mentoring programmes and volunteer-led programmes).

Go further options

Level 2: developed model

- Families and young people act as champions and advocates for family hub services.
- Families and young people are routinely involved in planning and directing their family hub service pathways and sources of support.
- Specific efforts are made to seek the input of seldom heard groups, including those not in a family unit such as looked after children.
- Some small-scale budgets may be available for families and young people to use to fund family hub services and support, or participatory budgeting is undertaken routinely.

Delivery Area: relationships

Key Criteria 5

Family hubs prioritise strengthening the relationships that carry us all through life, and building on family strengths, recognising that this is the way to lasting change. This idea is at the heart of everything that is done.

5.1 Whole-family, relational practice model

Minimum expectations

Level 1: basic model

- There is an expectation, understood by all family hub staff, to work in a whole-family way that prioritises safely strengthening relationships and building on families' strengths. There is senior commitment and a plan to develop this further.

Level 2: developed model

- Where appropriate, families have a consistent point of contact in the family hub to help build a trusted relationship.

Go further options

Level 2: developed model

- Professionals across the family hub network engage families and build high-quality, trusting, relationships with them. This is supported by family feedback and outcomes data.
- Support provided through the family hub network builds on families' strengths, drawing on the wider relationships that families have, and on the capacity and potential for support and advice from within local communities, including education settings, voluntary, community and faith organisations.
- Children and young people are connected to mentoring programmes to help increase support networks for those who would benefit most.

5.2 Training and development

Minimum expectations

Level 1: basic model

- There is an initial version of a multi-agency workforce development plan, in which training offers are coordinated to help all partners in the family hub network understand and identify need early, and work in a whole-family way. There is commitment and a plan to develop this further.

Level 2: developed model

- It is widely understood locally what workforce diversity, capacity, skills and knowledge is required to impact on children and young people and family outcomes through a family hub model.
- There is an agreed and high-quality training and supervision offer which supports the family hub network's workforce to apply the latest evidence to their practice.

Go further options

Level 2: developed model

- The family hub network has a learning culture, and feedback informs future training and practice across agencies.
- There are development pathways for existing and new staff, to support retention and ensure areas are growing the staff they will need in the future.



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	Current Service				Option 2 – Do minimum				Option 3 – Do some				Option 4 – Do all			
	Face to face	Virtual	Digital	Outreach	Face to face	Virtual	Digital	Outreach	Face to face	Virtual	Digital	Outreach	Face to face	Virtual	Digital	Outreach
Parenting (Preparation for parenthood antenatal to 2 years)	Yes	Yes	Yes	No	Enhanced Offer	Yes	Yes	Yes	Enhanced Offer	Yes	Yes	Yes	Enhanced Offer	Yes	Yes	
HLE	Yes	No	No	Yes	Enhanced	No	Yes	Yes	Enhanced	No	Yes	Yes	Enhanced	Yes	Yes	
IF	Yes	Yes	No	No	Enhanced	Enhanced	Yes	Yes	Enhanced	Enhanced	Yes	Yes	Enhanced	Yes	Yes	
PNMH	No	No	No	No	Yes	yes	Yes	Yes	Yes	yes	Yes	Yes	Yes	Yes	Yes	
Education for parents on child development	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	Yes
Activities for children aged 0-5	Yes	No	No	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Activities for older children and young people	Yes	No	No	Yes	Yes	No	No	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes
Information, advice and guidance about support services for children and young people with Special Education Needs and Disabilities (SEND)	Yes	No	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Information and signposting to mental health services (children and adults)	Yes	No	No	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Support for parents/carers of adolescents (teenagers)	No	Yes	Yes	No	No	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Online safety for children and young people	No	No	No	No	No	No	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Support for young people with substance misuse (alcohol/drugs)	Yes	-	-	-	-	-	-	-	Yes**	No	Yes	No	Yes	-	Yes	No
Domestic abuse support	Yes*	-	-	-	-	-	-	-	Yes**	No	Yes	No	Yes	-	Yes	No
Debt and welfare advice	Yes*	-	-	-	-	-	-	-	No	No	Yes	No	Yes	-	Yes	No
Signposting to information to support separating and separated parents	Yes *	-	-	-	-	-	-	-	No	No	Yes	No	Yes	-	Yes	No

*This is partly offered through local partnership working on a district by district basis so cannot guarantee a consistent service across the county or the method of delivery.

**Based on identified need we recognise *this is an important offer to reduce harm to children.*



EQIA Submission Draft Working Template

If required, this template is for use prior to completing your EQIA Submission in the EQIA App. You can use it to understand what information is needed beforehand to complete an EQIA submission online, and also as a way to collaborate with others who may be involved with the EQIA.

Note: You can upload this into the App when complete if it contains more detailed information than the App asks for and you wish to retain this detail.

Section A

1. Name of Activity (EQIA Title):	Commissioned Youth Services
2. Directorate	Children, Young People and Education
3. Responsible Service/Division	Integrated Children's Services

Accountability and Responsibility

4. Officer completing EQIA Note: This should be the name of the officer who will be submitting the EQIA onto the App.	Danielle Day Programme Manager – Family Hubs
5. Head of Service Note: This should be the Head of Service who will be approving your submitted EQIA.	Carolann James Director of Operational Integrated Children's Services
6. Director of Service Note: This should be the name of your responsible director.	Carolann James Director of Operational Integrated Children's Services

The type of Activity you are undertaking

7. What type of activity are you undertaking?	
Tick if Yes	Activity Type
Yes	Service Change – operational changes in the way we deliver the service to people.
Yes	Service Redesign – restructure, new operating model or changes to ways of working
Yes	Project/Programme – includes limited delivery of change activity, including partnership projects, external funding projects and capital projects.
Yes	Commissioning/Procurement – means commissioning activity which requires commercial judgement.
Yes	Strategy /Policy – includes review, refresh or creating a new document
	Other – Please add details of any other activity type here.

8. Aims and Objectives and Equality Recommendations – Note: You will be asked to give a brief description of the aims and objectives of your activity in this section of the App, along with the Equality recommendations. You may use this section to also add any context you feel may be required.

Equality Impact Assessment (EQIA)

This EQIA is intended to assess the potential impact of our decisions on persons with different protected characteristics. In particular, this EQIA has been prepared to help us to have regard to the need to: (i) eliminate discrimination; (ii) advance equality of opportunity; and (iii) foster good relations between persons who share a relevant protected characteristic and those who do not, in the exercise of our public functions. These issues are relevant considerations to be taken into account whenever a new policy, function, or system change is being proposed in the exercise of our public functions. This EQIA is also intended to evidence that these considerations have in fact been taken into account, and the weight given to them as part of our decision-making process.

Proposals under consideration and case for change

The existing contracts for the commissioned Youth Services are due to expire at the end of March 2024. A decision on the future service provision and spend is required.

The cost of the current Youth Service contracts is £1.2m, the savings made by not continuing to commission these services would be £913k from the base budget. The remainder c£321k of the funding is currently utilising the Dedicated Schools Grant (DSG) and this would enable a further reduction to the current DSG overspend.

In accordance with Securing Kent’s Future, it is necessary for all services to review future spend, in particular where contracts are reaching end points. In addition, the development of a whole family 0-19 delivery model (Family Hub) at the same time offers the Council an opportunity to refresh KCC’s current offer in Youth Service provision without the commissioned activity previously put in place through these contracts.

If the decision is made to not renew commissioned Youth Services contracts, the following contracts will end:

	District
Canterbury Academy	Ashford
Canterbury Academy	Canterbury
Play Place	Dartford
Pie Factory	Dover
Salus	Folkestone & Hythe
The Grand	Gravesham
Salus	Maidstone
West Kent Extra	Sevenoaks
Southern (used to be opitivo)	Swale
Pie Factory	Thanet
Salus	Ton & Malling
Salus	Tunbridge Wells
	Totals

The commissioned services offer the following activities:

Activities and clubs that may stop are set out as follows:

Ashford district - activity provider: The Canterbury Academy

- Tenterden - Highbury Hall youth sessions and Skate Project
- Ashford Stanhope - Girls netball
- Ashford John Wallis – Boxing, Tennis and basketball, British Sign Language

- Ashford Sk8side - Girls Skate project and other activities
- Detached community work - Bockhanger and McDonalds

Canterbury district - activity provider: The Canterbury Academy

- Pyuxis (Sun and Mon)
- Riverside - Youth session (Wed), Neuro diverse group (Thurs) and volunteer group (Tues)
- Spring Lane - Youth club (Tues, Wed & Thurs)
- Canterbury bike project (not solely funded by KCC, so may not be impacted)
- Detached community work - City Centre, Sturry Road, Wincheap, Thanington, Hales Place and Westgate (Thurs – rotates around various locations)

Dartford district - activity provider: Play Place

- Bean - Recreation Ground - Juniors (Tues)
- Darenth - Hillrise Park - Seniors (Tues)
- Stone - Stone Baptist Church - Junior and Seniors youth clubs (Weds)
- Homework Heroes - Seniors (Weds and Thurs)
- Stone Recreation Ground - Juniors (Thurs)
- Stone Pavilion – Junior and Senior youth club (Fri)
- Knockhall - Greenhithe Community Centre - Junior Club (Thurs) Temple Hill - Playground – Mixed age

Dover district - activity provider: Pie Factory

- Aylesham - Junior youth club, Senior youth club (Tues)
- Biggin Hall - Youth session (Wed)
- Linwood - Youth Hub session (Thurs)
- Astor School - Youth session (Thurs)

Folkestone and Hythe district - activity provider: Salus

- Hythe - Youth Centre - Juniors (Mon) Senior club (Weds) Junior club (Fri) Shepway Autism Support Group - All age (Fri)
- New Romney - Phase 2 – Junior club (Thurs)
- Detached work - Various District wide
- Safety in Action - Local schools - District wide
- D of E (Duke of Edinburgh) Awards
- Residential Junior and Senior Leaders courses

Gravesham district - activity provider: The Grand

- Gravesend - Youth Job Club (Mon), GYG Gone Wild (Mon), Mini GYGers (Tues), GYG Glam (Tues and Wed), GYG Performers (Wed), GYG Creative (Wed), Higham Youth Club (Wed), GYG Committee (Thurs), Active Listening Service
- Cobham Youth Club - Friday

Maidstone district - activity provider: Salus

- Sutton Valence - Village Hall - Junior youth club (Mon)
- Shepway – Youth and Community Centre - Junior club and Senior Youth club (Tues) Junior club and Senior club - (Fri) Olympia Boxing (Fri) one to one and small group work sessions
- Parkwood - Youth Centre - Junior club and Senior club (Thurs)

- Signs of Safety - District wide annual activity to focus on transition from Primary to Secondary education

Sevenoaks district – activity provider: West Kent Extra

- Sevenoaks - The Hope Church, Youth Group (Tues)
- Swanley - The Junction, St Marys Road Youth Group (Fri) and Nurture Group (Tues)
- West Kingsdown - Youth Group (Wed)
- Edenbridge - Eden Centre youth group, House (Tues, Wed & Fri), 8-12s session, Olympia Boxing (Thurs) and Nurture Group (Thurs)
- Dunton Green Pavilion - (Mon)
- Westerham - Youth session (Fri), Olympia Boxing (Wed)

Swale district – activity provider: Southern Housing

- Faversham Baptist Church - Disability Youth Club (Mon)
- Sheerness Healthy Living Centre – Absolute Arts youth club (Mon)
- Newington – Youth club (Tues)
- Sheerness County Youth Centre – Sheerness Seniors Youth Club (Tues)
- Rushenden – Youth club (Wed)
- Thistle Hill - Detached provision (Wed)
- Faversham Baptist Church – 812 youth club (Thurs)
- Sheerness Youth Centre – Youth club (Thurs)
- Teynham – Detached provision (Thurs)
- Faversham Recreation Ground – Detached (Fri)
- Swale – School work (various)

Thanet district - activity provider: Pie Factory

- Ramsgate Youth Centre - Bike Project (Mon), The Live Room (Mon), ACT! Youth Volunteer Group (Tues), Band Room (Tues), Junior youth club (Thurs), Open Arms (Fri)
- The Pavilion Youth & Community Café - Youth café sessions (Tues, Thurs and Fri)
- Parent and Child group (Wed, all age)
- Detached Community work - Streets based in Ramsgate (Fri)

Tonbridge and Malling district – activity provider: Salus

- Ditton - Junior youth club and Senior youth club (Mon)
- Snodland - Junior youth club and Senior youth club (Wed)
- East Malling / Larkfield - Junior youth club and Senior youth club (Thurs)
- Detached sessions in Larkfield – Larkfield skate park and other locations when required
- Signs of Safety - District wide annual activity to focus on transition from Primary to Secondary education

Tunbridge Wells district – activity provider: Salus

- Paddock Wood - Junior youth club and outreach (Mon)
- Rusthall - Detached sessions (Tues)
- Langton Green - youth club (Tues)
- Cranbrook - Junior and Senior mixed youth club and outreach (Thurs)
- Sherwood - Detached sessions
- Safety in Action - annual activity for year 6 students to focus on the transition from primary to secondary school

This policy change for Kent would include substantial savings and would rebase our existing Open Access & Youth inhouse services to deliver the provision for children and families 0 to 19. The proposal is to not renew existing youth commissioned contracts when they end in March 2024 enabling a savings to the Council of £913K. The analysis from the available evidence suggests that the development and implementation of Family Hubs in Kent may have impacts for some protected characteristic groups due to the mixed client base.

Section B – Evidence

Note: For questions 9, 10 & 11 at least one of these must be a 'Yes'. You can continue working on the EQIA in the App, but you will not be able to submit it for approval without this information.

9. Do you have data related to the protected groups of the people impacted by this activity?
Answer: Yes/No

Yes

10. Is it possible to get the data in a timely and cost effective way?
Answer: Yes/No

Yes

11. Is there national evidence/data that you can use?
Answer: Yes/No

Yes

12. Have you consulted with Stakeholders?
Answer: Yes/No
Stakeholders are those who have a stake or interest in your project which could be residents, service users, staff, members, statutory and other organisations, VCSE partners etc.

Yes

13. Who have you involved, consulted and engaged with?

Please give details in the box provided. This may be details of those you have already involved, consulted and engaged with or who you intend to do so with in the future. If the answer to question 12 is 'No', please explain why.

Initial informal engagement took place between January and August 2022 with staff, service users and partners to explore the themes and aims of a Family Hub model in Kent, to inform the proposals and the application for the Family Hub Grant Funding in August 2022. Colleagues from across Integrated Children's Services have spoken with KCC staff, health visitor and midwifery colleagues, other public health colleagues, commissioners and the Voluntary and Community Sector (VCS).

The Family Hub services public consultation launched on 19 July 2023 and closed on the on 13 September. The proposal to cease commissioned youth contracts was included within the consultation. There was a separate section in the consultation document which outlined the proposals district by district and the questionnaire provided opportunity for young people, parents/carers and professionals to feedback specifically on identified services, and generally.

In addition to the formal consultation questionnaire (which could be completed online or as a physical form) families and young people were encouraged and supported by youth services to respond informally if they preferred to. To this end young people were able to send emails, other written communication, videos, voice notes and photos, and flip charts from youth sessions.

The feedback from the consultation described the difference stopping commissioned youth activities would make to service users, and has informed the equalities impact analysis and modelling. By way of a summary, the main themes of feedback as it related to the cessation of the Youth Service contracts are included here.

When the question was put to residents, just under a third of consultees (31%) stressed the personal need for these activities and 17% indicated that they rely on these services. Just over a quarter (27%) believe it will result in them missing out on socialising/mixing/building confidence in making friends. Other comments highlight that the removal of these activities would be detrimental to children/young people that use them and have a negative impact and affect mental health/wellbeing/anxiety/feelings of isolation.

When the question was put to professional/organisational consultees, they expressed concerns that increasing numbers of young people need to access support and stopping services is the opposite of what is needed. In addition, consultees reference the potential implications of this in terms of mental health and safety concerns. Consultees also expressed concerns that these activities provide much needed services for 'hard to engage' young people/adolescents and that they may not interact with other service provisions.

Having considered all factors including these responses, KCC's preferred course of action remains to cease the commissioned Youth Service contracts at the end of March 2024, analysed below as Option 1.

Whilst KCC acknowledges the value of the work carried out by commissioned Youth Services for the duration of the current contracts, reflected in the consultation responses, the extent of the financial challenge the Council now faces has led to difficult decisions being necessary. The implication of continuing with the Youth Service contracts delivering discretionary services beyond March 2024 would be a requirement to make greater cuts in other parts of the Council's CYPE budget, which could require making cuts elsewhere.

14. Has there been a previous equality analysis (EQIA) in the last 3 years?
Answer: Yes/No

Yes

15. Do you have evidence/data that can help you understand the potential impact of your activity?
Answer: Yes/No

Yes

<p>Uploading Evidence/Data/related information into the App <i>Note: At this point, you will be asked to upload the evidence/ data and related information that you feel should sit alongside the EQIA that can help understand the potential impact of your activity. Please ensure that you have this information to upload as the Equality analysis cannot be sent for approval without this.</i></p>	
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Section C – Impact

16. Who may be impacted by the activity? Select all that apply.

Service users/clients <i>Answer: Yes/No</i>	Yes	Residents/Communities/Citizens <i>Answer: Yes/No</i>	Yes
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Staff/Volunteers <i>Answer: Yes/No</i>	Yes		
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17. Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing? Answer: Yes/No	Yes
---	-----

18. Please give details of Positive Impacts

The proposal to cease commissioned youth services contracts will not result in any positive impacts for services users, staff or residents. However, the Family Hub 0-19 years (to 25 years for SEND) model will offer a youth offer within a whole family approach.

Negative Impacts and Mitigating Actions

The questions in this section help to think through positive and negative impacts for people affected by your activity. Please use the Evidence you have referred to in Section B and explain the data as part of your answer.

19. Negative Impacts and Mitigating actions for Age

a) Are there negative impacts for age? Answer: Yes/No (If yes, please also complete sections b, c, and d).	Yes
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b) Details of Negative Impacts for Age	Young people accessing commissioned youth services aged 8-19 years are likely to be disproportionately impacted by the proposal to cease Commissioned Youth Services. The activities are part of their wider social, physical and emotional development extra-curricular activities.
---	--

	<p>9,747 young people aged 8yrs+ have accessed commissioned youth services so far this year across Kent, and these young people could be impacted by the decision to cease contracts.</p> <p>Data shows the reach (the number of individuals who have attended at least one session) for BOTH commissioned and KCC youth services has increased year on year from 8681 in 2021, to 12,365 in 2022 to 13,869 in (Jan to 10th Oct) 2023.</p> <table border="1" data-bbox="523 488 1418 674"> <thead> <tr> <th>Reach</th> <th>2021</th> <th>2022</th> <th>2023</th> </tr> </thead> <tbody> <tr> <td>Commissioned youth services</td> <td>6,881</td> <td>8,633</td> <td>9,747</td> </tr> <tr> <td>KCC youth services</td> <td>1,800</td> <td>3,732</td> <td>4122</td> </tr> </tbody> </table> <p>Children and young people aged between 8-19 years are more likely to be impacted by the cessation of commissioned youth contracts, as alternative provision will have a cost attached and therefore may impact some young people's ability to participate.</p> <p>Within the Family Hub model, KCC will continue with in-house youth provision. It would remain a mix of activity at KCC centres and outreach locations. We also recognise there are a wide range of youth activities already available in communities e.g. local sports clubs.</p>	Reach	2021	2022	2023	Commissioned youth services	6,881	8,633	9,747	KCC youth services	1,800	3,732	4122
Reach	2021	2022	2023										
Commissioned youth services	6,881	8,633	9,747										
KCC youth services	1,800	3,732	4122										
<p>c) Mitigating Actions for age</p>	<p>There is a range of community-based youth activities which can be accessed by young people. These include activities at afterschool clubs, leisure centres, grass roots sports clubs, youth activities provided by groups such as Scouts and Brownies, or faith groups.</p> <p>In order to address the concerns expressed within the consultation responses insofar as is possible, if commissioned youth services are not renewed it will be important for us to work with young people and former contracted providers to identify and signpost appropriate services that they will be able to access through in-house youth provision and any other local services (e.g. in the voluntary sector), via a directory of youth services. This will be provided through half yearly updates and will be managed centrally.</p>												
<p>d) Responsible Officer for Mitigating Actions – Age</p>	<p>Danielle Day Programme Manager – Family Hubs</p>												
<p>20. Negative Impacts and Mitigating actions for Disability</p>													
<p>a) Are there negative impacts for Disability? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i></p>	<p>Yes</p>												

b) Details of Negative Impacts for Disability

For the purposes of this EQIA the disability data includes those young people with an EHCP and SEN Support.

Face to Face delivery

According to the most recent service user data, there were around 915 services users with Special Educational Needs (EHCP or SEN Support) accessing Commissioned Youth Services from 2021 to 2023 (Jan to 10th Oct) who may be more adversely affected by the proposals than those without disabilities.

Commissioned providers currently offer the following services specific to individuals with disabilities:

- Ashford, British Sign Language (BSL)
- Canterbury, Neurodiverse Group
- Folkestone & Hythe, Shepway Autism Support Group
- Swale, Disability Youth Club

If these support services are ceased, this will have a negative impact. KCC's in-house youth service will continue to offer support. As BSL is a specialist area, we would need to consider how support continues to be offered.

Reach	2021	2022	2023
Commissioned youth services	247	389	315
KCC youth services	280	247	208

The proposed ceasing of Commissioned Youth Services may adversely affect young people with SEND if they do not feel they can or wish to access other youth activities. This may be due to a change in the service type, location or even different participants or facilitators in groups that they may find distressing or difficult to manage.

Given that educational, employment, and wellbeing outcomes are all generally lower for those with disabilities, (Outcomes for disabled people in the UK – Office for National Statistics (ons.gov.uk)) this proposal may be compounded by increased difficulty accessing services, resulting in a disproportionate impact.

36 responders (7%) felt that the proposals will affect those with SEN/SEND/ND/Autism. 21 responders (4%) felt that the proposals may detrimentally affect those who are vulnerable/disabled.

Parent/carers responders described how their children with SEND benefited from the social experiences and increased their confidence by attending youth groups.

Digital and Virtual Delivery

	<p>Parents/carers and children with disabilities may be unable to access information digitally. ONS research suggests that half of internet non-users in 2017 has a disability and are disproportionately affected by digital exclusion. Exploring the UK's digital divide – Office for National Statistics (ons.gov.uk). As such they may be more reliant on face-to-face services as they may not be able to access the digital offer.</p>
<p>c) Mitigating Actions for Disability</p>	<p>Annual review of statutory youth offer to identify need and design an offer informed by local data and service user feedback/co-design.</p> <p>To ensure we continue to support young people with SEND to access youth activities there will need to be face to face targeted groups in each district to minimise impact on impacted young people with SEND.</p> <p>Evidence from the consultation tells us that families prefer virtual services on some occasions. This may be the case where a young person is experiencing anxiety in meeting people or going out to new groups. To this end we will also ensure that there is some virtual delivery of services.</p> <p>[In order to address the concerns expressed within the consultation responses insofar as is possible, if commissioned youth services are not renewed it will be important for us to work with young people and former contracted providers to identify and signpost appropriate services that they will be able to access through in-house youth provision and any other local services (e.g. in the voluntary sector), via a directory of youth services. This will be provided through half yearly updates and will be managed centrally.</p> <p>There are some existing groups available to those with disabilities, and to ensure consistency, we will deliver groups in partnership where this is beneficial to service users on a county wide basis. KCC will continue to strengthen the in-house youth provision to support those with SEND, working alongside partners.</p>
<p>d) Responsible Officer for Mitigating Actions - Disability</p>	<p>Danielle Day Programme Manager – Family Hubs</p>
<p>a) Are there negative impacts for Sex? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i></p>	<p>Yes</p>
<p>b) Details of Negative Impacts for Sex</p>	<p>Generally commissioned youth services reach slightly more males than females.</p> <p>There is district variation in the data which means that the impact on sex of ceasing youth contracts will vary by district. Of particular note is Gravesham where the CYH The Gr@nd Youth Club this year to date has had a very high reach of females, 1055.</p>

	Reach	2021	2022	2023			
		male	female	male	female	male	female
	Commissioned youth services	3,379	3,243	4,563	3,870	4,684	5,024
	KCC youth services	1,150	1,017	2,440	1,990	2,626	2,257
	<p>In Gravesham females would be negatively impacted by the ceasing of commissioned youth contract as The Gr@nd has a very high reach of females in the year to date 2023. This may be due to the nature of the offer provided by The Gr@nd being very music and performing arts orientated being more attractive to females.</p> <p>Commissioned providers in Ashford currently offer girls netball and a girls skate project.</p>						
c) Mitigating Actions for Sex	<p>There is a range of universal community-based youth activities which can be accessed by young people of both sexes. These include activities at afterschool clubs, leisure centres, grass roots sports clubs, youth activities provided by groups such as Scouts and Brownies, or faith groups.</p> <p>However, some of these will be chargeable activities and therefore may impact some young people’s ability to participate.</p> <p>Annual review of statutory youth offer to identify need and design an offer informed by local data and service user feedback/co-design.</p> <p>Within the Family Hub Network work needs to be completed to identify gaps in provision and support community and voluntary groups to deliver a universal youth offer that delivers opportunities and meets need for young people of both sexes.</p> <p>Where appropriate and informed by needs data, Family Hubs may run targeted groups for young people such as girls groups (for those vulnerable or at risk of sexual exploitation) or other targeted groups which may have a positive/deliberate gender bias around need.</p> <p>In order to address the concerns expressed within the consultation responses insofar as is possible, if commissioned youth services are not renewed it will be important for us to work with young people and former contracted providers to identify and signpost appropriate services that they will be able to access through in-house youth provision and any other local services (e.g. in the voluntary sector), via a directory of youth services. This will be provided through half yearly updates and will be managed centrally.</p> <p>If these support services are ceased, this will have a negative impact. KCC will seek to support identification of girl specific activities and deliver those where required, but these may not be a like for like, eg. Netball.</p>						

d) Responsible Officer for Mitigating Actions - Sex	Danielle Day Programme Manager – Family Hubs
22. Negative Impacts and Mitigating actions for Gender identity/transgender	
a) Are there negative impacts for Gender identity/transgender? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	Yes
b) Details of Negative Impacts for Gender identity/transgender	<p>Gender data captures numbers of young people reached for whom gender is recorded as ‘unknown’ but we do not know if this is because this information has not been recorded or because it reflects how young people identify.</p> <p>There are currently no specific groups delivered by Commissioned youth services that are specifically for targeted gender identity young people.</p>
c) Mitigating actions for Gender identity/transgender	<p>There is a range of universal community-based youth activities which can be accessed by young people regardless of their gender identity. These include activities at afterschool clubs, leisure centres, grass roots sports clubs, youth activities provided by groups such as Scouts and Brownies, or faith groups.</p> <p>However, some of these will be chargeable activities and therefore may impact some young people’s ability to participate.</p> <p>Annual review of statutory youth offer to identify need and design an offer informed by local data and service user feedback/co-design.</p> <p>Within the Family Hub Network work needs to be completed to identify gaps in provision and support community and voluntary groups to deliver a universal youth offer that delivers opportunities and meets need for young people who are transgender or have a different gender identity to their sex at birth.</p> <p>Where appropriate and informed by needs data, Family Hubs may run targeted groups for young people who are transgender or identify as a different gender to their sex at birth.</p> <p>In order to address the concerns expressed within the consultation responses insofar as is possible, if commissioned youth services are not renewed it will be important for us to work with young people and former contracted providers to identify and signpost appropriate services that they will be able to access through in-house youth provision and any other local services (e.g. in the voluntary sector), via a directory of youth services. This will be provided through half yearly updates and will be managed centrally.</p>
d) Responsible Officer for Mitigating Actions	Danielle Day Programme Manager – Family Hubs

- Gender identity/transgender	
23. Negative Impacts and Mitigating actions for Race	
a) Are there negative impacts for Race? <i>Answer: Yes/No</i> <i>(If yes, please also complete sections b, c, and d).</i>	Yes
b) Details of Negative Impacts for Race	<p>The data for ethnicity reach is largely uncategorised so meaningful analysis/comparison with district population data is difficult as the numbers are very low.</p> <p>However there are district variations which show that ceasing commissioned youth services would have a negative impact for race.</p> <p>In particular for 2023 year to date:</p> <ul style="list-style-type: none"> - Dartford commissioned youth reach more Black African young people (21), Black British (10), Indian (17), other mixed background (10) than KCC youth services (11, 3, 4 and 4 respectively) - Canterbury commissioned youth reach more other Asian background (9) and white and black Caribbean (10) compared to KCC youth services (0 and 1 respectively) - Dover commissioned youth reach Gypsy/Roma or Irish Traveller (12), whereas KCC youth services reach (1) - Gravesham commissioned youth/KCC reach Black African (99, 3), Black British (13, 3), Black Caribbean (8, 1), Indian (67, 12), Other (23, 6), Other Asian Background (20, 6), Other black background (13, 3), Other mixed background (34, 7), Other white background (98, 21), Pakistani (12, 4). - Maidstone commissioned youth/KCC youth reach Gypsy, Roma or Irish Traveller (19, 5), White and Black Caribbean (18, 8) - Thanet commissioned youth/KCC offer reach Black African (11, 4), Other Mixed background (17, 4) - Tonbridge and Malling commissioned/KCC youth reach Black African (9,0) - Tunbridge Wells commissioned/KCC youth reach Chinese (6, 1) <p>Consultation respondees themes did not identify ethnic populations as an impacted area from the Equality analysis.</p> <p>People whose first language is not English are more likely to be digitally excluded and may not be able to access an enhanced digital offer. They may also not access traditional marketing activity for face to face, understand the changes being proposed or understand how to access or apply for targeted support in the future. They may be more reliant on local access points. we also recognise that some ethnic minority families may not feel that the services are available to cater for their specific cultural needs.</p>
c) Mitigating Actions for Race	<p>There is a range of universal community-based youth activities which can be accessed by young people regardless of their ethnicity. These include</p>

activities at afterschool clubs, leisure centres, grass roots sports clubs, youth activities provided by groups such as Scouts and Brownies, or faith groups.

However, some of these will be chargeable activities and therefore may impact some young people's ability to participate.

Annual review of statutory youth offer to identify need and design an offer informed by local data and service user feedback/co-design.

Within the Family Hub Network work needs to be completed to identify gaps in provision and support community and voluntary groups to deliver a universal youth offer that delivers opportunities and meets need for young people regardless of race and ethnicity.

Where appropriate and informed by needs data, Family Hubs may run targeted groups for young people which may be discreet groups.

Co-production of digital content will be developed to be inclusive focusing on simple language that is either available to translate or is compatible with common translation software.

Targeted provision will be informed by a range of data including the number of children whose main language is not English, and the number of students from ethnically diverse backgrounds. Ongoing analysis will be required to ensure that Family Hub services are targeted at more "hidden" communities or ethnic groups.

Family Hubs will work alongside partner agencies, community groups and faith organisation to identify ethnic minority children, families, and communities in the local area to provide local solutions to service provision e.g., specifically designed groups and interventions to improve outcomes for diverse ethnic communities.

Enhanced community working and support from volunteer and peer support networks should increase awareness of services and access routes. Universal health services within the Start for Life offer may use interpretation services to support services for one-to-one support. In areas of higher need (e.g., in Dartford and Gravesham 15% of children don't have English as their main language) promotional materials for support should be available in alternative languages where required.

In order to address the concerns expressed within the consultation responses insofar as is possible, if commissioned youth services are not renewed it will be important for us to work with young people and former contracted providers to identify and signpost appropriate services that they will be able to access through in-house youth provision and any other local services (e.g. in the voluntary sector), via a directory of youth services. This will be provided through half yearly updates and will be managed centrally.

d) Responsible Officer for Mitigating Actions - Race	Danielle Day Programme Manager – Family Hubs
24. Negative Impacts and Mitigating actions for Religion and belief	
a) Are there negative impacts for Religion and Belief? Answer: Yes/No (If yes, please also complete sections b, c, and d).	No
b) Details of Negative Impacts for Religion and belief	N/A
c) Mitigating Actions for Religion and belief	N/A
d) Responsible Officer for Mitigating Actions - Religion and belief	N/A
25. Negative Impacts and Mitigating actions for Sexual Orientation	
a) Are there negative impacts for sexual orientation. Answer: Yes/No (If yes, please also complete sections b, c, and d).	Yes
b) Details of Negative Impacts for Sexual Orientation	We do not have any data on attendees. LBGTQ+ young people who attend commissioned youth services will have to look for other youth opportunities which may not be as inclusive.
c) Mitigating Actions for Sexual Orientation	<p>There is a range of universal community-based youth activities which can be accessed by young people regardless of sexual orientation. These include activities at afterschool clubs, leisure centres, grass roots sports clubs, youth activities provided by groups such as Scouts and Brownies, or faith groups.</p> <p>However, some of these will be chargeable activities and therefore may impact some young people’s ability to participate.</p> <p>Annual review of statutory youth offer to identify need and design an offer informed by local data and service user feedback/co-design.</p> <p>Within the Family Hub Network work needs to be completed to identify gaps in provision and support community and voluntary groups to deliver a universal inclusive youth offer that delivers opportunities and meets need for young people regardless of sexual orientation.</p> <p>Where appropriate and informed by needs data, Family Hubs may run targeted groups specifically for LBGTQ+ young people, or ensure that other targeted groups are fully inclusive regardless of sexual orientation.</p> <p>In order to address the concerns expressed within the consultation responses insofar as is possible, if commissioned youth services are not renewed it will be important for us to work with young people and former</p>

	contracted providers to identify and signpost appropriate services that they will be able to access through in-house youth provision and any other local services (e.g. in the voluntary sector), via a directory of youth services. This will be provided through half yearly updates and will be managed centrally.
d) Responsible Officer for Mitigating Actions - Sexual Orientation	Danielle Day Programme Manager – Family Hubs
26. Negative Impacts and Mitigating actions for Pregnancy and Maternity	
a) Are there negative impacts for Pregnancy and Maternity? Answer: Yes/No (If yes, please also complete sections b, c, and d).	We do not have any data which indicates there are any pregnant mothers or fathers attending the commissioned youth services.
b) Details of Negative Impacts for Pregnancy and Maternity	N/A
c) Mitigating Actions for Pregnancy and Maternity	N/A
d) Responsible Officer for Mitigating Actions - Pregnancy and Maternity	N/A
27. Negative Impacts and Mitigating actions for marriage and civil partnerships	
a) Are there negative impacts for Marriage and Civil Partnerships? Answer: Yes/No (If yes, please also complete sections b, c, and d).	No
b) Details of Negative Impacts for Marriage and Civil Partnerships	N/A
c) Mitigating Actions for Marriage and Civil Partnerships	N/A
d) Responsible Officer for Mitigating Actions - Marriage and Civil Partnerships	N/A
28. Negative Impacts and Mitigating actions for Carer's responsibilities	
a) Are there negative impacts for Carer's responsibilities? Answer: Yes/No (If	No

<i>yes, please also complete sections b, c, and d).</i>	
b) Details of Negative Impacts for Carer's Responsibilities	N/A
c) Mitigating Actions for Carer's responsibilities	N/A
d) Responsible Officer for Mitigating Actions - Carer's Responsibilities	N/A

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KENT COUNTY COUNCIL FAMILY HUB SERVICES CONSULTATION - WRITTEN REPORT

PREPARED BY LAKE MARKET RESEARCH



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BACKGROUND AND METHODOLOGY

Background

The development of Family Hubs is part of a national programme taking place. Family Hubs bring together different services, so that families and young people can quickly and easily get the support they need. Professionals from different organisations will work together to provide these services, which means that users won't need to share their information more than once or contact lots of different organisations to get the help they need.

The introduction of Family Hubs in Kent will mean changes to some of the existing services Kent County Council, and partners, provide for families and young people. There will be changes to how you access the services currently provided by:

- Children's Centres
- Youth Hubs and community youth provision
- Health Visiting services
- Community-based midwifery care

The government has set out which services as a minimum must be delivered through Family Hubs. These are:

- parent-infant relationships and mental health support for new parents
- infant feeding support
- parenting support
- support with early language development and the home learning environment
- support for children with special educational needs and disabilities (SEND)
- safeguarding

The Family Hubs Services consultation was launched as a way to find out what effect the proposed changes may have and the chance to collect feedback for the development of additional Family Hub services, based on need.

The consultation also sets out proposed changes to youth services that are commissioned by KCC and seeks feedback on these.

Consultation process

The consultation ran from 19 July to 13 September 2023 and was available on the Council's "[Let's talk Kent](#)" website. There were 22,256 page views made by 8,752 visitors during this time. Two questionnaires were available, aimed at different audiences: residents/service users, and staff/professionals. The former had 908 responses (95 of which were easy read) and the latter had 263 responses. The consultation was actively promoted at children's centres and youth hubs, with paper copies of the consultation materials available at these sites.

Staff were available at a number of activity events during the consultation period (24 events across the county) to engage with participants about the proposals, answer queries and encourage participation.

Young people were engaged directly and had the option of how they participated (for example, questionnaires, group discussions etc).

To raise awareness of the consultation and encourage participation, the following activities were undertaken:

- Promotional material sent to Health Visiting service and community-based midwifery
- Social media via: Open Access district Facebook pages, and KCC's corporate Facebook, X (Twitter), LinkedIn and Nextdoor accounts
- Paid Facebook advertising
- Posters and promotional postcards in Children's Centres, Youth Hubs, Kent Libraries, and Gateways
- Promoted on Kent Library PC welcome screens
- Emails to stakeholder organisations (eg health, district councils, Kent Association of Local Councils, Healthwatch etc)
- Invite to over 9700 people registered on Let's talk Kent who had asked to be kept informed about new consultations
- Articles in KCC's residents' e-newsletter
- Articles on the Kelsi website and e-bulletin for education professionals in Kent
- Article in NHS newsletter
- Media release issued at the launch of the consultation
- Banners/information on Kent.gov.uk homepage
- Articles on KCC's staff intranet and e-newsletters and email to staff groups.
- Social Media was a planned campaign with different / repeated messaging over the consultation period.
- Email to stakeholders 2 weeks before the consultation closed to remind/prompt those who had not yet responded.
- Targeted engagement and prompts via our open access and health visiting colleagues to encourage engagement in particular locations/communities.
-

The [consultation website](#) contained a short introduction and all the consultation information (the full document, summary document, Equality Impact Assessment, questionnaires, other background information, and easy read and large print documents. A Word version of the questionnaire was available for those that did not want to complete the online form.

Promotional materials (and the website) included details of how to request alternative formats. Postcard content was translated into 3 languages (Punjabi, Polish and Slovak) for centre staff to use to engage relevant service users where necessary. A telephone number and email address were available for queries and feedback.

Points to note

- Consultees were invited to comment on each aspect of the consultation and were given the choice of which questions they wanted to answer / provide comments. The number of consultees providing an answer is shown on each chart / table featured in this report.

- Consultees were given a number of opportunities to provide feedback in their own words throughout the questionnaire. This report includes examples of verbatims received (as written by those contributing) but all free text feedback is being reviewed and considered by KCC.
- This report includes feedback provided for the design of Family Hub Services and changes to youth services. Feedback for each element of the consultation has been categorised into sections accordingly.
- This report includes feedback from residents and professionals / organisations and the consultation contained a separate questionnaire for each stakeholder group. Feedback for each stakeholder group has been reported separately.
- Feedback received by the KCC team via email has been reviewed for the purpose of analysis and free text comments have been included where applicable in this report.
- Participation in consultations is self-selecting and this needs to be considered when interpreting responses.
- Response to this consultation does not wholly represent the individuals or stakeholders the consultation sought feedback from and is reliant on awareness and propensity to take part based on the topic and interest.
- KCC was responsible for the design, promotion, and collection of the consultation responses. Lake Market Research was appointed to conduct an independent analysis of feedback.

Profile of resident consultees responding

908 consultees took part in the consultation questionnaire. The KCC team also received feedback via email / letters. Emails / letters were passed to Lake Market Research to review and include comments in this report accordingly.

The table below shows the profile of consultees responding to the consultation questionnaire only. The proportion who left this question blank or indicated they did not want to disclose this information has been included as applicable.

RESPONDING AS...	Number of consultees answering	% of consultees answering
As a Kent resident	849	94%
On behalf of a friend or relative	24	3%
A resident from somewhere else	14	2%
Other	6	1%
Prefer not to answer / left blank	15	2%

GENDER	Number of consultees answering	% of consultees answering
Male	97	11%
Female	597	66%
Prefer not to answer / left blank	214	24%

AGE	Number of consultees answering	% of consultees answering
0-15	14	2%
16-24	28	3%
25-34	198	22%
35-49	315	35%
50-59	62	7%
60-64	23	3%
65-74	23	2%
75-84	15	2%
85 & over	3	0.3%
Prefer not to answer / left blank	227	25%

PRESENCE OF CHILDREN	Number of consultees answering	% of consultees answering
I/we have children	612	67%
I am / we are expecting a child	40	4%
I/we do not have children	54	6%
Prefer not to answer / left blank	202	22%

AGES OF CHILDREN	Number of consultees answering	% of consultees answering
0-1 year old	194	21%
2-5 years old	240	26%
6-10 years olds	196	22%

11-19 years old	238	26%
I/we do not have children	54	6%
Do not have children / prefer not to answer / left blank	255	28%

Profile of professionals / organisation consultees responding

263 consultees took part in the consultation questionnaire. The KCC team also received feedback via email / letters. All emails / letters / videos received were passed to Lake Market Research to review and include comments in this report accordingly.

The table below shows the profile of consultees responding to the consultation questionnaire only. The proportion who left this question blank or indicated they did not want to disclose this information has been included as applicable.

RESPONDING AS...	Number of consultees answering	% of consultees answering
Kent County Council staff	77	29%
Community-based midwifery staff	2	1%
Health Visiting staff	17	6%
Staff from another health-related organisation	11	4%
As a representative of a local community group or residents' association	2	1%
On behalf of an educational establishment, such as a school, college or early years setting	40	15%
On behalf of a Parish / Town / Borough / District Council in an official capacity	15	6%
As a Parish / Town / Borough / District / County Councillor	16	6%
As a Kent business owner or representative	2	1%
On behalf of a charity, voluntary or community sector organisation (VCS)	53	20%
On behalf of a faith group	2	1%
Other	26	20%

EXECUTIVE SUMMARY

RESIDENT FEEDBACK - FAMILY HUB SERVICES

- Of the eleven proposed Family Hub services put forward to consultees, the most commonly used are activities for children aged 0-5 (70%) and activities for older children and young people (48%). This is followed by education for parents on child development (35%), information, advice and guidance about support services for children and young people with Special Education Needs and Disabilities (31%) and information and signposting to mental health services (children and adults) (31%).
- Of the same eleven proposed Family Hub services, the most common activities likely to use in the future are activities for older children and young people (87%), support for parents / carers of adolescents (teenagers) (73%) and online safety for children and young people (73%).
- Potential interest is also high for information and signposting to mental health services (69%), activities for children aged 0-5 (65%) and information, advice and guidance about support services for children and young people with Special Education Needs and Disabilities (SEND) (62%); reflecting an interest in a wider range of services for future use compared to those currently used.
- When asked to indicate what other services should be available for children, families and young people through the Family Hub network, the most common suggestion put forward is a place specifically for teenagers / activities for teenagers / support for teenagers / youth activities (32%).
- Of the three means of potential access to Family Hub services put forward to consultees, face to face is the most popular with 90% of consultees indicating they feel comfortable with this access route. 76% indicated they would be comfortable with accessing information services online. 55% indicated they would be comfortable with access virtual services (e.g. groups, course, live chat). The main reasons put forward for lower comfort levels with virtual access are a preference for face to face / in person approach, anxiety / feeling awkward, limited / no access to internet / equipment and a perception that face to face access is more effective.
- When asked to comment on the concept of Family Coaches, just under half of consultees answering (45%) commented that the concept was a good idea / beneficial to families. However, concerns are also expressed with regards to the training / expertise of these coaches and how this can be managed / ensured.
- When asked to comment on any other considerations for the development of Family Hub services, consultees commented on physical access to such services in terms of travel / public transport / the ability to travel needs to be considered. Face to face contact and retaining current centres / contact is also highlighted.

RESIDENT FEEDBACK - YOUTH SERVICE PROPOSALS

- Consultees were invited to comment on the specific activities highlighted in the consultation proposals and describe the difference stopping these activities would make to them.
- Just under a third of consultees answering (31%) stressed the personal need for these activities and 17% indicated that they rely on these services. Just over a quarter (27%) believe it will result in them missing out on socialising / mixing / building confidence in making friends / socialising.
- Other comments highlight that the removal of these activities would be detrimental to children / young people that use them and have a negative impact and affect mental health / wellbeing / anxiety / feelings of isolation.

PROFESSIONAL / ORGANISATION FEEDBACK - FAMILY HUB SERVICES

- Consultees were asked to select the access methods they consider suitable for delivering the pre-defined eleven services featured in the resident consultation questionnaire.
- Face to face (in person) contact is considered the most suitable access route across all eleven services with between 82% and 97% selecting this access route for each service.
- Online service (accessing information) and virtual service access is considered more suitable for other services than others, namely:
 - Information and signposting to mental health services (children and adults)
 - Support for parents/carers of adolescents (teenagers)
 - Online safety for children and young people
 - Debt and welfare advice
 - Signposting to information to support separating and separated parents
- Online service (accessing information) and virtual service access is considered less suitable for:
 - Education for parents on child development
 - Activities for children aged 0-5
 - Activities for older children and young people
 - Information, advice and guidance about support services for children and young people with Special Education Needs and Disabilities (SEND)
 - Support for young people with substance misuse (alcohol/drugs)
 - Domestic abuse support
- When prompted to comment on additional suggestions for Family Hub services, consultees made reference to the inclusion of youth / adolescent service provision and targeting of where this is

needed to achieve impact, making face to face workshops / drop in sessions / groups available and signposting, support and advisory services.

- When prompted to comment on Family Coaches, some consultees were positive towards the concept and felt it was a good idea / beneficial to families. However, concerns were expressed with regard to the level of training / expertise required and questioned whether the service can be effective with volunteers only. Some also highlighted that there is potential duplication in delivery of these services both currently and historically.
- There is a high level of interest in the support, advice and opportunities presented to consultees. A high proportion would like to see opportunities for organisations to share their knowledge and expertise (80%), opportunities for organisations to deliver their services alongside other Family Hub network partners (79%) and training and development opportunities (78%).
- Finally when asked to provide suggestions for anything else that should be considered in the development of Family Hub services, consultees expressed some concerns with regards to user access in terms of transport, location and distance and stressed the importance of keeping youth / adolescent support services and the resources / organisations / staff required to deliver these effectively.

PROFESSIONAL / ORGANISATION FEEDBACK - YOUTH SERVICE PROPOSALS

- Consultees were invited to comment on the specific activities highlighted in the consultation proposals and describe the difference stopping these activities would make to people.
- Consultees expressed concerns that increasing numbers of young people need to access support and stopping services is the opposite to what is needed. In addition consultees reference the potential implications of this in terms of mental health and safety concerns.
- Consultees also expressed concerns that these activities provide much needed services for 'hard to engage' young people / adolescents and they may not interact with other service provisions.

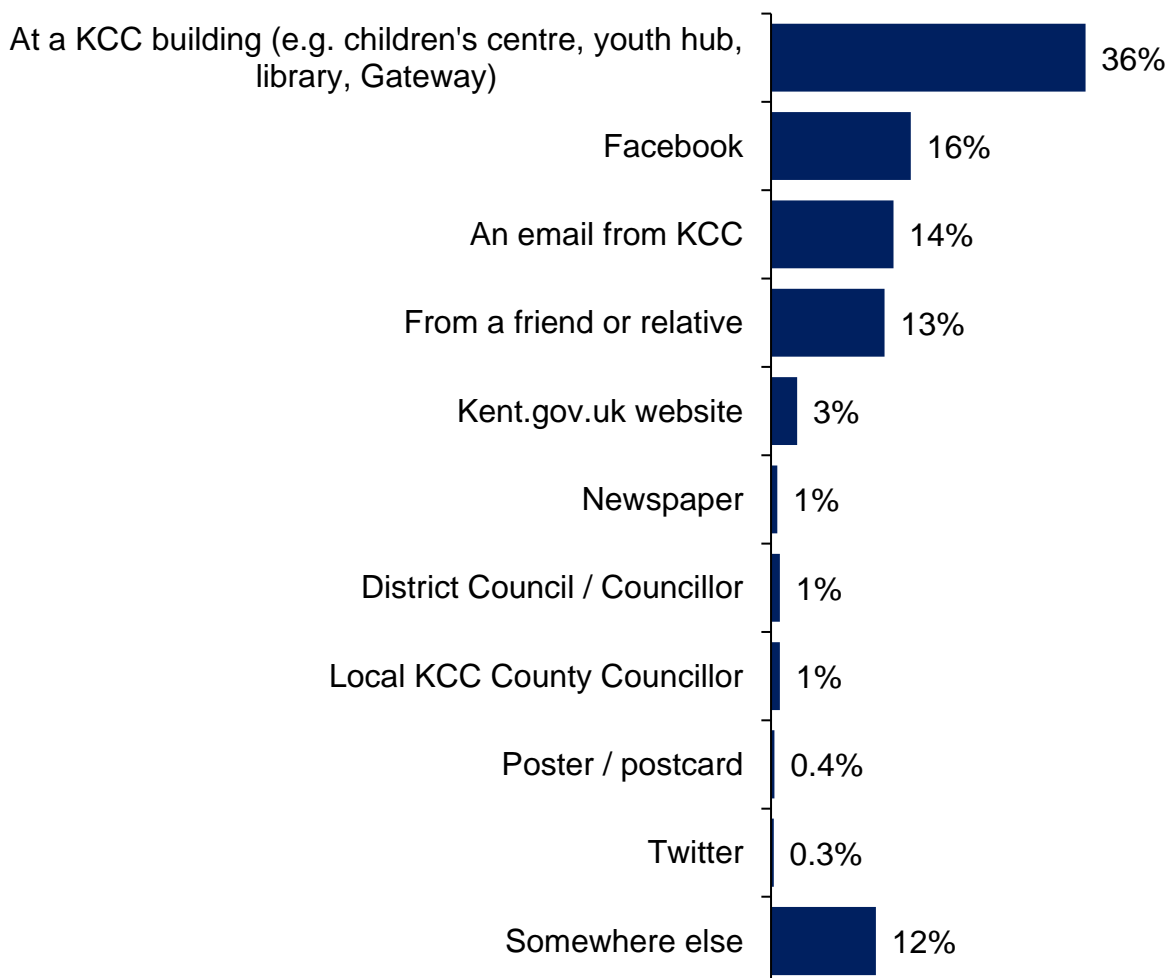
RESIDENT FEEDBACK

CONSULTATION AWARENESS

- The most common route to finding out about the consultation is at a KCC building (children's centre, youth hub, library, Gateway) at 36%.
- Other modes of finding out about the consultation include Facebook (16%), an email from KCC (14%) and from a friend or relative (13%).
- 12% indicated they found out about the consultation from an alternative source to the response list provided in the questionnaire. This includes social media networks, schools, midwives, health visitors, children centres and local clubs.

How did you find out about this consultation?

Base: all answering (899), consultees had the option to select more than one response.



SUPPORTING DATA	Number of consultees answering	% of consultees answering
At a KCC building (e.g. children's centre, youth hub, library or Gateway)	322	36%
Facebook	142	16%
An email from KCC	125	14%
From another organisation	118	13%
From a friend or relative	114	13%
Kent.gov.uk website	31	3%
District Council / Councillor	12	1%
Local KCC County Councillor	10	1%
Newspaper	7	0.8%
Poster / postcard	4	0.4%
Twitter	3	0.3%
Somewhere else (includes social media networks, schools, midwives, health visitors, children centres, local clubs)	103	12%

RESIDENT FEEDBACK

FAMILY HUB SERVICES

This section of the report summarises response to the questions posed surrounding the Family Hub Services in the consultation, as reported by consultees.

ACTIVITIES CURRENTLY USED AND MAY USE IN THE FUTURE

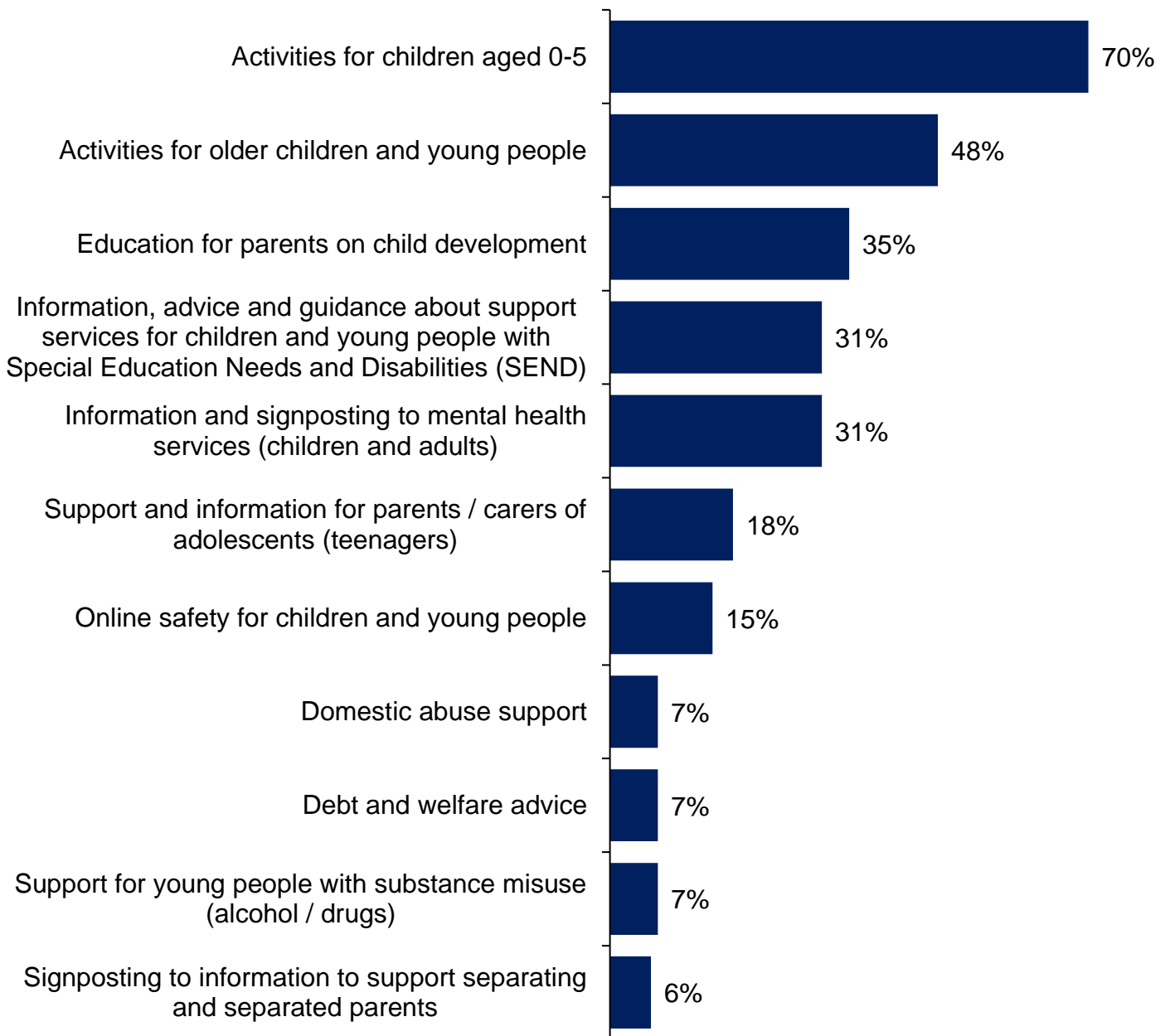
- Consultees were asked to indicate which activities they currently use (either themselves or within the household) from a pre-defined list of eleven.
- 59% of consultees answering indicated they use one or two of the eleven listed activities. 14% indicated they use three, 9% indicated they use four and 5% indicated they use five. 11% indicated they use more than five of the pre-listed activities.
- The most common activity used is activities for children 0-5 at 70% of consultees answering, followed by activities for older children and young people at 48%.
- Around a third of consultees answering indicated they use education for parents on child development (35%), information, advice and guidance about support services for children and young people with Special Education Needs and Disabilities (SEND) (31%) and information and signposting to mental health services (children and adults) (31%).
- 18% of consultees answering indicated they use support and information for parents / carers of adolescents (teenagers) and 15% indicated they use online safety for children and young people.

Activities currently use

Please tell us which activities in the list below you or your family currently use or have previously used? You may have access them through Kent County Council or through other organisations in the community

Base: all answering (843), consultees had the option to select more than one response.

NUMBER OF ACTIVITIES SELECTED	Number of consultees answering	% of consultees answering
One of the eleven listed activities	282	33%
Two of the eleven listed activities	221	26%
Three of the eleven listed activities	122	14%
Four of the eleven listed activities	78	9%
Five of the eleven listed activities	45	5%
More than 5 of the eleven listed activities	95	11%



SUPPORTING DATA	Number of consultees answering	% of consultees answering
Activities for children aged 0-5	591	70%
Activities for older children and young people	406	48%
Education for parents on child development	292	35%
Information, advice and guidance about support services for children and young people with Special Education Needs and Disabilities (SEND)	263	31%
Information and signposting to mental health services (children and adults)	259	31%
Support and information for parents / carers of adolescents (teenagers)	148	18%
Online safety for children and young people	130	15%

SUPPORTING DATA	Number of consultees answering	% of consultees answering
Domestic abuse support	63	7%
Debt and welfare advice	62	7%
Support for young people with substance misuse (alcohol / drugs)	55	7%
Signposting to information to support separating and separating parents	51	6%

There are significant differences in the current use of activities by demographic:

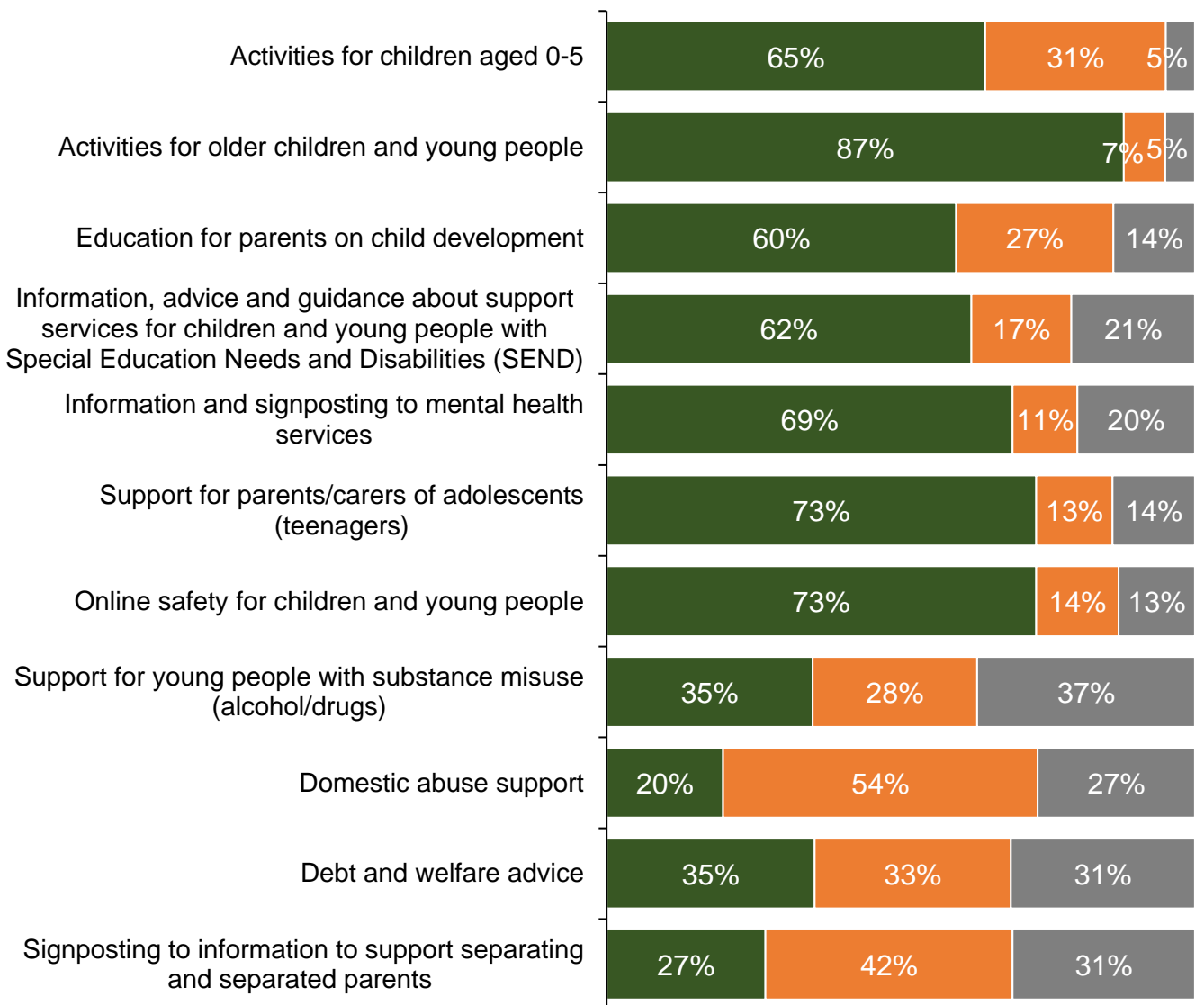
- A higher proportion of consultees aged 25-34 and 35-49 use activities for children aged 0-5 (86% and 79% respectively).
 - A higher proportion of consultees aged 50-64 and 65 & over use activities for older children and young people (67% and 62% respectively), information and signposting to mental health services (children and adults) (45% and 41% respectively), support and information for parents/carers of adolescents (teenagers) (35% and 34% respectively) and online safety for children and young people (21% and 38% respectively).
 - A higher proportion of consultees aged 50-64 use information, advice and guidance about support services for children and young people with Special Education Needs and Disabilities (SEND) (54%).
-

Activities might use in the future

- Consultees were then asked to indicate which of the same list of eleven activities they might use in the future.
- The most common activity likely to be used in the future is activities for older children and young people (87% of consultees answering), support for parents / carers of adolescents (teenagers) at 73% and online safety for children and young people (73%).
- Around two thirds of consultees answering indicated they might use information and signposting to mental health services (69%), activities for children aged 0-5 (65%) and information, advice and guidance about support services for children and young people with Special Education Needs and Disabilities (SEND) (62%).
- There is some uncertainty as to whether some of the support and advice services listed might be used; reflecting the types of services they reflect.

Which of the following do you think you might need to use in the future?

Base: all answering (727 - 843)



SUPPORTING DATA	% might need to use	% won't need to use	% don't know
Activities for children aged 0-5	65%	31%	5%
Activities for older children and young people	87%	7%	5%
Education for parents on child development	60%	27%	14%
Information, advice and guidance about support services for children and young people with Special Education Needs and Disabilities (SEND)	62%	17%	21%
Information and signposting to mental health services	69%	11%	20%
Support for parents/carers of adolescents (teenagers)	73%	13%	14%
Online safety for children and young people	73%	14%	13%
Support for young people with substance misuse (alcohol/drugs)	35%	28%	37%
Domestic abuse support	20%	54%	27%
Debt and welfare service	35%	33%	31%
Signposting for information to support separating and separated parents	27%	42%	31%

Consistent with response patterns observed for activities currently used, there are significant differences in the possible future use of activities by demographic:

- A higher proportion of consultees aged 25-34 and 35-49 indicated they might use education for parents on child development (76% and 62% respectively), activities for children aged 0-5 (89% and 62% respectively).
- A higher proportion of consultees aged 35-49 indicated they might use support and information for parents/carers of adolescents (teenagers) (82%) and online safety for children and young people (80%)
- A higher proportion of consultees aged 50-64 use information, advice and guidance about support services for children and young people with Special Education Needs and Disabilities (SEND) (70%) and support for young people with substance misuse (alcohol/drugs) (52%).

Activities currently and/or might use in the future - summary

- The table below combines consultees response to the activities currently used and the activities they might use in the future.
- Combined, the number of services currently used / may be used is higher. 11% of consultees answering indicated they use / might use one or two of the eleven listed activities. 9% indicated they use / might use three, 13% indicated they use / might use four and 13% indicated they use / might use five. 54% indicated they use / might use more than five of the pre-listed activities.
- 87% of consultees answering indicated they use or might use activities for older children and young people and 76% indicated they use or might use activities for children aged 0-5.
- Around two thirds indicated they use or might use support and information for parents / carers of adolescents (teenagers) (69%), online safety for children and young people (68%) and information and signposting to mental health services (children and adults) (65%).

Please tell us which activities in the list below you or your family currently use or have previously used? / Which of the following do you think you might need to use in the future?

Base: all answering (883), consultees had the option to select more than one response.

	Number of consultees answering	% of consultees answering
1 of the listed activities	30	3%
2 of the listed activities	68	8%
3 of the listed activities	82	9%
4 of the listed activities	111	13%
5 of the listed activities	112	13%
6 of the listed activities	130	15%
7 of the listed activities	110	12%
More than 7 of the listed activities	240	27%
Activities for older children and young people	767	87%
Activities for children aged 0-5	668	76%
Support and information for parents / carers of adolescents (teenagers)	608	69%
Online safety for children and young people	597	68%
Information and signposting to mental health services (children and adults)	575	65%
Education for parents on child development	545	62%

	Number of consultees answering	% of consultees answering
Information, advice and guidance about support services for children and young people with Special Education Needs and Disabilities (SEND)	522	59%
Support for young people with substance misuse (alcohol / drugs)	273	31%
Debt and welfare advice	272	31%
Signposting to information to support separating and separating parents	216	24%
Domestic abuse support	171	19%

ADDITIONAL SUGGESTIONS FOR FAMILY HUB NETWORK SERVICES

- Consultees were also given the opportunity to detail what they think should be available for children, families and young people through the Family Hub network in their community, in their own words.
- For the purpose of reporting, we have reviewed respondents' comments and have grouped common responses together into themes. These are reported in the table below. 52% of consultees answering via the consultation questionnaire provided a comment at this question.
- Just under a third of consultees answering (32%) indicated it should include a place specifically for teenagers / activities for teenagers / support for teenagers / youth activities.
- The other most common mentions include support for parents and carers / parenting advice (13%), a place for special needs support / support for SEND / neurodivergent needs (13%) and activities for younger children / support for younger children (12%).

What else do you think should be available for children, families and young people through the Family Hub network in your community?

Base: all answering (469)

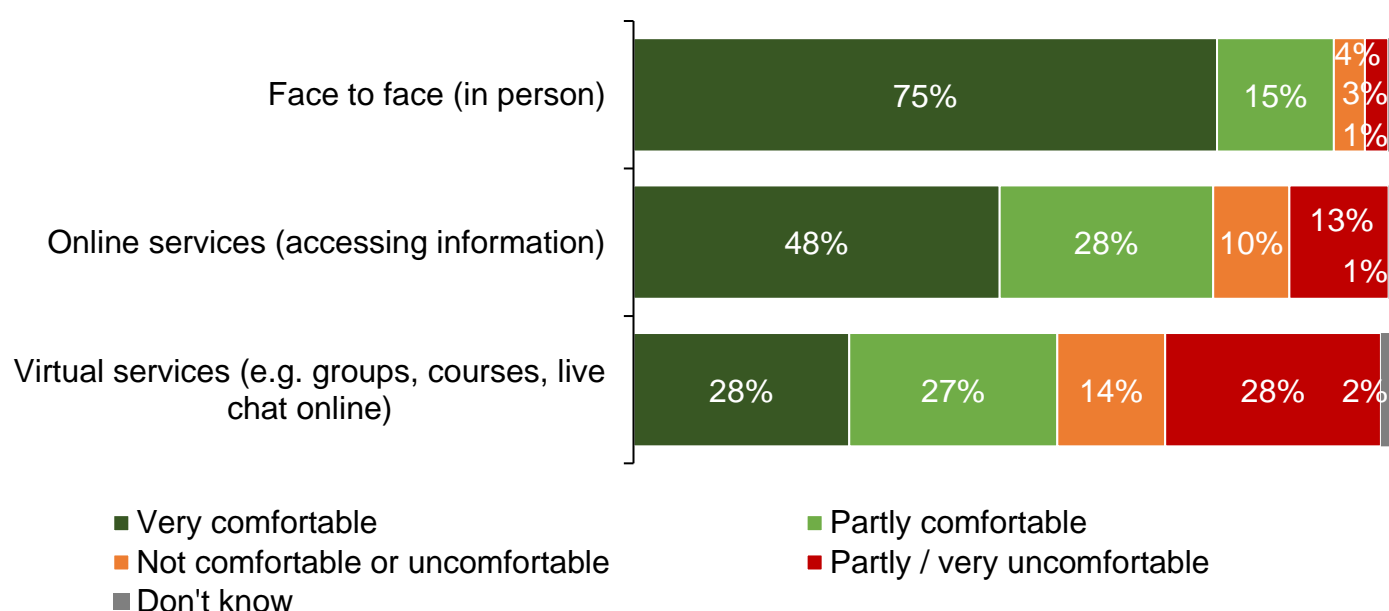
	Number of consultees answering	% of consultees answering
A place specifically for teenagers / activities for teenagers / support for teenagers / youth club / quality youth work	151	32%
Support for parents and carers / parenting advice / young carers	60	13%
Keep the current service / fine as it is / maintain it / remain open / keep funding it / we need it	64	14%
A place for special needs support / support for SEND / neurodivergent	60	13%
Activities for younger children / support for younger children	56	12%
Other groups and courses available in the area that can be included	39	8%
Mental health support	27	6%
Support for families / sibling support	25	5%
Breastfeeding support / weighing / health visitor / midwife	23	5%
Activities for all ages / a place for all / accessible to all	21	4%
Service to connect families to the services they need / more engagement / more information on what is available	20	4%
Baby groups / mother and baby / toddler groups	19	4%
Opportunity to socialise / meet others / social groups	15	3%
Financial support and advice / budgeting / money management / administration	15	3%
Health advice / healthy living / nutrition	14	3%

	Number of consultees answering	% of consultees answering
First aid courses	10	2%
Support for young carers	5	1%
Nothing	5	1%
Don't know	4	1%

LEVEL OF COMFORT IN ACCESSING SERVICES IN DIFFERENT WAYS

- Consultees were then asked to indicate how comfortable they would be with different ways of accessing services. Please note that specific services were not referenced within this question.
- Of the three means of access put to consultees, face to face access (in person) is the most popular with 90% of consultees answering indicating they would be very or fairly comfortable accessing services in this way. 3% indicated they would be partly or very uncomfortable.
- 76% of consultees answering indicating they would be very or fairly comfortable accessing information services online. 13% indicated they would be partly or very uncomfortable.
- 55% of consultees answering indicating they would be very or fairly comfortable accessing services virtually through groups, courses or live chat online. 28% indicated they would be partly or very uncomfortable.

Please tell us how comfortable or uncomfortable you would be with different ways of accessing services? Base: all answering (887 - 893)



- The table below summarises the proportion indicating they felt uncomfortable accessing services virtually by demographic.
- Whilst the proportion indicating they feel uncomfortable accessing services virtually is highest amongst consultees aged 65 & over (34), at least a quarter of all age groups indicated they would feel uncomfortable.

UNCOMFORTABLE WITH VIRTUAL ACCESS - BY DEMOGRAPHIC (number of consultees reported in brackets)	Number of consultees answering	% of consultees answering
Male (95)	21	22%
Female (584)	156	27%
Aged 25-34 (195)	46	24%
Aged 35-49 (310)	86	28%
Aged 50-64 (83)	19	23%
Aged 65 & over (38)	13	34%
Live in Ashford (42)	14	33%
Live in Canterbury (70)	18	26%
Live in Dartford (70)	24	34%
Live in Dover (71)	19	27%
Live in Folkestone & Hythe (104)	26	25%
Live in Gravesham (20 – caution low base size)	7	35%
Live in Maidstone (75)	13	17%
Live in Sevenoaks (44)	15	34%
Live in Swale (66)	20	30%
Live in Thanet (177)	45	25%
Live in Tonbridge & Malling (79)	24	30%
Live in Tunbridge Wells (10 – caution low base size)	6	60%

- If consultees indicated they feel partly comfortable or very uncomfortable with each of the three access routes above (face to face, online, virtual), they were also given the opportunity to describe the reasons in their words.
- For the purpose of reporting, we have reviewed respondents' comments and have grouped common responses together into themes. These are reported in the tables below. The base sizes for each access route varies based on the proportion of consultees who indicated they felt uncomfortable at the previous question.
- 28 consultees indicated they felt uncomfortable with accessing support face to face (in person).
- The reasons provided by these consultees included anxiety, being autistic / having special educational needs / feeling uncomfortable socially and lacking in confidence / don't like meeting new people.

Face to face access

If you are partly uncomfortable or very uncomfortable accessing support face to face (in person), please tell us why. Please include any specific support services you want to refer to. Base: all answering (28)

	Number of consultees answering	% of consultees answering
Suffer from anxiety	7	25%
Autistic / SEN / socially uncomfortable	5	18%
Lack of confidence / don't like meeting new people	5	18%
Other	5	18%

Some example verbatims underpinning these themes can be found below:

“I'm PDA autistic ADHD and find it very difficult to communicate with people that aren't neurodivergent. I also find accessing anything at the times set is nigh on impossible and/or stressful.”

“I'm an introvert, so dealing with people face to face is always challenging.”

“Being around new unfamiliar people makes me feel anxious.”

- 98 consultees indicated they felt uncomfortable with accessing support online.
- The most common reasons provided by these consultees included a preference for face to face access, a perception that alternatives to face to face are less effective, perceived difficulty using the internet / websites / lack of confidence, limited / no access to the internet / the right equipment and a perception that face to face access build relationships / trust / more interaction.

Online access

If you are partly uncomfortable or very uncomfortable accessing support through online information, please tell us why. Please include any specific support services you want to refer to. Base: all answering (98)

	Number of consultees answering	% of consultees answering
Face-to-face / in person is better / more personal	50	51%
Any other medium than face-to-face is less effective / can't just ask questions / easy to misunderstand / misinterpret	25	26%
Difficult to use internet / websites / not confident / don't know how	24	24%
Limited / no access to internet / right equipment / unreliable internet	19	19%
Face-to-face builds relationships / trust / more interaction	14	14%
Good to mix with other people / socialise	8	8%
Information / services are too generic / not tailored to individuals' needs	8	7%
Just don't like it / wouldn't work / not appropriate	7	7%
Suffer from anxiety	6	6%
Other	7	7%

Some example verbatims underpinning these themes can be found below:

“Because people need to speak to each other in person and have that human contact and relationship if the work is to be meaningful and purposeful.”

“Too much emphasis is now towards online services - it is lazy, not compassionate or effective and does not capture the real person that would be face to face.”

“I don't feel that online engagement delivers the best outcomes for those in need. It is a cheap shortcut to delivering services.”

“Because they are not specific enough to each individual's needs and they feel like a cop out for providing real support to those in need. There is not easy, real-time way to feedback how useful/not useful they are.”

- 198 consultees indicated they felt uncomfortable with accessing support virtually.
- The most common reasons provided by these consultees included a preference for face to face access, anxiety / feeling uncomfortable in groups, limited / no access to the internet / the right equipment and a perception that alternatives to face to face are less effective.

Virtual access

If you are partly uncomfortable or very uncomfortable accessing support through virtual support, please tell us why. Please include any specific support services you want to refer to. Base: all answering (198)

	Number of consultees answering	% of consultees answering
Face-to-face / in person is better / more personal	81	41%
Suffer from anxiety / uncomfortable / awkward / particularly in groups	45	23%
Limited / no access to internet / right equipment / unreliable internet	29	15%
Any other medium than face-to-face is less effective	27	14%
Good to mix with other people / socialise	24	12%
Don't like this approach / wouldn't use this approach	24	12%
Face-to-face builds relationships / trust / more interactive	22	11%
Privacy / confidentiality concerns	19	10%
Difficult to understand people / can be confusing / not in-depth	19	10%
Difficult to use internet / websites / not confident / don't know how	13	7%
Easily distracted / can't concentrate in a virtual setting	12	6%
Wouldn't work / not appropriate	11	6%
Mental health / well-being / isolation can be affected by lack of face-to-face access	10	5%
Disability / impairment can make it difficult in a non face-to-face setting	8	4%
Can't read body language / read cues in a non-face-to-face setting	7	4%
Planned sessions are restrictive on timings / inflexible	5	3%
Information / services / sessions are too generic / not tailored to individuals' needs	4	2%
Not sure / depends on the subject / topic	3	2%

Some example verbatims underpinning these themes can be found below:

“At least there is interaction, but anyone who has had a zoom meeting, which is most of us now, know that the quality of interaction is less. People with no or limited computer access, or space for privacy are disadvantaged.”

“Groups can be intrusive when you’re an introvert. Live chats can at times make you feel like you’re not engaged with a human.”

“It’s so much easier to judge others’ reactions and body language face to face. You can make more of a connection and more likely to feel emotionally supported rather than just advice.”

“So impersonal, I get very anxious talking on the phone or via online and would not use virtual services. Also not appropriate at all with small children.”

“Myself I find it hard to stay involved in online conversations and find they don’t flow like face to face. My son has a hearing impairment and ASD and cannot concentrate on online especially as he can’t lip read a screen like he can face to face.”

SUGGESTIONS FOR ONLINE SERVICE DELIVERY

- Consultees were also given the opportunity to detail their suggestions for what services could be delivered online and how, in their words.
- For the purpose of reporting, we have reviewed respondents' comments and have grouped common responses together into themes. These are reported in the table below. 37% of consultees answering via the consultation questionnaire provided a comment at this question.
- The most common responses received focus on a desire for face to face / in person services continuing (17%), a combined offering of digital and face and face access to services (14%) or not wanting digital access over face to face at all (13%).
- Of the service suggestions put forward, a signposting / information service (13%), parenting resources / support / advice (11%) and training / courses / workshops / webinars (11%) are the most common.

Please tell us your suggestions for what services we could deliver online and how.

(For example, group sessions using technology like Zoom.)? Base: all answering (334)

	Number of consultees answering	% of consultees answering
Prefer face-to-face / in person services must continue	56	17%
Offer a combination of digital & face to face / offer some services digitally / belief that face to face is better	46	14%
Signposting / information service	43	13%
No services should be digital / online / virtual / none / nothing / not interested in / don't like it / want face to face access	42	13%
Suggestions to use Zoom	40	12%
Parenting resources / support / advice	36	11%
Training / courses / workshops / webinars	36	11%
Group sessions - unspecified	29	9%
Services for new parents / pregnancy / breastfeeding / baby & toddler activities	28	8%
Counselling / therapy / mental health support	25	7%
Services for children - development / activities / staying safe online / bullying	24	7%
Services for young people specifically	20	6%
Services for SEN / SEND / ND	20	6%
Digital service delivery is not always appropriate / has its pitfalls	15	4%
Offer practical advice - CAB / financial matters / budgeting / nutrition	14	4%
Services offered through other means - Google Meets / WhatsApp / social media / skype / live chat	14	4%

	Number of consultees answering	% of consultees answering
Guidance / advice / support	13	4%
On demand content / videos / resources available / not just live events	12	4%
Not everyone can access digital services / not able to use Zoom, etc., / could be due to disability	12	4%
One-to-one sessions / not groups	10	3%
Use Microsoft Teams	9	3%
Non face-to-face provision can be less effective / substandard	7	2%
Services for adults specifically	6	2%
Most services / some services are suitable - unspecified	5	1%
Don't know / not sure	8	2%
Other	14	4%

ACCESSING SUPPORT ONLINE

- Consultees were asked to indicate how they felt about accessing support online from a list of pre-defined statements. Please note that this question was asked generally and not specifically in relation to the activities under consultation.
- 81% of consultees answering indicated they feel confident about doing things online.
- A perception of KCC's digital services and information too difficult to use is a concern for some (12%) as well as the safety of using technology to access services and the security of personal information (9%). 8% indicated they do not feel confident in using technology.
- 6% of consultees answering indicated their internet is too slow and 6% indicated that paying for devices and internet connection is too expensive.

We would now like to ask you a bit more about accessing support online. Please select from the list below the statements that may apply to you about accessing information or services digitally. Please select all that apply....?

Base: all answering (885), consultees had the option to select more than one response.

	Number of consultees answering	% of consultees answering
I am confident about doing things online	720	81%
I find KCC's digital services and information too difficult to use	104	12%
I don't think it's safe using technology to access services / concerned about the security of my information	84	9%
I don't feel confident using technology	72	8%
My internet is too slow	55	6%
Paying for devices and internet connection (including mobile data) is too expensive	54	6%
I find it too difficult	41	5%
I don't know how to do it	22	2%
I don't have the internet at home	14	2%
I don't have a device (computer, mobile phone, tablet)	10	1%
Other	57	6%

There are significant differences in confidence by demographic:

- A higher proportion of consultees aged 25-34, 35-49 and 50-64 indicated they are confident about doing things online (88%, 84% and 83% respectively) compared to consultees aged 65 & over (68%).

- A higher proportion of consultees aged 50-64 and 65 & over indicated they don't feel confident using technology (12% and 21% respectively).

ANY COMMENTS ON FAMILY COACHES

- Consultees were also given the opportunity to provide comments about Family Coaches in their words.
- For the purpose of reporting, we have reviewed respondents' comments and have grouped common responses together into themes. These are reported in the table below. 47% of consultees answering via the consultation questionnaire provided a comment at this question.
- Just under half of consultees answering (45%) commented that the concept of Family Coaches was a good idea / beneficial to families.
- 12% of consultees answering indicated that coaches should only be trained and experienced professionals only and that unqualified / untrained volunteers is not appropriate. 9% of consultees answering indicated that a combination of training and experience is essential for it to work properly.
- 7% of consultees answering indicated that being a coach should be a paid position and it is difficult to find / recruit reliable volunteers.

Please tell us if you have any comments about Family Coaches. Base: all answering (428)

	Number of consultees answering	% of consultees answering
Good idea / beneficial to families	191	45%
Must be for trained & experienced professionals only / using unqualified / untrained volunteers is inappropriate	51	12%
Training essential / must be trained and have experience for it to work	39	9%
Replacing paid staff with volunteers is a very cheap approach	34	8%
Must be a paid position	31	7%
Difficult to find / recruit volunteers / reliability / continuity concerns	28	7%
Family coaches' experience / knowledge could be beneficial	22	5%
This concept already exists / give existing services extra funding	22	5%
Concerned about inconsistent / incorrect information / lack of knowledge	19	4%
Any additional support is welcome	18	4%
Safeguarding concerns / vetting / checks / safety	18	4%
Confidentiality concerns / trust issues / could know the person	17	4%
Good idea but not sure it will work in reality	16	4%

	Number of consultees answering	% of consultees answering
Questions regarding practicalities of such an approach	16	4%
Would not use this service / this will not work / unnecessary	16	4%
Volunteers must be supported & monitored	15	4%
Cannot rely on volunteers	13	3%
Interested in being a volunteer	13	3%
Beneficial to speak to someone informally who is not a professional / must be matched carefully/correctly	12	3%
Face to face needed / family hub needed	10	2%
Services / support must be accessible / available / ability to make referrals	8	2%
Potentially interested in using this	8	2%
Do not cut other services	7	2%
Nothing to add / don't know / N/A / never heard of this	31	2%
Other	34	7%

There are significant differences in response by demographic:

- A higher proportion of consultees aged 25-34 and 35-49 indicated that family coaches are a good idea / beneficial to families (56% and 52% respectively) compared to consultees aged 50-64 and 65 & over (36 and 33% respectively).
- A higher proportion of consultees aged 50-64 and 65 & over indicated that coaches must be for trained & experienced professionals only / using unqualified / untrained volunteers is inappropriate (19% and 17% respectively).

Some example verbatims underpinning consultees commenting on family coaches being a good idea / beneficial to families can be found below:

“It sounds positive, especially in a scenario where parents need support and have nowhere else to go.”

“May be good for families who feel isolated or need support because of mental health or support with children.”

“I think this is a good idea to improve friendships and build confidence.”

Some example verbatims underpinning consultees commenting surrounding training & experience can be found below:

“If working with disabled parents or children, the volunteers MUST have experience (e.g. good, fluent BSL skills) or it reinforces the isolation for such people.”

“Great if training is sufficient to ensure matters are not made worse by ill-informed people.”

“They must complete all the safeguarding checks and be qualified at least to the same level as playgroup supervisors and providers.”

“This sounds like a very cheap way of doing Early Help or Social Work to be honest, and while the term ‘family coach’ may sound good it isn’t actually a thing that exists, so there would be no standardisation across the borough and also the country, and therefore little to no accountability. It’s a really bad idea thought up by somebody with no real experience of accessing children’s services. Having said that, despite this consultation, I’m sure it will happen, because it’s volunteer labour and therefore cheap.”

“Although there are excellent volunteers available - they do not have the required skills and experience for many of the struggles and difficulties that families have - they are not paid to maintain their qualifications, and a great deal of expectations are placed on the good will of people - if someone leaves - there could be a long delay before another person is found - I think this is KCC's way of cutting cost and relying on the goodwill of a very few individuals - also burn out might happen – it’s not fair on the volunteers.”

CONSIDERATIONS FOR DEVELOPMENT OF FAMILY HUB SERVICES

- Consultees were also given the opportunity to comment if there was anything else that they think should be considered in the development of Family Hub services.
- For the purpose of reporting, we have reviewed respondents' comments and have grouped common responses together into themes. These are reported in the table below. 37% of consultees answering via the consultation questionnaire provided a comment at this question.
- Just over a quarter of consultees answering (26%) noted that it is important to keep centres open for safety and wellbeing of users / they are concerned about the impact of closures / losing access to vital services.
- 15% of consultees answering indicated that physical access to services in terms of travel / public transport / that some will not be able to travel should be considered.
- 13% of consultees answering indicated a need to consider face to face contact / support should not be online / it will not work / could miss vulnerable people.
- 12% of consultees answering indicated there should be more youth services offered / more activities for young people / not less / separate spaces should be provided for them.

Please tell us if there is anything else you think we should consider in the development of Family Hub services. Base: all answering (339)

	Number of consultees answering	% of consultees answering
Important to keep centres open for safety and wellbeing / will cause a negative impact if they close / won't work / a bad idea / lose access to vital services	88	26%
Accessibility in getting there / transport links / costs involved / can't afford to travel / need to be local / could isolate people	50	15%
Support should not be online / it will not work / need face to face contact and support / could miss vulnerable people	43	13%
There should be more youth services offered / more activities for young people / not less / separate space for them	42	12%
Do not cut funding / more funding needed / keep funding / prioritise	37	11%
More support for parents / expectant, new parents / grandparents / young carers / young parents	22	6%
Adequately staffed / trained and experienced volunteers needed / staff not overstretched / consistency	18	5%
More support for SEN and SEND / be mindful of SEND	17	5%
Everyone should have access to help and advice / should be accessible to all / should be inclusive / shouldn't exclude	16	5%

	Number of consultees answering	% of consultees answering
Open more hours / more days / more sessions / more groups / out of hours support line	16	5%
More support for younger children / activities for younger children	13	4%
More support for families / vulnerable families	12	4%
It's a good idea in principle / it could work in essence	12	4%
Advertise / promote more online / social media / within the community to raise awareness / better marketing	11	3%
Mental health support / CAMHS	11	3%
Breast feeding support / weigh ins / baby support	8	2%
Utilise other charities / current providers to offer their services within the hub / link with others	8	2%
Pleased with the service / happy with the support provided / invaluable	7	2%
Use local venues people know in the community	6	2%
Nothing / none / doesn't affect me	12	4%
Don't know / don't know enough about it	4	1%
Other	26	8%

Example verbatims underpinning consultees comments on the importance of keeping centres open for safety and wellbeing / a perceived negative impact if they close can be found below:

“I think separate services like children's centres and youth centres like we have now is better than one main hub. It allows access to a greater number of people as they are spread out across multiple locations. Combining them all together will make access for lots of people more difficult and will no doubt also increase wait times for support also with the number of people accessing one location.”

“If the Family Hubs are implemented by closing all the current venues the familiarity and engagement is lost. We donate cycles to the bike club and to even contemplate the closure is so wrong. The collaboration by young people with role models undertaking a project relevant to their lives is irreplaceable with online.”

Example verbatims underpinning consultees' accessibility / transport links comments can be found below:

“How far people have to travel, their means of travel and the cost. How will this be mitigated for those that struggle to access services, they should have equal opportunity to access

face to face services as others. What numbers and size catchment area will each hub cover. How has deprivation been factored into provision. A 3 month test is a very short time to trial a model. How will ongoing evaluation take place. This survey does not give people the opportunity to comment on how they would prefer to receive services, except in pre-defined parameters.”

“How will these hubs be accessible to families if you are cutting down on building, we are already facing the loss of building in Canterbury and Youth services, how will those with no access to funds or money be able to travel ? If they have no internet how will they access your digital service? The most vulnerable and disabled will be disadvantaged by this decision.”

Example verbatims underpinning consultees’ online access concerns can be found below:

“Continue as much contact face to face and through groups as possible this is what families need to avoid mental health difficulties.”

“Making sure that face-face opportunities are still available. Parenthood can be isolating and it is important that there are chances for parents to engage with each other and professionals. Sometimes people do not know they need help and therefore if more services are online they require the knowledge and desire to seek these services, rather than being around professionals who might be able to see and sign post.”

RESIDENT FEEDBACK

YOUTH SERVICE PROPOSALS

This section of the report summarises response to the questions about stopping Youth Service activities referenced in the consultation, as reported by consultees.

HOW PROPOSAL TO STOP YOUTH SERVICE ACTIVITIES WILL MAKE A DIFFERENCE

- Consultees were asked to select which activity/ies they or someone in their household takes part in and then asked to describe how the proposal to stop that activity/ies would make a difference to them.
- For the purpose of reporting, we have reviewed respondents' comments and have grouped common responses together into themes. These are reported in the table below. 58% of consultees answering via the consultation questionnaire provided a comment at this question.
- Just under a third of consultees answering (31%) stressed the personal need for these activities / do not wish them to be cut and 17% indicated they rely on these services and they are valued.
- Just over a quarter (27%) believe it will result in them missing out on socialising / mixing / building confidence in making friends / socialising. 21% believe that the removal of these activities will be detrimental to children / young people that use them and have a negative impact. 15% specifically referenced mental health / wellbeing / anxiety / isolation concerns if these activities were stopped.

Please tell us how the proposal to stop these activities would make a difference to you?

Base: all answering (524)

	Number of consultees answering	% of consultees answering
Need these services / activities / don't cut them	161	31%
Miss out on socialising / mixing / being independent / building confidence / making friends	140	27%
Detrimental to children / young people that use them / have a negative impact	111	21%
Rely on these services / valued / much needed	91	17%
Services / activities provide support / information / will miss out	86	16%
Increase ASB / crime / hanging around streets / undesirable behaviour	85	16%
Affect mental health / wellbeing / cause anxiety / isolation / activities help alleviate these issues	76	15%

	Number of consultees answering	% of consultees answering
Less activities / things to do / facilities	75	14%
Don't use currently but could in the future as children not right age	74	14%
Provide a safe place to go	72	14%
Nothing to do / nowhere to go / no purpose / boredom	62	12%
Miss out on learning new skills / development	52	10%
Detrimentially affect families	49	9%
Wouldn't affect me / my household	46	9%
Loss to communities / lose community feel	45	9%
Affect those on low income / cannot afford paid for activities / need free activities	45	9%
Affect those with SEN / SEND / ND / autism	36	7%
Don't use any of these services	30	6%
Short-sighted / increase demand on other services / financial/resources	22	4%
Need more services / activities for young people not less / increase funding	21	4%
Detrimentially affects the vulnerable / disabled	21	4%
Don't know about / not heard of these / should advertise them	20	4%
Would have to travel further to access alternatives / can't afford travel	16	3%
Services / activities not needed / agree with these cuts	3	1%
N/A / nothing to add / don't know	12	2%
Other	39	7%

The pages overleaf contain a summary of response to the proposed closure of activities in each district including verbatim comments made concerning impact. However, some example verbatims underpinning the key themes identified across all districts can be found below:

“The activities offered by the cafe have been an absolute lifeline for my family. Our young people suffered the most during the pandemic and these activities have really helped with their mental health and general wellbeing. They offer activities and experiences that are not accessible or achievable otherwise to us. My children are socialising, building relationships, getting active and learning essential life skills from the club. It will be so detrimental to the health and wellbeing of all the families who attend if we were to lose it. Please, please do not cut funding of our youth clubs.”

“These services provide a valuable link to vulnerable children and are the first stage of safeguarding, they provide valuable information to statutory services and they keep children safe.”

“It would have a massive negative impact on my son. Pyxis have been a total lifeline to him. It's the only youth club he's ever attended where he feels safe, accepted and has made friends. It's the only activity he's able to attend outside of college without a parent being there to support him. Pyxis should be fully funded by KCC - they are the most amazing organisation, the ONLY organisation in the Canterbury area who fully understand the needs of neurodivergent children and young people. Pyxis is the ONLY place my son feels safe - he feels safer and more comfortable there than he does at college. His mental health was at an all-time low until Pyxis came along. If the Pyxis group that my son attends (the 18-25 year old group) is not able to continue, I fear that my son's mental health would take a downward spiral again, and he'd be back to being isolated and anxious like he was before the days of the Pyxis group he attends.”

“They would make a difference to me through the impact on the community around me if these activities are stopped. I know many who attend the disabled youth club at the Baptist church in Faversham and the 812 youth club and they express their joy at finding provision where they fit and are able to fully participate. Losing these youth activities will increase isolation and loneliness which will in turn lead to mental health difficulties which in turn will cost more to treat than continuing to fund these projects.”

“Pie Factory is a lifeline especially to youth. We have severe youth problems especially in Ramsgate. See the statistics. Removal of these services means more kids on the streets and more anti-social behaviour.”

“This service helps my autistic child develop social skills make friends and provide support for me. The free lunch they provide for children in the holidays helps me immensely. The sports and art sessions they provide have help my child learn new skills and gain confidence that he has been able to transfer to things at school.”

“My child whom is 10 has recently started attending this Vibe club. She has autism and throughout lockdown has become even more socially awkward, lacking in confidence and high anxiety. This youth club is the first place she looks forward to going. Somewhere she feels safe and is able to be herself whilst mixing with other children of similar age. Losing this club will therefore again put her back to just being stuck at home because she is to anxious to play in parks/walk the streets due to her autism making her less socially accepted and unfortunately prone to being picked on. She has always needed myself with her wherever she goes and this youth club is the first club/activity that she is independently attending, boosting her confidence, increasing her social interactions, feeling safe and enjoying herself. To lose this for her is a massive loss and I am sure when I say she won't be the only child to feel this way or loss such an important part of their life and independence.”

YOUTH SERVICES IMPACT - ASHFORD SUMMARY

The detail below summarises impact feedback from consultees about the youth services featured in the consultation document based in Ashford.

58 consultees selected on the online form that they wanted to see the list of activities that would be impacted by the proposals for the Ashford district. 19 of these consultees noted that they, or someone in their household, takes part in one of the listed activities for the Ashford district.

Which of these activities do you or someone in your household take part in? Ashford district - activity provider: The Canterbury Academy Base: all answering (19), consultees had the option to select more than one response

	Number of consultees answering
Ashford Sk8side - other activities	11
Ashford Sk8side - Girls Skate project	10
Tenterden - Highbury Hall youth sessions	6
Tenterden - Skate Project (Mon)	5
Ashford Stanhope - Girls netball	4
Ashford John Wallis - Boxing	4
Ashford John Wallis - Tennis	4
Ashford John Wallis - Basketball	4
Ashford John Wallis - British Sign Language	4
Detached community work - Bockhanger and McDonalds	4

Some example verbatims put forward can be found below:

“There is a lot of people here that will suffer if you stop these activities. youths will end up bored and getting into trouble instead.”

“It's one thing my vulnerable autistic child has been able to do with no financial burden on us and she's made welcome , taught new skills and socialising with mix of ages . The volunteers and staff are so great and supportive of us and her.”

“This would majorly impact on my son’s health and wellbeing he attend clubs after school to help him stay regulated , socialisation and support for us a as parents to have time to do things for our mental health as looking after a young person with disabilities is very stressful and can for us change daily family dynamics if we have our own space to relax.”

Engagement exercises at the Ashford Youth Hub

- As part of the consultation exercise, engagement discussions took place at Ashford Youth Hub. It is estimated that 24 young people aged 12-16 took part in these discussions.
- Young people commented that they would like to access safe spaces to talk to others / peers / staff, somewhere they can have a break from home / school life, the opportunity to socialise and meet others, the opportunity to learn new things, access outdoor activities as well as food and drink.
- Young people indicated a preference to access services and support face to face in buildings as they prefer the environment it offers, feel more comfortable talking face to face and its away from home.

YOUTH SERVICES IMPACT - CANTERBURY SUMMARY

The detail below summarises impact feedback from consultees about the youth services featured in the consultation document based in Canterbury.

83 consultees selected on the online form that they wanted to see the list of activities that would be impacted by the proposals for the Canterbury district. 40 of these consultees noted that they, or someone in their household, takes part in one of the listed activities for the Canterbury district, as follows:

Which of these activities do you or someone in your household take part in? Canterbury district - activity provider: The Canterbury Academy Base: all answering (40), consultees had the option to select more than one response

	Number of consultees answering
Pyxis (Sun and Mon)	17
Spring Lane - Youth club (Tues, Wed and Thurs)	13
Riverside - Youth sessions (Wed)	12
Canterbury bike project (not solely funded by KCC, so may not be impacted)	10
Riverside - Neuro diverse group (Thurs)	9
Detached community work - City Centre, Sturry Road, Wincheap, Thannington, Hales place and Westgate (Thurs - rotates around various locations)	9
Riverside - Volunteer group (Tues)	7

The top five themes reported in terms of impact can be found below (reported for response samples over n=30):

	% of consultees answering
Miss out on socialising / mixing / being independent / building confidence / making friends	56%
Need these services / activities / don't cut them	36%
Rely on these services / valued / much needed	39%
Affect mental health / wellbeing / cause anxiety / isolation / activities help alleviate these issues	39%
Affect those with SEN / SEND / neuro divergent / autism	28%

Some example verbatims put forward can be found below:

“It would make a massive impact on my children’s lives as they really enjoying coming to the centre, making new friends whether it would be via the youth club, cafe, or just simply meeting in the park outside of the centre, they also enjoy coming down for the local bingo and have a fun enjoyable night. I think if the centre was to shut there would be an even higher anti-social rate on the estate as this centre really does keep our children safe and out of trouble. The ladies here are absolutely amazing and we are very grateful the each and every one of them.”

“For my son access to this service has been of paramount importance to his emotional wellbeing and at times safety. The staff have supported him during some particular challenging times and have been a consistent place for him. He is currently experiencing significant health problems at the moment and the support works have been amazing and have help bring some ‘normality’ to what is a a very difficult time for my son. Riverside Youth Club is a vital resource for the children in Canterbury- there very few places for young people to spend their time - the alternative being local parks and town centre with exposes these children to risk of harm, exploitation and to be frank at times a nuisance to the public. From my son: “If the youth club closed I would be sad as the worker has supported me loads especially now that that I’m not well. I really like going and it gives me somewhere to go and have fun. There’s nowhere else to go more so for me as I’m in my wheelchair”.”

“The activities provided by Pyxis and Shepway Autism Support Group are the highlights of our son’s week. Withdrawal of these services would act to isolate him at home and remove him from his groups of friends. These activities have been key in improving his social interactions and communication. These 2 activities are the only ones in the area that cater for young people aged between 18 and 25 with autism. There is no other provision either from KCC or other providers. It would have to be replaced by KCC themselves, and the trained and skilled individuals currently providing the activities may well have obtained other employment after being let go by the current organisations, and so be unavailable requiring additional time and cost in replacing them.”

“Pyxis is the only organisation we have used (and we have tried many services) that actually makes a real difference and lasting impact on the lives on young autistic people. My middle child found it to be the only place that they enjoyed being each week and the only place they could 'be themselves'. Their mental health was seriously deteriorating and attending this youth club not only gave them hope that there were actually people who understood them and listened to them, in a way that school staff, SENCO's and CYPMHS didn't, but it also gave them some time to have fun and meet like-minded people. My youngest child had been fully out of education for 2 years, had refused to see anyone or attend any appointments, and had no social interaction whatsoever. But after getting to know the people at Pyxis, she has regained her interest in life and has been attending their social group every week since. This has also led to her now agreeing to attend school. Pyxis fully 'get' these children and can reach them in a way Early Help, SENCO's, CYPMHS etc can't. They genuinely do make a big, long-lasting impact on autistic young people's lives and enable them to value themselves and become productive members of our local community. The cost of running this organisation is miniscule in comparison to the costs on our local community, longer term, of not running it.”

“I have autism and attend SASG in Hythe and Pyxis in Canterbury. I like being with my friends and communicating with them. Seeing them face to face is most important because it means a lot to me and is much better than virtual meetings. If I didn’t have the youth clubs, I would never attend them at all and my life would be much worse. I would be lonely and sad if I could not see my friends.”

“I have only attended pyxis for a short time having been on a waiting list. It has given me the chance to socialize with people who are like me and do not judge me. I have ASD and ADHD and have some mental health issues due to being bullied at school. Pyxis is the only place that I feel safe and I can be myself. If I could no longer attend then I would go back to having nothing to look forward to each week and would lose the chance to make friends and feel like for that hour each week I fit in somewhere. People who have no interaction with people with SEN needs are not able to understand the constant struggle for us to feel accepted, to fit in, and to feel safe. We often mask how we are really feeling and keeping that mask on is exhausting. Services like Pyxis give us the chance to be who we really are even just for a short while. Their waiting list length is testimony to how much this service is wanted.”

“I really appreciate the guidance and support that I personally receive from the staff at my local centre and the youth club is fantastic so I really hope that it doesn’t close down as they provide such great activities. If my local centre closed down then my 10 year old daughter would no longer have a youth club to go to and I’m not able to send her somewhere else as I can’t afford it. Plus a community centre can help the neighbourhood by simply bringing local people together to mingle social instead of all the local people becoming distant with each other like total strangers.”

“It would make a massive impact on my children’s lives as they really enjoying coming to the centre, making new friends whether it would be via the youth club, cafe, or just simply meeting in the park outside of the centre, they also enjoy coming down for the local bingo and have a fun enjoyable night. I think if the centre was to shut there would be an even higher anti-social rate on the estate as this centre really does keep our children safe and out of trouble. The ladies here are absolutely amazing and we are very grateful the each and every one of them.”

“My daughter would be bereft. She has built so much confidence and independence from this club. She does not go to any other sessions like it or on her own. Please do not stop it.”

Engagement exercises at the Canterbury Academy Youth Hub / Whitstable Youth Centre / Hersdon Youth Group

- As part of the consultation exercise, engagement discussions took place at Canterbury Academy Youth Hub / Whitstable Youth Centre / Hersdon Youth Group. It is estimated that 42 young people aged 12 and over took part in these discussions.
- Young people commented that they would like to access safe spaces to talk to others / peers / staff, somewhere they can have a break from home / school life, the opportunity to socialise and meet others, the opportunity to learn new things and access outdoor.

- Young people indicated a preference to access services and support face to face in buildings as they prefer the environment it offers, feel more comfortable talking face to face and its away from home. Some indicated that online access may be preferred by those who suffer with anxiety.

YOUTH SERVICES IMPACT - DARTFORD SUMMARY

The detail below summarises impact feedback from consultees about the youth services featured in the consultation document based in Dartford, and user feedback received via video.

36 consultees selected on the online form that they wanted to see the list of activities that would be impacted by the proposals for the Dartford district. 10 of these consultees noted that they, or someone in their household, takes part in one of the listed activities for the Dartford district, as follows:

Which of these activities do you or someone in your household take part in? Dartford district - activity provider: Play Place Base: all answering (11), consultees had the option to select more than one response

	Number of consultees answering
Stone Pavilion - Junior and Senior youth club (Fri)	8
Stone Recreation Ground - Juniors (Thurs)	7
Temple Hill - Playground – Mixed age	7
Knockhall - Greenhithe Community Centre - Junior club (Thurs)	6
Stone - Stone Baptist Church - Junior and Seniors youth clubs (Weds)	5
Homework Heroes - Seniors (Weds and Thurs)	5
Bean - Recreation Ground - Juniors (Tues)	3
Darenth - Hillrise Park - Seniors (Tues)	3

Some example verbatims put forward can be found below:

“Stopping these activities would impact me and my family greatly. The temple hill sessions in particular helped me get out of the house post natally and made a huge positive impact on my mental health and wellbeing as a parent. They helped me and my daughter make new friends and have significantly improved her social skills and development. They remain one of the highlights of our week.”

“Taking these services away will have a huge impact to local areas and the youth. They are vital and should not be removed.”

“They shouldn't be cut because they are a lifeline and extra support to families.”

“I have a teenager and I think to have the youth centres is somewhere safe for them to go, obviously there a lot of trouble outside in parks etc it's good that they can go out, be with their friends without their parents responsibilities.”

Play Place also conducted a separate survey with parents and young people. The key findings of this survey can be found below (the charts and visuals for this survey can be found in the Appendix of this report):

- 244 out of 245 enjoyed the session they took part in.
- 198 out of 243 have tried a new activity.
- 143 out of 243 have made friends.
- The average rating for whether Play Place activities have improved how they feel emotionally is 8.59 out of 10.
- When asked openly what should be available for young people in the community, 64 mentioned activities.
- 162 indicated they would prefer to access services and support face to face in the community and 39 indicated they would prefer to access services and support face to face in a building. 44 indicated they would prefer to access services and support online. Being easy was the most common reason given for the preference stated.
- When asked openly about how not having youth activities such as those they have used will affect them, 40 indicated they would feel sad.

Engagement exercises at Dartford Youth Hub / local outreach sessions

- As part of the consultation exercise, engagement discussions took place at Dartford Youth Hub / local outreach sessions. It is estimated that 57 young people aged 9 and over took part in these discussions.
- Young people commented that they would like to access activities / sports / music / computer games, the opportunity to socialise and meet others, the opportunity to learn new things, homework support, access to safe places, sign posting to support, food and drink, services for non-verbal autistic people, more quieter areas/zones, workshops on knife crime, stalking, bullying and activities for young children and special needs children.
- Young people indicated a preference to access services and support face to face in a Hub or van as they prefer the environment it offers and feel more comfortable talking face to face. Some suggested they would prefer online access for awareness support, mental health support and job searching.

YOUTH SERVICES IMPACT - DOVER SUMMARY

The detail below summarises impact feedback from consultees about the youth services featured in the consultation document based in Dover.

56 consultees selected on the online form that they wanted to see the list of activities that would be impacted by the proposals for the Dover district. 16 of these consultees noted that they, or someone in their household, takes part in one of the listed activities for the Dover district, as follows:

Which of these activities do you or someone in your household take part in? Dover district - activity provider: Pie Factory Base: all answering (16), consultees had the option to select more than one response

	Number of consultees answering
Linwood - Youth Hub session (Thurs)	13
Aylesham - Junior youth club, Senior youth club (Tues)	5
Biggin Hall - Youth session (Wed)	5
Astor School - Youth session (Thurs)	5

Some example verbatims put forward can be found below:

“It will take away the only accessible hub that my son can reach independently. With a lack of proper rural public transport, kids will end up even more isolated than they already are or will end up joining tribes that don’t necessarily achieve anything good.”

“Stopping these activities will leave the young people with no spaces to call their own and will also have the risk of putting hard working youth works out of jobs.”

“This is the only safe place for young people to go to. It is a place they can go for advice, safety, meet and see friends and if it was to stop it would have a huge negative impact on the young people in this area. The work they do is so valuable and needed. I fear that there would be such a negative reaction and effect on young people if this was taken away/ activities stopped.”

Engagement exercises at Linwood Youth Hub / local outreach sessions

- As part of the consultation exercise, engagement discussions took place at Linwood Youth Hub / local outreach sessions. It is estimated that 34 young people aged 11 and over took part in these discussions.
- Young people commented that they would like to access to safe / trusted private places for advisory support / counselling, signposting for other support needs, places where they can be surrounded by peers / not judged / spend time away from home / prevent them being outside, activities / hobbies to keep them occupied such as sports, dance, music and arts and crafts.

YOUTH SERVICES IMPACT - FOLKESTONE AND HYTHE SUMMARY

The detail below summarises impact feedback from consultees about the youth services featured in the consultation document based in Folkestone and Hythe.

110 consultees selected on the online form that they wanted to see the list of activities that would be impacted by the proposals for the Folkestone & Hythe district. 54 of these consultees noted that they, or someone in their household, takes part in one of the listed activities for the Folkestone & Hythe district, as follows:

Which of these activities do you or someone in your household take part in? Folkestone and Hythe district - activity provider Base: all answering (54), consultees had the option to select more than one response

	Number of consultees answering
D of E (Duke of Edinburgh) Awards	23
Hythe - Youth Centre - Senior club (Weds)	22
Hythe - Youth Centre - Juniors (Mon)	19
Hythe - Shepway Autism Support Group - All age (Fri)	18
Hythe - Youth Centre - Junior club (Fri)	17
Safety in Action - Local Schools - District wide	12
New Romney - Phase 2 - Junior and Senior club (Thurs)	7
Residential Junior and Senior Leaders courses	5

The top five themes reported in terms of impact can be found below (reported for response samples over n=30):

	% of consultees answering
Miss out on socialising / mixing / being independent / building confidence / making friends	50%
Detrimental to children / young people / negative impact	30%
Affect mental health / wellbeing / cause anxiety / isolation / activities help alleviate these issues	30%
Need these services / activities / don't cut them	27%
Rely on these services / valued / much needed	23%

Some example verbatims put forward can be found below:

“Such a shame other people’s children will not have the same opportunities as mine had.”

“Both my children attended and have done since they were 8, they are now 12 Hythe youth centre has been an important part of their education their social learning and their positive development the club they attend is highly popular and attended with over 100 young people attending each week also what about the SEND group who attend your never picking those up What are you putting in its place once you have closed this club and don’t tell me you’re going to deliver street based work as this will never, yes never reach the community and the young people who attend the youth centre you be lucky to reach 5% what happens to the closure of Hythe means a rise in mental health a rise of health issues related to lack of physical activity a rise anti-social behaviour the lack of voice and being listened to the lack of being part of something and belonging the breakdown of a community of which you KCC have created you will not get that back instead you intend to train volunteers to possible support this community and "hope" it works and trying to deal with the aftermath when if it hadn’t been created would not be there you will be dealing with high levels of youth ASB when there was very little or none in the first place using police and agencies at more expense when it was created again in the first place.”

“This service is for a very vulnerable group of young people who already have limited options in this area.”

“These services are essential for providing young people with a safe and supportive space to learn, grow, and develop. They offer a variety of activities and programs that help young people to stay safe, healthy, and engaged. The closure of these services would have a devastating impact on young people in Hythe. It would leave them with nowhere to go after school or on weekends. It would also make it more difficult for them to stay safe and healthy. In addition, the closure of these services would have a negative impact on the community as a whole. It would make Hythe a less attractive place to live and work. It would also increase the risk of crime and anti-social behaviour.”

“This would stop my children from interacting in a safe environment. These clubs have been an essential part of my children going back into safe social environments after their experience of lockdown. My children both suffered high levels of anxiety post lockdown and these clubs have been a lifeline to getting them out and being with people of their own age in a safe environment. If these clubs are removed it will have a detrimental effect on their social & communication skills. It would be shameful to remove the opportunities that these clubs deliver.”

“Stopping an autism support group is utterly ridiculous, these children struggle so much, the parents are often isolated and have nowhere to turn to with others that understand the day to day struggle. Utterly ridiculous cutting this service once again people with additional needs and those that care for them are being used to save money.”

“Both my teenage daughters currently attend Hythe youth club seniors (Wednesdays) and have loved it. We only moved to Hythe last year and they have made a group of friends there. My eldest daughter (14) was homeschooled for a year and the youth club was the only time she socialised with other children her own age/similar ages. If the youth club was to close I think it would cause more teenage children to have nothing better to do but hang

around probably causing trouble in some kind of way. The youth centre gives children a safe place to be with plenty of different activities available to keep them entertained.”

“I don't want to lose this place it makes me feel confident and being me. It feels safe.”

“Youth club is a safe space for me. I've learned a lot of life skills here. It's part of my weekly routine and it brings joy to my life.”

Engagement exercises in Lydd and local outreach sessions

- As part of the consultation exercise, engagement discussions took place in Lydd and local outreach sessions. It is estimated that 28 young people aged 10 and over took part in these discussions.
- Young people commented that they would like to access to safe / trusted private places for advisory support / counselling, PHSE support, places where they can be surrounded by peers / not judged by others / spend time away from home, indoor and outdoor sports activities, sensory rooms, music and gaming. They would also like the opportunity to socialise and meet others and the opportunity to learn new things (e.g. cookery, managing money).
- Young people indicated a preference to access services and support face to face in person they prefer the environment it offers and feel more comfortable talking face to face (they feel it's more personal, they can read body language / build relationships). However, some commented that people with anxiety may prefer online support.

YOUTH SERVICES IMPACT - GRAVESHAM SUMMARY

The detail below summarises impact feedback from consultees about the youth services featured in the consultation document based in Gravesham.

33 consultees selected on the online form that they wanted to see the list of activities that would be impacted by the proposals for the Gravesham district. 11 of these consultees noted that they, or someone in their household, takes part in one of the listed activities for the Gravesham district, as follows:

Which of these activities do you or someone in your household take part in? Gravesham district - activity provider: The Grand Base: all answering (11), consultees had the option to select more than one response

	Number of consultees answering
Gravesend - GYG Committee (Thurs)	7
Gravesend - GYG Glam (Tues and Wed)	6
Gravesend - Higham Youth Club (Wed)	6
Gravesend - Youth Job Club (Mon)	5
Gravesend - GYG Performers (Wed)	5
Cobham Youth Club (Fri)	5
Gravesend - GYG Gone Wild (Mon)	4
Gravesend - Active Listening Service	4
Gravesend - Mini GYGers (Tues)	3
Gravesend - GYG Creative (Wed)	3

Some example verbatims put forward can be found below:

“My child loves meeting people his own age. I cannot afford to pay out for expensive days out or clubs. I like to know he is in an environment which is safe where he can meet mates. He's not on the streets getting enticed into a street gang.”

“Since taking part in these activities my daughter’s confidence has grown so much. She is now opening up to other possibilities she could do in the further with her school and career. She has made new friends and encouraged her to part in events she wouldn’t normally do. The support from the staff and her peers amazing. She would not have experienced this if it wasn’t for GYG.”

Engagement exercises at the Gravesham Youth event / Northfleet Youth Centre / local sessions

- As part of the consultation exercise, engagement discussions took place in Gravesham Youth event / Northfleet Youth Centre / local outreach sessions. It is estimated that 56 young people took part in these discussions.
- Young people commented that they would like to access places where they can be surrounded by peers / not judged by others / spend time away from home, access support workshops, indoor and outdoor sports activities, music, gaming and get access to food and drink. They would also like the opportunity to socialise (including SEN and accessibility groups), meet others and the opportunity to learn new things (e.g. cookery, life skills).
- Concerns were raised as to whether young people have been engaged fully with the consultation process and whether any special measures were put in place to ensure their feedback is captured.

YOUTH SERVICES IMPACT - MAIDSTONE SUMMARY

The detail below summarises impact feedback from consultees about the youth services featured in the consultation document based in Maidstone, and user feedback collected in support group sessions.

69 consultees selected on the online form that they wanted to see the list of activities that would be impacted by the proposals for the Maidstone district. 28 of these consultees noted that they, or someone in their household, takes part in one of the listed activities for the Maidstone district, as follows:

Which of these activities do you or someone in your household take part in? Maidstone district - activity provider: Salus Base: all answering (28), consultees had the option to select more than one response

	Number of consultees answering
Shepway - Youth and Community Centre - Junior club and Senior youth club (Tues)	14
Shepway - Youth and Community Centre - Junior club and Senior club - (Fri)	14
Shepway - Youth and Community Centre - Small group work sessions	12
Parkwood - Youth Centre - Junior club and Senior club (Thurs)	10
Sutton Valence - Village Hall - Junior youth club (Mon)	9
Shepway - Youth and Community Centre - Olympia Boxing (Fri)	6
Shepway - Youth and Community Centre - One to one sessions	6
Signs of Safety - District wide annual activity to focus on transition from Primary to Secondary education	6

Some example verbatims put forward can be found below:

“These proposals will have a profound impact on my granddaughter who has SEND it is also the only break my daughter gets from looking after her. We need to increase activities and respite for SEND families.”

“Me and many others will lose a place where we can do fun activities and have an escape.”

“My children would become depressed. I wouldn’t know where they are if no space for them to go with their friends. Crime rates will rise.”

“I am concerned that if funding is stopped for current youth services, that the new services by KCC won’t be as good or as frequent.”

“A lot of the children and young adults that attend are very dependent on the club for the space to socialise and learn new skills that will help them develop in later life. The

possibility of perhaps losing that for them would be significant damage to their development so it's really important that it stays available to the people of the area."

"Youth club means so much to me because I have made a lot of friends and it takes all my problems away. When I feel down all the time and it gets me away from everything. However I have built a lot of confidence and it makes me feel more like myself."

Engagement exercises at Shepway Youth Hub

- As part of the consultation exercise, engagement discussions took place in Lydd and local outreach sessions. It is estimated that 52 young people aged 8 and over took part in these discussions.
- Young people commented that they would like to access to safe / trusted private places for advisory support / counselling, PHSE support, places where they can be surrounded by peers / not judged by others / spend time away from home, indoor and outdoor sports activities, sensory rooms, music and gaming. They would also like the opportunity to socialise and meet others and the opportunity to learn new things (e.g. cookery, managing money).
- Young people indicated a preference to access services and support face to face in person they prefer the environment it offers and feel more comfortable talking face to face (they feel it's more personal, they can read body language / build relationships). However, some commented that people with anxiety may prefer online support.

YOUTH SERVICES IMPACT - SEVENOAKS SUMMARY

The detail below summarises impact feedback from consultees about the youth services featured in the consultation document based in Sevenoaks.

46 consultees selected on the online form that they wanted to see the list of activities that would be impacted by the proposals for the Sevenoaks district. 15 of these consultees noted that they, or someone in their household, takes part in one of the listed activities for the Sevenoaks district.

Which of these activities do you or someone in your household take part in? Sevenoaks district - activity provider: West Kent Extra Base: all answering (15), consultees had the option to select more than one response

	Number of consultees answering
Sevenoaks - The Hope Church, Youth Group (Tues)	7
Edenbridge - House (Tues, Wed and Fri)	7
Edenbridge - Eden Centre youth group	6
Edenbridge - Olympia Boxing (Thurs)	6
Edenbridge - 8-12s session	5
Swanley - The Junction, St Marys Road Youth Group (Fri)	4
Swanley - The Junction, Nurture group (Tues)	4
Edenbridge - Nurture group (Thurs)	4
Westerham - Youth session (Fri)	4
Westerham - Olympia Boxing (Wed)	3
West Kingsdown - Youth group (Wed)	1
Dunton Green Pavilion - (Mon)	1

Some example verbatims put forward can be found below:

“They make a difference to our society as a whole. These clubs provide safe spaces and prevent youths from getting into undesirable situations. They are sometimes the only place for them to go when things are bad at home AND school. The clubs keep teens off the streets and away from a life of crime. Parenting services, coaching etc are available everywhere, including programs supplied by schools and doctors.”

“The children enjoy these clubs, it gives them a chance to make positive relationships and steer away from peers who could lead them astray, it also gives them a safe space.”

“Myself and my very close friends have children accessing these services- it is disgraceful that you are even seriously considering cutting the funds for them. They are vital and safe hubs for our children, it is an investment in their future and the future of the community.”

“I think there will be more anti-social behaviours in the community if the youth doesn’t have a safe space to socialise. In these youth groups, it’s a great opportunity for the youth to have positive influence from adults outside their homes. I think it would be a shame to stop.”

YOUTH SERVICES IMPACT - SWALE SUMMARY

The detail below summarises impact feedback from consultees about the youth services featured in the consultation document based in Swale, and feedback received via video feedback from service users.

70 consultees selected on the online form that they wanted to see the list of activities that would be impacted by the proposals for the Swale district. 37 of these consultees noted that they, or someone in their household, takes part in one of the listed activities for the Swale district.

Which of these activities do you or someone in your household take part in? Swale district - activity provider: Southern Housing Base: all answering (37), consultees had the option to select more than one response

	Number of consultees answering
Swale – School work (various)	17
Faversham Baptist Church – 812 youth club (Thurs)	13
Sheerness Youth Centre – Youth club (Thurs)	12
Faversham Recreation Ground – Detached (Fri)	9
Faversham Baptist Church - Disability Youth Club (Mon)	8
Newington – Youth club (Tues)	8
Sheerness Healthy Living Centre – Absolute Arts youth club (Mon)	5
Sheerness County Youth Centre – Sheerness Seniors Youth Club (Tues)	5
Rushenden – Youth club (Wed)	4
Teynham – Detached provision (Thurs)	4
Thistle Hill - Detached provision (Wed)	1

The top five themes reported in terms of impact can be found below (reported for response samples over n=30):

	% of consultees answering
Miss out on socialising / mixing / being independent / building confidence / making friends	49%
Need these services / activities / don't cut them	34%
Detrimental to children / young people / negative impact	31%
Rely on these services / valued / much needed	29%
Provide a safe place to go	23%

Some example verbatims put forward can be found below:

“My children will have nowhere to go with a suitable environment to socialise. The other options are paid clubs (football, tennis, dance etc), all of which are not for socialising. This will inevitably result in my children, and many others choosing other places in the town to hang out (as its not cool to stay at a parents house all day). The impact these clubs have in the local area has clearly been overlooked. I'm so disgusted with these proposals.”

“You can't cut these services that are needed for youths and families. they need support and safe places to go. this affects every aspect of life if you cut these services, crime, health, mental health, school and housing it affects everywhere and everyone.”

“A lot of people rely heavily on these places some children I know don't go out unless to youth club as the streets are no longer safe the youth clubs here are the only thing left fun for the children to do and for the parents to know the kids are still safe it's not discriminative and all children get along make friends and are happy there also very sad that there lifelines and friendship groups even their routines will be put out of the window, have you thought about the effect on these children? Cutting funding for something so important is just ridiculous and very selfish.”

“My son is home schooled and this provides him with a way to socialise with his peers in a natural, safe and free environment. We cannot afford to send him to paid for clubs, so this would take away a big part of socialising.”

“My neurodivergent young person would be devastated. Two youth groups which are the highlight of his week. He struggles to socialise & make friends, these two groups have been a lifeline to him. They have provided a safe and welcoming space for my young person to learn and build his socialisation skills, which in turn has helped build his self-esteem. The environment and the staff provide a first class setting for those who struggle with neuro-typical life. As a parent who has searched long and hard for local groups for my son to attend, I will be sad to see the groups disappear and even sadder to watch my son withdraw from society once again.”

“Youth clubs are a safe place for children in a world which is filled with poverty,, violence, drug and alcohol abuse. They provide vital childcare for some families especially in the current economic crisis. To take these provisions away puts vulnerable young people at risk. There is very little available to children today, after 12 years children are no longer allowed to hang out in playgrounds, there is nothing for the youth of today and boredom can lead to antisocial behaviour which is rife in the area. We want children to thrive and go on to be the best they can be.”

“Playing with my friends. It boosts some people's confidence and it helps you make new friends.”

“I don't want youth club to stop because youth club is a place for children to come and be themselves and make friends.”

“I don't think youth club should be closing because I believe it's a place where young adults and kids of most ages can come together and relate as a group of people.”

Engagement exercises at Swale Youth Hub / Youth Zone / local outreach sessions

- As part of the consultation exercise, engagement discussions took place at Swale Youth Hub / Youth Zone / local outreach sessions. It is estimated that 23 young people aged 8 and over took part in these discussions.
- Young people commented that they would like to access to safe / trusted private places for advisory support / counselling, places to eat, activities such as swimming, indoor and outdoor games, arts and crafts, board games and gaming. They would also like the opportunity to socialise and meet others, the opportunity to learn new things (e.g. cookery, practical skills, independent living, self defence, music) and day trips.
- Young people indicated a preference to access services and support face to face in a Hub as they prefer the environment it offers and feel more comfortable talking face to face (they feel it's more personal). They also want to be able to meet with their friends face to face in a social but controlled environment. Some suggested that online support could be provided as an option for counselling support and education plans / revision support.

YOUTH SERVICES IMPACT - THANET SUMMARY

The detail below summarises impact feedback from consultees about the youth services featured in the consultation document based in Thanet.

148 consultees selected on the online form that they wanted to see the list of activities that would be impacted by the proposals for the Thanet district. 90 of these consultees noted that they, or someone in their household, takes part in one of the listed activities for the Thanet district, as follows:

Which of these activities do you or someone in your household take part in? Thanet district - activity provider: Pie Factory Base: all answering (90), consultees had the option to select more than one response

	Number of consultees answering
The Pavilion Youth & Community Café - Youth café sessions (Tues, Thurs and Fri)	56
Parent and Child group (Wed, all age)	42
Ramsgate Youth Centre - Band Room (Tues)	37
Ramsgate Youth Centre - The Live Room (Mon)	33
Ramsgate Youth Centre - ACT! Youth Volunteer Group (Tues)	32
Ramsgate Youth Centre - Bike Project (Mon)	31
Ramsgate Youth Centre - Junior youth club (Thurs)	29
Ramsgate Youth Centre - Open Arms (Fri)	24
Detached Community work - Streets based in Ramsgate (Fri)	20
Ramsgate Youth Centre - Band Room (Wed)	0

The top five themes reported in terms of impact can be found below (reported for response samples over n=30):

	% of consultees answering
Miss out on socialising / mixing / being independent / building confidence / making friends	40%
Need these services / activities / don't cut them	39%
Detrimental to children / young people / negative impact	33%
Services / activities provide support / information / will miss out on these	33%
Rely on these services / valued / much needed	27%

Some example verbatims put forward can be found below:

“This would be an absolute shame to cut these services for young people. They are well used and as we know there is a lack of provision for the age groups that utilise these services. There are many families in Broadstairs (despite the view it is a very affluent area) that are unable to afford activities that are provided by these groups! The Pavilion youth group is situated very near a housing estate where many of these lower income families live. There is little available locally for the kids if this place is closed and it also serves as an important hub for families to signpost other services.”

“Devastating, and a huge loss to the community. Young people in areas other than Margate will not be able to access the Quarterdeck hub due to transport, finance, volume of people, and lack of open access youth provision at Quarterdeck. There is a huge need for local provision, which has been demonstrated for many years.”

“I absolutely love going to this group since I moved to Broadstairs after leaving an abusive relationship with my child. They have helped me so much and so have the other families I’ve met we have a real support between us and we care about each other. Please do not stop this group it keeps me going.”

“They provide a safe and nurturing place for my family and I. My children can access fruit here which I can’t afford to buy. They run so many activities for families and children of all ages and is the only support we get for my transgender teen.”

“This will significantly impact the progress my daughter has made since attending Pie Factory. There has been a huge increase in her confidence, ability to engage with others, self-belief and esteem. Pie Factory has given her a purpose and a goal to work towards as it has shown her that she could be a youth worker like the people who currently support her. The proposal to stop these activities will remove the option for a safe space to engage in inclusive social circles for young people who are discovering who they are and accepted and encouraged to be themselves. I believe this will result in isolation for these young people and potentially a withdrawal from society because they don’t feel safe to be themselves.”

“It would be devastating. I don’t drive and find public transport incredibly stressful and triggers my anxiety. This is the only place I can take my kids and feel relaxed. It’s the only place I’ve ever been able to make other mum friends and the kids have been able to make friends too.”

“Our children would be bereft of things that keep them busy and motivate them to stay positive and keeps them out of trouble. They have positive role models here and interact with other kids who are trying to find their way in life in a positive manner. Without these activities I fear they will end up hanging around on the streets and getting into trouble and becoming horrible adults.”

“My daughter is 17, autistic, has anxiety and has not attended school for almost a year. During her GCSE year she found The Pavilion Youth and Community Cafe an invaluable escape, as do so many others. Most youth groups charge membership fees, and so many parents are not on a position to fund this. The Pavilion also offers additional qualifications and experiences to young people who would normally be excluded due to lack of funds.”

“It would cut the young people I know off from so much support and trusted relationships leaving them adrift with no reliable, known or trusted support workers. I have used these services myself and their specialist offerings helped me discover skills and opportunities I would not have had otherwise.”

Engagement exercises at Quarterdeck Youth Hub / local outreach sessions

- As part of the consultation exercise, engagement discussions took place at Quarterdeck Youth Hub / local outreach sessions. It is estimated that 98 young people aged 11 and over took part in these discussions.
- Young people commented that they would like to access to safe / trusted private places for advisory support / counselling / educational development / mental health, food support, PHSE support / advice, contraceptive / drug / alcohol advice and employment advice. They would also like the opportunity to socialise and meet others, the opportunity to learn new things (e.g. cookery, sport, gaming, textiles, music) and day trips.
- Young people indicated a preference to access services and support face to face in a Hub as they prefer the environment it offers and feel more comfortable talking face to face (they feel more listened to / can read body language). They also want to be able to meet with their friends face to face in a social but controlled environment. Some also suggested that their parents would not support online access / have safety concerns with accessing content online and that online isn't as engaging as speaking to support staff face to face and can be frustrating to use. Some comment on experiences of having to use online support during the pandemic and that they didn't like this.

Engagement exercises at local sessions

- As part of the consultation exercise, engagement discussions took place via local outreach sessions. It is estimated that 15 young people took part in these discussions. Some example verbatim comments from these young people can be found below:

“I've been coming to pie factory for 4 years, I remember first feeling like I didn't fit in here, and now every time I come here it's loud and I like it.”

“If I hadn't of come here 9 years ago when i first started coming here and spoke to the staff here about what was happening at home I would still be in a toxic and abusive household so here actually got me out of that environment as they flagged to social services which then helped me getting the help I needed. When I came back after the gap and where I was struggling this place gave me the mindset of “if you think you are going to fail and you can't keep going, there are places that can keep your guard up, you gotta keep going on” if it weren't for places like here who's going to provide that.”

“I have seen other people in this room, when they first get here they are very down very low, and then as it's come to this point they are more alive and more social than they were before. I think the pie factory has given people a positive influence in their life.”

“I don’t think this is right, this is our home you can’t take away from us, most of us need this place in a nice way you can’t just get rid of it. Even if it is a couple of sessions some of us need that you can’t just get rid of it because they don’t want to give you some money, even if it’s not a lot it still helps. “What other space do you have” There isn’t there nothing, we would all just be at home doing nothing, we need to go out and do stuff, I have been able to do stuff I never thought I would here.”

“When I first came here I was in the worst place you could be in as a person. But I have met friends who are now my family they are better my family, I have adults who have actually show me that it’s worth living, I don’t want any other young person to miss out on something like this, because I know first hand I’ve got mates I have brought here because of how bad they were and people have helped them out so much.”

YOUTH SERVICES IMPACT - TONBRIDGE AND MALLING SUMMARY

The detail below summarises impact feedback from consultees about the youth services featured in the consultation document based in Tonbridge & Malling.

56 consultees selected on the online form that they wanted to see the list of activities that would be impacted by the proposals for the Tonbridge and Malling district. 22 of these consultees noted that they, or someone in their household, takes part in one of the listed activities for the Tonbridge & Malling district, as follows:

Which of these activities do you or someone in your household take part in? Tonbridge and Malling district - activity provider: Salus Base: all answering (22), consultees had the option to select more than one response

	Number of consultees answering
Snodland - Junior youth club and Senior youth club (Wed)	12
East Malling / Larkfield - Junior youth club and Senior youth club (Thurs)	10
Ditton - Junior youth club and Senior youth club (Mon)	7
Signs of Safety - District wide annual activity to focus on transition from Primary to Secondary education	7
Detached sessions in Larkfield – Larkfield skate park and other locations when required	4

Some example verbatims put forward can be found below:

“Leaves a huge gap for children and young people in the communities. not having youth clubs will be disastrous. Children rely on these support services to gain self-esteem and growth - to support them to be more rounded individuals and gets them off the street when home may not be so available.”

“It would be very, very upsetting. My child struggles emotionally and joining clubs like these has helped him to build relations, to make friends and to do something which is fun. The proposal to stop these activities will impact on our children's wellbeing, they already go through challenges and difficulties. It would be very disappointing . The system in general is falling apart, with delays on NHS waiting list, these activities compensate the lack of support children received. So please, KCC, on behalf of all the parents and children who struggle, make an effort and think about us.”

“The cessation of youth services would impact enormously, the lure of joining gangs is too strong youngsters need good role models.”

“These services can be a lifeline for families. They day trips are great for my teenage children because it gives them a break for a younger child (sibling) that has additional needs. it gives one of my son’s essential communication skills due to being removed from a special school. These services are very important to our family and it would be awful if

this service/help to families stopped. I've had support at home and it was so helpful. Parents already feel like they are not listened to so stopping certain services will have a major impact on families.”

YOUTH SERVICES IMPACT - TUNBRIDGE WELLS SUMMARY

The detail below summarises impact feedback from consultees about the youth services featured in the consultation document based in Tunbridge Wells.

52 consultees selected on the online form that they wanted to see the list of activities that would be impacted by the proposals for the Tunbridge Wells district. 18 of these consultees noted that they, or someone in their household, takes part in one of the listed activities for the Tunbridge Wells district, as follows:

Which of these activities do you or someone in your household take part in? Tonbridge and Malling district - activity provider: Salus Base: all answering (18), consultees had the option to select more than one response

	Number of consultees answering
Safety in Action - annual activity for year 6 students to focus on the transition from primary to secondary school	10
Paddock Wood - Junior youth club and outreach (Mon)	7
Rusthall - Detached sessions (Tues)	7
Sherwood - Detached sessions	7
Langton Green - youth club (Tues)	5
Cranbrook - Junior and Senior mixed youth club and outreach (Thurs)	3

Some example verbatims put forward can be found below:

“There is a need for youth work in Rusthall and Langton - my understanding was that both the Salus sessions in Rusthall and Langton had ended due to a lack of staff, but I've been talking to them about starting them again, because I know there is nothing for the 9-13 age range to do during school holidays, and as a local councillor when I speak to residents the need for youth work in the village is frequently mentioned.”

“Removing youth clubs or the funding for them without a precise and consistent plan or provider in place will remove safe spaces for children and young people to go. It increases the risk of exploitation, antisocial behaviour and crime in our communities.”

“Myself and my children would have no affordable places to go for my children to socialise - this is a safe space where I can talk to other people in my area.”

“As a parent to two soon to be teenagers, one with ADHD, these services are paramount. Teenagers with safe spaces to go and to be able to safely interact with children of similar ages is important. Mental Health in young adults/teenagers need all the support they can get. Especially with current waiting times in all services especially CAMHS.”

Engagement exercises at Tunbridge Wells summer events / Youth Hub / local outreach sessions

- As part of the consultation exercise, engagement discussions took place at Tunbridge Wells summer events / Youth Hub / local outreach sessions. It is estimated that 18 young people aged 8 and over took part in these discussions.
- Young people commented that they would like to access to safe / trusted private places for advisory support / counselling, PHSE support, places where they can be surrounded by peers / not judged by others, indoor and outdoor sports activities, sensory rooms, music and gaming. They would also like the opportunity to socialise and meet others and the opportunity to learn new things (e.g. cookery).
- Young people indicated a preference to access services and support face to face in a Hub as they prefer the environment it offers and feel more comfortable talking face to face (they feel it's more personal, they feel supported and its safe). They also want to be able to meet with their friends face to face in a social but controlled environment. Some suggested that online support could be provided as an option for signposting information sources.

RESIDENT FEEDBACK

EQUALITY ANALYSIS

- Consultees were asked to comment on the Equality Analysis put forward with the consultation and if there was anything that should be considered relating to equality and diversity in their own words.
- For the purpose of reporting, we have reviewed respondents' comments and have grouped common responses together into themes. These are reported in the table below. 19% of consultees answering via the consultation questionnaire provided a comment at this question.
- A proportion of consultees indicated that specific populations would be impacted by the proposals / not considered adequately, including:
 - Young people (17%)
 - SEN / SEND / autistic / ND (17%)
 - Deprived / low income (14%)
 - Disabled / impaired / learning disabilities (14%)
 - Children (13%)
 - Families / parents (12%)

We welcome your views on our equality analysis and if you think there is anything we should consider relating to equality and diversity. Please add any comments

Base: all answering (169)

	Number of consultees answering	% of consultees answering
Young people adversely affected / not considered adequately	29	17%
SEN / SEND / autistic / ND adversely affected / not considered adequately	29	17%
Deprived / low income residents adversely affected / not considered adequately	24	14%
Disabled / impaired / learning disabilities adversely affected / not considered adequately	23	14%
Children adversely affected / not considered adequately	22	13%
Families / parents adversely affected / not considered adequately	21	12%
Criticism of consultation / questions about consultation / suggestions about consultation	17	10%
Services must be accessible / available Page 270	16	9%

	Number of consultees answering	% of consultees answering
Services must be inclusive / cater to everyone / everyone treated equally	16	9%
Non-users of technology / lack of access to technology / digital means adversely affected / not considered adequately	14	8%
Access to transport / ability to travel adversely affected / not considered adequately	11	7%
Those with mental health issues adversely affected / not considered adequately	10	6%
LGBTQIA+ adversely affected / not considered adequately	6	4%
Equality analysis seems adequate	6	4%
Equality irrelevant to this	5	3%
Rural residents adversely affected / not considered adequately	3	2%
Vulnerable residents adversely affected / not considered adequately	3	2%
N/A / nothing to add / don't know	18	11%
Comments unrelated to equality analysis	14	8%
Other	16	9%

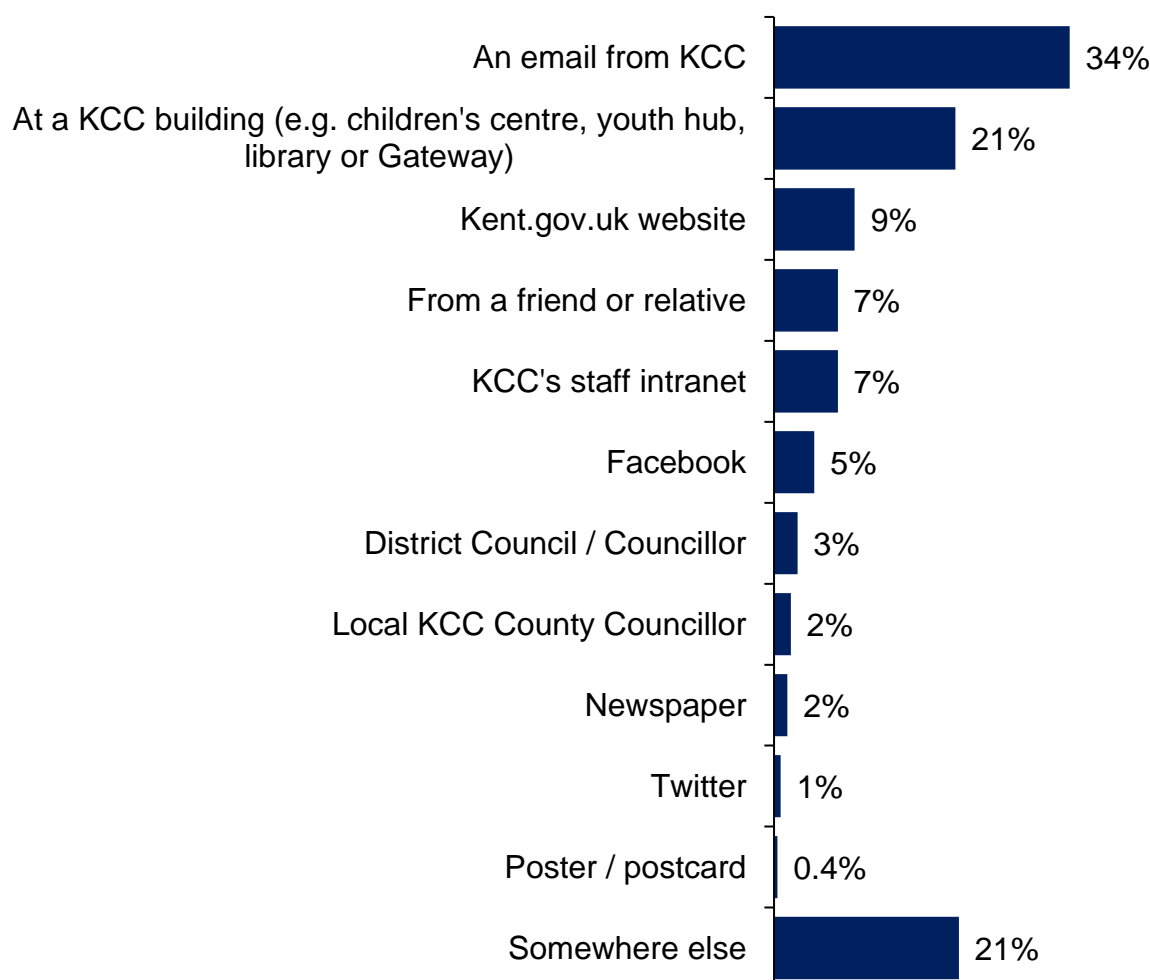
PROFESSIONALS / ORGANISATION FEEDBACK

CONSULTATION AWARENESS

- The most common means of finding out about the consultation is via an email from KCC (34%) and at a KCC building (e.g. children's centre, youth hub, library, Gateway) at 21%.
- Other modes of finding out about the consultation include the Kent.gov.uk website (9%), from a friend or relative (7%) and KCC's staff intranet.

How did you find out about this consultation?

Base: all answering (260), consultees had the option to select more than one response.



SUPPORTING DATA	Number of consultees answering	% of consultees answering
An email from KCC	88	34%
At a KCC building (e.g. children's centre, youth hub, library or Gateway)	54	21%
Kent.gov.uk website	24	9%

SUPPORTING DATA	Number of consultees answering	% of consultees answering
From a friend or relative	19	7%
KCC's staff intranet	19	7%
Facebook	12	5%
District Council / Councillor	7	3%
Local KCC County Councillor	5	2%
Newspaper	4	2%
Twitter	2	1%
Poster / postcard	1	0.4%
Somewhere else	55	21%

PROFESSIONALS / ORGANISATION FEEDBACK

FAMILY HUB SERVICES

This section of the report summarises response to the questions posed surrounding the Family Hub Services in the consultation, as reported by consultees.

ACCESS METHODS SUITABLE FOR SERVICES

- Consultees were asked to select the access methods they consider suitable for delivering the pre-defined eleven services featured in the resident consultation questionnaire.

For each service below, please select the access methods you think are suitable. You can select one, two or three options for each service?

Education for parents on child development

- The vast majority of consultees answering (96%) consider face to face (in person) access to be suitable for education for parents on child development.
- Just under two thirds of consultees answering consider online services (68%) and virtual services (69%) suitable for this service.

Base: all answering (257), consultees had the option to select more than one response.

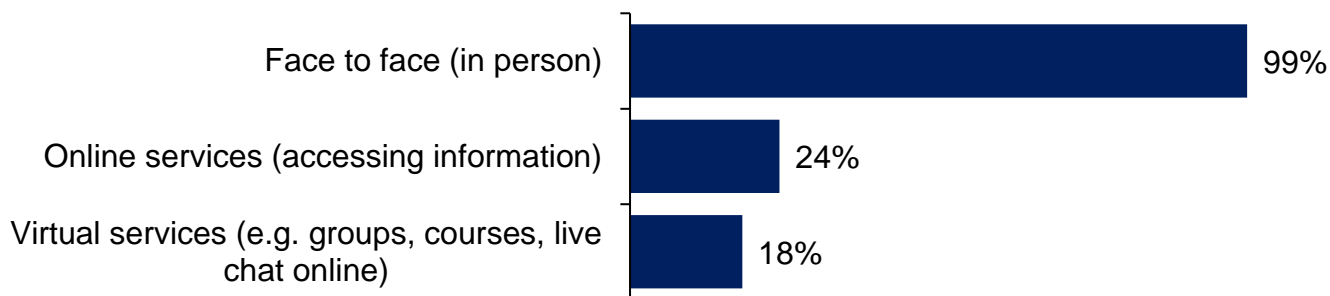


SUPPORTING DATA	Number of consultees answering	% of consultees answering
Face to face (in person)	246	96%
Online services (accessing information)	175	68%
Virtual services (e.g. groups, courses, live chat online)	177	69%

Activities for children aged 0-5

- The vast majority of consultees answering (99%) consider face to face (in person) access to be suitable for activities for children aged 0-5.
- Just under a quarter of consultees answering consider online services (24%) suitable for this service and 18% consider virtual services suitable.

Base: all answering (255), consultees had the option to select more than one response.



SUPPORTING DATA	Number of consultees answering	% of consultees answering
Face to face (in person)	253	99%
Online services (accessing information)	61	24%
Virtual services (e.g. groups, courses, live chat online)	47	18%

Activities for older children and young people

- The vast majority of consultees answering (97%) consider face to face (in person) access to be suitable for activities for older children and young people.
- Around a half of consultees answering consider online services (47%) and virtual services (51%) suitable for this service.

Base: all answering (260), consultees had the option to select more than one response.



SUPPORTING DATA	Number of consultees answering	% of consultees answering
Face to face (in person)	253	97%
Online services (accessing information)	122	47%
Virtual services (e.g. groups, courses, live chat online)	132	51%

Information, advice and guidance about support services for children and young people with Special Education Needs and Disabilities (SEND)

- The vast majority of consultees answering (93%) consider face to face (in person) access to be suitable for information, advice and guidance about support services for children and young people with Special Education Needs and Disabilities (SEND).
- Three quarters of consultees answering consider online services (75%) suitable for this service and 67% consider virtual services suitable.

Base: all answering (256), consultees had the option to select more than one response.

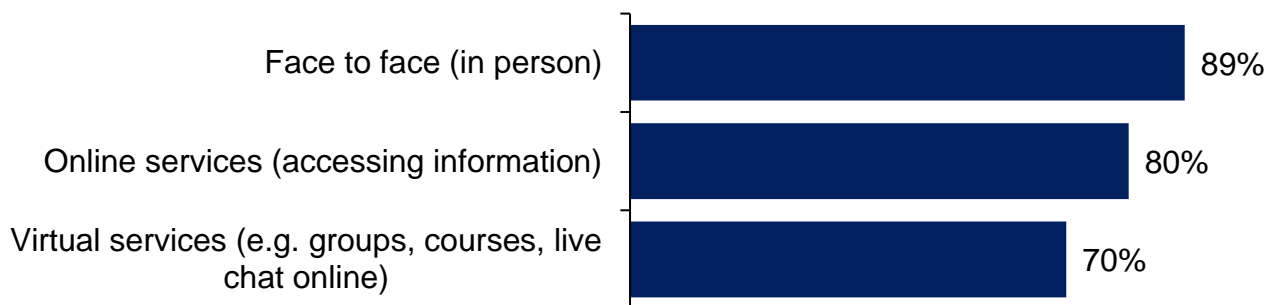


SUPPORTING DATA	Number of consultees answering	% of consultees answering
Face to face (in person)	238	93%
Online services (accessing information)	192	75%
Virtual services (e.g. groups, courses, live chat online)	171	67%

Information and signposting to mental health services (children and adults)

- The majority of consultees answering (89%) consider face to face (in person) access to be suitable for information and signposting to mental health services (children and adults).
- There is less of a distinction in suitability perceptions with 80% of consultees considering online services suitable for this service and 70% considering virtual services suitable.

Base: all answering (257), consultees had the option to select more than one response.



SUPPORTING DATA	Number of consultees answering	% of consultees answering
Face to face (in person)	228	89%
Online services (accessing information)	206	80%
Virtual services (e.g. groups, courses, live chat online)	179	70%

Support for parents/carers of adolescents (teenagers)

- The vast majority of consultees answering (93%) consider face to face (in person) access to be suitable for support for parents / carers of adolescents (teenagers).
- There is less of a distinction in suitability perceptions with 70% of consultees considering online services suitable for this service and 75% considering virtual services suitable.

Base: all answering (257), consultees had the option to select more than one response.

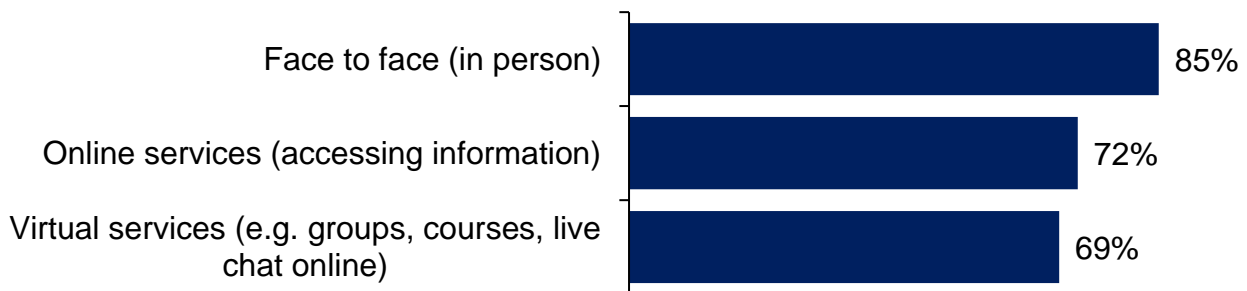


SUPPORTING DATA	Number of consultees answering	% of consultees answering
Face to face (in person)	238	93%
Online services (accessing information)	181	70%
Virtual services (e.g. groups, courses, live chat online)	192	75%

Online safety for children and young people

- The majority of consultees answering (85%) consider face to face (in person) access to be suitable for online safety for children and young people.
- There is less of a distinction in suitability perceptions with 72% of consultees considering online services suitable for this service and 69% considering virtual services suitable.

Base: all answering (254), consultees had the option to select more than one response.



SUPPORTING DATA	Number of consultees answering	% of consultees answering
Face to face (in person)	217	85%
Online services (accessing information)	184	72%
Virtual services (e.g. groups, courses, live chat online)	174	69%

Support for young people with substance misuse (alcohol/drugs)

- The vast majority of consultees answering (98%) consider face to face (in person) access to be suitable for support for young people with substance misuse (alcohol / drugs).
- 59% of consultees answering consider online services suitable for this service and 59% consider virtual services suitable.

Base: all answering (256), consultees had the option to select more than one response.



SUPPORTING DATA	Number of consultees answering	% of consultees answering
Face to face (in person)	252	98%
Online services (accessing information)	151	59%
Virtual services (e.g. groups, courses, live chat online)	151	59%

Domestic abuse support

- The vast majority of consultees answering (98%) consider face to face (in person) access to be suitable for domestic abuse support.
- 70% of consultees answering consider online services suitable for this service and 64% consider virtual services suitable.

Base: all answering (258), consultees had the option to select more than one response.

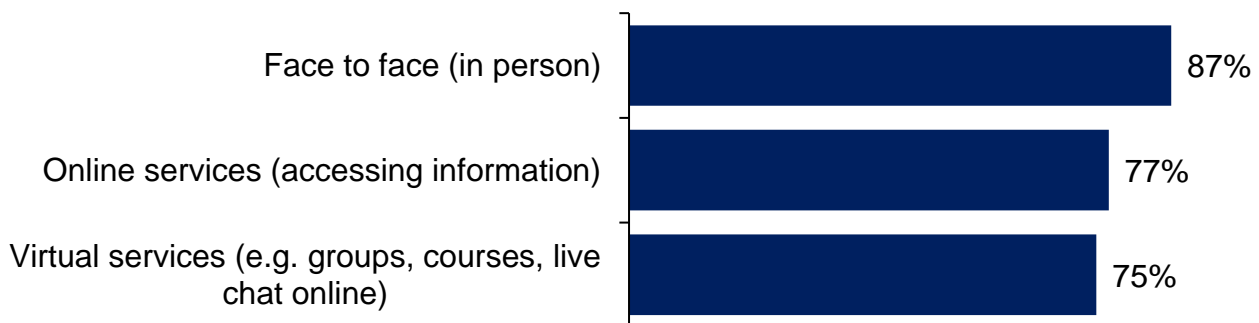


SUPPORTING DATA	Number of consultees answering	% of consultees answering
Face to face (in person)	252	98%
Online services (accessing information)	181	70%
Virtual services (e.g. groups, courses, live chat online)	165	64%

Debt and welfare advice

- The majority of consultees answering (87%) consider face to face (in person) access to be suitable for domestic abuse support.
- There is less of a distinction in suitability perceptions with 77% of consultees considering online services suitable for this service and 75% considering virtual services suitable.

Base: all answering (255), consultees had the option to select more than one response.

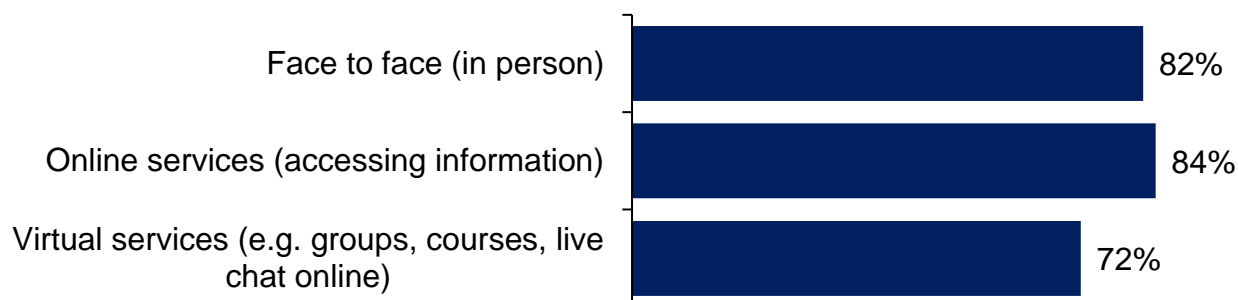


SUPPORTING DATA	Number of consultees answering	% of consultees answering
Face to face (in person)	221	87%
Online services (accessing information)	195	77%
Virtual services (e.g. groups, courses, live chat online)	189	75%

Signposting to information to support separating and separated parents

- Perceptions are broadly similar in the context of signposting to information to support separating and separated parents with 82% considering face to face access suitable, 84% considering online services suitable and 72% considering virtual services suitable.

Base: all answering (255), consultees had the option to select more than one response.



SUPPORTING DATA	Number of consultees answering	% of consultees answering
Face to face (in person)	210	82%
Online services (accessing information)	213	84%
Virtual services (e.g. groups, courses, live chat online)	184	72%

ADDITIONAL SUGGESTIONS FOR FAMILY HUB NETWORK SERVICES

Consultees were asked to indicate whether there was anything else they thought should be available for children, families and young people through the Family Hub network in Kent. 54% of consultees answered this question and provided a comment.

Example verbatim comments shown below highlight the key themes expressed:

Youth / adolescent service provision and targeting of where this is needed to achieve impact:

“Youth clubs, face to face interaction on a weekly basis with the young people and struggling families. Face to face classes and delivery of clubs and respite.”

“Youth clubs are needed for teenagers to have their own safe non-judgemental space. 10 years ago most youth centres were closed in Kent, youth violence and anti-social behaviour increased thus will happen again if they are not given their own space. I believe that many will not go to a family hub.”

“Detached youth services and the targeted use of youth clubs and support work to support vulnerable in children in areas of high need and/or where there is a measurable community impact.”

“Street-based youth work in locations of concern linked to Contextual Safeguarding Agenda - this maybe be considered under 'Activities for older children and Young People' but this agenda is far greater than activities and often it can take longer than building based work to build relationships with the young people in these spaces to affect change. It also includes working with non-traditional partners, exploring how to build guardianship capacity and is a really unique and important role in to safeguard communities.”

“Youth services are imperative and important for young people’s personal social development to ensure a holistic approach to progression. Youth services shouldn’t be cut, but actually be invested in to bring them up to the 21st century to ensure young people have access to free, engaging and positive activities to support them.”

“I think that the new family hub network is neglecting adolescent services and the important role that they have in making a difference with young people. Adolescents are one of the most vulnerable groups and can struggle to find safe spaces to engage in. With the addition of children and families and adult services being combined this could detriment the ability to work effectively with adolescents.”

“I think Youth Services should be given the same level of resources, funding and consideration as the children, anti-natal, pre-natal support that is in the Family Hub model.”

“Open Access Youth Groups are an integral aspect of the development of young people in the local community. Regardless of a young person’s background, life experiences, or behaviour there should be a safe space for young people to access and receive support. I worry that as a result of the consultation KCC will only deliver small youth groups on a referral basis, this will only help a small percentage of the young people in the community.”

Making face to face workshops / drop in sessions / groups available:

“Parenting classes/drop in sessions and face to face toddler groups with guided activities for the children to support parents by seeing how their children interact with the activities and resources. parents need the opportunity to meet other parents in a supported environment. meeting professionals and H. V. at these meetings would support parents to be familiar with and seek support from the professionals if they have a problem.”

“Drop in sessions should definitely continue for the parents to have opportunity to discuss their needs. Youth groups should continue as this particular group are often vulnerable and have nowhere else to go.”

“Behaviour management workshops built into child development sessions, so parents learn and understand what is 'normal' development and have realistic expectations on what their children should be able to achieve throughout the different stages/milestones of their lives. And information on how to manage each of these stages.”

“A variety of groups to help parents with parenting of all ages. Wider range of different groups, small & large, to address particular areas of development. Groups and activities with agencies working together to deliver information & support.”

Signposting, support and advisory services:

“Parenting programmes and support for the parent-infant relationship is usually seen as just additional. If you can offer something like Incredible Years Baby or Mellow Parenting and perinatal support which is relationship based then this will be very beneficial for the early start for babies. Croydon’s family hub offer will be including a Parent and Infant Relationship Service (PAIRS) which includes psychotherapy and practical support.”

“It is estimated that 1 in 6 adults in UK cannot read. Family hubs could offer signposting and support to local adult literacy groups - there are no such groups in Sevenoaks.”

“Information about and signposting to mental health services, activities for older children and young people.”

COMMENTS ON FAMILY COACHES

Consultees were asked to provide any comments on Family Coaches in their own words. 62% of consultees answered this question and provided a comment. 85 consultees made a positive comment towards the concept and 97 consultees referenced a concern with the concept (please note a proportion of consultees made a positive comment and raised a concern).

Example verbatim comments shown below highlight the key themes expressed:

Perceptions of the concept being a good idea / beneficial to families:

“We believe peer-to-peer support is critical and a community of individuals with lived experience provides a rich and supportive network for families to receive the support they need.”

“This could be a very powerful resource if families engage positively. The success of this almost exclusively depends on family engagement.”

“To involve families directly is a positive idea. It gives them ownership and a chance to have their say as a parent/carer. Maybe this could be done as a quarterly meet up where they can meet and converse on different topics. Outcomes could be fed back to staff, listening to the parent/carer views and implementing them where possible. This could include some positive training.”

Concerns expressed for the level of training / expertise required and questioned whether they service can be effective with volunteers only:

“Family coaches would need to be vetted thoroughly. Coaching into employment would be better than voluntary. The service should be delivered face to face.”

“How will you recruit an adequate number of Family Coaches with the requisite skills, knowledge and experience to support children and families?”

“This is outrageous. People should be recruited, trained and PAID for these services. We are already struggling with early help provision, let alone professional youth provision. Social workers are stretched beyond belief and we need more reliable support. And you are proposing people do this for free? This is insulting.”

“Volunteers are extremely difficult to recruit and hold on to especially in this current climate. Families have to work long hours to cover the cost of living so this will be limited in offering additional hours. These volunteers will also need intensive training which will come at a cost.”

“What resources are there to train and mentor these Family Coaches? Will there be supervision available for a Family Coach? Once trained will a commitment be required to volunteer for a certain length of time. We need to ensure there is not just a revolving door of family coaches and the actual family has no consistency. Should we be relying on the voluntary sector to support families in this way?”

Potential duplication of services / perceptions of similar service being delivered currently / previously:

“We already deliver this service through our team of volunteers, so this would be a duplication of services. Why can't you use existing services rather than re-invent the wheel. Managing volunteers is very time consuming and takes a lot of dedication from experienced staff, If they are not regularly supervised they will not be committed and ultimately let families down, and possible miss safeguarding issues.”

“I feel this is a service similar to what was offered under Sure Start at The Village Children's Centre but they were called Parent Reps and it worked really well, they were part of the Children's Centre team and in return for Volunteering they were offered training in areas of interest. They organised our events and helped support parents. It was a shame when this service was lost although the majority of them went onto work in various roles across KCC as excellent assets to the teams they are in.”

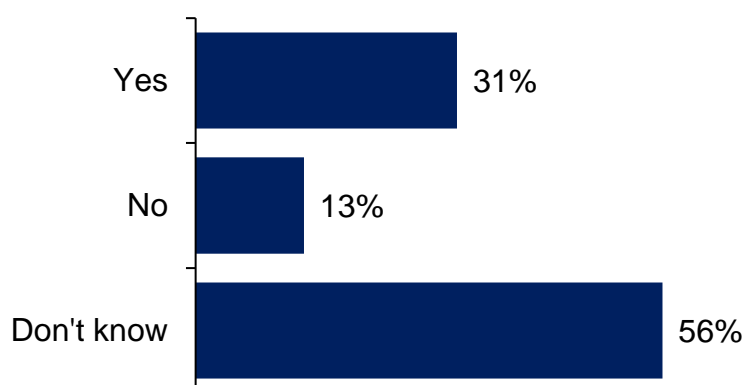
“The Family Coaches concept appears to be based on a model the charity Home-Start have used for nearly fifty years. This is a successful model and I would suggest KCC liaise with Home-Start UK about this model. This also seems to going back to the Children's Centre Model, when they first opened. Offering support to parents / volunteers to develop their skills. The culture within the service would need to change to see the Family Coaches as valuable members of staff. As a professional it has felt in the past that volunteers have not been as valued. I would be concerned that due to the cost of living crisis, there is a national shortage of volunteers at present. Would the model still work without Family Coaches?”

ORGANISATION INTEREST IN SUPPORTING DEVELOPMENT OF FAMILY COACHES AND PEER TO PEER SUPPORT

- Just under a third of consultees answering (31%) indicated they would be interested in supporting the development of Family Coaches and peer to peer support.
- 13% indicated they were not interested and 56% are unsure.

If you are responding on behalf of an organisation, would your organisation be interested in supporting the development of Family Coaches and peer to peer support?

Base: all answering (224)



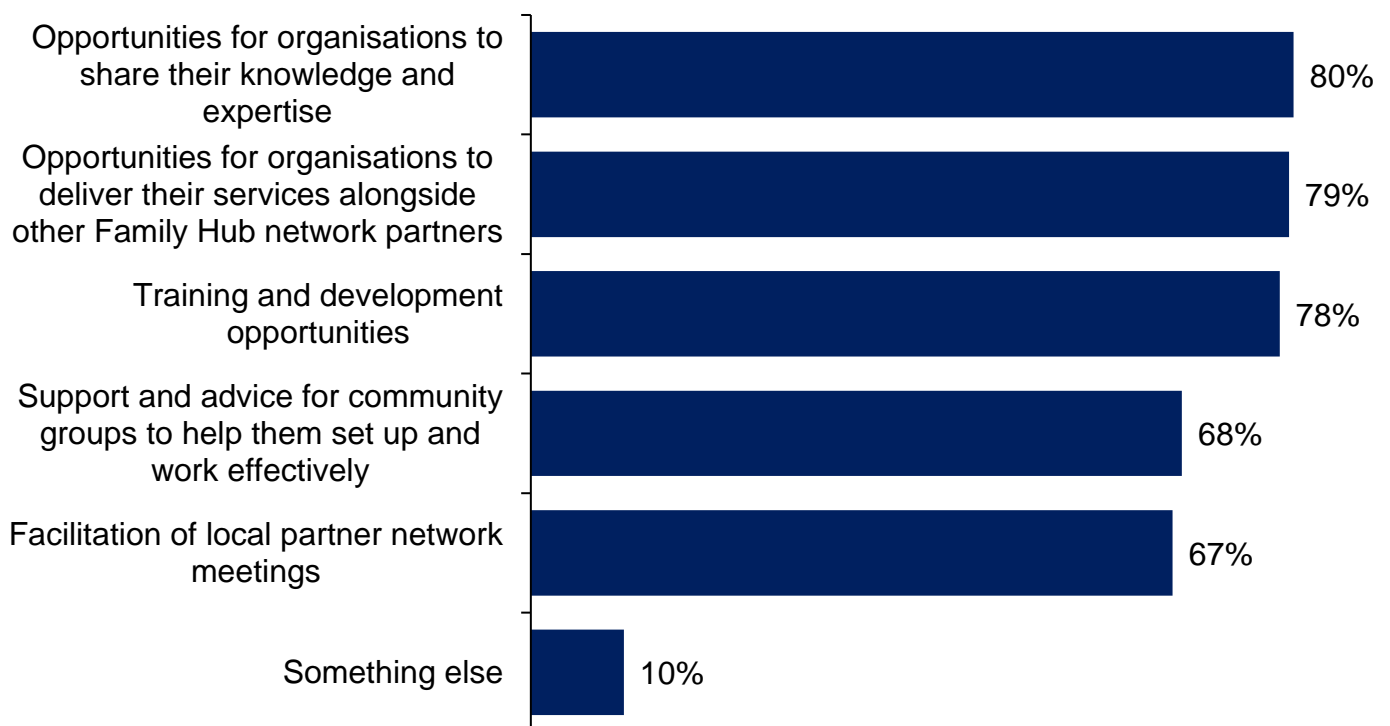
SUPPORTING DATA	Number of consultees answering	% of consultees answering
Yes	70	31%
No	29	13%
Don't know	125	56%

CONTENT OF SUPPORT, ADVICE AND OPPORTUNITIES NETWORK MEMBERS WOULD LIKE TO SEE

- There is a high level of interest in all the five options posed to consultees, but the most popular are opportunities for organisations to share their knowledge and expertise (80%), opportunities for organisations to deliver their services alongside other Family Hub network partners (79%) and training and development opportunities (78%).
- Around two thirds indicated they would like to see support and advice for community groups to help them set up and work effectively (68%) and facilitation of local partner network meetings (67%).

If your organisation was to be part of the Family Hubs network, what support, advice or opportunities would you want to see as a member of that network?

Base: all answering (206)



SUPPORTING DATA	Number of consultees answering	% of consultees answering
Opportunities for organisations to share their knowledge and expertise	164	80%
Opportunities for organisations to deliver their services alongside other Family Hub network partners	163	79%
Training and development opportunities	161	78%

SUPPORTING DATA	Number of consultees answering	% of consultees answering
Support and advice for community groups to help them set up and work effectively	140	68%
Facilitation of local partner network meetings	138	67%
Something else	20	10%

CONSIDERATIONS FOR DEVELOPMENT OF FAMILY HUB SERVICES

Consultees were asked to provide suggestions on anything else that should be considered in the development of Family Hub services in their own words. 44% of consultees answered this question and provided a comment.

Example verbatim comments shown below highlight the key themes expressed:

Concerns about user access to Family Hubs in terms of transport, location / rurality and distance:

“It's okay having family hubs, but how are people going to get there when local transport is being cut and the cost of travel and day to day living is increasing. Some families may also feel intimidated by these places. You get better outcomes when speaking to families especially teenagers in their own environment.”

“The support needs to be accessible by the most vulnerable, they need to feel that the support is available to them and that they and their children will benefit from it. It needs to be local or accessible by public transport.”

“Don't forget the rural areas - bus routes are being reduced which will have an impact on how families can reach services, wither in a building or via outreach services.”

“Family Hubs need to be in areas, which families can access by public transport. I am concerned that our proposed hubs will cross health boundaries and that they are difficult and costly to access via public transport.”

“Families in areas of deprivation. The location of services, and if virtual and online some families have no access to internet or technology. Making sure that the hubs can be accessed easily and would no cost families money to attend. Have parking accessible as this could impact families attending the hub. Even though there would be more professionals, make it a friendly space to attend, especially if families have anxiety, too many professionals in a formal building could put them off attending and getting the help they need.”

Importance of keeping youth / adolescent support services, and the resources / organisations / staff required to deliver these effectively, front of mind:

“The importance of adolescent services and the importance that these roles do not feel/ get neglected. Vulnerable adolescents need a safe space and an area they can come to for support. The family hub concept neglects these values and levels of support that are needed.”

“A comprehensive Youth Work offer. The narrative around Family Hub's both in Kent and nationally is very much orientated towards Early Years, despite it supposedly being a 0-25 offer. Young people need to have opportunities to access informal learning in adolescent appropriate spaces in their districts.”

“We are concerned that young people (13+) will be excluded as they choose not to engage with more formal all ages venues. Family Hubs may well support the most needy young people that are diagnosed with additional needs or recognised behavioural issues but we believe that the family hubs model will fail to support universal young people and lead to disengagement.”

“I'm worried that the specialisms may be lost, early years and youth for example require very different skillsets. I am hoping there are still going to be specialist workers (this may also allow for specialist parenting teams for example) but with a clear connection between teams for the seamless 0-25 age range.”

Importance of adding to existing services already facilitating support in this area and engagement with these services / support networks / users to optimise service design:

“The groundwork is already there in the Children's Centres and Youth Hubs, we need to ensure that we build on what is existing and don't try to reinvent the wheel, use the expertise and knowledge of the staff who have been working with partners and families to build the hubs.”

“Making good use of links with pre-school, nurseries and primary schools locally.”

“In the past supporting families I have found it difficult to encourage families to access Children's Centre's. As they feel that they are "being watched" and its "the road to Social Services". The hubs need to create a welcoming feeling and be open to all and not feel such a "targeted" approach.”

“You need to consider what is already available. There are lots of community run groups that lack funding or that parents go to because they get a tea or cake etc. Could we tap into some of those services and then offer advice and guidance and upskill those organisations?”

“It is imperative that a range of parents/carers who represent the diverse make up of families are actively involved in the discussions and decision-making processes throughout the development of the Family Hub and on an ongoing basis. Whatever services are being offered through Family Hubs, the importance of having the local knowledge of the needs of the families in that location is paramount in being able to offer meaningful services.”

“There are already literal organisations doing this! Support the networks that exist. Stop withdrawing social workers and early help workers to early. I see this every day at work. Please I am begging, do not take funding away from open access youth clubs. It will literally endanger lives. Not to mention the cost involved in looking after young people later on who get incarcerated or injured due to violence and have to use the NHS.”

HOW PROPOSALS TO STOP ACTIVITIES ACROSS KENT WOULD MAKE A DIFFERENCE TO PEOPLE

Consultees were asked to provide comments on how they think the proposal to stop these activities would make a difference to people in their own words. 74% of consultees answered this question and provided a comment.

Example verbatim comments shown below highlight the two themes expressed below:

Concerns that increasing numbers of young people need to access support and stopping services is the opposite to what is needed, particularly in the context of likely mental health and safety concerns:

“Support is hard to come by at this present time, the waiting lists are growing, the young people and children who need support is increasing, stopping services would be a travesty.”

“There will be no local access to youth provision. ASB levels will increase as well as drug and alcohol use. Young people who are school refusers will have nowhere to go and those who have little confidence will have no support in becoming good citizens.”

“Taking away the services that have spent years with successions of youths supporting them in their communities to become who they want to be is not the answer to saving money. Taking away all the main youth providers in the county and leaving only a skeletal KCC staff for targeted work with a small number of youth will mean, in both the short and long term, much more money being spent addressing mental health, crime and apathy.”

“Stopping these activities across Kent would have a devastating and harmful impact to young people and society at large. You are setting up a system that will result in increased youth crime and teenage pregnancy, anti -social behaviour and serious mental health issues. It is a shameful proposal that will fail young people, their families and the community.”

“By losing PCSO's, Community Wardens and now Youth Services there will be limited/no guidance for young people out in those hard to reach areas where you need time to build relationships to make positive change.”

“I think it will be horrific, we can see where already there is a lack of resourcing for youth work in parts of Kent - those are the communities struggling with perceptions of the youth, young people engaging in antisocial behaviours and generally young people not being able to access support when they need it. Current services for youth work are a lifeline to young people, please do not axe it. I'm genuinely concerned about the effect it is going to have on the places that I live and the young people I see.”

Concerns that these activities provide much needed services for 'hard to engage' young people / adolescents and they may not interact with other service provisions:

“Some externally funded provisions reach our 'hard to reach' young people as they cover more rural areas and meet young people where they are at which can be invaluable. It is also an opportunity to then signpost young people to the main hubs and build a rapport with staff before they get there.”

“I believe youth hubs are an integral part of young people finding their feet. It allows them to develop friendships, increase independence and build a level of empowerment.

From my experience of working in youth hubs, the young people develop rapport with the staff members, providing them with a safe adult to support them through difficult situations. Youth workers are not only workers who provide activities for the young people, but they offer support to family members, respond to safeguarding and provide a safe space for them to express themselves. Without youth hubs, some of these young people do not have somewhere to base themselves or have a safe adult to express themselves to.”

“The most vulnerable young people across Kent are less likely to have positive opportunities to engage with extra-curricular activities. The youth service provision gives them positive outlets and experiences and are key to improving outcomes. Whilst there are some alternatives within the voluntary sector, these do not provide the same availability or close integration with partner agencies as the current KCC provision. Stopping these activities is likely to adverse the outcomes of young people and may lead to increases in ASB and other criminality within the youth cohort.”

“I worry that deprived areas will lose out on access to the youth services in those local area. They will lose out on having that familiar face if they need to talk to an adult outside of the family home.”

“There is a rise in mental health difficulties as a result of Covid-19 and other social pressures, with school refusals being at record highs. Removal of youth services could have a detrimental impact on the wellbeing of the children currently receiving help or currently in need of it. It will also impact future society and health services, costing more in the long-term.”

YOUTH SERVICES IMPACT - ASHFORD SUMMARY

The detail below summarises impact feedback from consultees about the youth services featured in the consultation document based in Ashford.

27 consultees selected on the online form that they wanted to see the list of activities that would be impacted by the proposals for the Ashford district. 19 of these consultees made a comment about the activities, as follows:

Which of these activities do you or someone in your household take part in? Ashford district - activity provider: The Canterbury Academy Base: all answering (19), consultees had the option to select more than one response

	Number of consultees answering
Ashford Sk8side - other activities	18
Ashford Sk8side - Girls Skate project	14
Detached community work - Bockhanger and McDonalds	13
Ashford John Wallis - Boxing	10
Ashford John Wallis - Basketball	10
Tenterden - Highbury Hall youth sessions	9
Tenterden - Skate Project (Mon)	9
Ashford Stanhope - Girls netball	8
Ashford John Wallis - Tennis	8
Ashford John Wallis - British Sign Language	7

Some example verbatims put forward can be found below:

“Some of our extremely vulnerable, volatile students would be lost, Sk8side have given them a purpose, with volunteering, mentoring etc. Concern would be how they would occupy their time if this wasn't available/this service helps to safeguard vulnerable members of the community.”

“There is already a lack of resources and safe places for young people to go. Even in their own home (due to the internet) they have a world of unsafety and uncertainty. By removing all of the above we are limiting the young people in Ashford the opportunity to safe spaces. If they are not currently working then they need reimagining to support the ever changing society. There needs to be more support for the vulnerable young people in the community.”

“It's a concern that all these activities will be going. I worry the impact these closures will have on some of our vulnerable young people. It appears that these new Family Units will

not be serving our Adolescents. For many of our young people these activities are a safe haven for them. I think we will see a rise in young people hanging round particular areas/places/spaces that we have spent years trying to make safe.”

“Stopping youth sessions in Tenterden may result in some young people becoming isolated, if they don't have the means or funds to travel beyond their area to access alternative provision. Similarly with Sk8side and detached work - these activities meet young people where they are at, where they feel comfortable to engage and supported. Without these it is possible that there would be a negative effective on the mental wellbeing of these young people but also their behaviour, without activities in place that they can access and are comfortable in accessing, then they may engage more in negative activities and behaviours.”

YOUTH SERVICES IMPACT - CANTERBURY SUMMARY

The detail below summarises impact feedback from consultees about the youth services featured in the consultation document based in Canterbury.

27 consultees selected on the online form that they wanted to see the list of activities that would be impacted by the proposals for the Canterbury district. 17 of these consultees made a comment about the activities, as follows:

Which of these activities do you or someone in your household take part in? Canterbury district - activity provider: The Canterbury Academy Base: all answering (17), consultees had the option to select more than one response

	Number of consultees answering
Riverside - Neuro diverse group (Thurs)	11
Riverside - Youth sessions (Wed)	10
Canterbury bike project (not solely funded by KCC, so may not be impacted)	9
Detached community work - City Centre, Sturry Road, Wincheap, Thannington, Hales place and Westgate (Thurs - rotates around various locations)	9
Riverside - Volunteer group (Tues)	8
Spring Lane - Youth club (Tues, Wed and Thurs)	8
Pyxis (Sun and Mon)	7

Some example verbatims put forward can be found below:

“I have been a youth worker at Riverside Youth Centre for over 20 years. I run the neuro diverse and youth volunteer groups. Removal of funding for our face to face youth sessions would have a devastating effect. This was proved during lockdowns when we had to deliver sessions virtually which led to isolation for many of our club members, who find online meetings difficult and distressing. Some of our neuro diverse and learning disabled members have been attending Riverside for up to 16 years and say it is 'their home'. Some are in supported living and Riverside is their safe space to maintain the friendships they have developed. The face to face work we do has helped young people develop personal and social skills resulting in increased self - confidence, raised self-esteem and helped them gain places at college and work. Many of our vulnerable members have had very difficult experiences of being bullied at school and in social settings and are reliant on Riverside which many say is the only club they feel safe at. We have highly experienced staff, trained in disability/autism/epilepsy/challenging behaviour awareness etc. We are highly concerned about the negative effect particularly on the mental health of our neuro diverse and learning disabled members if our services are defunded.”

“Putting a stop to any of these programmes is highly damaging to all in the community. Young people rely on these services as a safe and familiar environment in order to socially develop when they may not be able to do this at home/school. It also offers them a safe

alternative to be around each other, rather than hanging around on streets. This is relevant to all young people too - no matter the age or ability. All would be affected by the proposed changes in the Family Hub Services.”

“These are preventative services, they prevent issues from escalating within families and reduce the amount of referrals to statutory services which cost the council millions.”

“Young people don’t always feel comfortable accessing services and not replacing, keeping or improving on these will have a negative impact on those currently accessing these provisions. The Bike project helps so many of our public priorities, such as wellbeing and healthy lifestyles, not to mention the difference it makes to young people’s lives. Without much needed youth services, young people will be socially isolated, especially in the Canterbury area.”

YOUTH SERVICES IMPACT - DARTFORD SUMMARY

The detail below summarises impact feedback from consultees about the youth services featured in the consultation document based in Dartford.

13 consultees selected on the online form that they wanted to see the list of activities that would be impacted by the proposals for the Dartford district. 10 of these consultees made a comment about the activities, as follows:

Which of these activities do you or someone in your household take part in? Dartford district - activity provider: Play Place Base: all answering (10), consultees had the option to select more than one response

	Number of consultees answering
Bean - Recreation Ground - Juniors (Tues)	7
Darenth - Hillrise Park - Seniors (Tues)	7
Stone - Stone Baptist Church - Junior and Seniors youth clubs (Weds)	9
Homework Heroes - Seniors (Weds and Thurs)	7
Stone Recreation Ground - Juniors (Thurs)	8
Stone Pavilion - Junior and Senior youth club (Fri)	9
Knockhall - Greenhithe Community Centre - Junior club (Thurs)	7
Temple Hill - Playground – Mixed age	9

Some example verbatims put forward can be found below:

“These areas are part of areas of deprivation this proposal will have a devastating effect upon these communities. Effecting long term health and development and mental health which in the long term will put undue pressure on local services.”

“The proposals are that the funding to Play Place in Dartford are withdrawn; this directly affects 8 schemes in the district. They are a provider to the district which has limited other commissioned services of this nature. Dartford district/borough directly borders London Boroughs and we are seeing a significant increase in our population as the borough invests in housing creating a commensurate need for these services. It is concerning that the entire schemes are being withdrawn under the proposals, it is recognised that KCC need to reduce costs in light of financial challenges, however, if achievable, it would be advantageous to balance these reductions with ongoing prioritisation of areas with significant need. Of note are the Temple Hill, Greenhithe and Stone Schemes which are all areas where there is a significant need for such services. As well as providing diversion to a range of age groups the Play Place scheme encourages a cohesive community, key to Dartford, as identified in the recent census data, highlighting the diversity within the borough.”

YOUTH SERVICES IMPACT - DOVER SUMMARY

The detail below summarises impact feedback from consultees about the youth services featured in the consultation document based in Dover.

23 consultees selected on the online form that they wanted to see the list of activities that would be impacted by the proposals for the Dover district. 15 of these consultees made a comment about the activities, as follows:

Which of these activities do you or someone in your household take part in? Dover district - activity provider: Pie Factory Base: all answering (15), consultees had the option to select more than one response

	Number of consultees answering
Linwood - Youth Hub session (Thurs)	14
Aylesham - Junior youth club, Senior youth club (Tues)	9
Biggin Hall - Youth session (Wed)	9
Astor School - Youth session (Thurs)	9

Some example verbatims put forward can be found below:

"I feel it's a mistake to stop these youth provisions as the youths will say "there is nothing to do" causing them to be together on the streets. the threat risk and harm for them with rise as it is likely to do so in the community and for community members- the majority of youths are very well behaved but some youths only have to throw a ball for the community to put up a no ball sign and complain - it's great for young people to have a base to be together, meet new people and feel welcome, and have activities to engage in."

"There is already so little to do in the Dover area, especially for very little cost or for those who may struggle to access groups/ activities that require financial commitment and costly equipment or clothing. Young people in Dover have nowhere to go and the young people are at risk of being caught up in criminal activity and / or poor mental health. The youth clubs also create happier more tolerant and caring communities."

"It would place increased pressure on a small youth hub team to cover a wider geographical area, but the outcomes for the cost is not effective. A different provider may have elicited a different response, but for Dover, losing PFM will make little difference beyond the small numbers of young people accessing."

YOUTH SERVICES IMPACT - FOLKESTONE AND HYTHE SUMMARY

The detail below summarises impact feedback from consultees about the youth services featured in the consultation document based in Folkestone and Hythe.

29 consultees selected on the online form that they wanted to see the list of activities that would be impacted by the proposals for the Folkestone and Hythe district. 23 of these consultees made a comment about the activities, as follows:

Which of these activities do you or someone in your household take part in? Folkestone and Hythe district - activity provider Base: all answering (23), consultees had the option to select more than one response

	Number of consultees answering
Hythe - Shepway Autism Support Group - All age (Fri)	20
Hythe - Youth Centre - Senior club (Weds)	19
Hythe - Youth Centre - Junior club (Fri)	19
Hythe - Youth Centre - Juniors (Mon)	18
New Romney - Phase 2 - Junior and Senior club (Thurs)	16
D of E (Duke of Edinburgh) Awards	14
Safety in Action - Local Schools - District wide	8
Residential Junior and Senior Leaders courses	6

Some example verbatims put forward can be found below:

“These activities are vital for the youth in these areas, and to stop these would be unfair as there is very little for them to do otherwise, having somewhere to go like these places maybe the only sociable fun thing they get to do each week as you never know what they are going through. It may lead to more unsociable behaviours.”

“The provision listed above covers Hythe and the Romney Marsh. Children and families within these areas will have less ready access to alternative service provision and may be geographically isolated. The removal of this provision is likely to have a negative impact on the local community and may lead to increases in ASB and other low-level criminality where the children have no alternative positive outlet. There are a number of specific issues on the district relating to children in secondary education, including a notable trend of accostings and sexual offences. The Safety in Action is a key part of increasing the safety of young people across the district.”

“I genuinely feel absolutely gutted that the youth work in this provision may be axed. I previously worked as a youth worker at Hythe Youth Centre and still remain in contact with the youth centre today. I saw firsthand the huge impact Clive Harris and Salus has within the community. Hythe youth centre has a unique take on youth work - having different

focused groups which are tailored to the young people. Clive and the team have mentored and helped so many people, and I saw firsthand how Clive mentored these young people - some of which were at risk of joining gangs, drug abuse and not achieving in school. Clive and the team worked with the young people and facilitated their learning. There are so many young people that have succeeded as a result of the work completed by Salus and the youth centre. I sadly do not think that it is possible to match this effort. In addition, the youth workers at Salus are incredibly skilled and holding degrees, qualifications and training - again this is unique to Salus. We also are able to do referrals within our services and outside of services, and I really believe the community (and in particular their perceptions of the youth) will change without Salus' youth work."

"I have listened to families with older young people with ASC and they are very worried about losing face to face sessions and have commented that their young person would not cope with online/virtual sessions."

YOUTH SERVICES IMPACT - GRAVESHAM SUMMARY

The detail below summarises impact feedback from consultees about the youth services featured in the consultation document based in Gravesham.

16 consultees selected on the online form that they wanted to see the list of activities that would be impacted by the proposals for the Gravesham district. 10 of these consultees made a comment about the activities, as follows:

Which of these activities do you or someone in your household take part in? Gravesham district - activity provider: The Grand Base: all answering (10), consultees had the option to select more than one response

	Number of consultees answering
Gravesend - GYG Gone Wild (Mon)	8
Gravesend - Mini GYGers (Tues)	8
Gravesend - GYG Glam (Tues and Wed)	8
Gravesend - GYG Creative (Wed)	8
Gravesend - GYG Committee (Thurs)	8
Cobham Youth Club (Fri)	8
Gravesend - GYG Performers (Wed)	7
Gravesend - Higham Youth Club (Wed)	7
Gravesend - Active Listening Service	7
Gravesend - Youth Job Club (Mon)	6

Some example verbatims put forward can be found below:

“Teenagers have a lack of activities to participate in already. Youth groups are an extra layer of support for young people outside of the home and school environment. Important in safeguarding.”

“The review will mean The Grand will have their funding withdrawn; they are a positive contributor and community asset in Gravesend, getting young people involved in activities and keeping them out of trouble and gangs (with a new Young Street Group having been recently identified). The group work with key public sector stakeholders including the council and the police which helps breakdown barriers and maintain cohesion and good citizenship; examples of this include collaboration with the Violence Reduction Unit to tackle serious violence. The organisation have dedicated a lot of time and effort working within the schools and with young people to tackle hate crime. Without this service, it is foreseeable that children and young people will then become involved in crime and ASB as they have less services to occupy them. This could also create additional pressure on wider services. As a secondary point, considerations around reducing children’s centres

create a risk; especially in respect of the centre in Kings Farm; a deprived area of Gravesend. Again, a reduction in service in such a key area could result in additional demand as a consequence and may result on missed interventions and safeguarding opportunities.”

YOUTH SERVICES IMPACT - MAIDSTONE SUMMARY

The detail below summarises impact feedback from consultees about the youth services featured in the consultation document based in Maidstone.

19 consultees selected on the online form that they wanted to see the list of activities that would be impacted by the proposals for the Maidstone district. 11 of these consultees made a comment about the activities, as follows:

Which of these activities do you or someone in your household take part in? Maidstone district - activity provider: Salus Base: all answering (11), consultees had the option to select more than one response

	Number of consultees answering
Shepway - Youth and Community Centre - Junior club and Senior youth club (Tues)	10
Shepway - Youth and Community Centre - Junior club and Senior club - (Fri)	9
Shepway - Youth and Community Centre - Olympia Boxing (Fri)	9
Shepway - Youth and Community Centre - One to one sessions	9
Sutton Valence - Village Hall - Junior youth club (Mon)	8
Shepway - Youth and Community Centre - Small group work sessions	8
Parkwood - Youth Centre - Junior club and Senior club (Thurs)	8
Signs of Safety - District wide annual activity to focus on transition from Primary to Secondary education	6

Some example verbatims put forward can be found below:

“This work impact the community in a massive way both immediately and long term. A lot of young people they access these services would not be the type if young person that would use a family hub, they are hard to teach, often NEET and can often lead somewhat chaotic lifestyles, I know from first-hand experience SALUS at the Manor provides a service that aimed to meet the young person’s needs. From my experience they would not attend the KCC youth hubs as primarily they would be chaotic for those services to handle.”

“Shepway and Parkwood are two areas with a high number of young people that display anti-social behaviour. Families within these areas already struggle and the youth workers in these areas have made long, valuable professional relationships with the young people and their families. If you were to take these youth services away, I can imagine the young people are likely to cause more anti-social behaviour within the area. And with it being so close to town centre, more anti-social behaviour in town due to boredom. Experiencing working with a lot of these young people, who have been to our youth centre, it is clear to see how well they have managed to build these relationships with the young people. This is

the same with Sutton Valence, although it is not as “poor” as Parkwood and Shepway, it is isolated, young people will have no access to other support.”

YOUTH SERVICES IMPACT - SEVENOAKS SUMMARY

The detail below summarises impact feedback from consultees about the youth services featured in the consultation document based in Sevenoaks.

11 consultees selected on the online form that they wanted to see the list of activities that would be impacted by the proposals for the Sevenoaks district. 7 of these consultees made a comment about the activities, as follows:

Which of these activities do you or someone in your household take part in? Sevenoaks district - activity provider: West Kent Extra Base: all answering (7), consultees had the option to select more than one response

	Number of consultees answering
Sevenoaks - The Hope Church, Youth Group (Tues)	4
Edenbridge - Eden Centre youth group	4
Edenbridge - 8-12s session	4
Edenbridge - Olympia Boxing (Thurs)	4
Swanley - The Junction, St Marys Road Youth Group (Fri)	3
Swanley - The Junction, Nurture group (Tues)	3
Edenbridge - House (Tues, Wed and Fri)	3
Edenbridge - Nurture group (Thurs)	3
West Kingsdown - Youth group (Wed)	2
Dunton Green Pavilion - (Mon)	2
Westerham - Youth session (Fri)	2
Westerham - Olympia Boxing (Wed)	2

Some example verbatims put forward can be found below:

“The Hope Church (SAYT) provides a well-attended youth group for the young people who live around Greatness. I believe that the information in your consultation is incomplete. There is an additional service at risk in Sevenoaks. KCC fund a WKHA 'detached' youth worker who spends time working with young people in the community. The police are under-resourced and underfunded. The youth workers from SAYT and WKHA have been essential at managing ongoing ASB problems that are present across Sevenoaks.”

“It would be a real pity to lose these services, we are already seeing increases in anti-social behaviour due to the cost of living crisis and the loss of these valuable youth services will only add to this problem. Church activities in particular not only take young people off of the street but encourage these children to adopt desirable values in life so the effect is twofold. Boxing groups generally offer a valuable & safe space (often for those who would

otherwise be out on the street with their peers) to learn discipline within a sport and expend huge amounts of boundless energy in a positive way. Far better to do this in the boxing ring rather than out on our streets. Youth clubs also offer opportunities for young people to socialise within a safer space than out on the streets, these services are precious and crucial to the mental wellbeing of our young people and should be a top priority for local councils.”

YOUTH SERVICES IMPACT - SWALE SUMMARY

The detail below summarises impact feedback from consultees about the youth services featured in the consultation document based in Swale.

36 consultees selected on the online form that they wanted to see the list of activities that would be impacted by the proposals for the Swale district. 31 of these consultees made a comment about the activities, as follows:

Which of these activities do you or someone in your household take part in? Swale district - activity provider: Southern Housing Base: all answering (31), consultees had the option to select more than one response

	Number of consultees answering
Swale – School work (various)	22
Newington – Youth club (Tues)	19
Sheerness Youth Centre – Youth club (Thurs)	19
Faversham Recreation Ground – Detached (Fri)	19
Sheerness County Youth Centre – Sheerness Seniors Youth Club (Tues)	18
Rushenden – Youth club (Wed)	18
Faversham Baptist Church – 812 youth club (Thurs)	18
Faversham Baptist Church - Disability Youth Club (Mon)	17
Teynham – Detached provision (Thurs)	16
Thistle Hill - Detached provision (Wed)	15
Sheerness Healthy Living Centre – Absolute Arts youth club (Mon)	13

Some example verbatims put forward can be found below:

“All of the provision in Swale has grown within the last year. Sheerness youth club (Thurs) are now at 70 members and looking to split in Sept - these are YP from families in need. We feed them every week. 812 club has grown and we are now providing an extra club for the older ones. Rushenden club will face a similar issue next term. These provisions are growing, not shrinking. They are needed by young people and their families. Parents from the disability club drive in from outside of Faversham because there isn't a similar provision anywhere nearby. They appreciate having somewhere their SEN young people can be individual, express themselves and learn to appreciate others uniqueness - in a groups of likeminded people. These activities create a safe place for YP to go, to be in a group (IMPORTANT), to learn together, to become independent away from the family.”

“It is outrageous that this is even being discussed. Hundreds of families will be greatly affected. Swale is an area of huge deprivation. Families in Sittingbourne, Faversham and the island rely vastly on these youth provisions for a safe space to disclose safeguarding,

to have a hot meal, to have respite care or to have a place to form friendships. For some, this is the only space they have where they don't feel judged. They can go along and make positive social connections and have a place where they can be themselves. It is essential that these are kept running. Swale has a mammoth proportion of young pregnancies, the young people that attend the clubs receive signposting and can learn more about how to keep themselves safe. The disability youth groups initiate friendships between those who rarely leave the house. Ridding Swale of these activities with only further isolate the young people who are not wealthy and cannot do some of these activities themselves.”

“The Island in particular, young people have limited access to activities and opportunities for them and feel a disconnect from the rest of the community the other side of the bridge. I'm not sure on numbers of young people engaging with these sessions but there should be investment to support to coproduction of these sessions so that they are what young people want and would benefit from, there is currently no provision for young people at the east end of the Island and cutting these services back even further will mean that more young people will be engaging in unsociable activities.”

“This would see the loss of 9 different types of provision delivered by the Swale Youth Consortium, which are delivered across the whole of the borough. Some recent figures provided by Brogdale CIC who are one of the key providers within the consortium have shown an average of 57 new sign-ups per month (12 month average) with demand almost doubling since 2021. The services that would stop under this proposal are in some of the more rural areas, or areas identified by local partners as higher levels of youth related ASB and crime (such as Faversham and Thistle Hill). Although the proposal has said that outreach work for youth services will be provided by KCC, linked to family hub sites, at this stage it is not clear exactly what this will look like and if it will replace any of the commissioned youth work or not.

Within the consultation earlier in the year on the locations of the family hubs, there would be one per town area for Sittingbourne, Faversham and the Isle of Sheppey. For Sheppey in particular the transport to the proposed location in Queenborough was highlighted as a key concern, making the outreach work all the more important. We wish to highlight that Swale does not have one central town and that each distinct area/town must have access to the same level of service. This we feel is unlikely to be achieved with the current proposal.

Additionally, we know that not all young people will engage at a physical site – as shown by commissioned services in that some are detached based provision, in areas as agreed with local partners. These services must also be responsive to localised issues such as ASB/crime related to young people and it is very important that such a mechanism is in place in the youth model going forward. Currently, KCC do offer outreach/detached work in those areas not covered by the commissioned providers but as already mentioned the proposal is not clear how this KCC led outreach will operate and the scale of this.”

YOUTH SERVICES IMPACT - THANET SUMMARY

The detail below summarises impact feedback from consultees about the youth services featured in the consultation document based in Thanet.

37 consultees selected on the online form that they wanted to see the list of activities that would be impacted by the proposals for the Thanet district. 28 of these consultees made a comment about the activities, as follows:

Which of these activities do you or someone in your household take part in? Thanet district - activity provider: Pie Factory Base: all answering (28), consultees had the option to select more than one response

	Number of consultees answering
Ramsgate Youth Centre - Bike Project (Mon)	24
Ramsgate Youth Centre - The Live Room (Mon)	24
Ramsgate Youth Centre - ACT! Youth Volunteer Group (Tues)	24
Ramsgate Youth Centre - Band Room (Tues)	24
Ramsgate Youth Centre - Junior youth club (Thurs)	23
The Pavilion Youth & Community Café - Youth café sessions (Tues, Thurs and Fri)	23
Detached Community work - Streets based in Ramsgate (Fri)	23
Ramsgate Youth Centre - Open Arms (Fri)	22
Parent and Child group (Wed, all age)	20
Ramsgate Youth Centre - Bike Project (Mon)	24

Some example verbatims put forward can be found below:

“There are not enough affordable, safe places such as youth clubs, in Thanet. The Pie Factory is the only youth centre in Ramsgate and The Pavilion is the only place in Broadstairs. These youth clubs are essential services, providing a safe, positive environment for our young people to learn from brilliant role models. Many of our young people rely on these places to learn social skills and valuable life skills because they may not have the support at home. Funding our youth services is a valuable investment and to remove these essential services risks a rise in anti-social behaviour and societal problems in the future. We need more centres, not fewer! Show these fantastic volunteers they are valued and give them the funding they deserve. The Pavilion Cafe is much loved in our community. Children rely on the nurturing support they receive from Victoria and her team after school and during the holidays. It is a positive place to meet with friends and benefits from its location next to the playing field. Young people can take part in exciting activities, organised trips and can choose to do the Duke of Edinburgh award. KCC needs to support this brilliant place and continue to provide funding.”

“The Pavilion Youth & Community Cafe does fantastic work with children and young teens. Opportunities such as theatre trips, sports activities, creative projects, and the Duke of Edinburgh award would not be available elsewhere to many of the children attending this valuable place. It is a safe haven throughout the year, with plenty of open space for the kids to run around and socialise with friends. It provides a welcoming and nurturing environment which many children rely on . If this much needed Youth cafe had to close due to KCC funding cuts, it would have a long lasting, detrimental impact on the well-being of the children and families who rely on the facilities, opportunities and community connections that the Pavilion currently provides.”

“As someone who works with young people and is aware of the social and economic issues facing Thanet families, I am sure these cuts will be a severe blow to the wellbeing of our young people. Adolescents in particular need specialised space and provision. It needs to appeal to them. It can't be manufactured in an instant by a Council. It is built with young people, over time, alongside the building of trust in the adults offering them opportunities to create, be safe and be the best version of themselves. The services overseen by Pie Factory are a beacon for young people in Thanet (who have suffered under austerity cuts and COVID disruptions to their education and development). Cutting these services sends a clear message that the council do not care for them and do not listen to them. It is ridiculously short sighted, as any money saved will be spent again many-fold on the young people sent into crisis when they might have been supported by the youth workers they know and trust and have a track record in their community. The difference these cuts will make cannot be overstated - we are talking about services that combat child-abuse, criminalisation of young people, mental health crisis and suicide. Services that build aspiration, empower young people and celebrate what they have to offer the world. I do not believe for a second that the 'Family Hub' will be a satisfactory replacement for what our passionate and hardworking youth service providers have built over many years.”

“Stopping these activities in Thanet will make a big difference to young people as there aren't many other places in this area of Ramsgate where they can choose to either spend time hanging out with their mates, rather than wandering the streets or local parks or where they have specific activities where they can learn to fix a bike or find out about/take part in creating and performing music.”

YOUTH SERVICES IMPACT - TONBRIDGE AND MALLING SUMMARY

The detail below summarises impact feedback from consultees about the youth services featured in the consultation document based in Tonbridge & Malling.

10 consultees indicated selected on the online form that they wanted to see the list of activities that would be impacted by the proposals for the Tonbridge & Malling district. 8 of these consultees made a comment about the activities, as follows:

Which of these activities do you or someone in your household take part in? Tonbridge and Malling district - activity provider: Salus Base: all answering (8), consultees had the option to select more than one response

	Number of consultees answering
Snodland - Junior youth club and Senior youth club (Wed)	7
Signs of Safety - District wide annual activity to focus on transition from Primary to Secondary education	7
Ditton - Junior youth club and Senior youth club (Mon)	6
East Malling / Larkfield - Junior youth club and Senior youth club (Thurs)	6
Detached sessions in Larkfield – Larkfield skate park and other locations when required	6

Some example verbatims put forward can be found below:

“Following the previous withdrawal of Children's Centres now to be known as Family Hubs there has been a void in family support around parenting opportunities, this in turn alongside ACES has led to an increase in some areas seeing a big rise in poor youth behaviours and ASB. The groups I have highlighted have had a positive impact within the areas I work at engaging those hard to reach young people and offering them diversionary activities and safety advice. Without them I predict another huge downward spiral and this in turn will add further costings to KCC in other areas to make the situation safe again i.e.: increase in referrals to Childrens Services.”

“Projects like SALUS are a god send for so many families. A safe place for the children, someone to listen to them and support when needed. It helps with the safeguarding of children as we only get to see them at school. It helps the community having a hub for children a safe place.”

YOUTH SERVICES IMPACT - TUNBRIDGE WELLS SUMMARY

The detail below summarises impact feedback from consultees about the youth services featured in the consultation document based in Tunbridge Wells.

11 consultees selected on the online form that they wanted to see the list of activities that would be impacted by the proposals for the Tunbridge Wells district. 8 of these consultees made a comment about the activities, as follows:

Which of these activities do you or someone in your household take part in? Tonbridge and Malling district - activity provider: Salus Base: all answering (8), consultees had the option to select more than one response

	Number of consultees answering
Cranbrook - Junior and Senior mixed youth club and outreach (Thurs)	7
Safety in Action - annual activity for year 6 students to focus on the transition from primary to secondary school	6
Paddock Wood - Junior youth club and outreach (Mon)	5
Rusthall - Detached sessions (Tues)	4
Langton Green - youth club (Tues)	3
Sherwood - Detached sessions	3

Some example verbatims put forward can be found below:

“These activities take place in rural areas where there is already not a lot for young people or children to become involved with. Stopping these activities will mean there would be little to nothing available for engagement for these groups without travelling to Maidstone which would impact families financially, and also depend often on public transport being available. It may also detrimentally impact mental health, relationships with community (potential increase of crime and unwanted behaviour) and limit life chances with increased risk of NEET in later life.”

“Youth activities are already very scarce and hard for rural families to access. Further cuts would be detrimental to the physical, mental and social well-being of our young people.”

NEXT STEPS

Following the assessment of this consultation data two key decision papers The Family Hub programme, and Cessation of Youth Contract, will be published on Monday 13th November, and be discussed at the Children Young People and Education Committee on 21st November, before a decision is taken by Cabinet on 30th November

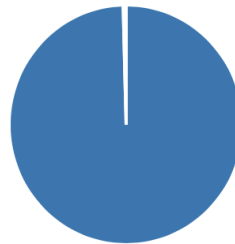
APPENDIX – PLAY PLACE SURVEY

Separate to the formal consultation conducted by KCC, Play Place designed and undertook a separate survey with parents and young people. Charts and visuals from this survey can be found below:

1. Have you enjoyed the session today?

[More Details](#)

● Yes	244
● No	1

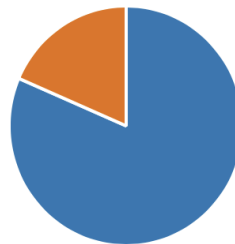


2. Have you tried a new activity?

[More Details](#)

[Insights](#)

● Yes	198
● No	45

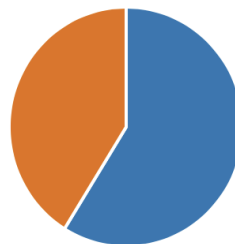


3. Have you made new friends?

[More Details](#)

[Insights](#)

● Yes	143
● No	100

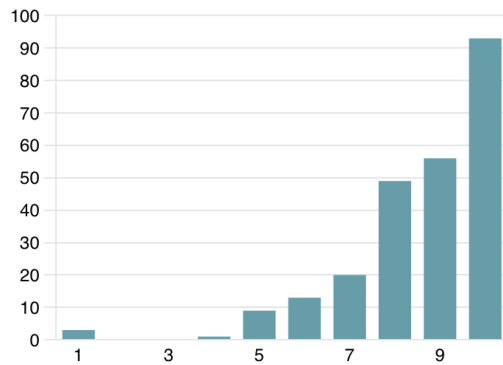


4. Has attending the Play Place activity improved how you feel emotionally? (1=not at all, 10=much happier)

[More Details](#)

[Insights](#)

8.59
Average Rating



5. What do you think should be available for young people in your community?
(Some examples might be: · Activities for young people · Information and signposting to mental health services · Online safety awareness · Support with substance misuse (alcohol/drugs) · Domestic abuse support · Debt and welfare advice)

[More Details](#)

[Insights](#)

209
Responses

Latest Responses

"As above"

"Yes absolutely"

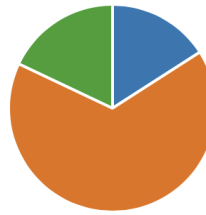


6. How do you prefer to access services and support?

[More Details](#)

[Insights](#)

● Face to face (in a building)	39
● Face to face (in the community)	162
● Online	44
● Other - please let us know how	0



7. Why?

[More Details](#)

[Insights](#)

215
Responses

Latest Responses

"Easier "

"Activities are good for families children and young people"



8. If you didn't have youth activities to go to like this, how would this affect you?

[More Details](#)

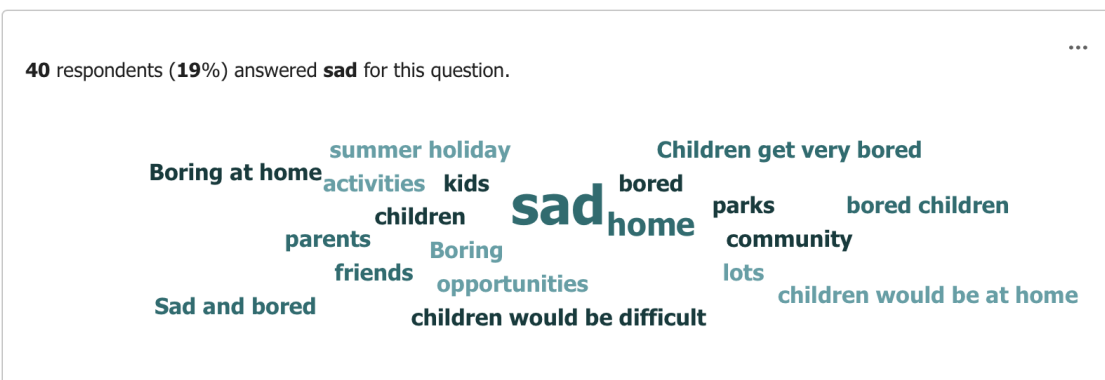
[Insights](#)

208
Responses

Latest Responses

"Fine"

"It would be disappointing "



CONFIDENTIAL

The Needs Framework



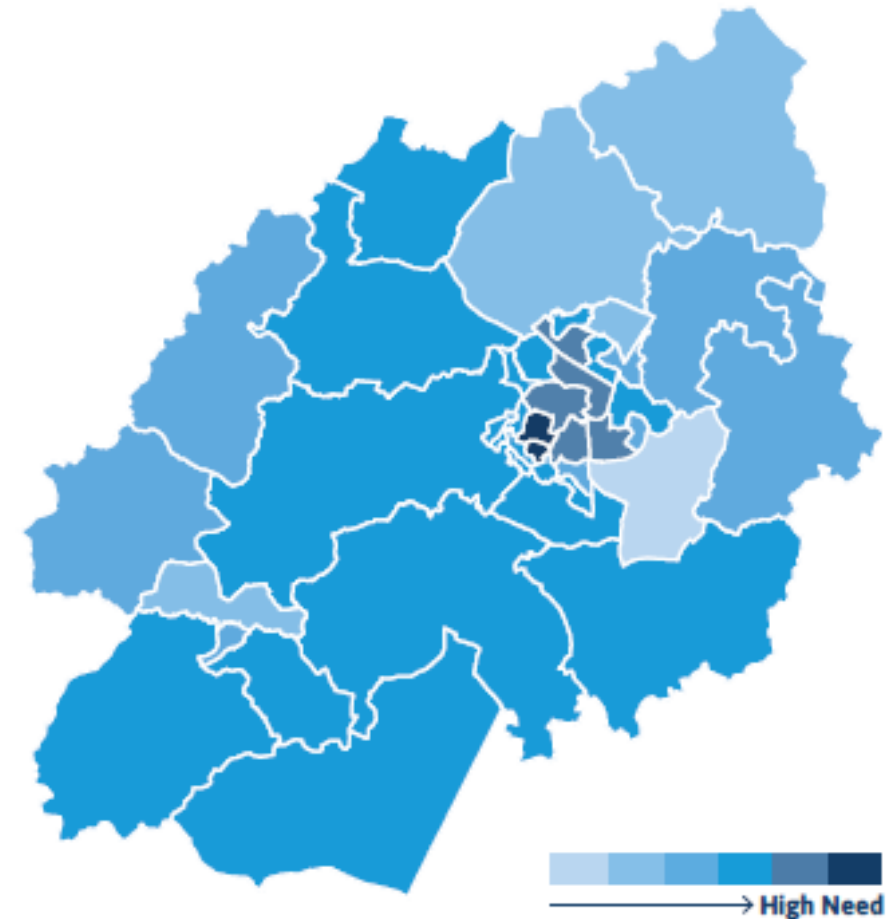
Page 317

COMMUNITY
Services Consultation

The Design Method

- Create a needs framework using agreed data sets
- Discuss need and how best to meet it with services
- Agree design principals
- Audit the presence of our buildings in wards with high need
- Discuss and agree opportunities for colocation

Page 318



The Process

Design Framework Layers

Layer 1 analyses the communities and their strengths and challenges. This is done using a wide range of indicators to detail the demographics of the area and additional factors such as deprivation, education levels and isolation.

Layer 2 seeks to understand the place factors which impact those living in the area and ultimately how they access services. These include considerations such as internet speed and transport connectivity, as well as population growth and density.

Layer 3 provides service specific insight and is applied after the other factors have been considered. This varies by service depending on data availability, but may include service user feedback, local plans and income generation data.

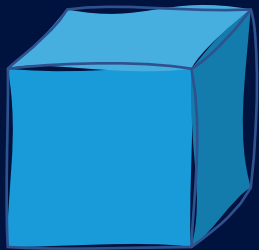
How we did it...

- Data led exercise, using clear metrics to build our understanding of need in different communities.
- Sense checked our data with the service teams to ensure our interpretation of the data was sound.
- Service input additional metrics to develop the model.
- Iterative process with services and Infrastructure teams to identify a building network model that best meet the needs identified.
- Public consultation to socialise the model and gather feedback on the impacts of the model and the proposed closures on service users, partners and residents.

Justification of Needs-based approach

- Within our Council Strategy '*Framing Kent's Future*' Kent County Council has committed to understanding and acting on people's needs. This approach will ensure that the Council uses the taxpayer's money in a way that has the maximum impact for communities.
- In designing the proposal we have focused on identifying the areas with the highest need for our services. Our proposals identify how the council would then deliver services to meet the needs of communities identified as 'higher need and 'lower need'.
- We have focused on the 12 localities within Kent (organised around the existing District Council boundaries). To identify the level of need within a community, specific indicators have been used against each service. These are detailed on the following slides.
- For each service, indicators from layer 1 and 2 of the design framework have been selected which are relevant to identifying the need for the service and assessing the suitability of locations.
- Through discussion with services, the blend of sub-services delivered through physical presence, outreach and digital means have been identified.
- Based on this insight, suggestions have then been made as to where the service could deliver each sub-service, collectively providing the service's design.
- Using this process we have been able to identify the areas of higher and lower need. In discussion with the services we are identifying how best to meet the needs of the various communities, whether the indicators demonstrate that need as higher, or lower.
- Where a service provision is required in a building permanently, we have looked to utilise the buildings already owned by Kent County Council. Wherever possible we have opted to use the building located as close as possible to where the higher need is identified.

Ward-level data



Indicator

Indicator	Open Access	Public Health	Community Learning and Skills	Community Services for Adults with Learning Disabilities
Deprivation affecting children and older people.	✓	✓	✓	✓
Long term unemployment.	✓	✓	✓	
Ethnic diversity.	✓	✓	✓	
Educational attainment.	✓	✓	✓	
Long term illness and disability.				✓
% of ward population aged 0-15.	✓	✓		
Reception age children who are overweight or obese.	✓	✓		
Deliveries to teenage mothers.	✓	✓		
Low birth weight infants.	✓	✓		
Over 65s living alone.			✓	
Population increase.	✓	✓	✓	✓
Population Density.	✓	✓	✓	✓
Digital Exclusion.	✓	✓	✓	✓
Transport Connectivity.	✓	✓	✓	✓
Broadband Speed.	✓	✓	✓	✓

*The exception to this is Gateways which were placed last in the design, once we had identified the need for multiple services.



KENT COUNTY COUNCIL COMMUNITIES CONSULTATION – WRITTEN REPORT

PREPARED BY LAKE MARKET RESEARCH



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BACKGROUND AND METHODOLOGY

Background

Kent County Council are proposing changes to the way we use our buildings to deliver some community services. These services are Children's Centres and Youth Hubs, Public Health Services for Children and Families, Community Services for Adults with Learning Disabilities, Community Learning and Skills (Adult Education), and Gateways.

Proposals have been designed by Kent County Council considering where there is greatest need for services. They include:

- Having fewer permanent buildings, meaning that some of our buildings would close - wanting to keep buildings in areas where they are needed the most.
- Co-locating more of our services, meaning more than one service would be available from some of the buildings visited.
- Continuing to deliver some services by outreach, which means they do not take place in a dedicated or permanent space but move around to when and where they are needed.
- Ensuring residents can continue to access services and information online.

Earlier this year, KCC launched a consultation to understand the views residents and stakeholders.

Consultation process

On the 17 January 2023 a ten-week consultation was launched and ran until the 26 March 2023. The consultation provided the opportunity to find out more and provide feedback.

All proposals for the whole of Kent were detailed in a consultation document. The proposals were also broken down into 12 district/borough documents to enable people to easily see the proposed changes just for their area. A short animation video was also produced to succinctly show what is being proposed and why.

A consultation stage Equality Impact Assessment (EqIA) was carried out to assess the impact the proposals could have on those with protected characteristics. The EqIA was available as one of the consultation documents and the questionnaire invited respondents to comment on the assessment that had been carried out.

All information about the consultation was stored on the consultation webpage:

www.kent.gov.uk/communityservicesconsultation. Paper copies of the consultation documents and questionnaires were available from children's centres, libraries, gateways, adult education venues, and venues for Community Services for Adults with Learning Disabilities, as well as upon request.

How people could give their views

The questionnaire was the main way for people to provide their feedback about the proposals. This questionnaire was available as an online form, as a Word document that could be downloaded (and emailed to us or printed or posted), as well as paper copies in community venues.

Respondents were also welcome to give feedback by email, letter or telephone.

Twenty-four public drop-in events took place (2 events per district). Day time and evening sessions were available to accommodate people's work or care commitments.

Youth Hubs led engagement activities with the young people using their services to explain the proposals and encourage their input. This was done in a range of ways such as group discussions, filling in forms, and creating videos.

Other engagement included briefings with:

- Councillors (KCC and district/borough councils)
- KCC staff
- Local Children's Partnership Groups
- Partner organisations (NHS, Midwives, Voluntary and Community Sector Steering Group)
- Trade unions

Additional Engagement

In response to feedback, a further 20 engagement sessions were undertaken to ensure that views were heard about impacted centres where either the response level may have been lower than anticipated or where issues had been identified. This included visits to children's centres, youth hubs, and SEND groups (for people with Special Education Needs and disabilities). Phone calls took place with families/carers of people using Community Services for Adults with Learning Disabilities to obtain their views.

To raise awareness of the consultation and encourage participation, the following was undertaken:

- Press release
- Social media campaign
- Newspaper advertisements
- Posters at community venues (along with paper copies of the consultation material)
- Direct promotion with people that use the services impacted by the proposals
- Emails to stakeholder groups and partner organisations
- Inclusion in newsletters such as KELSI (for education professionals in Kent) and the NHS newsletter
- KCC's residents' newsletter
- Email to registered users of KCC's online engagement platform

Social media promotion reached over 816,000 people across a range of platforms. Impressions (the number of times promotional posts appeared on people's social media feeds) was over 1.7m. The social media promotion resulted in over 11,300 click through to the consultation webpage.

The webpage had 75,879 page views made by 25,965 people. Documents on the consultation webpage were downloaded 9,224 times.

Points to note

- Consultees were invited to comment on the proposals and each of the buildings impacted and were given the choice of which questions they wanted to answer / provide comments. The number of consultees providing an answer is shown on each chart / table featured in this report.
- Consultees were given a number of opportunities to provide feedback in their own words throughout the questionnaire. This report includes examples of verbatims received (as written by those contributing) but all free text feedback is being reviewed and considered by KCC.
- This report includes feedback provided to each of the buildings marked as 'leave' in the consultation documentation with the exception of New Beginning's Childrens Centre in Gravesham. The only comments received for the New Beginning's Childrens Centre were from consultees who entered the same open comment for all buildings marked as 'leave'. All feedback provided for other buildings are being reviewed by KCC. Responses to the impact questions for each of the proposed 'leave' buildings varied. Please note that for any of the specific building impact questions with less than 30 consultees answering, results are presented in terms of number of consultees answering instead of percentages.
- Feedback received by the KCC team via email has been reviewed for the purpose of analysis and free text comments have been included where applicable in this report.
- Participation in consultations is self-selecting and this needs to be considered when interpreting responses.
- Response to this consultation does not wholly represent the individuals or stakeholders the consultation sought feedback from and is reliant on awareness and propensity to take part based on the topic and interest.
- KCC was responsible for the design, promotion, and collection of the consultation responses. Lake Market Research was appointed to conduct an independent analysis of feedback.

Profile of consultees responding

1,776 consultees took part in the consultation questionnaire; 1,521 received via online submissions, 227 received via a hard copy questionnaire and 28 via Easy Read versions of the consultation questionnaire. The KCC team also received feedback via email / letters. 27 emails / letters were passed to Lake Market Research to review and include comments in this report accordingly.

The table below shows the profile of consultees responding to the consultation questionnaire only. The proportion who left this question blank or indicated they did not want to disclose this information has been included as applicable.

RESPONDING AS...	Number of consultees answering	% of consultees answering
As a Kent resident	1,379	78%
As a KCC employee (Kent resident)	114	6%
On behalf of a charity, voluntary or community sector organisation (VCS)	36	2%
On behalf of an educational establishment, such as a school or collect	33	2%
As a Parish / Town / Borough / District / County councillor	29	2%
On behalf of a friend or relative	22	1%
On behalf of a Parish / Town / Borough / District Council in an official capacity	16	1%
As a representative of a local community group or residents' association	15	1%
As a resident from somewhere else, such as Medway	11	1%
As a KCC employee (non-Kent resident)	10	1%
As a Kent business owner or representative	8	1%
Other	40	2%
Prefer not to answer / left blank	63	4%

EXECUTIVE SUMMARY

USAGE OF SERVICES UNDER CONSULTATION

- 50% of consultees answering use Children's Centres. 46% of consultees answering indicated other household members currently use Children's Centres. The majority of both groups use services in person at a building (92% and 93% respectively).
- 16% of consultees answering use Youth Hubs. 15% of consultees answering indicated other household members currently use Youth Hubs. The majority of both groups use services in person at a building (83% and 86% respectively).
- 41% of consultees answering use the Health Visiting Service. 35% of consultees answering indicated other household members currently use the Health Visiting Service. The majority of both groups use services in person at a building (82% and 82% respectively).
- 11% of consultees answering use the Children and Young People's Counselling Service. 12% of consultees answering indicated other household members currently use the Children and Young People's Counselling Service. The majority of both groups use services in person at a building (65% and 68% respectively) but a significant proportion use both in person and online services (22% and 27% respectively).
- 10% of consultees answering use Community Services for Adults with Learning Disabilities. 9% of consultees answering indicated other household members currently use Community Services for Adults with Learning Disabilities. The majority of both groups use services in person at a building (65% and 71% respectively) but a significant proportion use both in person and online services (18% and 25% respectively).
- 17% of consultees answering use Adult Education services. 13% of consultees answering indicated other household members currently use Community Services for Adults with Learning Disabilities. The majority of both groups use services in person at a building (72% and 72% respectively) but a significant proportion use both in person and online services (18% and 23% respectively).
- 20% of consultees answering use Gateways. 17% of consultees answering indicated other household members currently use Gateways. The majority of both groups use services in person at a building (66% and 65% respectively) but a significant proportion reported that they use both in person and online services (21% and 24% respectively).
- 64% of all residents taking part in the consultation and answering indicated they use at least one of the services under consultation.

RESPONSE TO PROPOSALS AND PERCEIVED IMPACT OF BUILDING CHANGES

- ‘Designing proposals where people have the highest service need’ – 44% of consultees answering agree and 42% disagree; 12% neither agree nor disagree.
- ‘Proposals to co-locate services’ – 39% of consultees answering agree and 48% disagree; 12% neither agree nor disagree.
- ‘Proposals to have fewer buildings’ – 29% of consultees answering agree and 61% disagree; 9% neither agree nor disagree.
- There are significant differences in response to proposals with a higher proportion of disagreement amongst female residents, residents aged 25-49, residents who have children / expecting children and residents who use at least one of the prompted consultation services. However, it should be noted that 47% of resident consultees who do not currently use any of the prompted consultation services disagree with the proposal to have fewer buildings.
- Consultees were invited to comment in relation to specific buildings and describe the impact the proposed changes would have on them or someone in your household. Response to all proposed ‘leave’ buildings have been included in this report. Consultees expressed concern that they use these services frequently and they are seen as a lifeline that provides much needed support / services for local families in the area. Users value the centre as being within walking distance and indicate they won’t be able to access the proposed alternative(s) as they are either unable to drive / use public transport or the public transport commute is too long / unreliable / sparse. Consultees also express concerns that proposals will have a detrimental impact on users’ mental health / development.

MISSING DATA IN UNDERSTANDING WHERE SERVICE NEED IS HIGHEST

- 35% of consultees answering via the consultation questionnaire provided a comment.
- The most common feedback is to review data on children’s centre usage / understand the importance of the children’s centres to those currently using (33% of consultees commenting), the availability and cost of public transport and the potential impact on non-car users (26%), consider the impact of proposals on the mental health of users / outcomes for those no longer able to access services (23%).
- 21% have concerns for whether users will be able to get to alternative service provision as they can’t walk to those outlined and need to access services closer to home.

IMPORTANT CONSIDERATIONS WHEN CO-LOCATING SERVICES

- 77% of consultees answering via the consultation questionnaire provided a comment.
- The most common feedback is whether users will be able to get to alternative service provision as they can't walk to those outlined and need to access services closer to home (51% of consultees commenting).
- This is followed by the availability / cost of public transport and recent service reductions (33%) and the practicality of co-located services / groups (22%) and the suitability of proposed buildings / setups (19%). 21% commented on the need to consider the impact of proposals on the mental health of users / vulnerable / for those no longer able to access services.

PERCEPTIONS OF DELIVERING SERVICES THROUGH OUTREACH

- 46% of consultees answering via the consultation questionnaire provided a comment.
- References to the concept of outreach being a good idea features in 24% of comments made. However, the majority of these comments also contain a cautionary note such as it depends on the service delivered, the service is well advertised and accessible to all to use.
- There are concerns that outreach services need to be accessible to potential users, either via locations close to home / easily accessible by public transport (21%) and the type of services being considered are often used 'as they need them / without much prior planning' and in a familiar place and therefore consideration needs to be given for how outreach services are organised (17%).
- 16% commented the suitability of the buildings needs to be taken into account in line with service delivery required for the services under consultation. 14% commented that the services under consultation will need to be assessed carefully to see if they are suitable for an outreach service compared to the service offered now.
- 12% commented that potential outreach services need to be regular and offered as a committed service so the current service offering isn't diluted and users are familiar with the services regularity.

ACCESSING KCC SERVICES DIGITALLY AND IMPORTANT CONSIDERATIONS WHEN ACCESSING ONLINE SERVICES

- When asked for feedback on accessing KCC services digitally (not linked to the services under consultation). 64% of consultees answering indicated they feel confident about doing things online.

- A proportion of consultees indicated the safety of using technology to access services and the security of personal information is a concern (13% selecting), as well highlighting that KCC's digital services and information are too difficult to use (10%) and they do not feel confident in using technology (9%). 10% indicated that paying for devices and internet connection is too expensive and 8% indicated their internet is too slow.
- Consultees indicated that the most important consideration when accessing services online is the perceived ease of use / simple access / being user friendly (45%). This is followed by having an option of face to face service delivery / consultees indicating they prefer face to face access to services (23%). Clear information (12%), reliable links that work and compatible devices (12%) and security / safety / privacy (11%) are also important.
- 16% believe online access to services isn't an inclusive approach and cited the elderly, those with access issues and those unable to use online services as examples to illustrate their views. 11% commented that online delivery needs to be appropriate for the service in question.

FAMILY HUB MODEL PROPOSALS

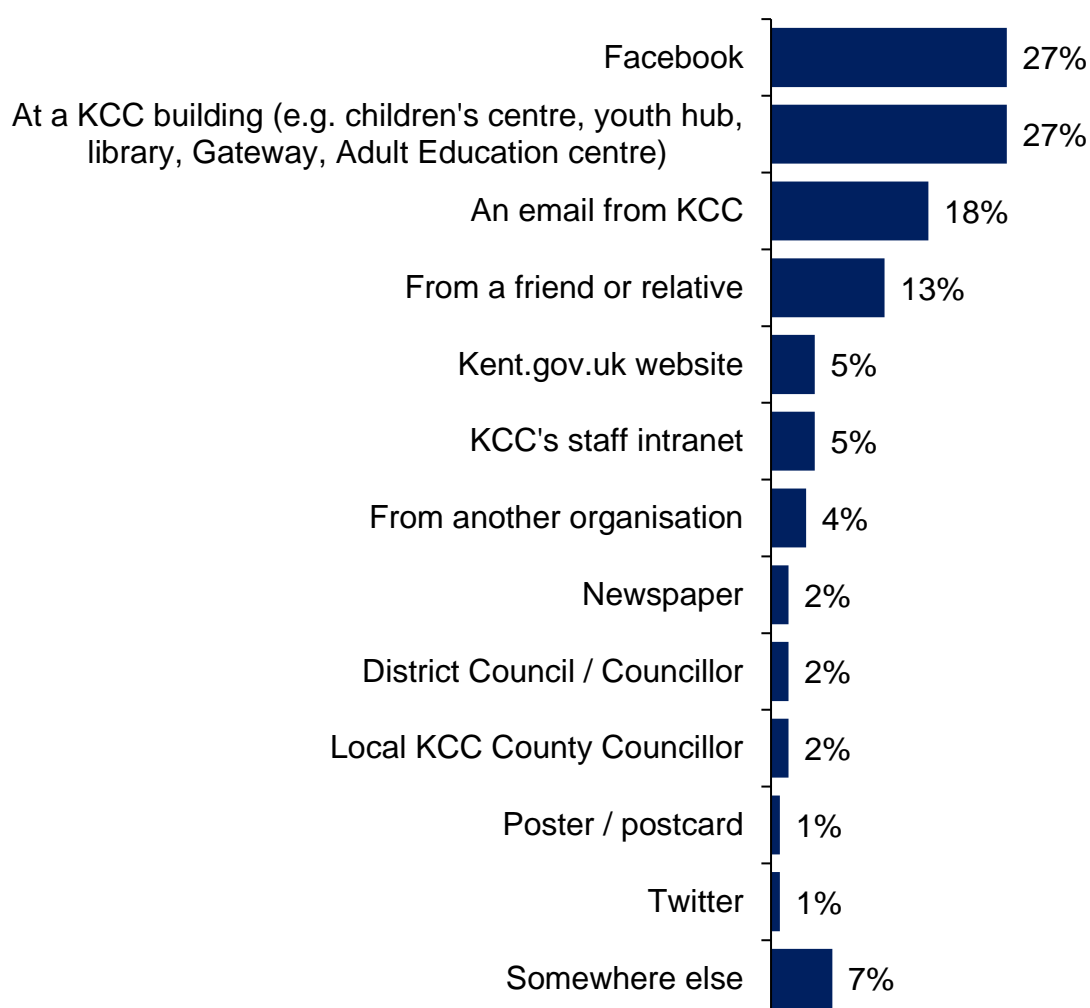
- 34% of consultees answering via the consultation questionnaire provided a comment.
- The most important consideration put forward for attention in the Family Hub transition is users being able to get there / travel there / location (46%). This includes consideration that some would prefer to, or only be able to, walk to reach the location or access via convenient and reasonably priced public transport.
- This is followed by ensuring access is possible for everyone that needs to (with consideration of different age groups / demographics and possible needs - 27%). This includes provision of service for all concerned and the equipment / space setting / staffing for all needs.
- 24% believe it is important that individual services provided under the Family Hub offering isn't diluted / remains distinct for each user group.
- 21% expressed concerns about the suitability of proposed space / buildings for the services under consultation and 18% expressed concerns about the compatibility of the range of services being provided in one place.

CONSULTATION AWARENESS

- The most common routes to finding out about the consultation is via Facebook (27%) and at a KCC building, e.g. children’s centre, youth hub, library, Gateway, Adult Education centre (27%).
- 18% indicated they found out through an email from KCC.
- 13% indicated they found out through a friend or relative.

How did you find out about this consultation?

Base: all answering (1,606), consultees had the option to select more than one response.



SUPPORTING DATA	Number of consultees answering	% of consultees answering
Facebook	436	27%
At a KCC building (e.g., children’s centre, youth hub, library, Gateway, Adult Education Centre)	434	27%
An email from KCC	295	18%
From a friend or relative	207	13%

SUPPORTING DATA	Number of consultees answering	% of consultees answering
Kent.gov.uk website	83	5%
KCC's staff intranet	73	5%
From another organisation	70	4%
Newspaper	34	2%
District Council / Councillor	32	2%
Local KCC County Councillor	25	2%
Poster / postcard	15	1%
Twitter	9	1%
Somewhere else	112	7%

SERVICE USAGE

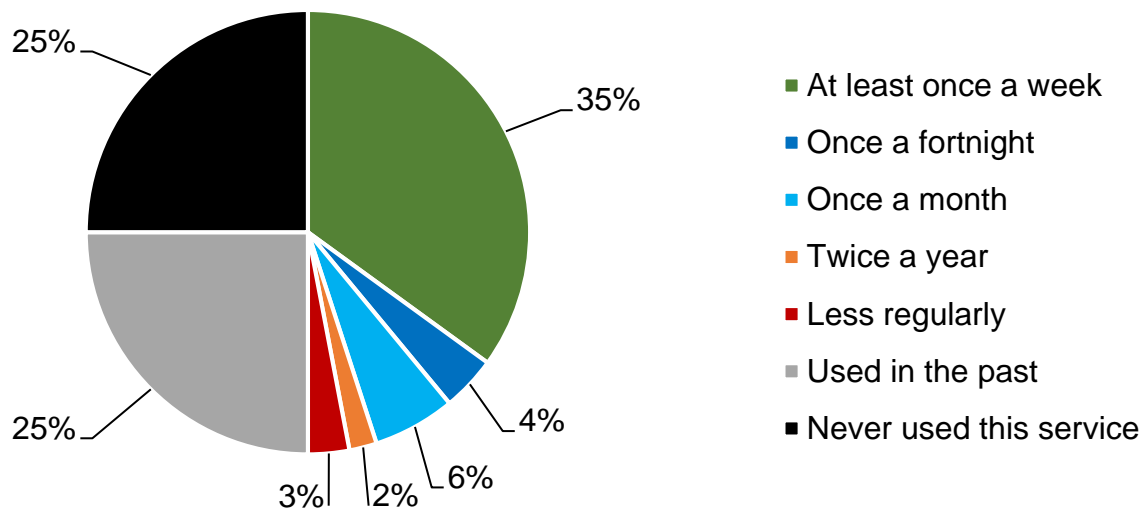
This section of the report summarises current and historic use of each of the services referenced in the consultation, as reported by consultees.

CHILDREN'S CENTRES

- 50% of consultees answering indicated they currently use Children's Centres. 45% of consultees answering indicated they personally use children's centres at least once a month (35% at least once a week, 4% once a fortnight and 6% once a month).
- 25% of consultees answering indicated they have used Children's Centres in the past and 25% indicated they have never used them.

Frequency of use - personal - Please tell us how often you use Children's Centres...?

Base: all answering (1,518)

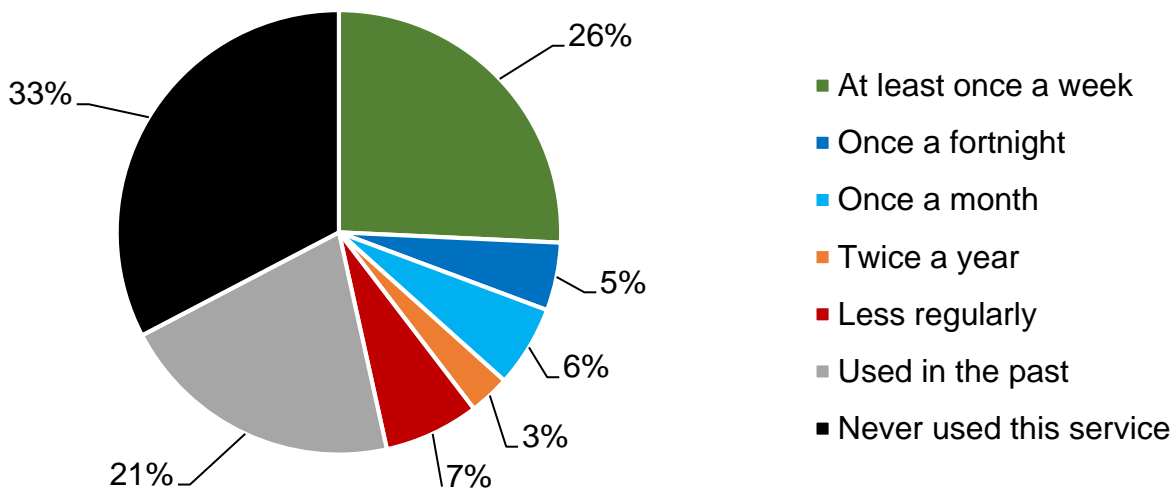


SUPPORTING DATA	Number of consultees answering	% of consultees answering
At least once a week	524	35%
Once a fortnight	60	4%
Once a month	94	6%
Twice a year	37	2%
Less regularly	46	3%
Used in the past	372	25%
Never used this service	385	25%

- 46% of consultees answering indicated other household members currently use Children’s Centres. 37% of consultees answering indicated use is at least once a month (26% at least once a week, 5% once a fortnight and 6% once a month).
- 21% of consultees answering indicated other household members have used Children’s Centres in the past and 33% indicated other household members have never used them.

Frequency of use - other members of household - Please tell us how often other people in your household use Children’s Centres ...?

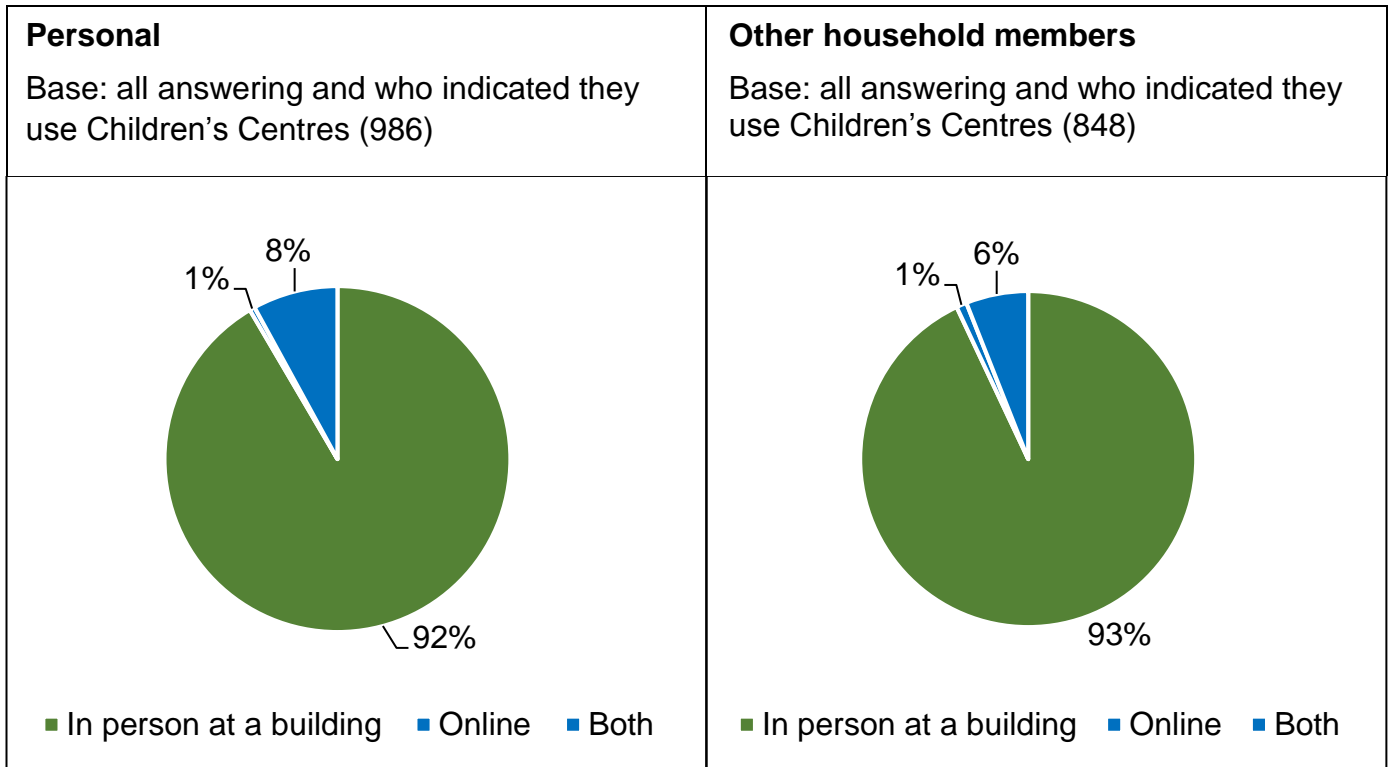
Base: all answering (1,484)



SUPPORTING DATA	Number of consultees answering	% of consultees answering
At least once a week	381	26%
Once a fortnight	68	5%
Once a month	94	6%
Twice a year	46	3%
Less regularly	96	7%
Used in the past	315	21%
Never used this service	484	33%

- 92% of consultees who personally use Children’s Centres indicated they use them in person at a building. 8% use Children’s Centre services in person at a building and online.
- Amongst other members of the household, 93% indicated they use them in person at a building. 6% use Children’s Centre services in person at a building and online.

Type of use - Please tell us how you use Children’s Centres…?



PERSONAL - SUPPORTING DATA	Number of consultees answering	% of consultees answering
In person at a building	903	92%
Online	8	1%
Both	75	8%

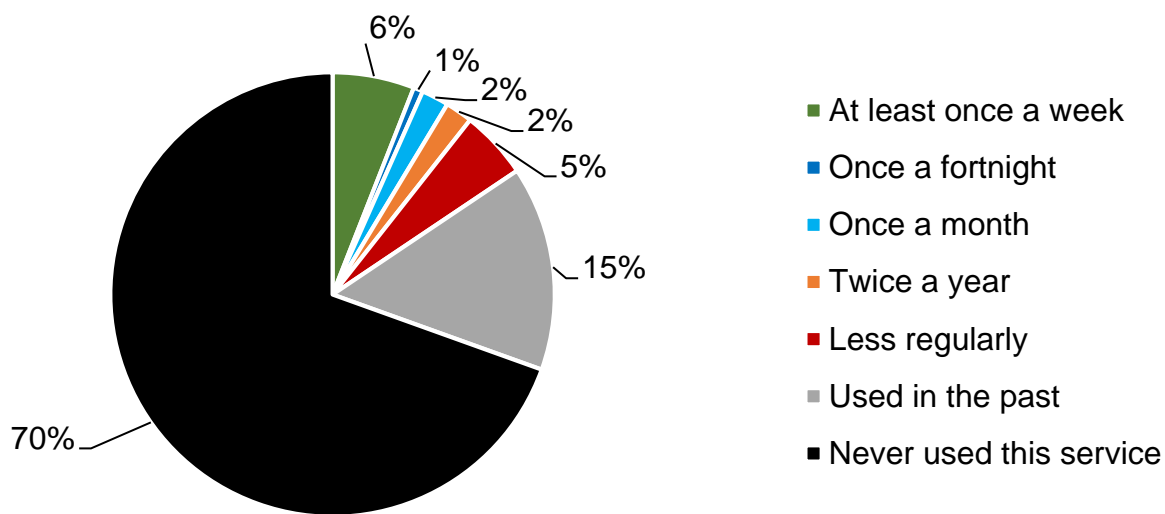
OTHER HOUSEHOLD MEMBERS - SUPPORTING DATA	Number of consultees answering	% of consultees answering
In person at a building	787	93%
Online	8	1%
Both	53	6%

YOUTH HUBS

- 16% of consultees answering indicated they currently use youth hubs. 9% of consultees answering indicated they personally use Youth Hubs at least once a month (6% at least once a week, 1% once a fortnight and 2% once a month).
- 15% of consultees answering indicated they have used Youth Hubs in the past and 70% indicated they have never used them.

Frequency of use - personal - Please tell us how often you use Youth Hubs...?

Base: all answering (1,405)

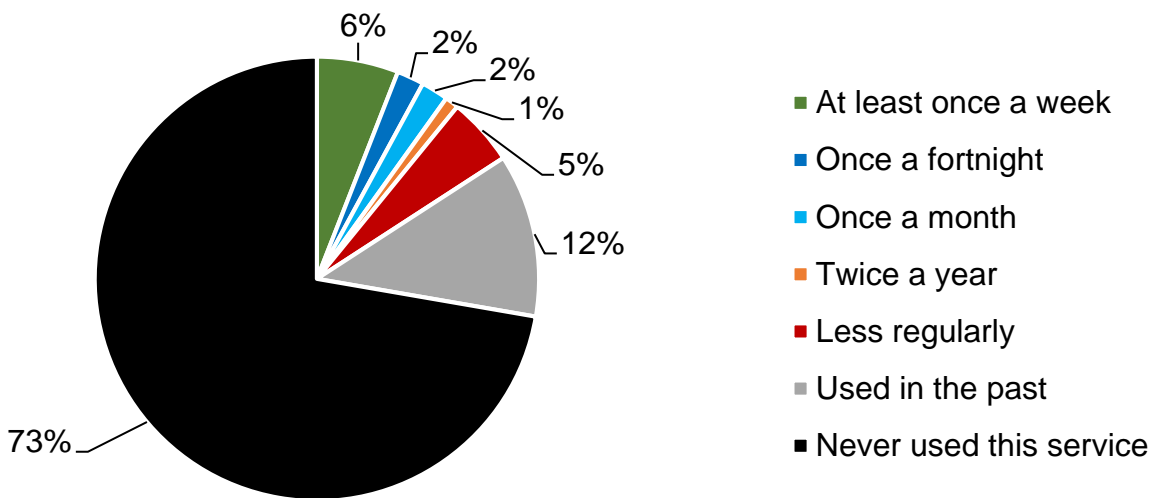


SUPPORTING DATA	Number of consultees answering	% of consultees answering
At least once a week	89	6%
Once a fortnight	10	1%
Once a month	22	2%
Twice a year	28	2%
Less regularly	71	5%
Used in the past	208	15%
Never used this service	977	70%

- 15% of consultees answering indicated other household members currently use Youth Hubs. 10% of consultees answering indicated use is at least once a month (6% at least once a week, 2% once a fortnight and 2% once a month).
- 12% of consultees answering indicated other household members have used Youth Hubs in the past and 73% indicated other household members have never used them.

Frequency of use - other members of household - Please tell us how often other people in your household use Youth Hubs...?

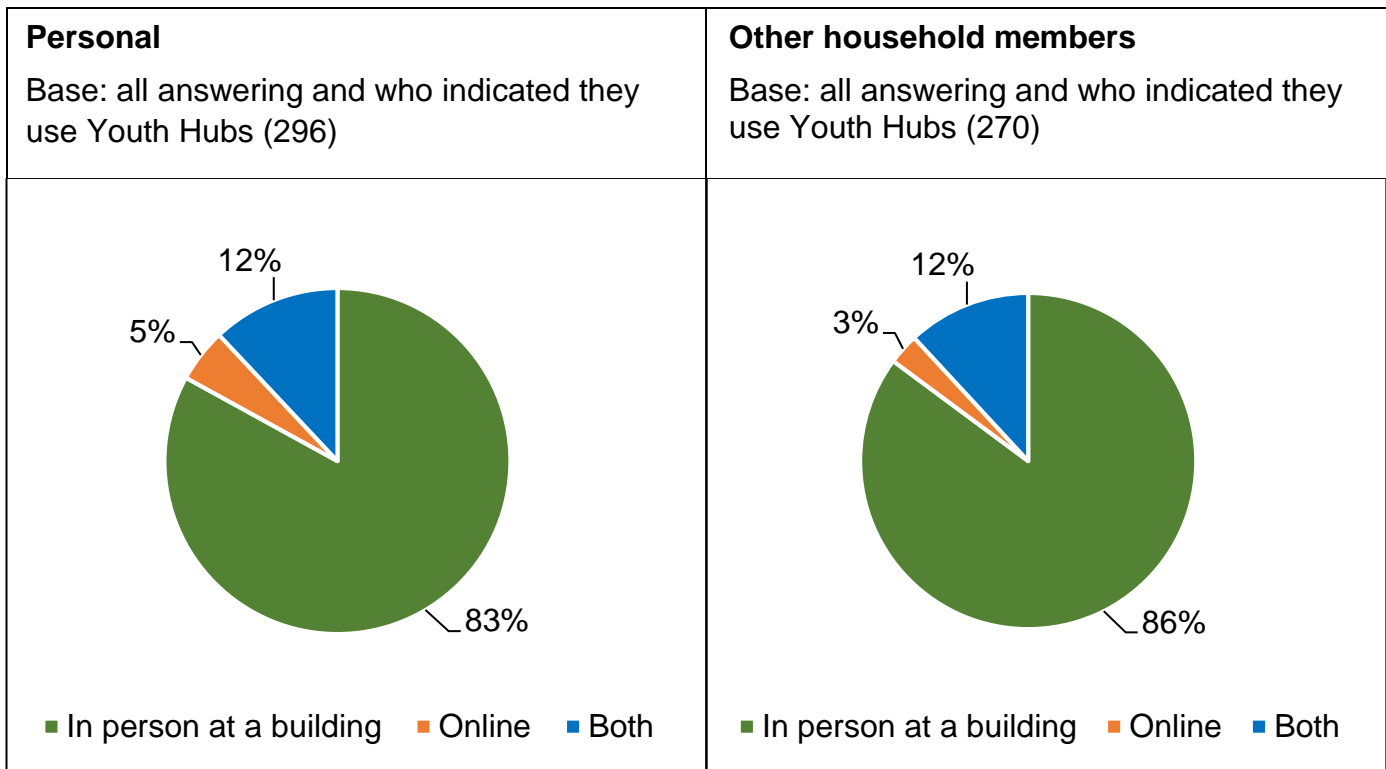
Base: all answering (1,407)



SUPPORTING DATA	Number of consultees answering	% of consultees answering
At least once a week	81	6%
Once a fortnight	22	2%
Once a month	34	2%
Twice a year	14	1%
Less regularly	64	5%
Used in the past	162	12%
Never used this service	1,030	73%

- 83% of consultees who personally use Youth Hubs indicated they use them in person at a building. 5% use these services online and 12% use these services in person at a building and online.
- Amongst other members of the household, 86% indicated they use them in person at a building. 3% use these services online and 12% use these services in person at a building and online.

Type of use - Please tell us how you use Youth Hubs...?



PERSONAL - SUPPORTING DATA	Number of consultees answering	% of consultees answering
In person at a building	246	83%
Online	15	5%
Both	35	12%

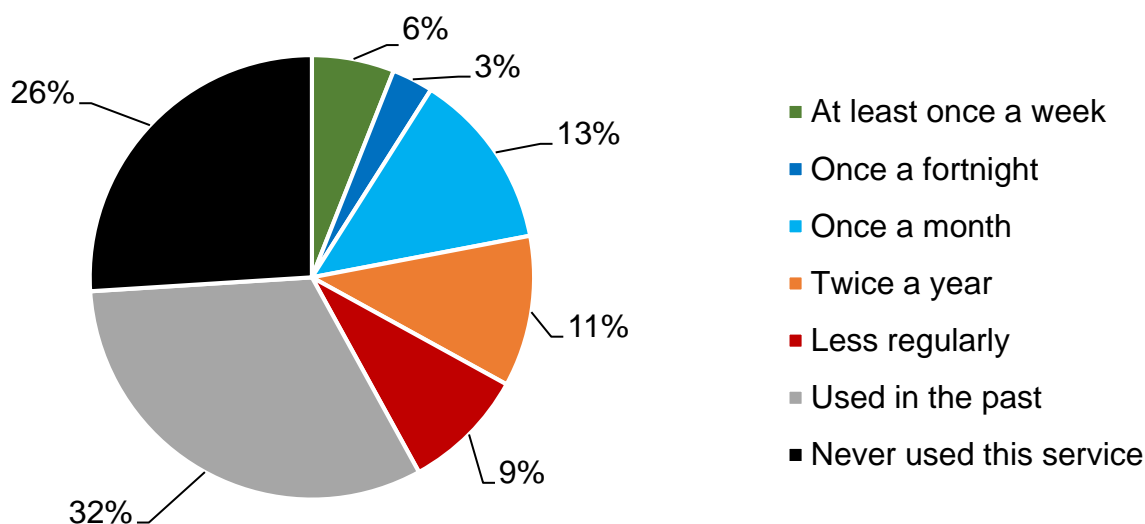
OTHER HOUSEHOLD MEMBERS - SUPPORTING DATA	Number of consultees answering	% of consultees answering
In person at a building	231	86%
Online	7	3%
Both	32	12%

HEALTH VISITING SERVICE

- 41% of consultees answering indicated they currently use the Health Visiting Service. 22% of consultees answering indicated they personally use the Health Visiting Service at least once a month (6% at least once a week, 3% once a fortnight and 13% once a month).
- 32% of consultees answering indicated they have used the Health Visiting Service in the past and 26% indicated they have never used them.

Frequency of use - personal - Please tell us how often you use the Health Visiting Service...?

Base: all answering (1,461)

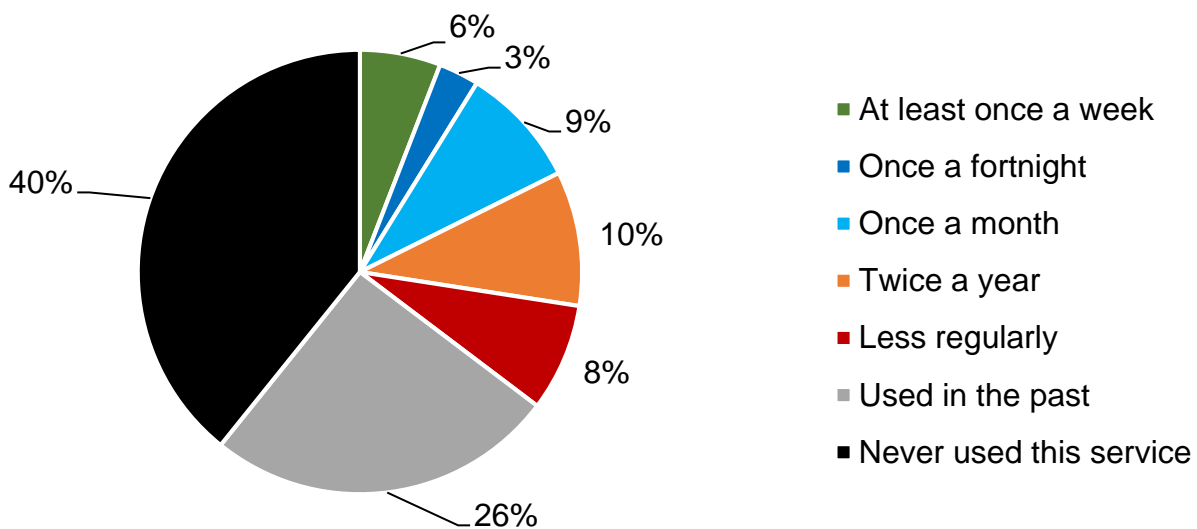


SUPPORTING DATA	Number of consultees answering	% of consultees answering
At least once a week	88	6%
Once a fortnight	43	3%
Once a month	190	13%
Twice a year	154	11%
Less regularly	128	9%
Used in the past	474	32%
Never used this service	384	26%

- 35% of consultees answering indicated other household members currently use the Health Visiting Service. 17% of consultees answering indicated use is at least once a month (6% at least once a week, 3% once a fortnight and 9% once a month).
- 26% of consultees answering indicated other household members have used the Health Visiting Service in the past and 40% indicated other household members have never used them.

Frequency of use - other members of household - Please tell us how often other people in your household use the Health Visiting Service...?

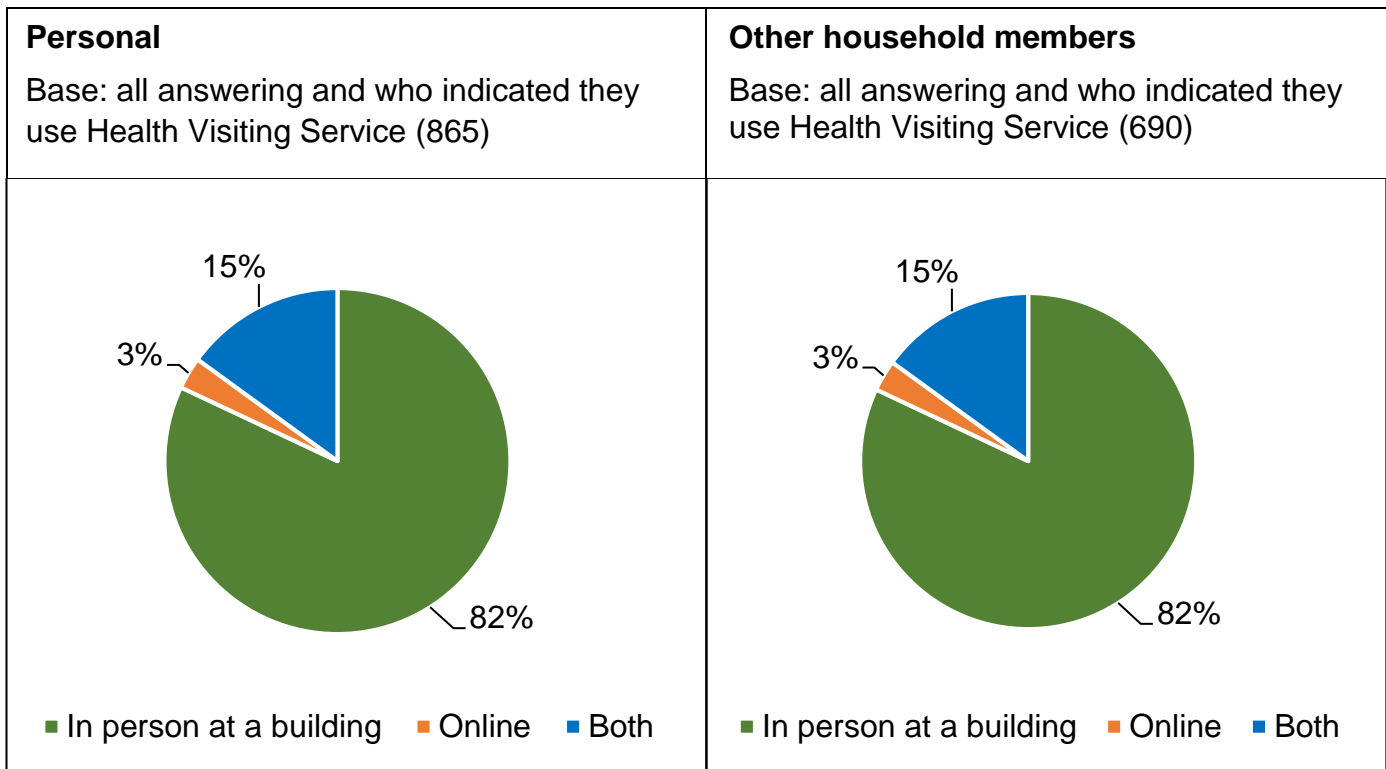
Base: all answering (1,428)



SUPPORTING DATA	Number of consultees answering	% of consultees answering
At least once a week	80	6%
Once a fortnight	40	3%
Once a month	122	9%
Twice a year	136	10%
Less regularly	115	8%
Used in the past	366	26%
Never used this service	569	40%

- 82% of consultees who personally use the Health Visiting Service indicated they use them in person at a building. 3% use these services online and 15% use these services in person at a building and online.
- Amongst other members of the household, 82% indicated they use them in person at a building. 3% use these services online and 15% use these services in person at a building and online.

Type of use - Please tell us how you use the Health Visiting Service...?



PERSONAL - SUPPORTING DATA	Number of consultees answering	% of consultees answering
In person at a building	710	82%
Online	27	3%
Both	128	15%

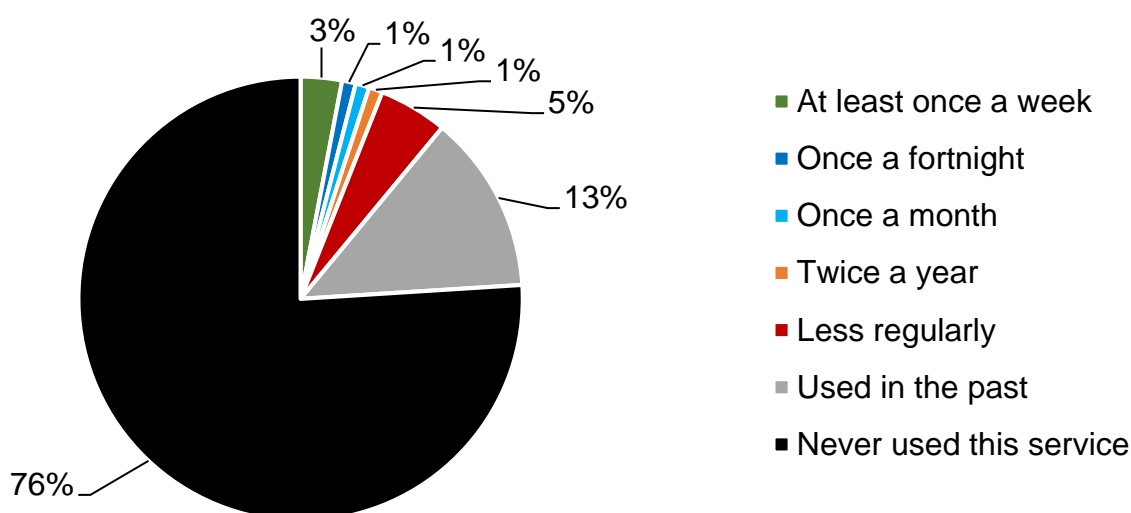
OTHER HOUSEHOLD MEMBERS - SUPPORTING DATA	Number of consultees answering	% of consultees answering
In person at a building	566	82%
Online	18	3%
Both	106	15%

CHILDREN AND YOUNG PEOPLE'S COUNSELLING SERVICE

- 11% of consultees answering indicated they currently use the Children and Young People's Counselling Service. 5% of consultees answering indicated they personally use the Children and Young People's Counselling Service at least once a month (3% at least once a week, 1% once a fortnight and 1% once a month).
- 13% of consultees answering indicated they have used the Children and Young People's Counselling Service in the past and 76% indicated they have never used them.

Frequency of use - personal - Please tell us how often you use the Children and Young People's Counselling Service...?

Base: all answering (1,409)

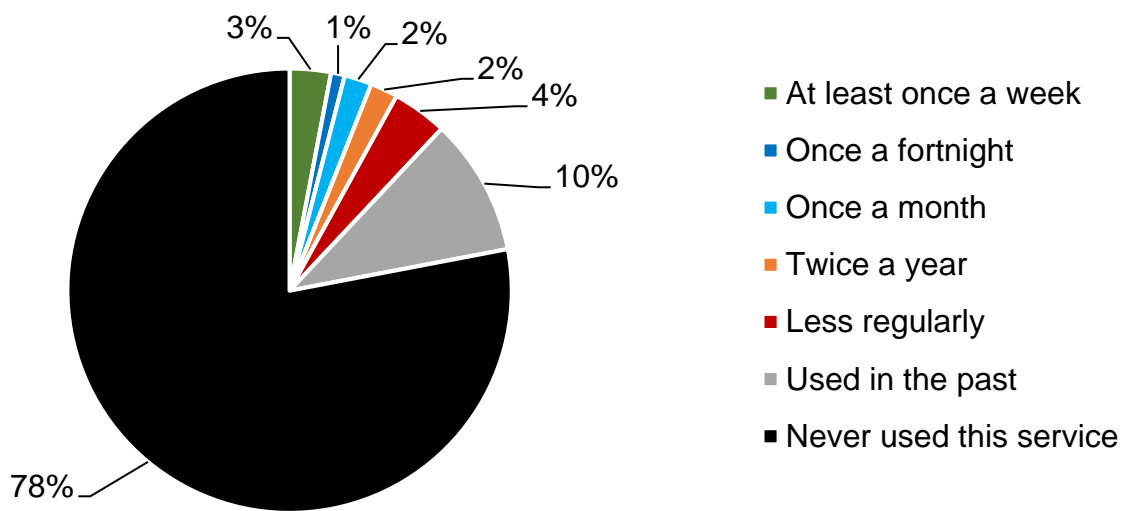


SUPPORTING DATA	Number of consultees answering	% of consultees answering
At least once a week	36	3%
Once a fortnight	15	1%
Once a month	20	1%
Twice a year	15	1%
Less regularly	73	5%
Used in the past	178	13%
Never used this service	1,072	76%

- 12% of consultees answering indicated other household members currently use the Children and Young People’s Counselling Service. 6% of consultees answering indicated use is at least once a month (3% at least once a week, 1% once a fortnight and 2% once a month).
- 10% of consultees answering indicated other household members have used the Children and Young People’s Counselling Service in the past and 78% indicated other household members have never used them.

Frequency of use - other members of household - Please tell us how often other people in your household use the Children and Young People’s Counselling Service...?

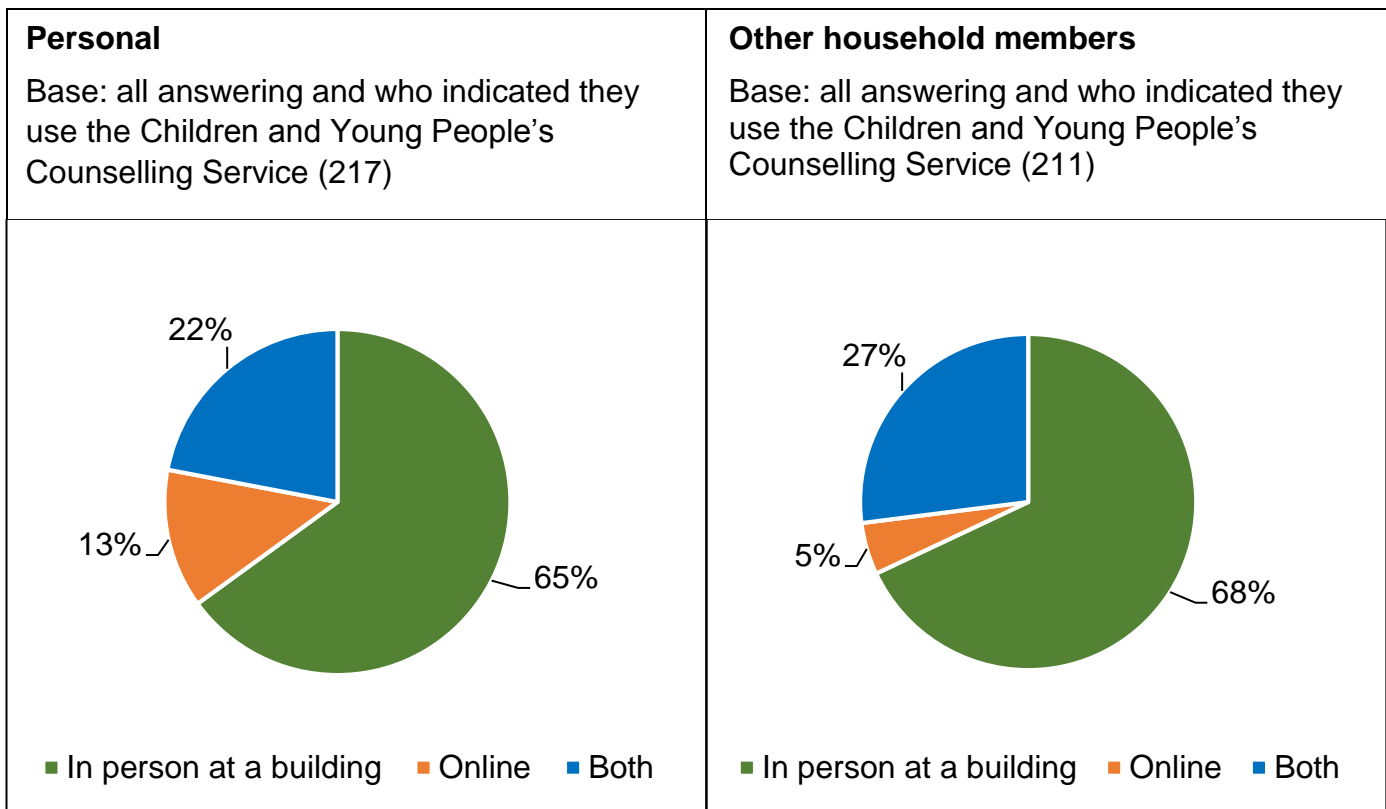
Base: all answering (1,405)



SUPPORTING DATA	Number of consultees answering	% of consultees answering
At least once a week	36	3%
Once a fortnight	16	1%
Once a month	31	2%
Twice a year	23	2%
Less regularly	63	4%
Used in the past	146	10%
Never used this service	1,090	78%

- 65% of consultees who personally use the Children and Young People’s Counselling Service indicated they use them in person at a building. 13% use these services online and 22% use these services in person at a building and online.
- Amongst other members of the household, 68% indicated they use them in person at a building. 5% use these services online and 27% use these services in person at a building and online.

Type of use - Please tell us how you use the Children and Young People’s Counselling Service ...?



PERSONAL - SUPPORTING DATA	Number of consultees answering	% of consultees answering
In person at a building	140	65%
Online	29	13%
Both	48	22%

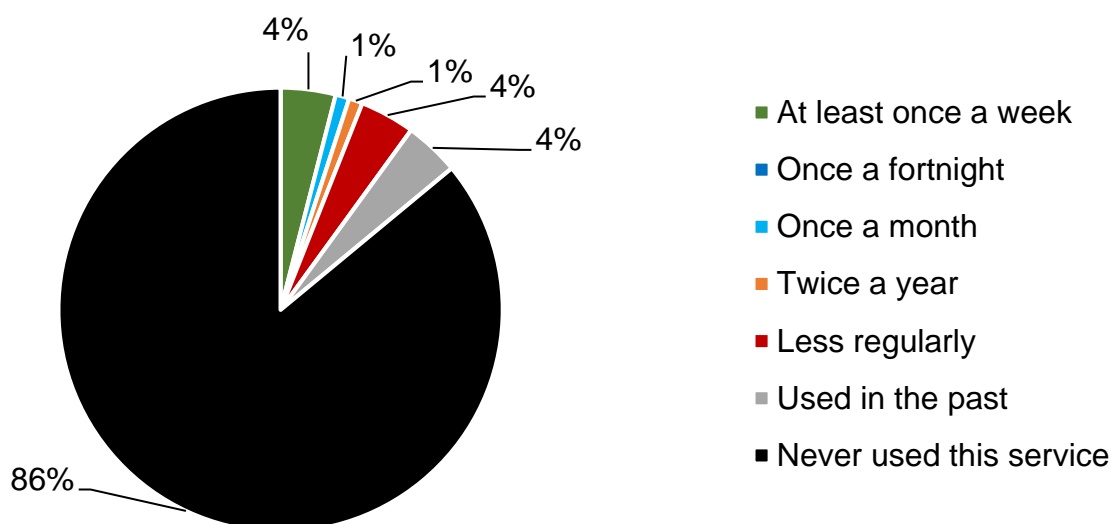
OTHER HOUSEHOLD MEMBERS - SUPPORTING DATA	Number of consultees answering	% of consultees answering
In person at a building	143	68%
Online	11	5%
Both	57	27%

COMMUNITY SERVICES FOR ADULTS WITH LEARNING DISABILITIES

- 10% of consultees answering indicated they currently use Community Services for Adults with Learning Disabilities. 5% of consultees answering indicated they personally use Community Services for Adults with Learning Disabilities at least once a month (4% at least once a week and 1% once a month).
- 13% of consultees answering indicated they have used Community Services for Adults with Learning Disabilities in the past and 76% indicated they have never used them.

Frequency of use - personal - Please tell us how often you use Community Services for Adults with Learning Disabilities...?

Base: all answering (1,425)

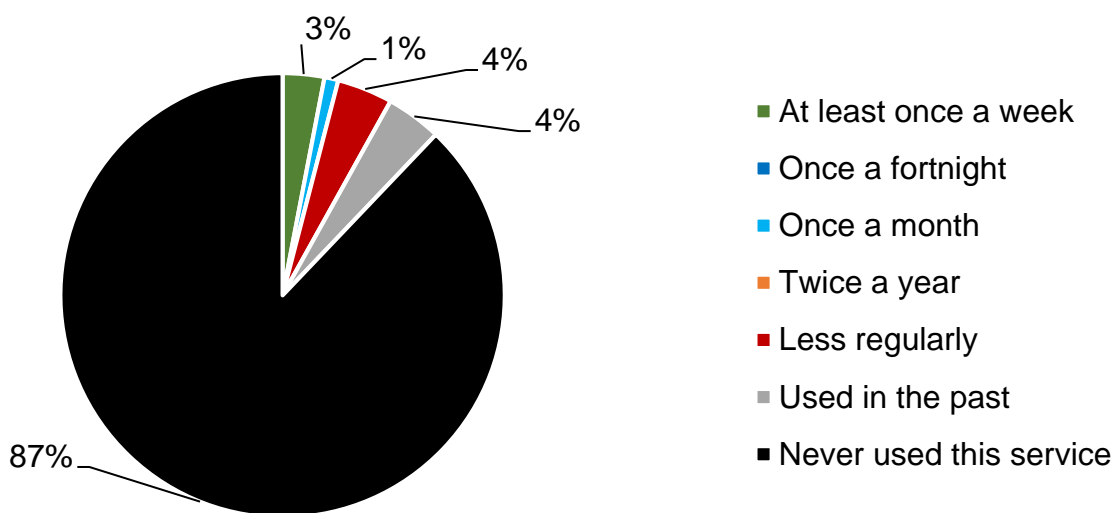


SUPPORTING DATA	Number of consultees answering	% of consultees answering
At least once a week	55	4%
Once a fortnight	5	0%
Once a month	17	1%
Twice a year	10	1%
Less regularly	61	4%
Used in the past	55	4%
Never used this service	1,222	86%

- 9% of consultees answering indicated other household members currently use Community Services for Adults with Learning Disabilities. 5% of consultees answering indicated use is at least once a month (3% at least once a week and 1% once a month).
- 4% of consultees answering indicated other household members have used the Community Services for Adults with Learning Disabilities in the past and 87% indicated other household members have never used them.

Frequency of use - other members of household - Please tell us how often other people in your household use Community Services for Adults with Learning Disabilities...?

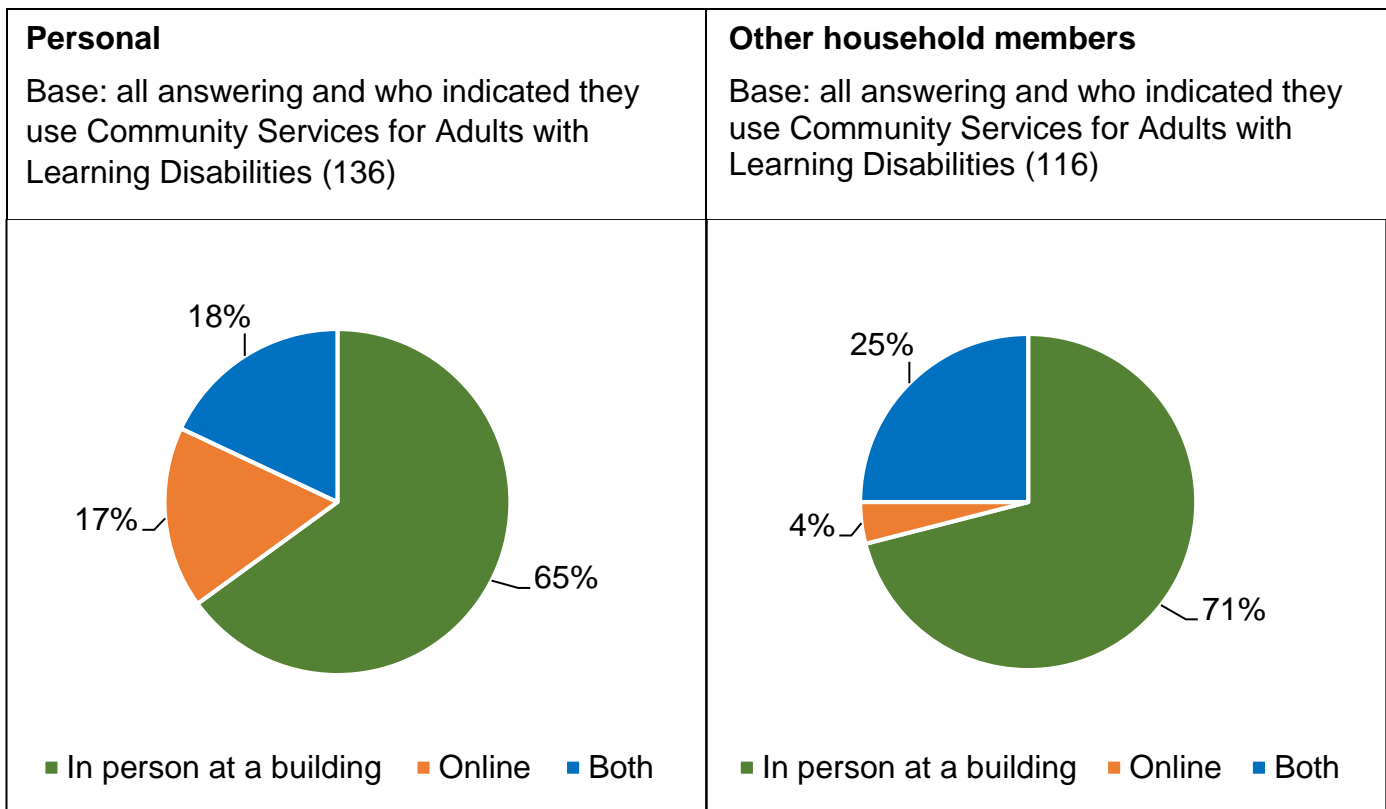
Base: all answering (1,401)



SUPPORTING DATA	Number of consultees answering	% of consultees answering
At least once a week	46	3%
Once a fortnight	5	0%
Once a month	15	1%
Twice a year	6	0%
Less regularly	53	4%
Used in the past	51	4%
Never used this service	1,225	87%

- 65% of consultees who personally use Community Services for Adults with Learning Disabilities indicated they use them in person at a building. 17% use these services online and 18% use these services in person at a building and online.
- Amongst other members of the household, 71% indicated they use them in person at a building. 4% use these services online and 25% use these services in person at a building and online.

Type of use - Please tell us how you use Community Services for Adults with Learning Disabilities...?



PERSONAL - SUPPORTING DATA	Number of consultees answering	% of consultees answering
In person at a building	89	65%
Online	23	17%
Both	24	18%

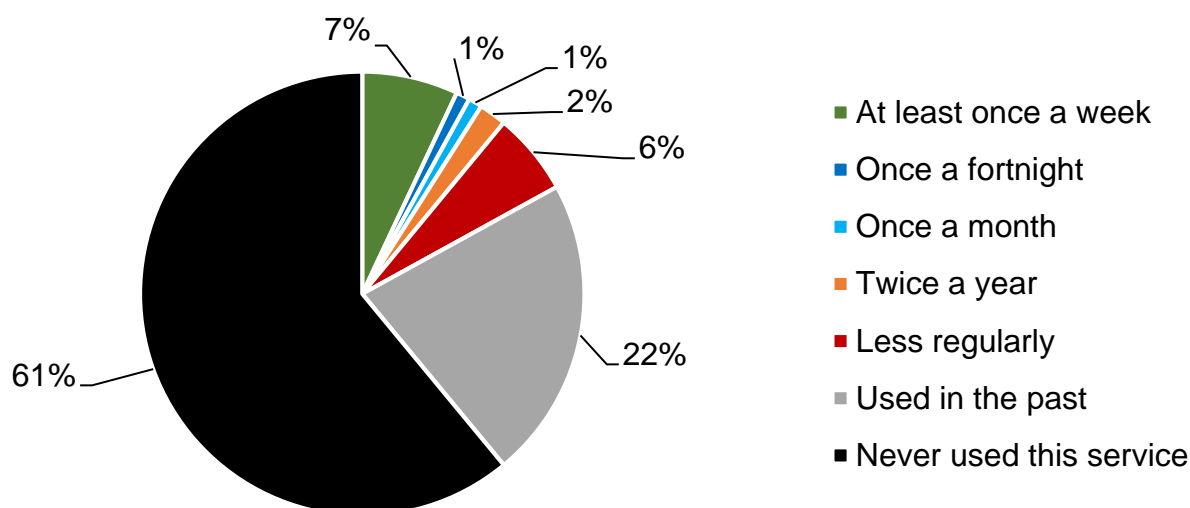
OTHER HOUSEHOLD MEMBERS - SUPPORTING DATA	Number of consultees answering	% of consultees answering
In person at a building	82	71%
Online	5	4%
Both	29	25%

COMMUNITY LEARNING AND SKILLS - ADULT EDUCATION

- 17% of consultees answering indicated they currently use Community Learning and Skills (Adult Education) Services. 9% of consultees answering indicated they personally use Community Learning and Skills (Adult Education) Services at least once a month (7% at least once a week, 1% at least once a fortnight and 1% once a month).
- 22% of consultees answering indicated they have used Community Learning and Skills (Adult Education) Services in the past and 61% indicated they have never used them.

Frequency of use - personal - Please tell us how often you use Community Learning and Skills (Adult Education) Services...?

Base: all answering (1,458)

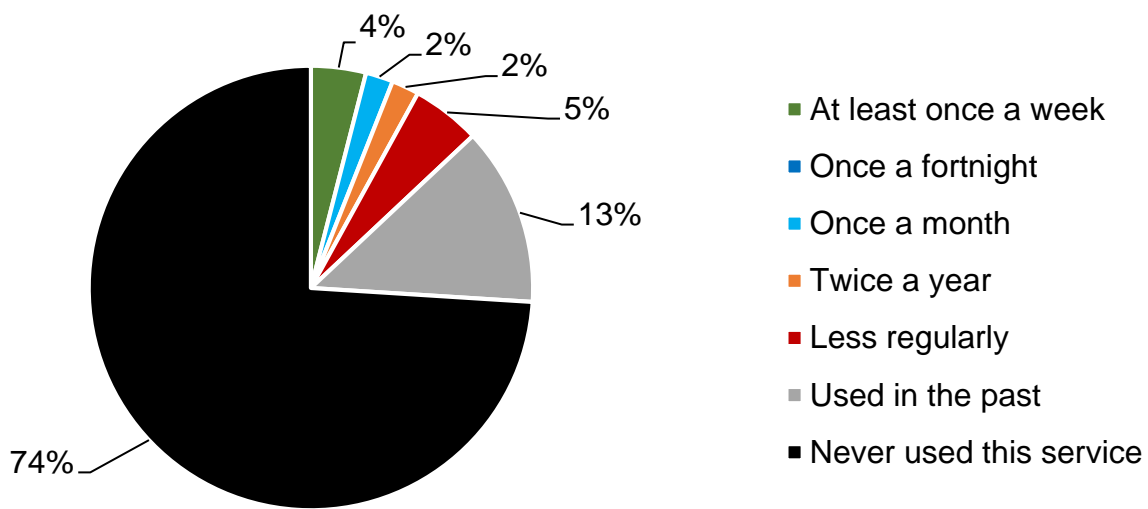


SUPPORTING DATA	Number of consultees answering	% of consultees answering
At least once a week	102	7%
Once a fortnight	12	1%
Once a month	21	1%
Twice a year	33	2%
Less regularly	82	6%
Used in the past	315	22%
Never used this service	893	61%

- 13% of consultees answering indicated other household members currently use Community Learning and Skills (Adult Education) Services. 6% of consultees answering indicated use is at least once a month (4% at least once a week and 2% once a month).
- 13% of consultees answering indicated other household members have used the Community Learning and Skills (Adult Education) Services in the past and 74% indicated other household members have never used them.

Frequency of use - other members of household - Please tell us how often other people in your household use Community Learning and Skills (Adult Education) Services...?

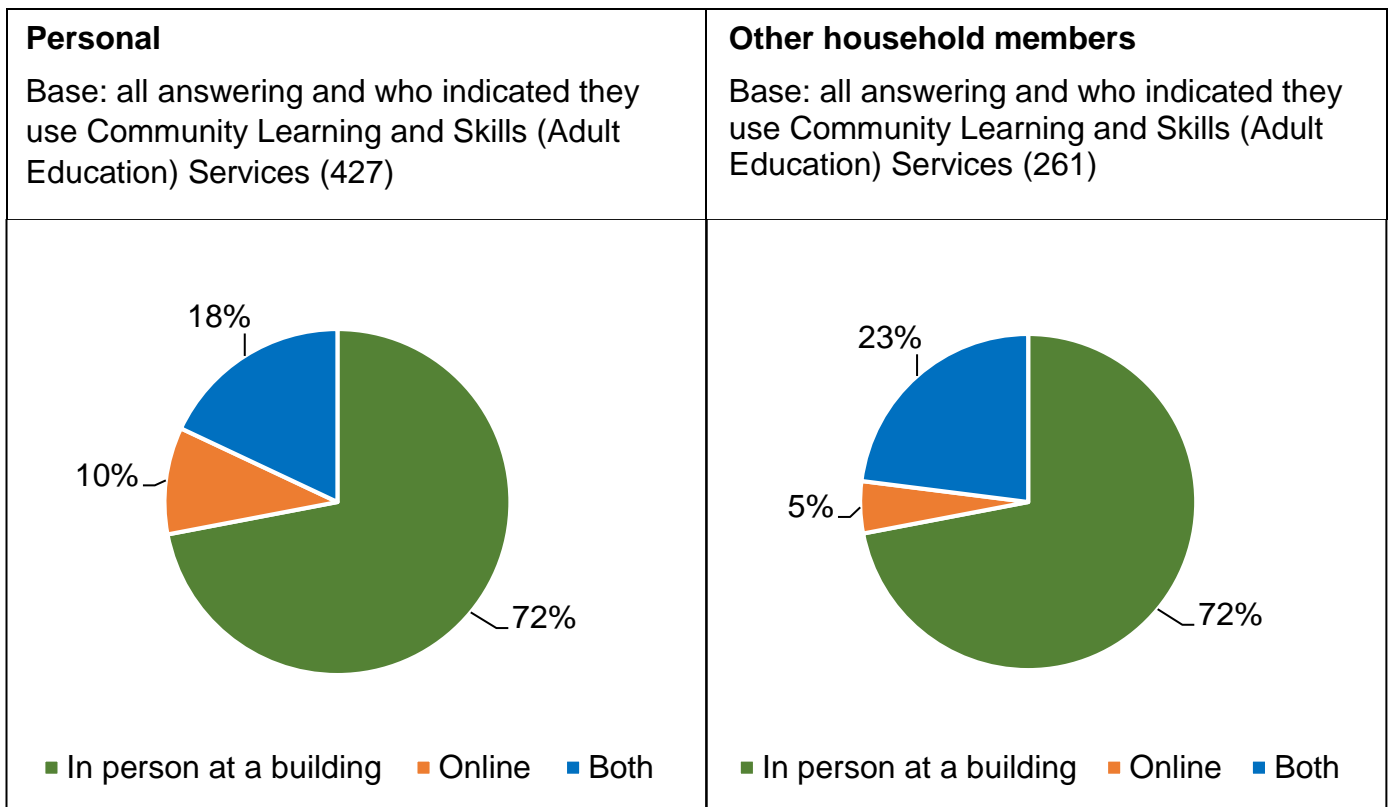
Base: all answering (1,414)



SUPPORTING DATA	Number of consultees answering	% of consultees answering
At least once a week	51	4%
Once a fortnight	7	0%
Once a month	24	2%
Twice a year	30	2%
Less regularly	65	5%
Used in the past	187	13%
Never used this service	1,050	74%

- 72% of consultees who personally use Community Learning and Skills (Adult Education) Services indicated they use them in person at a building. 10% use these services online and 18% use these services in person at a building and online.
- Amongst other members of the household, 72% indicated they use them in person at a building. 5% use these services online and 23% use these services in person at a building and online.

Type of use - Please tell us how you use Community Learning and Skills (Adult Education) Services ...?



PERSONAL - SUPPORTING DATA	Number of consultees answering	% of consultees answering
In person at a building	309	72%
Online	41	10%
Both	77	18%

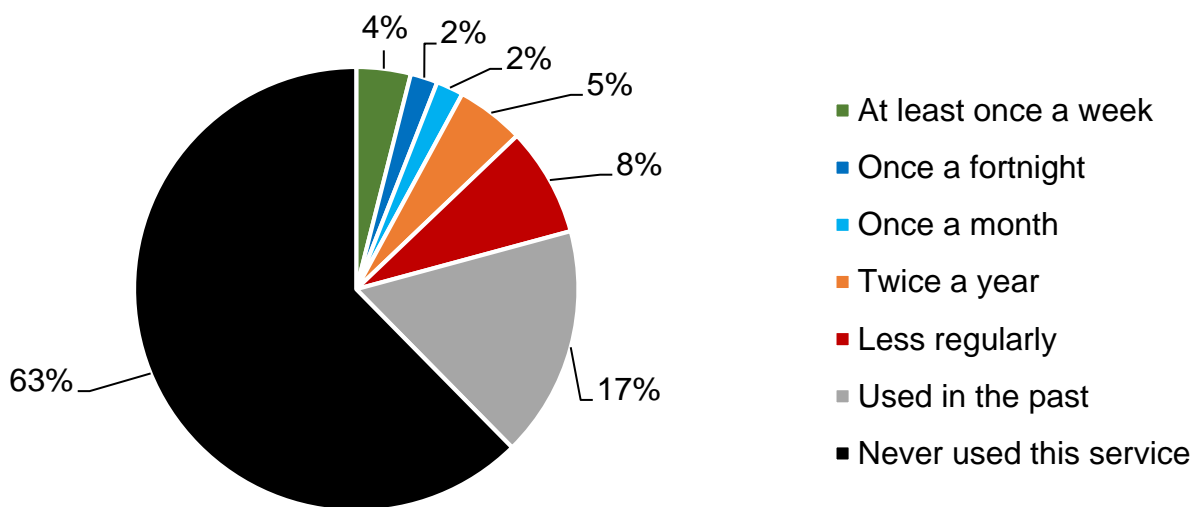
OTHER HOUSEHOLD MEMBERS - SUPPORTING DATA	Number of consultees answering	% of consultees answering
In person at a building	189	72%
Online	12	5%
Both	60	23%

GATEWAYS

- 20% of consultees answering indicated they currently use Gateways. 8% of consultees answering indicated they personally use Gateways at least once a month (4% at least once a week, 2% at least once a fortnight and 2% once a month).
- 17% of consultees answering indicated they have used Gateways in the past and 63% indicated they have never used them.

Frequency of use - personal - Please tell us how often you use Gateways...?

Base: all answering (1,437)

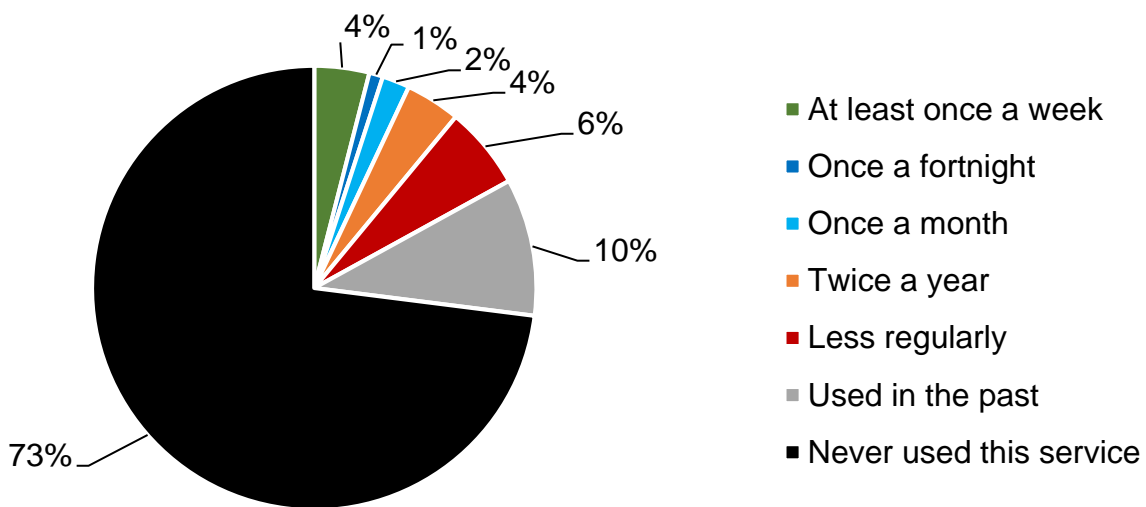


SUPPORTING DATA TABLE	Number of consultees answering	% of consultees answering
At least once a week	57	4%
Once a fortnight	24	2%
Once a month	30	2%
Twice a year	71	5%
Less regularly	108	8%
Used in the past	243	17%
Never used this service	904	63%

- 17% of consultees answering indicated other household members currently use Gateways. 7% of consultees answering indicated use is at least once a month (4% at least once a week, 1% once a fortnight and 2% once a month).
- 13% of consultees answering indicated other household members have used the Community Learning and Skills (Adult Education) Services in the past and 74% indicated other household members have never used them.

Frequency of use - other members of household - Please tell us how often other people in your household use Gateways...?

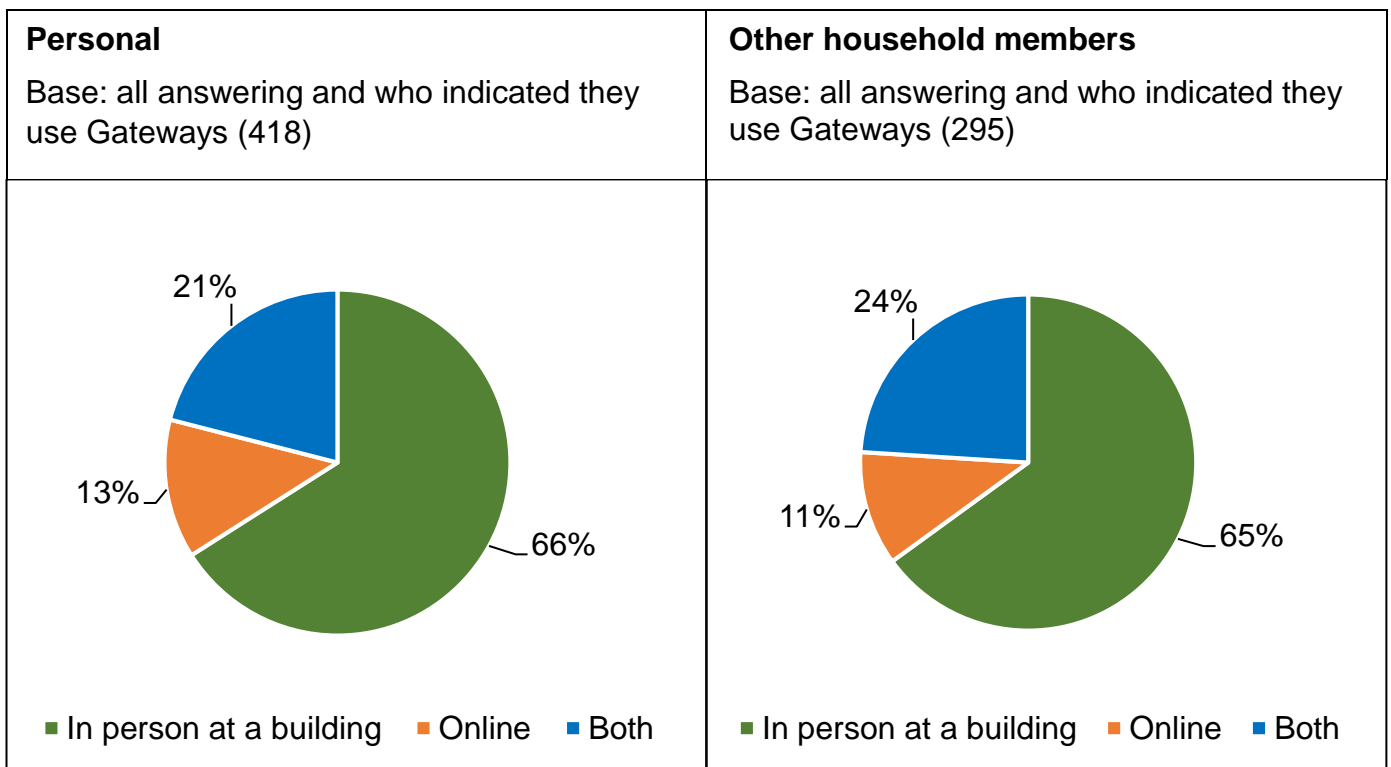
Base: all answering (1,399)



SUPPORTING DATA	Number of consultees answering	% of consultees answering
At least once a week	49	4%
Once a fortnight	16	1%
Once a month	29	2%
Twice a year	50	4%
Less regularly	89	6%
Used in the past	139	10%
Never used this service	1,027	73%

- 66% of consultees who personally use Gateways indicated they use them in person at a building. 13% use Gateway services online and 21% use Gateway services in person at a building and online.
- Amongst other members of the household, 65% indicated they use them in person at a building. 11% use Gateway services online and 24% use Gateway services in person at a building and online.

Type of use - Please tell us how you use Gateways...?



PERSONAL - SUPPORTING DATA	Number of consultees answering	% of consultees answering
In person at a building	277	66%
Online	53	13%
Both	88	21%

OTHER HOUSEHOLD MEMBERS - SUPPORTING DATA	Number of consultees answering	% of consultees answering
In person at a building	192	65%
Online	33	11%
Both	70	24%

RESPONSE TO PROPOSALS ON HOW TO DELIVER SERVICES

This section of the report summarises feedback from consultees with regards to the proposals put forward to deliver services.

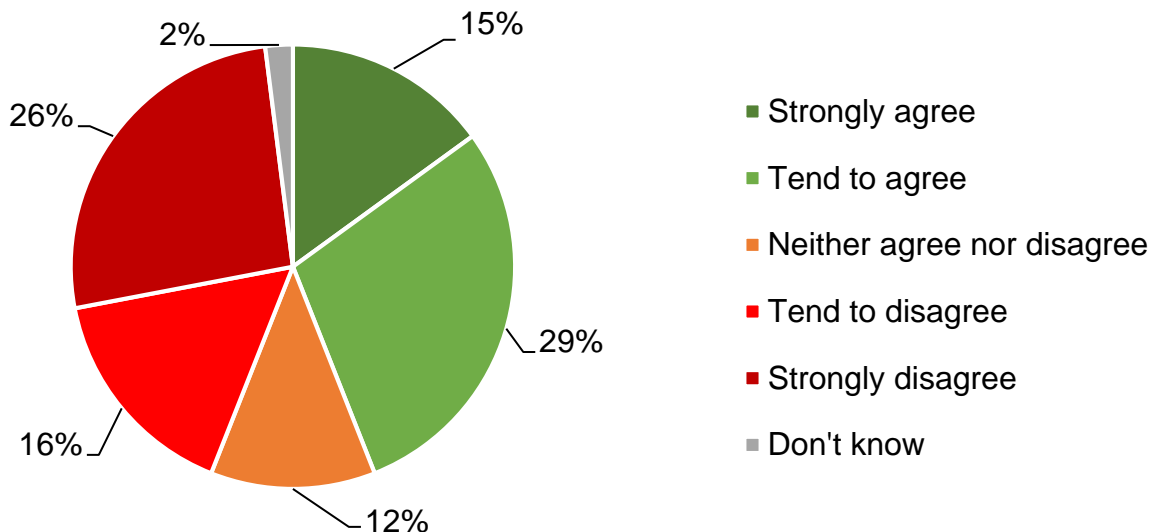
DESIGNING PROPOSALS WHERE PEOPLE HAVE THE HIGHEST SERVICE NEED

- Views are polarising with 44% of all consultees answering indicated they agree with designing the proposals by looking at where people have the highest need for services (15% indicated they strongly agree).
- 42% of all consultees answering indicated they disagree with this approach (26% indicated they strongly disagree). 12% neither agree nor disagree.

We have designed the proposals by looking at where people have the highest need for our services. How much do you agree or disagree with this approach...?

Base: all answering (1,589)

AGREEMENT OVERVIEW	Number of consultees answering	% of consultees answering
Net: Agree	702	44%
Net: Disagree	665	42%



SUPPORTING DATA	Number of consultees answering	% of consultees answering
Strongly agree	240	15%
Tend to agree	462	29%
Neither agree nor disagree	185	12%
Tend to disagree	253	16%
Strongly disagree	412	26%

Don't know	37	2%
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There are significant differences in agreement with the approach taken by demographic:

- A higher proportion of female residents disagree with the approach (44%) compared to male residents (21%).
- Agreement with the approach taken increases with age with 28% of residents aged 25-34 agreeing with the approach and 66% of residents aged 65 & over agreeing.
- A higher proportion of residents who have children or are expecting children disagree with the approach (47%) compared to residents who do not have children (16%).
- 48% of resident consultees who use at least one of the prompted consultation services disagree with the approach. 31% of those who do not currently use these services disagree.

We have designed the proposals by looking at where people have the highest need for our services. How much do you agree or disagree with this approach...?

AGREEMENT OVERVIEW - BY DEMOGRAPHIC (number of consultees answering reported in brackets)	Net Agree %	Net Disagree %
Male resident (160)	65%	21%
Female resident (756)	44%	44%
Resident aged 25-34 (217)	28%	60%
Resident aged 35-49 (300)	47%	42%
Resident aged 50-64 (210)	56%	29%
Resident aged 65 & over (152)	66%	22%
Resident who have children / expecting children (659)	41%	47%
Resident who do not have children (171)	71%	16%
Resident with children aged 0-1 years old (251)	32%	55%
Resident with children aged 2-5 years old (243)	30%	56%
Resident with children aged 6-10 years old (142)	39%	48%
Resident with children aged 11-19 years old (161)	48%	40%
At least weekly user of one of the prompted consultation services (personal or other household member – residents only) (624)	35%	50%
Currently use at least one of the prompted consultation services (personal or other household member – residents only) (1,030)	38%	48%
Do not currently use at least one of the prompted consultation services (personal or other household member – residents only) (559)	55%	31%

Out of the 14 consultees completing the Easy Read version of the consultation questionnaire, 7 indicated they agreed with the approach and 5 disagreed. 2 indicated they were uncertain.

There are differences in agreement with the approach taken by organisation type:

- Of the 14 Parish/Town/Borough/District Councils who completed the consultation questionnaire in an official capacity, 11 indicated they agree with designing the proposals by looking at where people have the highest need for services. 2 disagree.
- Of the 28 Parish/Town/Borough/District/County councillors who completed the consultation questionnaire, 14 indicated they agree with the approach. 8 disagree.
- Of the 31 educational establishments who completed the consultation questionnaire, 13 indicated they agree with the approach. 15 disagree.
- Of the 31 charity, voluntary or community sector organisations who completed the consultation questionnaire, 14 indicated they agree with the approach. 14 disagree.

MISSING DATA IN UNDERSTANDING WHERE SERVICE NEED IS HIGHEST

Consultees were also given the opportunity to comment in their words on any data they believe has been missed out but should be used to understand where need for services is highest across Kent. For the purpose of reporting, we have reviewed respondents' comments and have grouped common responses together into themes. These are reported in the table below. 35% of consultees answering via the consultation questionnaire provided a comment at this question.

- The most common feedback put forward by consultees is to review data on children's centre usage / understand the importance of the children's centres to those currently using (33% of consultees commenting), the availability and cost of public transport and the potential impact on non-car users (26%), consider the impact of proposals on the mental health of users / outcomes for those no longer able to access services (23%).
- 21% commented on whether users will be able to get to alternative service provision as they can't walk to those outlined and need to access services closer to home.

We have used a lot of data and information to help understand where need for our services is highest across Kent. This is shown in the consultation document. If you think we have missed out any data that should be used, please tell us what it is.

Base: all answering (613)

	Number of consultees answering	% of consultees answering
Data on children's centre usage / importance of children's centres needs to be understood	204	33%
Availability and cost of public transport / impact on non-car users	162	26%
Consider the impact on mental health of users / outcomes for those who won't be able to access the service(s)	138	23%
Users being able to get there / travel there / can't walk to alternatives / need close location of services	127	21%
Data on everyone / not just deprived areas / everyone can be in need / someone will always miss out	114	19%
Survey the users / your data doesn't tell the full story	68	11%
Object to the closures / changes / venues / services	68	11%
Planning for the future / future needs / increase in housing will mean increase in demand	64	10%
Suitability of space / building / is it fit for purpose	26	4%
Data is out of date / affected by covid / not from pre-pandemic levels	22	4%
Midwifery services data	22	4%
Data on climate impact / sustainability of buildings / carbon emissions / net zero	11	2%

	Number of consultees answering	% of consultees answering
Times of sessions / groups	4	1%
Comments related to cost impacts / cutbacks / spend	18	3%
Something else	19	3%

Some example verbatims from the key themes of usage and transport can be found below:

“Any data showing how much use the existing services and locations are used, in particular whether residents from the high need wards have accessed.”

“Have you looked at what percentage of the community use these services? Which centres were slowest to reintroduce services post-pandemic, which may affect current use levels? What other services are available in the local area - e.g. smaller communities will be worst affected because there are fewer alternative services available in the area.”

“I think you should talk face to face to the people that use it and understand their journeys and experiences rather than relying on statistics that don't tell the full story and can be misrepresented and miss key points.”

“You haven’t collected data showing the true picture because you are missing and failing those who need services since you stripped them back due to Covid. You don’t know who needs what and where because you haven’t been offering anything actually needed.”

“Your data is probably erroneous and probably don’t give a true idea of how many people use these services. Since Covid the services across the children centre therefore automatically less people will use and there are less services available close to home. These children are really good to help parents especially when they have questions about baby newborn and young kids and can help reduce people queuing to the GP (which is a shamble in itself) and other health services. Therefore less pressure on the NHS nationally and also combat depression & other future issues etc.. where mums go and meet other mums m, learn best practices, share ideas & concerns help babies socialise & communicate which is key in development.”

“The Beaches Children Centre is placed at the eastern side of the Isle of Sheppey which is surrounded by 15 of 16 holiday parks. Beaches Children’s Centre is located in an area of isolation for many people due to; lack of footpaths, an unreliable bus service, and shops that shut for two months of the year due to losing its custom when the holiday parks close. If Beaches closed and a family from the Leysdown area would like to attend a toddler session at a Children’s Centre, they would have to get the bus to either Sheerness or two buses or a bus and a train to Queenborough to the proposed Queenborough library. It would take a family 41 minutes from Leysdown via bus to sheerness to get to Seashells. It would take a family to get from Leysdown to the Queenborough Library, between 1hr 10 minutes and 1hr 27 minutes. The challenges families may face when travelling with their family from Leysdown/Warden to Sheerness or Queenborough are as follows - Public transport not turning up on time and missing the session, the cost public transport, no

public footpaths so no option to walk and the group being fully booked and being turned away even after travelling for long period.”

“Concern has been raised over the failure to include metrics on how services are used and how the service users and staff are likely to access the proposed facilities. The indicators used to form the analysis are descriptive of the service user, but do not explain how they’re likely to behave, which in turn may impact the effectiveness of the needs-based angle that KCC is taking. An example of this would be the inclusion of “public transport connectivity”; connectivity doesn’t necessarily mean that users will use public transport when travelling to a location, regardless of its proximity, especially given the cost of public transport, the recent cuts to bus routes and potential future cuts, and preferences towards private car use. Team members also expressed concern over the failure to include carbon reduction as one of the indicators that formed part of the community needs analysis, as whilst this is included as a potential metric for determining which buildings to close, it is not considered to be a community need, even though it could be argued that it is.”

“Car ownership and access to public transport. Individuals and families who require support may not own a car or have access to a car at all times of the day. Many work or have caring responsibility for children, parents and therefore time limited. In 2021 22% of households did not have a car. www.gov.uk/government National Travel Survey. Does the data collect also consider the % of households without access to a car being greater or less in the areas of greatest need? Did the data take into account accessibility of public transport in the areas of greatest need to new centres? (journey times) Did the data look at the cost of transport and would the increased cost impede essential use of the service? Did the data look at the cost of transport and would the increased cost impede essential use? Did the data compare the age of people who access a service? What is the impact on the young, less able and elderly?”

“We believe that this was a really difficult task, but perhaps the analysis is lacking some local knowledge about the challenges faced by communities with public transport links and about the directions in which families travel to access services. In some cases it seems that decisions were based on population density, but not always in the same way (keeping rural centres and asking large populations to travel there OR keeping town centres and excluding those living in rural areas). It also seems that travelling across District lines hasn’t always been considered as an option. In some cases typical public health data can lead to services being funded in areas of high deprivation, when actually the need for those services may be needed by more people in areas of lower deprivation (breastfeeding support after birth as an example).”

“Information on travel time to receive healthcare (health visiting/ maternity services) and poorer health outcomes. Impact of moving services online which have commonly been face to face until the COVID19 pandemic. Research which shows improved outcomes for mothers using children’s centres such as better mental health, Improved early education in the home and reduced parent child dysfunction interaction. The effect of increasing levels of deprivation and child poverty on outcomes for mothers and children. Travel info mentions outgoing but not return journeys and does not take into account issues with using buggies etc on public transport. The increased risk of online or virtual appointments in women being able to disclose domestic abuse and other crimes. Information concerning the cost of poorer health outcomes for women and children due to closures.”

Some example verbatims from the perspective of impacting the mental health of users / outcomes for those who won't be able to access the service can be found below:

“Number of people accessing services does not perhaps give the whole picture. Those accessing, do they have financial resources to travel to other locations, do they rely on those services for mental health/warmth/comfort/social/support generally. What is the impact of removing those contact points? This is not an issue that can be fully assessed with data on activity and perceived local deprivation.”

“You cannot deprive less populated areas as transport is expensive. This will help mother's mental health as well as children's wellbeing. Deprive because there are less people will only put more strained in their mental state.”

“You have not looked at mental health. As someone who suffered from post-natal depression, Blossom's children centre was invaluable to just 'pop along to' when I was having a bad day. You are proposing for our closest centre to be 8 miles away, which if you can't drive is a 25 minute bus ride. This would not help someone with mental health issues.”

“There are still many families in high need of our services, they cannot afford to travel or are too anxious to travel to what would be their next nearest centre. I have mothers with serious mental health struggles who only just make it out of their house to walk 10 minutes to their nearest centre in Tenterden. They would never get on a bus or taxi/car to travel to another centre. Closing the only two rural centres in Ashford and leaving all three centres in the town is a badly made decision as you are missing out on so many families by doing this. Closing one centre in Ashford would've made sense.”

Some also commented on data not considering potential increases in population or closures / reductions in children centre services affecting the data used to base proposals:

“The significant rise in of new builds that are now occupied in Faversham area. When you looked at your data there were very few residents as the properties had not been finished. Now along with social housing the significant number of residents has potential to influence your service requirements and building purposes..”

“The Ray Allen Centre located on Stanhope Road, Ashford, TN23 has been closed for around 5 years. When it was open it was a much used and valued centre. You will not have any relevant data as it has been closed due to lock-down and then proposed development that is occurring in the area.”

Specific verbatim feedback from Parish / Town / Borough / District Councils in an official capacity and Parish / Town / District / County Councillors can be found below:

“5 of the 8 children's centres are proposed to be cut in Dartford. This area has a steadily expanding population and a young demographic, as people raising families are attracted to

the rail links to London and very good schools in this area. We need to see an increase rather than decrease in services for children and families.”

“Upcoming developments in Northern Sevenoaks where population will increase significantly if they are approved by the Local Planning Authority. Also landscape and topography needs to be considered regarding accessibility. Relocating a service in town where public will have to walk up a hill or use bus services to access it is not going to increase the amount of people that can use it, but rather decrease it.”

“Availability of public transport and timings to get to and from the new location of the services. Recently published census data.”

“The public transport data is out of date. The information in the consultation suggests travel times to proposed buildings but this must be looked at again. The data does not look at the regularity of busses, I included travel times to all KCC building instead of looking at the buildings and sufficiency in more detail. The information does not include estimates refurbishment costs. This is a cost saving exercise and it would be self-defeating if the cost to refurbish the proposed building are not included. There is no information regarding the proposed increase in car usage. There is no equalities assessment regarding the proposals.”

“We believe that there is something missing with regards to the decisions made around the closure of the two children's centres (Dymchurch Children's Centre and Lydd Children's Centre). This has not considered the transport issues or associated costs in accessing the remaining alternative provision. This area is very rurally isolated, coupled with high levels of deprivation, means that the alternative provision is out of reach for the majority of users. We would like to KCC to reconsider this proposal and work with us on either retaining the provision as is, or to look to suitable premises for alternative delivery. Buildings such as libraries, where the general members of the public frequent, are not suitable buildings to incorporate services designed for babies and very young children. It would be useful to get a better understanding of the transport link data that has been used, and also whether Free School Meals is included in any of the data sets. Is adult data excluded where children's services are being looked at? Has there been an assessment of other buildings that children's services (co-located services) could be operated from, e.g. schools or community centres/village halls? If so, what reinvestment back in terms of funding is being considered for this?”

“It is noted that a public transport catchment area methodology has been used which relies on a database which is updated on a quarterly basis. The data used for the consultation is based on a snapshot in time. Bus services are known to frequently change and/or are subject to being reduced or cancelled (and would be difficult to bring back once they are lost), and it is therefore not known going forward how reliable these transport services will be. Such changes could have serious implications for some users in reaching service destinations. Some journeys may also not be direct and involve a change enroute to a service building and may not run at suitable frequency or times of the day, also to the detriment of service users. Therefore if the above methodology is used, a suitable review mechanism should be built in. The consultation suggests travel times of 30 minutes on public transport. It takes no account of other users; i.e. bus companies' restrictions on the number of pushchairs on each bus (maximum two or none if a wheelchair user is already aboard). Where alternative services are shown to be located within 10 minutes walking distance, it is not apparent that the issue of topography has been considered. Tunbridge Wells is well known for its undulating topography, and this may make walking (or indeed

cycling which is not mentioned as a form of transport in the consultation documents) difficult for some service users. In addition, given that the proposals have been designed looking at where service users have the highest need, it is important that the level of need is monitored and reviewed on a regular basis given that service needs and circumstances for a particular ward or area may change over time.”

“Children in poverty data. Data doesn’t always define exactly what is happening within communities due to transient communities and those who do not interact officially with services and therefore you should be mindful that there are communities in Swale that you may not have captured through this process.”

“The ability of many households to travel to proposed alternative venues will be challenging. Many vulnerable households will face longer and more costly travel with likelihood of this reducing their ability or willingness to engage with services and activities. In some areas of the borough bus services only run only at peak times reducing opportunities to travel at other times of the day and on occasions buses may be unable to stop to pick up passengers if already full.”

“Journey times on buses or trains cost money, vulnerable families have limited finances. Bus timetables have been significantly reduced because of KCC cuts, therefore limiting the access these families need to reach towards support. Train journeys to Maidstone, give no direct access to Shepway Childrens Centre, a bus journey would be needed following a long walk from Maidstone East to the bus station depot. At the entry point of the train, there are no accessible points for buggies or pushchairs. Only the Shepway Children’s Centre has very limited accessibility by road, rail or bus, not Cranbrook Library – just check the bus and train timetables. Shepway Children’s Centre as outlined above is not readily accessible within a 30 minute public transport catchment. Basic bus timetables have NOT been consulted before making these broad inaccurate statements that 96% of residents can travel from the closed centre to the replacement. As KCC we have a statutory function to meet the needs of vulnerable families. Forcing families to rely on public transport when they will have a significant journey time and a cost which they can’t afford. In reality the most certain outcome will be that these journey’s will not be made. The practical outcome will be that these families will not seek support for themselves and the vulnerable children will be lost to the system, until they reach school. Then KCCs problems begin. The children’s needs will be identified late, as a result, an increasing percentage of educational, behavioural and medical need, will place more strain on all of the services. As well as increasing the number of EHCP plans, adding to our budgetary challenges.”

“Kent County Council have made a very clear statement as part of this consultation. It says, “our proposals have been designed by considering where there is greatest need for our services.” However, the reasons for the proposed changes appear to be primarily about property rather than need. The consultation document talks about the needs of residents in each individual ward in Maidstone. The consultation document recognises that there are more deprived wards than others but fails to recognise the impact of the proposals on those wards. The needs-based assessment that accompanies the consultations identifies High Street Ward and Shepway (North) as two of Maidstone’s most deprived wards. It is proposed that two children’s Centres will close in Maidstone - in East Ward and Marden and Yalding Ward as well as the relocation of Adult Education from High Street Ward to Heath Ward. In assessing ‘need’ we are not confident that this has been considered as comprehensively as we would have expected for a number of reasons.”

PROPOSALS TO CO-LOCATE SERVICES

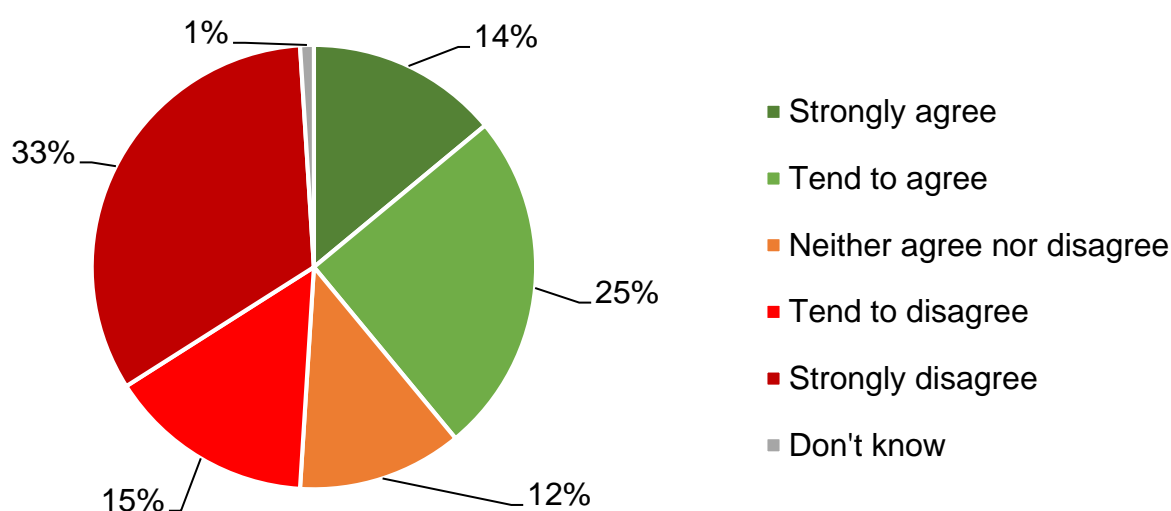
- Views are polarising with 39% of all consultees answering indicating they agree with the proposal to co-locate some services as explained in the consultation document (14% indicated they strongly agree).
- 48% of all consultees answering indicating they disagree with this approach (33% indicated they strongly disagree). 12% neither agree nor disagree.

We propose to co-locate services from more of our buildings. This means people will be able to access more than one KCC service from some of our buildings. Proposed co-locations are shown in the consultation document.

How much do you agree or disagree with the proposal to co-locate some of our services, as explained in the consultation document...?

Base: all answering (1,583)

AGREEMENT OVERVIEW	Number of consultees answering	% of consultees answering
Net: Agree	611	39%
Net: Disagree	764	48%



SUPPORTING DATA	Number of consultees answering	% of consultees answering
Strongly agree	215	14%
Tend to agree	396	25%
Neither agree nor disagree	191	12%
Tend to disagree	240	15%
Strongly disagree	524	33%
Don't know	17	1%

There are significant differences in agreement with the proposal to co-locate some services by demographic:

- A higher proportion of female residents disagree with the proposal (49%) compared to male residents (26%).
- Agreement with the proposal increases with age with 22% of residents aged 25-34 agreeing with the proposal and 68% of residents aged 65 & over agreeing.
- A higher proportion of residents who have children or are expecting children disagree with the proposal (52%) compared to residents who do not have children (22%).
- 54% of resident consultees who use at least one of the prompted consultation services disagree with the proposal. Whilst comparably lower, it should be noted that 37% of those who do not currently use these services also disagree with the proposal.

How much do you agree or disagree with the proposal to co-locate some of our services, as explained in the consultation document...?

AGREEMENT OVERVIEW - BY DEMOGRAPHIC (number of consultees answering reported in brackets)	Net Agree %	Net Disagree %
Male resident (160)	61%	26%
Female resident (749)	38%	49%
Resident aged 25-34 (217)	22%	63%
Resident aged 35-49 (299)	33%	52%
Resident aged 50-64 (205)	55%	31%
Resident aged 65 & over (151)	68%	25%
Resident with children / expecting children (653)	34%	52%
Resident with no children (173)	68%	22%
Resident with children aged 0-1 years old (250)	22%	61%
Resident with children aged 2-5 years old (243)	19%	68%
Resident with children aged 6-10 years old (142)	35%	54%
Resident with children aged 11-19 years old (160)	51%	38%
At least weekly user of one of the prompted consultation services (personal or other household member – residents only) (624)	25%	58%
Currently use at least one of the prompted consultation services (personal or other household member – residents only) (1,028)	32%	54%
Do not currently use at least one of the prompted consultation services (personal or other household member – residents only) (555)	51%	37%

Out of the 13 consultees completing the Easy Read version of the consultation questionnaire, 4 indicated they thought co-location was a good idea and 4 disagreed. 5 indicated they were uncertain.

There are differences in agreement with the proposal to co-locate some services by organisation type:

- Of the 16 Parish/Town/Borough/District Councils who completed the consultation questionnaire in an official capacity, 8 indicated they agree with the proposal to co-locate some services. 6 disagree.
- Of the 28 Parish/Town/Borough/District/County councillors who completed the consultation questionnaire, 11 indicated they agree with the proposal. 12 disagree.
- Of the 31 educational establishments who completed the consultation questionnaire, 9 indicated they agree with the proposal. 18 disagree.
- Of the 31 charity, voluntary or community sector organisations who completed the consultation questionnaire, 13 indicated they agree with the proposal. 17 disagree.

IMPORTANT CONSIDERATIONS WHEN CO-LOCATING SERVICES

Consultees were also given the opportunity to comment in their words on what they believe to be important when considering co-locating services. For the purpose of reporting, we have reviewed respondents' comments and have grouped common responses together into themes. These are reported in the table below. 77% of consultees responding via the consultation questionnaire provided a comment at this question.

- The most common feedback put forward by consultees is whether users will be able to get to alternative service provision as they can't walk to those outlined and need to access services closer to home (51% of consultees commenting).
- This is followed by the availability / cost of public transport and recent service reductions (33%) and the practicality of co-located services (22%) and the suitability of proposed buildings / setups (19%).
- 21% commented on the need to consider the impact of proposals on the mental health of users / vulnerable / for those no longer able to access services.

What do you think is important for us to consider when co-locating services...?

Base: all answering (1,347)

	Number of consultees answering	% of consultees answering
Users being able to get there / travel there / can't walk to alternatives / need close location of services	684	51%
Public transport availability / cost of / reduction in service	449	33%
Practicality of co-located services (e.g. children's centre in same space as library)	295	22%
Impact on users unable to access the service / impact on vulnerable / mental health / taking away a lifeline / hub of community	280	21%
Suitability of building / fit for purpose / the space	258	19%
Maintaining service levels / impact on service levels	189	14%
Parking	118	9%
Comments referencing objections to closures	93	7%
Demand for the services / including potential future demand	66	5%
Timing of sessions / groups	48	4%
Potential cost implications of co-location / concern about cutbacks	44	3%
Impact on / concern for staff (e.g., having to travel about more / accessibility concerns / how staff will manage co-location)	41	3%
Commented that it's a good idea	31	2%

	Number of consultees answering	% of consultees answering
Net zero pollution will pass on to end users / more people travelling	24	2%
Maximise use of KCC buildings / existing buildings where possible	15	1%
Ensure people know where to go / communicate changes / locations	15	1%
Outdoor space provision	9	1%
Other	26	2%

Some example verbatims from the key themes of users being able to get to alternatives / needing close location of services and public transport concerns can be found below:

“Additional services that run from the centres, including EKHUFT maternity services which are already extremely busy. Travel needs of those closest to the centres marked for closure - often seeking support at the most vulnerable times so travelling can be a block to accessing that.”

“The key point must be the infrastructure for people to access the services. Many disadvantaged people or suffering mental health issues, really don't need to added stress of having to pay and use public transport. There could be a possibility of "service pop ups" on stated day of the week for offering drop in service in the manner of MP Surgeries. This mobile service would then be offering a far reaching approach to all residents of Kent.”

“Transport. Many people who access your services may not have access to a car or drive. It would isolate people if transport wasn't good. A new mum wanting to access a health visitor or breastfeeding support may have had a C-section or traumatic birth and if the chosen location is a distance from their home they may decide not to make the journey.”

“It's all about access. Merge services in a building that is not accessible would be pointless. I remember the NHS created some walk-in centres that patients could only walk-in to if they had a car to drive there in the first place. Most people who the service was aimed at did not have cars.”

“The proposed closures affect fifteen settings that currently operate from Children's Centres. If these settings were to close as a consequence, we would lose 648 places that could be offered at any one time to children. However, because many children attend nursery part time, the total number of children on roll at each of the nurseries could be much higher, so this presents as a significant loss. We are also concerned that where services are being co-located at other Children's Centre sites where there is existing nursery provision, that these settings could also be affected by the plans. A further thirty-three settings could be impacted with places for 1162 children at any one time, which again could be a significantly higher number of children if many are attending part time places.”

“Access. A lot of families where I live either have to walk or take public transport to children centres and closing these will stop some families accessing support. I really think the bigger impact on businesses as well as families is important. I have accessed midwifery

and Health Visiting care at children centres. Having to travel further would make attending appointments more difficult and impact on those services which are already struggling.”

“Ease of access, parking and transport. Closing blossoms where there is free parking on roads, good transport links, near a school is a mistake . It is not clear where children's services such as baby groups would be located, but if its dover that is not good. People join those groups to be part of their community, make new friends to go for coffee with and rely on each other through those early years it's not helpful to merge towns for that reason. Blossoms is a fantastic asset, which we all pay tax towards. The government should answer to your increase in costs, not us.”

Some example verbatims from the key themes of the practicality of co-located services / groups and concerns regarding building / space suitability can be found below:

“Space available to accommodate both the activities and services provided, and the staff who need somewhere to work from. Home working has proved difficult for some staff, but there is just no longer the space available for office based working. Also how the various services can actually work in the same environment. It may be difficult for adults with learning difficulties to be in the same place as noisy children and lots of people coming & going.”

“Less opportunity for children when existing locations are closed that have excellent facilities to be replaced by inadequate places e.g. Temple Hill library has no outdoor play area which is an essential requirement if early Yeats’s provision. Children from low income homes are less likes to have gardens and outside spaces. The proposal to move provision to the library takes this away.”

“Getting the balance correct for each service. Placing adult social care in a library area where each service would not benefit each other is not right. Youth centre in a library again is not a good balance. Both services benefit with space for their user and resources. Libraries are too confined, restricted and quiet which prevents the services to operate freely and enjoyable for the adults and youths using them.”

“Early conversations with District Councils to identify opportunities and sites for co-location is important. It is disappointing that this hasn’t taken place in advance of or as part of the development of current proposals. It is extremely worrying that the co-location of the alternative service provision for users of Marden Children’s Centre is Cranbrook Library and this is not yet confirmed.”

“Childrens centres are designed with children in mind with dedicated rooms a joint location may not have. Will also not have room for storage for resources used by multiple groups so would have to cut resources available to children.”

“Privacy and confidentiality of those using the service. If the location is multi-purpose, this greatly increases the chance that someone will be put off accessing much-needed services for fear of being seen by someone they know. This is a very, very serious concern.”

When filtering response on consultees who use at least one of the prompted consultation services (personal or other household member), feedback is broadly consistent in terms of key themes identified:

- Whether users will be able to get to alternative service provision as they can't walk to those outlined and need to access services closer to home (51% of consultees commenting).
- Availability / cost of public transport and recent service reductions (31%)
- The impact of proposals on the mental health of users / vulnerable / for those no longer able to access services (24%)
- The practicality of co-located services / groups (23%) and the suitability of proposed buildings / setups (18%).

What do you think is important for us to consider when co-locating services...?

Base: Currently use at least one of the prompted consultation services (personal or other household member – residents only) (864); responses 5% and over reported

	Number of consultees answering	% of consultees answering
Users being able to get there / travel there / close location of services	444	51%
Public transport availability / cost of / reduction in service	270	31%
Practicality of co-located services / groups (e.g., children's centre in same space as library)	201	23%
Impact on users unable to access the service / impact on vulnerable / mental health / taking away a lifeline / hub of community	204	24%
Suitability of building / fit for purpose / the space	153	18%
Maintaining service levels / impact on service levels	128	15%
Parking	70	8%
Comments referencing objections to closures	69	8%
Demand for the services / including potential future demand	43	5%

PERCEPTIONS OF DELIVERING SERVICES THROUGH OUTREACH

Consultees were also given the opportunity to provide any comments about delivering services through outreach in their words. For the purpose of reporting, we have reviewed respondents' comments and have grouped common responses together into themes. These are reported in the table below. 46% of consultees responding via the consultation questionnaire provided a comment at this question.

- References to the concept of outreach being a good idea features in 24% of comments made. However, the majority of these comments also contain a cautionary note such as it depends on the service delivered, the service is well advertised and accessible to all to use.
- 21% of consultees answering commented that outreach services need to be accessible to potential users, via locations close to home / easily accessible by public transport.
- 17% of consultees answering commented that the type of services being considered are often used 'as they need them / without much prior planning' and in a familiar place and therefore consideration needs to be given for how outreach services are organised.
- 16% of consultees answering commented the suitability of the buildings needs to be taken into account in line with service delivery required for the services under consultation.
- 14% of consultees answering commented that the services under consultation will need to be assessed carefully to see if they are suitable for an outreach service compared to the service offered now.
- 12% of consultees answering commented that potential outreach services need to be regular and offered as a committed service so the current service offering isn't diluted and users are familiar with the services' regularity.

If you have any comments you would like to make about delivering services through outreach, please tell us...?

Base: all answering (807)

	Number of consultees answering	% of consultees answering
Comments referencing it's a good idea (unspecified / for some services)	190	24%
Users need to be able to get there / travel there / close location (for staff and users)	172	21%
Services under consultation are used as people need them / daily / need a permanent place / familiarity	137	17%
Consider the general suitability of the building(s) used	128	16%
Services need to be assessed carefully to see if they are suitable for an outreach service / alternative offering	117	14%
Services need to be committed / regular / services not diluted	98	12%

	Number of consultees answering	% of consultees answering
Needs to be advertised well / users know when / where / not missing anyone	82	10%
Disagree with proposals / don't close or make changes to current service provision	61	8%
Concern about storage space for equipment / resources	56	7%
Use existing buildings / why close one to use another / costs to hire	55	7%
Perception that outreach isn't good / doesn't work	48	6%
Comments referencing a need for more outreach services	42	5%
Vulnerable users / disabled being able to get there / alternatives meeting their needs	32	4%
Belief this will result in closing down services altogether	24	3%
Comments referencing face to face access is best	13	2%
Other	28	3%

Some example verbatims from referring to the outreach concept as being a good idea can be found below:

“The idea is perfect. Your examples of execution are poor. This ends up in lists and huge wait times and the most needy losing support.”

“Very common practice for decades in rural areas. Improve performance, make more use of public buildings during normally closed hours such as libraries and schools. Consider availability of churches and similar faith properties.”

“Outreach is great and we should do less online and more outreach as it is a better preventative model.”

“Outreach works and promotes community and discouraged car travel and allows active travel routes to deliver folk to local centres. Also keeps the local community halls open with a purpose.”

“The outreach services are amazing and they should remain available. However, there isn't always a health visitor at these services, so relying on such services without additional help available is not sensible where a person may be at risk.”

“Outreach is good in theory except it becomes a service you have to book in for rather than a place to go to when you need it! Will outreach be face to face or online?!!”

“Outreach is great but often relies on those delivering the outreach to use their own transportation to bring resources - as a result resources are often limited or not of the quality you would have ‘on site’. It also is a problem for storing resources and them being cared for properly.”

“Delivering of services through outreach would be beneficial for service users in accessing services. Outreach is essential for inclusivity and ensuring that those who need services most can access them to support reduction in health inequalities. The proposed outreach does not consider enough of Sheppey within the Swale borough. Consideration for outreach on the East of the Isle of Sheppey has not been included in the consultation, leaving a gap in service provision for an area that has a population with high need. The cuts to the voluntary and community sector within Swale and Sheppey in particular will have an additional impact to the needs of residents on the island, and therefore this must be considered when assessing co-location and delivery of services on the island.”

Some example verbatims from referring to some of the anticipated challenges with outreach services relating to the services under consultation can be found below:

“Many children and young adults with disabilities need consistency and reliability and this includes where the venue for a service is. Other considerations need to be taken into account. Is the facility going to be used at the same time by other members of the public. Many disabled adults and children are very vulnerable for a variety of reasons so the need to keep them safe is greater than the general public. Also, many will have sensory issues around lighting and noise and busy environments, which will need to be taken into account, as well as parking to allow easy access for those with physical disabilities and mobility problems.”

“It’s unattractive. Likely to be very confusing for those with anxiety learning disabilities and autism. Would not have attended the alternatives suggested as an isolated new mother due to distance and location on busy roads. Having a disabled child meant public transport was not possible and no parking at many sites. Walking along 2 miles of constant traffic also dangerous and impossible with young children.”

“It needs to be in a place that is central, a town, a centre that has a nursery where parents can use other services at the same time, ask questions when taking their child to nursery.”

“Outreach is great, should be done in conjunction with a base, so that everyone knows where they can go if they are in need of a service. Outreach not always possible or well publicised.”

“The use of outreach services is often not well publicised or advertised and the signage for those access venues is poor so people don’t even know the outreach services exist. Those venues are sometimes not fully accessible and lack parking. Having permanent locations is comforting- families know where to go, the setting becomes familiar, the staff become familiar and this helps build up lasting trust between families and service providers that is invaluable and cannot be replicated in outreach settings.”

“Outreach is important for those who cannot access services through centres but it's not good enough. Temporary basis means at some point it will be withdrawn leaving people with the same issues they had before it was available, we need permanent and reliable services.”

“You would need to reach a certain number of people who require access closer to their community before this is arranged. Again, this is not going to benefit those that use these services as needed and when needed and those people may need to wait numerous weeks

to get the support they are seeking when it could have been more easily available to them if their local services were not closed.”

“Please consider the impact on the service users’ disabilities, e.g. an autistic person will not respond to change, needs advanced notice, look of the building etc even a change within the building from one appointment to the next can be hard to manage.”

“Health visiting services need to be in a more permanent place and serve the local community/ward rather than the whole of the town district. Outreach needs to be buggy accessible, in a place with good transport links and parking that is nearby or onsite.”

“The location of centralised services needs to be appropriate to the area of highest need within the locality, ensuring that the site can be accessed not just by car but by all other forms of transport, including good public transport links for those who do not have access to a car or cannot afford taxis, as well as cycle or footpath links. The service offer provided by the hub should be appropriate to the needs of the location. A measure of the issues facing the local demographic should be taken to ensure that the provision is being provided on a factual basis and not just because it is a nice to have or seen as a requirement by a small number of residents. Detailed consultation with the local residents should take place to find out how they wish to access the services, including opening hours and what the offer looks like. When co-locating a number of services into the same location, it is vital that the appropriateness of specific services working alongside each other is considered. For example mixing a young person service with that of probation will lead to safeguarding issues and mixing youth services aimed at teenagers within children’s centres, as teenagers feel uncomfortable accessing them. The layout of the site can assist in alleviating some of these issues, as if there are opportunities to section off areas with separate entrances and/or utilise parts of the building when others are not open, although any options should be very carefully considered.”

“That as a minimum, the same level, standard and frequency of service is still provided. There could be more users and visitors to a particular building as a result of co-location and this may result in a busier service with more waiting times. Therefore, the provision of adequate resources is a key consideration. Ease of accessibility for all users – distance, topography and the ease of using a particular mode of transport including public, walking and cycling. There are concerns about confidentiality, residents’ willingness to ‘share’ with other services, which may reduce access rather than improve it.”

“One of our major concerns is that the move to outreach will leave services with no structure and we will start see them disappear or reduce over time as we have seen with some of the facilities not being re-opened after Covid.”

Some examples of delivering outreach services were put forward which identify potential ideas / suggestions for consideration:

“I have delivered outreach and the constraint's on a toddler group ,stay and play group are many ,the equipment ,furniture, child size would need to me moved and stored or moved to another location, but toys would be packed away at the end of every session and moved to another location ,there would be no child centred displays on the walls ,no child size toilet facilities and hand wash basins ,no child centred facilities .there would be limited facilities for parents ,no baby changing rooms ,no safe area for small toddlers to crawl and roll.”

“Outreach services will be critical to maintaining and growing services in the community, particularly where it is proposed to close permanent venues. The consultation has scant information on where or how these outreach services will be delivered. Many community venues, such as village halls, already have busy schedules and may not be able to accommodate extra activities. Social interaction is important for young families and delivering outreach services in the home will reduce the ability of families to form peer networks and support each other. We would like to be reassured that there will be sufficient skilled staff to deliver a comprehensive outreach service in both urban and rural areas of the borough.”

“The opportunity for outreach in Eastern Sheppey is very Limited. Warden Bay Village Hall is used full time from the local nursery. An outreach group was delivered previously from 2019-2020 from the Guide Hall in Eastchurch however this came with many challenges;

- 1. The families that we reached was low in numbers even with significant advertisement through Facebook, the timetable, leaflet drops to all local houses.**
- 2. Storage- we were not able to store any resources so we had to ensure the staff that were delivering the groups could transport the resources in their personal vehicles. We was not able to provide an enabling environment due to these restrictions therefore families preferred the centre.**
- 3. Safeguarding- there were many risks with the venue due to the old radiators being too hot , the swinging doors allowing children to push them back and forth and the other rooms from the building being freely accessible.**
- 4. Outreach is time consuming with travel and ensuring that we had enough time at the hall to warm it up and set up- This session took 2 people x 3.5hrs = 7hrs for a 1hr delivery session.**

Outreach can work well if the venue has capacity to store resources, these resources will need to be available to store at the different locations if not they will need to be purchased. Outreach requires more time due to the staff it requires and the time it requires to set up, this could have an impact on the service delivery.”

“They did this with Lilypad children's centre. It never reopened on Minster primary school site so they used to use new road community centre. It was better than nothing but so many people were there and the building was much smaller. Plus staff had to drive here and there between centres carrying toys and food around. Bizarre choice.”

“We deliver some outreach services, using the local library and outdoor spaces. As a rule, outreach services are less well attended. The library is difficult when delivering a service for families with numerous children. in a purpose built centre, we are able to contain the children in a safe, secure environment. Travelling to and fro for outreach becomes costly for staff travel expenses and we are reliant on staff good will to transport resources in their own vehicles. I would suggest we need a vehicle that is fit for purpose i.e.: with storage for play and learning resources to be transported to any outreach sessions. There are health and safety issues with manual handling when moving equipment regularly. we would need to transport a large range of resources to ensure high quality delivery of services. alternatively or maybe additionally it would be good to have one or two permanent outreach sites where we could store some resources.”

“This is great for rural areas and Cranbrook team have worked outreach to Hawkhurst. But a) of services are based in Tunbridge Wells how often will staff "outreach", where will they have access to space to write notes, eat lunch, go to the toilet. Have locality bases gives teams a direction and focus on that area. They build community and get to know the families locally and see them grow. If team are centrally based, it's more likely to mean different staff members covering activities that do take place and therefore the consistency to build trust and relationships diminish, having a negative impact on the families you are trying to reach.”

Some consultees provided verbatims indicating they were unsure what the outreach services would look like in practical terms and how it was going to be advertised / managed over time:

“It is unclear from the proposals how outreach will change in Maidstone, and how it will impact service delivery in Maidstone as the current consultation is only outlining changes to property, which for Maidstone is the closure of two Children's Centres and the relocation Adult Education.”

“An increased journey time to a Children's Centre for some of our most vulnerable families will impact on their ability to attend valuable activity groups aimed at children's early learning and development, as well as reducing parent isolation and improving parenting skills. The increased travel time could be a barrier to some for attending vital appointments, such as child development checks. Recent feedback from providers has included a post Covid-19, sometimes marked, delayed identification of additional need, due in part to the necessity of some of these checks being conducted virtually, or by telephone during the pandemic. Would virtual checks be reintroduced for those families now unable to access their nearest children's centre?”

“The efficiency and effectiveness of any outreach is all about local knowledge. I would like to know how much 'on the ground' information is gleaned about specific service in specific areas from both users, volunteers who help facilitate them and paid employees on the front line. How much 'joined up' work will happen when multiple agencies are involved. When 'amalgamated' how will budgets that have already been cut be 'ring fenced' or protected to ensure that outreach remains in place in some form. How much do you know about where people meet together, which includes other than community halls. There are a myriad of private owned spaces which provide services, members clubs such as bowls, tennis etc., social clubs, small church halls etc., run by the community for the community. How much consideration will be given to a full audit of 'temporary' spaces which are accessible by public transport for example. No point in having services that no one can get to.”

“The concept of Outreach is fine but with an ever changing demography here in Dartford we need to keep this potentially most agile way of delivering services under constant review. The needs of different areas will morph over time and I'd like to see a regular review process in collaboration with the borough to ensure we're constantly feeding what we know into future planning. If we get Outreach wrong we'll be chasing those potentially in need rather than being ahead of what they need. Gateways and hubs make it easier to signpost users and to pick up if they may need other services as well. Outreach must be integrated with this knowledge.”

“As part of this consultation, you have provided us with little information or details of what outreach services will look like as part of the proposals. You have designed the proposal which includes closing vital buildings without providing the information required to understand where or what outreach will replace the much needed services. The locations for delivery of outreach are crucial as not only do we have high levels of deprived and vulnerable families, but many of these families also live in rural locations with minimal access to public transport. You have stated that outreach will be ‘demand led’, however you have not provided us with details on how this will work practically. You have also not provided evidence on how you intend to respond to high levels of demand without physical locations for residents to visit – we have an example of this already within a town centre and youth outreach – with no suitable physical buildings within the area, the outreach offer is limited in its impact. The detail lacking in your proposals around what the outreach services will look like, does not allow us to have a true picture of how you are going to support residents and so therefore leaves us extremely concerned that there will be gaps in service provision.”

“It is noted that the document states that the exact location of the new proposed outreach venues cannot be confirmed at this time as no firm decisions have been made on the proposals; as this will be subject to community need and availability of community premises. We consider that more certainty will be required in this regard before the permanent closure of any existing buildings which offer existing services.

It is also noted that the consultation document mentions that some outreach services could be provided at existing library buildings, or by home visits which could be more comfortable and convenient for some users to access support and guidance. However, the consultation documents also indicate that this is yet to be decided (post consultation) and the level of service provision is currently unknown. We also have concerns that libraries may not be appropriate for some uses – for example children’s activities may be too noisy or there may not be enough private rooms/space for confidential/sensitive meetings such as counselling. In addition, there could be cost implications for KCC in adapting the space/library building to be used.”

ACCESSING KCC SERVICES DIGITALLY

- Consultees were asked to indicate how they felt about accessing KCC services digitally from a list of pre-defined statements. Please note that this question was asked generally and not specifically in relation to the services under consultation.
- 64% of consultees answering indicated they feel confident about doing things online.
- The safety of using technology to access services and the security of personal information is a concern for some (13% selecting), as well as a perception of KCC's digital services and information too difficult to use (10%) and not feeling confident in using technology (9%).
- 10% of consultees answering indicated that paying for devices and internet connection is too expensive and 8% indicated their internet is too slow.
- A small proportion of consultees linked the question to children service provision and commented that certain activities are not suitable for online delivery.

Accessing services digitally means using a computer, mobile phone, tablet or other device to look up information about services or to join sessions or activities virtually. Please select from the list below the statements that may apply to you about accessing KCC services digitally...?

Base: all answering (1,476), consultees had the option to select more than one response. Themes will over 30 responses reported.

	Number of consultees answering	% of consultees answering
I am confident about doing things online	983	64%
I don't think it's safe using technology to access services. I'm concerned about the security of my information	197	13%
Paying for devices and internet connection (including mobile data) is too expensive	159	10%
I find KCC's digital services and information too difficult to use	157	10%
I don't feel confident using technology	137	9%
Prefer face to face / socialising / more personal / building relationships	135	9%
My internet is too slow	114	8%
Children's / babies activities cannot be carried out online / reducing not increasing screentime	55	4%
I don't know how to do it	50	3%
I don't have a device (computer, mobile phone, tablet)	42	3%
Digital exclusion / not everyone can access the internet	42	3%

	Number of consultees answering	% of consultees answering
I don't have the internet at home	41	3%
Some activities are not appropriate / suitable online	36	2%
Detrimentially affect elderly / disabled / vulnerable people	35	2%
Affects mental health / isolation / loneliness	34	2%
Digital poverty / lack of devices / broadband / unreliable service	33	2%

IMPORTANT CONSIDERATIONS WHEN ACCESSING SERVICES ONLINE

Consultees were also given the opportunity to comment in their words on what they believe to be important when accessing services online. For the purpose of reporting, we have reviewed respondents' comments and have grouped common responses together into themes. These are reported in the table below. 61% of consultees provided a comment at this question.

- The most important consideration when accessing services online is the perceived ease of use / simple access / being user friendly (45%). This is followed by having an option of face to face service delivery / consultees indicating they prefer face to face access to services (23%).
- 16% of consultees commented that they believe online access to services isn't an inclusive approach and cited the elderly, those with access and those unable to use online services as examples to illustrate their views.
- 12% of consultees commented that clear information is important and 11% commented that security / safety / privacy is important.
- 12% of consultees commented that online access needs to be reliable with links that work and devices that are compatible.
- 11% of consultees commented that online delivery needs to be appropriate for the service in question.

What is important to you when accessing services online ...?

Base: all answering (1,079)

	Number of consultees answering	% of consultees answering
Ease of use / simple access / being user friendly	487	45%
Still need to include face to face option / preference for face to face	249	23%
Online isn't inclusive (elderly / those without access / unable to use)	175	16%
Clear information	171	16%

	Number of consultees answering	% of consultees answering
Reliable / links that work / device compatible	130	12%
Security / safe / privacy	120	11%
The service delivered needs to be appropriate for online delivery	118	11%
Able to speak to someone / contact number if needed	106	10%
Up to date information / accurate	64	6%
Interactive / book online	28	3%
Other	28	3%

Some example verbatims from the theme of ease of use / simple access / being user friendly can be found below:

“The information is clear, easily available and there is a route to contact a person should further clarity or information be required.”

“Clarity in the format. KCC's digital platform is so cumbersome and complicated. Far too many text boxes and writing, not engaging or user-friendly at all. Just long lists of text, and links. I find it hard to navigate, I wouldn't be surprised if others who are less used to working on websites get lost trying to find information.”

“Finding information quickly, receiving a quick response or being kept up to date. Confidence that my inquiry doesn't go into an abyss and having a contact number in case I need to speak to an actual person.”

Some example verbatims from the theme of still needing to include face to face options / having a preference for face to face access can be found below:

“That the service is appropriate to be delivered online. Covid should have taught us (especially for children's development) that as much content and sessions should be delivered in person, for long term benefit.”

“That online services are used selectively or as an alternative for those unable to meet in person. Meeting in person is preferable for many, and human contact is important!”

“It's only useful for certain things and some information. It does not replace human contact and connection. Families being able to get out, see other people and interact together in a meaningful way.”

“I would not want to access services online, I like to go in person for my child to socialise and make friends, and it is important for my mental health i can access in person services. If you are sat behind a screen you can feel very lonely and unsupported and put on the spot to communicate.”

Some example verbatims from the concerns put forward regarding inclusivity can be found below:

“I'm fine but you're not considering the elderly, and those with disabilities and mental health and learning needs. Online isn't inclusive. Having Apps for everything isn't inclusive for these individuals . Think about the longer term consequences of the decisions you make.”

“Online services will only be available by the more well to do residents. The people most likely to need help are either computer illiterate, do not have a smart phone and are poor at technology.”

“Accessing services online is not always accessible. It's not easy for the elderly, the disabled or the technologically illiterate to use and this is a very real form of discrimination known as the digital divide. Telling your service user families to 'just go online' sounds simple but for many families this is an unreasonable request. The cost of living crisis is also a factor- having broadband access at home is a luxury some cannot afford now. Online provision is often patchy, with no real human connection built in. There's also the data protection issue- can families trust their data isn't being scraped and sold to the highest bidder? Personally I might find online services functional but for so many families this just isn't the reality and I much prefer in person contact with service providers of all kinds.”

“There are people that are at an age or a disability or due to financial reasons are unable to access digital services. There needs to dedicated digital champion in these outreach hubs that is available to help show and teach the community to access services as it will allow them to be move involved.”

“Four wards in the borough scored highly in respect of poor digital connectivity. These are all rural wards that will be affected by the proposed closure of Little Explorers and Bluebells Childrens Centres. We understand the move towards more online services and information, however for many this option will be difficult to access due to a lack of broadband or slow speeds. There must be careful assessment of how digital services are used and expanded so they do not result in increasing isolation for those who are less able to use digital technology or would derive greater benefit from in-person services and opportunities to share experiences and learning with other families.”

“Careful consideration needs to be given to the types of services that can be delivered online and the risks to vulnerable groups, such as mothers and small children, who benefit from face-to-face contact and engagement with trained staff, particularly around safeguarding interventions. We feel that there is a lack of assessment and consideration of Digital Inclusion. Digital Inclusion extends well beyond broadband speed and into the affordability of both Wi-Fi/Internet access and devices which allow people to access services reliably online. If services can't be accessed online due to digital exclusion, it places a burden on other organisations i.e. groups and organisations across the Voluntary and Community Sector.”

“I think it's important to be confident about privacy. However, there are some services that just don't work online. Particularly for someone who is suffering from mental ill-health, what you need is personal connection which really cannot be achieved in the same way online.”

“The development of a digital offer to support the Family Hub model could also impact those most vulnerable families with children under five, who may also be experiencing

digital poverty. According to an NCFE article and Ofcom data from 2021, two of the groups least likely to have home internet access, and just behind those aged over 65 years, are lower income households and the most financially vulnerable.”

When filtering response to this question on consultees who use at least one of the prompted consultation services (personal or other household member) only, feedback is broadly consistent in terms of key themes identified:

- Perceived ease of use / simple access / being user friendly (44% of consultees commenting).
- Having an option of face to face service delivery / consultees indicating they prefer face to face access to services (26%)
- Online access to services isn't an inclusive approach and cited the elderly, those with access and those unable to use online services as examples (17%)
- Clear information (16%)
- Online delivery needs to be appropriate for the service in question (13%)
- Access needs to be reliable with links that work and devices that are compatible (11%)
- Security / safety / privacy (10%)

What is important to you when accessing services online ...?

Base: Currently use at least one of the prompted consultation services (personal or other household member – residents only) (671); responses 5% and over reported

	Number of consultees answering	% of consultees answering
Ease of use / access / simple / user friendly	295	44%
Still needs to include a face to face option / face to face access is better	172	26%
Online isn't inclusive (elderly / those without access / unable to use tech)	111	17%
Clear information	106	16%
Reliable / links that work / device compatible	77	11%
Security / safe / privacy	69	10%
The service delivered needs to be appropriate for online delivery	88	13%
Able to speak to someone / contact number if needed	66	10%
Up to date information / accurate	35	5%

RESPONSE TO FAMILY HUBS MODEL PROPOSALS

Consultees were also given the opportunity to provide any comments in their words on what they believe to be important to consider when transitioning to the Family Hub Model. For the purpose of reporting, we have reviewed respondents' comments and have grouped common responses together into themes. These are reported in the table below. 34% of consultees provided a comment at this question.

- The most important consideration put forward by consultees for consideration of the Family Hub transition is users being able to get there / travel there / location (46%). This includes consideration that some would prefer to, or only be able to, walk to reach the location or access via convenient and reasonably priced public transport.
- This is followed by ensuring access is possible for everyone that needs to (with consideration to different age groups / demographics and possible needs - 27%). This includes provision of service for all concerned and the equipment / space setting / staffing for all needs.
- 24% of consultees commented that they believe it is important that individual services provided under the Family Hub offering isn't diluted / remains distinct for each user group.
- 21% of consultees expressed concerns about the suitability of proposed space / buildings for the services under consultation and 18% expressed concerns about the compatibility of the range of services being provided in one place.

What do you think is important for us to consider when we transition to the Family Hub model...?

Base: all answering (602)

	Number of consultees answering	% of consultees answering
Users being able to get there / travel there / location	277	46%
Access for all (ages / demographics / needs)	166	27%
That services aren't diluted / remains distinct for each group	147	24%
Concerns about suitability of space / building / fit for purpose	126	21%
Concerns about compatibility of services in one space	109	18%
Object / bad idea	82	14%
Parking / free parking	34	6%
Good idea	22	4%
Other	31	5%

Some example verbatims from the key themes of users being able to get there / travel there / location and access for all can be found below:

“The distance between sites for the villages. Without having the availability of reliable, regular public transport in rural areas, most families would not be able to reach these new hubs.”

“To provide these services near homes in the communities not town centres. Children of young age will not benefit from this if they need to travel. Parents may not allow their children to use the service due to the new location. It is a shame that children are going to be affected due to the over-spending of a county. More children have moved to the area from London Boroughs and services are being removed or moved to location that may not be safe for all ages.”

“Consider the highest need children and families. How will they get to the Family Hub? Are there transport links available? Are mothers expected to push a buggy with a toddler and a baby for an unrealistic distance? Will the new location make access for some impossible? There is no mention of outreach services to the highest need families. Will this be offered? If there is no outreach than the levels of inequality will increase as those most in need will be unable to access services. We need to be mindful that there are no hard to reach families just hard to reach services and those planning and developing services need to bear this in mind.”

“I think in theory this is a great idea but it’s not right for our community unless some other things are changed first. We need cheaper and more reliable public transport. Currently it’s expensive to take a return bus trip and on occasions you’re lucky if the bus arrives on time. This could be stressful if you have an appointment to get too. If this isn’t dealt with first you would be isolating those who do not drive and forcing those who do drive to use their car when climate change is at the forefront of many peoples’ minds.”

“The engagement of services planned to co-locate early on - they will support with the planning of any practical and logistic issues, as well as ensuring their families needs’ are considered. Accessibility of locations for those who need parking, or those who rely on public transport - do not expect families to be happy about navigating multiple buses with young children and babies, families will not choose to spend an hour travelling to locations.”

“Communicating the move to residents is essential. This needs to be a thorough campaign using both modern and classic methods of communication. Explaining the benefits of such a move not financially but tangibly for the user will be advantageous. We outlined the improvements to accessibility and the safe storing of prams. These are two key benefits of using the hub over the centre.”

“This consultation asks parents to consider the suitability of a Family Hub model without any assurances as to what services we can guarantee are in them. The fact that the transport modelling identifies not one, but two or three potential hub locations which are accessible by public transport indicates that they intend to run each service quite differently and parents in Whitstable can reasonably be expected to travel to services in Herne Bay, Canterbury and Whitstable. The people they meet in these services will not be able to provide a coherent network of peer support in the way that would happen if you were meeting regularly with people who live closer to your own home.”

Some example verbatims expressing concerns about the suitability of space and compatibility of services in one space can be found below:

“There is a big difference between a 1 year old and a 15 year old. How these services operate in practice to provide vulnerable new mothers a safe space to seek advice is vital otherwise some may be put off seeking face to face help in those early months and years.”

“It is hard enough to find and access these services, with already incomprehensible waiting times for support. Why on earth would you make them more difficult to access - to make the waiting times shorter as more people give up with trying to access?”

“0-19 is a vast age range! I don’t want to take my one year old where there are also teenagers around. That doesn’t feel safe or like a calm and child-friendly environment! Please, send one of your staff members to a children’s centre and then to a youth hub and the difference will be very obvious. There is no way I’d be taking my young child anywhere where there are teenagers also accessing services. I want a space specifically catering to small children that has been designed to minimise risk to children and with their development and safety in mind.”

“Rural locations still need a local provision. 8/9 miles is not an acceptable distance to access services. Youth services can also be negatively impacted by the addition of baby/toddler services. Are youths 12+ really going to use a service where there are babies and toddlers around? No. And so they are displaced.”

“The needs of the different groups you would be serving. Putting potentially vulnerable young people next to people with new babies is entirely inappropriate. They are vulnerable in different ways and need to be in entirely different spaces.”

“Children suffering severe mental health trauma are not going to be comfortable with noisy kids being around! And noisy kids are not going to understand the considerations needed for those with special needs. I don’t believe it is safe, especially for the youngest babies / toddlers to be around children with severe learning difficulties that unfortunately can be aggressive when distressed.”

“I think it looks like you’re throwing everyone under the age of 19 in together even though the difference in the kind of help an 18 year old needs to that of a three year old is massive, just to save money I believe it will be to the detriment of the children in the local communities.”

Some consultees expressed a desire to collaborate, broaden the potential service offering and make improvements to proposals:

“Co-design with the district/borough authority as there is further opportunity to co-locate other local services from these hubs. We need to design these services from a user perspective and boundaries/differing responsibilities of KCC/borough/district mean little to most so we need to work together to deliver the services residents would expect to see in one place.”

“Consultation and communication with stakeholders on suitable services, which could include a whole host of support networks/agencies e.g. CSU/CSP for Domestic Abuse,

Drugs and Alcohol advice, OneYou Kent for Health provision and many other services). This requires detailed conversations and will be dependent on the suitability of the building as to what services can be put in. Can KCC advise how the detailed conversations around this are to occur with stakeholders and residents in order to give a more fully informed answer to this question. Consideration also needs to be given to transportation and access to any hub created. There may need to be satellite hubs, which could be located in other existing buildings (funding would be needed). The £4million sum that has been quoted for reinvestment back requires more attention. Can KCC give more detail on the savings that will be made from closing such significant and large numbers of buildings across Kent? It is highly likely that more money from the savings made will be needed to develop the new models of working. How much of the Transformation Status funding can be used to top up the reinvestment amount?"

"The Family Hub agenda gives opportunity for us to broaden our work to include wider links and opportunities for integrated working with the extended age reach and we are keen to work with KCC to ensure all children and families receive the support they need including those in the early years and of school age. We would like to work collaboratively with KCC to consider the longer-term requirements for children's centre/Family Hub estate and the integration agenda to ensure the needs of families in Kent are met. For many years children's centres have provided an integrated family hub where holistic care can be supported, and it should be considered that the wider utilisation of ad hoc estate would not create the same sense of community. These provided an opportunity for families to meet and seek support but also for services to identify those who may need more help. As part of the Family Hub development there is an opportunity to create a branded image for the Start for Life/Family Hub offer. At present, with the delivery of services from multiple sites there is a risk services lose their identity and families aren't able to access a range of services "under one roof".

There are operational concerns that the current proposals do not account for the increased occupation within Family Hubs for these programmes to be successfully delivered. Access to venues with onsite creche facilitated to run co-delivered group interventions as part of the Family Hub delivery plan was recognised as an important consideration. Many of the sites visited do not have access to on-site creche facilities which are provided within the current children's centre footprint.

Midwifery are a key partner in the delivery of family hubs and therefore would welcome the opportunity for strategic discussions regarding the location of services in the future as the family hub model evolves. Feedback from our colleagues tell us that the practical day to day aspects of delivering their role are important and with the Kent Communities Programme we would like to encourage the continuation of District-level discussions to enable staff to have access to the facilities they require – in some areas this may be as simple as storage solutions for resources and in others having access to on-site parking."

"I understand the Needs model and how it works but I also think if you are looking for long term all areas need to be considered. Mental health of children in particular from the pandemic doesn't always fall into the Needs areas and is in fact all areas. If you are providing good sensible options that are open to all then this will be a plan that will not only safeguard the future of our children but also that of the county. It is also an opportunity to think outside the box! To look not just at the way the UK works in its models but further and to lead from the front in being innovative and not choosing safe options."

PROPOSALS TO HAVE FEWER BUILDINGS

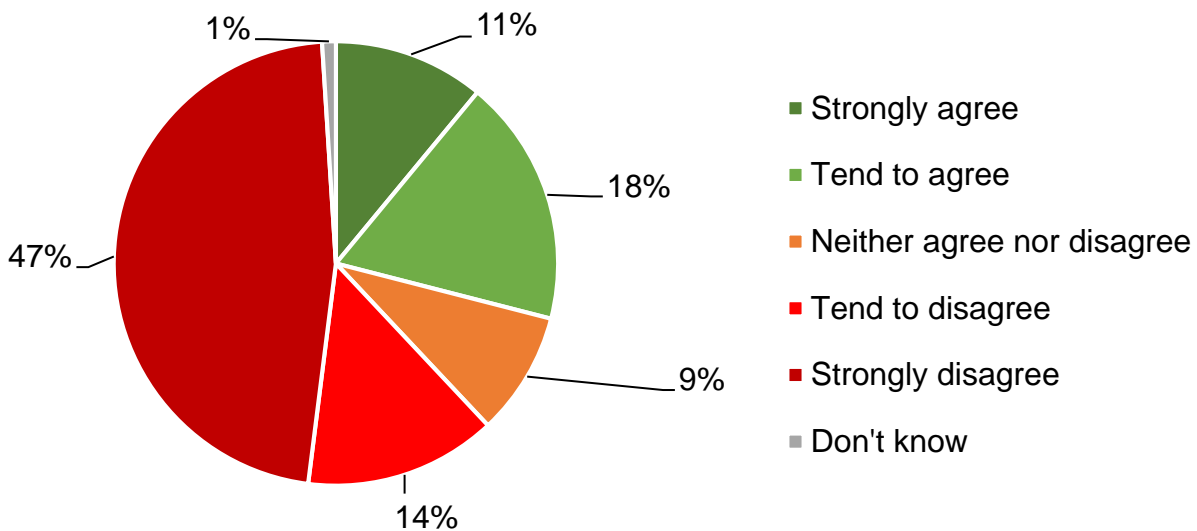
- 29% of all consultees answering indicated they agree with the proposal to have fewer building (11% indicated they strongly agree).
- 61% of all consultees answering indicated they disagree with the proposal (47% indicated they strongly disagree). 9% neither agree nor disagree.

Our work so far has led us to propose working from fewer permanent buildings, meaning that some of our buildings would close. This is because we need to reduce our costs and reduce our carbon emissions. Using the Needs Framework to design where and how we deliver services means we will be able to meet community needs with fewer permanent buildings.

How much do you agree or disagree with the proposal to have fewer buildings?

Base: all answering (1,603)

AGREEMENT OVERVIEW	Number of consultees answering	% of consultees answering
Net: Agree	466	29%
Net: Disagree	973	61%



SUPPORTING DATA	Number of consultees answering	% of consultees answering
Strongly agree	173	11%
Tend to agree	293	18%
Neither agree nor disagree	149	9%
Tend to disagree	226	14%
Strongly disagree	747	47%
Don't know	Page 388 13	1%

There are significant differences in agreement with the proposal by demographic:

- A higher proportion of female residents disagree with the proposal (62%) compared to male residents (34%).
- Agreement with the approach taken increases with age with 13% of residents aged 25-34 agreeing with the proposal and 58% of residents aged 65 & over agreeing.
- A higher proportion of residents who have children or are expecting children disagree with the proposal (67%) compared to residents who do not have children (30%).
- 68% of resident consultees who use at least one of the prompted consultation services disagree with the approach. Whilst comparably lower, it should be noted that 47% of those who do not currently use these services also disagree with the proposal.

How much do you agree or disagree with the proposal to have fewer buildings?

AGREEMENT OVERVIEW - BY DEMOGRAPHIC (number of consultees answering reported in brackets)	Net Agree %	Net Disagree %
Male resident (161)	54%	34%
Female resident (760)	28%	62%
Resident aged 25-34 (220)	13%	81%
Resident aged 35-49 (301)	25%	66%
Resident aged 50-64 (210)	44%	41%
Resident aged 65 & over (152)	58%	27%
Resident with children / expecting children (653)	23%	67%
Resident with no children (173)	60%	30%
Resident with children aged 0-1 years old (250)	12%	83%
Resident with children aged 2-5 years old (243)	11%	82%
Resident with children aged 6-10 years old (142)	22%	70%
Resident with children aged 11-19 years old (160)	37%	46%
At least weekly user of one of the prompted consultation services (personal or other household member – residents only) (624)	16%	76%
Currently use at least one of the prompted consultation services (personal or other household member – residents only) (1,028)	22%	68%
Do not currently use at least one of the prompted consultation services (personal or other household member – residents only) (555)	42%	47%

Out of the 15 consultees completing the Easy Read version of the consultation questionnaire, 5 indicated they agreed with the proposal to have fewer buildings and 8 disagreed. 2 indicated they were uncertain.

There are differences in agreement with the proposal to have fewer buildings by organisation:

- Of the 15 Parish/Town/Borough/District Councils who completed the consultation questionnaire in an official capacity, 5 indicated they agree with the proposal to co-locate some services. 8 disagree.
 - Of the 27 Parish/Town/Borough/District/County councillors who completed the consultation questionnaire, 10 indicated they agree with the proposal. 16 disagree.
 - Of the 31 educational establishments who completed the consultation questionnaire, 7 indicated they agree with the proposal. 20 disagree.
 - Of the 32 charity, voluntary or community sector organisations who completed the consultation questionnaire, 10 indicated they agree with the proposal. 21 disagree.
-

OTHER COMMENTS ON CONSULTATION PROPOSALS

Consultees were also given the opportunity to provide any other comments or options they think should be considered in the proposals in their own words. For the purpose of reporting, we have reviewed respondents' comments and have grouped common responses together into themes. These are reported in the table below. 46% of consultees provided a comment at this question.

- A vast range of comments were provided by consultees at this question. However, the most common are a perception that proposals detrimentally affect families / children (31% of consultees commenting) and objecting to proposed closures / changes to the services under consultation (22%).
- 20% of consultees expressed concerns for the services under consultation and that they are vital to the community / a lifeline to users and that service provision that is either walking distance of access on reliable / cost effective public transport is crucial (20%).
- 9% of consultees expressed a desire for savings to be made elsewhere and 9% commented that the services under consultation were already oversubscribed and need more funding / not less support moving forward.

Please tell us if there are any other options you think we should consider, or if you have any other comments you wish to make about the proposals in this consultation...?

Base: all answering (808)

	Number of consultees answering	% of consultees answering
Detrimentially affect families / children	254	31%
Object to proposed closures / mergers / changes in services / don't close centres	175	22%
Services / centres / vital to community / lifeline / don't cut services	164	20%
Accessibility is crucial / within walking distance / on public transport routes (consider cost & availability)	163	20%
Negative impact on mental health / socialisation / development	92	11%
Make savings / cuts elsewhere	73	9%
Services already oversubscribed / need more not less / more funding	70	9%
Detrimentially affect elderly / disabled / vulnerable	68	8%
Criticism of consultation in general / data / survey / need to consult with users by other means	66	8%
Will new venues have the same facilities / have sufficient resources / be large enough / less provision / oversubscribed	65	8%
Long term costs / consequences - NHS / schools/education / social services	51	6%

	Number of consultees answering	% of consultees answering
Offer more services / appeal to more people / increase usage / longer opening hours	49	6%
Location suggestions / specific centre suggestions (excluding centre closures)	46	6%
Relocate facilities/services into other existing buildings	46	6%
Add paid for services / donations / raise funds / rent out space	43	5%
Concerns over what will happen with buildings / more housing / renting out / kept empty	40	5%
Understand cuts have to be made / the need for KCC to save money	39	5%
Detrimentially affect lower income households / cost of living crisis means more support needed	37	5%
Work with / form partnerships with other organisations / other LA departments	37	5%
Net zero is a fallacy / emissions will increase / more people in cars driving to services/centres	34	4%
Increased population / new homes / development not considered	30	4%
Refurbish / update existing buildings / make them greener / energy efficient	29	4%
Availability & cost of parking / parking is essential	24	3%
Special consideration should be given to rural areas	23	3%
Incompatibility of groups / facilities / privacy	22	3%
Must be central location / present in each district	20	2%
Agree with proposals / close some centres / streamline services	19	2%
Implications for staff / concerns over staff	19	2%
Lack of infrastructure in area supporting development	16	2%
Offer mobile services / home visits / scheduled visits to different areas to offer services	15	2%
Safeguarding / security concerns	13	2%
Advertise services more / may lead to increase in usage	13	2%

Some example verbatims from the key themes of detrimentally affecting families / children and objecting to proposed closures / mergers / changes in services / don't close centres can be found below:

“While I fully appreciate that costs need to be cut at a time when costs are rising and local authorities are chronically underfunded, it feels like smaller communities are being disproportionately affected by these plans.”

“Priory being one the busiest centres should be reconsidered when talking about closing. All children centres are a valued part of families with young children from child development checks to being able to collect food parcels.”

“Please, please I urge you reconsider your decision to close the youth hub at the Bridge. This will affect a lot of children negatively as they rely on this weekly. My daughter suffers terribly with anxiety since covid and this is a bit of a lifeline for her.”

“Please don't cut support to kids and those with additional needs. Think long term not just how long you're in your job. Align your proposal with projected housing, transport, and population increase in the areas.”

“During a time when vulnerable families and disabled need more services, cutting them in rural areas does not make sense. Ashford have a multitude of centres in close proximity. However, closing the Little Explorers centre, which is far away from any other permanent centre, would be detrimental to the health and wellbeing of these groups. The service needs to remain and show that the surrounding villages of Ashford Borough have the same right to local care, as those closer to Ashford.”

“People with learning disabilities depend on regular routines, familiar faces and people who understand their needs in detail. When any of these support services change the impact on disabled people is often greater than imagined. This seems unfair when life opportunities are already limited.”

“It is likely that parents (with limited time) will not engage in the consultation process. The consultation document is 116 pages long. This does not include the district design document EqIA. Additionally, you have to complete an online registration to complete the consultation questionnaire which takes added time and is an unnecessary barrier. In addition to this, we cannot establish why West Borough Children's Centre is not offered as an alternative to East Borough Children's Centre as part of the proposals. It is the same distance from East Borough as the nearest alternative (Sunshine Children's Centre) and closer than the second option offered (Greenfields in Shepway). It also has better transport links. It is currently closed Monday-Thursday, only opening on a Friday from 8.30-16.30.”

RESPONSE TO EQUALITY IMPACT ASSESSMENT

Consultees were also given the opportunity to provide feedback on the equality analysis conducted in their own words. For the purpose of reporting, we have reviewed respondents' comments and have grouped common responses together into themes. These are reported in the table below. It should be noted that 18% of consultees provided a comment at this question.

- Of those answering, the most common considerations put forward are ensuring the services are accessible / walking distance / access via suitable public transport (24%).
- Those commenting raise concerns for how the proposals will affect specific groups of residents who are disabled / have learning difficulties / SEN (15%), young people / children / families (15%) and low income households (11%).

We welcome your views on our equality analysis and if you think there is anything we should consider relating to equality and diversity, please add any comments below...?

Base: all answering (316)

	Number of consultees answering	% of consultees answering
Services need to be accessible / walking distance / public transport / additional costs / parking provision	77	24%
Effect on disabled / those with learning difficulties / SEN	47	15%
Significant impact on young people / children / families	46	15%
All services / buildings should be open / accessible / inclusive of everyone (unspecified)	35	11%
Effect on low income households	35	11%
Will buildings be inclusive / suitable to offer current services / accessible (disabled)	32	10%
Concerns over impact on those with mental health issues / isolation	31	10%
Online must be inclusive - how to reach all groups, elderly, etc., / digital poverty	24	8%
Discriminate on age / gender specifically women	19	6%
Diversity is irrelevant to this / don't go too far with equality/diversity	19	6%
Effect on elderly	17	5%
Effect on vulnerable (unspecified)	15	5%
Proposals disadvantage everyone	13	4%
Disadvantage ethnic minorities / English as a second language / refugees / travellers / LGBTQ	13	4%
All considered appropriately / fine as is / no concerns	12	4%
Buildings could be unsuitable for different groups / activities mixing	7	2%

	Number of consultees answering	% of consultees answering
Impact on rural communities	6	2%
Centres encourage community cohesion / people mixing	6	2%
Increasing population not adequately considered	5	2%
Long term costs / consequences - NHS / Schools/education / social services	5	2%
Don't close centres	5	2%
Criticism of consultation	19	6%
Is this consultation reaching everyone - on paper / online / easy read	17	5%
Other	25	8%

Some example verbatims from the key considerations identified can be found below:

“Please consider the impact this will have on women - the main care givers and users of this service. Already on reduced income due to maternity leave, or not able to earn due to the costs of childcare. This will impact their mental health.”

“Making people go further isolates families who cannot travel for physical reasons or cannot afford to travel, effecting mental health, meaning more pressure on GPs and mental health services.”

“You should consider the equal right of allowing people to access these facilities in person. Not assuming everyone will use the internet/online to access these services, because some cannot afford or access this way. You are also making it more difficult.”

“Most of the people that will be truly affected by the closure will probably not complete this questionnaire, there is a lot to it and it probably should be simplified for some people.”

“This is a joke. These children centres help the minority with disabilities. Not to mention the vast amount of women it supports. The closure of these centres’ insults women and children.”

“Not everyone has the same capacity to travel from their home to a service in a different town/area, the proposal would lead to further inequality between those who can and cannot.”

“Public transport is expensive and unreliable. families do not have money to travel by these means. they are struggling to feed their families and keep them warm. Families who have a child with an additional need struggle to leave the house and would not use public transport due to the child's behaviour and other passengers’ attitudes even if they could afford the fare. you have not considered any of this and never do. speak to a few families who have an autistic child and live their life for a few days before saying a 30 minute public transport journey followed by a walk is suitable.”

“Although I've read the proposal with regards to your equality and diversity I don't think you realise the effects closing certain children's centres can have on individual families in the area with a disabled child.”

“Closing local centres in the areas will discourage people to access care and thus contributing to health inequalities.”

“The needs of disabled people cannot be met and fully understood using a virtual approach. Many disabled people have impacts on their ability that are only understood by a face to face approach.”

“The EqlA for the proposals is considered to cover all the expected equality and diversity characteristics of an EqlA. However, in considering these characteristics against the proposals, particularly the closure of buildings, the EqlA document does highlight how this may be problematic for some groups with specific characteristics e.g. age - the closure of children's centres for young children could disproportionately impact the 0-5 age group receiving support in relation to their development milestones associated with health, education and parent bonding. And for teenage parents who are less likely to hold a driver's licence and have access to a private vehicle, they will be more reliant on family/friends, public transport or walking to access services, which means they may use a service less frequently, resulting in a negative impact on young parents and their children if they are unable to access a centre. Mitigation measures and alternative provision are identified but these are mainly outreach and co-location services, the full details of which are not yet known as mentioned above.”

“We feel that more could be done in terms of engagement with Maidstone to ensure that the needs assessment is accurate, and data led. The impact of the proposals on areas of deprivation has not been considered; High Street Ward and Shepway North have been completely overlooked. We would also like to highlight our concerns about our Gypsy and Traveller Communities who access Children's Centre services in rural wards like Marden. We would like to be assured that they are engaged with and supported as part of these proposed changes to ensure that they have access to these services.

In terms of the EqlA completed as part of these proposals, there is no information on any direct promotion of this consultation to targeted groups i.e. centre users. Previous research with these groups is referred to in the EQIA and EQIA states that gaps in the data will be filled through this consultation process e.g. religion.

The recent census data (2021) should be used to evaluate need, not only in the wards where the Children's Centres are closing (Marden & Yalding and East) but in the wards that will be most impacted by the decisions. For example, East Borough Children's Centre is located on the periphery of High Street Ward. Its users are not going to be geographically ringfenced to East Ward. Its service users are most likely to come from High Street Ward which is the most deprived ward in Maidstone borough.”



IMPACT OF PART A 'LEAVE' PROPOSALS - ASHFORD

CHILDREN'S CENTRES, YOUTH HUBS AND HEALTH VISITING

This section of the report summarises impact feedback from consultees for specific buildings featured in the consultation in Ashford.

BLUEBELLS CHILDREN'S CENTRE

- 32 impact comments were received via the consultation questionnaire.
- 78% of those providing a comment noted the centre is used frequently / seen as a lifeline and 66% comment that it provides much needed support / services for local families in the area.
- Users also praised the facilities provided in relation to the alternative(s) proposed (38%) and value the centre as being walking distance and they won't be able to access the proposed alternative(s) (25%).
- 16% express concerns that proposals for the centre will have a detrimental impact on users' mental health / development.

Please tell us how you think you or the people in your household will be impacted by the proposal? Base: all answering (32)

	Number of consultees answering	% of consultees answering
Use frequently / essential / needed / lifeline / do not close / lost without it / loss of access to services	25	78%
Currently provides much needed support / services for local families / children / babies	21	66%
Current building provides good facilities / parking / nice environment / not available at alternatives	12	38%
Current building in walking distance / accessible / won't be able to walk / access alternatives	8	25%
Detrimental impact of mental health / socialisation / development	5	16%
Health visitors / midwifery / maternity services offered currently / difficult to access elsewhere	3	9%
Costly to travel elsewhere / insufficient public transport / increase carbon emissions	2	6%
Services would suffer if moved elsewhere / insufficient provision / oversubscribed / would current services be available	2	6%
Detrimental effect on community / much needed by community	2	6%

Some example verbatims to support the key themes can be found below:

“Our lives will dramatically change for the worse if they close bluebells as it’s our closest children’s centre and my kids are there every single week. It’s like a second home to them. All week long my toddler waits for the messy play session. She has grown in confidence since attending bluebells. As a baby born in the first national lockdown when all the facilities & groups were closed it’s been a long process supporting this era of toddlers into becoming more social as they spent 2 years shut away at home in a bubble of 6 people only, the messy play sessions, stay & play, baby sensory etc has helped massively in helping combat lockdown syndrome, these kids already had a massive disruption to the start of their lives and now they’re coming back out into the public and children’s centres are open again after what seemed like an eternity now to find out the centre might be closing is a big shock, unbelievable, it has made me feel incredibly sad and at a loss because we value bluebells so so much. I am gutted and I know the kids will be too.”

“Myself and my 3 year old attend a minimum of 1 session and maximum of 3 sessions at Bluebells each week. The staff are familiar with us and we have now built a rapport with them. We have tried other groups and locations but this one fits my son the best and has the best facilities for his needs. He likes consistency and so sticking with 1 centre for multiple sessions works brilliantly for him. The fact it has outdoor space too and a local park/field nearby is great for the summertime to extend our time out of the house.”

“I visit Bluebells at least twice a week. I have found it invaluable for supporting me as a new mum. I take my baby to groups as well as make appointments to see the Health Visitor there. It is much easier to get to than other children's centres where I would need to travel through the town. I feel it is important to keep centres in more rural areas as well as towns. I see many of the same parents at the centre who also use it frequently as would not necessarily be able to attend other centres.”

“Fewer people able to access vital services and play groups, particularly in the light of the cost of living crisis.”

“Has been an absolute life saver for me when I was coping with 3 years of school refusing with my son. Provided useful courses that I could attend (only because location was close). Was able to sign post for additional help/services. Additional support from other parents attending courses AS LOCAL. Would have received NO HELP if this facility in this location hadn't existed.”

“As a Public health assistant we will do development checks on babies and children from Bluebells. Personally I think it is not a good decision to close this centre. There are loads of rooms there that aren't used at the moment that could be utilised more proficiently.”

LITTLE EXPLORERS CHILDREN'S CENTRE

- 34 impact comments were received via the consultation questionnaire.
- 76% of those providing a comment noted the centre is used frequently / seen as a lifeline and 62% comment that it provides much needed support / services for local families in the area.
- Users value the centre as being walking distance and they won't be able to access the proposed alternative(s) (41%).
- 26% express concerns that proposals for the centre will have a detrimental impact on users' mental health / development.

Please tell us how you think you or the people in your household will be impacted by the proposal? Base: all answering (34)

	Number of consultees answering	% of consultees answering
Use frequently / essential / needed / lifeline / do not close / lost without it / loss of access to services	26	76%
Currently provides much needed support / services for local families / children / babies	21	62%
Current building in walking distance / accessible / won't be able to walk / access alternatives	14	41%
Detrimental impact of mental health / socialisation / development	9	26%
Costly to travel elsewhere / insufficient public transport / increase carbon emissions	6	18%
Population increase / new homes will need these facilities / demand will increase	4	12%
Services would suffer if moved elsewhere / insufficient provision / oversubscribed / would current services be available	4	12%
Detrimental effect on community / much needed by community	3	9%
Health visitors / midwifery / maternity services offered currently / difficult to access elsewhere	2	6%
Current building provides good facilities / parking / nice environment / not available at alternatives	1	3%

Some example verbatims to support the key themes can be found below:

“Use this every week for parent toddler group and would hate to see it disappear. have used for over 11 years and know lots of families that live here who also benefit from the groups. so many new houses being built you'd be better investing in the building that getting rid of it and expecting people to travel.”

“I have found Little Explorers in Tenterden to be a vital source of support for me when pregnant and now since my son was born (he is 14 months old). The groups run by the lovely staff are invaluable. And the support has been vital.”

“I myself cannot drive so it’s useful to have a health visitor I can go to as I can't get to Ashford. My sister in-law has just had a new baby and will need to frequently visit a children's centre for her baby and she also cannot drive.”

“I won't have a place to go and see other mums. My son won't have a place to go and learn how to interact with other babies. It is important for us mums to have a place where we can find support which you might lack at home. For our mental health as well. It is difficult enough having a baby, not to add if I have to go to Ashford to access this services without having a car.”

“You are proposing to close the only two rural centres we have in the Ashford District. Doing so will result in families living in these rural areas who do not have access to money for a bus/taxi/car or even if they did feel confident enough to take this step and travel. KCC are not thinking about the people who will be left in these rural areas, leaving 3 big centres in Ashford town is a badly made decision.”

“Reduced ability to access services, especially those who are vulnerable and have lower income, who do not have access to car and cannot afford unreliable bus services.”

“No local service, other services proposed will be beyond reach due to time it takes to get to alternative services with a limited transport service and the cost incurred. Parents will miss out on the opportunity to build friendships in their local area possibly creating isolation. Children will not be taken to activities and this impacts on their development and the longer-term success in education. We talk about the importance of first 1001days in a child live and early intervention and prevention and then the service that provides this is being removed.”

“The rural communities will be severally negatively impacted with the closure of this centre. Our internet for some families is basically non-existent, buses are scarce and unreliable. Closing services in a growing area, such as Tenterden with one of the largest population, expecting them to travel a larger distance than anywhere else is insulting. Whilst Ashford have many centres left open in close proximity, the families of this growing town, will have to up their carbon footprint and travel further distances to get the same opportunities. There are many families in rural poverty in Tenterden and are known to the services. Expecting them to travel over 11 miles whilst others in the borough are expected to travel 2 is an insult to those on the outer borders.”

“Already been impacted by reduced hours at Little Explorers as I've needed to meet a client in Tenterden but have been left with nowhere to meet her on the days that she is available. She's very isolated and would have benefited from being linked into the children's centre. The referral was from social services and is part of her CP plan however it is looking as though we will not be able to provide the support needed due to lack of space to meet her and inability to travel into Ashford. Closing the centre entirely would mean more clients are unable to access our support fully.”

RAY ALLEN CHILDREN'S CENTRE

- 27 impact comments were received via the consultation questionnaire.
- 48% of those providing a comment noted the centre provided much needed support / services for local families in the area and 37% commented the centre is essential / seen as a lifeline.
- Comments referenced the good facilities provided in relation to the alternative(s) proposed (22%).
- 26% express concerns that proposals for the centre will have a detrimental impact on the community and 19% expressed concerned they will have a detrimental impact on residents' mental health / development.

Please tell us how you think you or the people in your household will be impacted by the proposal? Base: all answering (27)

	Number of consultees answering	% of consultees answering
Provided much needed support / services for families / children / babies	13	48%
Essential / needed / lifeline / do not close / lost without it / loss of access to services	10	37%
Current building provides good facilities / parking / nice environment / not available at alternatives	6	22%
Detrimental effect on community / much needed by community	6	22%
Detrimental impact of mental health / socialisation / development	5	19%
Current building in walking distance / accessible / won't be able to walk/access alternatives	3	11%
Costly to travel elsewhere / insufficient public transport / increase carbon emissions	2	7%
Health visitors / midwifery / maternity services offered currently / difficult to access elsewhere	1	4%
Population increase / new homes will need these facilities / demand will increase	1	4%
Services would suffer if moved elsewhere /insufficient provision / oversubscribed / would current services be available	1	4%

Some example verbatims to support the key themes can be found below:

“There are many people who have been affected by the continued closure of the Ray Allen Centre. There is no local drop in for those with pre-school children and no advice centre for young mums which there once was.”

“The centre is a crucial hub for the Stanhope community,. This is one of the most deprived areas of Ashford where Children’s Centre support can have an amazing impact on young people, The community have suffered since the centre ‘temporarily’ closed due to Covid. We’ve been eagerly awaiting its reopening only to hear now it’s been earmarked for closure. It’s unacceptable to expect our poorest residents to pay bus / taxi fares to reach alternative provision at the Willow Centre. Stanhope deserves and needs its own children’s centre.”

“The Ray Allen Centre was our closest centre and closed several months ago. We were led to believe that this building would be replaced and services re-established. There is no Children's Centre in Stanhope now, which is one of the most deprived areas of Ashford.”

“Hugely. It would be a massive loss. It’s been a hub for twins and multiples meeting for many years and without it my life would have been much harder. My mental health would have been severely impacted without this centre.”

“The closure of the Ray Allen centre has been very difficult: prior to the closure I spent a lot of time seeing clients and running groups out of the Ray Allen Centre. Its closure has meant that we no longer run the young people's domestic abuse group in Ashford as we don't have a venue to use. This means YP in Ashford miss out on this service which often has enabled them to feel confident and comfortable accessing other groups run out of the Ray Allen Centre. The closure of the Ray Allen has also impacted on young people engaging with my service - they often struggle with anxiety and the Ray Allen is the closest centre to them, they have struggled to attend other centres. Given the majority of our referrals come from social services or early help this has also impacted on joint working with these agencies.”

“It has been closed for so long now but was a lovely building that the library could have moved in to as well as a gateway and space wouldn’t be an issue. Neither would the anti-social behaviour that currently happens outside the library on the ball court where all the kids hang out. Unfortunately, now it has been empty for so long, the building wouldn’t be able to be utilised this way. I'm worried that combining two more services into the Stanhope Library would be very cramped, especially as the only space it has is the carpeted area downstairs, the large community room belongs to Moat housing as it is their building and the library rents space from them.”

“The South Ashford area includes three wards with an IMD score over 20. The Ray Allen Centre in Stanhope has successfully provided a range of services to support these more deprived communities. Since the commencement of the Stanhope PFI, crime in the area has reduced dramatically and the improvement at the John Wallis Academy has seen it move from a failing school to good and an outstanding rating for the nursery. The Ray Allen Centre has played a pivotal part in these achievements, itself rated as outstanding by Ofsted in 2012. As a valued and well used community resource staff at the centre have coordinated multi-agency support for vulnerable families, delivered improvements in parenting skills, including teenage parents which have helped children’s development that supports improving their educational outcomes. As a result of various activities and links with other professionals there was a fall in the proportion of children with communication difficulties, an increase in participation in physical activity and healthy eating activities contributing to reducing obesity. With adult education offers on site, and use of a crèche for children, adult literacy and numeracy improved, leading to increased confidence as parents developed additional skills that help to secure employment.

Users of the Ray Allen Centre have found long term friendships which were particularly important for new families to the area in reducing isolation. The community garden was highly valued as a resource that was open to all providing a safe open space. As well as young families, other groups used the centre, for example a lunch group for older people who themselves supported the centre through making items, such as story sacks, for use in activities with the children. Greater clarity is sought on whether the proposal to provide a family hub at Stanhope Library is intended to replace the provision of a new Ray Allen Centre and if so we question whether the library offers suitable premises to maintain and enhance the scope of these services to Stanhope and the wider South Ashford community.”

IMPACT OF PART A 'LEAVE' PROPOSALS - CANTERBURY

CHILDREN'S CENTRES, YOUTH HUBS AND HEALTH VISITING

This section of the report summarises impact feedback from consultees for specific buildings featured in the consultation in Canterbury.

JOY LANE CHILDREN'S CENTRE

- 47 impact comments were received via the consultation questionnaire.
- 60% of those providing a comment noted the centre is used frequently / seen as a lifeline and 51% comment that it provides much needed support / services for local families in the area.
- Users value the centre as being walking distance and they won't be able to access the proposed alternative(s) (40%).
- 38% express concerns that proposals for the centre will have a detrimental impact on users' mental health / development.

Please tell us how you think you or the people in your household will be impacted by the proposal? Base: all answering (47)

	Number of consultees answering	% of consultees answering
Use frequently / essential / needed / lifeline / do not close / lost without it / loss of access to services	28	60%
Currently provides much needed support / services for local families / children / babies	24	51%
Current building in walking distance / accessible / won't be able to walk / access alternatives	19	40%
Detrimental impact of mental health / socialisation / development	18	38%
Health visitors / midwifery / maternity services offered currently / difficult to access elsewhere	12	26%
Detrimental effect on community / much needed by community	9	19%
Current building provides good facilities / parking / nice environment / not available at alternatives	8	17%
Costly to travel elsewhere / insufficient public transport / increase carbon emissions	6	13%
Services would suffer if moved elsewhere / insufficient provision / oversubscribed / would current services be available	2	4%

Some example verbatims to support the key themes can be found below:

“We attend stay and play at Joy Lane every Thursday. This group has been a lifeline to me, my children and my mental health. After having a difficult pregnancy and birth during the height of covid with my second child, I couldn't wait to get back to this group with my children. I suffered from bad post-natal depression after my second child and i feel that being able to attend bumps to walkers at Joy Lane, like I did with my first, would have benefitted me so much, but unfortunately the centres did not open in time. I cannot afford to pay for weekly groups for my children so the stay and play session at Joy Lane, which we walk to, is a godsend. My child did not settle well at nursery so this group as part of her weekly socialising.”

“Having this children's centre has been so important in getting me and my kids out of the house. We have really struggled, particularly over the winter, because it is too expensive to heat our home and use the electricity so we have been looking for places to go. Discovering these centres has improved our quality of life, giving us somewhere to go where the kids can play and stay warm and interact with other kids. I think, particularly the kids impacted by the covid restrictions over the last few years that have not been able to enjoy normal socialisation, need centres like these to access to make friends, improve their social skills and develop alongside their peers. Were we to lose the stay and play at the Joy Lane centre it would leave a big hole in our week.”

“I have close friends and family who use the centre for the children's groups. If Joy Lane Children's Centre closes, Whitstable Youth Hub is a 25 minute walk from Joy Lane which causes a problem for the families that do not drive or have access to a car. A lot of families use this centre regularly who do not drive, this will affect their ability to attend children's groups to socialise - a lot of parents/carers feel isolated and this is their way to socialise with other parents and the staff - if there is not a Children's Centre within walking distance these facilities will not be an option to them anymore, also for midwife and health visitor appointments. It would be a huge shame for the service users if it was decided for this building to be closed.”

“We use Joy Lane and Swalecliffe children centres more than three times a week, if these were to close it would have a massive impact on my children as they would have nowhere to go to interact with other children and professionals. They would miss out on learning and development help and overall would impact their day to day life. Myself would also be affected as this is a chance for me as a parent to interact and get advice and help about my child's development, I live alone with no family near so this groups really help me as a mum to talk about any issues I have and help with my children.”

“Joy Lane is the closest to the Lucerne Drive estate, an area of dire need. Children from there attend Joy Lane school, which is already a long walk from Lucerne Drive. Bus services from there are scanty and expensive into the town. So closing the Joy Lane centre and transferring services to the Harbour end of the town would seriously impact families on the Lucerne estate. Please reconsider this proposal.”

“As a person who lives in an area of deprivation, i know how hard it is to travel. The closest school to that area is on the same site as Joy Lane CC, therefore families are able to access that centre, either by walking or a low cost quick bus journey. Families from that area will be cut off otherwise. Having an outreach on that estate is not enough, they should be entitled to more than just an hour a week. Families from that area struggle with a number of

things. I have seen from being that Joy Lane CC that the families that come to our centre from that area need our support. People with small children are not able to walk far, or with the current climate people are unable to afford buses, taxis' or even to put petrol in their own car. That area is cut off. People from the local estates access the children centre, they feel welcomed and are 10 minutes away which seems like an easy walk if you are a new mum. If you have to travel 20/30 minutes to a centre, you are less likely to attend and access that support."

"Please re-consider closing BOTH Children's Centres and relocating to the Youth Hub. New mothers should have a protected, private space (with ample parking!) in order to access baby groups, breastfeeding support and health visitor appointments. Some of these could potentially also be held at the Youth Hub but as long as quality, privacy, ease to get to etc are not compromised. You should not give up your protected space for new mothers, particularly as you could bid for contracts for perinatal health services (such as the new mental health and pelvic health hubs) to be run out of these spaces."

"This building was the old Joy Lane Junior School it sits on the whole school site behind locked gates. The main school is undersubscribed and has space anyway and for the school to take on this building paying for heat and light is unrealistic. The building can't be sold and would have restrictive use for any group (Where is the financial gain in closing it you can't sell it so you would have to mothball it, costly and unnecessary). The security and maintenance costs outweighs ruts closure. Think again. The travel time to the proposed Family Hub is unrealistic."

"The demographics of Whitstable have changed a lot in the last ten years and there are now a lot of second homes and more affluent families - but we must not forget that two of the wards of greatest deprivation in the Canterbury District are in Whitstable. Joy Lane CC has never been in quite the right place - it is midway between the two areas of deprivation (the Lucerne estate and the Grimshill estate) so we have always tried to provide outreach groups on these estates as we recognise that some of the families living there cannot or will not travel. We currently do not have the capacity to run outreach groups in these two places so families are being expected to come to us. If the services we run from Joy Lane are moved to the Youth Hub we will be expecting these families to travel even further. Whilst an extra 1.5 miles does not sound a lot on paper, in reality, it is enough to deter people from walking to it or getting on the bus with their small children. The same applies to Swalecliffe CC - the Long Rock Estate is the area of deprivation and is very close to the centre. Whilst Whitstable Youth Hub is only a couple of miles away it will be enough to deter families from coming regularly. If the service moved to Whitstable Youth Hub changes would need to be made to make it fit for our purpose - this would mainly be in the form of storage for Children's Centre resources. Also a clinic room for health services. The Coastal midwifery team currently use Joy Lane Children Centre all day every day - and have two rooms to run clinics and also do their admin as they have no other base. They would need to be housed in the new Family Hub."

SWALECLIFFE CHILDREN'S CENTRE

- 29 impact comments were received via the consultation questionnaire.
- 79% of those providing a comment noted the centre is used frequently / seen as a lifeline and 69% comment that it provides much needed support / services for local families in the area.
- Users value the centre as being walking distance and they won't be able to access the proposed alternative(s) (34%).
- 24% express concerns that proposals for the centre will have a detrimental impact on users' mental health / development.

Please tell us how you think you or the people in your household will be impacted by the proposal? Base: all answering (29)

	Number of consultees answering	% of consultees answering
Use frequently / essential / needed / lifeline / do not close / lost without it / loss of access to services	23	79%
Currently provides much needed support / services for local families / children / babies	20	69%
Current building in walking distance / accessible / won't be able to walk / access alternatives	10	34%
Detrimental impact of mental health / socialisation / development / counselling service much needed	7	24%
Health visitors / midwifery / maternity services offered currently / difficult to access elsewhere	5	17%
Detrimental effect on community / much needed by community	5	17%
Current building provides good facilities / parking / nice environment / not available at alternatives	4	14%
Services would suffer if moved elsewhere / insufficient provision / oversubscribed / would current services be available	3	10%
Costly to travel elsewhere / insufficient public transport / increase carbon emissions	2	7%
Population increase / new homes will need these facilities / demand will increase	1	3%

Some example verbatims to support the key themes can be found below:

“Devastated. We have used this children centre for the last 8 years. It is in walking distance and not easy just to drive to Herne bay for another centre. Why would you close both of the 2 children centre in Whitstable yet leave 2 open in Herne Bay?”

“Another group that we use weekly and have really noticed not having it the last couple of months that it has been closed for maintenance. This group was my lifeline when i had my first child, getting out and meeting new people and other mums in the same situation as me. This is a desperately needed centre for services.”

“Swalecliffe children’s centre is an amazing service which my children really look forward to every week, they learn new things, interact with adults and children and also really helps develop their education and skills.”

“I think it is essential that the building continues to benefit local families and young children. Ideally this would mean a fully open Children Centre, but if not then for the building to be passed to the school to expand their current franchised nursery provision who already use half of the building. There is no separate entrance for the building and so it could not be used for other purposes than either nursery/primary school age children or parent support work. We would be happy to maintain spaces for children centre work to continue to take place on our school site at the same time as part of the agreement if required. Schools need to work with the children's centre services as both parties' benefit, but most importantly vulnerable local families benefit. The key thing is that the building must continue to benefit local families as per its original purpose. It is not simply part of the estate, but an important part of the fabric of our school grounds, and a really important asset to our local community.”

“Both me and my child use the services at Swalecliffe. If this was to close this would impact us massively as this centre plays a big part in my child’s development and social skills. It would also impact me as a parent as this is a great place to get adult interaction and advice. Swalecliffe children’s centre is a safe place to take my child, for him to make friend and to get us out of the house. It is an amazing centre and doesn't deserve to be shut down.”

“I have used this centre previously for Prenatal appointments, Post natal appointments, Health visitor checks, Baby Groups and Training courses. Looking at increasing my family in the near future I am concerned about losing this facility, (ideally located next to my children’s school) and having to drive in an either pre or post-natal vulnerable state to Canterbury, which is becoming increasingly busy, when I could take a walk to either Whitstable centre. Helping both my mental health and carbon emissions.”

A petition to oppose the closure of Joy Lane and Swalecliffe Children's Centre has been created and received over 500 signatures. Email feedback received by the KCC consultation team also referenced a survey conducted by parents locally:

“The timetables at Joy Lane and Swalecliffe are a shadow of what they formally were. In November 2016 there were 26 ½ hours of structured activity at Joy Lane. By January 2019 this had dropped to 19.5 hours of structured activity a week, in March 2023 it was 9.5. Outreach sessions in areas of high deprivation on the Grimshill and Lucerne Estates no longer run and the relocation of the community midwives from both services to Estuary View Medical Centre has led many parents to no longer consider them a place they can just ‘pop in’ for a chat with staff. Whole rooms in Joy Lane Children’s Centre haven’t been reopened and with a limited timetable 1 in 5 of the parents we have survey reported that they had been turned away from services in the last year because of their limited capacity. Limited usage of the current services is a deliberate result of reducing the level of provision and there is no detail as to whether the new family hub will meet or exceed the hours available on both sites combined. Current utilisation figures are an inaccurate measure of need as the pandemic has left many feeling isolated and unable to ask for or seek help. Articles in the British Medical Journal show that the withdrawal of community midwifery services in the pandemic has left many parents to disengage with services because they are unaware of, or unwilling to engage with, support which is available to them.

The consultation considers change to be justified if 85% of the population can access the alternatively listed services within 30 minutes by public transport. However we believe that the unwillingness to guarantee 100% of people can access services is because people in areas of greater deprivation will disproportionately suffer. The consultation suggests that parents using Joy Lane could reasonably be expected to travel to both Briary Children’s Centre (5.8miles away) and the Riverside Youth Centre (6.9 miles away). Parents accessing Swalecliffe Children’s Centre can be expected to travel to Riverside Youth Centre/Briary Children’s Centre (3 miles away). We have identified the 14 highest areas of deprivation in Whitstable as identified in the 2021 Census - output areas in which at least 40% of the population have one measure of household deprivation. Using the tool TravelTime we identified a starting point within each area and plugged in the recommended alternate venues they may have to travel to outside of the town. In 6 of the 14 areas residents were not able to travel to the recommended alternative provision listed below within the 30 minutes - not accounting for any delay in the bus or waiting time. We would thereby call on Kent County Council to guarantee that all services will remain in the town and parents will not be expected to travel outside of it.”

RIVERSIDE CHILDREN'S CENTRE

- 42 impact comments were received via the consultation questionnaire.
- 67% of those providing a comment noted the centre provides much needed support / services for local families in the area and 52% comment it is used frequently / seen as a lifeline.
- Users value the centre as being walking distance and they won't be able to access the proposed alternative(s) (31%).
- 31% express concerns that proposals for the centre will have a detrimental impact on users' mental health / development.

Please tell us how you think you or the people in your household will be impacted by the proposal? Base: all answering (42)

	Number of consultees answering	% of consultees answering
Currently provides much needed support / services for local families / children / babies	28	67%
Use frequently / essential / needed / lifeline / do not close / lost without it / loss of access to services	22	52%
Current building in walking distance / accessible / won't be able to walk / access alternatives	13	31%
Detrimental impact of mental health / socialisation / development	13	31%
Current building provides good facilities / parking / nice environment / not available at alternatives	13	31%
Health visitors / midwifery / maternity services offered currently / difficult to access elsewhere	10	24%
Detrimental effect on community / much needed by community	7	17%
Costly to travel elsewhere / insufficient public transport / increase carbon emissions	3	7%
Services would suffer if moved elsewhere / insufficient provision / oversubscribed / would current services be available	3	7%
Use nursery / nursery is need	2	5%
Population increase / new homes will need these facilities / demand will increase	1	2%

Some example verbatims to support the key themes can be found below:

“The riverside has been a lifeline for my son and I, being a first time mum and not having many friends with babies, it has meant I have had the opportunity to meet other mums in a similar position. My son loves attending the Stay and Play sessions, I really do believe they have helped him to become more social and develop quicker, as he’s been able to interact

with other babies. The drop in clinics have also been invaluable, the staff there are lovely and very helpful. We have used them at least once a month and they're always busy when we attend. I really do feel that if services like these are cancelled, then there could be a rise in mental health issues. I found being a first time mum overwhelming and my mental health suffered until I found out about places like Riverside."

"I use riverside the most as it is closest to me. It's important to have the health visitor there and it's close enough that I can be on time to collect my daughter from school when the health visiting clinic ends. I also saw my midwife there, which was easier than the hospital to access. I use the classes there also. If I had to travel further I probably would not attend these clinics or classes, which risks an impact on my mental health."

"Childrens centre was a life saver to me as a new mum - I had the opportunity to meet others, connect and see someone if I needed to. If the proposals get rid of all the Whitstable and Swalecliffe hub's then where will people go? I would not have caught a bus to another town - I would have struggled on my own! Mothers at risk of mental relapse, post-natal depression are not going to have a place that is accessible!! This will have a significant impact on mother and baby mental health."

"Massively impacted - co-locating the current Riverside Children's Centres into the youth centre will likely reduce the space available and therefore the service provision. The clients at Rising Sun rely on the space and services available at the Riverside for emergency safeguarding drop ins, parental support and even discounted meal options. It is a lifeline for many families. I feel that co-locating these targeted, specific services into the youth centre will reduce the effectiveness and reach of the services. Therefore creating yet another barrier for our clients and many others to engage with support services."

"Riverside centre has been a central hub for many years. The building is purpose built and well used and loved. This will be devastating to the community around there because the youth centre does not have the same provision and openness about it. What does it say about the community that a purpose built building specifically for families is to be decommissioned/torn down and land sold off?"

"I have previously worked as a Health Visitor and access to the services provided by Children Centre's are fundamental in meeting key stakeholders objectives in meeting their requirements in relation to early intervention and the healthy child programme. Not having services close to families requires them to travel, at some expense and inconvenience. At this current time of financial hardship, expecting families to find £5.70 to travel to a children centre is inequitable. Health Visiting Service has KPI's to meet regarding attendance to it Universal Offer - this is unlikely to be met if families are expected to travel to a Children Centre outside their area. In addition to this midwifery services are provided from Children Centres - is it fair to expect a mother of a 10 day old baby to travel on the bus for an hour for an appointment? In my experience, I do not want to be over dramatic, but Children Centre's have saved lives of many women and their children. I have experienced women presenting to a children centre, using their attendance as a mean to flee domestic abuse or to seek intervention for their mental health crisis. These women would have been unlikely to seek that help if it was not close to them. I appreciate the need to reduce the financial burden upon KCC and agree with closing one children centre in an area where there are 2 - such as Herne Bay. However, I feel that to leave areas with none will have a significant impact on the health and well-being of children and families. I believe that KCC are short sighted in their approach and are only looking at the pound signs. If children are not able to

access key services there will be financial burden upon NHS and KCC resources in the future to address the missed opportunities in the fundamental first 1000 days.”

“Riverside CC is not easy for us to use as CCs, due to their being only 1 room. This should be seen as our 'flagship' site, but the building isn't fit for purpose due to the limited rooms.

The busiest time in the centre is the health clinics. The building is packed. We would really need to consider this if moving over to the youth centre.”

APPLE TREE CHILDREN'S CENTRE

- 17 impact comments were received via the consultation questionnaire.
- Those commenting noted the value of the services provided and their contribution to the local community. Some also highlighted the convenience of the building location for access.

Some example verbatims can be found below:

“We attend stay and play at Apple Tree on a regular basis. Considering the size of the centre, it is always busy and is quite clearly needed for the Chartham village community.”

“Valuable in providing groups for Chartham residents to access- support for adults and interaction for children.”

“This was the first children's centre I have found and it was such an eye opener to me. It led me to also finding out about Joy Lane which has become a staple in our week. Before coming to Apple Tree I did not know these centres were around and it has really broadened my children's social circle and helped us to get out of the house when we feel that there is nowhere else that we can go, especially now with affordability issues limiting our options.”

“All these centres are essential hubs for the community. Their spaces are welcoming - they make you feel safe and supported. The staff get to know you, and you feel like you can reach out if needed. The classes are really well set up and bring families together.”

“As a County Councillor I understand what the impact will be from closing the Apple Tree Childrens Centre. This Childrens Centre is in a primary school. It is an ideal location for families to access services. By closing this you will make it harder for families.”

“I understand the need to consolidate for costs and carbon footprint. But by closing one centre you increase the carbon footprint, costs for everyone that uses the centre. For everyone sessions taken by a health visitor/early years worker for 8 people attending that would increase car journeys, parking, costs. All the buildings are in towns. Chartham is one of the largest villages with a growing population. It is easily accessible to neighbouring villages. As a centre it could host health visitor appointments, routine maternity appointments and even support with children for children starting school or reception with the skills they need. As a new mum the baby groups have been essential in supporting me to meet people and talk informally about my baby's development. I can't afford bus fares into town and juggle siblings with school pick-ups. The centre is affordable and walkable.”

TINA RINTAIL CHILDREN'S CENTRE

- 15 impact comments were received via the consultation questionnaire.
- Those commenting noted the value of the services provided and their contribution to the local community. Some highlighted that the centre has been closed and this could affect consultation contributions.

Some example verbatims can be found below:

“An invaluable resource to its community which provides good value for money.”

“We do not use this service anymore but know many friends and family who use it now and will continue to in the future.”

“This has not been open as a Children Centre for some time so I feel this may affect members of this community completing the consultation. Young people accessing provision in Hersden have said they would prefer to come to a building.”

“Will be an awful loss. We would not have the space and support of so many wonderful staff and courses. This would mean less ability to care for our children and more anxiety and decreased mental health wellbeing.”

IMPACT OF PART A 'LEAVE' PROPOSALS - DARTFORD

CHILDREN'S CENTRES, YOUTH HUBS, HEALTH VISITING AND CHILDREN AND YOUNG PEOPLE'S COUNSELLING SERVICE

This section of the report summarises impact feedback from consultees for specific buildings featured in the consultation in Dartford.

BRENT CHILDREN'S CENTRE

Children's Centres and Youth Hubs

- 75 impact comments were received via the consultation questionnaire.
- 67% of those providing a comment noted the centre provides much needed support / services for local families in the area and 65% comment it is used frequently / seen as a lifeline.
- Users value the centre as being walking distance and they won't be able to access the proposed alternative(s) (37%).
- 25% express concerns that proposals for the centre will have a detrimental impact on users' mental health / development.
- 16% express concerns that services would suffer if moved elsewhere / would be concerned current services would still be available to them.

Please tell us how you think you or the people in your household will be impacted by the proposal? Base: all answering (75)

	Number of consultees answering	% of consultees answering
Currently provides much needed support / services for local families / children / babies	50	67%
Use frequently / essential / needed / lifeline / do not close / lost without it / loss of access to services	49	65%
Current building in walking distance / accessible / won't be able to walk / access alternatives	28	37%
Detrimental impact of mental health / socialisation / development	19	25%
Health visitors / midwifery / maternity services offered currently / difficult to access elsewhere	14	19%
Services would suffer if moved elsewhere / insufficient provision / oversubscribed / would current services be available	12	16%

	Number of consultees answering	% of consultees answering
Costly to travel elsewhere / insufficient public transport / increase carbon emissions	10	13%
Detrimental effect on community / much needed by community	9	12%
Current building provides good facilities / parking / nice environment / not available at alternatives	8	11%
Proposed library is not a suitable alternative	6	8%
Population increase / new homes will need these facilities / demand will increase	1	1%

Some example verbatims to support the key themes can be found below:

“All of these centres are needed by the local community. As a manager of a national charity it is essential that people are able to access these services without having to travel long distances.”

“Some midwife/newborn baby checks are run here. This centre is accessible with the many busses running to and from the town centre. When you have a newborn, it can be hard to get out and about. Some members of the public do not drive and would otherwise not be able to get to these services.”

“People will lose access to a central facility and instead be forced to use inappropriate co-located services elsewhere in the borough and more than likely be put off using them completely.”

“They will lose access to the facility as the proposals are to move the services to an inaccessible location. This centre is in the middle of Dartford, in walking distance from housing and the town centre, near bus stops and the station.”

“This will have a devastating impact on our most vulnerable, hard to reach families who rely on support. The ability to work with a team member face to face is essential to some of our parents who would be lost without this. Children's lives will be impacted if these community hubs for children close.”

“I am a single mother with a 6 month old. I have moved to the area in august 2022 alone. I have no friends/family in the local area and heavily rely on weekly baby groups/music group and stay and play and baby massage sessions. This has given me a sense of belonging and I have seen a huge development in my child. I have made new friends and my mental health has improved. I have attempted to join Oakfield but public transport is inconvenient and buggy storage is not safe and clean (outdoors), it is a 25 minute walk from town which is not suitable for my child. I have made good friendships and have received excellent support from staff. It would be a shame to have this removed from all mums but especially me and my child after already having a difficult transition. I am happy and settled and look forward to groups, maybe a little more than my baby. It would be devastating to have Brent closed as all my support network would be lost.”

“The Brent Childrens Centre on Overy Street is located in a ward which has a deprivation rate of 33% as measured by the most recent census. It is situated in an area of high population and population growth, close to Town Centre with good public transport links. It is there one of the most accessible centres within Dartford. Dartford has a rapidly growing population – increasing at three times the rate of the national average. The closure of this centre will leave a significant area of Central Dartford without a dedicated Children’s Centre. This will place huge pressure on the proposed Community Hub facility at Temple Hill – a location we also have significant concerns about.”

“Location! Location! Location! The Brent Children’s Centre is in the heart of the town, it has a high footfall with a vast local community. I appreciate that the building is not owned by KCC therefor an unnecessary overhead. The suggestion that it be closed but the families can go to Temple Hill Library/Hub which is up a large hill if walking from central Dartford. or Oakfield Children’s Centre just doesn’t make sense. Temple Hill library is extremely small. It is in a nice location if you live on ether Temple Hill, The Bridge of Phoenix Quarter. However, to use the library as hub in place of Brent, Temple Hill and Darenth Children’s Centres along with the Dartford Youth Centre. It is such a small place that I wonder if this building has been looked at personally or just chosen of just from a financial spreadsheet on cost cutting alone. An alternative building in the location of the town area indeed makes sense if is a cheaper option. Keeping Knockhall Children’s Centre when it is only just a few minutes from Swanscombe Centre doesn’t make sense, the footfall and depravation in the Greenhithe/Knockhall area is not as high as in other parts of Dartford. Swanscombe (which is a lovely large centre in the middle of an area of need) I understand keeping Swanscombe. I wonder if Knockhall is being kept as it is a cheaper option rather than keeping a more even placement of children’s centres in Dartford and keeping one in the heart of Dartford. Although the Centre is called Brent is serves the very heart of the town with extremely high footfall and high depravation. Apart from Oakfield Children’s Centre which is right over one side of Dartford district and Swanscombe and Knockhall which are near the bearders of Gravesham district there will be nothing for Dartford central area where footfall and deprivation are high, please could you explain? Has the Temple Hill Library been visited in person to understand it’s suitability as a Community Hub? It is extremely small.”

Health Visiting Service

- 40 impact comments were received via the consultation questionnaire.
- Users value the centre as being walking distance and they won't be able to access the proposed alternative(s) (53%).
- 28% of those providing a comment noted the centre provides much needed support / services for local families in the area and 38% comment it is used frequently / seen as a lifeline.

Please tell us how you think you or the people in your household will be impacted by the proposal? Base: all answering (40)

	Number of consultees answering	% of consultees answering
Current building in walking distance / accessible / won't be able to walk/access alternatives	21	53%
Use frequently / essential / needed / lifeline / do not close / lost without it / loss of access to services	15	38%
Currently provides much needed support / services for families / children / babies	11	28%
Costly to travel elsewhere / insufficient public transport / increase carbon emissions	7	18%
Services would suffer if moved elsewhere / insufficient provision / oversubscribed / would current services be available	6	15%
Detrimental effect on community / much needed by community	4	10%
Health visitors / midwifery / maternity services offered currently / difficult to access elsewhere	1	3%
Current building provides good facilities / parking / nice environment / not available at alternatives	1	3%

Some example verbatims to support the key themes can be found below:

“We see lots of families for drop in weigh clinics and development reviews that live in more deprived areas of Dartford. We have a high level of vulnerable families that just wouldn't travel out to Swanscombe and Knockhall. Knockhall is half the size of Brent and the less space there is the less space we have to deliver our service.”

“It is vital that families have a safe space that they can attend for appointments and services. Health visiting were a vital service that kept families safe during the pandemic. We cannot expect families to travel far distances for appointments as this is not feasible, economically and practically. Health visitors also need suitable clinic space and so this is a key consideration in their future set ups.”

“Brent Children's Centre is the most central town centre site - health visitor services being combined with town centre shopping seems to make sense. If this service is removed we

would like to discuss co-location of such services in another local authority owned town centre building which is used 7 days a week by the community.”

“We will no longer be able to attend the children’s sessions, as the other centres are too far for us to access. If we were to have another child, losing the midwifery, health visiting and breastfeeding services would also make things harder. I have tried to attend other buildings for appointments in the past, but my work and childcare arrangements mean that this is a real challenge. Potentially, this would mean taking holiday time just so that my husband or I could look after our older children whilst the other parent took the younger child to the appointment. Having a central location means that it is easier to combine tasks and fit them into the day.”

GREENLANDS CHILDREN’S CENTRE

- 28 impact comments were received via the consultation questionnaire.
- 32% of those providing a comment noted the centre provides much needed support / services for local families in the area and comment it is used frequently / seen as a lifeline.
- 16% express concerns that services would suffer if moved elsewhere / would be concerned current services would still be available to them.

Please tell us how you think you or the people in your household will be impacted by the proposal? Base: all answering (28)

	Number of consultees answering	% of consultees answering
Currently provides much needed support / services for local families / children / babies	15	54%
Current building in walking distance / accessible / won't be able to walk / access alternatives	12	43%
Use frequently / essential / needed / lifeline / do not close / lost without it / loss of access to services	11	39%
Health visitors / midwifery / maternity services offered currently / difficult to access elsewhere	7	25%
Costly to travel elsewhere / insufficient public transport / increase carbon emissions	6	21%
Detrimental impact of mental health / socialisation / development	6	21%
Detrimental effect on community / much needed by community	5	18%
Current building provides good facilities / parking / nice environment / not available at alternatives	3	11%

Some example verbatims to support the key themes can be found below:

“This is a local children’s centre & serves many residents in Darenth providing vital access to midwives & for socialising, if this is closed access to other locations could be limited.”

“We provide care for a caseload of over 250 women in this building , antenatal appointments through 40 weeks of pregnancy . We serve women in the da2 6 , da2 7 and da2 8 . The proposed distance to Knockhall and Oakfield would impact their accessibility to care . This could potentially have a financial impact and /or a health impact if they are unable to attend appointments elsewhere. Plus the suggested alternatives already serve a caseload of that postcode.”

“I use this service often, I don’t know any other mothers than the mums that attend this group, without them I’d feel lonely. Money is also tight and many don’t have access to the toys they have at the groups or afford to do anything else with their babies.”

“This is the closest centre for me to access health visiting services which is already not within walking distance or easily accessible by public transport, I just won’t bother attending appointments if they are too far away.”

“This a quite a remote area, not easy for public transport now the buses have been cut, so how will the local residents get the support they need? It won’t affect my family as we are now all adults but what about those young families in the area.”

“My household will not be affected but I am very aware that the residents of Darenth and South Darenth are cut off from the main towns of Dartford and Swanley. South Darenth is further impacted by half of the area coming under Dartford District control and half under Sevenoaks, giving a sense of not belonging to any community. Bus services are poor and infrequent and many roads are country lanes with no pavement. For those residents who do not have access to a car, visits to seek advice and support become impossible.”

MAYPOLE CHILDREN'S CENTRE

- 22 impact comments were received via the consultation questionnaire.
- 32% of those providing a comment noted the centre provides much needed support / services for local families in the area and comment it is used frequently / seen as a lifeline.
- 16% express concerns that services would suffer if moved elsewhere / would be concerned current services would still be available to them.

Please tell us how you think you or the people in your household will be impacted by the proposal? Base: all answering (22)

	Number of consultees answering	% of consultees answering
Use frequently / essential / needed / lifeline / do not close / lost without it / loss of access to services	7	32%
Currently provides much needed support / services for local families / children / babies	7	32%
Services would suffer if moved elsewhere / insufficient provision / oversubscribed / would current services be available	6	27%
Current building provides good facilities / parking / nice environment / not available at alternatives	5	23%
Health visitors / midwifery / maternity services offered currently / difficult to access elsewhere	5	23%
Current building in walking distance / accessible / won't be able to walk / access alternatives	4	18%
Detrimental impact of mental health / socialisation / development	3	14%
Detrimental effect on community / much needed by community	3	14%

Some example verbatims to support the key themes can be found below:

“Pregnant women need to be able to access midwifery services easily. They are often vulnerable and need to attend their appointments to check on the health of their baby and themselves. I am concerned that without these local services there could be negative pregnancy/birth outcomes.”

“This will have a devastating impact on our most vulnerable, hard to reach families who rely on support. The ability to work with a team member face to face is essential to some of our parents who would be lost without this. Children's lives will be impacted if these community hubs for children close.”

“The proposed alternatives are not big enough to house all the health professionals required along with up to 15 mothers / children / prams at one time. The travel for some families would be almost impossible and care would be compromised.”

“Maypole is at the very edge of Dartford close to the border with Bexley. The location is a highly residential area and the centre is already co located with a school and nurse on site. Whilst Oakfield is a reasonable distance it does not offer the access and facilities of Maypole.”

TEMPLE HILL CHILDREN'S CENTRE

- 60 impact comments were received via the consultation questionnaire.
- 62% of those providing a comment noted the centre provides much needed support / services for local families in the area and 47% comment it is used frequently / seen as a lifeline.
- Users praise the facilities currently offered (32%) in comparison to proposed alternative(s).
- 25% express concerns that proposals for the centre will have a detrimental impact on users' mental health / development.
- 18% express concerns that services would suffer if moved elsewhere / would be concerned current services would still be available to them.

Please tell us how you think you or the people in your household will be impacted by the proposal? Base: all answering (60)

	Number of consultees answering	% of consultees answering
Currently provides much needed support / services for local families / children / babies	37	62%
Use frequently / essential / needed / lifeline / do not close / lost without it / loss of access to services	28	47%
Current building provides good facilities / parking / nice environment / not available at alternatives	19	32%
Detrimental impact of mental health / socialisation / development	15	25%
Current building in walking distance / accessible / won't be able to walk / access alternatives	14	23%
Services would suffer if moved elsewhere / insufficient provision / oversubscribed / would current services be available	11	18%
Detrimental effect on community / much needed by community	10	17%
Health visitors / midwifery / maternity services offered currently / difficult to access elsewhere	3	5%
Costly to travel elsewhere / insufficient public transport / increase carbon emissions	3	5%
Population increase / new homes will need these facilities / demand will increase	1	2%

Some example verbatims to support the key themes can be found below:

“Temple Hill already has a lovely building for its Children's Centre, it is located in the same building as other services which parents are able to use. Moving the children's centre to the library will have a negative impact on our local community. There is not enough space at the library, there are no toilets or baby changing areas, no safe storage for pushchairs, the

number of people allowed to attend will decrease due to the size of the venue. No outside space to allow children to experience outdoor play & learning. People trying to concentrate in the library will be disturbed by the groups being held. Services have already been cut at Temple Hill; this community needs more children's services not less."

"This children centre is at easy access to me and my newborn. Closing these buildings would make it inconvenient and less likely for me to access these services. I have found them to be great for my mental health and my developing baby."

"If these services close, there will be a huge knock on effect that I am not convinced have really been thought about in enough depth. Children shape the future we say all the time. If that is true, then we can't be taking the very services away that are enabling them to thrive. These services support their motor skills, social skills and so much more. It also brings parents(many of whom suffer with post-natal depression) out of isolation and creates a space that is positive and social."

"We use Temple Hill children's centre every week. My child is disabled and this is one of the only places he feels able to attend. This cannot be replicated in a library; it is not an appropriate space to replicate what takes place in the children's centre. You say you are keeping the children's centre where need is greatest- in Dartford you are keeping Oakfield, Swanscombe and Knockhall. I don't believe this represents the greatest areas of need in Dartford- you are just keeping the cheapest options. This is completely short-sighted. I don't think anyone at the council making these decisions understands what the Children's Centres provide. This is targeted work which prevents larger and more costly problems from arising. You are trying to fool people by saying it's you will be providing the services from the library but the library is not suitable. It's not a space for children- especially those with additional needs. You are cutting services for vulnerable people. I often hear from conservatives that these services are only used by middle class people anyway- this is short sighted. Children's centres do provide support and assistance for those facing socio-economical hardship but it also supports those with SEND, domestic abuse, mental health issues- which can affect anyone. A councillor told me 'you can't be sentimental about bricks and mortar'- I'm not, I don't care about the building but you will not be providing a service for my son if this is taken away or anyone else in my area who needs support."

"Temple hill is a ward with High deprivation. The current centre is located within a purpose built facility in the centre of the ward. The centre is already co located as a Doctors surgery, Church and Community Cafe are in the same building. the centre has 2 well-appointed playrooms with access to outside space. Regular children's groups are held there in conjunction with other agencies. The building is in the centre of the community with parking access , but easy walking distance for this population. The Childrens centre is already in a building that offers a family hub, with holistic support."

"I am speaking as someone who has worked with the most hard to reach families in Dartford. Whilst I understand that this particular building may not be value for money, there is a need for providing a permanent base for Dartford families to access services. Also closing the nearest centre, Temple Hill in Dartford's most deprived area is another blow. Dartford families will not travel to Oakfield and many will not access services at local libraries as they are not seen as a safe space plus children's centre staff will not be based there for those simply knocking on the door for support eg domestic abuse. This is further isolating the families that need this support the most. Previous outreach has not seen the same footfall as that of the children's centre.

“The Temple Hill Children’s Centre is currently located at The Living Well - a successful and popular shared space with the GPs surgery, a church and community centre. It has a kitchen, separate male, female and disabled toilets which have adequate space for parents to change a baby. The proposed new location for the Hub at Temple Hill library only has one toilet, which is accessed on request. There is nowhere to change a baby and no obvious additional space for children to play or for parents to meet and socialise or for support groups to be held. We do not feel it is an appropriate location for a Children’s Centre and certainly not an adequate replacement for a popular existing location.”

Midwifery data for the Dartford area has been put forward expressed concerns at the proposed plans for children’s centres:

“KCC is proposing to close 4 key Children’s Centres in Dartford: Darenth, Maypole, Brent and Temple Hill. This would leave just three Centres for all the community midwifery care: Swanscombe, Oakfield and Knockhall. The consultation document makes no mention of community midwifery services which would be affected by the plans. The essential healthcare activity provided by community midwives cannot be accommodated by just three centres. Maternal and neonatal health relies on the provision of accessible, regular antenatal care. The plans disproportionately effect people in the most deprived postcode areas who are already at risk of poorer health outcomes. Prior to closures, the 7 centres provide 217.5 hours per week community midwifery care capacity. Following proposed closures, available capacity would be vastly reduced to 112.5 hours. The care activity would need to be accommodated in other buildings, which would not support the wider health and social care strategy for integration. In the Dartford area, there is a high concentration of IMD decile 1 and IMD decile 2 areas. Women and babies from these postcode areas are at higher risk of poorer health outcomes, which is well documented and has driven the development of the ICB Maternity Equity and Equality Plan. Women from these areas are more likely to DNA (miss) appointments, and missed antenatal care increases the risk of stillbirth and other poor maternity outcomes. Forcing women to travel further is likely to increase DNA rates. The average distance will be increased from 2.6km to 3.3km.”

THE DARTFORD BRIDGE LEARNING AND RESOURCE CAMPUS CHILDREN'S CENTRE

- 73 impact comments were received via the consultation questionnaire.
- 53% of those providing a comment indicate the centre is used frequently / seen as a lifeline to current users. 25% comment the centre provides much needed support / services for users.
- Users value the centre as being walking distance and they won't be able to access the proposed alternative(s) (38%).
- 23% express concerns that proposals for the centre will have a detrimental impact on users' mental health / development.
- 16% express concerns safety concerns regarding alternative provisions and the suitability of access of potential users.

Please tell us how you think you or the people in your household will be impacted by the proposal? Base: all answering (73)

	Number of consultees answering	% of consultees answering
Use frequently / essential / needed / lifeline / do not close / lost without it / loss of access to services	39	53%
Current building in walking distance / accessible / won't be able to walk / access alternatives	28	38%
Currently provides much needed support / services for local families / children / babies	18	25%
Detrimental impact of mental health / socialisation / development	17	23%
Safe place / alternative venue is not safe / would not use due to safety concerns	12	16%
Current building provides good facilities / parking / nice environment / not available at alternatives	6	8%
Detrimental effect on community / much needed by community	4	5%
Services would suffer if moved elsewhere / insufficient provision / oversubscribed / would current services be available	4	5%
Health visitors / midwifery / maternity services offered currently / difficult to access elsewhere	3	4%
Costly to travel elsewhere / insufficient public transport / increase carbon emissions	3	4%
Population increase / new homes will need these facilities / demand will increase	1	2%

Some example verbatims to support the key themes can be found below:

“Facilities for disabled adults are a rarity To have a facility in a highly residential area is invaluable. Dartford library cannot offer the same opportunities as a resource centre.”

“Youth club at Dartford Bridge is central to children who live here and to parents of those children. Many parents will not be able to take kids to youth clubs if it is re located. Our children will miss out.”

“My daughter attends the above youth group twice a week and loves it. She has dyslexia and it affects her ability to make and maintain friends. This youth group has helped greatly with this as it has introduced her to other children she may not have otherwise met. It would affect her greatly if this service was no longer available.”

“A lot of us have this on our doorsteps and some won't be able to travel to different locations. If we move to Temple Hill there will be problems with traffic. There are some here with ASD's, the change in location will be too unsettling and cause anxiety.”

“I have been coming here since I was in primary school and this is the only place I can have fun and be social without worrying. All my friends come here. I'd be really upset to see it close. I believe the building should stay open to help more young people to break out of their shell and feel safe here. Also, so many kids only learn social skills because of this sort of club. It's the only one local. We've got great friendships to feel safe with staff and other people. It wouldn't be the same as another youth centre.”

“It will be inconvenient for my child to attend another building. He will therefore miss out on the youth hub he currently attends if Dartford Bridge moves to another building. My son has a really enjoyable time at the youth hub it will be a real shame if this closes. The people who work at the youth hub in my opinion are amazing and great with the children doing an outstanding job and working hard. We could not be without this hub or the people.”

“I think the Youth centre should stay where it is because some children do not have a youth centre to go to that make them feel safe and this youth centre does that. I feel like if the youth centre is moved some children may not be able to get there or feel comfortable moving location. It is also easier to travel to from our homes and when finishing at such a late time some people may not feel safe travelling in the dark. Temple Hill is not the safest place so I feel it is a better idea to keep the location of this youth centre where it is.”

“I think the youth centre on the Bridge is perfect as young children that live on the estate have this hub to go to where they are safe and close to home. If the hub moves to Temple hill they won't have many to places to go as parents will not want their children walking through Temple Hill to get there. Temple is not safe as the bridge estate this would increase potential danger to young people attending.”

Engagement exercise – public events

- As part of the consultation exercise, a public event took place at Oakfield Childrens Centre. 3 people attended.
- Concerns were raised about closures and the impact this would have on getting children 'nursery ready' and proposed co-locations with Brent and Temple Hill closures in particular.

Accessing safe and warm spaces and needing separate sessions for parents of children with disabilities or SEN is considered important.

IMPACT OF PART A 'LEAVE' PROPOSALS - DOVER

CHILDREN'S CENTRES, YOUTH HUBS, HEALTH VISITING AND CHILDREN AND YOUNG PEOPLE'S COUNSELLING SERVICE

This section of the report summarises impact feedback from consultees for specific buildings featured in the consultation in Dover.

BLOSSOM'S CHILDRENS CENTRE

Children's Centres and Youth Hubs

- 131 impact comments were received via the consultation questionnaire.
- 74% of those providing a comment noted the centre provides much needed support / services for local families in the area and 59% comment it is used frequently / seen as a lifeline.
- Users value the centre as being walking distance and they won't be able to access the proposed alternative(s) (41%).
- 37% express concerns that proposals for the centre will have a detrimental impact on users' mental health / development.

Please tell us how you think you or the people in your household will be impacted by the proposal? Base: all answering (131)

	Number of consultees answering	% of consultees answering
Currently provides much needed support / services for local families / children / babies	97	74%
Use frequently / essential / needed / lifeline / do not close / lost without it / loss of access to services	77	59%
Current building in walking distance / accessible / won't be able to walk / access alternatives	54	41%
Detrimental impact of mental health / socialisation / development / counselling service much needed	48	37%
Health visitors / midwifery / maternity services offered currently / difficult to access elsewhere	38	29%
Current building provides good facilities / parking / nice environment / not available at alternatives	31	24%
Costly to travel elsewhere / insufficient public transport / increase carbon emissions	28	21%
Use nursery / nursery is needed	28	21%

	Number of consultees answering	% of consultees answering
Detrimental effect on community / much needed by community	22	17%
Services would suffer if moved elsewhere / insufficient provision / oversubscribed / would current services be available	19	15%
Population increase / new homes will need these facilities / demand will increase	14	11%

Some example verbatims to support the key themes can be found below:

“Blossom’s Children’s Centre is somewhere that I have visited and used A LOT since my first born in 2019. I am very familiar with the centre and the services in which it provides. I have visited the centre 1-2 a month, and I’d also like to mention that my children attend the nursery inside of Blossoms. Removing this centre would impact not just my family, but hundreds of others who I know also disagree with this proposal. It is easily accessible, for a start. It holds a wide range of services from health visiting to children/baby groups. We already lack things like this in the county, especially Deal/Dover area. And now you want to remove a permanent, stable facility and make it more difficult for people to access by co-locating and constant moving of these services? It doesn’t make sense. I’m sorry to hear that the government is running out of money but I do believe there are more important factors out there than could be looked into / removed, rather than affecting the young lives of our children and making it more difficult for parents/carers..”

“Blossom Children’s Centre is a short walkable distance from my home and as I don’t drive that means I can frequently attend sessions at the centre. It moving to the Youth Hub will mean further to walk or the need to get the bus. I know the centre is a safe environment for me and my child, making us both feel relaxed and able to enjoy activities and use services like the HV (features like the manned reception, door locks/secure entry system, additional locked internal door to access rooms, etc.). I am not confident the same level of safety and security could be achieved at the Youth Hub and I would not feel comfortable using space that is shared with young people, particularly those who have behavioural issues, complex support needs or youth offenders. The children’s centre has certain features like heated floors that I doubt could/would be replicated in the Youth Hub turned Family Hub. The heated floors help ensure a comfortable environment for babies and their parents/carers, especially as so much time is spent on the floor or at a low level. We wouldn’t have been so comfortable doing baby massage without this, or during the baby groups. The centre is also an incredibly colourful and stimulating environment, with bright posters and children’s artwork on the walls; it feels like it belongs to the children – it’s their space and they can explore/experiment/express themselves freely and safely there. The Youth Hub turned Family Hub would not be able to replicate this as to accommodate all age ranges the space would need to be kept almost like a blank canvas, with age/group appropriate decoration/equipment etc only being brought out/uncovered for specific sessions.”

“Blossoms provides a good local service to Walmer, especially Mill Hill. Its location adjacent to a state school suggests an opportunity to make use of it still as an educational asset while maintaining the health visiting and classes. Due to its location and access it’s not suited to other uses very easily. While Deal is not far on paper - for those with very

young children the bus service is poor and much less accessible in comparison to a relatively shorter walk to Blossoms. New family homes are currently being constructed at volume on the outskirts of Walmer, likely to increase the 0-5 population significantly in the next five years.”

“Enormously. I cannot state strongly enough how devastating the impact of the closure of Blossom would be. My children have both developed enormously through the social interactions provided to them through the baby and toddler groups at Blossom. This was never clearer than when the first lockdown hit and I witnessed first-hand the "backward" step my son took due to the sudden loss of interaction with his peers at 18 months old. The outgoing, confident and 'clever' child becoming timid and reserved due to lack of interaction with peers. Blossom stepped in again to save the day with the amazing Nursery which would also no doubt be lost, Brambles, housed within the Blossom centre. Economically it was a huge stretch for us to pay for childcare. We struggled with this but did so for our children's benefit but if the groups had been available it would not have been necessary. It was done purely due to the absence of groups. So many parents will not have that option, not the financial positioning to pay for the paid for children's groups locally. The cost of travel to Dover will be exclusionary and so these children will not have the educational benefits of play with peers, nor the opportunities for help which come from parents being permitted a forum to express their concerns. My partner is autistic but will utilise groups with our daughter within the locality. He does not drive and is disabled by public transportation. In short, he will be excluded in a way which is tantamount to discrimination.”

“I don't often do surveys but i have felt nothing but disappointment with our council to even think about closing Blossoms in Deal. It is a lovely new building, great facilities, great staff, my little girl absolutely loves going there, one of her first words was 'Blossoms'. It's a great community where kids can socialise and learn new skills from each other. The thought of going to an overcrowded centre and online services, we won't even bother with it just like a lot of people we have spoken to. Blossoms have benefited a lot of children from around the area, with increasing population around the Walmer / Deal area the council want to shut down centres just like they did with Walmer School. A nice new building, wanting to 'save money'. Think about all the money you have wasted building them not to use them. It really is disgusting.”

“I use Blossoms for baby groups which are so important for the wellbeing of myself and my baby. I've used Blossoms in the past for parenting courses, adult education and the nursery that shares the building. If you remove Blossoms you remove invaluable support for me and my children, I have a disability and I've received years of support from Blossoms.”

“This centre is a lifeline to families with young children. I attended the baby and toddler groups with both of my children when they were young, and my now 8 year old is autistic and struggling with his mental health. The children's centre are still providing support and advice for him. They are working on building his confidence and self-esteem. Without this service, I dread to think where he would be with his mental health. As a parent to very young children, the baby and toddler groups provided much needed socialisation for both my baby and me, during a time I found very difficult due to anxiety and depression. The staff are so friendly and supportive and provide such a nurturing environment and provided easy access to advice from health visitors. I honestly believe it would be extremely damaging to our community and society as a whole if our children's centre were to close.”

“I’ve used this centre a lot through my pregnancy and my son’s early years. It’s well located for me and a nice venue with friendly approachable staff. I wouldn’t want to lose the centre to have to travel to Dover or nearby, it wouldn’t be cost effective. An outreach service like in a village hall etc, offering the services Blossom offers would not be as private or professional.”

“New houses already approved KCC mean many more children in Walmer need localised services. Swathes of new housing and growing populations desperately need this LOCAL vital service.”

“You are closing a centre in a town which is expanding. I have taken my son there to be seen when I struggled to see a GP. The more support families can access in the early years would mean less support later on. Ultimately saving KCC money. The funding and service cuts to children’s services has already had a drastic negative impact and KCC are wanting to cut more services.”

“I would say the building is one of the most suitable in Dover area for a family hub model. Numerous rooms, space and booked out almost all of the time, groups and services are busy and the only centre with a bespoke garden which would be a shame to lose.”

“We strongly urge Kent County Council to reconsider the closure proposal for the following reasons: 1) Blossoms Children’s Centre contains a day nursery, primary school and Sure Start centre on a single site, giving comprehensive cover for families in Warner. The alternative provision is either not available, or located at some distance, which requires a bus ride (if available), and the manhandling of a pram on and off a bus. 2) Moving the facility to the Deal youth hub, fails to consider the differing needs of 0-8 year olds and 11-17 year olds. The Deal youth hub consists of a single large room with 3 smaller side rooms for specialised services. There is no room for the younger children on site. The educational material available for 11-17 year olds is inappropriate for younger children. In our opinion it will be impossible to separate both age ranges within a single building given the limited facilities available at the Deal youth hub. 3) Where will the specialist equipment located at the light and sound sensory room, at Blossoms be relocated, as this was only purchased recently. There does not appear to be adequate room to locate this valuable equipment at the Deal Hub. 4) Relocating the Children’s centre to the Deal Youth Hub, will require a baby changing facility to be fitted, is this in the relocation plan? Where will it go? 5) Blossoms hosts a weekly visit from a Health Visitor, where and how will this valuable service be located at the Deal Youth Hub, as it requires a private room for consultations to take place? This would be a list amenity to new parents if it was no longer available. 6) During the holidays when the hub is open to 11-17 year old children, how will baby classes continue? Losing the baby classes or not catering to the needs of 11-17 year olds would represent an unsupportable loss of amenity for the children of the area, in both age ranges.”

“The Youth Centre building down in Park Avenue, has one central hall, and a number of rooms off it. It would need a lot of modification to make it suitable for both a children’s centre AND a youth centre. All changes and building works will cost money. I understand you do have money for modifying buildings, but with the population growth in Deal, maybe you should consider leaving Blossom AND providing a smaller children’s centre in Deal. Particular problems with sharing spaces at the Youth centre will occur in the holidays, when the youth workers have a full program of activities for teenagers. What happens to the children’s centre programs then with the large entrance space? Where are the teenagers to meet?”

Health Visiting Service

- 91 impact comments were received via the consultation questionnaire.
- 52% of those providing a comment noted the centre provides much needed support / services for local families in the area and 48% comment it is used frequently / seen as a lifeline.
- Users value the centre as being walking distance and they won't be able to access the proposed alternative(s) (42%).
- 19% express concerns that proposals for the centre will have a detrimental impact on users' mental health / development.

Please tell us how you think you or the people in your household will be impacted by the proposal? Base: all answering (91)

	Number of consultees answering	% of consultees answering
Currently provides much needed support / services for families / children / babies	47	52%
Use frequently / essential / needed / lifeline / do not close / lost without it / loss of access to services	44	48%
Health visitors / midwifery / maternity services offered currently / difficult to access elsewhere	39	43%
Current building in walking distance / accessible / won't be able to walk/access alternatives	38	42%
Current building provides good facilities / parking / nice environment / not available at alternatives	19	21%
Detrimental impact of mental health / socialisation / development / counselling service much needed	17	19%
Services would suffer if moved elsewhere / insufficient provision / oversubscribed / would current services be available	17	19%
Costly to travel elsewhere / insufficient public transport / increase carbon emissions	15	16%
Use nursery / nursery is needed	10	11%
Detrimental effect on community / much needed by community	7	9%
Population increase / new homes will need these facilities / demand will increase	7	8%

Some example verbatims to support the key themes can be found below:

“Blossoms is ideal for parents living in Deal to access a HV face to face. Not every parent drives and to be honest the transport isn't the best and services have been cut. It's

important to be able to access a HV face to face and taking blossoms away from the parents in deal would be detrimental to the service.”

“Midwife appointments are held here; you can get advice easily - it is vital to the people of Deal. It is the only Children's centre located in Deal in which you can have midwife appointments and health visits. I use it regularly.”

“Having health visiting services locally is invaluable. If people have to travel further for weighing clinics, advice and general appointments, they may be unable to attend due to travel costs. This is unacceptable. These services NEED to be accessible. It is unbelievable that it is even a consideration to close children's centres and limit access to health visitors.”

“As a new parent having Blossom Children’s Centre in Deal with regular sessions is vital for my mental health and being able to take my baby to these sessions to socialise and also get advice. You have just invested in an amazing sensory room here also only to threaten to close it. The logic isn’t there. You will be cutting us off from support groups in a town we are comfortable visiting.”

“I do not understand who you are planning to try to put different services all in one place but are planning to close a building that already has a lot of the services in one place. The health visitors helped me when I had post-natal depression but it took a lot of courage for me to go there and ask for help and I don't know if I would have been able to do that if I would have had to take a bus/train 8miles to another town first in order to do that.”

“It is a safe, clean and professional environment which provides privacy when speaking to the HV. I've attended a community HV space today and didn't feel I could talk about my private and emotional wellbeing due to being in an open room.”

“The Health Visiting service is extremely popular in this community. Due to its proximity and walk-in availability, the service that runs from 9-11:30am has a constant flow of babies and parents. These babies are weighed and receive a general examination by Health Visitors whilst parents receiving advice from breastfeeding, weaning, sleeping etc. The face to face interaction allows Health Visitors to take action upon any signs of mental health or domestic abuse. This takes a huge pressure of the NHS. If the Health Visitor service is moved out of Blossoms, parents would be discouraged to make the journey. Blossom offers a safe environment and is accessible to many without the hassle of public transport, parking or traffic.”

Children and Young People's Counselling Service -

- 57 impact comments were received via the consultation questionnaire.
- 52% of those providing a comment noted they use the centre frequently / it is seen as a lifeline (for counselling and other services) and 51% comment it provides much needed support / services for local families in the area.
- 32% express concerns that proposals for the centre will have a detrimental impact on users' mental health / development.
- Users value the centre as being walking distance and they won't be able to access the proposed alternative(s) (21%).

Please tell us how you think you or the people in your household will be impacted by the proposal? Base: all answering (57)

	Number of consultees answering	% of consultees answering
Use centre frequently / essential / needed / lifeline / do not close / lost without it / loss of access to services	32	56%
Currently provides much needed support / services for families / children / babies	29	51%
Detrimental impact of mental health / socialisation / development / counselling service much needed	18	32%
Current building in walking distance / accessible / won't be able to walk/access alternatives	12	21%
Health visitors / midwifery / maternity services offered currently / difficult to access elsewhere	9	16%
Costly to travel elsewhere / insufficient public transport / increase carbon emissions	9	16%
Services would suffer if moved elsewhere / insufficient provision / oversubscribed / would current services be available	7	12%
Use nursery / nursery is needed	7	12%
Detrimental effect on community / much needed by community	4	7%
Population increase / new homes will need these facilities / demand will increase	4	7%
Current building provides good facilities / parking / nice environment / not available at alternatives	3	5%

Some example verbatims to support the key themes can be found below:

“I was unaware of this service but believe there is a great need for this during post covid. The mental health impact lockdown has left a lot of children needing this service. Again, regardless of what building, the service needs to be accessible for the community.”

“Counselling services are imperative. If we don’t have this or the offering is reduced people will suffer.”

“We will be devastated to see it go. Knowing that the building and staff are there as a safe space if we have any concerns or need support has been invaluable during our son’s first year.”

“No support , affecting one’s mental health further increasing post-natal depression anxiety socialisation of babies and children’s affecting development and milestones.”

“You will be cutting people off from using services, from socialising and finding somewhere to go and meet new people. After lockdown we need to build our community up, not tear it apart by removing more services.”

Engagement exercise – public events

- As part of the consultation exercise, a public event took place at Deal Library. 18 people attended.
- Concerns were raised about the potential loss of the sensory room at Blossom Children’s Centre, the centre being considered safe and secure, access to alternative transport, new development in the area and the established relationships with staff. An attendee commented that as it is a small building, it is ideal to take deaf child to as it's small and less overwhelming than bigger centres.

SUNFLOWER CHILDREN'S CENTRE

- 40 impact comments were received via the consultation questionnaire.
- 63% of those providing a comment noted the centre provides much needed support / services for local families in the area and 58% comment it is used frequently / seen as a lifeline.
- Users value the centre as being walking distance and they won't be able to access the proposed alternative(s) (48%).
- 43% express concerns that proposals for the centre will have a detrimental impact on users' mental health / development.

Please tell us how you think you or the people in your household will be impacted by the proposal? Base: all answering (40)

	Number of consultees answering	% of consultees answering
Currently provides much needed support / services for local families / children / babies	25	63%
Use frequently / essential / needed / lifeline / do not close / lost without it / loss of access to services	23	58%
Current building in walking distance / accessible / won't be able to walk / access alternatives	19	48%
Detrimental impact of mental health / socialisation / development	17	43%
Costly to travel elsewhere / insufficient public transport / increase carbon emissions	12	30%
Health visitors / midwifery / maternity services offered currently / difficult to access elsewhere	9	23%
Detrimental effect on community / much needed by community	6	15%
Population increase / new homes will need these facilities / demand will increase	3	8%
Current building provides good facilities / parking / nice environment / not available at alternatives	3	8%
Services would suffer if moved elsewhere / insufficient provision / oversubscribed / would current services be available	2	5%

Some example verbatims to support the key themes can be found below:

“The Sunflower Children's Centre serves the local community of Elvington, an area of high deprivation. A Children's Centre in this locality is an essential lifeline for many struggling local families. Travel, even to the nearest villages is increasingly difficult as a consequence of the recent cessation of bus services.”

“My daughter and I visit the Sunflower Centre every week. They really have been an integral part of her development so far. The groups are always full of engaging activities and the staff are always on hand for advice or just a friendly chat when you need support. When possible The team take on board the individual requests of the children for activities. We both look forward to our visits and miss them in the holidays when they don’t run. We don’t always have access to a car so will not be able to access the groups if they are moved to the town. All of the staff at sunflower are absolutely amazing and it would be a massive shame for the local community if the centre was too close. From the moment you walk through the door at sunflower and are greeted, you instantly feel welcome and at ease, which is really important for any parents who may feel nervous about attending groups. When I first started attending the groups I didn’t know anyone there, but we have made friends with lots of the other parents and children. Please don’t take sunflower away from our community.”

“Hugely. We go there at least 3 times a week, unless ill. It has helped me emotionally so much after having my daughter. It is a safe haven somewhere we feel safe and secure. It's a support network we wouldn't and many others in the village wouldn't have without it. There's nothing else there for us. Public transport is awful. It is good for our mental health. Not to mention how amazing it has been for our children, they are growing and learning so much from Sunflowers. Please reconsider. Look elsewhere.”

“I know myself and friends use this provision for their children. I travel to this location as my daughter enjoys the safety and environmental of this centre. My friend loves in the village and finds it a quick walk to access this for her son. The staff at this centre are amazing and attempt to encourage others to attend this centre but I've found that the advertising for this centre and that people are able to access children's centres out of their area are limited.”

“Sunflowers Children Centre is able to provide services and support to a very remote area. Currently Elvington/Eythorne has one bus a week go out to the villages so it is not an easy option for families to travel to another centre as you're proposing, this could really exclude people who do not have other forms of transport and stops them from accessing vital services for them and their children. I strongly disagree with the possibility of it closing. I write this with my sister in mind who lives in Elvington and is currently pregnant, she does not drive. She has recently been made aware of the current activities and groups and is hoping to access these once her child is born in the summer. Again if sunflowers closes she would really struggle to find somewhere else or to travel to another children's centre.”

“Without this even with the most groups aimed at mother and babies, my ASD child would have nothing as only group can get too due to transport or non pathed roads making accessibility high priority when considering removing. Also able to talk to friendly non-judgemental staff about everyday issues or other services that could help. Without them myself and children with ASD would be left in most vulnerable state and would be left with nothing and be forced into a more isolated situation.”

Engagement exercise – public events

- As part of the consultation exercise, an engagement event took place at Sunflower Children’s Centre. 9 people attended.

- Concerns were raised about ability and distance to travel to alternatives and/or outreach, the quality of local transport and the importance of the service given to the local community to date.

IMPACT OF PART A 'LEAVE' PROPOSALS – FOLKESTONE AND HYTHE

CHILDREN'S CENTRES, YOUTH HUBS AND HEALTH VISITING

This section of the report summarises impact feedback from consultees for specific buildings featured in the consultation in Folkestone & Hythe.

HAWKINGE CHILDREN'S CENTRE

Children's Centres

- 48 impact comments were received via the consultation questionnaire.
- 71% of those providing a comment noted the centre provides much needed support / services for local families in the area and 69% comment it is used frequently / seen as a lifeline.
- Users value the centre as being walking distance and they won't be able to access the proposed alternative(s) (33%).
- 33% express concerns that proposals for the centre will have a detrimental impact on users' mental health / development.

Please tell us how you think you or the people in your household will be impacted by the proposal? Base: all answering (48)

	Number of consultees answering	% of consultees answering
Currently provides much needed support / services for local families / children / babies	34	71%
Use frequently / essential / needed / lifeline / do not close / lost without it / loss of access to services	33	69%
Current building in walking distance / accessible / won't be able to walk / access alternatives	16	33%
Detrimental impact of mental health / socialisation / development	16	33%
Detrimental effect on community / much needed by community	12	25%
Costly to travel elsewhere / insufficient public transport / increase carbon emissions	8	17%
Health visitors / midwifery / maternity services offered currently / difficult to access elsewhere	8	17%
Current building provides good facilities / parking / nice environment / not available at alternatives	7	15%

	Number of consultees answering	% of consultees answering
Services would suffer if moved elsewhere / insufficient provision / oversubscribed / would current services be available	5	10%
Population increase / new homes will need these facilities / demand will increase	2	4%

Some example verbatims to support the key themes can be found below:

“A devastating blow to new mums in Hawkinge. That centre gave me a reason to get up each day, i attended several groups there each week with both my children, I would not have done this is I had to of travelled. Getting to Folkestone isn’t the answer to this. New mum suffering depression isn’t likely to get a bus if they can’t drive. Devastating to Hawkinge to lose a great facility.”

“By not being able to walk to your local centre which serves the town of approximately 10,000, then being forced to ever use public transport or to drive a 5 mile round trip to another centre in another community which will increase the demand in that centre therefore decrease in the availability of appointments and sessions delivered. Absolute insanity!”

“You cannot underestimate the impact on people without transportation as a result of closing this building. Currently a community midwife makes use of it which was a wonderful way to introduce me to services provided there. Equally this centre is used by people in the rural community. Every activity I have gone to here has always been full and so I would be amazed to see how those services could be redistributed without more people missing out! People with limited or no transportation will be impacted greatly.”

“Closing this centre will reduce the councils individual carbon footprint but massively increase the counties! Rather than have a small number of staff attend the site the whole community would need to travel somewhere much further away. Public transport is barely an option for this area as it’s u reliable and takes an unreasonable amount of time. It’s taking your carbon footprint away and increasing a while communities which needs to be calculated it’s a poor excuse. The negative effect this will have on the mental wellbeing of the vulnerable children in this area is unnecessary and unacceptable.”

“Hawkinge is a town and needs services. It is growing, so why remove services? We would struggle to reach Folkestone at appointment times as the services are not all on the bus route and travelling with small children is difficult if there are health worries.”

“Again these are a huge part of my daughter week, we attend 2+ classes a week and they are times where she can be with other children playing and learning, they’re massively important for her development.”

Health Visiting Service

- 33 impact comments were received via the consultation questionnaire.
- 64% of those providing a comment noted the centre is used frequently / seen as a lifeline. 36% comment that it provides much needed support / services.
- Users value the centre as being walking distance and they won't be able to access the proposed alternative(s) (39%).

Please tell us how you think you or the people in your household will be impacted by the proposal? Base: all answering (33)

	Number of consultees answering	% of consultees answering
Use frequently / essential / needed / lifeline / do not close / lost without it / loss of access to services	21	64%
Current building in walking distance / accessible / won't be able to walk / access alternatives	13	39%
Health visitors / midwifery / maternity services offered currently / difficult to access elsewhere	13	39%
Currently provides much needed support / services for local families / children / babies	12	36%
Costly to travel elsewhere / insufficient public transport / increase carbon emissions	6	18%
Detrimental impact of mental health / socialisation / development / counselling service much needed	5	15%
Detrimental effect on community / much needed by community	4	12%
Services would suffer if moved elsewhere / insufficient provision / oversubscribed / would current services be available	3	9%
Current building provides good facilities / parking / nice environment / not available at alternatives	2	6%
Population increase / new homes will need these facilities / demand will increase	1	3%

Some example verbatims to support the key themes can be found below:

“This is the most important for us personally. We rely on these groups for company, learning and development. They have been a huge part of my life since having my daughter and I believe they bring structure and enjoyment to a lot of mums in our local area. We would be lost without this facility.”

“When I was pregnant, the midwife appointments were local to Hawkinge. This not only helped with the practicalities (when at RVH I had to park a distance away and struggled to walk to the appointment), but also allowed me to meet other local parents. The children’s

groups in Hawkinge are fantastic and help build the community of young parents. It would be such a shame if we all got grouped together in Folkestone because fewer friendships would continue outside the groups.”

“This centre was a lifeline when I had new-borns. It was a hub for new parents in the community. It will be a huge loss to our town.”

“If you close Hawkinge children's centre I won't be able to take my daughter to her Friday session. Until lockdown hit I was taking her to 3 sessions a week there. I loved that I didn't have to drive or get a bus anywhere else and this worked so well for me with a child under 6 months. I'm now pregnant with my second and am so happy that I can have midwife care where I live rather than being forced to have to go to Folkestone. I also know I have 2 sessions I can take my new baby to without having to travel. I have made friends both with people who work at the children centre in Hawkinge and other mums who have attended there. Those mums live in Hawkinge so I can meet them. I have used the Folkestone children's centres but never found them as nice as the Hawkinge one. There are so many mums and dads in Hawkinge, you would really be taking from us by closing the Hawkinge centre. We would be so impacted if you closed it as I don't think I would feel like taking either of my children to a different centre. The ease of just walking to my centre in my town rather than having to factor in all the time to have to go to Folkestone and get to the centres there.”

“You state that part of your decision making process was driven by reducing carbon emissions. How on earth does closing a centre in Hawkinge that people can walk to, which forces them to make a 5 mile round trip = reducing emissions. Absolute jibber jabber. Denying our community the facility to visit a local centre is not acceptable.”

Engagement exercise – public events

- As part of the consultation exercise, a public event took place at Wood Avenue Library. 11 people attended.
- Concerns were raised about ability and distance to travel to alternatives, the local area having a high level of need and what potential outreach solutions will look like.

LYDDLE STARS CHILDREN'S CENTRE

- 40 impact comments were received via the consultation questionnaire.
- 70% of those providing a comment noted the centre provides much needed support / services for local families in the area and 40% comment it is used frequently / seen as a lifeline.
- Users value the centre as being walking distance and they won't be able to access the proposed alternative(s) (30%).
- 30% express concerns that it is costly to travel elsewhere / there is insufficient public transport to access proposed alternative(s).

Please tell us how you think you or the people in your household will be impacted by the proposal? Base: all answering (40)

	Number of consultees answering	% of consultees answering
Currently provides much needed support / services for local families / children / babies	28	70%
Use frequently / essential / needed / lifeline / do not close / lost without it / loss of access to services	16	40%
Current building in walking distance / accessible / won't be able to walk / access alternatives	12	30%
Costly to travel elsewhere / insufficient public transport / increase carbon emissions	12	30%
Detrimental impact of mental health / socialisation / development / counselling service much needed	10	25%
Detrimental effect on community / much needed by community	9	23%
Health visitors / midwifery / maternity services offered currently / difficult to access elsewhere	7	18%
Services would suffer if moved elsewhere / insufficient provision / oversubscribed / would current services be available	7	18%
Current building provides good facilities / parking / nice environment / not available at alternatives	4	10%

Some example verbatims to support the key themes can be found below:

"I think the closure of Lyddle Stars Children Centre could have a devastating effect on our son. We currently come twice a week to the centre to join in the activities and socialise. Although New Romney offer more sessions we don't go as it is always quite busy sessions. My son is autistic and doesn't tend to do well in busy classes, which is why Lydd has been so perfect for us. The staff are lovely and know him so well and he's able to safely explore without becoming overwhelmed. I think pushing Lydd and Dymchurch into New Romney is

a mistake as you will create sessions that will need to be booked, meaning many will miss out or like myself just unimaginable for my son to attend.”

“Lydd children centre gives me a reason to get out of my house. If the building closes I am worried about my mental health it can impact on.”

“Even though this centre is a part time centre, more and more families are starting to access the building and services. It is also quite a distance from the nearest centre that is proposed to remain open and this means families are going to have to pay travel costs to get to the centre.”

“As a parent, I have used the midwife & health visitor services and consequently parent groups. I have also enjoyed the local community events that the children’s centre have organised. As a Teacher at the adjoining school, we have a close working relationship with the children’s centre, who play a vital role in supporting the parents of our Nursery children. As a deprived area, it is vital these services remain open for those that live locally and who need to walk to these services, because the effort, cost and logistics of a parent taking a child in a buggy or other on public transport to an outreach centre or similar is just not feasible.”

“Massively. The groups/support in the area are next to none without the children's centres. The staff have become a part of the community who people trust and feel they can approach for help/support/understanding. Without the Centre there would be no groups for me to attend with my socially deprived toddler (due to lockdown). We rely on these groups for his social development, interaction and entertainment. I rely on them for peer support, expert help, signposting and a sympathetic ear when needed. These centres provide such a huge lifeline to EVERYONE in the community from all walks of life. They are a safe place, a social place, a helpful place and so much more. Without them we will literally have nothing locally for our children and parents. The maternity and child health clinics that run from the centres are invaluable, without them you would find many families disappear or fall through the cracks as they are vulnerable and it takes a lot to attend, if they have to catch a bus or taxi it probably wouldn't happen. Money is short for everyone right now and if it's a choice between feeding your children or paying a bus fare then the children would win.”

“Since reopening from lockdown the figures for families attending the centre have increased greatly, people are making good friendships and the children are happy and confident in the environment that we are providing to them. We have one child who is Autistic and he has become so confident and is developing because of the environment, he is aware of his surroundings and mum does not have to worry about him hurting himself as he now has a routine when he attends the groups. Some of these families do not drive or are able to get public transport to other centres due to bus routes and the amount of buses running being cut. This will have a huge impact on the development of these young children who come here before starting nursery, they have now got friends that they will go through the school journey with together. Parents are getting to meet other parents that live nearby and arrange social meetings and without Lydd'le stars this will not happen. One parent who has a 4 month old said this centre is the only place they can come and be with other people that are going through the same journey as them and without it they will have no one.”

“Lydd'le Stars has only been allowed to open on a part-time basis since the end of lockdown. This has resulted in restrictions on the number of groups delivered, and services

accessing the buildings. Many have gone without this vital component in their hour of need for too long. It's time for some investment in this service to this community which has suffered generations of deprivation, has a high SEND need and return to a full-time service. The alternative if it closes is an increased need which will be more serious, have greater consequences and our extensive pressure on other KCC services, particularly Social Services. These families will not travel to other centres but others will travel to it. Although on school site it is completely independent and can lend itself to do many services.”

“This will not directly affect me or my family but to close this Children's Centre will mean that families will need to travel 4 miles to New Romney, which can be impossible and expensive on public transport, especially as Lydd is relatively isolated. If the building needs to close then the services provided need to either be co-located or hire facilities for sessions so that they can be available to local residents.”

“This is the only accessible hub within walking distance. It provides community activities, school holidays activities, as well as health visitor and speech therapy support, in addition to midwifery support. If this was lost, the children of Lydd would be so impacted. My child would have no activities within walking distance and for free. Even if using a car that would still cost at least £4 to travel to New Romney the only planned centre to leave open for a community which covers 100 square miles of Romney Marsh, as also planning to close Dymchurch. How on earth do you think one centre will ever the capacity for that number of children?”

“There is very little help for anyone in Lydd. The public transport is inadequate and unreliable. It is very difficult to use public transport to access services anywhere else. If services are cut in Lydd families who don't own cars may be unable to access children's centres altogether. This means they may not be able to improve their understanding of their children's health, wellbeing and development. It would have a negative effect in the mental and physical health of families in the area.”

Engagement exercise – public events

- As part of the consultation exercise, an engagement event took place at Lydd’le Stars Children’s Centre. 30 people attended.
- Concerns were raised about the potential lack of safe and suitable venues for outreach (Lydd library is perceived to be too small for example), the location of the centre to current users, the importance of the outdoor space the centre offers, concern about parking and space at New Romney and concern about local public transport.

DYMCHURCH CHILDREN'S CENTRE

- 28 impact comments were received via the consultation questionnaire.
- 68% of those providing a comment noted the centre provides much needed support / services for local families in the area and 64% comment it is used frequently / seen as a lifeline.
- Users value the centre as being walking distance and they won't be able to access the proposed alternative(s) (25%).
- 25% express concerns that proposals for the centre will have a detrimental impact on users' mental health / development.

Please tell us how you think you or the people in your household will be impacted by the proposal? Base: all answering (28)

	Number of consultees answering	% of consultees answering
Currently provides much needed support / services for local families / children / babies	19	68%
Use frequently / essential / needed / lifeline / do not close / lost without it / loss of access to services	18	64%
Current building in walking distance / accessible / won't be able to walk / access alternatives	7	25%
Detrimental impact of mental health / socialisation / development	7	25%
Costly to travel elsewhere / insufficient public transport / increase carbon emissions	5	18%
Services would suffer if moved elsewhere / insufficient provision / oversubscribed / would current services be available	4	14%
Health visitors / midwifery / maternity services offered currently / difficult to access elsewhere	3	11%
Current building provides good facilities / parking / nice environment / not available at alternatives	2	7%
Detrimental effect on community / much needed by community	1	4%

Some example verbatims to support the key themes can be found below:

“Hugely, my daughter and I visit regularly, meeting other friends there. The baby groups we attend are hugely important for both my daughter’s development and my mental well-being. Being able to have time with likeminded people and be out the house is a saviour for us.”

“This is our closest centre. Not having access to this would put me off using the service at all. It’s very central and convenient to the local people.”

“It is the families in need of support in the Dymchurch area who will feel the biggest impact, this has been the case for many years now, there are not enough services offered at Dymchurch for families to engage in and therefore they do not register. There are more and more families being relocated to the marsh and they simply cannot find the support, with many of them unable or unwilling to travel to New Romney or even further to Folkestone. Many of them cannot afford public transport and do not own a car The most needy families are the once who are impacted the most by the loss of children's centres in general without relocating what they do have to even further away.”

“My baby would not have social interactions with other children. I am new to this area and already find Dymchurch a very isolating lonely place to live. If I did not go to the Children’s centre. Which I go to all sessions held there weekly. My child and I would not interact with other children/ adults. As an early years trained educator, the importance in early development is social and emotional, it is detrimental to the foundations of children’s life. You see the effects of lock down on speech and language and children’s ability to socialize. By taking away things such as the children’s centre you then create problems elsewhere as there becomes a percentage of children who do not gain this early socialization, being involved in singing (start of speech and language development). My daughter 9 months is very clingy and doesn’t like to be separated from me. Going weekly to Dymchurch Children’s Centre, she has become more confident and seeing familiar faces of people who attend, has really grown in confidence and will happily leave my side and interact with other children and adults. No other place we go does she do this. With no children’s Centre in Dymchurch, a very rural village my daughter will not meet and socialize and I also would be very isolated and lonely.”

“Less access to health visitors which should have never been separated from the Doctors surgery. So if you are taking local health care away then put them back in the drs surgery! The early years are the most important years of anyone’s life by taking support and guidance away from people it would be putting many at risk, parenting skills are not always easy and without the correct guidance children would face an uncertain future, especially in a deprived area. Parents need support I am talking as a grandmother who accessed the services when bringing up my own children without the support from health visitors or early years groups I would have struggled.”

FIVE - SHEPWAY YOUTH HUB

- 16 impact comments were received via the consultation questionnaire.
- Those commenting noted the value of the services provided and their contribution to the local community. Some highlighted that the centre is needed to provide somewhere for young people to go in the district.
- There appears to be some confusion over the proposed re-location of the service provision.

Some example verbatims can be found below:

“I have been going for 6 years and it’s just the best place and taking this away is the worst idea possibly a lot of young people benefit from this service.”

“Folkestone Youth Hub should remain open it is imperative for youth in the town to have a hub where they can go for help/advice and support and to access support and youth groups.”

“This building is proposed to close. I think the youth service is vital for the young people it serves and their families having previously been a client of this service/centre. I don’t know where I would be without the support, guidance and opportunities of them.”

“There are no youth hubs in Folkestone/Hythe District if this is to close. Young people need their own separate space away from children's centres. Placing 0-18 year olds together in one building is not appropriate.”

“I feel the move to Folkestone Early Years will be positive as it will give us more outdoor space for the young people using the facilities, but I feel there will have to be some modifications made to accommodate our service.”

“The closure of Shepway Youth Hub, as a safe secure place for young people to meet, socialise and where early interventions sessions take place, thereby promoting good mental health and wellbeing replaced with an outreach service. The Shepway Youth Hub building is going to remain open for Early Years use, why can't it continue as a Youth Hub in the evening?”

- Separate conversations took place with some of the young people aged 9 to 18 who currently attend the Hub. It is estimated that at least 37 young people gave feedback on the consultation in this way.
- There was some positive feedback in that the service will still be available, there could be opportunities for more space / outdoor space and a family hub environment is appealing.
- Some concerns were raised about adjusting to a new setting / environment / change, staff jobs being impacted and not wanting online session formats.

- They expressed a desire for more support regarding mental health / emotional wellbeing, cost of living and finding jobs, and support that is close to home in terms of distance. Some would like to be involved in planning the format / layout of new space and would like to see a welcoming environment that includes notices and space for particular activities (e.g. music, sport).

IMPACT OF PART A 'LEAVE' PROPOSALS - MAIDSTONE

CHILDREN'S CENTRES, YOUTH HUBS AND HEALTH VISITING

This section of the report summarises impact feedback from consultees for specific buildings featured in the consultation in Maidstone.

EAST BOROUGH CHILDREN'S CENTRE

- 33 impact comments were received via the consultation questionnaire.
- 42% of those providing a comment noted the centre is used frequently / seen as a lifeline and 39% comment it provides much needed support / services for local families in the area.
- Users value the centre as being walking distance and they won't be able to access the proposed alternative(s) (36%).
- 21% comment that the centre could be used by the school or for other activities to keep the centre open.

Please tell us how you think you or the people in your household will be impacted by the proposal? Base: all answering (33)

	Number of consultees answering	% of consultees answering
Use frequently / essential / needed / lifeline / do not close / lost without it / loss of access to services	14	42%
Currently provides much needed support / services for local families / children / babies	13	39%
Current building in walking distance / accessible / won't be able to walk / access alternatives	12	36%
East Borough could be used by school or for other activities	7	21%
Detrimental effect on community / much needed by community	4	12%
Costly to travel elsewhere / insufficient public transport / increase carbon emissions	4	12%
Current building provides good facilities / parking / nice environment / not available at alternatives	4	12%
Detrimental impact of mental health / socialisation / development	4	12%
Health visitors / midwifery / maternity services offered currently / difficult to access elsewhere	3	9%
Services would suffer if moved elsewhere / insufficient provision / oversubscribed / would current services be available	2	6%

Some example verbatims to support the key themes can be found below:

“This is one of the centres I have been coming to since my children were babies. The services they provided got me out the house and out the rut of post-natal depression. I have been coming here for 6 years and if it was to close it would be a huge shame as this isn't far from town and a very good access to it.”

“I cannot get to any other children's centres as they are too far to walk to and there are no buses from near my house to get to any of the others. With the cost of living crisis, their free stay and play sessions are an absolute lifeline of engagement for myself and my daughter.”

“Every week I attend under 1s stay and play and have since my baby was 5 weeks old. This has been fundamental in me coping as a first time mum as I was able to meet other mums in a similar situation. Every week this is a very busy session so I feel it is disappointing to be losing such a lovely venue that is serving the community well.”

“We will not be able to go to there every Monday. This is the only place which my family used regularly in the last 8 years. I moved to the area and I've been friendly welcome. I met new friends in there and I got lots of support. It was our place of meetings with other mums. Now we are not going there every week cause kids are at school but every half term we are using their services. I don't drive, buses don't go everywhere and I can afford taxi to take kids to different children centre. This is the only place in this area and shouldn't be close. You should do more services in here like before pandemic and not shut it down.”

“The residents within East Ward will face a long and quite frankly dangerous journey to access the proposed co-located services. Given that it is widely known in delivering public services those at most risk and in most need are often backwards in coming forward to access services these proposals are basically giving up on them.”

“Living in Barming, I already have to drive to east borough and pay to park. If this one closes I will have to go all the way to park wood. I did this last week. It was so busy I spent an hour and a half waiting just to have my baby weighed. There was no parking. Why living on this side of Maidstone do we have to drive all the way across Maidstone to the more deprived areas.”

“The alternative Children's Centre for East Borough users, as indicated in the consultation document, is Sunshine Children's Centre which is an approximate 27-minute walk from East Borough Children's Centre. The other alternative is Greenfields in Shepway which is an approximate 45 – 48-minute walk from East Borough Children's centre. Whilst both alternative options for East Borough users are more accessible in terms of transport links than Marden, the change is significant. An issue that needs to be highlighted regarding East Borough Children's Centre is its location on the periphery of High Street Ward. Its users are not going to be geographically ringfenced to East Ward. Its service users are most likely to come from High Street Ward which is the most deprived ward in Maidstone borough.”

Children's Centre

- 49 impact comments were received via the consultation questionnaire.
- 70% of those providing a comment noted the centre is used frequently / seen as a lifeline and 63% comment it provides much needed support / services for local families in the area.
- Users value the centre as being walking distance and they won't be able to access the proposed alternative(s) (39%).
- 35% express concerns that it is costly to travel elsewhere / there is insufficient public transport to access proposed alternative(s).
- 29% express concerns that proposals for the centre will have a detrimental impact on users' mental health / development.

Please tell us how you think you or the people in your household will be impacted by the proposal? Base: all answering (49)

	Number of consultees answering	% of consultees answering
Use frequently / essential / needed / lifeline / do not close / lost without it / loss of access to services	33	67%
Currently provides much needed support / services for local families / children / babies	31	63%
Current building in walking distance / accessible / won't be able to walk / access alternatives	19	39%
Costly to travel elsewhere / insufficient public transport / increase carbon emissions	17	35%
Detrimental impact of mental health / socialisation / development	14	29%
Detrimental effect on community / much needed by community	10	20%
Population increase / new homes will need these facilities / demand will increase	9	18%
Health visitors / midwifery / maternity services offered currently / difficult to access elsewhere	5	10%
Services would suffer if moved elsewhere / insufficient provision / oversubscribed / would current services be available	3	6%
Current building provides good facilities / parking / nice environment / not available at alternatives	2	4%

Some example verbatims to support the key themes can be found below:

“Marden children’s centre services a rural area with poor transport links (other than the train station). Marden has lots of families, expanding new build housing, pockets of deprivation. Many residents here will not use the proposed Greenfields or Cranbrook hubs if they don't own a car, as they will not be able to get to them and it is not practical for families with young children to catch a bus to these venues. Parents will only use services that they can easily access. I feel strongly that the services offered by Marden children's centre need to continue to be offered in Marden but these could potentially be co-located in Marden library for instance.”

“Marden Children's Centre is a lifeline to many parents. Enabling parents to make connections with other parents, get advice, reduce parental loneliness and gain confidence in a relaxed atmosphere. Activities are varied and support holistic development of children under 5. The proposed changes to using Cranbrook's facilities instead, is unrealistic in many cases as this is impossible to reach by public transport - Paddock Wood or Staplehurst are more realistic.”

“You are alienating rural communities with little to no transport as it is. You cannot expect poorer families being able to access in the middle of Maidstone without a good transport network in place.”

“Removing this children’s centre effectively provides us with no alternative. The centre has been a life saver (literally) for parents in Marden. It has strengthened the community and is an essential service that should be provided for families in Marden.”

“It would have terrible effect on the community. My son enjoys going to the stay and play and has previously used the baby massage and under 1 groups. There are limited other groups in the area. Given the scale of house building and people with young children in the area this will be a big loss to the community. Cranbrook is difficult to access on public transport, especially as there is no step free access at the train station, and even by car is about 20 minutes away so not very local.”

“Marden is a village with a high need and some villages services were already combined into the Marden centre previously. Many people that access this service do not have access to a car and the new services are located too far away for our unreliable public transport network. If the centre closes you will not access the people that you need to and the service will be impacted with higher cost in the future as needs weren't able to be fulfilled in early years. It is a small building in terms of KCC property assets and I fail to believe this is a carbon cutting exercise - this is just a cost reduction exercise. The centre's opening hours have been rationalised since COVID and this means that the carbon is not being effectively off-set, I would argue that a more intensive use of this site could have notable improvements for Children and would do better to off-set the buildings running costs - particularly if you were able to hire it out for other village users.”

“We believe that the KCC document does not make a valid case for that closure, nor does it provide sufficient data/evidence, to support such a closure of the sole Community support service south of Maidstone, in a rural area with an increasing population, particularly of young families and increasing GTT provision, with even faster increases in deprivation (as illustrated within the 2021 Census, which KCC have seemingly not considered important

data in coming to its conclusions). We urge KCC to take on board and heed the concerns raised in responses to this consultation.”

“It is clear, that no impact assessment has been made to consider how this closure will impact families, and even more so vulnerable families. There is no information on how alternative provision will be provided or indeed what it will look like. The proposal appears to be driven solely by property and not people and the needs those people might have. Marden whilst not the most deprived ward in the borough does have areas of deprivation. In Marden and Yalding ward we have 1249 households suffering from at least one level of deprivation, this represents 32% of households in the ward. There are 585 low-income families with a total of 377 children, 207 of those living below the poverty line. Health inequality data show that Marden and Yalding has higher than the borough average emergency hospital admissions for children under 19 (57 per 10k as opposed to 49 per 10k). The alternatives Cranbrook library (not confirmed) and Greenfield are simply not accessible to anyone without a car. The buses are unreliable, and the train is both expensive and in accessible for anyone in a wheelchair or with a buggy. Marden’s population has grown considerably in the last 10 years and is very much at risk of being earmarked as a future garden community with an additional 2000 houses. The need for a children’s centre is therefore increasing not diminishing, this despite limited opening hours of the existing centre. Closing the Marden Children’s centre would without doubt disproportionately affect the most vulnerable families in the ward and would compound matters in the borough by pushing those families on to the ward with highest levels of deprivation which is Shepway.”

“Marden has an increasing importance as a rural centre and has a growing population as well as an increased and increasing social housing need. The original proposals in the early 2000’s determined an absolute need for a Children’s centre in Marden due to the rising number of vulnerable families this need has not reduced, in fact the needs are increasing because of a growing population. KCC has since the pandemic reduced the opening times of the Marden Children’s Centre, which in itself is limiting the access which vulnerable families have for support. This change has proved to be a self-fulfilling prophecy, reducing opening time has reduced attendance, because support has been removed. This was a poor decision. The purpose of a Children’s Centre is to reach out and engage with vulnerable families, their newborn and the family element of support. Supporting young mothers with young children (0 to 3) will both identify their early need and encourage and engage regular social engagement so that the young children engage with other children. This has even greater importance since the long periods experienced as a consequence of the Covid pandemic. This also true for the young mothers. These Vulnerable families do not find it easy to either ask for help, or talk to strangers, who they see as ‘in authority’. So, even when they try to reach out, their own anxieties and ‘fear’ will for the large part, stop them from engaging. Reducing access times only exacerbates this problem. There is an equal failure to recognise the link between closure of a Children’s centre and the future increased need for EHCPs for vulnerable children when they start school because their needs as a whole will not have been identified early enough.”

“The report suggests that should the Children’s Centre close then residents would be able to access facilities in Cranbrook or Shepway. Neither of which are easily accessible by public transport from Marden and comes at a cost which is unrealistic for many families. Anecdotally we understand that Paddock Wood has been suggested which is accessible by train, but at a cost as well. Marden Station does not have step free access on the down line, thus making it almost impossible for parents with push chairs to return from Paddock

Wood by train. From a meeting with a KCC officer we understand that KCC proposes that Outreach services would be delivered to Marden at alternative venues. However publicly accessible venues in Marden are limited and there is no mention in the consultation document that any assessment of availability or suitability that has taken place. There is clearly a need for community services for children and young people in Marden, which is local, responsive, accessible (both in terms of location and opening hours) and meeting the needs of the local population. This is exactly what the Children's Centre has been doing. In the absence of any concrete proposals as to how or where these services could be delivered if the Children's Centre was to close then Marden Parish Council strongly believes it must remain open to deliver the services needed to support our families."

"We have identified that Marden residents will be disproportionately affected. The most vulnerable residents in Marden will be most affected. Residents who rely on public transport will have a significant journey time and an additional financial burden. It is likely that residents will choose not to make the journey. Additionally, there are significant access issues at Marden train station – making train travel with a pushchair almost impossible and therefore traveling by car to Tonbridge the only option. We have been informed and therefore have anecdotal knowledge that Tonbridge Youth Hub and Children's Centre is being suggested as a nearest alternative to Marden residents. However, this is not what is included in the Consultation. Cranbrook library is the primary alternative in the consultation documentation, despite the co-location of the Children's Centre not yet being agreed. Greenfields is the secondary alternative for Marden residents. If Tonbridge is a viable alternative, why is it not included in the consultation documentation?"

There has been a 55.8% increase in the number of 0 – 4-year-olds and a 23.6% increase in the number of 5 – 9-year-olds. This compares to an overall increase in population in Marden and Yalding of 21.6%, suggesting that the number of 0 – 9-year-olds is increasing faster than the rest of the population. There has been a 16.3% increase in lone parent households. In Marden and Yalding Ward there are 1,249 households suffering from at least one level of deprivation, an increase of 18.5%. Households of this type of account for 32% of all households in this ward. 10% of households in this ward have no access to a car or van for travelling."

Health Visiting Service

- 24 impact comments were received via the consultation questionnaire.
- 70% of those providing a comment noted the centre is used frequently / seen as a lifeline and 63% comment it provides much needed support / services for local families in the area.
- Users value the centre as being walking distance and they won't be able to access the proposed alternative(s) (39%).
- 35% express concerns that it is costly to travel elsewhere / there is insufficient public transport to access proposed alternative(s).
- 29% express concerns that proposals for the centre will have a detrimental impact on users' mental health / development.

Please tell us how you think you or the people in your household will be impacted by the proposal? Base: all answering (24)

	Number of consultees answering	% of consultees answering
Use frequently / essential / needed / lifeline / do not close / lost without it / loss of access to services	14	58%
Currently provides much needed support / services for local families / children / babies	12	50%
Current building in walking distance / accessible / won't be able to walk / access alternatives	3	13%
Costly to travel elsewhere / insufficient public transport / increase carbon emissions	5	21%
Detrimental impact of mental health / socialisation / development	3	13%
Detrimental effect on community / much needed by community	3	13%
Population increase / new homes will need these facilities / demand will increase	1	4%

Some example verbatims to support the key themes can be found below:

“Marden Children's Centre is a lifeline for parents and young children in Marden. Travelling to e.g. Cranbrook is not possible on public transport with a baby. Without Marden children's centre families will be left unsupported.”

“We should be able to access more children’s services locally not less by closing this centre you are depriving the local community of a much needed service.”

“Removing this children’s centre effectively provides us with no alternative. The centre has been a life saver (literally) for parents in Marden. It has strengthened the community and is an essential service that should be provided for families in Marden.”

“We would have to travel a significant distance and spend significant time travelling to access the same services. It would be highly inconvenient. Also, it would be entirely counter-productive to have tens of people driving from Marden to access these services, given that one of the council's stated aims is to reduce carbon emissions. To ignore the increase in carbon emissions from those travelling to access the services would be duplicitous of the council, being generous.”

“It would have a terrible effect on the community. This is a vital service and it is important that people can access the services locally. Especially as post c section delivery you are not permitted to drive usually for 6 weeks.”

IMPACT OF PART A 'LEAVE' PROPOSALS - SEVENOAKS

CHILDREN'S CENTRES, YOUTH HUBS AND HEALTH VISITING

This section of the report summarises impact feedback from consultees for specific buildings featured in the consultation in Sevenoaks.

NEW ASH GREEN CHILDREN'S CENTRE

- 61 impact comments were received via the consultation questionnaire.
- 64% of those providing a comment noted the centre is used frequently / seen as a lifeline and 62% comment it provides much needed support / services for local families in the area.
- Users value the centre as being walking distance and they won't be able to access the proposed alternative(s) (43%).
- 43% express concerns that it is costly to travel elsewhere / there is insufficient public transport to access proposed alternative(s).
- 26% express concerns that proposals for the centre will have a detrimental impact on users' mental health / development.

Children's Centre

Please tell us how you think you or the people in your household will be impacted by the proposal? Base: all answering (61)

	Number of consultees answering	% of consultees answering
Use frequently / essential / needed / lifeline / do not close / lost without it / loss of access to services	39	64%
Currently provides much needed support / services for local families / children / babies	38	62%
Current building in walking distance / accessible / won't be able to walk / access alternatives	26	43%
Costly to travel elsewhere / insufficient public transport / increase carbon emissions	26	43%
Detrimental impact of mental health / socialisation / development	16	26%
Health visitors / midwifery / maternity services offered currently / difficult to access elsewhere	13	21%
Services would suffer if moved elsewhere / insufficient provision / oversubscribed / would current services be available	12	20%
Detrimental effect on community / much needed by community	11	18%

	Number of consultees answering	% of consultees answering
Current building provides good facilities / parking / nice environment / not available at alternatives	6	10%

Some example verbatims to support the key themes can be found below:

“My children and my own mental health rely heavily on the services the Children’s Centre provides. Having had two lockdown babies, the ability to be able to spend time with other children and access much needed resources face to face is beyond important.”

“We used and still use New Ash Green Children’s Centre for the past 9 years for all 3 of our children. Unfortunately, New Ash Green and neighbouring villages are pretty much cut off by bus services or trains, therefore making it difficult for families without a car to travel to further out centres you are proposing. New Ash Green is populated by families with children and local Children’s Centre is vital for the villages around.”

“This is a local village where people don’t tend to drive. They walk everywhere with young children. This is a lifeline to myself and others. to ask people to travel 8 miles away with a new baby or an active toddler is unacceptable.

“My daughter is expecting and does not drive. There is no reliable bus service from New Ash Green and loss of the Children’s Centre would leave her isolated. Therefore it will prevent her from living here.”

“My daughter is expecting her first child in August. Previously she would be able to get face-to-face support at the NAG Children's Centre on Tuesday mornings. To suggest that especially with a young baby, that she use Next Steps in Gravesham is ridiculous. There are four buses a day from NAG to get to King's Farm with two buses would be needed each way, four in total. There are no bus services to Dartford and Swanley so that rules all the Dartford and Swanley centres. There is a suggestion of an outreach service, but I have little confidence in such an offer.”

“New Ash Green is a family village and having the children centre within the village has a lovely community feeling. I have been visiting the centre for a few weeks now and i wouldn't have known about it If it wasn't for another mum at the primary school. It's a small centre which I feel is a perfect size for little ones to play and develop. It is used by so many families within the village and it would be so sad to see it go. The village hasn't got much going on for children and the centre is the most perfect place for little ones to interact with other children and develop their social needs. It is also nice for mums, dads and grandparents to get together in a happy environment with familiar faces from the area.”

“New Ash Green was designed as a self-contained community in a rural location. whilst much has changed in the 50+ years since its inception, the housing mix still favours first time buyers and lower income families. Consequently parts of the village display a markedly lower score on the Index of Multiple Deprivation than most other parts of Sevenoaks District. The rural location of New Ash Green means that access to facilities outside the village is difficult for those who do not have personal transport available at all times. Even the stated 31 minute drive time to the alternative children's centre will put it out of reach of parents who are likely to have a number of caring responsibilities. Recent

severe reductions in KCC-subsidised and commercial bus services mean that public transport is not a viable option for many purposes. This is acknowledged in the EqIA appendix where it is not that "No households are able to reach another centre via public transport, so households are likely to be reliant on private vehicles and our digital offer." But apart from the offer to consider feedback, no mitigation is offered. For the parents of young children, travel to appointments even as close as Longfield where car parking is limited, is time consuming and impractical when placed alongside other caring responsibilities. IMD and Census data will confirm this. The purpose built premises in New Ash Green are the most convenient for use by families, not only those who live in New Ash Green but also those from Hartley, Longfield and the surrounding area - a combined population of over 17,400 which is greater than the population of Swanley. No other buildings in the area which could be used for the satisfactory provision of outreach services in a safe and effective way have been identified as being available."

"I am particularly concerned about this closure as the nearest alternative suggested in the consultation is the Next Steps Children's Centre in Gravesham which is 8.3 miles away. In good traffic, this journey can be completed by car in less than 30 minutes. However, for parents relying on public transport, it would not be easily accessible as the door-to-door transport time would take in excess of 90 minutes each way. Closures where services are moved to the nearest alternative site will disproportionately affect families who are reliant on public transport and do not have access to a car. Using public transport to get to services is also an added cost for families on low incomes that rely on public transport and who need support services. It is therefore so important that, should KCC close the building, the services currently on offer at the Gravesham Next Steps Children's Centre, be provided at an alternative venue in New Ash Green."

Health Visiting Service

- 40 impact comments were received via the consultation questionnaire.
- 45% of those providing a comment noted the centre is used frequently / seen as a lifeline and 40% comment it provides much needed support / services for local families in the area.
- Users value the centre as being walking distance and they won't be able to access the proposed alternative(s) (40%).
- 35% express concerns that it is costly to travel elsewhere / there is insufficient public transport to access proposed alternative(s).

Please tell us how you think you or the people in your household will be impacted by the proposal? Base: all answering (40)

	Number of consultees answering	% of consultees answering
Use frequently / essential / needed / lifeline / do not close / lost without it / loss of access to services	18	45%
Currently provides much needed support / services for local families / children / babies	16	40%
Current building in walking distance / accessible / won't be able to walk / access alternatives	16	40%
Health visitors / midwifery / maternity services offered currently / difficult to access elsewhere	16	40%
Costly to travel elsewhere / insufficient public transport / increase carbon emissions	14	35%
Detrimental effect on community / much needed by community	3	8%
Detrimental impact of mental health / socialisation / development	2	5%
Current building provides good facilities / parking / nice environment / not available at alternatives	1	3%

Some example verbatims to support the key themes can be found below:

“The nearest centre is then over 8 miles away. If anything there needs to be more clinics and groups here. The help from the Health Visitor is invaluable at the clinics and closing this centre would exclude a lot of people from that help. There are now very few buses from Hartley/new ash green, if any at all, as they have all been cut so getting to the next nearest centre by public transport probably isn't an option. New Ash also doesn't have a train station.”

“Local community needs the children's centre. It is well used and local young families would really miss it.”

“Having seen the impact of development reviews from the Health Visiting Team being conducted online or over the phone during vivid in terms of missed opportunities of early identification of SEND, I am worried that more children will fall through the net. I understand there will be some outreach provision in this area is planned however accessibility is key.”

“Children's centres should remain in purpose built environments to best serve children and family's needs, they should also remain within walking distance to families as the most vulnerable families will not travel. Children's centres should remain a safe space for families.”

“There is a deprived community here. It will not be able to get to the suggested facility in Gravesend with the poor bus service here. There are better alternatives in the adjacent library (which has land attached), the primary school or, very close by, a very underused youth and community centre.”

“Isolated as I walk every day to take my eldest to school then I use the free services provided to socialise with other parents and my child then socialises with children in our local area to make a friendship that potentially will see them through school and pre-school. My eldest got to enjoy this and has made some wonderful friends. I also met new friends who supported me as a new mum. To access health visitors locally without having to drive to Swanley (which is something I will not do). Inflation is rising and people in our community rely on FREE points of access to socialise and let our children play without the cost involved. Covid already cut our regular sessions and now it's potentially being taken away for good! With 2 young children and 1 on the way I'm very disappointed to see my local centre closed. Most people walk to this centre and if we had access to more sessions and days for all ages 0-5 I believe it would be cost effective and lowered emissions as you wish to do. I work as a nurse and since having my family I tend to now only use my car for work as we take advantage of our free classes locally and parks etc and lucky have a village I can meet other mums for coffee.”

SPRING HOUSE CHILDRENS CENTRE

- 21 impact comments were received via the consultation questionnaire.
- Those commenting noted the value of the services provided and their contribution to the local community.
- There is concern that the alternative(s) highlighted in the consultation document are not easily accessible via public transport.

Some example verbatims can be found below:

“To know where to go when there is an issue, to be able to use the local services/ businesses that feel safe is a godsend. The transport links and parking in the area makes it feel like a safe environment. Mental health after having a baby is such a challenge.”

“I visit this every week to see other adults and children, to talk to the receptionist and the staff. They are all amazing and it is so lovely to come to a safe inviting space. I moved to Sevenoaks in 2012 and as a single mother fleeing domestic violence. If the children enter wasn't there I would have been so lonely in this new area with no one to help me. It takes a village and spring house was my village.”

“I would be unable to access other children's centres meaning it would be impossible for me to get my baby weighed regularly and my children would miss out on accessing all the amazing classes and events that Spring House run.”

“If this will also be closed the nearest children centre to attend for me and my family will be Edenbridge, which would take about 50 minutes to 1 hour, which is simply ridiculous and not feasible with small children.”

“Northern Ward residents will be significantly affected by this as they will need to travel further and uphill to access its services. This would cause a disadvantage to those with less mobility - for instance parents, carers and disabled people.”

“Although Sevenoaks is considered an affluent area, there are significant pockets of deprivation with several vulnerable families - travelling to Swanley or Edenbridge is not an option for the majority of them. Public transport to Edenbridge is not feasible.”

“Spring House Children's Centre is already a co-partnership agency used community location. KCC use the site which is owned by Health Visiting. We share their space. It is well used in a location where it is convenient for the public to travel to. It is set-up for Special Needs and disability and liaison with other agencies is effective. The proposal to remove Spring House as a Children's Centre is counter productive, in a deprived with numerous vulnerable families that WILL NOT TRAVEL to a pop-up community hub or into Sevenoaks to the Library. Vulnerable families that struggle with engagement WILL NOT ENGAGE IN A SHARED SPACE . Keep this venue due to Public Need.”

“There is no easy public transport link between Sevenoaks and Edenbridge meaning that non-drivers, such as myself, or those who are not confident driving immediately with a young baby will be left struggling to access services.”

SWANLEY CHILDRENS CENTRE

- 21 impact comments were received via the consultation questionnaire.
- Those commenting noted the value of the services provided and their contribution to the local community.
- There is some concern over the proposed re-location of the service provision and the suitability of co-locating services.

Some example verbatims can be found below:

“Swanley Children’s Centre is a much loved centre locally and used for maternity services. This is a highly deprived area that requires a local service.”

“This would limit the groups I am able to take my twins to. Also this centre has always been busy when I have attended, which has been great to meet other local mums, whilst my babies are safe, happy, able to explore and engage with others.”

“My daughter is now aged 10. I was a new first time Mum at the age of 40 and the sure start centre was a massive part of my journey being successful. It is smaller, more intimate building with a personal touch that cannot be recreated in the Swanley link. I think had the service been in a more formal building I along with many other would not have attended. I was emotionally overwhelmed by having a little person to care for and they offered invaluable support. Allowed new parents to make friends with other new parent building a support network.”

“Swanley has significant areas of deprivation with several vulnerable families - mixing Youth and Children Centres services will create barriers for families as it will no longer be seen as a safe, dedicated unit.”

“I accept reluctantly, that due to the more versatile setting and provision at the Swanley Youth Hub in such close proximity; that it is unlikely that Swanley Children's Centre, in the same buildings' footprint as Children's Social Care at the Willows; will continue in its current setting and will move into the Youth Hub. I do not believe that there has been sufficient consultation with Midwifery and Health Visiting and the other agencies that use the Swanley Children's Centre, as it is currently already a jointly used community hub and with the currently proposals to close the Swanley Children's Centre and move into the Youth Hub; the currently best working practice of close working with Health and Midwifery will be lost unless they too are located in the Swanley Youth Hub. I believe that there also needs to be consideration of MORE Parking at Swanley Youth Hub due to more staff and public using the Hub. I also think families with young children will be reluctant and no longer travel the distance to the Swanley Youth Hub even though it is just a mile or so distance.”

- 16 impact comments were received via the consultation questionnaire.
- Those commenting noted the value of the services provided and their contribution to the local community. Some commented that a reduction in staffing has contributed to a reduction in recent usage.
- There is concern that the alternative(s) highlighted in the consultation document are not easily accessible via public transport.

Some example verbatims can be found below:

“West Kingsdown is the edge of our area and very far from any other children’s centres. This should be the reason it remains supported!”

“The local community will be severely affected.”

“If this will also be closed the nearest children centre to attend for me and my family will be Edenbridge, which would take about 50 minutes to 1 hour, which is simply ridiculous and not feasible with small children.”

“This is a classic case of 'chicken and egg' impacting upon service provision and service use. This was reduced to a part-time children's centre due to staffing, NOT lack of public engagement, lack of Staff. That led to a reduction in the provision of services, which led to a decline in use by the public. And so on. It is a well provided Children's Centre which again is already being used by other agencies, Midwifery and Health Visiting. This Children's Centre should be EXPANDED with guaranteed staff and provision for this remote community. It is wrong to remove this vital community hub that is located in a School premises.”

“We believe that the users of this provision will not access services in Edenbridge or Swanley due to distance required to travel.”

IMPACT OF PART A 'LEAVE' PROPOSALS - SWALE

CHILDREN'S CENTRES, YOUTH HUBS AND HEALTH VISITING

This section of the report summarises impact feedback from consultees for specific buildings featured in the consultation in Swale.

BEACHES CHILDREN'S CENTRE

- 54 impact comments were received via the consultation questionnaire.
- 61% of those providing a comment noted the centre provides much needed support / services for local families in the area and 52% comment it is used frequently / seen as a lifeline.
- 37% express concerns that proposals for the centre will have a detrimental impact on users' mental health / development.
- Users value the centre as being walking distance and they won't be able to access the proposed alternative(s) (30%).
- 22% express concerns that it is costly to travel elsewhere / there is insufficient public transport to access proposed alternative(s).

Please tell us how you think you or the people in your household will be impacted by the proposal? Base: all answering (54)

	Number of consultees answering	% of consultees answering
Currently provides much needed support / services for families / children / babies	33	61%
Use frequently / essential / needed / lifeline / do not close / lost without it / loss of access to services	28	52%
Detrimental impact of mental health / socialisation / development / counselling service much needed	20	37%
Current building in walking distance / accessible / won't be able to walk/access alternatives	16	30%
Costly to travel elsewhere / insufficient public transport / increase carbon emissions	12	22%
Current building provides good facilities / parking / nice environment / not available at alternatives	10	19%
Services would suffer if moved elsewhere /insufficient provision / oversubscribed / would current services be available	9	17%

	Number of consultees answering	% of consultees answering
Detrimental effect on community / much needed by community	8	15%
Use nursery / nursery is needed	1	2%
Health visitors / midwifery / maternity services offered currently / difficult to access elsewhere	1	2%

Some example verbatims to support the key themes can be found below:

“We visit these centres 2-3 times a week for various activities. For myself it allows bonding with my child and reassurance amongst other parents. For my partner it creates a social network where she feels she can talk about the struggles and joys or parenthood in a friendly understanding atmosphere.”

“It serves people who live in a remote community. The facilities are excellent. Which is the same for many of the children’s centres across Kent. The equipment is amazing and people never know when they are open. They don’t deliver enough of a service as they are often closed. Seashells is fully open and delivering a wide range of services but is not assessable for all as the buses on the island are limited.”

“This would have impacted me greatly, as I have stated I have autism, anxiety, and depression. These permanent centres make me feel safe unjudged, understood and listen too. It’s like a community of parents in the same boat, I took my now 9 year old daughter to these centres and me, my daughter other parents and their children are still friends. The fact that these centres are safe and permanent gives me great comfort for my baby boy and myself. The facilities are great for helping me with his skills to grow and help for myself. There is a safe outside area for children to play in with no danger. If these get moved to halls etc we will lose that and not feel our children are safe as the places could get vandalised and the children will miss out.”

“Public transport is not very good on the Isle of Sheppey. Mums are not going to get the children on a bus to travel all the way from Warden to Queensborough for a one hour group. Also not safe on a bus as no baby seats. Discriminating against people who do not drive. There will be an increase in mental health problems if you close these centres. Still very upset the centre in Minster was closed. Need the groups to be easily accessible for mums to pop in. Not have to travel an hour or so on a bus! If mums are not working children need to go to the groups to see other children-especially if they do not go to nursery. Bad idea shutting them.”

“The proposal to shut Beaches Children’s Centre would have a huge health impact on the children of the East of the Isle of Sheppey. The Isle of Sheppey already has some of the worst clinical outcomes across Kent and Medway. Closure of this centre will mean that families will be unable to access services if they live in this area. Though the nearest centre is 8/9 miles, public transport options are not frequent and/or reliable, and 48% of the residents of the island do not have access to a car. GP access on the island can also be problematic for residents, with a GP to patient ratio at 1:3,626 it cannot be expected that the GP will be able to pick up the support for all patients.

There have also been proposals for budget cuts for the voluntary and community sector in Swale, which will already have a huge impact of the health and wellbeing of residents of the Isle of Sheppey. For those living in Sheppey, the voluntary and community sector provides an invaluable contribution to their standard of living, including supporting people with housing, food parcels, and community activities, to name a few. Cuts to both the VCS and cutting the children's centre will have an additional impact and will result in a significant rise in behavioural problems, poor educational attainment and the risk of children partaking in risky behaviours such as smoking, drinking, illicit drug use and sexual activity. All of which will have an impact upon both the children themselves and the system as a whole. Access to services in the Isle of Sheppey is already sparse, and therefore removal of the Children's Centre will be highly detrimental to the population."

"Beaches Children's Centre is a purpose-built Children's Centre that was donated by George Wharton, this Centres opening hours has been reduced since Covid and is now open two days a week rather than five days a week. Already this is having an impact on the families within the areas for example not being able to access the foodbank, Groups reaching full capacity and having to turn residents away. Beaches Children's Centre reaches a range of targeted families and supports them within groups and through the sensory room. The sensory room supports children through stimulation of their senses this room is predominantly used by families with babies or with children who have Special Educational Needs and Disabilities. Closing this Centre could have a negative impact on families that are vulnerable and struggling with mental health. Beaches Children's Centre is the only service that offers groups for children in the Warden/Leysdown area there are no other under 5's group within the area. Taking away this centre will continue to increase the isolation of families within the area and negatively impact the children on starting school being school ready."

"As you have stated within the consultation document, this children's centre is located in one of the areas of highest need within Swale. This area is second only to Sheerness as shown within your Needs Framework as being the highest levels of child poverty, high levels of obesity, older people in poverty and high levels of emergency hospital admissions. As well as the prominent levels of poverty, there are considerable educational needs and high numbers of preventable deaths. This data puts Beaches at the heart of a community that has considerable need, therefore we do not feel that it would be acceptable to close a facility that could be a lifeline or developmental support line for residents.

The location of the proposed Family Hub to replace Beaches is in Queenborough which is completely the opposite side of the Isle of Sheppey. This location is not easily accessible as it is connected mostly by miles of country lanes or roads that do not have safe public footpaths. Residents living in the location of Beaches that are vulnerable or living in poverty do not have access to a reliable public transport network to get them to Queenborough. The cost to families to get taxi's is unrealistic and the bus services are being reduced and cut which does not support a future plan for residents that they will be able to trust the bus services will still be available to use when the centre is closed.

Many residents that live in the location of Beaches, may live in caravans or belong to a transient population who may only engage with services by physically attending a centre as and when they need support. This can also cause data to be skewed of the area as data around these groups can be sketchy. The residents living in this location do not have a particularly reliable internet due to some very rural locations and there is a portion of this community who are digitally excluded. Some cannot read or write, therefore removing

access to a 'front door' could be extremely detrimental to these residents, especially if they can't afford to travel to Queenborough or do not have the means to get there.

You have stated that outreach will be delivered as a response to removing Beaches, however we know little about what this will look like and feel that it is unacceptable to present outreach as your response when you cannot reassure us that these particularly vulnerable residents have a way of accessing services easily or without cost. If you should choose to go ahead with the closure to Beaches, it would make more sense to locate the Family Hub in Sheerness as this is the most centralised location on the Island and although not ideal, residents can travel to Sheerness by bus from Leysdown or Warden Bay."

"Children in Sheppey already suffer from lack of youth services like youth clubs. Children under 5 deserve the best support. Reg health visitors, midwife support, addiction support face to face in their area not an hour non-existent bus ride away. All households will be affected."

Engagement exercise – public events

- As part of the consultation exercise, a public event took place at Sheppey Gateway. 10 people attended. Additional engagement events also took place at Beaches Children's Centre in which 7 people attended.
- In these events, concerns were raised about potential closure of Beaches, availability of public transport to access alternatives, long journey times, whether outreach will be suitable given the venues available (e.g. village hall is fully booked for nursery), rural isolation and local pockets of deprivation.

LADYBIRD CHILDREN'S CENTRE

- 37 impact comments were received via the consultation questionnaire.
- 73% of those providing a comment noted the centre provides much needed support / services for local families in the area and 54% comment it is used frequently / seen as a lifeline.
- 43% express concerns that proposals for the centre will have a detrimental impact on users' mental health / development.
- Users value the centre as being walking distance and they won't be able to access the proposed alternative(s) (30%).
- 19% express concerns that services would suffer if moved elsewhere / whether services would be available elsewhere.

Please tell us how you think you or the people in your household will be impacted by the proposal? Base: all answering (37)

	Number of consultees answering	% of consultees answering
Currently provides much needed support / services for families / children / babies	27	73%
Use frequently / essential / needed / lifeline / do not close / lost without it / loss of access to services	20	54%
Detrimental impact of mental health / socialisation / development / counselling service much needed	16	43%
Current building in walking distance / accessible / won't be able to walk/access alternatives	11	30%
Services would suffer if moved elsewhere /insufficient provision / oversubscribed / would current services be available	7	19%
Current building provides good facilities / parking / nice environment / not available at alternatives	6	16%
Costly to travel elsewhere / insufficient public transport / increase carbon emissions	4	11%
Detrimental effect on community / much needed by community	3	8%
Health visitors / midwifery / maternity services offered currently / difficult to access elsewhere	1	3%

Some example verbatims to support the key themes can be found below:

“If this is closed then this is a massive mistake. Children and their families in this deprived area will suffer as this is vital to getting people together to socialise and child development. It would also mean a loss of jobs which is concerning in the current economic climate. Perhaps instead of closing it, promote these services and offer funding or charity support

for funds. I heavily relied on these services when I had my daughter and have wonderful memories. I will definitely be taking my 2nd child once she is born too and will be extremely upset if these services are removed! The island needs more things like this not less!”

“I will feel very isolated, I don’t like travelling off the island as I’m epileptic and I have a daughter at school so attending children’s centres on the island is my social network and I am able to watch my son play and interact with other children older and younger. Also been able to meet new mums who I can now call friends and on my days off work my son and I go to these settings and we play and interact with others which is great.”

“Closing down centres impacts people who need to have services local to them, This may be due to them being unable to drive or public transport being unreliable. It is also important for parents and children to meet people at groups local to them. With just one centre left on the Isle of Sheppey surely this will mean some people will be unable to access services and put more pressure on the remaining centre to cater for everyone.”

“We visit these centres 2-3 times a week for various activities. For myself it allows bonding with my child and reassurance amongst other parents. For my partner it creates a social network where she feels she can talk about the struggles and joys of parenthood in a friendly understanding atmosphere.”

“Local easy to get to. I have 2 children, one nearly 3 and one nearly a year old. Ladybirds has enabled me to have the confidence to get out with my 2 children. My eldest was a lockdown baby and was very shy and hadn't been many places until my 2nd was born. I was apprehensive about taking them both out but ladybirds enable me to get out of the house and socialise for myself as a stay at home mum but also as a safe space for my 2 children to go to.”

“This is a popular, well established and much needed facility attending to the needs of children, families and individuals living in the area of deprivation. If this centre closes, service users will suffer and their circumstances will deteriorate rapidly. The proposal to redirect service users to centres 3.3 miles away is unworkable.”

“Queenborough is noted as one of the other areas of deprivation located on the Isle of Sheppey, with most households being located around the area of Rushenden in Queenborough. Therefore, Ladybird’s is the closest most accessible centre for residents and currently provides services within walking distance to those who most need it. By removing access to this centre, residents would be expected to travel with the associated cost of travel and lack of reliable bus services this could impact on the existing work that is being done with families living in this location. We can see that you are suggesting a new Family Hub facility in Queenborough which would be accessible to residents in this location, however as it is currently this site does not provide appropriate facilities and without details of the proposed outreach services offer, we are concerned that there will be gaps in service provision. One of our suggestions, should the removal of this site go ahead, is to grow the availability of services available from Sheerness from either Seashells Children’s Centre or Sheppey Gateway. This would mean that there will be barriers through cost or availability of travel, but many residents travel to Sheerness regularly, where most shops, services and public transport all converge.”

ST MARY'S CHILDREN'S CENTRE

- 81 impact comments were received via the consultation questionnaire.
- 57% of those providing a comment noted the centre provides much needed support / services for local families in the area and 49% comment it is used frequently / seen as a lifeline.
- Users value the centre as being walking distance and they won't be able to access the proposed alternative(s) (52%).
- 27% express concerns that proposals for the centre will have a detrimental impact on users' mental health / development.
- 19% express concerns that services would suffer if moved elsewhere / whether services would be available elsewhere.

Children's Centres and Youth Hubs

Please tell us how you think you or the people in your household will be impacted by the proposal? Base: all answering (81)

	Number of consultees answering	% of consultees answering
Currently provides much needed support / services for local families / children / babies	46	57%
Current building in walking distance / accessible / won't be able to walk / access alternatives	42	52%
Use frequently / essential / needed / lifeline / do not close / lost without it / loss of access to services	40	49%
Health visitors / midwifery / maternity services offered currently / difficult to access elsewhere	29	36%
Detrimental impact of mental health / socialisation / development / counselling service much needed	22	27%
Current building provides good facilities / parking / nice environment / not available at alternatives	17	21%
Services would suffer if moved elsewhere / insufficient provision / oversubscribed / would current services be available	15	19%
Costly to travel elsewhere / insufficient public transport / increase carbon emissions	9	11%
Population increase / new homes will need these facilities / demand will increase	7	9%
Detrimental effect on community / much needed by community	6	7%

Some example verbatims to support the key themes can be found below:

“This is our local children’s Centre which my newborn attends. I am concerned the closure of this facility will make it harder for us to access care, support and classes for my newborn daughter.”

“I’m disgusted to hear about the potential closure. I’ve been visiting regularly since I fell pregnant with my first child. I’m now in the late stages of my second pregnancy and have been regularly visiting St Mary’s Children’s Centre. The next closest children’s centre to me is in Herne Bay and each and every time I’ve had to go there it’s been a total nightmare. Traffic is horrendous in Herne Bay and it disappoints me that a service I could access on my doorstep could be closed. I’d hate having to drive to Herne Bay with all the stress it causes me to get there. How is forcing someone to take longer journeys cutting emissions.”

“This is going to impact the Faversham community massively. St Mary’s is a community hub for the families who attend there. They start at the midwife’s and come back for health once baby has arrived and then attend the group. It would be such a shame to see St Mary’s go. Not only is it Central but it also has great parking making it stress free when arriving. Bysing Wood’s accessibility is not great. This can then make a simple trip to the children centre (which is meant to be fun and stress free) a really difficult time. There is no parking for families and is a far walk from where you do park. The school is not helpful in showing parents how to get into the centre and when health visitors were working from here their parents were also unable to find the building as it is very hidden.”

“St. Mary’s has been a hugely useful and supportive centre for us and I know is used by so many families in huge need of support. Closing it would be negligent.”

“Shutting St Mary’s will put more strain in Bysing wood. St Mary’s is more central, easier to find and is accessible by public transport. There are dedicated areas which are easy to set up for activities and there is a central place where people who are struggling can go for support. It is a good place to see midwives and health visitors and there is always somebody there to support you.”

“This is the local hub for the ME138 area, it houses health visitor appointments and midwifery appointments along with free crucial baby groups for local parents and babies. I think, given the fact that Faversham has greatly increased in population it would be very detrimental to take this away. People already struggle to access services without removing the faculties for it.”

“This will affect future cohorts of mums and babies, my community, my children's school years. I do not want to live with the fallout of a community plagued by post-natal depression, mums and babies who have nowhere to go and socialise and play. This will impact on kids’ development, behaviour issues down the line and cost the council much much more in EHC plans, SaLT and behaviour interventions. Accessible services that are close and convenient for mums and babies are paramount to tackling social issues. It takes a village to raise a child and mums and babies should not be pushed into their homes and forced to parent without any peer support which is what will happen if St Mary’s closes. Services need to be close and convenient; access is so important for mums. It is not fair to close down public spaces for mums and babies to gather and be in.”

“Faversham's population is increasing at an alarming rate with all the new housing estates. It does not make sense that the town will only have one centre to cater for all. People who are unable to drive and live on the other side of town will be unable to access the services.”

“I currently use the St Mary's Children's centre several times a week with my baby son. If this was to close it would be a blow to my whole family. As it's the only area accessible to me by foot/public transport I will be unable to access any services. I feel I represent a key vulnerable demographics that will be disproportionately affected by the proposed changes. I have had many benefits from attending classes at St Mary's and am extremely concerned about the impact closing these centres will have on maternal mental health and child development. I am also concerned by the statement on the previous page that closing sites will reduce carbon emissions without any rationale provided to substantiate that claim- this is clearly a cost cutting exercise. I will be raising this issue with my MP and escalating further.”

“Parents are unclear about this consultation. Having spoken with a young father about the proposed closure of St Mary's Children's Centre he stated that no it was not closing as it stated in the literature that they were going to 'leave' it. The English used in the consultation document is unclear. Why not state that it is the intention of Kent County Council to close the centre so that it is clear to parents and there is no ambiguity. There is a real lack of understanding from those who drafted the consultation documents. The language used is confusing to at least some parents.”

“The stripping away of the community's assets and perhaps most especially its provision for children, is of concern to everyone in the community...or should be. Does the council not agree? Having spoken to some parents who use the children's centre at St Mary's recently I was intrigued to be told that there was going to be similar children's provision at Faversham library. Having studied the document I see this is not the case. Is it possible that parents have been misinformed or have misunderstood as some of the 'hubs' do seem to include such provision whereas it seems that the provision at Faversham library is only to be extended to include adults with learning difficulties? Have confusing messages been shared? If so this needs to be clarified in some way speedily.”

“This Children's Centre is located in an area of high density population, showing that there is a high need for access to multiple services. It is concerning that the locations of the nearest accessible centres are considerably further away, as Murston and Milton are located in the Sittingbourne area and this is shown as over 7miles from the ward. We can see that you have suggested Bysingwood Children's Centre as the closest alternative offer, however with a more densely populated area, the concern is that residents will struggle to access services. Bysingwood is a very small centre and so we have great concerns on how the centre will cope with the possible levels of access required if used as an alternative site. Again, this leads us to concerns about the levels of outreach support that will be put in place to replace this particular centre as Abbey Ward is flagged as somewhere that needs outreach provision and how easy will it be for residents to access a 'safe front door'.

Health Visiting Service

- 52 impact comments were received via the consultation questionnaire.
- 54% of those making a comment express concerns that proposals for the centre will have a detrimental impact on users' mental health / development.
- Users value the centre as being walking distance and they won't be able to access the proposed alternative(s) (42%).
- 33% noted the centre provides much needed support / services for local families in the area.
- 23% express concerns that services would suffer if moved elsewhere / whether services would be available elsewhere.

Please tell us how you think you or the people in your household will be impacted by the proposal? Base: all answering (52)

	Number of consultees answering	% of consultees answering
Detrimental impact of mental health / socialisation / development / counselling service much needed	28	54%
Current building in walking distance / accessible / won't be able to walk / access alternatives	22	42%
Currently provides much needed support / services for local families / children / babies	17	33%
Use frequently / essential / needed / lifeline / do not close / lost without it / loss of access to services	17	33%
Services would suffer if moved elsewhere / insufficient provision / oversubscribed / would current services be available	12	23%
Current building provides good facilities / parking / nice environment / not available at alternatives	8	15%
Costly to travel elsewhere / insufficient public transport / increase carbon emissions	6	12%
Health visitors / midwifery / maternity services offered currently / difficult to access elsewhere	6	12%
Population increase / new homes will need these facilities / demand will increase	3	6%
Detrimental effect on community / much needed by community	2	4%

Some example verbatims to support the key themes can be found below:

“This is the ONLY centre for the Faversham community that provides health care for young families with contact with midwives and health visitors. As a mother of two under 3, trying to get access to this kind of care is extremely challenging when I have to go beyond my community. To limit this service would be to endanger a generation of children and mothers.”

“Accessing the health visitors at St Mary’s is essential, they have been extremely helpful with myself and my son. There service is stretched and it can be very hard to get contact with the health visitors but having the clinics available at the centre is great.”

“People cannot afford public transport to other places; other centres are not close to public transport in other towns. More people will contact doctors instead of contacting their health visitor. Less people will go see their health visitor if the appointment isn’t in town. It isn’t practical to leave a whole town without a set place for appointments.”

“Mothers with young babies would have to travel further to access the health visiting service. There is a very effective health visiting service currently available for young families at St Mary’s children centre. Many parents have expressed support for this to continue.”

“Longer wait times to see the Health Visitor, detrimental to child health and parental mental health. If all services re located elsewhere will be more people trying to access the same place or location resulting in longer wait times, increased stress and poorer family outcomes.”

“Our closest children’s centre is St Mary’s and we walk to our appointments and St Mary’s closing would cause us problems as we don’t drive.”

Engagement exercise – public events

- As part of the consultation exercise, engagement events took place at St Marys Children Centre. At least 11 people attended.
- Concerns were raised about Bysing Wood being proposed as an alternative as it is hard to find and doesn’t have the facilities to have multiple services in at the same time due to space constraints. The parking is considered less safe there as the school does not permit children’s centre users to use the car park.

GROVE PARK CHILDRENS CENTRE

- 21 impact comments were received via the consultation questionnaire.
- Those commenting noted the value of the services provided and their contribution to the local community and people's mental health.
- A couple commented on reductions in use due to the pandemic and this could affect consultation contribution.

Some example verbatims can be found below:

“It's a shame for this to be closing, it is near people that can't travel further, it's also nice for us to travel to a different venue and meet different people.”

“As a family during the cost of living crisis we are unable to afford to take our 2 young children to soft plays. It helps maintain mental health by taking our children to these centres so they can socialise, play and not miss out.”

“This will mean less vulnerable families has access to toys, peer interaction and information.”

“Closing down centres impacts people who need to have services local to them, This may be due to them being unable to drive or public transport being unreliable. It is also important for parents and children to meet people at groups local to them.”

“This Children's Centre is located within reasonable distance of other suitable access points; however we are concerned as in other centres about the levels of services that can be offered from the nearest location which is Wood Grove. This site is already delivering a number of services, and we understand that they are very efficient in this, however by closing Grove Park will the numbers be unmanageable to allow access. Our continued concerns are echoed here with regards to the levels of outreach that will be put in place around the area to ensure that Wood Grove and Milton Court do not end up being over-burdened with numbers trying to access services.”

“This building has hardly been used since the pandemic. I fail to see how it can be considered in this proposal as its services have not reopened and we are not able access the resources there.”

NEW HOUSE YOUTH & SPORTS CENTRE

- 25 impact comments were received via the consultation questionnaire.
- 76% of those providing a comment noted the centre provides much needed support / services for young people in the area and is/was used frequently / seen as a lifeline to 64%.
- Users comment on undertaking sporting activities at the centre and whether this will be available elsewhere (36%).

Please tell us how you think you or the people in your household will be impacted by the proposal? Base: all answering (25)

	Number of consultees answering	% of consultees answering
Currently provides much needed support / services for young people	19	76%
Used frequently / essential / needed / lifeline / do not close / lost without it / loss of access to services	16	64%
Undertake sporting activities / will these be available elsewhere	9	36%
Detrimental impact of mental health / socialisation / development / counselling service much needed	7	28%
Current building provides good facilities / parking / nice environment / not available at alternatives	5	20%
Current building in walking distance / accessible / won't be able to walk / access alternatives	4	16%
Detrimental effect on community / much needed by community	4	16%
Services would suffer if moved elsewhere / insufficient provision / oversubscribed / would current services be available	1	4%

Some example verbatims to support the key themes can be found below:

“This was a thriving youth hub and centre for fitness classes, basketball etc but it didn’t ever reopen after the pandemic. It’s a building that although large and I am sure needs renovating offered something different. If you are looking at multi centres and co locating do leisure centres come into that too? When we are looking at ways of keeping our young people active and promoting health this would be a really good, sensible option. I do also believe libraries can offer more with quiet "areas" rather than the whole area to allow for more groups of all ages and activities.”

“The new house youth and sports centre is a prominent part of the community. Its where disadvantaged children can go and gain advice. As someone that lives in the area of New House youth and sports centre, I fear that young people will not have that outlet and possibly turn to crime. Taking away the youth centres will not help the community or budget because where you're cutting the budget cost, the police will have to pick up the

slack. I am an adult that grew up in the sure start era and I am grateful to sure start every day because as a child they realised I had speech problems and if this was not recognised by the people at SureStart it would have delayed my academic achievements. By not having youth centres, children that have been delayed by the pandemic will be further delayed in academics because childcare is so expensive meaning that the first interaction with skilled adults won't be till the age of four potentially. As a person that is going into the education sector, I beg you please give children the foundations they need to go to school and progress.”

“Young people have limited services in Swale and this building serviced a large population of the young people. Young people have no access to free sport activity locally so this will be a massive loss for the residents of Swale.”

“Young people have been badly affected by the Pandemic and need support during a period in their lives when there are significant challenges. This service is long established and does what it says on the tin. It provides young people with a safe place to integrate and build skills. Young people will not take kindly to being uprooted and redirected to a children's centre in Milton Court and the idea of expecting them to travel between 5.2 and 8.8 miles to the other alternatives is impossible. The proposal is quite simply unworkable and it will lead to a deterioration in young people's mental health and social circumstances. It will also lead to disturbances including anti-social behaviour in the community due to young people not being able to access positive activities.”

“This building has been unused for quite a while now but this is a shame as I think lots of services could be brought to that building instead of reallocating away. It has a car park, wheelchair accessibility, rooms for social communities and activities, offices, etc.”

“As there are no KCC centres on the Isle of Sheppey and New House is being proposed to close where will my relations be able to access services for young people with additional needs to the same standard and where would they be able to engage in sports activities in a sports hall for free? The current Youth Zone is no bigger than a room at New House and has a ball court that has no permanent lighting and can only be used in 'fair' weather. The staff at New House were trained and professional, this cannot be said for all projects that run clubs for young people.”

“We are aware that the site closed due to the pandemic and has never fully reopened to pre-covid functionality. This has impacted youth services and young people who previously had a safe space to access, as well as being able to access a number of activities and services all from the same facility, this is no longer possible. We are aware that the youth teams work hard to try and accommodate activities in other locations, such as sports halls and school facilities, but this service is very inconsistent and not reliable. Also, by utilising various other facilities, there is no consistency which means that young people have to be aware of where things are taking place each week, and this is causing a barrier as previously they could just turn up and take part in any of the activities taking place in the one location. Issues such as size of alternative venue are impacting on service levels, meaning that some alternative venues cannot accommodate groups in the size they were able to accommodate previously and therefore resulting in some young people not being able to access the activity.

There have been several antisocial behaviour hotspots in Sittingbourne Town Centre since the closure of the site and it is hard for the youth teams as they have nowhere to refer the

young people to as a consistent ‘front door’, this is especially difficult in the winter when it is cold and dark. A number of locations have been trialled, but these are either deemed inaccessible by young people or are a way out of the town centre footprint. This was not previously considered an issue when New House was operational. Without a central hub for youth services, it has become a very disjointed service that does not provide consistency for our young people, and we are concerned that these issues will continue to increase without the consistency of a main centre.”

- Separate conversations took place with some of the young people aged 13-15 who currently attend the centre. It is unknown how many young people gave feedback on the consultation in this way.
- Some concerns were raised about losing the space and facilities available at New House in comparison to the proposed alternative.

IMPACT OF PART A 'LEAVE' PROPOSALS - THANET

CHILDREN'S CENTRES, YOUTH HUBS AND HEALTH VISITING

This section of the report summarises impact feedback from consultees for specific buildings featured in the consultation in Thanet.

CALLIS GRANGE CHILDREN'S CENTRE

Children's Centre

- 43 impact comments were received via the consultation questionnaire.
- 57% of those providing a comment noted the centre is used frequently / seen as a lifeline and 24% comment it provides much needed support / services for local families in the area.
- Users value the centre as being walking distance and they won't be able to access the proposed alternative(s) (30%).
- 16% express concerns it would be difficult to travel elsewhere / there is insufficient public transport to travel to proposed alternative(s).

Please tell us how you think you or the people in your household will be impacted by the proposal? Base: all answering (43)

	Number of consultees answering	% of consultees answering
Use frequently / essential / needed / lifeline / do not close / lost without it / loss of access to services	26	60%
Currently provides much needed support / services for local families / children / babies	24	56%
Current building in walking distance / accessible / won't be able to walk / access alternatives	13	30%
Costly to travel elsewhere / insufficient public transport / increase carbon emissions	7	16%
Detrimental impact of mental health / socialisation / development / counselling service much needed	6	14%
Detrimental effect on community / much needed by community	4	9%
Services would suffer if moved elsewhere / insufficient provision / oversubscribed / would current services be available	3	7%
Health visitors / midwifery / maternity services offered currently / difficult to access elsewhere	3	7%
Current building provides good facilities / parking / nice environment / not available at alternatives	2	5%

Some example verbatims to support the key themes can be found below:

“It's the only children centre in Broadstairs. Removing this will deprive children and their families of development and support. Travelling from Broadstairs to Margate or Ramsgate as proposed is expensive and unaffordable.”

“There is a much lower than average car-ownership in this part of Broadstairs and we have lost bus services making it more difficult to reach other centres. Add in the cost of travelling that will impact on families on low incomes. There has been a massive reduction in what has been offered at the centre over the last few years so it has become a shell of what it was 10 years ago. Families in this part of Thanet need access to support, advice and facilities close at hand.”

“This area has a significant population of less fortunate residents, financially, educationally and with poor housing. These families need a place local to them for support, help and being part of a community.”

“These buildings were a lifeline for me when my children were babies/toddlers. Closing them could increase mothers' risk of postpartum mental health issues and feelings of isolation and listlessness.”

“Parents like me will have to pay for transport or for other children's groups to avoid isolation. The suggestion that reducing carbon emissions is a key priority does not take into account the emissions created by families having to travel to reach centres. Our bus services are atrocious and have room for 1 infant per bus. You're expecting families to own and afford to run a car - thus contributing to greater carbon emissions, and higher costs for families at a time when money is tight.”

“Due to Callis Grange being a part time Children's Centre I can understand the rationale for suggesting leaving the building but recognise this will impact the local community.”

Health Visiting Service

- 28 impact comments were received via the consultation questionnaire.
- 57% of those providing a comment noted the centre provides much needed support / services for local families in the area and 46% comment it is used frequently / seen as a lifeline.
- Users value the centre as being walking distance and they won't be able to access the proposed alternative(s) (46%).

Please tell us how you think you or the people in your household will be impacted by the proposal? Base: all answering (28)

	Number of consultees answering	% of consultees answering
Currently provides much needed support / services for local families / children / babies	16	57%
Current building in walking distance / accessible / won't be able to walk / access alternatives	13	46%
Use frequently / essential / needed / lifeline / do not close / lost without it / loss of access to services	12	43%
Health visitors / midwifery / maternity services offered currently / difficult to access elsewhere	11	39%
Costly to travel elsewhere / insufficient public transport / increase carbon emissions	3	11%
Detrimental impact of mental health / socialisation / development / counselling service much needed	3	11%
Detrimental effect on community / much needed by community	2	7%
Current building provides good facilities / parking / nice environment / not available at alternatives	1	4%

Some example verbatims to support the key themes can be found below:

“The impact will affect many families who live close enough to use the service. Midwives and health visitor teams work out of these making sure most appointments are local families to support if they do not drive. Many families would not attend groups or appointments further away due to travel costs for them.”

“The closure of the centre will mean there will no longer be an accessible local health visiting team in our ward. This will have a negative impact on the children and families in my community. Parents will be less inclined to visit a health visitor if it means travelling 2 miles to access the service. This means parents will not receive essential advice about their child's health and dietary needs. The incidence of child health issues, such as obesity will increase and this will have negative consequences in our community, with increased strain on our health services.”

“How can disabled people travel all the way over to Margate when doing health visitor checks. 1 in 4 has mental health issues how will these people access services. They won't, children will suffer!”

“The health visitor is a hugely important person in the life of new parents and young children. To move any of these will cause undue anxiety and opportunities to intervene in abuse, welfare or social problems will be missed. Unacceptable.”

“Callis Grange Childrens' centre is located strategically within a deprived area & therefore I strongly support that this facility must remain. It is well served by a local bus service and is located within school grounds. Therefore this centre is convenient for parents with children who need its services. Also apart from health visiting services; this centre given its location & access has the potential to be used as a delivery hub for many other useful community services.”

Engagement exercise – public events

- As part of the consultation exercise, a public event took place at Margate Library. 5 people attended.
- Concerns were raised about the data used for Callis Grange decisions and it being in an area of high need/isolated area and neighbouring school would see an impact on child development.

Children's Centre

- 64 impact comments were received via the consultation questionnaire.
- 75% of those providing a comment noted the centre provides much needed support / services for local families in the area and 69% comment it is used frequently / seen as a lifeline.
- Users value the centre as being walking distance and they won't be able to access the proposed alternative(s) (39%).
- 30% comment on using the nursery and that it is needed.
- 25% praise the facilities at the building and are concerned whether these will feature at proposed alternative(s).

Please tell us how you think you or the people in your household will be impacted by the proposal? Base: all answering (64)

	Number of consultees answering	% of consultees answering
Currently provides much needed support / services for local families / children / babies	48	75%
Use frequently / essential / needed / lifeline / do not close / lost without it / loss of access to services	44	69%
Current building in walking distance / accessible / won't be able to walk / access alternatives	25	39%
Use nursery / nursery is needed	19	30%
Current building provides good facilities / parking / nice environment / not available at alternatives	16	25%
Detrimental effect on community / much needed by community	14	22%
Health visitors / midwifery / maternity services offered currently / difficult to access elsewhere	13	20%
Detrimental impact of mental health / socialisation / development / counselling service much needed	13	20%
Services would suffer if moved elsewhere / insufficient provision / oversubscribed / would current services be available	8	13%
Costly to travel elsewhere / insufficient public transport / increase carbon emissions	7	11%

Some example verbatims to support the key themes can be found below:

“I have used the service for midwife appointments, breastfeeding clinic and for baby play sessions. It would impact us greatly is Priory were to close. I also worry about future pregnancies and having to travel further afield for vital support.”

“I use Priory for my daughter and have done since I was 4 months pregnant. She is now almost 2 years old. The staff are lovely, the atmosphere is welcoming, the access is fantastic. They take care of you and speak to you in terms you can understand. Losing Priory would be devastating. I take my daughter there once a week for play group. I don't drive and losing that socialisation opportunity for her would be heartbreaking. The other children's centres are all too far away I can't afford the travel and it's hard to arrange the travel.”

“My children love the play group they go to every week, it's local to us and us being in a flat with two children under 5 it helps it being local as we don't need to rush as much and the kids have enough time to wake up and have breakfast and get ready for the group, for example my daughter ages 2 has gained a lot of confidence, social skills with other children is learning to share with other children that isn't just her baby brother and is getting her to want to go to school to, she loves the group so much. If this group was to shut we wouldn't be able to go to another centre as I wouldn't have the money every week to get travel as we don't drive so it's not easy for us to get around.”

“This place has been a lifeline to me and friends with children and i would be utterly heartbroken for future mothers or fathers if they don't get the chance to have access to this amazing place. Especially those who have no outdoor space at home, when the centre provides this for them with an array of outdoor equipment/activities, so vital to young children and their physical development.”

“This centre is constantly busy during groups. The groups are well run with lots of equipment to help development. The staff are extremely supportive, and as a new mum, they were my lifeline that I would have struggled without! Removing this centre also loses the safe outdoor space that children need, especially those without gardens. It's a disgusting proposal in an already deprived area.”

“It would be such a loss to lose priory. It is well attended for both breastfeeding support and weigh in clinics. There is a real community feel that local parents all come together in this space and I think it would be detrimental to many parents' health and well-being. The developmental reviews are run out of priory and as it is so close to town the DNA rate is lower, saving the NHS money.”

“The loss of this building is a disgrace, leaving many families without a hub, a place of support, a refuge, a nursery. A place to ask for help and support, a regular building with different services within, in one place. Families who have individual needs, domestic violence, SEN, lack of food, need referrals to Early Help, groups, courses, all needing support. If it closes, these families will have nowhere to go, no stable place to visit especially if services keep changing where they are based all the time. Not all people want to use online services. It will also impact on working families, no childcare, they will lose their jobs.”

“Specialised resources will be lost, e.g.: specialised toys and equipment for children with special educational needs. The most vulnerable people in the community do not want to /

are not able to mix with the people who do not understand their needs and will not want to be accessing services from the mainstream places like libraries.”

Health Visiting Service

- 50 impact comments were received via the consultation questionnaire.
- 46% of those providing a comment noted the centre provides much needed support / services for local families in the area and 44% comment it is used frequently / seen as a lifeline.
- Users value the centre as being walking distance and they won't be able to access the proposed alternative(s) (36%).

Please tell us how you think you or the people in your household will be impacted by the proposal? Base: all answering (50)

	Number of consultees answering	% of consultees answering
Currently provides much needed support / services for local families / children / babies	23	46%
Use frequently / essential / needed / lifeline / do not close / lost without it / loss of access to services	22	44%
Health visitors / midwifery / maternity services offered currently / difficult to access elsewhere	22	44%
Current building in walking distance / accessible / won't be able to walk / access alternatives	18	36%
Detrimental impact of mental health / socialisation / development / counselling service much needed	4	8%
Use nursery / nursery is needed	3	6%
Current building provides good facilities / parking / nice environment / not available at alternatives	3	6%
Detrimental effect on community / much needed by community	3	6%
Costly to travel elsewhere / insufficient public transport / increase carbon emissions	2	4%
Services would suffer if moved elsewhere / insufficient provision / oversubscribed / would current services be available	1	2%

Some example verbatims to support the key themes can be found below:

“The Health Visitor health clinic and breastfeeding clinic are useful to have close by and run weekly. These are always very busy and help support families. They have 2x weekly development checks and these are ensured to be the closest to the families’ postcodes as are aware of travel and cost of living many families can't afford to travel further. Families

are more likely to attend local centres than travel with young children as they can find this difficult.”

“My daughter uses the midwife’s service in this building, she is registered disabled, does not drive and part of her condition means she does not use public transport or taxi’s she would therefore not be able to access the service she needs.”

“I use the Health Visitors drop in to have my children weighed, I visit the feeding team and attend the Breastfeeding support group weekly. I used the centre for my midwife appointments while pregnant. I live in walking distance from Priory Children’s Centre and if the weather is bad there is ample parking. If I am redirected to Newlands or Ramsgate Library it would be too far to walk with 2 small children and there is not decent/safe parking at either of their sites. I do not feel the Health Visiting Service would be as supportive if offered online, nor is it efficient for them to increase home visits.”

“Health visiting service should remain in purpose built environments to best serve children and families’ needs, they should also remain within walking distance to families as the most vulnerable families will not travel. Health visiting services should remain within children’s centres to allow for collaborative working between services and signposting to groups and services within the centre. This should not be about buildings but the people the services support. There are plenty of KCC office buildings that are wasting our money by sitting half empty while staff work from home that should be reviewed before front line services are impacted upon.”

IMPACT OF PART A 'LEAVE' PROPOSALS – TONBRIDGE & MALLING

CHILDREN'S CENTRES, YOUTH HUBS AND HEALTH VISITING

This section of the report summarises impact feedback from consultees for specific buildings featured in the consultation in Tonbridge & Malling.

BURHAM CHILDRENS CENTRE

- 18 impact comments were received via the consultation questionnaire.
- Those commenting noted the value of the services provided and their contribution to the local community.
- Users value the centre as being walking distance and they won't be able to access the proposed alternative(s).

Some example verbatims can be found below:

“We would not be able to access the service It's a community and support for new parents. Why are you proposing this?”

“We would be very upset to lose Burham Childrens Centre. It is our closest children's centre to where we live. My three year old son and I love attending the Monday morning preschool group for social interaction and play.”

“Burham provides local stay and play and baby time sessions to the local area. Both of which I have and do attend with my little boy. These in person classes so close to the local community helped me and my little boy.”

“This centre is a crutch and lifesaver to so many families to meet other parents whilst your children are learning and socialising it is a place for families to make friends and speak to people in the same situations with the same struggles!”

“Burham always has high numbers within these groups and often is filled up. With it closing it makes the families in this area very restricted on where they are able to get to. There is not much within walking distance and the nearest centre is over an hour away.”

“This is local to my daughter and in area of extensive development. People from Wouldham, Burham and Eccles will have to go over To Snodland making provision inaccessible if have to use public transport with young children A viable alternative is required”.

IMPACT OF PART A 'LEAVE' PROPOSALS– TUNBRIDGE WELLS

CHILDREN'S CENTRES, YOUTH HUBS, HEALTH VISITING AND CHILDREN AND YOUNG PEOPLE'S COUNSELLING SERVICE

This section of the report summarises impact feedback from consultees for specific buildings featured in the consultation in Tunbridge Wells.

HARMONY CHILDREN'S CENTRE

Children's Centre

- 49 impact comments were received via the consultation questionnaire.
- 69% of those providing a comment noted the centre provides much needed support / services for local families in the area and 65% comment it is used frequently / seen as a lifeline.
- 37% of those making a comment express concerns that proposals for the centre will have a detrimental impact on users' mental health / development.
- Users value the centre as being walking distance and they won't be able to access the proposed alternative(s) (27%).

Please tell us how you think you or the people in your household will be impacted by the proposal? Base: all answering (49)

	Number of consultees answering	% of consultees answering
Currently provides much needed support / services for local families / children / babies	34	69%
Use frequently / essential / needed / lifeline / do not close / lost without it / loss of access to services	32	65%
Detrimental impact of mental health / socialisation / development / counselling service much needed	18	37%
Current building in walking distance / accessible / won't be able to walk / access alternatives	13	27%
Detrimental effect on community / much needed by community	10	20%
Costly to travel elsewhere / insufficient public transport / increase carbon emissions	9	18%
Health visitors / midwifery / maternity services offered currently / difficult to access elsewhere	6	12%
Current building provides good facilities / parking / nice environment / not available at alternatives	6	12%

	Number of consultees answering	% of consultees answering
Activities should be free / cannot afford to pay for activities	5	10%
Services would suffer if moved elsewhere / insufficient provision / oversubscribed / would current services be available	4	8%

Some example verbatims to support the key themes can be found below:

“This was my local place where I met with my midwife, where my daughter had her checks and we have visited the play groups. It would be an incredible loss to the community to not have this service any longer. It’s a busy children’s centre and a great way of meeting other mums.”

“It would be devastating to lose the centre. I have used them for the last 3 years, and their help, support and socialising for myself and kids has been a life saver. If it closes, it will take away a great social outreach for us.”

“This centre is so important for mums in Rusthall. I used it weekly when I had two children under two and it was a lifeline for me when I was lonely and suffering with anxiety. It is essential places like this stay open for mums in the community who sometimes don’t know anyone to come together in a safe and friendly environment.”

“We cannot afford nursery for our youngest child due to recent circumstances. Stay and play etc is a great way for her to interact with other children her age. We do not have a car available during the day and it would make it much harder having to travel to a "hub". The chance of meeting local mums greatly reduces.”

“My daughter at the moment goes to the children's centres 3 times a week, it's built her confidence so much and her interaction with other children's and adults develops each week. Not to mention all the other skills she gains from learning, singing and playing. She would miss it so much; I would only be able to go once a week instead of 3 times if the other centres close.”

“Closing this building takes away a sage space and a community for many parents. Public transport is terrible in Tunbridge wells and can take a long time and various changes (which are very expensive) on buses to get to other centres. This may result in affecting children’s development as well as parents’ mental health if they are unable to easily get to a centre.”

“I personally will be very impacted on this. I live up the road and can't afford to take my baby to paid groups. I have an autistic son and so the limited time he is at preschool, there are not many places I can take my baby in that time, especially for free. The Harmony Children's centre is an amazing place, full of friendly people who care. I love going here and as a new person who has just moved to Rusthall, I feel really upset that this could be taken away from myself and all the parents who use and rely on this service. It's teaching children how to socialise from a young age and it's essential for us to get out and mix with others from the community. It will really be missed if taken away and will be a huge loss to the village.”

“Rusthall is located approximately two miles west of the Main Urban Area of Royal Tunbridge Wells and is a separate village settlement with its own independent services. We are very concerned that should the existing children’s centre close then alternative service provision would be a significant distance away- Tunbridge Wells Youth Hub being 2.2 miles away and Little Forest Children’s Centre being 3.6 miles away (with respective walking distances of 40 minutes and 1 hour 7 minutes). Again, this raises the issues in relation to increased distance and travel times and reliance on public transport, as well as additional topographical issues if walking or cycling between Rusthall and Tunbridge Wells. This would have the likely consequence of less visits and use of the service, resulting in detrimental impacts on child development and the health and well-being of other users, which is of serious concern to us. The consultation document indicates that outreach services could possibly be provided at Rusthall Library as an alternative. However, this is yet to be decided and the level of service provision is currently unknown. It is also questionable whether a library building would be suitable for some services as some children’s/youth activities could be too noisy, and there could be cost implications for KCC in adapting the space/library building to be used.”

Health Visiting Service

- 31 impact comments were received via the consultation questionnaire.
- 35% of those providing a comment noted the centre provides much needed support / services for local families in the area and comment it is used frequently / seen as a lifeline.
- Users value the centre as being walking distance and they won’t be able to access the proposed alternative(s) (26%).

Please tell us how you think you or the people in your household will be impacted by the proposal? Base: all answering (31)

	Number of consultees answering	% of consultees answering
Use frequently / essential / needed / lifeline / do not close / lost without it / loss of access to services	11	35%
Currently provides much needed support / services for local families / children / babies	11	35%
Health visitors / midwifery / maternity services offered currently / difficult to access elsewhere	11	35%
Current building in walking distance / accessible / won't be able to walk / access alternatives	8	26%
Detrimental effect on community / much needed by community	4	13%

Some example verbatims to support the key themes can be found below:

“My concern is for the parents who are struggling, but who do not have their own transport to go further afield. It can be difficult enough to just leave the house with a baby, let alone have to go to a place of support and comfort via different modes of public transport. Additionally, how will closing local centres reduce your carbon footprint, when most people will have to drive/go by public transport to a non-local centre? Harmony has been a lifeline for me, I'm beyond disgusted at the planned closure.”

“We live in Rusthall and the Children’s Centre has always been a god send, we can walk to it so no need to get kids in the car or on a bus. We’ve used it for midwife appointments, weigh clinics, HV checks, baby groups. Such a vital service for the village. We have some very disadvantaged families in Rusthall who would really truly miss the Children’s Centre”.

“Difficulty in reaching the vulnerable population in this deprived area. Will have impact on public health and safeguarding.”

“This is the only accessible venue for us and if it closes we will not be able to see a HV. The alternatives are not easily accessible by public transport from the villages.”

Children and Young People’s Counselling Service

- 31 impact comments were received via the consultation questionnaire.
- 40% of those providing a comment noted the service is essential / seen as a lifeline and 28% comment it provides much needed support / services for local families in the area.

Please tell us how you think you or the people in your household will be impacted by the proposal? Base: all answering (31)

	Number of consultees answering	% of consultees answering
Seen as essential / needed / lifeline / do not close / lost without it / loss of access to services	10	40%
Currently provides much needed support / services for local families / children / babies	7	28%
Costly to travel elsewhere / insufficient public transport / increase carbon emissions	4	16%
Detrimental impact of mental health / socialisation / development / counselling service much needed	4	16%
Detrimental effect on community / much needed by community	4	16%
Current building in walking distance / accessible / won't be able to walk / access alternatives	1	4%

Some example verbatims to support the key themes can be found below:

“An additional burden on parents of low income in accessing service. Reduction in bus services already impacting access. Lack of local knowledge and awareness of need. Reduction of service as a sneaky step towards eventual further reduction or closure.”

“It is very reassuring and comforting having this service so close, will be a huge shame to relocate this vital service.”

“With youth mental health problems on the rise, the need for counselling services is at an all-time high.”

“This is a popular, well established and much needed facility attending to the mental health needs of children, and young people during what is regarded as a Mental Health Pandemic following Covid. If this centre closes, the mental health of service users will suffer. It would be beneficial to point out here that counselling alleviates symptoms of personal distress and suffering, enhances wellbeing and capabilities, increases personal resilience, improves the quality of relationships between people, and facilitates sense of self that is meaning to those involved within their personal and cultural context. therefore the loss of such a service would be disastrous. Services like these need to be increased not reduced.”

“We are very concerned that alternative service provision would be a significant distance away- Tunbridge Wells Youth Hub being 2.2 miles away and Little Forest Children’s Centre being 3.6 miles away (with respective walking distances of 40 minutes and 1 hour 7 minutes). This raises the issues and concerns in relation to access, public transport and topography and the detrimental impact this may have on health and well-being of the young service users affected. We therefore request that KCC reconsiders the option of closing this facility and keeps it open. As mentioned above, the consultation document indicates that outreach services could possibly be provided at Rusthall Library as an alternative. However, this is yet to be decided and the level of service provision is currently unknown. Again, it is also questionable whether a library building would be suitable for this service as it may not provide enough private rooms/space for counselling services, and there could be cost implications for KCC in adapting the space/library building to be used.”

SOUTHBOROUGH / HIGH BROOMS CHILDREN'S CENTRE

- 40 impact comments were received via the consultation questionnaire.
- 58% of those providing a comment noted the centre provides much needed support / services for local families in the area and comment it is used frequently / seen as a lifeline.
- 33% of those making a comment express concerns that proposals for the centre will have a detrimental impact on users' mental health / development.
- Users value the centre as being walking distance and they won't be able to access the proposed alternative(s) (30%).

Please tell us how you think you or the people in your household will be impacted by the proposal? Base: all answering (40)

	Number of consultees answering	% of consultees answering
Use frequently / essential / needed / lifeline / do not close / lost without it / loss of access to services	23	58%
Currently provides much needed support / services for local families / children / babies	23	58%
Detrimental impact of mental health / socialisation / development / counselling service much needed	13	33%
Current building in walking distance / accessible / won't be able to walk / access alternatives	12	30%
Detrimental effect on community / much needed by community	8	20%
Costly to travel elsewhere / insufficient public transport / increase carbon emissions	3	8%
Health visitors / midwifery / maternity services offered currently / difficult to access elsewhere	3	8%
Current building provides good facilities / parking / nice environment / not available at alternatives	3	8%
Services would suffer if moved elsewhere / insufficient provision / oversubscribed / would current services be available	2	5%

Some example verbatims to support the key themes can be found below:

“The children’s centres are a lifeline for a lot of people. Being able to drop in and see a health visitor was invaluable to me when I had my first baby. I have also used the stay and play and baby times which has been wonderful to walk to. Closing local children’s centres would take away part of the community and mean people can’t access these free services. Mum and baby groups are often expensive and in a cost of living crisis, the children’s centres become more valuable.”

“We go to the stay and play at the Southborough children's centre every week. My 1 year old loves it and it is hugely important to myself and her as a free space to meet with other mums and babies and find out important information. I do not have access to a car in the week so this is the only children's centre we can attend. Losing this resource will be devastating to many Southborough families.”

“Losing Southborough Children's Centre will have a massive impact on the local community. This is a very deprived area with families who are unable to travel to other venues either because of finance or poor mental health. I will also point out that families who are willing to travel, will drive, which increases emissions in the environment unnecessarily when they would happily walk to the local centre.”

“My daughter has SEN and we regularly attend the SEN play session on a Wednesday. If the centre closes and this session is moved to Cranbrook we will not be able to attend.”

“Closing this building takes away a safe space and a community for many parents. Public transport is terrible in Tunbridge wells and can take a long time and various changes (which are very expensive) on buses to get to other centres. This may result in affecting children's development as well as parents' mental health if they are unable to easily get to a centre.”

“We used this centre less but there are always activities and we are familiar with the area and parking, meaning we attend easily and frequently. I strongly believe that if you close these centres you'll have more demand for mental health service from mothers on maternity leave who have felt isolated. People will feel isolated- especially first time mums.”

“Please let the school use the Southborough Community Centre. We have had a huge upsurge of families and pupils needing mental health support and for children who are struggling developmentally and still needing a pre early years' experience or alternative provision in order to learn. As the SENCo we see an opportunities to be able to support some children with high needs SEN by having the additional facilities. Thus backing the LA's plan to have children leave mainstream school for special schools.”

“Alternative service provision would be a significant distance away at Little Forest Children's Centre which is shown to be 2.2 miles away (with an expected walking distance of 41 minutes). Again, this raises the same issues and concerns mentioned above in relation to access, public transport (although it is shown that 100% of households in this ward/area would be able to make a journey by public transport within 30 minutes it is not known how easy this would be or whether it is a direct route), topography, child development and health and well-being.”

Children's Centre

- 33 impact comments were received via the consultation questionnaire.
- 69% of those providing a comment noted the centre is used frequently / seen as a lifeline and 45% comment it provides much needed support / services for local families in the area.
- 30% of those making a comment express concerns that proposals for the centre will have a detrimental impact on users' mental health / development.
- Users value the centre as being walking distance and they won't be able to access the proposed alternative(s) (24%).

Please tell us how you think you or the people in your household will be impacted by the proposal? Base: all answering (33)

	Number of consultees answering	% of consultees answering
Use frequently / essential / needed / lifeline / do not close / lost without it / loss of access to services	17	52%
Currently provides much needed support / services for local families / children / babies	15	45%
Detrimental impact of mental health / socialisation / development / counselling service much needed	10	30%
Current building in walking distance / accessible / won't be able to walk / access alternatives	8	24%
Health visitors / midwifery / maternity services offered currently / difficult to access elsewhere	6	18%
Detrimental effect on community / much needed by community	4	12%
Costly to travel elsewhere / insufficient public transport / increase carbon emissions	4	12%
Services would suffer if moved elsewhere / insufficient provision / oversubscribed / would current services be available	2	6%

Some example verbatims to support the key themes can be found below:

“We personally would be impacted as we frequently use the facilities at the Ark. It is a safe haven, a happy place, in quite a vulnerable part of town, and not personally, but to take away this hub could leave some women in a very fragile position.”

“We use this children’s centre regularly as it is in the same site as my children’s school. We have meeting here with Early Help, Together with Parents and other agencies as required to help my children with their additional needs. It is also used during school holidays for activities to help keep the children entertained at a low cost. This particular children’s

centre already serves a large community of underprivileged families. My children will not only struggle accessing services in new environment, but changing location will cause time constraints in relation to the distance from their school, meetings will be more difficult to arrange.”

“The Ark Centre is the only place I have been able to get to see a Health Visitor for my son. I have been going every month. I don't drive and cannot afford a bus or taxi (I also have two under two and find it extremely stressful). I also go there for the Play Group on Mondays; this has helped my mental health massively. When my heating stopped working, the staff welcomed me in. They have been a huge support to me. I have completed an adult education course and I'm currently doing another. It has helped me get back into work. Closing The Ark Childrens Centre will impact my mental health and impact me financially.”

“Accessing Sherwood from Showfields/Ramslye by bus with small children in tow presents a barrier. People are going to be seriously disadvantaged. Services need to be accessible otherwise they may as well not exist. This proposed change is not in the interests of Showfields/Ramslye residents, who currently have an accessible service.”

“Alternative service provision would be located a significant distance away- with Tunbridge Wells Youth Hub shown to be 1.2 miles away and Little Forest Children's Centre 2.9 miles away (with respective walking distances of 25 minutes and 58 minutes). Although it is indicated that 100% of households in this ward/area would be able to make a journey by public transport within 30 minutes, it is not known how easy this would be or whether it is a direct route (i.e. no changes or transfers are needed). There could also be additional topographical issues if walking or cycling. This means that service users with no access to a private motor vehicle may visit less frequently. We therefore has concerns that this could have an impact on child development in the early years and/or health and wellbeing related issues for parents/carers and other users. The consultation document indicates that outreach services could possibly be provided at Showfields Library as an alternative. However, this is yet to be decided and the level of service provision is currently unknown. It is also questionable whether a library building would be suitable for some services as some children's/youth activities could be too noisy, and there could be cost implications for KCC in adapting the space/library building to be used.”

Children and Young People’s Counselling Service

- 20 impact comments were received via the consultation questionnaire.
- 55% of those providing a comment noted the centre is seen as essential / as a lifeline and 30% comment it provides much needed support / services for local families in the area.

Please tell us how you think you or the people in your household will be impacted by the proposal? Base: all answering (20)

	Number of consultees answering	% of consultees answering
Seen as essential / needed / lifeline / do not close / lost without it / loss of access to services	11	55%
Currently provides much needed support / services for local families / children / babies	6	30%
Detrimental impact of mental health / socialisation / development / counselling service much needed	6	30%
Costly to travel elsewhere / insufficient public transport / increase carbon emissions	2	10%
Services would suffer if moved elsewhere / insufficient provision / oversubscribed / would current services be available	2	10%
Current building in walking distance / accessible / won't be able to walk / access alternatives	1	5%
Detrimental effect on community / much needed by community	1	5%

Some example verbatims to support the key themes can be found below:

“My son has counselling at the Ark. he is a nervous child but has settled into sessions and is familiar with the building. Closing and changing location might have a detrimental effect to his mental health as he will have to get used to another location.”

“Again, a familiar space for my extremely anxious child where she feels safe and comfortable and is on the same grounds as her school. Moving away from this is going to make things very difficult for us both and is likely to set her back.”

“Children of deprived households will suffer.”

“It’s an appalling decision & short sighted to close these services.”

“We have concerns that alternative service provision for this service would be a significant distance away- Tunbridge Wells Youth Hub is shown to be 1.2 miles away and Little Forest Children’s Centre 2.9 miles away (with respective walking distances of 25 minutes and 58 minutes). Users of this service are stated to be 0-19 years of age and will therefore be more reliant on getting a lift from an adult or using public transport. Although it is indicated that

100% of households in this ward/area would be able to make a journey by public transport within 30 minutes, it is not known how easy this would be or whether it is a direct route (i.e. no changes or transfers are needed). There could also be topographical issues if walking or cycling This means that service users with no access to a private motor vehicle may visit less frequently. We have concerns that this could have an impact on health and wellbeing and anxiety related issues. As mentioned above, the consultation document indicates that outreach services could possibly be provided at Showfields Library as an alternative. However, this is yet to be decided and the level of service provision is currently unknown. It is also questionable whether a library building would be suitable as it may not provide enough private rooms/space for counselling services, and there could be cost implications for KCC in adapting the space/library building to be used.”

CRANBROOK CHILDREN'S CENTRE

- 27 impact comments were received via the consultation questionnaire.
- 78% of those providing a comment noted the centre provides much needed support / services for local families in the area and 59% comment it is used frequently / seen as a lifeline.
- 37% of those making a comment express concerns that proposals for the centre will have a detrimental impact on users' mental health / development.
- Users value the centre as being walking distance and they won't be able to access the proposed alternative(s) (30%).

Please tell us how you think you or the people in your household will be impacted by the proposal? Base: all answering (27)

	Number of consultees answering	% of consultees answering
Currently provides much needed support / services for local families / children / babies	21	78%
Use frequently / essential / needed / lifeline / do not close / lost without it / loss of access to services	16	59%
Detrimental impact of mental health / socialisation / development / counselling service much needed	10	37%
Current building in walking distance / accessible / won't be able to walk / access alternatives	8	30%
Detrimental effect on community / much needed by community	5	19%
Current building provides good facilities / parking / nice environment / not available at alternatives	5	19%
Services would suffer if moved elsewhere / insufficient provision / oversubscribed / would current services be available	4	15%
Health visitors / midwifery / maternity services offered currently / difficult to access elsewhere	2	7%

Some example verbatims to support the key themes can be found below:

"If this centre closes my son & I would be devastated. We love attending the weekly stay & play group. My son has learnt so many skills from this group & it's the highlight of his week. Many of us have arranged nursery around this group so we can still attend. The staff are all amazing; they are supportive & knowledgeable. This centre is a lifeline for so many parents. We need this centre."

"Every week we attend the stay and play session and the baby and you session. I'm a mum who struggles with their mental health and have to get out the house every day, otherwise I find it extremely hard. I've been taking my daughter since she was 3 months old and she is now 18 months old. Being able to access the services and take her regularly has had a

massive impact on her development and social skills. It has also helped me massively with my mental health and being able to take to Nicola, who runs the groups. Closing this children's centre will have a massive negative impact on not only my mental health but my daughter's development and social skills as I can't access any other buildings in Tunbridge Wells."

"Anyone living rurally relying on public transport are isolated already, getting to Cranbrook is not necessarily easy but much more accessible than Little Forest. The preschool in Cranbrook primary school is due to close in July, families will rely more on children centre services to support their children's development."

"Closing this building takes away a safe space and a community for many parents. Public transport is terrible in Tunbridge wells and can take a long time and various changes (which are very expensive) on buses to get to other centres. This may result in affecting children's development as well as parents' mental health if they are unable to easily get to a centre."

"Cranbrook Children's Centre has been a social lifeline for families like mine. By moving it to the library we risk ruining two important facilities and ending up with a 'worst of both worlds' situation. Here are some of the key issues to consider: - Cranbrook Children's Centre has an outdoor play area but the library has no suitable outdoor space. - Library users want peace and quiet but making noise is part of children's play. How can you achieve this in a shared building? - There is only one set of toilets in the building, which could be a safeguarding issue if adult library users need to enter the children's play space to use the facilities. - Some children's centre sessions involve the provision of snacks. Does the library have the facility to continue this? - Messy play is an important part of the children's centre sessions. Will this still be feasible/allowed to continue when the space needs to be turned around quickly for other outreach activities? - If the library is going to be used for multiple KCC services in a community hub, where will the toys be stored?"

Cranbrook cannot be 'swept' into plans for Tunbridge Wells; we are a small community and must be considered on our own terms. Consolidating multiple Tunbridge Wells centres will have a limited impact on local users. Closing our only children's centre and creating a shared hub will have a drastic impact on the quality and accessibility of services to our community. We do not have the breadth of free and paid-for activities that are available in larger towns. The variety and availability of children's centre services have already been cut back in Cranbrook: we no longer have a breastfeeding clinic and the number of play sessions have been reduced. Please do not dilute this further by making Cranbrook children's centre and library share one venue. No doubt the library could benefit from investment and further community services, but the children of Cranbrook deserve a dedicated facility where they can play indoors AND outdoors safely and freely."

"It is not clear whether the alternative provision, in the form of a new family hub, would be relocated to the existing Cranbrook or whether it would be at the proposed new community hub on Wilkes Field, off Stone Street which has not yet been built. It also needs to be confirmed whether the new hub is able to accommodate both the co-located community services and a new library. Further clarification of this and details of any interim arrangements for alternative service provision is therefore needed before we can comment on this particular proposal. It is suggested that it may be prudent to keep the children's centre service where it is until the new community/medical hub at Wilkes Field is built and the services could then be transferred there. It is also considered that at present, the

proposal to move the children's centre service to the existing Cranbrook Library building would fail to deliver KCC's stated objectives of saving money and providing outreach services to the community, as it is considered that the co-location of library and children's services would require substantial funds for alterations to the existing library building in order to make the two services compatible here."

TUNBRIDGE WELLS YOUTH HUB

- 9 impact comments were received via the consultation questionnaire.
- Whilst comments are few, those who use the hub consider it valuable.

Some example verbatims can be found below:

"This is a very active centre able to accommodate small groups and that school age children can walk to, can drop in to, and feel safe and welcome. It is well connected for the station and would leave no provision that side of Tunbridge Wells if it were to close."

"Without this we would be left with very little support."

"We've moved from a big town to a small town . We want our children to be on a slower pace of life. To get away from technology and look after their mental health. By going to local groups and walks and being outside. When you take away these places life becomes hectic again."

Engagement exercise – public events

- As part of the consultation exercise, a public event took place at the Southborough Hub. 8 people attended.
- Concerns were raised transport accessibility, willingness to travel and local pockets of deprivation.

IMPACT OF PART B 'LEAVE' PROPOSALS

COMMUNITY SERVICES FOR ADULTS WITH LEARNING DISABILITIES

This section of the report summarises impact feedback from consultees for specific buildings featured in the consultation for Community Services for adults with learning disabilities.

NORTHGATE HUB

- 8 impact comments were received via the consultation questionnaire.

Some example verbatims can be found below:

“We will ALL pay for this - I am utterly distraught about any proposal to cut these services to our most vulnerable - a society is only as healthy as the way it takes care of its most vulnerable members.”

“No services in future when my disabled child will need them. He can't use public transport and we already use taxis as KCC has failed SEN children in multiple areas in the past. This is an extension of that disregard and de prioritisation.”

“Closing the Northgate hub will be detrimental as follows:- to the current people who use it and love it to Northgate Community Centre residents who use the centre every day and who welcome and love KCC Day Opportunities people.”

Engagement exercise – public events

- As part of the consultation exercise, a public event took place at Canterbury Library. At this event, an attendee expressed concern that there has been recent investment at the centre and that this needs to be made use of.
- At engagement events at Northgate Hub, there was concern expressed about how people would be able to travel between Prince of Wales Youth Club and Thanington.

FOLKESTONE SPORTS CENTRE

- 10 impact comments were received via the consultation questionnaire.

Some example verbatims can be found below:

“Loss of having a service in Folkestone will be significant, potential increase in costs of travel and transport to enable people to access services elsewhere.”

“Folkestone Sports Centre is a highly used resource with some unique facilities in Folkestone area e.g. swimming investment and further use seems more sensible.”

“My sister attends this hub on Tuesday, Wednesday and Thursday. I take her there and pick her up on Tuesday, Wednesday and Thursday, the staff being her back. If she moves further away, I don't drive so she would need transport. She also likes this front room.”

“Why have KCC taken the decision to move the services from Folkestone Sports Centre to a facility 14 miles away, which we do not believe is fit for purpose. Can we confirm where the clients are coming from to be able to access this resource?”

Engagement exercise – public events

- As part of the consultation exercise, engagement telephone calls took place with residents who use the ‘Front Room’ at Folkestone Sports Centre. 8 people were spoken to.
- Concerns were raised about a proposed 1.5 hour return trip to proposed alternative and whether this is appropriate for client base and carers, journey times impacting on carers’ wellbeing and their other commitments and perceived difficulty in coping with change.

SEVENOAKS LEISURE CENTRE

- 10 impact comments were received via the consultation questionnaire.

Some example verbatims can be found below:

“Disabled people rely on the centre for fitness and socialisation with others. Mental health and physical health is provided in this centre.”

“The present building has an easy access for those who travel by public transport and is not for them to walk keeping up their independence.”

“Proposal makes sense to use buildings so long as staff feel comfortable with the change in use.”

“As she is familiar with that area, it won't be a problem.”

“Moving to the library would not cause an issue as this is a familiar building to her.”

HARTSDOWN LEISURE CENTRE

- 10 impact comments were received via the consultation questionnaire.

Some example verbatims can be found below:

“Hartsdown has free parking, space and is perfect. Stop reducing what people have and telling them it's for their benefit.”

“This will impact on us in that it will mean receiving services from just one place instead of two areas that have different resources in the community and on site that make for variation and a good day. Instead of the same places to go every day.”

“The Adults with Learning Disabilities to close and place in a library or village hall, Why?? once again the already disadvantaged are punished and treated abysmally.”

IMPACT OF PART C 'LEAVE' PROPOSALS – THANET

COMMUNITY LEARNING AND SKILLS (ADULT EDUCATION)

This section of the report summarises impact feedback from consultees for specific buildings featured in the consultation for Community Learning and Skills (Adult Education).

BROADSTAIRS MEMORIAL HALL AND POTTERY

- 51 impact comments were received via the consultation questionnaire.
- 61% of those providing a comment have concerned about the suitability of the alternative venue for the services provided.
- 33% of those making a comment indicate they use the service frequently and it is considered essential / a lifeline.
- 25% express concerns that proposals for the centre will have a detrimental impact on users' mental health / development.

Please tell us how you think you or the people in your household will be impacted by the proposal? Base: all answering (51)

	Number of consultees answering	% of consultees answering
Alternative venue not suitable - size/capacity / storage, i.e., pottery, fitness/exercise classes in a library?	31	61%
Use frequently / essential / needed / lifeline / do not close / lost without it / loss of access to services	17	33%
Detrimental impact of mental health / socialisation / development / counselling service much needed	13	25%
Current building in walking distance / accessible / won't be able to walk/access alternatives	8	16%
Services would suffer if moved elsewhere /insufficient provision / oversubscribed / would current services be available	8	16%
Detrimental effect on community / much needed by community	7	14%
Current building provides good facilities / parking / nice environment / not available at alternatives	3	6%

Some example verbatims to support the key themes can be found below:

“Have current users been informed of services disappearing completely in some cases? e.g. In Broadstairs, Adult Education classes in Pottery are proposed to be moved into

Broadstairs Library. As far as I am aware no suitable venue/equipment is available there for this activity. Also, the rooms currently available in Broadstairs Library are unsuitable for certain fitness classes currently held in the Memorial Hall by Broadstairs Adult Education; i.e. the library rooms are too small to allow adequate spacing and are already full of furniture. The Broadstairs Library building seems an unlikely venue to fulfil my current fitness class needs. As an early-stage arthritis sufferer I am advised to practise Pilates to maintain muscle strength. My partner is elderly but still enjoys pottery classes. If this venue disappears he is unlikely to travel to another so he will miss out on this social and creative aspect of his life.”

“Closing the centre is one thing but the proposed building to relocate to is not suitable for the activity eg the library in Broadstairs is far too small to house the Pilates class. When we were move there last year because of the exams we had to move the tables to create a space to do the Pilates - this goes against every health and safety rule. once we had cleared a space by shifting heavy tables, it was not big enough for the 12 people in the group. we were packed in like sardines.

“I have been using the building and pottery for around 40 years. both as a teacher and student. It is an important part of my life. It is important for Adult learning skills and community informal networking. Of course it was impacted by the pandemic, but life is returning and even mor appreciated by many in a way that online is not. The building itself has no doubt suffered from long term lack of maintenance. No doubt it should be modernized and install solar panels at least. Retired people and other users will become even more isolated socially and this becomes more subject to mental health problems.”

“People in my household consider these two buildings to be a crucial part of our community. They are a place to meet, socialise, be entertained and learn. Our community will be depleted if they close. The pottery in particular is a building I use for classes on a regular basis.”

“Broadstairs Library is not big enough to accommodate all the curriculum offered at Broadstairs Adult Education Centre, as well as offer Library services and services for Adults with Learning Disabilities. Will have a detrimental impact on all three services and the service users accessing them. The majority of the courses at Broadstairs AEC are Creative or Health and Fitness and, as such, need large classrooms: - Pottery Studio - 80 sq m of teaching space (minimum), plus an additional 30-35 sq m of storage and kiln room, - Art/Craft Studios - need two of least 50 sq m, with additional storage. The current 'Craft room' is not large enough for most classes currently held at Broadstairs AE, - Health & Fitness - A hall large room (70 sq m) is needed for Fitness, Yoga, Pilates, Dance and Tai Chi.”

“I would not mind moving the Broadstairs site elsewhere but the Library is NOT a feasible option. We have 16 students in a Tai Chi class, 14 in a yoga class, across the week we generally have 10 art courses, 3 Latin and Ballroom classes, 7 keep fit classes, 4 sewing classes, + various guitar, crochet, mindfulness courses. There are also language classes that we had started to bring back into centre, plus counselling courses. And then there are the 12 pottery classes a week. Just where do you propose to put all these in the library which only has one room suitable for art and 2 small office like rooms (carpeted) for everything else. Not to mention the staff and where they will be, squeezed into the back of the toilets maybe.”

“I personally will be devastated by the closure of the Broadstairs pottery, it has had such a positive impact on my mental health and wellbeing. I love having a dedicated, supportive space in which to create things in clay. It makes me less anxious, more calm and generally feel good about myself. I will be so upset and lost if we lose this precious building and its offering.”

“Reduced access for education will cause lower educational attainments and lower socio economic prospects. This will impact on health and mental well-being for the future.”

“The closure and relocation of the Broadstairs Adult Education hasn't been thought through significantly enough. If the proposal is considering all the classes that currently take place at the centre then it would be obvious that the library is not a suitable alternative. There are many specialist subjects taught in the centre, they cannot be taught in general purpose rooms. The very speciality of them requires specialist equipment that cannot be moved and cannot be in a shared environment. That is why I say that the proposal hasn't been thought through. If there was a need to relocate and save money then my alternative suggestion would be to look at a site that could accommodate both the Margate and Broadstairs Adult Education. It could be an Arts Centre that allowed specialist subjects to be taught and have their own space to accommodate the activities. One such site that has been empty for years is the old University Campus in Broadstairs opposite St Georges School. This has a brilliant suite of rooms, accessible parking for all including disabled, is on a bus route, a cafe area and a defined reception area. The potential for this building is huge and would be a valued asset to any community. If you needed to relocate then may I suggest that this be a solution.”

IMPACT OF PART D 'LEAVE' PROPOSALS

GATEWAYS

This section of the report summarises impact feedback from consultees for specific buildings featured in the consultation for Gateways.

DOVER GATEWAY

- 8 impact comments were received via the consultation questionnaire.

Some example verbatims can be found below:

“I hope the same resources will be available in the Dover Discovery Centre Hub that was accessible in the Dover Gateway and the all multi professional services are available on a weekly fortnightly basis etc - This is such a good resource for the Dover.”

“Drastically under-utilised need to make sure it is not another white elephant.”

“If this is closed I can’t use it for work, information and it is easier to access.”

GRAVESHAM GATEWAY

- 8 impact comments were received via the consultation questionnaire.

Some example verbatims can be found below:

“The gateway support a wide area including Dartford as is not easily accessible for many people outside Gravesend.”

“I need to use both services KCC and also local council so it is easy to do both in the same building rather than having to walk around town.”

“I love using the services there and will be very disappointed if the gateway closes.”

TONBRIDGE CASTLE GATEWAY

- 11 impact comments were received via the consultation questionnaire.

Some example verbatims can be found below:

“Loss of yet another amenity like the Post Office.”

“Should be retained. This is a vital community resource that should be developed and not removed.”

“Accessibility, costs reliability. All support services must work in order for gateways to work. The gateways service needs an infrastructure that supports gateways by working not socially analysing people.”

SUMMARY OF PUBLIC / ENGAGEMENT EVENT ATTENDANCE

A number of public and engagement exercises took place over the course of the consultation. Where known, approximate attendance numbers can be found below:

Event	Number attended (if known)
Margate library	5
Little Forest Children's Centre	1
Tonbridge Youth and Children's Centre	Unknown
Southborough Hub	8
Larkfield library	3
Oakfield Children's Centre	3
Deal library	18
Little Hands Children's Centre	1
Canterbury library	8
Dartford library	2
Six Bells Family Centre	5
Folkestone Early Years Centre	1
Ashford Gateway	2
Milton Court Children's Centre	6
Wood Avenue library	11
Sheppey Gateway	10
Willows Children's Centre	Unknown
Riverside Children's Centre	1
Sessions House	7
Sevenoaks library	Unknown
Swanley Youth and Community Centre	3
Gravesend library	4
St Marys Children's Centre	11
Beaches Children's Centre	6
Sunflower Children's Centre	9
Lydd'le Stars Children's Centre	30
New Ash Green Children's Centre	30
Callis Grange Children's Centre	2
Priory Children's Centre	8
Folkestone Youth Hub	10
Apple Tree Children's Centre	8
Dover Youth Hub	4

Event	Number attended (if known)
Cranbrook Children's Centre	10
Marden Children's Centre	7
Harmony Children's Centre	15
Bluebells Children's Centre	14
Little Explorers Children's Centre	10
Front Room at Folkestone Sports Centre	8
West Kingsdown Children's Centre	14
Swanley Children's Centre	17
Spring House – Pathway Play	6

DEMOGRAPHIC BREAKDOWN

The statistical breakdown of responses to the demographic questionnaire are included here:

Gender

Male 18%

Female 81.3%

Prefer not to say 0.7%

Same Gender as birth

Yes 99%

Prefer not to say 1%

Pregnant

Yes – 28 out of 870 responses

Religion

Christian 90.2%

Buddhist 0.3%

Hindu 0.7%

Jewish 0.7%

Muslim 0.7%

Prefer not to say 2.6%

Other 4.9%

Sikh 0%

Disability

Yes 14.3 %

No 83.5%

Prefer not to say 2.2%

Sexual Orientation

Heterosexual/Straight 89.7%

Bi/Bisexual 2%

Gay man 0.4%

Gay woman/Lesbian 1.3%

Prefer not to say 6%

Other 0.6%

Ethnicity

White English 87.6%

White Scottish 1.1%

White Welsh 0.5%

White Northern Irish 0.2%

White Irish 0.7%

White Gipsy/Roma 0.1%

Asian or Asian British Indian 0.4%

Asian or Asian British Bangladeshi 0.1%

Mixed White and Black Caribbean 0.1%

Mixed White and Black African 0.1%

Mixed White and Asian 0.4%

Black or Black British Caribbean 0.2%

Black or Black British African 0.1%

I prefer not to say 2.2%

Other 6%

White Irish Traveller 0%

Asian or Asian British Pakistani 0%

Arab 0%

Chinese 0%

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CONSULTATION FEEDBACK DRAFT RESPONSES

PART 1

Kent Communities Programme Consultation Draft Feedback Responses

Feedback on the needs-based framework	
Looking at the feedback to the consultation set out in the Lake report, the majority of	
Feedback	KCC response
whether KCC's approach to need properly reflects the actual usage of services	Yes - we looked at the numbers of people using our services and this data formed a part of the need analysis when we were considering the proposals. This is detailed on pages 17 and 18 of the consultation document.
whether children's centre usage data has been properly taken into account and whether KCC's approach to need properly reflects the importance of children's centres to users	<p>Yes – we looked at the numbers of people accessing our children's centre services. Additional data sets setting out the need for children's centres includes number of children eligible for free school meals, 0-19 social care referrals and other data sets. These were all included on page 18 of the consultation document.</p> <p>The consultation questionnaire was used to gather feedback and the consultation included proactive engagement sessions with service users. Feedback included the impact people felt the proposals would have on them, thus highlighting the importance. This has been considered when reviewing the proposals following the consultation.</p>
likely future increases in need in particular areas (such as Dartford) as a result of forecast population growth or recent housing growth (such as in Faversham)	Forecast population of 0–5-year-olds in 2040 was included within our data analysis.

whether the pandemic (and reduction in service provision during the pandemic) has affected the reliability of the data	The Need Framework relied on pre-COVID data as there was an acceptance that COVID-era and immediately post-COVID data would not be adequately reliable.
whether KCC should have considered data about access to a car in different areas when devising its needs metrics	As people may not have access to a vehicle, travel times to alternative buildings were estimated using public transport information, not car travel times.
whether KCC has had regard to the option of travelling across district boundaries to access services	Yes. It was recognised in the proposals that the nearest alternative location for some individuals may be across a District boundary – for example page 67 of the consultation document, where Next Steps Children’s Centre (Gravesham) is identified as a nearest alternative to New Ash Green Children’s Centre (Sevenoaks).
whether KCC’s public transport data is out of date (and takes into account any recent or planned service cancellations)	The transport analysis that accompanied and fed into the Need Framework included all known proposed changes to the public transport network at the time of consultation and decision. The transport analysis and the need analysis will be regularly reviewed in coordination to determine future service provision.
whether KCC’s approach to need will have a disproportionate effect on small or rural communities	The proposed model does not consider ‘rurality’ as a specific factor and it is true that there are closures proposed to centres in more rural settings. However, the Need Framework did look at the travel time and catchment area of centres when building the proposed model. Our proposed outreach model does specifically consider how best to serve more rural communities regardless of whether there is a proposed closure in that location, or whether there was no centre in that location to begin with. A co-designed outreach offer will be guided by the Need Framework and not the historical estate context.

Feedback which goes to overall proposals

Concerns about co-location	
Feedback	KCC response
co-location of services for children with other services (e.g. libraries and services for adults with learning disabilities)	Service representatives have been involved in the planning of proposed co-location sites, and feasibility studies undertaken to ensure that any co-location is appropriate for the services included. This will include refurbishment works to make sure spaces can be used appropriately by all relevant services.
the effects of co-location on partners (e.g. nurseries) who currently share children's centre sites	<p>The proposals set out at consultation do not impact partners within co-location sites. Where there are partners within co-location sites, these spaces have been protected in our planning to ensure the widest range of service delivery possible from the location.</p> <p>The proposals set out at consultation do not impact existing occupiers at sites proposed for closure who occupy the property under a formal tenancy agreement, such as a lease. In these cases, the continued occupation will be subject to the terms of the lease and managed within existing estate management policy.</p>
whether co-location will inevitably lead to reduced service provision in some areas (e.g. because of a lack of facilities such as outdoor play areas at some sites)	Service representatives have been involved in the planning of co-location sites to ensure that space within sites is efficiently used and/or shared so that service provision is protected wherever possible. However, there are some instances, for example in terms of outside play space, where it will not be possible to include within all co-location sites and this will have an impact on how services are experienced.
concerns about privacy and confidentiality where buildings are	Privacy has been considered when exploring the suitability of co-locations to protect the confidential nature of some

multi-use	aspects of service delivery. This includes spaces for confidential conversations, as well as for activities such as breastfeeding. These spaces are being included in our early designs for co-location buildings.
the suitability of particular buildings for the co-location of the proposed services	There are 14 buildings which have been proposed for co-location of services. Each of these buildings has been individually assessed for its suitability for co-locating the proposed services. This process has included the input of the services themselves as they best understand the needs of their service users.

Concerns about impacts on people who may no longer be able to (or choose to) access services	
Feedback	KCC response
impacts related to the lack of service provision itself	The Need Framework and the input from the service team results in a proposed model that responds appropriately to the needs of different communities. In some instances, there are areas of high need, where the type of need or the community means that a permanent KCC building may not actually be the best method of service delivery – it may be more effectively for the service to ‘go to them’ in different community settings rather than require service users to come to our building in the first place. The Kent Communities model is designed to provide access to the right services in the right way in the right location. The Need Framework will necessarily need to be reviewed as communities evolve over time and need changes. By working with our partner agencies we would expect to be able to

	continue to adapt our service offer in the future to ensure we are meeting the changing need as best as possible given the financial constraints the Council faces.
broader impacts, such as impacts on mental health. KCC should also consider the impacts on those consultees who have described services as a “lifeline”, and others who may be particularly affected as a result of not accessing the relevant services	The Programme team have considered various factors in developing additional options following feedback from the consultation. The options put forward for member consideration include two models that have been amended to increase access to physical locations based on the ease of access on public transport. This is a helpful metric that has been objectively quantified to influence the development of the other options. Beyond KCC buildings delivering services directly, the outreach model will provide services out in communities depending upon need – it is proposed that this provision is co-designed with partners including District Councils. The universal digital offer will provide signposting and online services where appropriate.

Concerns about broader impacts of longer travel distances beyond difficulties accessing services	
Feedback	KCC response
Financial impacts	We appreciate that some people may face an increased cost in order to access an alternative KCC building. However, we propose an outreach model that seeks to deliver services in the heart of communities where the level and type of need (according to the Need Framework) suggests that outreach would be the most appropriate way of reaching those who need services.

Time	Journey times as well as service regularity across the public transport network have been considered within the options to be presented to members.
Impacts on ability to access work	Once a decision is made on the way forward, any implications will be discussed in detail with staff in line with the Council's standard HR practices. The registered Trade Unions have been briefed throughout the course of the Programme.

Whether KCC has considered using non-KCC buildings for service delivery	
Feedback	KCC response
...in relation to co-location and outreach	The current proposal focuses on the KCC estate and seeks to utilise our buildings to best meet the different levels of need identified through the Need Framework. This model does not preclude us working with other organisations in the future and utilising buildings outside of the KCC estate to deliver services, as long as any future solution continues to respond to the Need Framework. It is acknowledged that a co-designed outreach proposal will likely make use of alternative buildings owned and operated by other organisations dependent on the Need Framework and the co-design with partners.
Consultees have suggested that district councils may have buildings which would be more appropriate for the co-location of services	The One Public Estate (OPE) programme supports locally-led partnerships of public sector bodies to collaborate around their public service delivery strategies and estate needs. As part of the One Public Estate network in Kent, it makes sense to consider

	joint building networks between KCC, District council partners and other agencies such as NHS and Police. The Need Framework allows us to continually review the levels of service need within different communities and collaborate with partners in the future where appropriate and where possible.
KCC should ensure that it considers non-KCC buildings (such as village halls) when deciding where to locate outreach	This forms part of our outreach modelling which we anticipate will be co-designed with other partners.

Concerns about the impact on other KCC and partner services	
Feedback	KCC response
whether increased difficulty accessing certain preventative services (such as early years services) may lead to greater pressure in the future on other services (such as SEN services, social services, or health services)	The Family Hub model is built on the understanding that preventative services are an integral entry point to other service provision delivered by KCC and other agencies. The Family Hub model will provide for much greater integration between KCC services and services from other providers (e.g. NHS) regardless of the delivery method (permanent physical building, outreach session, digital).
the impacts of building closures on partners who currently use the relevant buildings (e.g. comments about the closure of children's centres which are used by KCC social services for meetings with parents and children)	The Implementation period for the programme, subject to decision by Cabinet, would span across a number of years. If there is a decision to make changes, the KCC Property team will work with partners within our buildings to notify them of the changes and the likely timeline for implementation that affects them. Any KCC service provision that is required (such as Family Time) will be delivered in alternative locations – which is currently delivered from

	a range of locations, including some of KCC's office estate.
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Important demographic trends in the responses	
Feedback	KCC response
<p>In particular, women, younger people, and those with children are much more likely to disagree with the proposals (overall, but also with specific aspects of the proposals, such as co-location and the reduction in the number of buildings). KCC should ensure it has thought about why this is the case and whether this means that consultees feel more strongly about particular services (e.g. children's centres) or whether the impact of certain building closures (again, possibly children's centres) may be significant than others. If KCC does think that there is particular opposition to the closure of children's centres, it should explain why it will not reduce the number of closures (including why it will not close more of the other types of buildings instead).</p>	<p>The largest set of changes in the consultation proposals are for children's centres and youth hubs. Young people, women, and people with children are the biggest users of these services. It correlates that these groups have responded more negatively about proposals for building closures than other groups as they will be more impacted by these proposals.</p> <p>This is addressed in detail in the Equality Impact Assessments that accompany the decision papers.</p> <p>The financial challenge faced by the Council means that difficult decisions need to be taken across all areas of Council business in order to make required savings and deliver a balanced budget. Alongside the mitigation factors set out in the EqIA and given the financial and policy context, the impact is considered to be justified.</p>

Concerns about outreach	
Feedback	KCC response

the need to ensure that outreach services are accessible	Accessibility and suitability of buildings will be a key factor in choosing where to deliver outreach services.
concern that outreach provision may be unsuitable for some services (e.g. services accessed on an unplanned or 'as needed' basis)	The proposal will seek agreement from decision-makers for a co-design approach to outreach delivery, drawing on the knowledge and perspectives of partners including district councils, health and community partners. The Need Framework will play a key role in planning where outreach services are needed so that provision is sufficient for those that need it.
that the level of detail in the consultation raised concern about whether outreach would be sufficient to meet need	
concern that outreach venues do not have the right facilities	Outreach will be delivered from venues with the necessary facilities to ensure safe and appropriate provision for service users. Specific venues for delivery will form part of the discussion and co-design with partners.
views that outreach services need to be regular and a "committed offer"	Yes – consistency within the offer, all the time that the need remains the same, is a key element of successful outreach delivery.
concerns that outreach may lead to a diluted service, that outreach is generally less well attended, and that some elements of service provision cannot be replicated via outreach (e.g. familiarity and relationships)	Outreach provision will be planned so that it is effective and meets needs. It will be appropriately promoted so that attendance is as anticipated. Outreach will be delivered by staff that also deliver services in KCC buildings, helping to support familiarity and relationships
particular concerns related to health visitors and outreach provision	The Health Visiting team has been involved in the planning of outreach so that requirements of the service can be incorporated into the proposals.
concerns about the impacts of outreach provision on particular types of service users (e.g. those with SEND may need reliability in terms of where outreach is delivered)	Wherever possible, reliability and consistency of delivery – in terms of location and team delivering the session - will be maintained and a co-design approach to outreach with our partners will

	<p>help achieve this. We appreciate that some service users may find change difficult. We aim to support service users manage this change so that they continue to feel as comfortable as possible accessing services during periods of change.</p>
<p>concerns about how particular areas of Kent have been dealt with in relation to outreach (particularly Sheppey)</p>	<p>The service view of the level of need in Sheppey was that the best way to meet the need is to deliver services via outreach directly in communities rather than making residents come to a KCC building in the first place. However, following feedback in the consultation, some of the revised options address this concern by proposing the retention of the Beaches site. The proposal will seek agreement from decision-makers for a co-design approach to outreach delivery, drawing on the knowledge and perspectives of partners including district councils, health and community partners.</p>

Concerns about digital	
Feedback	KCC response
<p>inclusivity and accessibility (including for particular groups, such as the elderly, and those with disabilities and mental health needs)</p>	<p>A universal digital offer is not proposed as a replacement, but more as an alternative service offer for those that choose to access provision in this way. The Need Framework highlights where the level of need is such that the universal digital offer is the appropriate level of service with areas of higher need being the focus for outreach and provision from permanent physical locations.</p>
<p>that four wards scored poorly in terms of digital connectivity</p>	<p>We are aware that there are areas of particularly poor digital connectivity across</p>

	<p>the county. Many of these areas of more rural locations currently unserved by physical buildings but that would potentially benefit from a co-designed outreach model. There are separate programmes of work that seek to address this issue in a number of ways. However, digital provision is not seen as a replacement, rather a choice for residents who are able to access information in this way.</p>
<p>concerns that digital delivery may be unsuitable for some services (such as services relating to domestic violence, mother-and-children services, and children’s services generally where concern has been raised about children’s “screen time”)</p>	<p>Face to face services will still be available across the county, directed by the Need Framework. Digital provision is offered as a choice, rather than a replacement. Digital provision will provide important signposting so that residents seeking services such as domestic abuse support will be able to find relevant information in one location rather than having to navigate through a range of different websites. Within the Family Hubs digital offer there is also the development of virtual services.</p>
<p>concern that some service users may in general prefer to access services face-to-face</p>	<p>Face to face services will still be available across the county, directed by the Need Framework. Digital provision is offered as a choice, rather than a replacement.</p>

<p>Feedback on Concerns about the broader environmental impact of the proposals</p>	
<p>Feedback</p>	<p>KCC response</p>
<p>for example as a result of more people having to travel further to access services</p>	<p>The modelling has considered the public transport network throughout so that the network is accessible without relying on private vehicles. A greater reliance on outreach provision will mean that residents from communities that would ordinarily</p>

	have required greater travel distances will be able to access service provision without needing to travel so far. The digital offer will mean that for those that choose to, information and virtual services will be available online.
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Feedback on Whether the costs of the proposals have been properly taken into account	
Feedback	KCC response
for example costs relating to the adaptation/refurbishment of buildings	Yes – these costs have been factored into the modelling and have been informed by feasibility studies.
observations made by some consultees that vulnerable children will not be able to access services they need, leading to greater future costs	The range of Family Hub services will be available to residents across a wide range of delivery methods, including face-to-face, outreach and digital provision. The model has been designed using a Need Framework, so services will be available where there is a need for them. The Family Hub model integrates more closely with partners and so families with vulnerable children will be able to access the services they need.

Whether KCC should make savings in other areas	
Feedback	KCC response
This will obviously require careful consideration and goes to the point about budgets we discussed last	The services in scope, including the Corporate Landlord service, are all required to make savings in line with the Council's

week.	Medium Term Financial Plan. The proposals set out at consultation contribute towards those savings whilst also responding to the strategic objectives set out in Framing Kent's Future. The final decision paper will include a 'Do Nothing' option, which will allow members the option to choose not to make savings here, but this will need to be balanced by making savings elsewhere across the council's budgets.
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<p>Accessibility</p> <p>you have been looking at accessibility as a key part of the feedback, and that an alternative option is being devised. It would be helpful to understand what elements of accessibility related feedback have been into account and how these have led to the updated building lists/the revised option which is being worked on. It seems to us that "accessibility" covers various points from the consultation feedback such as:</p>	
Feedback	KCC response
whether bus timetables have been considered	Yes – this has been considered and explicitly informs the options being considered by members.
whether the nuances of particular journeys to alternative provision have been considered (such as the accessibility of particular train stations)	Condition and accessibility of facilities outside of KCCs control has not been factored in to the KCP model. However, accessibility of alternative locations will help inform the specifics of a co-designed outreach offer, using the knowledge and input of other partners to inform the model.
the difficulties of using public transport, beyond additional journey times (such as carrying prams and reliability of services	Regularity of service has been factored in and explicitly informs the options being considered by members.

availability of parking	The modelling has considered the public transport network throughout so that the network is accessible without relying on private vehicles or parking provision.
difficulties arising as a result of the topography of particular alternative locations	Topography has not been considered within the KCP model as the Need Framework relies on identifiers of need such as the Indices of Multiple Deprivation and demographic data.

Outreach	
Feedback	KCC response
It also sounds like perhaps some changes to proposed outreach provision were being considered, and again it would be helpful to understand which elements of the consultation feedback this is a response to.	The feedback received around outreach centred primarily around the requirement for more detail. Additional detail on what services can be delivered through outreach was included within the Family Hubs service consultation. As a result of feedback to both consultations the KCP proposal seeks endorsement from members for a co-design approach to outreach delivery, drawing on the knowledge and perspectives of partners including district councils, health and community partners. This will mean greater flexibility in the delivery model that allows services to adapt to changing need in the future.

Feedback relating to specific individual buildings
Included as a separate document.

Equalities-related feedback

Addressed in suite of Equalities Impact Assessments submitted with Decision Paper.

Critical success factors

Feedback

KCC response

I have seen reference in the document you have sent me to KCC's critical success factors. It would be helpful to know how these factors and the weightings for these factors have been arrived at, taking into account that the factors include a weighting to be attributed to having a less costly estate. I also wanted to check whether these factor are designed to be a tool to assist decision makers in reaching a final decision on the proposals?

The Critical Success Factors are used to evaluate whether the proposals meet the four challenges set out in the KCP Rationale. These are:

- Need to lower revenue costs
- Need to reduce backlog maintenance cost liability
- Need to lower carbon emissions from KCC estate
- Need to provide more co-location sites to improve resident experience.

PART 2

Family Hub Consultation Draft Feedback Responses

<p>The importance of safe spaces for young people (separate environment needed for older children to enjoy activities with young people their own age), concerns raised around mixing children with vulnerable young people who are potentially at risk of exploitation (e.g., gangs, county lines etc.); a lot of comments on the need for safe spaces in terms of no judgement around gender identity, sexual orientation, disability</p>	<p>This is part of the service consideration, but where appropriate buildings will provide confidential spaces. Space can be timeshared between service so that sessions that would create a 'clash' are not held at the same time and the spaces can be arranged to suit the needs of the specific service uses.</p> <p>This is acknowledged in the relevant EqlAs as well.</p>
<p>References to importance of children's centres in rural communities and how will people be reached otherwise, causing further isolation in rural communities; with a number of specific comments around outreach to more villages as a need</p>	<p>Outreach in rural locations has been highlighted in the consultation and as a response 'rural communities' has been specifically identified as a category for outreach provision. The specific service offer for any given location will be subject to further agreement between the service and delivery stakeholders.</p>
<p>Appropriate spaces/appropriate purposes for the type of activities proposed (e.g., the same space could be used at different times for different purposes but is this appropriate and is the space adaptable enough/is appropriate investment being made) - e.g., the same space used for very young children is then not appropriate for young people who may want to see information about LGBTQ, substance misuse etc., and then for activities for vulnerable adults; questions around how can this be balanced given collocation of services</p>	<p>This is part of the service consideration, but where appropriate buildings will provide confidential spaces. Space can be timeshared between service so that sessions that would create a 'clash' are not held at the same time and the spaces can be arranged to suit the needs of the specific service uses</p>
<p>The size of a space – if a building hosts multiple agencies/services, it may lose the feel of a local Children's Centre</p>	<p>The Family Hub model brings together partners to offer a wider range of complimentary services in a single setting. Where the Family Hubs are proposed to be co-located with other service areas, the spaces will be</p>

	<p>designed so that Family Hub service users feel welcomed. The ability to access services outside of the Family Hub offer – for example library services – from the same location is proposed to enhance the user experience.</p>
<p>Feedback from respondents around rurality – link to outreach; some comments draw to the potential scenario where those living in rural locations will end up being affected the most as won't have access</p>	<p>Outreach in rural locations has been highlighted in the consultation and as a response 'rural communities' has been specifically identified as a category for outreach provision. The specific service offer for any given location will be subject to further agreement between the service and delivery stakeholders. The Kent Communities Programme has re-examined transport networks as a result of the consultation feedback received and this re-examination has been used to develop the alternative options for member decision.</p>
<p>Ease of access is vital for families, especially those without transport; a number of comments around how this will be mitigated and questions around how deprivation has been factored into provision (affordability of fares, transport timetables etc.)</p>	<p>The Kent Communities Programme has re-examined transport networks as a result of the consultation feedback received and this re-examination has been used to develop the alternative options for member decision. Deprivation data was used to inform the needs framework which underpins the Kent Communities model.</p>
<p>The use of venues already in the community as people will feel more familiar and be more comfortable in using these</p>	<p>The Kent Communities proposal focuses on meeting identified need within KCC's network of buildings. So long as any solution can be justified in terms of meeting need, there is no reason why in the future opportunities to use alternative locations cannot be considered.</p>
<p>Services need to be local or else they will not be accessed by those who most need them. Rural centres like Cranbrook are vital in rural areas. Families who need the services and support the most will not travel to Tunbridge Wells or</p>	<p>The proposal is to relocate the Children Centre in Cranbrook to share space within the Library – approximately 0.1 mile away from the existing Children's Centre. Both the Children's service and Library service have been involved in the</p>

<p>equality far hubs. keep childrens centres open. they are so important to new parents</p>	<p>assessment of the feasibility of this proposal and are agreed that the space is suitable for both service uses.</p>
<p>Locality to areas not a major hub out of area. People and children need to be able to access it easily.</p>	<p>The Kent Communities Programme has re-examined transport networks as a result of the consultation feedback received and this re-examination has been used to develop the alternative options for member decision</p>
<p>Depending on where they are located, it may become difficult for people to actually reach these hubs. It sounds like the services on our doorstep, within walking distance will be scrapped and we'll be forced to travel to a hub to access services- this will incur costs as well as time inconvenience and bad for the environment as I'll have to use my car instead of just walking.</p>	<p>The Kent Communities Programme has re-examined transport networks as a result of the consultation feedback received and this re-examination has been used to develop the alternative options for member decision. Services from permanent 'KCC' buildings are only one part of the service delivery model. Alternative methods of provision include Outreach where services are delivered in the heart of communities, and online provision also make up the service offer.</p>
<p>Accessibility in terms of proximity to and frequency of bus services and cost of getting to the hubs.</p>	<p>The Kent Communities Programme has re-examined transport networks as a result of the consultation feedback received and this re-examination has been used to develop the alternative options for member decision</p>
<p>The main thing that concerned me when reading the summary document, was that you are trying to make cuts to activities, groups and centres look like a good thing by covering it up with "family hubs". When in reality it is actually a huge cut to resources, the loss of childrens centres (which would then mean many families would lose access to these vital services if they don't drive for example, and with the cuts to the bus services on Romney Marsh too). I can see the sense in streamlining the services so everything is in one place to access, but this needs to be properly</p>	<p>The Kent Communities Programme has re-examined transport networks because of the consultation feedback received and this re-examination has been used to develop the alternative options for member decision. The Kent Communities Programme responds to the fact that Kent has too many buildings to manage effectively, and the services need to be able to staff the locations effectively and sustainably.</p>

resourced, with enough staff and funding to make it effective. Otherwise residents are just going to lose access to vital services they need.	
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BUILDINGS	Family Hubs (54)	Public Health (55)	Adults with LD (23)	CLS (16)	Gateway (10)	Notes
District						
Ashford	The Willow Children's Centre	The Willow Children's Centre	Ashford Gateway	Ashford Gateway	Ashford Gateway	
	Waterside Children's Centre	Waterside Children's Centre		Homewood School	Tenterden Gateway	
	Ashford North Youth Centre	Ashford North Youth Centre				
	Sure Steps Children's Centre	Sure Steps Children's Centre				
	Stanhope Library	Stanhope Library				New co-location with LRA
Canterbury	Riverside Youth Hub	Riverside Youth Hub	Swalecliffe Day Centre	Canterbury AEC		
	Briary Children's Centre	Briary Children's Centre	Northgate Hub			
	Little Hands Children's Centre	Little Hands Children's Centre	Thanington Hub			
	Poppy Children's Centre	Poppy Children's Centre				
	Whitstable Youth And Community Centre	Whitstable Youth And Community Centre				
Dartford	Swanscombe Children's Centre	Swanscombe Children's Centre	Yew Tree	Dartford AEC		
	Knockhall Children's Centre	Knockhall Children's Centre	Dartford Library			
	Oakfield Children's Centre	Oakfield Children's Centre				
	Temple Hill Library	Temple Hill Library				New co-location with LRA
Dover	Deal Youth Club	Deal Youth Club	Dover Discovery Centre	Dover Discovery Centre	Dover Discovery Centre	Dover Discovery Centre as BAU
	Buckland Children's Centre, St Nicholas Church	Buckland Children's Centre, St Nicholas Church	Walmer/Meadowside	Deal AEC		
	Samphire Children's Centre (Aycliffe)	Samphire Children's Centre (Aycliffe)				
Folkestone and Hythe	The Village Children's Centre	The Village Children's Centre	Bridge Resource Centre	The Cube		
	Caterpillars Children's Centre	Caterpillars Children's Centre	Broadmeadow	The Pottery		
	Folkestone Early Years Centre	Folkestone Early Years Centre	Phase 2			
	New Romney Children's Centre	New Romney Children's Centre				
Gravesham	Bright Futures Children's Centre	Bright Futures Children's Centre	Milton Haig	Gravesend AEC	Gravesend Library	New co-location with LRA
	Northfleet Youth and Community Centre	Northfleet Youth and Community Centre				
	Little Gems Children's Centre	Little Gems Children's Centre				
	Riverside Children's Centre	Riverside Children's Centre				
	Little Pebbles Children's Centre	Little Pebbles Children's Centre				
	Next Steps Children's Centre	Next Steps Children's Centre				
Maidstone	Info Zone (Youth centre)	Info Zone (Youth centre)	Maidstone House	Oakwood	KHLC	New co-location with LRA
	Sunshine Children's Centre	Sunshine Children's Centre				
	Greenfields Children's Centre	Greenfields Children's Centre				
	The Meadows Children's Centre	The Meadows Children's Centre				
	West Borough Children's Centre	West Borough Children's Centre				
Sevenoaks	Swanley Youth & Community Centre	Swanley Youth & Community Centre	Eden Centre	Sevenoaks AEC	Eden Centre	
	Edenbridge Children's Centre	Edenbridge Children's Centre	Sevenoaks Library		Swanley Link	New co-location with LRA
		Spring House	Swanley Link			
Swale	Bysing Wood	Bysing Wood	Sheppey Gateway	Sittingbourne AEC	Sheppey Gateway	
	Woodgrove Children's Centre	Woodgrove Children's Centre	Crawford House	Sheppey AEC		
	Milton Court Children's Centre	Milton Court Children's Centre	Faversham Library			
	Murston Children's Centre	Murston Children's Centre				
	Queenborough Library	Queenborough Library				New co-location with LRA
	Sittingbourne Library	Sittingbourne Library				New co-location with LRA
Thanet	Newlands Children's Centre	Newlands Children's Centre	Minnis Day Centre		Thanet Gateway	
	Newington Children's Centre	Newington Children's Centre	Cliftonville Library	Margate AEC		New co-location with LRA
	Birchington Children's Centre	Birchington Children's Centre	Broadstairs Library (as outreach)	Broadstairs Library		New co-location with LRA, Adults with LD and CLS
	Quarterdeck Youth Centre	Quarterdeck Youth Centre				
	Six Bells Family Centre	Six Bells Family Centre				
	Cliftonville Children's Centre	Cliftonville Children's Centre				New co-location with LRA
	Ramsgate Library	Ramsgate Library				New co-location with LRA
Tonbridge and Malling	Little Foxes CC	Little Foxes CC	Tonbridge Community Service	Tonbridge AEC	Tonbridge Library	New co-location with LRA
	Woodlands Children's Centre	Woodlands Children's Centre				
	Snodland Children' centre and Samays Youth Centre	Snodland Children' centre and Samays Youth Centre				
	Tonbridge Youth and Childrens Centre	Tonbridge Youth and Childrens Centre				
Tunbridge Wells	Tunbridge Wells Youth Centre	Tunbridge Wells Youth Centre		Amelia Scott (out of scope)		
	Little Forest CC	Little Forest CC				
	Cranbrook Library	Cranbrook Library				New co-location with LRA

OPTION 2 CLOSURES

BUILDINGS	Family Hubs (38)	Adults with LD (6) (3 considering BAU)	CLS (1)	Gateway (3)	Notes
District					
Ashford	Bluebells Children's Centre				
	Little Explorers Children's Centre				
	Ray Allen South Ashford Centre				
Canterbury	Apple Tree				
	Joy Lane				
	Riverside CC				
	Swalecliffe CC				
	Tina Rintoul				
Dartford	Dartford Bridge	Dartford Bridge			BAU
	Brent CC	TRACS			BAU
	Greenlands at Darenth				
	Maypole CC				
	Temple Hill CC				
Dover	The Sunflower CC	Walmer Centre		Dover Gateway	BAU
	Blossom Children's Centre				
Folkestone and Hythe	Dymchurch Children's Centre	Folkestone Sports Centre			
	Five (Shepway Youth Hub)				
	Hawkinge CC				
	Lyddle Stars Childrens Centre				
Gravesham	New Beginnings			Gravesend Gateway	
Maidstone	East Borough Children's Centre				
	Marden Children's Centre				
Sevenoaks	New Ash Green CC	Sevenoaks Leisure Centre			
	Spring House Children's Centre				
	Swanley Children's Centre				
	West Kingsdown Church of England Primary - CC				
Swale	Grove Park CC				
	Lady bird CC				
	New House Youth				
	Beaches Children's Centre				
	St Mary's CC				
Thanet	Callis Grange CC	Hartsdown Leisure Centre	Broadstairs AEC		
	Priory CC				
Tonbridge and Malling	Burham Children's Centre			Tonbridge Gateway	
Tunbridge Wells	Cranbrook Children's Centre				
	The Ark Children's Centre				
	Southborough/High Brooms Children's Centre				
	Harmony CC				

BUILDINGS	Family Hubs (56)	Public Health (57)	Adults with LD (23)	CLS (16)	Gateway (10)	Notes
District						
Ashford	The Willow Children's Centre	The Willow Children's Centre	Ashford Gateway	Ashford Gateway	Ashford Gateway	
	Waterside Children's Centre	Waterside Children's Centre		Homewood School	Tenterden Gateway	
	Ashford North Youth Centre	Ashford North Youth Centre				
	Sure Steps Children's Centre	Sure Steps Children's Centre				
	Stanhope Library	Stanhope Library				New co-location with LRA
	Little Explorers Children's Centre	Little Explorers Children's Centre				Transport Criteria
Canterbury	Riverside Youth Hub	Riverside Youth Hub	Swalecliffe Day Centre	Canterbury AEC		
	Briary Children's Centre	Briary Children's Centre	Northgate Hub			
	Little Hands Children's Centre	Little Hands Children's Centre	Thanington Hub			
	Poppy Children's Centre	Poppy Children's Centre				
	Whitstable Youth And Community Centre	Whitstable Youth And Community Centre				
Dartford	Swanscombe Children's Centre	Swanscombe Children's Centre	Yew Tree	Dartford AEC		
	Knockhall Children's Centre	Knockhall Children's Centre	Dartford Library			
	Oakfield Children's Centre	Oakfield Children's Centre				
	Temple Hill Library	Temple Hill Library				New co-location with LRA
Dover	Deal Youth Club	Deal Youth Club	Dover Discovery Centre	Dover Discovery Centre	Dover Discovery Centre	Dover Discovery Centre as BAU
	Buckland Children's Centre, St Nicholas Church	Buckland Children's Centre, St Nicholas Church	Walmer/Meadowside	Deal AEC		
	Samphire Children's Centre (Aycliffe)	Samphire Children's Centre (Aycliffe)				
Folkestone and Hythe	The Village Children's Centre	The Village Children's Centre	Bridge Resource Centre	The Cube		
	Caterpillars Children's Centre	Caterpillars Children's Centre	Broadmeadow	The Pottery		
	Folkestone Early Years Centre	Folkestone Early Years Centre	Phase 2			
	New Romney Children's Centre	New Romney Children's Centre				
Gravesham	Bright Futures Children's Centre	Bright Futures Children's Centre	Milton Haig	Gravesend AEC	Gravesend Library	New co-location with LRA
	Northfleet Youth and Community Centre	Northfleet Youth and Community Centre				
	Little Gems Children's Centre	Little Gems Children's Centre				
	Riverside Children's Centre	Riverside Children's Centre				
	Next Steps Children's Centre	Next Steps Children's Centre				
Maidstone	Info Zone (Youth centre)	Info Zone (Youth centre)	Maidstone House	Oakwood	KHLC	New co-location with LRA
	Sunshine Children's Centre	Sunshine Children's Centre				
	Greenfields Children's Centre	Greenfields Children's Centre				
	The Meadows Children's Centre	The Meadows Children's Centre				
	West Borough Children's Centre	West Borough Children's Centre				
Sevenoaks	Swanley Youth & Community Centre	Swanley Youth & Community Centre	Eden Centre	Sevenoaks AEC	Eden Centre	
	Edenbridge Children's Centre	Edenbridge Children's Centre	Sevenoaks Library		Swanley Link	New co-location with LRA
		Spring House	Swanley Link			
Swale	Bysing Wood	Bysing Wood	Sheppey Gateway	Sittingbourne AEC	Sheppey Gateway	
	Woodgrove Children's Centre	Woodgrove Children's Centre	Crawford House	Sheppey AEC		
	Milton Court Children's Centre	Milton Court Children's Centre	Faversham Library			
	Murston Children's Centre	Murston Children's Centre				
	Queenborough Library	Queenborough Library				New co-location with LRA
	Sittingbourne Library	Sittingbourne Library				New co-location with LRA
Thanet	Beaches Children's Centre	Beaches Children's Centre				Transport Criteria
	Newlands Children's Centre	Newlands Children's Centre	Minnis Day Centre		Thanet Gateway	
	Newington Children's Centre	Newington Children's Centre	Cliftonville Library	Margate AEC		New co-location with LRA
	Birchington Children's Centre	Birchington Children's Centre	Broadstairs Library (as outreach)	Broadstairs Library		New co-location with LRA, Adults with LD and CLS
	Quarterdeck Youth Centre	Quarterdeck Youth Centre				
	Six Bells Family Centre	Six Bells Family Centre				
	Cliftonville Children's Centre	Cliftonville Children's Centre				New co-location with LRA
Ramsgate Library	Ramsgate Library				New co-location with LRA	
Tonbridge and Malling	Little Foxes CC	Little Foxes CC	Tonbridge Community Service	Tonbridge AEC	Tonbridge Library	New co-location with LRA
	Woodlands Children's Centre	Woodlands Children's Centre				
	Snodland Children' centre and Samays Youth Centre	Snodland Children' centre and Samays Youth Centre				
	Tonbridge Youth and Childrens Centre	Tonbridge Youth and Childrens Centre				
Tunbridge Wells	Tunbridge Wells Youth Centre	Tunbridge Wells Youth Centre		Amelia Scott (out of scope)		
	Little Forest CC	Little Forest CC				
	Cranbrook Library	Cranbrook Library				New co-location with LRA

OPTION 3 CLOSURES

BUILDINGS					
District	Family Hubs (36)	Adults with LD (6) (3 considering BAU)	CLS (1)	Gateway (3)	Notes
Ashford	Bluebells Children's Centre				
	Ray Allen South Ashford Centre				
Canterbury	Apple Tree				
	Joy Lane				
	Riverside CC				
	Swalecliffe CC				
	Tina Rintoul				
Dartford	Dartford Bridge	Dartford Bridge			BAU
	Brent CC	TRACS			BAU
	Greenlands at Darenth				
	Maypole CC				
	Temple Hill CC				
Dover	The Sunflower CC	Walmer Centre		Dover Gateway	BAU
	Blossom Children's Centre				
Folkestone and Hythe	Dymchurch Children's Centre	Folkestone Sports Centre			
	Five (Shepway Youth Hub)				
	Hawkinge CC				
	Lyddle Stars Childrens Centre				
Gravesham	New Beginnings			Gravesend Gateway	
Maidstone	East Borough Children's Centre				
	Marden Children's Centre				
Sevenoaks	New Ash Green CC	Sevenoaks Leisure Centre			
	Spring House Children's Centre				
	Swanley Children's Centre				
	West Kingsdown Church of England Primary - CC				
Swale	Grove Park CC				
	Lady bird CC				
	New House Youth				
	St Mary's CC				
Thanet	Callis Grange CC	Hartsdown Leisure Centre	Broadstairs AEC		
	Priory CC				
Tonbridge and Malling	Burham Children's Centre			Tonbridge Gateway	
Tunbridge Wells	Cranbrook Children's Centre				
	The Ark Children's Centre				
	Southborough/High Brooms Children's Centre				
	Harmony CC				

BUILDINGS	Family Hubs (64)	Public Health (65)	Adults with LD (23)	CLS (16)	Gateway (10)	Notes	
District							
Ashford	The Willow Children's Centre	The Willow Children's Centre	Ashford Gateway	Ashford Gateway	Ashford Gateway		
	Waterside Children's Centre	Waterside Children's Centre		Homewood School	Tenterden Gateway		
	Ashford North Youth Centre	Ashford North Youth Centre					
	Sure Steps Children's Centre	Sure Steps Children's Centre					
	Stanhope Library	Stanhope Library				New co-location with LRA	
	Bluebells Children's Centre	Bluebells Children's Centre				Transport Criteria	
Canterbury	Little Explorers Children's Centre	Little Explorers Children's Centre				Transport Criteria	
	Riverside Youth Hub	Riverside Youth Hub	Swalecliffe Day Centre	Canterbury AEC			
	Briary Children's Centre	Briary Children's Centre	Northgate Hub				
	Little Hands Children's Centre	Little Hands Children's Centre	Thanington Hub				
	Poppy Children's Centre	Poppy Children's Centre					
	Whitstable Youth And Community Centre	Whitstable Youth And Community Centre					
Dartford	Apple Tree Children's Centre	Apple Tree Children's Centre				Transport Criteria	
	Swanscombe Children's Centre	Swanscombe Children's Centre	Yew Tree	Dartford AEC			
	Knockhall Children's Centre	Knockhall Children's Centre	Dartford Library				
	Oakfield Children's Centre	Oakfield Children's Centre					
	Temple Hill Library	Temple Hill Library				New co-location with LRA	
	Greenlands at Darent	Greenlands at Darent				Transport Criteria	
Dover	Maypole Children's Centre	Maypole Children's Centre				Transport Criteria	
	Sunflower Children's Centre	Sunflower Children's Centre				Transport Criteria	
	Deal Youth Club	Deal Youth Club	Dover Discovery Centre	Dover Discovery Centre	Dover Discovery Centre	Dover Discovery Centre as BAU	
	Buckland Children's Centre, St Nicholas Church	Buckland Children's Centre, St Nicholas Church	Walmer/Meadowside	Deal AEC			
	Samphire Children's Centre (Aycliffe)	Samphire Children's Centre (Aycliffe)					
	Folkestone and Hythe	The Village Children's Centre	The Village Children's Centre	Bridge Resource Centre	The Cube		
Caterpillars Children's Centre		Caterpillars Children's Centre	Broadmeadow	The Pottery			
Folkestone Early Years Centre		Folkestone Early Years Centre	Phase 2				
New Romney Children's Centre		New Romney Children's Centre					
Gravesham		Bright Futures Children's Centre	Bright Futures Children's Centre	Milton Haig	Gravesend AEC	Gravesend Library	New co-location with LRA
		Northfleet Youth and Community Centre	Northfleet Youth and Community Centre				
	Little Gems Children's Centre	Little Gems Children's Centre					
	Riverside Children's Centre	Riverside Children's Centre					
	Little Pebbles Children's Centre	Little Pebbles Children's Centre					
	Next Steps Children's Centre	Next Steps Children's Centre					
Maidstone	Info Zone (Youth centre)	Info Zone (Youth centre)	Maidstone House	Oakwood	KHLC	New co-location with LRA	
	Sunshine Children's Centre	Sunshine Children's Centre					
	Greenfields Children's Centre	Greenfields Children's Centre					
	The Meadows Children's Centre	The Meadows Children's Centre					
	West Borough Children's Centre	West Borough Children's Centre					
	Sevenoaks	Swanley Youth & Community Centre	Swanley Youth & Community Centre	Eden Centre	Sevenoaks AEC	Eden Centre	
Edenbridge Children's Centre		Edenbridge Children's Centre	Sevenoaks Library		Swanley Link	New co-location with LRA	
New Ash Green		New Ash Green	Swanley Link			Transport Criteria	
West Kingsdown Church of England Primary - CC		West Kingsdown Church of England Primary - CC				Transport Criteria	
		Spring House					
Swale		Bysing Wood	Bysing Wood	Sheppey Gateway	Sittingbourne AEC	Sheppey Gateway	
	Woodgrove Children's Centre	Woodgrove Children's Centre	Crawford House	Sheppey AEC			
	Milton Court Children's Centre	Milton Court Children's Centre	Faversham Library				
	Murston Children's Centre	Murston Children's Centre					
	Queenborough Library	Queenborough Library				New co-location with LRA	
	Sittingbourne Library	Sittingbourne Library				New co-location with LRA	
Thanet	Beaches Children's Centre	Beaches Children's Centre				Transport Criteria	
	Newlands Children's Centre	Newlands Children's Centre	Minnis Day Centre		Thanet Gateway		
	Newington Children's Centre	Newington Children's Centre	Cliftonville Library	Margate AEC		New co-location with LRA	
	Birchington Children's Centre	Birchington Children's Centre	Broadstairs Library (as outreach)	Broadstairs Library		New co-location with LRA, Adults with LD and CLS	
	Quarterdeck Youth Centre	Quarterdeck Youth Centre					
	Six Bells Family Centre	Six Bells Family Centre					
Tonbridge and Malling	Cliftonville Children's Centre	Cliftonville Children's Centre				New co-location with LRA	
	Ramsgate Library	Ramsgate Library				New co-location with LRA	
	Little Foxes CC	Little Foxes CC	Tonbridge Community Service	Tonbridge AEC	Tonbridge Library	New co-location with LRA	
	Woodlands Children's Centre	Woodlands Children's Centre					
	Snodland Children' centre and Samays Youth Centre	Snodland Children' centre and Samays Youth Centre					
	Tonbridge Youth and Childrens Centre	Tonbridge Youth and Childrens Centre					
Tunbridge Wells	Burham Children's Centre	Burham Children's Centre				Transport Criteria	
	Tunbridge Wells Youth Centre	Tunbridge Wells Youth Centre		Amelia Scott (out of scope)			
	Little Forest CC	Little Forest CC					
	Cranbrook Library	Cranbrook Library				New co-location with LRA	

OPTION 4 CLOSURES

BUILDINGS	Family Hubs (28)	Adults with LD (6) (3 considering BAU)	CLS (1)	Gateway (3)	Notes
District					
Ashford	Ray Allen South Ashford Centre				
Canterbury	Joy Lane				
	Riverside CC				
	Swalecliffe CC				
	Tina Rintoul				
Dartford	Temple Hill CC	Dartford Bridge			BAU
	Dartford Bridge	TRACS			BAU
	Brent CC				
Dover	Blossoms CC	Walmer Centre		Dover Gateway	BAU
Folkestone and Hythe	Dymchurch Children's Centre	Folkestone Sports Centre			
	Five (Shepway Youth Hub)				
	Hawkinge Children's Centre				
	Lyddle Stars Childrens Centre				
Gravesham	New Beginnings			Gravesend Gateway	
Maidstone	East Borough Children's Centre				
	Marden Children's Centre				
Sevenoaks	Spring House Children's Centre	Sevenoaks Leisure Centre			
	Swanley Children's Centre				
Swale	Grove Park CC				
	Lady bird CC				
	St Mary's CC				
	New House Youth				
Thanet	Callis Grange CC	Hartsdown Leisure Centre	Broadstairs AEC		
	Priory CC				
Tonbridge and Malling				Tonbridge Gateway	
Tunbridge Wells	Cranbrook Children's Centre				
	The Ark Children's Centre				
	Harmony CC				
	Southborough/High Brooms Children's Centre				

Kent Communities Programme Detailed Options Appraisal

Whilst this Business Case is focused on providing assurance that a decision can be implemented it is important to note that this options appraisal is a tool to assist in decision making. It therefore should be considered alongside all other relevant factors when decisions are made, including the consultation response, impact of the proposals on residents and the overall policy and financial context within which the Council currently operates. These factors should be debated and assessed alongside each other as part of the decision-making process.

Assessment Methodology

Following public consultation and review of the responses received, the Programme team, in collaboration with the Cross Directorate team and supported by the SRP team have developed a range of options for consideration (in order of number of proposed closures):

1. **Go further:** making more significant changes to the model and closing more sites than originally set out in the consultation model. This option would require further consultation on a new rationale and methodology (potential future programme of work post any key decision on Phase 1 in its current form rather than an option for this Key Decision).
2. **Consultation option:** proceed and implement the option as set out in the consultation (incorporating the required changes as detailed above).
3. **Amend Need Framework to take greater weight of public transport network analysis:** responding to the consultation by bringing back into the model centres that respond to the transport accessibility feedback (incorporating the required changes as detailed above).
4. **Amend Need Framework to take greatest weight of public transport network analysis:** more significant changes to the model as a response to the consultation feedback (incorporating the required changes as detailed above).
5. **Do nothing:** continue with the status quo and make no changes.

These five options been each been assessed to determine performance against the following appraisal factors:

1. **Critical Success Factors (Pass/Fail):** the key considerations that link back to our rationale.
2. **Need Framework (Pass Fail):** does the option meet the current understanding of need as set out by the need Framework.
3. **Cost (ranked):** the cost to deliver the changes.
4. **Financial Benefit (ranked):** Best value duty, savings and cost avoidance as well as project capital receipts.
5. **Non-Financial Benefits (ranked):** response to consultation and service integrity.
6. **Cost Benefit (ranked):** what we get for the cost of each option.
7. **Risks (ranked):** performance against key risk considerations.

The following section assesses each of the five emerging options against the seven appraisal factors listed above.

To begin with the options are assessed against the two Pass/Fail criteria. The first looks at the Critical Success Factors which link to the rationale of the Programme. Any option that is assessed to not meet the objectives of the Programme is marked as a failure and not taken forward. The second

Pass/Fail criteria considers whether each option meets the current understanding of need, as set out by the need framework. Any option that is assessed as not meeting the need set out in the need framework is marked as a failure and is not taken forward.

Following the Pass/Fail appraisals the options are then assessed using the ranked appraisals, a short narrative is provided which sets out how each option performs against the specific appraisal factor. If there is more than one aspect to the appraisal factor (for instance, 'cost-benefit' looks at the revenue saving predicted for each option as well as the forecast reduction in backlog maintenance and potential capital receipts) then each point is detailed in the appraisal narrative for each option.

Each appraisal factor concludes with a summary table following the narrative. This table ranks each option from 1-5 against each aspect of the appraisal factor, with 1 being the best and five being the worst, to clearly demonstrate how the options compare to each other.

For example, the table below demonstrates that Option 1 ranks the best when considering the estimated revenue savings, forecast maintenance reduction and potential capital receipts (highlighted in green). It also shows that Option 5 ranks the worst of all five options against the same aspects of the appraisal (highlighted in orange).

Option	CLL Saving	Maintenance Reduction	Capital Receipts
1 Go Further	1	1	1
2 Consultation model	2	2	=2
3 Minor amendments	3	3	=2
4 Major amendments	4	4	4
5 Do Nothing	5	5	5

Once the five options have been ranked against each aspect of the appraisal, the ranking scores are added together to provide the overall appraisal score (highlighted in green). As shown in the table below the score for Option 1 is 3 (1+1+1 because Option 1 is ranked the best across the three aspects of the appraisal). The scores are in turn ranked 1-5 (1 being the best, 5 being the worst) to provide the overall ranking against the appraisal factor (highlighted in red orange).

Option	CLL Saving	Maintenance Reduction	Capital Receipts	Score	Ranking
1 Go Further	1	1	1	3	1
2 Consultation model	2	2	=2	6	2
3 Minor amendments	3	3	=2	8	3
4 Major amendments	4	4	4	12	4
5 Do Nothing	5	5	5	15	5

Therefore, the table above demonstrates that Option 1 is the best performing of the five options against the 'Financial Benefit' appraisal. This process is repeated for all five of the ranked appraisal factors.

Finally, the ranked and pass/fail appraisals are combined to identify which options are not taken forward, which are considered viable, and which is preferred. The implications of moving forward

with each option is set out briefly before the preferred option is then considered in the following sections of this Business Case. It is however intended that all viable options will be considered by members for their decision.

Assessment of Options

Critical Success Factors

The Critical Success Factors listed below have been endorsed by both SRP Board and CMM. These factors link back to the rationale for the programme – they are the four outcomes which the Programme objectives seek to achieve to solve the problems detailed in the rationale. All four of the CSFs form part of other appraisals and are therefore detailed above. The ranked appraisals earlier in this section allow direct comparison between the options in relation to the critical success factors.

Critical Success Factor	Ranked Appraisal
Less costly estate leading to reduction in revenue costs	Financial Benefit Appraisal
Reduction in pressure on backlog maintenance budget	Financial Benefit Appraisal
Reduction in carbon emissions linked to the physical estate	Non-Financial Benefit Appraisal
Increased co-location sites, based on the need model	Non-Financial Benefit Appraisal

Option 1: Go Further

As set out in the ranked appraisals above, Option 1 scores the best of all options against the financial benefits. Whilst it is ranked fourth of the five options overall for non-financial benefits, this is largely due to the weakness of this option against the Need Framework. In terms of the non-financial critical success factors, Option 1 scores very well. The narrative above makes it clear that Option 1 meets the Programme objectives and therefore passes this appraisal.

Option 2: Consultation model.

As set out in the ranked appraisals above, Option 2 scores well against the financial and non-financial benefits. The narrative above makes it clear that Option 2 meets the Programme objectives and therefore passes this appraisal.

Option 3: Amend Need Framework to take greater weight of public transport network analysis.

As set out in the ranked appraisals above, Option 3 scores third of five against the financial benefits and the best against the non-financial benefits. The narrative above makes it clear that Option 3 meets the Programme objectives and therefore passes this appraisal.

Option 4: Amend Need Framework to take greatest weight of public transport network analysis.

As set out in the ranked appraisals above, Option 4 scores fourth of five against the financial benefits and the third of five against the non-financial benefits. However, the narrative in the ranked appraisals demonstrates that Option 4 meets the Programme objectives. This is therefore a pass, however it must be noted within the appraisals above that whilst this is a pass, Options 1, 2 and 3 perform much better when ranked.

Option 5: Do Nothing.

This option does not make any change to the physical estate and therefore does not meet the Programme objectives. Option 5 fails and is discounted.

Need Framework

This appraisal considers how each option responds to the understanding of the need for services within communities as set out in our Need Framework.

Option 1: Go Further

This option fundamentally rejects the Need Framework and would need to identify alternative rationale and methodology to draw our model from. Therefore, this option fails this assessment.

Option 2: Consultation model.

Based on the work undertaken ahead of the consultation, this option is the most appropriate response to the Need Framework. This view is reinforced by the fact that a majority of respondents agreed with our designing the proposals by looking at where need was highest for our services. Option 2 passes this appraisal.

Option 3: Amend Need Framework to take greater weight of public transport network analysis.

There is little difference between this option and the consultation option. Option 3 represents an amendment to the Need Framework whereby the public transport service regularity and travel time criteria is assessed to determine whether, in the event of a building closure, a journey on public transport would take more than 35 minutes and whether the regularity of the service results in less than 1 service per hour. Following this consideration, two locations are brought back into the model. Option 3 therefore amends the Need Framework based on the consultation response. Option 3 passes this appraisal.

Option 4: Amend Need Framework to take greatest weight of public transport network analysis.

This option brings amends the Need Framework by accounting for service regularity data to alternative sites in the event of a proposed closure. As a result, ten sites come back into the model when compared with Options 2 and 3. Whilst this does undermine the original Needs Analysis by retaining physical locations where other methods of service delivery are considered equally justified or more appropriate under the Needs Framework, Option 4 allows for the consultation to impact our understanding of need by of the transport network. Therefore Option 4 passes this appraisal.

Option 5: Do Nothing.

This option does not make any change to the physical estate and does not respond at all to our needs analysis. Option 5 fails and is discounted.

Cost

The following assessment of cost considers the cost of implementing the changes included within each of the five options. The following assumptions are made when considering the costs of implementation:

1. Revenue costs of implementing the options will in all possible cases be undertaken as part of the Infrastructure teams Business as Usual operations and therefore will be funded through base budget provision. As such most options are considered as 'cost neutral' in that no additional revenue costs will be required. The risk around certain unquantifiable revenue costs remains and is detailed more against each option. The opportunity cost of some options is equally outlined where relevant.
2. Across all options except for Option 5: 'Do Nothing', the Capital investment to enable the co-location sites is assumed the same.
3. Outreach costs are covered by service core budgets achieved through reinvestment of the reduction in costs of delivering their service currently from a KCC building.
4. Room booking solution in co-location sites is common across each of the first four options and is estimated as £73,000 one off and £49,000 recurring annually as set out in Section B.

Option 1: Go Further

This option would involve a greater number of site closures than the consultation model. Whilst the majority of revenue costs would be covered under Infrastructure base budget (assumption 1 above) there would be additional revenue costs to consider. This includes redundancies for third party contract employees, such as cleaners, for which KCC is liable under the terms of the contract. This would clearly be balanced against increased revenue savings. These costs are historically considered very low.

Given the increased number of sites proposed for closure there would be a larger number of options appraisals to undertake and therefore the timeline for implementation would increase.

Room booking solution in co-location sites is common across each of the first four options and is estimated as £73,000 one off and £49,000 recurring annually as set out in Section B.

It is assumed that the number of co-location sites proposed would not necessarily increase as part of this option, however the specific details of a go further option may in fact suggest that further co-locations are possible. Therefore, the capital cost of implementation for this option is estimated as £5.6m.

Option 2: Consultation model.

Same as above – the assumptions remain unchanged although the timescale for delivery is potentially shorter in Option 2 than Option 1, therefore freeing Infrastructure base budget to focus on other Corporate priorities sooner. Unquantifiable revenue costs such as third-party contract would be less than in Option 1, however the figure is considered low risk to begin with.

Room booking solution in co-location sites is common across each of the first four options and is estimated as £73,000 one off and £49,000 recurring annually as set out in Section B.

Capital costs are £5.6m to facilitate the co-location sites.

Option 3: Amend Need Framework to take greater weight of public transport network analysis.

Assumptions remain the same as above and therefore revenue and capital costs are the same. Difference between Options 2 and 3 are slight and so even unquantifiable revenue costs would be

similar between the two options. Option 3 would represent a slightly smaller workload for the Infrastructure division.

Room booking solution in co-location sites is common across each of the first four options and is estimated as £73,000 one off and £49,000 recurring annually as set out in Section B.

Capital costs remain at £5.6m to facilitate the co-location sites.

Option 4: Amend Need Framework to take greatest weight of public transport network analysis.

Assumptions remain the same as above. This option represents a lower number of changes to services and locations and therefore, whilst still to be covered by the Infrastructure base budget, the lower workload will free up the Infrastructure team for other priorities sooner.

Room booking solution in co-location sites is common across each of the first four options and is estimated as £73,000 one off and £49,000 recurring annually as set out in Section B.

This option would still provide the same co-locations and therefore the capital costs remain the same at £5.6m.

Option 5: Do Nothing.

No changes are made and therefore no cost of implementation on either revenue or capital budgets.

Summary Table

Option	Capital Costs	Revenue Costs	Score	Ranking
1 Go Further	=2	5	7	5
2 Consultation model	=2	=3	5	=3
3 Minor amendments	=2	=3	5	=3
4 Major amendments	=2	2	4	2
5 Do Nothing	1	1	2	1

Financial Benefit

The following assessment considers the financial performance of each of the options. As set out in the Outline Business Case and in the Strategic Case above there are two elements to the savings profile for the Kent Communities Programme:

1. CLL Saving (savings linked to the number of buildings we operate from and the cost of running the estate).
2. Service Savings (savings facilitated within the services areas as a result of changes within the operational estate).
3. The below appraisal is based on the CLL savings.

As was the case in the Outline Business Case the assessments made here focus on the Corporate Landlord saving only, and not any savings within the service areas. Whilst this programme assists in facilitating savings within the services, they are responsible for achieving their MTFP targets. The savings expectations of the services are included in the table at the start of this Business Case for reference.

As detailed above in the Strategic Case, Phase 2 of the Kent Communities Programme has been placed on hold by the Leader and therefore the CLL savings do not meet the MTFP target within any assessed option. The early modelling on Phase 2 demonstrated a potential CLL saving of circa £900k.

This assessment also considers the impact on the backlog maintenance costs and the Capital receipts anticipated.

Option 1: Go Further

Greatest amount of saving made on the CLL budget as a greater number of buildings are marked for closure. However, as this option does not take account of need a resultant lack of buildings undermines service provision and additional revenue costs for venue hire outweigh the savings made by the model.

This option would conceivably see the greatest reduction in backlog maintenance liability and would likely achieve the largest cumulative receipt from disposals (subject to Options Appraisals).

Option 2: Consultation model.

Based on the consultation model, incorporating the required changes outlined in the Strategic Case, this option saves £1.37m against the CLL budget.

The reduction to the backlog maintenance liability is estimated as £6.34m.

The estimated capital receipts are £3.8m.

Option 3: Amend Need Framework to take greater weight of public transport network analysis.

This model saves £1.29m against the CLL budget.

The reduction to the backlog maintenance liability is estimated as £5.85m.

The estimated capital receipts are £3.8m.

Option 4: Amend Need Framework to take greatest weight of public transport network analysis.

This model saves £1.11m against the CLL budget.

The reduction to the backlog maintenance liability is estimated as £4.84m.

The estimated capital receipts are £3.2m.

Option 5: Do Nothing.

No changes are made and therefore no savings are made.

Summary Table

Option	CLL Saving	Maintenance Reduction	Capital Receipts	Score	Ranking
1 Go Further	1	1	1	3	1
2 Consultation model	2	2	=2	6	2
3 Minor amendments	3	3	=2	8	3
4 Major amendments	4	4	4	12	4
5 Do Nothing	5	5	5	15	5

Non-Financial Benefits

This section assesses each of the options against a range of non-financial benefits that are linked back to either the Programme rationale or the consultation response. The specific factors considered are:

1. CO2 emission savings
2. Number of co-locations
3. Response to Need Framework
4. Accessibility for service users
5. Health and wellbeing of residents (inclusive of mental health considerations)

Option 1: Go Further

The Go Further option would deliver greater CO2 savings on the basis that our operational estate would reduce the fastest of all options.

The number of co-locations is the same within Options 1, 2, 3 and 4 as per the assumption outlined above.

This option, dependent on how far it is taken, will reach a tipping point whereby the Need Framework is undermined. This option could easily result in a greater reliance on outreach provision or digital services in locations where the Need Framework demonstrates a physical location is the right solution for service users.

This option will have the biggest detrimental impact on service accessibility and on the health and wellbeing of service users.

Option 2: Consultation model.

This option is anticipated to save 977 tonnes of CO2 from our operational estate.

There are 14 new co-locations proposed as part of this model.

Based on the work undertaken ahead of the consultation, this option is the most appropriate response to the Need Framework. This view is reinforced by the fact that the consultation response included very little constructive challenge to the Need Framework in principle, or the method in which it had been applied to the Kent Communities proposal.

Feedback from the consultation highlights a concern from service users around the accessibility of services and the resultant detrimental impact of their health and wellbeing.

Option 3: Amend Need Framework to take greater weight of public transport network analysis.

This option is anticipated to save 938 tonnes of CO2 from our operational estate.

There are 14 new co-locations proposed as part of this model.

There is little difference between this option and the consultation option. Based on the work undertaken ahead of the consultation, this option would still be considered an appropriate response to the Need Framework when viewed in conjunction with the consultation feedback.

Feedback from the consultation highlights a concern from service users around the accessibility of services and the resultant detrimental impact of their health and wellbeing. This option deals with that concern by bringing back into the model three centrally located, easily accessible Children Centre locations.

Option 4: Amend Need Framework to take greatest weight of public transport network analysis.
This option is anticipated to save 798 tonnes of CO2 from our operational estate.

There are 14 new co-locations proposed as part of this model.

This option brings a larger number of sites back into the model when compared with Options 2 and 3. This undercuts the Needs Analysis by retaining physical locations where other methods of service delivery would be considered more appropriate under the Needs Framework.

Feedback from the consultation highlights a concern from service users around the accessibility of services and the resultant detrimental impact of their health and wellbeing. This option performs very well when assessed against this criteria by retaining more physical locations, thus responding more directly to the responses received during the consultation.

Option 5: Do Nothing.

No changes are made and therefore there is no CO2 savings.

There are no new co-location sites.

This option does not respond to the Needs Framework at all.

In terms of the consideration of accessibility of services for residents and the impact on health and wellbeing of residents this option proposes no change and is therefore the most effective option against this particular assessment.

Summary Table

Option	CO2	Co- Locations	Need Framework	Accessibility	Health	Score	Ranking
1 Go Further	1	=1	3	5	5	15	4
2 Consultation model	2	=1	1	4	4	12	=1
3 Minor amendments	3	=1	2	3	3	12	=1
4 Major amendments	4	=1	4	2	2	13	3
5 Do Nothing	5	5	5	1	1	17	5

Cost Benefit

This appraisal considers the overall financial benefit of the proposal. The estimated total cost of the programme, including the funding of the programme work, estimated capital costs and implementation costs and the digital booking system is £8.1m (£5.6m capital costs, YTD £2.4m revenue from SRP reserve).

1. Vast majority of future revenue costs of implementation will be covered under existing budgets across all options. These costs may include additional storage, confidential waste requirements, officer time, staff moves.
2. Currently revenue costs do change between options, but this is unquantifiable at this stage, this is currently seen as a low risk to the programme of works.
3. Capital costs of implementation remain the same at £5.6m across options 1, 2, 3 and 4 as this relates to the co-location sites which is constant for all options.
4. Outreach costs are covered by service core budgets achieved through reinvestment of the reduction in the costs of delivering their services from a KCC building.
5. Room booking solution in co-location sites is common across each of the first four options and is estimated as £73,000 one off and £49,000 recurring annually as set out in Section B. The one-off cost is included in the following appraisals, the £49,000 needs to be considered for inclusion within base budget – this is detailed in the next section.
6. The cost of the Programme to date has been factored in at £2.36m.

Option 1: Go further.

This option would make the biggest revenue saving and reduction in backlog maintenance. Depending on the extent to which the model was taken further, it is likely that a breakeven position could be achieved before factoring the impact of the disposal income.

Option 2: Consultation model.

For an investment of £8.1m, the programme will generate a base saving of £1.37m for CLL by the end of 26/27; a cost avoidance in the backlog of maintenance on the estate of £6.3m and an estimated capital receipts of £3.8m. The smaller estate is less susceptible to the fluctuations in market conditions that can impact the CLL revenue budget.

Option 3: Amend Need Framework to take greater weight of public transport network analysis.

For an investment of £8.1m, the programme will generate a base saving of £1.27m for CLL by the end of 26/27; a cost avoidance in the backlog of maintenance on the estate of £5.85m and an estimated capital receipts of £3.8m. The smaller estate is less susceptible to the fluctuations in market conditions that can impact the CLL revenue budget.

Option 4: Amend Need Framework to take greatest weight of public transport network analysis.

For an investment of £8.1m, the programme will generate a base saving of £1.11m for CLL by the end of 26/27; a cost avoidance in the backlog of maintenance on the estate of £4.84m and an estimated capital receipts of £3.2m. The larger estate in Option 4 results in a greater risk of the CLL (and service) budgets being susceptible to market fluctuations.

Option 5: Do Nothing.

No savings made and no implementation costs so there is no benefit.

Summary Table

Option	Cost Benefit	Ranking
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1 Go Further	1	1
2 Consultation model	2	2
3 Minor amendments	3	3
4 Major amendments	4	4
5 Do Nothing	5	5

Risks

The following key risks are incorporated within this assessment of each option:

1. Consultation risk (scale of response to the consultation feedback)
2. Clawback liability (liability to pay back capital investment from DfE for the Sure Start centres) – whilst the likelihood of having to pay clawback is low, it has been included in the appraisals and further sections. This risk will be mitigated through the standard Building Options Appraisal process and the KCP solution can be reconfigured if needed to manage the risk.
3. Strategic conflict between Family Hubs objective and KCP objective (community reach and engagement versus the need to close buildings and save money)
4. Undermining service integrity (changes result in service cuts that render the service undeliverable or jeopardise the value for money proposition)
5. Savings and capital receipt realisation (Options appraisals may undercut ability to realise financial benefits)

Option 1: Go Further

In practice the consultation risk on this option is irrelevant as further consultation would be required. However, on the assumption that this option would proceed as a preferred option for Decision without further consultation, this would be considered an extremely high risk.

The clawback liability for this option is likely to be the highest. Whilst any potential disposal will be subject to an Options Appraisal in line with the Council's adopted policy, this option would logically include the highest number of potential disposals and therefore the highest potential clawback liability.

This option would carry the greatest risk of conflict with the objectives of the Family Hub programme as a greater number of sites would be proposed for closure. This would undermine the service ability to deliver the outcomes that sit at the heart of the Family Hub model by placing too great a reliance on outreach and digital service provision.

Similarly, the integrity of service delivery for the other services in scope would be most dramatically undermined without very careful consideration within this option.

Whilst the anticipated savings and capital receipts would be higher under Option 1, there would be a greater number of Options Appraisals to undertake and therefore a greater number of instances where other service uses to be identified.

Option 2: Consultation model.

There is a consultation risk in that there are no changes made under this option in response to the consultation feedback. Whilst it is absolutely within the rights of Members to decide to proceed without making any changes, it is important to acknowledge the inherent reputational risk in proceeding as such.

The potential clawback liability of this option is circa £2.3m.

This option has the second highest risk of conflicting with the objectives of the Family Hub programme. However, given the extremely close work between the two Programmes during the formation of the Kent Communities proposal, this is still considered a very low risk overall.

Similarly, whilst service provision for the other services in scope is impacted, the impact has been assessed by the service representatives on the Cross Directorate group and considered acceptable ahead of consultation.

There is equally a risk in this option that the realisation of savings and capital receipts will be impacted by the Options Appraisal process as part of the disposal process.

[Option 3: Amend Need Framework to take greater weight of public transport network analysis.](#)

Whilst it is possible to highlight changes made to the model following the consultation, the response in Option 3 is limited. Overall, Option 3 does demonstrate some change to the consultation based in the feedback received – namely the requirement to retain locations where travel to the nearest alternative location is considered too difficult, or the consultation response suggests that the importance of the service to the community is a key factor.

The clawback liability would reduce under this option to £1.8m.

This option would have a lower risk of conflicting with the objectives of the Family Hub programme (however, it would undercut the Need Framework and saving potential).

There are no changes for other services between Options 2 and 3 and so the risk of impacting service integrity is the same between Options 2 and 3.

There is slightly lower, but still present risk in Option 3 that the realisation of savings and capital receipts could be impacted by the Options Appraisal process.

[Option 4: Amend Need Framework to take greatest weight of public transport network analysis.](#)

Option 4 carries a lower risk in terms of the consultation response as it represents a more comprehensive response to the consultation feedback.

The clawback liability is also significantly lower in this option, reducing to £395k.

This option would have the lowest risk in terms of conflict with the Family Hub model as it allows greater permanent physical provision within more communities. However, it is not so simple, as this model will undercut the ability to provide outreach provision in locations where a permanent physical presence is not possible. Equally, the service savings position would be compromised as highlighted above.

Equally the service provision of other services would in theory be protected, however the reality of the financial position will likely undermine that. For this assessment however, Option 4 is considered lower risk.

With a lower savings position and more service provision, this option carries a smaller risk in terms of the realisation of the savings. However, given this option would create a shortfall against the target CLL savings position of £1.9m, Option 4 is considered a higher risk.

[Option 5: Do Nothing.](#)

This option carries no consultation risk as there would be no change.

Equally there is no clawback liability under Option 5.

The Family Hub objectives are protected under Option 5, however the CLL and service savings are severely compromised.

Current provision for other services remains unchanged in Option 5. Whilst this protects current services for residents, the knock-on impact of unrealised savings here will undoubtedly have severe impacts elsewhere. It is also important to note that for some services, current provision is not expected to be sustainable.

By virtue of there being no savings achieved under Option 5, there is little risk against the realisation of savings. However, given this option would create the greatest shortfall against the target savings position, Option 5 is considered the highest risk.

Summary Table

Option	Consultation Risk	Clawback Liability	Family Hub	Service Integrity	Savings realisation	Score	Ranking
1 Go Further	5	5	5	5	=2	22	5
2 Consultation model	4	4	=3	4	=2	17	4
3 Minor amendments	3	3	=3	3	1	13	3
4 Major amendments	2	2	2	2	4	12	2
5 Do Nothing	1	1	1	1	5	9	1

Discounted Options

Based on the analysis above Options 1 and 5 are discounted due to receiving a Fail in one or both of the Pass/Fail appraisals.

Options 2, 3 and 4 are all considered viable. There is little difference in the financial considerations between options 2 and 3.

Implications of Each Option

Option 1: Go Further

This option would abandon our current methodology and would require further consultation work ahead of any decision. This would result in an unacceptable delay to benefit realisation. It may be agreeable for additional phases of work to investigate further changes to the estate by working more closely with other partners across the public and voluntary sectors. However, Option 1 does not achieve a Pass against the Need Framework appraisal and the implication of proceeding with this option would mean that a decision is not taken at this stage.

Option 2: Consultation model.

Option 2 delivers the best viable revenue saving for the CLL budget and therefore reduces pressure to find alternative savings solutions elsewhere within the Council. Of the viable options, Option 2 performs best against the Need Framework and Critical Success Factors. The main risk of Option 2 is proceeding without making amendments due to the consultation feedback. Our Best Value duty considerations and the financial challenges facing the Council may be considered the most important factor meaning that whilst the consultation feedback has been carefully considered, the decision is taken to proceed with the option as set out at consultation.

Option 3: Amend Need Framework to take greater weight of public transport network analysis.

There is not a small difference between option 2 and 3 in terms of revenue savings, but more of a difference in terms of the reduction in backlog maintenance liability and capital receipts estimated. However, the service model implications of retaining additional buildings does have a small impact on the savings realised by the Family Hubs service team. Proceeding with Option 3 would mean that whilst overall we are delivering the financial and non-financial benefits, there would be a requirement to find alternative savings elsewhere to meet the shortfall. Option 3 does demonstrate a response to the consultation, and whilst it is a modest response balanced against the financial imperative, the changes are based directly in the feedback received from the consultation.

Option 4: Amend Need Framework to take greatest weight of public transport network analysis.

Option 4 demonstrates a much more significant response to the consultation however proceeding with this option would mean a much lower savings realisation. This would likely impact other parts of the Council's operations as alternative savings solutions will need to be found.

Option 5: Do Nothing.

This option does not make any change to the physical estate and does not respond at all to our needs analysis. This option is not considered viable as it does not pass wither of the Pass/Fail appraisals. Proceeding with Option 5 would mean that alternative solutions need to be found to deliver the entirety of the financial and non-financial benefit's the Programme is designed to deliver. This will impact other service areas and will almost certainly impact statutory service delivery.

Preferred Option

Based purely on the detailed analysis set out above the preferred option with which to proceed is 'Option 2: Consultation Option'. The next preferred viable option is Option 3, and it is noted that there is very little difference in the scoring between them. Option 4 is also considered viable, although it should be noted that when considering the ranking scores, Option 4 does not provide the same level of benefit as Option 2 or 3.

Members have the opportunity to consider the appraisal process outlined above and debate the relative importance of each factor, alongside all other relevant factors when decisions are made, including the consultation response, impact of the proposals on residents and the overall policy and financial context within which the Council currently operates. These factors should be debated and assessed alongside each other as part of the decision-making process.

EQIA Submission Draft Working Template

If required, this template is for use prior to completing your EQIA Submission in the EQIA App.

You can use it to understand what information is needed beforehand to complete an EQIA submission online, and also as a way to collaborate with others who may be involved with the EQIA.

Note: You can upload this into the App when complete if it contains more detailed information than the App asks for and you wish to retain this detail.

Section A

1. Name of Activity (EQIA Title):	Kent Communities Programme (Community Assets)
2. Directorate	DCED
3. Responsible Service/Division	INF

Accountability and Responsibility

4. Officer completing EQIA Note: This should be the name of the officer who will be submitting the EQIA onto the App.	Ben Sherreard
5. Head of Service Note: This should be the Head of Service who will be approving your submitted EQIA.	Rebecca Spore
6. Director of Service Note: This should be the name of your responsible director.	Rebecca Spore

The type of Activity you are undertaking

7. What type of activity are you undertaking?	
Tick if Yes	Activity Type
Yes	Service Change – operational changes in the way we deliver the service to people.
Yes	Service Redesign – restructure, new operating model or changes to ways of working
Yes	Project/Programme – includes limited delivery of change activity, including partnership projects, external funding projects and capital projects.
	Commissioning/Procurement – means commissioning activity which requires commercial judgement.
	Strategy /Policy – includes review, refresh or creating a new document
	Other

8. Aims and Objectives and Equality Recommendations – Note: You will be asked to give a brief description of the aims and objectives of your activity in this section of the App, along with the Equality recommendations. You may use this section to also add any context you feel may be required.

Equality Impact Assessment

This EQIA is intended to assess the potential impact of our decisions on persons with different protected characteristics. In particular, this EQIA has been prepared to help us to have regard to the need to: (i) eliminate discrimination; (ii) advance the equality of opportunity; and (iii) foster good relations between persons who share a relevant protected characteristic and those who do not, in the exercise of our public functions. These issues are relevant considerations to be taken into account whenever a new policy, function, or system change is being proposed

in the exercise of our public functions. This EQIA is also intended to evidence that these considerations have in fact been taken into account, and the weight given to them as part of our decision-making process.

The services in scope have developed their own EqlAs which assess the impact of the Kent Communities Proposals as they relate to their specific service areas. This EqlA refers to and summarises the analysis provided within the individual service EqlAs and summarises the mitigations and justifications outlined by the services.

The Case for Change - Kent Communities Programme

The Council is facing very significant financial pressures, for a number of reasons set out in 'Securing Kent's Future' (August 2023 and October 2023). That document sets out the urgent steps needed to return the Council to financial sustainability, by reducing overspend in its budget to avoid further need to use limited reserves to fund revenue overspends, which would weaken the financial resilience of the authority and limit the scope for the use of reserves to invest in transformation necessary to address the structural deficit.

The financial challenges faced by the Council cannot be ignored. Two particularly significant factors, are the Council's statutory 'best value' duty to deliver a balanced budget, provide statutory services, including adult social care and children's services, and secure value for money in all spending decisions; and the Council's other statutory duties.

The Kent Communities Programme seeks to rationalise our physical estate and propose a greater mix of alternative methods of service delivery across the County, informed by a clear and data-driven understanding of service need. Delivery of this programme has become more important in the light of the increased financial pressures faced by the Council. The programme does include elements of improvement to service delivery: for example benefits offered by co-location of services.

However, the Council must acknowledge that the impact of closures and reductions in services on residents can be significant. The approach set out in these proposals is therefore based on a relative needs assessment. Mitigating measures are set out, which are intended to minimise as far as possible the impact of the proposals on Kent residents.

A detailed and extensive public consultation (www.kent.gov.uk/communityservicesconsultation) allowed consultees the opportunity to give their views on the proposals. These responses have been analysed and carefully considered. A range of options have been developed, informed by the consultation responses. This EQIA has been updated following feedback from that consultation and is also based on data and evidence about Kent's communities and our service users.

The Consultation

The Kent Communities proposal has been subject to a public consultation. The consultation launched on 17th January 2023 and lasted for ten weeks, closing on 26 March 2023. The consultation set out the rationale for the proposals, the methodology which was used to produce the draft proposal and the details of the Kent Communities model (i.e. which buildings we were proposing to close and which we were proposing to retain). These proposals have now moved on following the consultation and the options are detailed below.

Rationale

The rationale for the KCP is clear. The Programme contributes to meeting the revenue savings as set out in the Medium-Term Financial Plan (MTFP). To reduce risks across our corporate estate and capital programme, the KCP reduces the Council's capital liability to the maintenance costs of such a large physical estate.

Methodology

The consultation explained the methodology underpinning the Kent Communities proposal, including how we used the Needs Framework as a starting point. The Need Framework used a wide range of data and indicators that when combined profile the different level of need for services within our communities. The data included service-held metrics, such as user figures for each service.

In developing the alternative range of options for member consideration the impact on equalities has been taken into account. As explained above options 3 and 4 have been developed acknowledging the difficulties that accessing alternative locations via public transport network would pose for residents, including those for which protected characteristics would make that a greater challenge.

Consultation Response

Whilst the consultation response indicated a majority of respondents did not support a reduction in buildings, there was very little constructive challenge to the methodology. The consultation set out alternative methods for reviewing the estate and why they had been discounted. However, many respondents did outline concerns relating to the accessibility of public transport within their feedback. As such, the accessibility of public transport has been reviewed and has been the driving factor in developing the additional options for member consideration.

50% of consultees answering use Children's Centres. 46% of consultees answering indicated other household members currently use Children's Centres. The majority of both groups use services in person at a building (92% and 93% respectively).

16% of consultees answering use Youth Hubs. 15% of consultees answering indicated other household members currently use Youth Hubs. The majority of both groups use services in person at a building (83% and 86% respectively).

41% of consultees answering use the Health Visiting Service. 35% of consultees answering indicated other household members currently use the Health Visiting Service. The majority of both groups use services in person at a building (82% and 82% respectively).

11% of consultees answering use the Children and Young People's Counselling Service. 12% of consultees answering indicated other household members currently use the Children and Young People's Counselling Service. The majority of both groups use services in person at a building (65% and 68% respectively) but a significant proportion use both in person and online services (22% and 27% respectively).

10% of consultees answering use Community Services for Adults with Learning Disabilities. 9% of consultees answering indicated other household members currently use Community Services for Adults with Learning Disabilities. The majority of both groups use services in person at a building (65% and 71% respectively) but a significant proportion use both in person and online services (18% and 25% respectively).

17% of consultees answering use Adult Education services. 13% of consultees answering indicated other household members currently use Community Services for Adults with Learning Disabilities. The majority of both groups use services in person at a building (72% and 72% respectively) but a significant proportion use both in person and online services (18% and 23% respectively).

20% of consultees answering use Gateways. 17% of consultees answering indicated other household members currently use Gateways. The majority of both groups use services in person at a building (66% and 65% respectively) but a significant proportion reported that they use both in person and online services (21% and 24% respectively).

64% of all residents taking part in the consultation and answering indicated they use at least one of the services under consultation.

Consultees were also given the opportunity to provide feedback on the equality analysis conducted in their own words. For the purpose of reporting, we have reviewed respondents' comments and have grouped common responses

together into themes. These are reported in the table below. It should be noted that 18% of consultees provided a comment at this question.

Of those answering, the most common considerations put forward are ensuring the services are accessible / walking distance / access via suitable public transport (24%).

Those commenting raise concerns for how the proposals will affect specific groups of residents who are disabled / have learning difficulties / SEN (15%), young people / children / families (15%) and low-income households (11%).

Summary of Options

Option 1 in the table above represents a model that involves a greater reduction in the physical estate than was consulted on.

Option 2 is the consultation model.

Options 3 and 4 are amended versions of Option 2, which respond to differing degrees to the consultation feedback. In seeking to respond appropriately to the consultation feedback a more detailed review of the public transport network has informed the options set out in the paper. In the consultation modelling was provided to assess the accessibility of the revised building network on public transport considering a 30-minute travel time. Greater analysis of timetable data was used to develop the post-consultation options that respond to feedback from residents. This analysis considered both an extended travel time of 35 minutes and the regularity of the service by applying a criteria that there should be at least one service per hour over the nine-hour period 8am to 5pm which reflects the general service offering timeframe. It is appreciated that regularity of service is an important additional factor for residents above merely the journey time itself.

Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period.

Option 4 represents a model which goes further in the response to the consultation feedback and brings 10 buildings back into the model (the 2 buildings from option 3 and another 8). This option rules out the closure of a buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.

Option 5 is a 'Do Nothing' option and retains the current building network and service delivery model.

Impact

Within the consultation a significant majority of responses were received by women (81%) compared to men (18%). This is particularly relevant to the Family Hub Model proposal and there is a likely cross over here with any impacts on age. The EqIA relating to the Family Hub Model sets out the consideration of equality impacts on age. However, it is acknowledged that women may bear the responsibility for childcare more commonly and as such the characteristics of sex and age require careful consideration.

Option 1 in the proposals would carry greater impacts for these characteristics as women and children would be required to travel further, likely on public transport which may be difficult with children, pushchairs and additional equipment.

Options 2, 3 and 4 would present different levels of impact, the significance decreasing between options 2 and 3 and then decreasing further between options 3 and 4 as more of the existing locations are retained. This would reduce the impact on women and children required to travel further to access services.

Option 5 is a Do Nothing option and as such would not impact the equalities of these groups.

14% of respondents answered that they consider themselves disabled. In particular the Gateway service, Adult Education Service and Community Day Services for Adults with Learning Disabilities service consider this characteristic in their EqlAs. There is a similar overlap with age within these considerations as well, given the higher likelihood of residents over the age of 60 to experience disabilities.

Option 1 in the proposals would carry greater impacts for these characteristics the elderly and disabled would be required to travel further, likely on public transport which may be difficult for them.

Options 2, 3 and 4 would present different levels of impact, the significance decreasing between options 2 and 3 and then decreasing further between options 3 and 4 as more of the existing locations are retained. This would reduce the impact on the elderly and disabled required to travel further to access services.

Option 5 is a Do Nothing option and as such would not impact the equalities of these groups.

7.4% of respondents might use English as a second language, which would likely indicate there could be impacts based on race, ethnicity or religious belief. This is a consideration particularly for service users requiring the Family Hub service, our Gateway service and our Adult Education Service. These residents may struggle more to understand and navigate the relocation of services from one place to another.

Option 1 in the proposals would carry greater impacts for these characteristics as there would likely be a greater number of site closures, requiring residents to access services from different locations.

Options 2, 3 and 4 would present different levels of impact, the significance decreasing between options 2 and 3 and then decreasing further between options 3 and 4 as more of the existing locations are retained. This would reduce the impact on the residents who use English as a second language as the number of instances of closures decreases between each option.

Option 5 is a Do Nothing option and as such would not impact the equalities of these groups.

Generally during the consultation the main theme of feedback emerging was the inaccessibility of some services, particularly using the public transport network, and the impact that has on the health and wellbeing of residents, including their mental health. The options set out for decision respond to this feedback by retaining identified centres depending on whether greater weight is given to the analysis of public transport accessibility.

Proposed closure of Children's Centres may adversely affect children with disabilities living within these catchment areas or children with parents with a disability, where they are required to travel further away to access services. Families with disabilities may find it harder to travel beyond immediate home locality due to having no transport and a greater reliance on public transport. Even where public transport links do exist, those with disabilities may still find it harder to access via public transport. This may be for mobility reasons, in the case of a physical disability where the requirement to travel by public transport is more challenging. Additionally, children with SEND may find increased journey times distressing.

Where accessing a Family Hub is more difficult families may access support less frequently or not at all, potentially having an impact on both the parent and the child's wellbeing. The health visiting mandated check are an exception to this where the frequency will not be impacted by accessibility of services. For this reason, we have detailed the nearest alternative provision and the relevant transport implications.

Given that educational, employment, and wellbeing outcomes are all generally lower for those with disabilities, ([Outcomes for disabled people in the UK – Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk)) this existing inequality may be compounded by increased difficulty accessing services, resulting in a disproportionate impact.

Service users with physical disabilities may have different needs from the physical environment such as for accessible toilets, hearing loops, ramps and other accessible features. We have conducted analysis across the alternative Family Hub sites and in particular have identified that Temple Hill Library does not currently have an accessible toilet unlike current provision. This may prevent those with physical disabilities and their carers feeling comfortable to access services at this venue. They may need to travel further or access a toilet within the local community. Service users with SEND or sensory conditions may also have differing needs. Cranbrook Children’s Centre currently has a sensory room which is not replicated in any other centre within the district. The removal of this provision may have a negative impact on families who find it particularly soothing and helps them to engage in the other services available at Children’s Centres.

As service users of the two Youth Hubs proposed for closure have already been able to access services from the proposed alternative locations, we do not anticipate that 11–19-year-olds with a disability will be impacted by the changes.

The most common concern expressed in the consultation response regarding the general co-location of services (not specific to any one service) were:

Users being able to get there / travel there / can’t walk to alternatives / need close location of services	51%
Public transport availability / cost of / reduction in service	33%
Practicality of co-located services (e.g. children's centre in same space as library)	22%
Impact on users unable to access the service / impact on vulnerable / mental health / taking away a lifeline / hub of community	21%
Suitability of building / fit for purpose / the space	19%
Maintaining service levels / impact on service levels	14%

Women were far more likely to oppose co-location of services than men and respondents with children under 10 were far more likely to disagree with co-location that those without:

Male resident	26%
Female resident	49%
Resident with no children	22%
Resident with children aged 0-1 years old (250)	61%
Resident with children aged 2-5 years old (243)	68%
Resident with children aged 6-10 years old (142)	54%

Similarly, women were far more likely to oppose the proposal to have fewer buildings than men and respondents with children under 10 were far more likely to disagree with reducing the number of buildings than residents without children:

Male resident (161)	34%
Female resident (760)	62%
Resident with children / expecting children (653)	67%
Resident with no children (173)	30%
Resident with children aged 0-1 years old (250)	83%
Resident with children aged 2-5 years old (243)	82%
Resident with children aged 6-10 years old (142)	70%

There is a similar difference in the level of disagreement with proposals to have fewer buildings based on age with residents aged 25-24 most likely to disagree:

Resident aged 25-34 (220)	81%
Resident aged 35-49 (301)	66%
Resident aged 50-64 (210)	41%
Resident aged 65 & over (152)	27%

When read alongside the fact that (as shown above) levels of objection rise for those residents with children compared to those without, it is a reasonable assumption to make that this increased level of objection is reflects the fact that the majority of reduction is being across the Children’s Centre network.

Justification

We consider that the different options for member consideration will have differing levels of impact on groups with protected characteristics. Whilst there will be some positive impacts, particularly relating to the expansion of Gateway services, the co-location of services and the Family Hubs model (subject to a separate EqlA), it is important to address the negative impacts on groups with protected characteristics and how the impacts are mitigated between the options presented for decision.

Broadly, the mitigations against the impacts on women and young children (outlined above) include the retention of more Children Centre locations within options 3 and 4 as well as a more expansive outreach offer (details to be co-designed with partners) that will (in part) focus on providing services to areas that are not necessarily covered by the Family Hub network – for instance those in more rural areas. The Family Hub Model itself brings together a wider range of services for families and as such while some service users may be required to travel further, they may now only need to make a single journey to access a range of required provision.

The mitigations against the impacts considered for those experiencing disabilities and/or the elderly (across Gateways, Adult Education and Community Day Services for Adults with Learning Disabilities) include the relocation of services to alternative locations only short distances away, or that are equally accessible by public transport due to the centralised location of the alternative locations.

Users with English as a second language may find the co-location of services relocation of service provision more difficult to navigate. Service teams will be supported in communicating changes early and effectively to these users, and teams within new locations will receive guidance in helping signpost and support these residents effectively.

All of these mitigation activities do need to be balanced against our Best Value Duty set out in securing Kent’s Future and considered alongside the reality that the fewer buildings we close within this programme, the greater pressure is put on the rest of the Council finances, which will inevitably impact statutory service provision.

Across the programme the impacts are considered to be limited through the mitigation outlined and justified given the wider policy and financial context within which the Council currently operates.

Section B – Evidence

Note: For questions 9, 10 & 11 at least one of these must be a 'Yes'. You can continue working on the EQIA in the App, but you will not be able to submit it for approval without this information.

9. Do you have data related to the protected groups of the people impacted by this activity?

Answer: Yes/No

Yes, an analysis of the protected characteristics of the respondents to the consultation is as follows:

Gender

Male 18%
 Female 81.3%
 Prefer not to say 0.7%

Same Gender as birth

Yes 99%
 Prefer not to say 1%

Pregnant

Yes – 28 out of 870 responses

Religion

Christian 90.2%
 Buddhist 0.3%
 Hindu 0.7%
 Jewish 0.7%
 Muslim 0.7%
 Prefer not to say 2.6%
 Other 4.9%
 Sikh 0%

Disability

Yes 14.3 %
 No 83.5%
 Prefer not to say 2.2%

Sexual Orientation

Heterosexual/Straight 89.7%
 Bi/Bisexual 2%
 Gay man 0.4%
 Gay woman/Lesbian 1.3%
 Prefer not to say 6%

	<p>Other 0.6%</p> <p>Ethnicity White English 87.6% White Scottish 1.1% White Welsh 0.5% White Northern Irish 0.2% White Irish 0.7% White Gipsy/Roma 0.1% Asian or Asian British Indian 0.4% Asian or Asian British Bangladeshi 0.1% Mixed White and Black Caribbean 0.1% Mixed White and Black African 0.1% Mixed White and Asian 0.4% Black or Black British Caribbean 0.2% Black or Black British African 0.1% I prefer not to say 2.2% Other 6% White Irish Traveller 0% Asian or Asian British Pakistani 0% Arab 0% Chinese 0%</p>
<p>10. Is it possible to get the data in a timely and cost effective way? <i>Answer: No</i></p>	
<p>11. Is there national evidence/data that you can use? <i>Answer: Yes</i></p>	<p>Yes</p>
<p>12. Have you consulted with Stakeholders? <i>Answer: Yes/No</i> <i>Stakeholders are those who have a stake or interest in your project which could be residents, service users, staff, members, statutory and other organisations, VCSE partners etc.</i></p>	<p>Yes</p>
<p>13. Who have you involved, consulted and engaged with? <i>Please give details in the box provided. This may be details of those you have already involved, consulted and engaged with or who you intend to do so with in the future. If the answer to question 12 is 'No', please explain why.</i></p>	
<p>Engagement in a general context took place with stakeholders prior to the launch of the public consultation including:</p> <ul style="list-style-type: none"> - KCC members and senior officers - Service delivery team members and property team members as part of the design process - District authorities - External partners including NHS and Kent Fire and Rescue <p>A full 10-week consultation process was carried out between 17 January 2023 and 26 March 2023, this gave an opportunity to residents, community groups and all interested parties to give feedback on the proposed changes to service delivery across the county. During this consultation there were face to face sessions held, and over 150 hours of proactive engagement with residents, service users (including groups of users in locations proposed for closure), partners, staff, unions and members.</p>	

Of the 1,776 consultees who took part, 18% of consultees provided a response to our specific question about the equality analyses we had conducted prior to, and published together with, our consultation. A more detailed breakdown of the responses within the consultation and the equalities considerations is given above.

14. Has there been a previous equality analysis (EQIA) in the last 3 years? *Answer: Yes/No*

Yes – pre-consultation EqlAs from each service area.

15. Do you have evidence/data that can help you understand the potential impact of your activity?
Answer: Yes/No

Yes.

Uploading Evidence/Data/related information into the App

Note: At this point, you will be asked to upload the evidence/ data and related information that you feel should sit alongside the EQIA that can help understand the potential impact of your activity. Please ensure that you have this information to upload as the Equality analysis cannot be sent for approval without this.

Demographic data that informed the need framework.
Consultation report with stats on feedback received.

Section C – Impact

16. Who may be impacted by the activity? *Select all that apply.*

Service users/clients
Answer: Yes/No

Yes

Residents/Communities/Citizens
Answer: Yes/No

Yes

Staff/Volunteers
Answer: Yes/No

Yes

17. Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing? *Answer: Yes/No*

Yes

18. Please give details of Positive Impacts

The principles of the Kent Communities Programme are built on the ambition to provide a more cohesive range of community services to residents so that different needs can be met in the most accessible and efficient way possible.

By increasing the Gateways service overall (albeit with part-time provision at new locations), and co-locating with other services, we will be able to present a more coordinated overall service offer to our communities increasing access to complimentary KCC services for our users.

The co-location of services for Adults with Learning Disabilities proposed will help to advance the equality of opportunity between those individuals who share a relevant protected characteristic and those that do not. It will also help to foster good relations between those individuals who share a relevant protected characteristic and those that do not. Both of these factors are in line with the second and third considerations of s149 (1) of the Equality Act (2010).

The Family Hub Model provides positive impacts for residents by drawing closer together professionals from complimentary organisations to deliver a more well-rounded range of services in one place for residents. The approach to co-designing outreach with partners means that there will be a greater level of understanding of the challenges facing particular communities, including residents with one or more protected characteristic. This could result in services being delivered to communities that are currently unserved by delivering outreach provision to residents within these areas.

The proposed changes to the Adult Education service will result in services being delivered from a building in much better condition, resulting in a more pleasant and conducive learning environment.

Proposals for co-location with Libraries, Community Learning and Skills, Adult Social Care and Family Hub services. By co-locating with a mix or range of these services within the same buildings, we are presenting a more unified service offer to the resident, so it is easier for them to access a broader range of services from a single location.

We will also be able to offer space for a range of partners to deliver services from this location and benefit from a range of services under one roof. For example, it is anticipated that our Meet and Greet staff will also have knowledge of services available from the local Borough council as well as third sector partners, to enable effective sign posting. Similarly, the link between Birth Registrations and Family Hub services is strengthened by co-locating Libraries and Family Hubs together.

Residents with some protected characteristics (sex, age, disability and race) are likely to be impacted more by the proposed building closures. These same groups are likely to also benefit from co-location of services, mindful of specific mitigations such as continued DDA compliance of co-location sites and the provision of private/confidential areas. Residents in these groups will be able to utilise these services will benefit from a reduced number of journeys by having KCC services located nearby/ together. It is also possible that there will be benefits for residents from different races as co-location will help those whose first language is not English, as they will not need to navigate multiple locations.

Negative Impacts and Mitigating Actions

The questions in this section help to think through positive and negative impacts for people affected by your activity. Please use the Evidence you have referred to in Section B and explain the data as part of your answer.

19. Negative Impacts and Mitigating actions for Age

<p>a) Are there negative impacts for age? <i>Answer: Yes/No</i> <i>(If yes, please also complete sections b, c, and d).</i></p>	<p>Yes</p>
<p>b) Details of Negative Impacts for Age</p>	<p>As set out above, the consultation response across the whole scope of proposals demonstrates a much greater level of opposition to both reductions in buildings and co-locations in the 25-24 age bracket. 81% of respondents in that age bracket oppose the proposals to have fewer buildings. This is likely due to the fact that residents in this age bracket have a higher chance of having children between the ages of 0-5 years old, and the majority of the reduction in buildings is across the Children’s Centre estate (83% of respondents with children under 1 year old oppose the proposals to have fewer buildings).</p> <p>The proposals within Options 1, 2, 3 and 4 would require individual within this age bracket to travel further, likely on public transport which may be difficult with children, pushchairs, and additional equipment. The crossover with other protected characteristics, including sex, disability, pregnancy and those with carers responsibilities needs considering as the impact on these protected characteristics combined would be greater.</p> <p>By virtue of the fact that the number of building closures <i>decreases</i> progressively between option 1 and 2, further between</p>

option 2 and 3, and then again between option 3 and 4, it is clear that the significance of the impacts across the County would lower depending on which option is chosen.

63% of residents between the age of 25 and 34 disagree with the proposals to co-locate services together. Again, this is supported by the comments within the response that this opposition is likely due to the proposals to co-locate Children Centre services and accessibility is raised as a point of concern. This suggests that the impact on residents in this age bracket, particularly when combined with other protected characteristics like sex, disability, pregnancy and carer responsibilities, would be more significant.

Again, considering that the number of building closures *decreases* progressively between option 1 and 2, further between option 2 and 3, and then again between option 3 and 4, it is clear that the significance of the impacts across the County would lower depending on which option is chosen.

Option 5 is the 'Do Nothing' option and as such, if Members decided to proceed with Option 5, there would be no change in equalities impacts.

The EqIA for Community Day Services for Adults with Learning Disabilities set out that there is greater impact of changes to their service on residents aged 35-49. This is due to the demographic make up of their service user base. The impact on these residents is, similar to above, the requirement to travel further to access services that move as a result of the changes set out in Options 2, 3 and 4 (same changes proposed across these options for this service). It is noted that the service users in this age bracket are also more likely to experience disabilities or mobility issues themselves and so there is a link between age and disability to be considered when assessing the impacts of the changes to this service. More detail is provided in the EqIA from the service.

The Adult Education service EqIA identifies that the relocation of their service proposed may disproportionately impact older residents who may find a relocation to an alternative location more confusing. As above, there is a crossover to be considered in that the impact is likely to be more significant for older residents that also experience disability of mobility issues. More detail is provided in the EqIA from the service.

The Gateway service EqIA sets out that many of their residents are elderly and therefore proposals to relocate their service within Options 2, 3 and 4 (same changes proposed across these options for this service) will have a disproportionate impact on the age characteristic. The reason being that residents will be required to travel to alternative locations in Gravesend, Tonbridge and Dover which may be more difficult for the elderly that also experience mobility issues. More detail is provided in the service EqIA.

	<p>The Family Hub Model EqIA details negative impacts on age given that young children and parents (most likely aged between 25 and 39) may need to travel to new locations. Travel costs and arrangement, particularly with pushchairs and children will likely be more difficult. The EqIA also considers the impact of increased travel times on young parents, elderly parents and carers. It also sets out that co-location of services may change the look and feel of buildings which will have a negative impact on young children, particularly those with SEND requirements. More detail is provided within the service EqIA.</p>
<p>c) Mitigating Actions for age</p>	<p>Across the options presented for Member decision the impact of change on all protected characteristics, including age, are mitigated to different degrees by retaining progressively more buildings in Options 3 and 4 compared to the consultation model presented in Option 2. In Options 3 and 4, the Needs Framework has been amended to give progressively greater weight to the analysis of the public transport network. Therefore, in Options 3 and 4 progressively fewer buildings are proposed for closure, which reduces the requirement for residents to use public transport to access services in alternative locations. Option 5 does not make any changes and so there are no equalities impacts to mitigate.</p> <p>The Community Day Services for Adults with Learning Disabilities EqIA sets out mitigations including the fact that the alternative locations proposed are close to the existing locations it is possible to mitigate the changes through clear communication and engagement with service users. Any co-locations will be supported by providing guidance to staff in new locations to adequately signpost new service users that may find new locations more difficult to navigate. More detail is provided within the service EqIA.</p> <p>The Adult Education EqIA sets out that staff within the new location will be able to provide signposting and support to residents navigating the co-location site. The design and construction work to facilitate the co-location will consider DDA and accessibility regulations. More detail is provided within the service EqIA.</p> <p>The Gateway service EqIA sets out mitigating actions for negative impacts on age including clear communication and engagement with service users to raise awareness of the changes and any accessible transportation options to the new location. All proposed co-locations are within a mile of the existing locations and are equally accessible on public transport. More detail is provided within the service EqIA.</p> <p>The Family Hub EqIA sets out that impacts on age will be mitigated by consulting users on barriers to accessing services, co-designing</p>

	<p>elements of the model where possible to foster a sense of ownership and timetabling to support activities for different age groups. More detail is provided within the service EqIA.</p> <p>The Family Hub outreach offer, proposed to be co-designed with partners within each district locality, allows services to be delivered within communities that would negate the need for residents to travel to reach services. It will also lead to service delivery to currently underserved communities that may miss out on service provision due to the historic nature of the Council's building footprint.</p>
<p>d) Responsible Officer for Mitigating Actions – Age</p>	<p>Ben Sherreard</p>
<p>20. Negative Impacts and Mitigating actions for Disability</p>	
<p>a) Are there negative impacts for Disability? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i></p>	<p>Yes</p>
<p>b) Details of Negative Impacts for Disability</p>	<p>14% of consultation respondents indicated that they experience a disability and 61% of all respondents disagree with the proposals to have fewer buildings. The negative impacts on residents experiencing a disability do interplay with other protected characteristics as already outlined, particularly between age.</p> <p>The proposals within Options 1, 2, 3 and 4 would require individuals experiencing a disability to travel further, likely on public transport which may be difficult given their disability. Equally, navigating new locations and co-location sites may be more challenging as spaces are unfamiliar.</p> <p>By virtue of the fact that the number of building closures <i>decreases</i> progressively between option 1 and 2, further between option 2 and 3, and then again between option 3 and 4, it is clear that the significance of the impacts across the County would lower depending on which option is chosen.</p> <p>48% of respondents disagree with the proposals to co-locate services together. The comments within the response suggest that this opposition is likely due to concerns around accessibility of services within co-located sites. This suggests that the impact on residents experiencing a disability would be more significant.</p> <p>Again, considering that the number of building closures <i>decreases</i> progressively between option 1 and 2, further between option 2 and 3, and then again between option 3 and 4, it is clear that the significance of the impacts across the County would lower depending on which option is chosen.</p> <p>Option 5 is the 'Do Nothing' option and as such, if Members decided to proceed with Option 5, there would be no change in equalities impacts.</p>

The EqIA for Community Day Services for Adults with Learning Disabilities sets out that due to the nature of their service, all of their users experience a disability. The impact on these residents is, similar to above, the requirement to travel further to access services that move as a result of the changes set out in Options 2, 3 and 4 (same changes proposed across these options for this service). Equally, co-location of services may present unfamiliar or overwhelming situations for service users that experience a disability. More detail is provided in the EqIA from the service.

The Adult Education service EqIA identifies that increased walking distance (shorter distance for some users) to the proposed new location of their service in Broadstairs may present a challenge for individuals that experience a disability. Equally, the relocation of their service proposed may disproportionately impact service users that experience a disability as they may find a relocation to an alternative location more confusing and difficult to navigate. More detail is provided in the EqIA from the service.

The Gateway service EqIA sets out that many of their service users will be required to make more than one trip to access KCC and partner services now, whereas previously these were provided from the single Gateway location. This will more significantly impact those that experience a disability. It also sets out that the proposed locations may not have the relevant facilities such as changing spaces or accessible toilets. More detail is provided in the service EqIA.

The Family Hub Model EqIA details negative impacts on parents/carers with a physical disability and children with SEND requirements or that experience a disability. Again, changes to the locations of buildings, and layout of buildings that are used to access services will disproportionately impact these groups given the increased difficulties that travelling further presents. More detail is provided within the service EqIA.

c) Mitigating Actions for Disability

Across the options presented for Member decision the impact of change on all protected characteristics, including disability, are mitigated to different degrees by retaining progressively more buildings in Options 3 and 4 compared to the consultation model presented in Option 2. In Options 3 and 4, the Needs Framework has been amended to give progressively greater weight to the analysis of the public transport network. Therefore, in Options 3 and 4 progressively fewer buildings are proposed for closure, which reduces the requirement for residents to use public transport to access services in alternative locations. Option 5 does not make any changes and so there are no equalities impacts to mitigate.

The co-location sites will be brought forward with the assistance of professional design and construction partners that will consider DDA compliance and regulations as part of the design work and

	<p>implementation of changes that facilitate the co-location. This will include provision of accessible facilities, DDA compliant buildings and relevant wayfinding provision.</p> <p>The Community Day Services for Adults with Learning Disabilities EqIA sets out mitigations including the fact that the alternative locations proposed are close to the existing locations it is possible to mitigate the changes through clear communication and engagement with service users. Any co-locations will be supported by providing guidance to staff in new locations to adequately signpost new service users that may find new locations more difficult to navigate. More detail is provided within the service EqIA.</p> <p>The Adult Education EqIA sets out that staff within the new location will be able to provide signposting and support to residents navigating the co-location site. The design and construction work to facilitate the co-location will consider DDA and accessibility regulations. It is also true that the alternative locations suggested are relatively close to the existing facilities and in some instances are already known locations to the service users. More detail is provided within the service EqIA.</p> <p>The Gateway service EqIA sets out mitigating actions for negative impacts on disability including clear communication and engagement with service users to raise awareness of the changes and any accessible transportation options to the new location. All proposed co-locations are within a mile of the existing locations and are equally accessible on public transport. The service will take additional mitigation action such as considering alternative disabled parking provision and exploring the use of facilities at co-location sites to help residents access a wider range of services digitally. More detail is provided within the service EqIA.</p> <p>The Family Hub EqIA sets out that impacts those experiencing a disability will be mitigated by consulting users on barriers to accessing services, co-designing elements of the model where possible to foster a sense of ownership and reviewing proposed building co-locations to ensure accessibility and DDAA compliance. More detail is provided within the service EqIA.</p> <p>The Family Hub outreach offer, proposed to be co-designed with partners within each district locality, allows services to be delivered within communities that would negate the need for residents to travel to reach services which has been acknowledged as more challenging for residents that experience a disability.</p>
<p>d) Responsible Officer for Mitigating Actions - Disability</p>	<p>Ben Sherreard</p>
<p>21. Negative Impacts and Mitigating actions for Sex</p>	
<p>a) Are there negative impacts for Sex? Answer: Yes/No <i>(If yes, please also complete sections b, c, and d).</i></p>	<p>Yes</p>

<p>b) Details of Negative Impacts for Sex</p>	<p>As is seen in the response to the consultation, 62% of female respondents oppose the proposal to have fewer buildings compared to 34% of male respondents. Equally 69% of female respondents oppose the co-location of services, compared to 26% of male respondents. This is likely due to the fact that women are more likely to take on greater responsibilities for childcare and the majority of the reduction in buildings is across the Children’s Centre estate (83% of respondents with children under 1 year old oppose the proposals to have fewer buildings).</p> <p>The proposals within Options 1, 2, 3 and 4 would require individuals to travel further, likely on public transport which may be difficult with children, pushchairs, and additional equipment. The crossover with other protected characteristics, including age, disability, pregnancy and those with carers responsibilities needs considering as the impact on these protected characteristics combined would be greater.</p> <p>By virtue of the fact that the number of building closures <i>decreases</i> progressively between option 1 and 2, further between option 2 and 3, and then again between option 3 and 4, it is clear that the significance of the impacts across the County would lower depending on which option is chosen.</p> <p>Option 5 is the ‘Do Nothing’ option and as such, if Members decided to proceed with Option 5, there would be no change in equalities impacts.</p> <p>The Adult Education service EqIA identifies that 80% of its service user base is female and 61% of respondents objected to the proposals to relocate the CLS service in Broadstairs. Therefore, it could be argued that the impact of the move will disproportionately impact women. More detail is provided in the EqIA from the service.</p> <p>The Family Hub Model EqIA demonstrates that women are most likely to access their current service offer and so will be most impacted by the proposed changes. Again, changes to the locations of buildings, and layout of buildings that are used to access services will disproportionately impact these groups given the increased difficulties that travelling further presents. More detail is provided within the service EqIA.</p>
<p>c) Mitigating Actions for Sex</p>	<p>Across the options presented for Member decision the impact of change on all protected characteristics, including sex, are mitigated to different degrees by retaining progressively more buildings in Options 3 and 4 compared to the consultation model presented in Option 2. In Options 3 and 4, the Needs Framework has been amended to give progressively greater weight to the analysis of the public transport network. Therefore, in Options 3 and 4 progressively fewer buildings are proposed for closure,</p>

	<p>which reduces the requirement for residents to use public transport to access services in alternative locations. Option 5 does not make any changes and so there are no equalities impacts to mitigate.</p> <p>The Adult Education service EqIA sets out that the proposed move to a new location in Broadstairs is less than a couple of minutes' walk away from the existing location and therefore the impact on sex is considered low.</p> <p>The Family Hub EqIA sets out mitigation measures including co-design and parent carer panels to develop safe and inclusive delivery spaces – this will be important in co-located sites where the impact of accessing services alongside residents accessing other services will need to be considered.</p>
d) Responsible Officer for Mitigating Actions - Sex	Ben Sherreard
22. Negative Impacts and Mitigating actions for Gender identity/transgender	
a) Are there negative impacts for Gender identity/transgender? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	Yes
b) Details of Negative Impacts for Gender identity/transgender	<p>4% of respondents to the consultation raised the issue of effects on disadvantage ethnic minorities / English as a second language / refugees / travellers / LGBTQ.</p> <p>Young people within the gender identity/transgender characteristic may be impacted by the requirement to share youth centre space with an early years (0-5) setting. Feedback from the consultation demonstrates that young people that access youth centres are not in favour of this as they may feel unable to use the centre to highlight issues related to gender identity, sexual health and LGBTQ issues.</p>
c) Mitigating actions for Gender identity/transgender	<p>Youth services will be protected by timetabling activity within the new Family Hub model and through design within spaces to provide separate and dedicated areas/settings for youth provision, including space for confidential conversations.</p> <p>We have examples of being able to do this successfully within our current estate and service models.</p>
d) Responsible Officer for Mitigating Actions - Gender identity/transgender	Ben Sherreard
23. Negative Impacts and Mitigating actions for Race	
a) Are there negative impacts for Race? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	Yes.
b) Details of Negative Impacts for Race	Residents that use English as a second language may find changes to service locations more difficult to accommodate. They may also find travel to alternative locations and navigating unfamiliar

	<p>settings more challenging than native English speakers. This covers the entire extent of the Kent Communities Programme as the reduction in buildings means that residents will need to access services in alternative locations or in different ways (for example online).</p> <p>The Gateway service EqlA sets out that there may be confusion for service users within Tonbridge and Gravesham where a change of location is proposed due to language barriers as a high proportion of Gateway users have English as a second language. More detail is provided in the EqlA from the service.</p> <p>The Family Hub EqlA also recognises that services may be more difficult to access for residents for whom English is not their primary language as they may rely on local access points more as alternative provision (for example online services) may not fully cater to their requirements.</p>
<p>c) Mitigating Actions for Race</p>	<p>Across the options presented for Member decision the impact of change on all protected characteristics, including race, are mitigated to different degrees by retaining progressively more buildings in Options 3 and 4 compared to the consultation model presented in Option 2. In Options 3 and 4, the Needs Framework has been amended to give progressively greater weight to the analysis of the public transport network. Therefore, in Options 3 and 4 progressively fewer buildings are proposed for closure, which reduces the requirement for residents to use public transport to access services in alternative locations or to navigate unfamiliar settings away from their current local access points. Option 5 does not make any changes and so there are no equalities impacts to mitigate.</p> <p>The Gateway EqlA explains that mitigation will be provided by clear communication to existing service users to raise awareness of changes to service locations. More detail is provided within the service EqlA.</p> <p>The Family Hub EqlA sets out that the Family Hub team will work alongside partners, community and faith organisations to provide access for diverse ethnic communities. More detail is provided within the service EqlA.</p>
<p>d) Responsible Officer for Mitigating Actions - Race</p>	<p>Ben Sherreard</p>
<p>24. Negative Impacts and Mitigating actions for Religion and belief</p>	
<p>a) Are there negative impacts for Religion and Belief? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i></p>	<p>Yes</p>
<p>b) Details of Negative Impacts for Religion and belief</p>	<p>As detailed above, the Gateway service EqlA explains that there may be confusion for service users within Tonbridge and Gravesham where a change of location is proposed due to language barriers as a high proportion of Gateway users have English as a second language.</p>

c) Mitigating Actions for Religion and belief	The co-location of services has been carefully planned and service staff will be able to support service users in new situations and other service staff can be provided guidance to better signpost and support individuals that are accessing different services that use English as a second language.
d) Responsible Officer for Mitigating Actions – Religion and belief	Ben Sherreard
25. Negative Impacts and Mitigating actions for Sexual Orientation	
a) Are there negative impacts for sexual orientation. Answer: Yes/No (If yes, please also complete sections b, c, and d).	Yes
b) Details of Negative Impacts for Sexual Orientation	<p>4% of respondents to the consultation raised the issue of effects on disadvantage ethnic minorities / English as a second language / refugees / travellers / LGBTQ.</p> <p>Young people within the gender identity/transgender characteristic may be impacted by the requirement to share youth centre space with an early years (0-5) setting. Feedback from the consultation demonstrates that young people that access youth centres are not in favour of this as they may feel unable to use the centre to highlight issues related to gender identity, sexual health and LGBTQ issues.</p>
c) Mitigating Actions for Sexual Orientation	<p>Youth services will be protected by timetabling activity within the new Family Hub model and through design within spaces to provide separate and dedicated areas/settings for youth provision, including space for confidential conversations.</p> <p>We have examples of being able to do this successfully within our current estate and service models.</p>
d) Responsible Officer for Mitigating Actions – Sexual Orientation	Ben Sherreard
26. Negative Impacts and Mitigating actions for Pregnancy and Maternity	
a) Are there negative impacts for Pregnancy and Maternity? Answer: Yes/No (If yes, please also complete sections b, c, and d).	Yes
b) Details of Negative Impacts for Pregnancy and Maternity	<p>As is seen in the response to the consultation, 62% of female respondents oppose the proposal to have fewer buildings compared to 34% of male respondents. Equally 69% of female respondents oppose the co-location of services, compared to 26% of male respondents. This is likely due to the fact that women are more likely to take on greater responsibilities for childcare and the majority of the reduction in buildings is across the Children’s Centre estate (83% of respondents with children under 1 year old oppose the proposals to have fewer buildings). 3% of respondents to the consultation indicated that they were pregnant.</p> <p>The proposals within Options 1, 2, 3 and 4 would require individuals to travel further, likely on public transport which may</p>

be difficult for pregnant women or those with children, pushchairs, and additional equipment. The crossover with other protected characteristics, including age, disability, sex and those with carers responsibilities needs considering as the impact on these protected characteristics combined would be greater.

By virtue of the fact that the number of building closures *decreases* progressively between option 1 and 2, further between option 2 and 3, and then again between option 3 and 4, it is clear that the significance of the impacts across the County would lower depending on which option is chosen.

Option 5 is the 'Do Nothing' option and as such, if Members decided to proceed with Option 5, there would be no change in equalities impacts.

The Gateway service EqIA explains that pregnant women or those with young children will be required to travel to more than one site to access services from multiple agencies whereas currently in Tonbridge, Dover and Gravesend they are able to access multiple agencies within the existing Gateway location. This additional travel will more significantly impact the pregnancy and maternity protected characteristic.

Within the Family Hub EqIA the service accepts that expectant mothers will be required to travel to alternative locations to access the services they require under the Kent Communities Programme proposals. Costs of travel and difficulties using public transport and travelling greater distances will more significantly impact pregnant women. More detail is provided within the service EqIA.

c) Mitigating Actions for Pregnancy and Maternity

Across the options presented for Member decision the impact of change on all protected characteristics, including pregnancy and maternity, are mitigated to different degrees by retaining progressively more buildings in Options 3 and 4 compared to the consultation model presented in Option 2. In Options 3 and 4, the Needs Framework has been amended to give progressively greater weight to the analysis of the public transport network. Therefore, in Options 3 and 4 progressively fewer buildings are proposed for closure, which reduces the requirement for residents to use public transport to access services in alternative locations. Option 5 does not make any changes and so there are no equalities impacts to mitigate.

The Gateway EqIA sets out mitigation measures including clear communication to service users of accessible transport options and the use of facilities within co-location sites to support access to a wider range of partner services (i.e. computers within libraries).

	The Family Hub EqIA sets out that they will continue to consult on barriers to service access throughout the implementation of the new model.
d) Responsible Officer for Mitigating Actions – Pregnancy and Maternity	Ben Sherreard
27. Negative Impacts and Mitigating actions for marriage and civil partnerships	
a) Are there negative impacts for Marriage and Civil Partnerships? Answer: Yes/No (If yes, please also complete sections b, c, and d).	No.
b) Details of Negative Impacts for Marriage and Civil Partnerships	
c) Mitigating Actions for Marriage and Civil Partnerships	
d) Responsible Officer for Mitigating Actions - Marriage and Civil Partnerships	
28. Negative Impacts and Mitigating actions for Carer’s responsibilities	
a) Are there negative impacts for Carer’s responsibilities? Answer: Yes/No (If yes, please also complete sections b, c, and d).	Yes
b) Details of Negative Impacts for Carer’s Responsibilities	<p>It has been set out above that the protected characteristics of age and sex experience more significant negative impacts resulting from the changes outlined in the Ken Communities Programme proposals. It has been highlighted that there is an interplay between these protected characteristics and the protected characteristic of those with carer’s responsibilities.</p> <p>The proposals within Options 1, 2, 3 and 4 would require individuals to travel further, likely on public transport which may be difficult with children, pushchairs, and additional equipment to support those for whom individuals’ care.</p> <p>By virtue of the fact that the number of building closures <i>decreases</i> progressively between option 1 and 2, further between option 2 and 3, and then again between option 3 and 4, it is clear that the significance of the impacts across the County would lower depending on which option is chosen.</p> <p>Option 5 is the ‘Do Nothing’ option and as such, if Members decided to proceed with Option 5, there would be no change in equalities impacts.</p> <p>The Community Day Services for Adults with Learning Disabilities service EqIA picks up this issue specifically in relation to their service users and the carers that support them. More detail is provided within the service EqIA.</p> <p>The Adult Education Service EqIA sets out that service users with carer responsibilities may find accessing the service in a new location more challenging in that they will be required to navigate the service setting in a location with other services on offer. More detail is provided within the service EqIA.</p>

	<p>The Gateway service EqIA includes the consideration that due to the proposed changes, carers will be required to travel to more than one location to access a range of services currently on offer in a single location. More detail is provided within the service EqIA.</p>
<p>c) Mitigating Actions for Carer's responsibilities</p>	<p>Across the options presented for Member decision the impact of change on all protected characteristics, including those with carer's responsibilities, are mitigated to different degrees by retaining progressively more buildings in Options 3 and 4 compared to the consultation model presented in Option 2. In Options 3 and 4, the Needs Framework has been amended to give progressively greater weight to the analysis of the public transport network. Therefore, in Options 3 and 4 progressively fewer buildings are proposed for closure, which reduces the requirement for residents to use public transport to access services in alternative locations. Option 5 does not make any changes and so there are no equalities impacts to mitigate.</p> <p>The Community Day Services for Adults with Learning Disabilities service EqIA details mitigation for each of the three locations where changes are proposed. The mitigations primarily focus on the fact that alternative locations as proposed are all close to the existing service centres and as such are not overly burdensome to access. More detail is provided within the service EqIA.</p> <p>The Adult Education Service EqIA sets out that mitigation is provided that the proposed co-location delivers additional teaching space in an accessible way and will be provided in line with accessibility regulations. More detail is provided within the service EqIA.</p> <p>The Gateway service EqIA sets out that mitigation will be provided by raising awareness of accessible transport options to the new locations and that facilities will be used in co-location sites to assist users accessing a wider range of services. More detail is provided within the service EqIA.</p>
<p>d) Responsible Officer for Mitigating Actions - Carer's Responsibilities</p>	<p>Ben Sherreard</p>

EQIA Submission Draft Working Template

If required, this template is for use prior to completing your EQIA Submission in the EQIA App.

You can use it to understand what information is needed beforehand to complete an EQIA submission online, and also as a way to collaborate with others who may be involved with the EQIA.

Note: You can upload this into the App when complete if it contains more detailed information than the App asks for and you wish to retain this detail.

Section A

1. Name of Activity (EQIA Title):	Kent Communities Programme – Gateway
2. Directorate	ST
3. Responsible Service/Division	Marketing and Resident Experience – Deputy Chief Executive's Office

Accountability and Responsibility

4. Officer completing EQIA Note: This should be the name of the officer who will be submitting the EQIA onto the App.	Pascale Blackburn-Clarke
5. Head of Service Note: This should be the Head of Service who will be approving your submitted EQIA.	Christina Starte
6. Director of Service Note: This should be the name of your responsible director.	Amanda Beer – Interim Chief Executive

The type of Activity you are undertaking

7. What type of activity are you undertaking?	
Tick if Yes	Activity Type
Yes	Service Change – operational changes in the way we deliver the service to people.
Yes	Service Redesign – restructure, new operating model or changes to ways of working
	Project/Programme – includes limited delivery of change activity, including partnership projects, external funding projects and capital projects.
	Commissioning/Procurement – means commissioning activity which requires commercial judgement.
	Strategy /Policy – includes review, refresh or creating a new document
Yes	Other – Introduction of new Gateway provision in Maidstone, some proposed location moves

8. Aims and Objectives and Equality Recommendations – Note: You will be asked to give a brief description of the aims and objectives of your activity in this section of the App, along with the Equality recommendations. You may use this section to also add any context you feel may be required.

Equality Impact Assessment

This EQIA is intended to assess the potential impact of our decisions on persons with different protected characteristics. In particular, this EQIA has been prepared to help us to have regard to the need to: (i) eliminate discrimination; (ii) advance equality of opportunity; and (iii) foster good relations between persons who share a relevant protected characteristic and those who do not, in the exercise of our public functions. These issues are relevant considerations to be taken into account whenever a new policy, function, or system change is being proposed in the exercise of our public functions. This EQIA is also

intended to evidence that these considerations have in fact been taken into account, and the weight given to them as part of our decision-making process.

The Case for Change - Kent Communities Programme

The Council is facing very significant financial pressures, for a number of reasons set out in 'Securing Kent's Future' (August 2023 and October 2023). That document sets out the urgent steps needed to return the Council to financial sustainability, by reducing overspend in its budget to avoid further need to use limited reserves to fund revenue overspends, which would weaken the financial resilience of the authority and limit the scope for the use of reserves to invest in transformation necessary to address the structural deficit.

The financial challenges faced by the Council cannot be ignored. Two particularly significant factors, are the Council's statutory 'best value' duty to deliver a balanced budget, provide statutory services, including adult social care and children's services, and secure value for money in all spending decisions; and the Council's other statutory duties.

The Kent Communities Programme seeks to rationalise our physical estate and propose a greater mix of alternative methods of service delivery across the County, informed by a clear and data-driven understanding of service need. Delivery of this programme has become more important in the light of the increased financial pressures faced by the Council. The programme also seeks to reduce the Council's carbon footprint, in line with our Net Zero 2030 approach, although this is a secondary factor given the overarching financial context. The programme does include elements of improvement to service delivery: for example benefits offered by co-location of services.

However, the Council must acknowledge that the impact of closures and reductions in services on residents can be significant. The approach set out in these proposals is therefore based on a relative needs assessment. Mitigating measures are set out, which are intended to minimise as far as possible the impact of the proposals on Kent residents.

A detailed and extensive public consultation (www.kent.gov.uk/communityservicesconsultation) allowed consultees the opportunity to give their views on the proposals. These responses have been analysed and carefully considered. A range of options have been developed, informed by the consultation responses. This EQIA has been updated following feedback from that consultation and is also based on data and evidence about Kent's communities and our service users.

Summary of Proposals

Five separate options are being presented for Member consideration and decision.

Within four of the five option the changes are the same for the Gateway service and these are detailed below.

- Relocation of existing Dover Gateway into Dover Discovery Centre as part of a wider co-location (The DDC co-location is an existing separate project, and the KCP proposal is to add Gateway into the co-location arrangement).
- Relocation of existing KCC services at Gravesend Gateway into Gravesend Library in December 2025.
- New part-time Gateway provision at KHLC (Maidstone) in a co-location with the library.
- Relocation of existing KCC services provided at Tonbridge Gateway into Tonbridge Library.

This EqlA considers the impacts on residents of the service moving location in four of the five options and the impact of the co-location with the library service. It takes into account the relevant feedback from the consultation in relation to the Gateway service and the general equalities approach.

Where we are proposing to move the Gateway service, there will be a KCC service provision, however the number of hours and the opening times offered have not yet been defined. It is likely that should a Gateway member of staff not be available full time in any location, that queries be dealt with by alternative KCC staff on site, i.e. receptionists or Library officers.

However, in order to access partner services that were offered alongside the KCC service, the users may be required to make more than one trip as the co-locations proposed are with other KCC services and not necessarily with external partners.

The fifth option is a 'Do Nothing' option and therefore no changes to the Gateway service are proposed under that scenario.

Gateway

Gateway is a hub, which allows for services from a range of different partners to co-locate and collaborate under one roof. This can include services from Kent County Council, Local District/Borough Councils and community/third sector partners and is designed to match and meet community needs. Gateway offers a conduit to a range of other services and providers to deliver services, with a meet and greet function that is designed to triage enquiries and assist customers to access services. This could be by promoting self-help, assisting with applications, making direct referrals or signposting depending on the customer need and capability.

In developing our proposals, we have considered the main data and evidence about Kent's communities. This is because the ethos of Gateway is to be placed in town centre locations where our customers may already be visiting to carry out other transactions in the area, such as shopping, accessing other services (e.g. job centres), and where there are good transport links.

Gateway is a physical service designed to help those who may not be able to navigate Kent County Council's or other partners' services that may assist them in their day to day lives. This includes helping some of our vulnerable residents accessing services such as Blue Badge assessment appointments.

As part of the programme, we have looked to utilise the buildings already owned by Kent County Council and expand the Gateway offer further to ensure that those with extra support needs can be supported in accessing KCC services, as well as those provided by third sector and other public sector bodies where appropriate. Wherever possible, we propose to use buildings located as close as possible to where a higher need is identified, and in locations where customers may already be undertaking other transactions.

Gateways already work successfully in a number of co-locations such as Ashford and Sheerness, where customers can access a range of services under one roof.

The proposal for Gateway services set out in the consultation was to retain all of our existing 9 locations throughout Kent, but with some moved to another location close by. Those proposed locations and changes were as follows:

District	Current Buildings	Proposal	Nearest Alternative	Distance (Miles from current building)
Ashford	Ashford Gateway Plus	Remain		
	Tenterden Gateway	Remain		
Dover	Dover Gateway	Leave	Moving to Dover Discovery Centre	0.1
Gravesham	Gravesham Gateway	Leave	Moving to Gravesend Library	0.9
Sevenoaks	The Eden Centre	Remain		
	Swanley Link	Remain		
Swale	Sheppey Gateway	Remain		
Thanet	Thanet Gateway Plus	Remain		
Tonbridge and Malling	Tonbridge Castle Gateway	Leave	Moving to Tonbridge Library	0.6

In the consultation we also proposed to extend our Gateway service to the new locations listed below, which would have been co-located in spaces where it is intended that other Kent County Council services would also be provided:

District	Proposed Community Hub Location	Co-located Services
Ashford	Stanhope Library	Library and Family Hub, Gateway
Dartford	Temple Hill Library	Gateway, Family Hub and Library
Maidstone	Kent History and Library Centre	Gateway and Library
Thanet	Ramsgate Library	Gateway, Library and Family Hub
	Cliftonville Library	Gateway, Adults and Library

Since the consultation, the Gateway Management Team have confirmed their funding envelope and without additional financial resource cannot support the inclusion of Gateway provision across all of the co-locations suggested in the consultation. As such the proposals no longer include a Gateway provision as part of a co-location of services at Stanhope Library, Temple Hill Library or Cliftonville Library. There is no additional removal of Gateway locations compared to the proposals outlined in the consultation model and there were no comments received specific to the proposed co-locations at Stanhope, Temple Hill or Cliftonville. On 30th March the Strategic Reset Programme Board agreed that all options presented must be financially viable. To retain the additional locations consulted on would result in pressure on the service funding envelope which, if met, would require corresponding cuts to other service areas.

As such an alternative provision has been drawn up for delivery:

District	Current Buildings	Proposal	Notes	Distance (Miles from current building)
Ashford	Ashford Gateway Plus	Remain		
	Tenterden Gateway	Remain		
Dover	Dover Gateway	Leave	Move to Dover Discovery Centre	0.1
Gravesham	Gravesham Gateway	Leave	Move to Gravesend Library – part time provision	0.9
Sevenoaks	The Eden Centre	Remain		
	Swanley Link	Remain		
Swale	Sheppey Gateway	Remain		
Thanet	Thanet Gateway Plus	Remain		
	Ramsgate	New	Part time provision	
Tonbridge and Malling	Tonbridge Castle Gateway	Leave	Move to Tonbridge Library - part time provision	0.6
Maidstone	Kent Library and History Centre	New	Part time provision	

Part time provision would mean a Gateway member of staff would not be on site five days a week. Where we are proposing to move the Gateway service, there will be a Gateway KCC service provision, however the number of hours and the opening times offered have not yet been defined. It is likely that should a Gateway member of staff not be available that queries be

dealt with by alternative KCC staff, i.e. receptionists or Library officers in their absence. We would seek the views of partners who may wish to deliver services out of the new sites as to when that provision is best delivered.

We would therefore not be providing provision at the following locations as originally proposed by the consultation;

District	Proposed Community Hub Location	Co-located Services	Notes
Ashford	Stanhope Library	Library and Family Hub	Family hub and Library would be offering support for residents in a small space. There would be limited space for partners.
Dartford	Temple Hill Library	Family Hub and Library	Family hub and Library would be offering provision in a small space. There would be limited space for partners.
Thanet	Cliftonville Library & Ramsgate Library	Adults and Library	Additional provision at the existing Gateway in Margate (Thanet Gateway Plus) will offer better value for money and a richer service in a higher footfall area. Adults and Libraries services at Cliftonville and Libraries at Ramsgate will be able to assist customers by signposting residents to required services where needed. At Cliftonville, there is limited space for partners.

The precise location for all Gateway services will be subject to the continued availability of the properties concerned. The above proposals are based on leases currently in place and what we currently know about the relevant properties.

Consultation

20% of consultees answering use Gateways. 17% of consultees answering indicated other household members currently use Gateways. The majority of both groups use services in person at a building (66% and 65% respectively) but a significant proportion reported that they use both in person and online services (21% and 24% respectively). Although Gateway does not have an online provision, we have assumed that they have meant Council websites.

There were 7 comments received regarding the proposal to relocate the existing Dover Gateway into the Dover Discovery Centre which did not specifically raise equalities concerns.

There were 8 comments received regarding the proposal to relocate the existing Gravesend Gateway into Gravesend Library. One person raised that Women's Support services for example Domestic Abuse, should not be offered in a hub, due to safety concerns for those impacted.

There were 15 comments received regarding the proposal to relocate the existing Tonbridge Gateway into Tonbridge Library. There were concerns raised regarding access to toilets and parking at the library, however this was not clear as to whether this was due to an equalities issue.

The majority of comments were in support of retaining Gateway style services, allowing people to access them in more locations and retaining existing provisions. Some raised the issue of needing to potentially access two locations to see different Councils, i.e. local and district/borough services.

More generally feedback was received re confidentiality in hubs and also for those who are Neurodiverse, the hubs may be overwhelming in terms of sound and space.

The most common concern expressed in the consultation response regarding the general co-location of services (not specific to the Gateway co-location proposals) were:

Users being able to get there / travel there / can't walk to alternatives / need close location of services	51%
Public transport availability / cost of / reduction in service	33%
Practicality of co-located services (e.g. children's centre in same space as library)	22%
Impact on users unable to access the service / impact on vulnerable / mental health / taking away a lifeline / hub of community	21%
Suitability of building / fit for purpose / the space	19%
Maintaining service levels / impact on service levels	14%

The feedback around impact on accessibility and mental health should be considered in equalities terms and is addressed in the relevant section below.

Impact

We consider that the impact of our proposals in relation to the Gateways service are likely to be positive overall, as the service will be co-locating with other services and we intend to introduce provision in Maidstone as set out in the tables above.

People with protected characteristics that are mostly likely to benefit from our proposals to increase provision are those with disabilities, including hidden disabilities, carers, and older people who may need greater assistance to access our services online such as Blue Badges. Further, we expect that people whose first language is not English and may therefore need additional assistance, and some groups for whom there may be a stigma or perception of inequality in accessing our services (e.g. Gypsy, Roma and Irish Travellers) to also benefit from our proposals. It is important however to acknowledge that, as set out above, the increase in provision is not as great as was initially suggested at consultation and so the positive impacts are less than would have been.

Whilst no comments on the proposals raised specific equalities concerns, it is important to acknowledge that in relocating the sites in Dover, Gravesend and Tonbridge there may be a negative impact on residents with disabilities, residents who are older (noting that residents over 60 are statistically more likely to also experience a disability or may have other difficulties accessing alternative locations not directly linked to disability, such as a greater reliance on public transport), or other residents with accessibility or mobility difficulties (such as pregnant women or women with young children), that may need to make alternative travel arrangements or will be required to walk further to access the relocated service. Similar impacts may result from the potential need for service users to make multiple trips where Gateways that we are proposing to leave are co-located with other non-Gateway and/or non-KCC services. However, all relocations are less than a mile away from the existing location and are in centrally located buildings which meet accessibility requirements and are well served by public transport access.

Justification

The impacts outlined above are considered to be proportionate when considered against the positive impacts, mitigations and the overall policy and financial context within which the Council operates. Therefore, any impacts are considered to be both limited and justifiable.

Section B – Evidence

Note: For questions 9, 10 & 11 at least one of these must be a 'Yes'. You can continue working on the EQIA in the App, but you will not be able to submit it for approval without this information.

9. Do you have data related to the protected groups of the people impacted by this activity? Answer: Yes/No

No

However, an analysis of the protected characteristics of the respondents to the consultation is as follows:

Gender

Male 18%

Female 81.3%

Prefer not to say 0.7%

Same Gender as birth

Yes 99%

Prefer not to say 1%

Pregnant

Yes – 28 out of 870 responses

Religion

Christian 90.2%

Buddhist 0.3%

Hindu 0.7%

Jewish 0.7%

Muslim 0.7%

Prefer not to say 2.6%

Other 4.9%

Sikh 0%

Disability

Yes 14.3 %

No 83.5%

Prefer not to say 2.2%

Sexual Orientation

Heterosexual/Straight 89.7%

Bi/Bisexual 2%

Gay man 0.4%

Gay woman/Lesbian 1.3%

Prefer not to say 6%

Other 0.6%

Ethnicity

White English 87.6%

White Scottish 1.1%

White Welsh 0.5%

White Northern Irish 0.2%

	White Irish 0.7% White Gipsy/Roma 0.1% Asian or Asian British Indian 0.4% Asian or Asian British Bangladeshi 0.1% Mixed White and Black Caribbean 0.1% Mixed White and Black African 0.1% Mixed White and Asian 0.4% Black or Black British Caribbean 0.2% Black or Black British African 0.1% I prefer not to say 2.2% Other 6% White Irish Traveller 0% Asian or Asian British Pakistani 0% Arab 0% Chinese 0%
10. Is it possible to get the data in a timely and cost effective way? <i>Answer: No</i>	Yes
11. Is there national evidence/data that you can use? <i>Answer: Yes</i>	Yes
12. Have you consulted with Stakeholders? <i>Answer: Yes/No</i> <i>Stakeholders are those who have a stake or interest in your project which could be residents, service users, staff, members, statutory and other organisations, VCSE partners etc.</i>	Yes
13. Who have you involved, consulted and engaged with? <i>Please give details in the box provided. This may be details of those you have already involved, consulted and engaged with or who you intend to do so with in the future. If the answer to question 12 is 'No', please explain why.</i>	
<p>Engagement regarding the consultation in a general context had already taken place with stakeholders prior to the launch of the consultation including:</p> <ul style="list-style-type: none"> - KCC members and senior officers - Service delivery team members as part of the design process - District authorities - External partners including NHS and Kent Fire and Rescue <p>A full 10-week consultation process was carried out between 17 January 2023 and 26 March 2023, this gave an opportunity to residents, community groups and all interested parties to give feedback on the proposed changes to service delivery across the county. During this consultation there were face to face sessions some of which were held in Gateways, to gauge the views of the public on the proposals.</p> <p>The Gateway team raised awareness with its customers and partners that a consultation was taking place and asked them to take the opportunity to share their views and to ask any of their customers to take part too. This included all locations including those where there were no proposed changes.</p> <p>Of the 1,776 consultees who took part, 20% of consultees stated that they use Gateways. 17% of consultees answering indicated other household members currently use Gateways.</p>	

The following partners have and/or are operating from the Gateways listed. Please note however that these change from time to time to reflect changes in customer needs and the partner requests.

Ashford Gateway - Ashford Borough Council, Libraries, Registration and Archives, Community Learning and Skills, Adult Services, Food with Friends café, Occupational Therapy, We are with You (counselling), Kent Supported Employment, Hearbase, Hi Kent, Kent Pathways, Child Health Clinic, Job Club, Blue Badge Assessments, Blue Badge Appointments

Tenterden – Ashford Borough Council, Libraries, Registration and Archives, Post Office, Hi Kent, Inspiring Lives, Blue Badge Appointments

Dover - Dover District Council, Citizens Advice Bureau, ONE You, Hi Kent, Occupational Therapy, Kent Supported Employment, Blue Badge Assessments, Blue Badge Appointments

Gravesham - Gravesham Borough Council, Kent Police, Kent Supported Employment, KCC Blue Badge Appts, KCC Blue Badge Assessments, Shaw Trust, Royal British Legion,

Eden Centre – Libraries, Registration & Archives, West Kent Extra, Citizen’s Advice Bureau, Baptist Union Corp

Swanley Link - Swanley Town Council, West Kent Housing, Post Office, Libraries, Registrations and Archives, Day Services, Café, Community Warden, Carers First, Specsavers, Pathways to Work, One You, Porchlight,

Sheppey Gateway - Swale Borough Council, Community Learning and Skills, Libraries, Registrations and Archives, Children's Services, Occupational Therapy, We are with You (counselling), Porchlight, Kent Supported Employment, Barclays, Live Well Kent, Blue Badge Appointments

Thanet - Thanet District Council, Kent Support Employment, KCC Blue Badge Appts, KCC Blue Badge Assessments,

Tonbridge and Malling - Tonbridge & Malling Council, Kent Supported Employment, Citizen’s Advice Bureau, KCC Blue Badge Appointments, KCC Blue Badge Assessments, Post Office, Change Grow Live.

14. Has there been a previous equality analysis (EQIA) in the last 3 years? Answer: Yes/No

One has been carried out for Dover Gateway as part of the Dover Discovery Centre refurbishment. And one prior to the launch of the consultation regarding Kent Communities proposals.

15. Do you have evidence/data that can help you understand the potential impact of your activity? Answer: Yes/No

Yes.

Uploading Evidence/Data/related information into the App
Note: At this point, you will be asked to upload the evidence/ data and related information that you feel should sit alongside the EQIA that can help understand the potential impact of your activity. Please ensure that you have this information to upload as the Equality analysis cannot be sent for approval without this.

Demographic data from the consultation demographic questionnaire is available for some of the protected characteristics. This has been used where appropriate to inform the Equality Impact Assessment as set out above.

Data is not currently collected from service users about any protected characteristics they may have. A proactive effort was made during the consultation to encourage service users to tell us any potential impacts they see to any of those listed protected groups. The data included above sets out the protected characteristics of respondents.

We do currently collect some data about footfall into the buildings, but this is not perfect data and cannot be

relied upon as an accurate reflection of the customers who access services. This data is also not broken down by protected groups.

Section C – Impact

16. Who may be impacted by the activity? *Select all that apply.*

Service users/clients <i>Answer: Yes/No</i>	Yes	Residents/Communities/Citizens <i>Answer: Yes/No</i>	Yes
Staff/Volunteers <i>Answer: Yes/No</i>	Yes		

17. Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing? *Answer: Yes/No*

Yes

18. Please give details of Positive Impacts

The principles of the Kent Communities Programme are built on the ambition to provide a more cohesive range of community services to residents so that different needs can be met in the most accessible and efficient way possible.

By co-locating with other KCC services, we will be able to present a more coordinated overall service offer to our communities. This includes:

- Proposals for co-location with other KCC services. By co-locating with a mix or range of these services within the same buildings, we are presenting a more unified service offer to the resident, so it is easier for them to access a broader range of services from a single location.
- We will also be able to offer space for a range of partners to deliver services from this location and benefit from a range of services under one roof. It is anticipated that Meet and Greet staff will also have knowledge of services available from the local Borough council as well as third sector partners, to enable effective sign posting.
- We hope that by co-locating with other services, we will be able to offer a more holistic service offer, including sign posting, triaging, and assisting customers to carry out tasks such as Blue Badge applications.
- The proposed co-locations means that in the majority of cases it is possible that customers with protected characteristics particularly those who are older, those who are disabled and their carers who utilise these services will benefit from a reduced number of journeys by having KCC services located nearby/ together. It is also possible that it will help those whose first language is not English, as they will not need to navigate multiple locations.
- It is possible by operating all services from one central and convenient location; it will avoid the need for multiple visits to different sites for KCC services.

The proposals for the Gateway service in four of the five options include additional provision at Maidstone. If members choose to proceed with the 'Do Nothing' option it could be argued that this will negatively impact those residents that would have used the new service provision. This would represent a missed opportunity for a positive impact delivered by the other four options.

Negative Impacts and Mitigating Actions

The questions in this section help to think through positive and negative impacts for people affected by your activity. Please use the Evidence you have referred to in Section B and explain the data as part of your answer.

19. Negative Impacts and Mitigating actions for Age

<p>e) Are there negative impacts for age? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i></p>	<p>Yes</p>
<p>f) Details of Negative Impacts for Age</p>	<p>In Gravesham, Dover and Tonbridge we are proposing to move from locations shared with District and Borough Council services. Service users may therefore need to make two trips if they want to also see our district and borough colleagues or access those services. It is possible that those who are older with mobility constraints may find it more difficult to navigate two different locations.</p> <p>We don't currently have a breakdown of those accessing services within Gateway. However, given that we anticipate a high proportion of users of Gravesend Gateway are over 65 given the current mix of services on offer there, for example Blue Badge assessments, a high proportion of those affected will be elderly.</p> <p>The requirement to make more than one trip, or to travel further may lead to an impact on more elderly residents that are more likely to struggle walking further or accessing public transport. They are also more likely to become confused at a change in location.</p> <p>In Dover, Tonbridge and Gravesham Districts there are over 65k people who are over 65 years old. (ONS data 2020 mid-year population estimates)</p> <p>Wider feedback received in the consultation raised that the proposed co-location sites may be more difficult to navigate for the elderly if they are in unfamiliar locations.</p>
<p>g) Mitigating Actions for age</p>	<p>The proposed relocations of services in Gravesham and Tonbridge are all within 1 mile.</p> <p>Some comments were received with regards to those locations we anticipate leaving from but moving to an alternative locally, these concerns covered being able to still access services and having to travel between two locations to access different services as well as parking.</p> <p>We are proposing to take action to mitigate the impact of the change in location, including:</p> <ul style="list-style-type: none"> • We will engage with Gravesham, Dover and Tonbridge & Malling Borough Councils and partners to understand any impact on the move to the Libraries on their service users. Including offering space should they wish to use it for their services.

	<ul style="list-style-type: none"> • We will raise awareness of accessible transport routes to alternative locations and district and borough council services. As well as highlighting available parking in the area. • We will explore utilising the facilities at the community hubs to help these service users to use digital services and/or to access services virtually with support from staff. <p>Co-location The co-location of services has been carefully planned and feasibility studies have assessed the appropriateness of co-location from a service and accessibility compliance perspective. Further design work will continue to develop the co-location proposals.</p> <p>Service staff will be able to support service users in new situations and other service staff can be provided guidance to better signpost and support individuals that are accessing different services within the location.</p> <p>Given the overall policy and financial context in which KCC is currently operating, the impacts outlined above, with the mitigations detailed are considered to be justified.</p>
<p>h) Responsible Officer for Mitigating Actions – Age</p>	<p>Pascale Blackburn-Clarke</p>
<p>20. Negative Impacts and Mitigating actions for Disability</p>	
<p>e) Are there negative impacts for Disability? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i></p>	<p>Yes</p>
<p>f) Details of Negative Impacts for Disability</p>	<p>Within Gravesham, Dover and Tonbridge where we are proposing to relocate away from our District and Borough Councils, those with disabilities may need to make two trips or travel further to see both council’s services which may be particularly difficult for individuals with this protected characteristic.</p> <p>As part of the responses to the Consultation some responses have mentioned the inconvenience of accessing two locations for services, however none specifically linked this to a concern around accessing services with a disability. There were mentions of access to parking generally.</p> <p>In the proposed new locations there are no Changing place facilities in Dover or Gravesham and there are no accessible toilets in Tonbridge for customers to use.</p>

	<p>Both Tonbridge and Gravesend Libraries already have a hearing loop to assist those customers with hearing impairments.</p> <p>In Dover, Tonbridge and Gravesham Districts there are over 8k people claiming disability allowance at all ages. (Department of Work and Pensions data Feb 2020)</p> <p>Wider feedback received in the consultation raised that the hubs may be overwhelming for those who are neurodiverse in terms of sound and space as well as for those that may find navigating unfamiliar locations difficult if they have a disability.</p>
<p>g) Mitigating Actions for Disability</p>	<p>As both services are being relocated within a mile, we think the impact of this proposal on those with a disability is low.</p> <p>To mitigate any potential impact we will:</p> <ul style="list-style-type: none"> • Ensure all locations are accessible both internally and externally. A feasibility study will be undertaken to understand the accessibility requirements of each building. • Look at the feasibility of introducing hearing loops, changing places and accessible toilets to proposed locations that do not already have these. • Consideration for ramped access and automatic doors for those locations that do not already have them. • We will engage with Gravesham and Tonbridge & Malling Borough Councils and partners to understand any impact on the move to the Libraries on this group. Consider offering space to these services to allow services to continue to be delivered under one roof. • Raise awareness of accessible transport routes to alternative locations • Consideration of disabled parking at alternative locations for Gravesend which is centrally located in the middle of town (Tonbridge already has parking, Dover is close by to original location)

	<ul style="list-style-type: none"> • Explore utilising the facilities at the community hubs to help these service users to access services virtually with support from staff. • Explore the possibility of confidential and quieter spaces for those who may be overwhelmed in noisy and large spaces. <p>The impact of needing to make multiple trips to now access partner agency services is difficult to mitigate. It is balanced by the ability to access a wider range of KCC services. The opportunity to invite partner agencies into the new co-location sites – even if part time – can be explored with other organisations including district councils to mitigate this impact.</p> <p>Co-location</p> <p>The co-location of services has been carefully planned and feasibility studies have assessed the appropriateness of co-location from a service and DDA compliance perspective. Further design work will continue to develop the co-location proposals.</p> <p>Service staff will be able to support service users in new situations and other service staff can be provided guidance to better signpost and support individuals that are accessing different services within the location.</p> <p>Given the overall policy and financial context in which KCC is currently operating, the impacts outlined above, with the mitigations detailed are considered to be justified.</p>
<p>h) Responsible Officer for Mitigating Actions - Disability</p>	<p>Pascale Blackburn-Clarke</p>
<p>21. Negative Impacts and Mitigating actions for Sex</p>	
<p>e) Are there negative impacts for Sex? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i></p>	<p>No</p> <p>Currently there are no perceived impacts for Sex as there is no proposed reduction of KCC service provision, it will be delivered in another location close by in Dover, Tonbridge and Gravesend.</p> <p>No other potential impacts were raised as part of the consultation.</p> <p>Since significantly more women (81%) than men (18%) responded to the consultation it could be argued that the changes proposed disproportionately impact women. However, none of the responses in relation to Gateways received at consultation specifically raised concerns regarding sex.</p>

f) Details of Negative Impacts for Sex	One comment was raised in relation to offering Women's support services within hubs to support with domestic abuse and the safety of those accessing the service, we will work with partners to ensure any safety considerations are taken into account, if a partner wishes to deliver in a Gateway location.
g) Mitigating Actions for Sex	
h) Responsible Officer for Mitigating Actions - Sex	
22. Negative Impacts and Mitigating actions for Gender identity/transgender	
e) Are there negative impacts for Gender identity/transgender? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	No, currently there are no perceived impacts for gender identity / transgender as there is no proposed reduction of KCC service provision, it will be delivered in another location close by in Dover, Tonbridge and Gravesend. 99% of consultation respondents indicated that they consider themselves to be the same gender as assigned at birth. No potential impacts were raised as part of the consultation.
f) Details of Negative Impacts for Gender identity/transgender	
g) Mitigating actions for Gender identity/transgender	
h) Responsible Officer for Mitigating Actions - Gender identity/transgender	Pascale Blackburn-Clarke
23. Negative Impacts and Mitigating actions for Race	
e) Are there negative impacts for Race? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	Yes
f) Details of Negative Impacts for Race	Potential confusion for service users where a change of location is proposed due to language barriers as it is possible that Gateway users will have English as a second language. According to the latest school census data (2021-2022), Gravesham has the highest proportion for Asian / British Asian families (particularly Indian families) and the second highest proportion of Black / Black British families and White Eastern European families in Kent. This is also evident in the language profiles where Gravesend has the highest proportion of children in schools in Kent who speak Polish, Lithuanian, Romanian, Panjabi, and Yoruba. A breakdown of ethnicities within the overall consultation response is included above. As the latest available census data at this level is 2011, the school census has been used as a proxy for languages spoken in the wider community and households.

	<p>Whilst we have identified groups that are more likely to be impacted by these changes, there are no statistical evidence of a higher proportion of these groups identified within Tonbridge and Malling. It is however possible that Ukrainians who are here as part of the Homes for Ukraine scheme may be using our services.</p> <p>Users with English as a second language may find co-location of services more difficult as signposting may be more of a challenge for them in a new environment.</p> <p>No additional impacts were raised as part of the consultation.</p>
<p>g) Mitigating Actions for Race</p>	<p>Effective communications to be deployed before any changes made to locations. Consideration of information being made available in alternative languages or through local community groups.</p> <p>Co-location The co-location of services has been carefully planned and service staff will be able to support service users in new situations and other service staff can be provided guidance to better signpost and support individuals that are accessing different services that use English as a second language.</p> <p>Given the overall policy and financial context in which KCC is currently operating, the impacts outlined above, with the mitigations detailed are considered to be justified.</p>
<p>h) Responsible Officer for Mitigating Actions - Race</p>	<p>Pascale Blackburn-Clarke</p>
<p>24. Negative Impacts and Mitigating actions for Religion and belief</p>	
<p>e) Are there negative impacts for Religion and Belief? Answer: Yes/No (If yes, please also complete sections b, c, and d).</p>	<p>Yes</p> <p>However, no potential impacts were raised as part of the consultation carried out from January to March 2023.</p>
<p>f) Details of Negative Impacts for Religion and belief</p>	<p>Potential confusion for service users where a change of location is proposed due to language barriers as Gateway users may have English as a second language. There is likely to be a relationship between use of English as a second language and religion, for certain religious groups.</p>
<p>g) Mitigating Actions for Religion and belief</p>	<p>The co-location of services has been carefully planned and service staff will be able to support service users in new situations and other service staff can be provided guidance to better signpost and support individuals that</p>

	<p>are accessing different services that use English as a second language.</p> <p>Given the overall policy and financial context in which KCC is currently operating, the impacts outlined above, with the mitigations detailed are considered to be justified.</p>
h) Responsible Officer for Mitigating Actions – Religion and belief	Pascale Blackburn-Clarke
25. Negative Impacts and Mitigating actions for Sexual Orientation	
e) Are there negative impacts for sexual orientation. Answer: Yes/No (If yes, please also complete sections b, c, and d).	No
f) Details of Negative Impacts for Sexual Orientation	<p>We currently don't have a breakdown of those accessing services within Gateway. There is no proposed removal of service provision, it will be delivered in another location close by in Dover, Tonbridge and Gravesend.</p> <p>The general response to the consultation when broken down by Sexual Orientation was as follows:</p> <p>Sexual Orientation Heterosexual/Straight 89.7% Bi/Bisexual 2% Gay man 0.4% Gay woman/Lesbian 1.3% Prefer not to say 6% Other 0.6%</p> <p>No impacts were raised as part of the consultation responses received.</p>
g) Mitigating Actions for Sexual Orientation	
h) Responsible Officer for Mitigating Actions – Sexual Orientation	Pascale Blackburn-Clarke
26. Negative Impacts and Mitigating actions for Pregnancy and Maternity	
e) Are there negative impacts for Pregnancy and Maternity? Answer: Yes/No (If yes, please also complete sections b, c, and d).	Yes
f) Details of Negative Impacts for Pregnancy and Maternity	<p>At the time of consultation 3% of respondents indicated that they were pregnant.</p> <p>Within Gravesham, Dover and Tonbridge where we are proposing to relocate away from our District and Borough Councils partners, those experiencing pregnancy and/or maternity may find it more challenging to visit two locations to access both council's services and may find longer walking distances more difficult.</p>

g) Mitigating Actions for Pregnancy and Maternity	<p>The proposed relocations of services in Dover, Gravesham and Tonbridge are all within 1 mile.</p> <p>We will raise awareness of transport routes to alternative locations and district and borough council services.</p> <p>Explore utilising the facilities at the community hubs to help these service users to access services virtually with support from staff.</p> <p>No additional impacts were raised during or as a result of the consultation carried out from January to March 2023</p>
h) Responsible Officer for Mitigating Actions – Pregnancy and Maternity	Pascale Blackburn-Clarke
27. Negative Impacts and Mitigating actions for marriage and civil partnerships	
e) Are there negative impacts for Marriage and Civil Partnerships? Answer: Yes/No (If yes, please also complete sections b, c, and d).	<p>No. Currently there are no perceived impacts for marriage and civil partnership as there is no proposed removal of service provision, it will be delivered in another location close by in Dover, Tonbridge and Gravesend.</p> <p>No additional impacts were raised during or as a result of the consultation carried out from January to March 2023</p>
f) Details of Negative Impacts for Marriage and Civil Partnerships	
g) Mitigating Actions for Marriage and Civil Partnerships	
h) Responsible Officer for Mitigating Actions - Marriage and Civil Partnerships	Pascale Blackburn-Clarke
28. Negative Impacts and Mitigating actions for Carer's responsibilities	
e) Are there negative impacts for Carer's responsibilities? Answer: Yes/No (If yes, please also complete sections b, c, and d).	Yes
f) Details of Negative Impacts for Carer's Responsibilities	Carers may need to carry out two trips to request support from District and Borough partners. As part of the responses to the Consultation some responses have mentioned the inconvenience of accessing two locations for services.
g) Mitigating Actions for Carer's responsibilities	We will raise awareness of transport routes to alternative locations and district and borough council services.

	Explore utilising the facilities at the community hubs to help these service users to access services virtually with support from staff.
h) Responsible Officer for Mitigating Actions - Carer's Responsibilities	Pascale Blackburn-Clarke

EQIA Submission Draft Working Template V2

If required, this template is for use prior to completing your EQIA Submission in the EQIA App.

You can use it to understand what information is needed beforehand to complete an EQIA submission online, and also as a way to collaborate with others who may be involved with the EQIA.

Note: You can upload this into the App when complete if it contains more detailed information than the App asks for and you wish to retain this detail.

Section A

1. Name of Activity (EQIA Title):	Kent Community Programme- AHDCLDMH – <i>Kent Community Services for Adults with Learning Disabilities</i>
2. Directorate	ASCH
3. Responsible Service/Division	AHDCLDMH

Accountability and Responsibility

4. Officer completing EQIA Note: This should be the name of the officer who will be submitting the EQIA onto the App.	Tracy Haith
5. Head of Service Note: This should be the Head of Service who will be approving your submitted EQIA.	Barbara Rickman
6. Director of Service Note: This should be the name of your responsible director.	Jim Beale

The type of Activity you are undertaking

7. What type of activity are you undertaking?

Tick if Yes	Activity Type
Yes	Service Change – <i>operational changes in the way we deliver the service to people.</i>
Yes	Service Redesign – <i>restructure, new operating model or changes to ways of working</i>
No TBC	Project/Programme – <i>includes limited delivery of change activity, including partnership projects, external funding projects and capital projects.</i>
No	Commissioning/Procurement – <i>means commissioning activity which requires commercial judgement.</i>
No	Strategy /Policy – <i>includes review, refresh or creating a new document</i>
	Other – Please add details of any other activity type here.

8. Aims and Objectives and Equality Recommendations – Note: You will be asked to give a brief description of the aims and objectives of your activity in this section of the App, along with the Equality recommendations. You may use this section to also add any context you feel may be required.

Equality Impact Assessment (EQIA)

This EQIA is intended to assess the potential impact of our decisions on persons with different protected characteristics. In particular, this EQIA has been prepared to help us to have regard to the need to: (i) eliminate discrimination; (ii) advance equality of opportunity; and (iii) foster good relations between persons who share a relevant protected characteristic and those who do not, in the exercise of our public functions. These issues are relevant considerations to be taken into account whenever a new policy, function, or system change is being proposed in the exercise of our public functions. This EQIA is also intended to evidence that these considerations have in fact been taken into account, and the weight given to them as part of our decision-making process.

The Case for Change - Kent Communities Programme

The Council is facing very significant financial pressures, for a number of reasons set out in 'Securing Kent's Future' (August 2023 and October 2023). That document sets out the urgent steps needed to return the Council to financial sustainability, by reducing overspend in its budget to avoid further need to use limited reserves to fund revenue overspends, which would weaken the financial resilience of the authority and limit the scope for the use of reserves to invest in transformation necessary to address the structural deficit.

The financial challenges faced by the Council cannot be ignored. Two particularly significant factors, are the Council's statutory 'best value' duty to deliver a balanced budget, provide statutory services, including adult social care and children's services, and secure value for money in all spending decisions; and the Council's other statutory duties.

The Kent Communities Programme seeks to rationalise our physical estate and propose a greater mix of alternative methods of service delivery across the County, informed by a clear and data-driven understanding of service need. Delivery of this programme has become more important in the light of the increased financial pressures faced by the Council. The programme also seeks to reduce the Council's carbon footprint, in line with our Net Zero 2030 approach, although this is a secondary factor given the overarching financial context. The programme does include elements of improvement to service delivery: for example, benefits offered by co-location of services.

However, the Council must acknowledge that the impact of closures and reductions in services on residents can be significant. The approach set out in the proposals is therefore based on a relative needs assessment. Mitigating measures are set out, which are intended to minimise as far as possible the impact of the proposals on Kent residents.

A detailed and extensive public consultation (www.kent.gov.uk/communityservicesconsultation) allowed consultees the opportunity to give their views on the proposals. These responses have been analysed and carefully considered. A range of options have been developed, informed by the consultation responses.

Our Equality Impact Assessment is based on data and evidence about Kent's communities and our service users. We have further developed our assessment based on feedback from the public consultation as this is an important means by which we can test our understanding. Feedback received directly into the consultation was proportionately lower than for the other services. However direct action was taken to engage specifically with users at sites proposed for closure. Service representatives had conversations directly with users at Northgate Hub and at Folkestone Sports Centre to discuss the proposals and get their feedback.

Summary of Proposals

The table below sets out the extent of proposals with notes provided to explain changes that have impacted the proposals since the consultation.

The changes proposed are common across four of the five options, with the fifth being the 'Do Nothing' option.

District	Current Buildings	Number of Service Users (Rounded to Nearest 5)	Proposal	Nearest Alternative	Distance Miles
Ashford	Ashford Gateway Plus		Remain		

Canterbury	Swalecliffe Day Opportunities Centre	45	Remain		
	Northgate Hub*	30	Remain		
	Thanington Hub		Remain		
Dartford	TRACS, Essex Road (not as accessible as local alternatives)	30 across Dartford	Leave as part of business-as-usual activity	Yew Tree Centre	1.5
	Yew Tree Centre		Remain		
	The Dartford Bridge Learning and Resource Campus		Leave as part of business-as-usual activity	Dartford Library, Central Park Gardens (existing co-location)	3.0
Dover	Walmer Centre	40	Leave as part of business-as-usual activity	Relocation to Dover Discovery Centre (new co-location)	8.0
Folkestone & Hythe	Bridge Resource Centre	50	Remain		
	Phase II		Remain		
	Folkestone Sports Centre		Leave	Broadmeadow** Phase II	1 14
Gravesham	Milton Haig (including Freeways cookery skills setting)	45 (15 within cookery skills)	Remain		
Maidstone	Maidstone House	25	Remain		
Sevenoaks	Eden Centre	5	Remain		
	Sevenoaks Leisure Centre	15	Leave	Relocate to Sevenoaks Library* (new co-location)	0.1
	Swanley Link	10	Remain		
Swale	Crawford House	30	Remain		
	Faversham Library	10	Remain		
Thanet	Minnis Day Centre	45	Remain		
	Hartsdown Leisure Centre		Leave	Minnis Day Centre Cliftonville library (new co-location)	3.4 2.7 3.5

Tonbridge & Malling	Tonbridge Community Service	25	Remain		
Tunbridge Wells	Tonbridge Community Service. (There are no permanent buildings in this district so services users access services in Tonbridge)	15	See above	Outreach from Cranbrook Library (KCP has sought to identify opportunities for access to a wider network of KCC locations for outreach activity particularly in locations where there is no current provision)	

* Within the consultation document it was proposed that the Community Day Services for Adults with Learning Disabilities service would vacate Northgate Hub & the Prince of Wales Centre in Canterbury and consolidate their offer at Thanington. However, the landlord has been clear that they will not allow additional space within the Thanington location that would be required to facilitate the consolidation. Therefore, the plans to come out of the Northgate Hub are not achievable from a practical perspective. As such the removal of the service from the Northgate Hub is not a part of any option.

** Another proposal in the consultation was to remove the Community Day Services for Adults with Learning Disabilities service from the Folkestone Sports Centre and use alternative provision at the Phase 2 Centre (14 miles away). Since the consultation the service has been offered space in another location (Broadmeadow) which is an Adult Short Stay centre within the Adults service. This centre is 1 mile away from the Folkestone Sports Centre and so represents a far better alternative option for service users. They will still have the option to utilise space at Phase 2, however they will have increased choice by also having access to space at Broadmeadow. This does not impact the financial position of the Programme.

***Under Business As Usual (BAU) provision, a change detailed in the consultation model has already been enacted regarding the Community Day Services for Adults with Learning Disabilities. In the consultation we proposed moving the service out of the Sevenoaks Leisure Centre and into the Sevenoaks Library (across the car park). Shortly after the close of the consultation the management company of the Sevenoaks Leisure Centre went into administration and so to protect the service delivery, the service moved to the library. This is considered a BAU move. The consultation document explained that some changes may need to be made on a BAU basis, for example as a result of the expiry of a lease or a health and safety issue arising.

Service

Community Services currently provide opportunities throughout the day Monday- Friday, across the twelve districts in Kent. The service supports around 400 adults with a learning disability with varying complexities of assessed support needs, including personal care, to ensure that it meets the needs of the people who use our services, and their parents/carers in Kent. The number of adults supported by the service is subject to change based on demand and capacity within the external market.

Our current service provision consists of both building based and community outreach support designed around meeting the wellbeing and socialisation needs of people we support as well as meeting their carers needs for time away from their caring responsibilities.

Some of the buildings are currently rented and some are Council owned. Through our proposals we are seeking to close some building-based services and to broaden our outreach offer by co-locating into existing Council owned properties wherever possible, reducing our carbon footprint and maximising opportunities for the people we support to be present within their local communities and community buildings. As well as potentially enabling us to increase the outreach activities on offer by making more informal use of a wider network of KCC buildings (responding to the specific needs of our service users), it has the potential to also bring them closer to those that need them, reducing travel and transport time and costs for individuals and carers.

The service is available to all persons who meet the criteria for inclusion which includes a referral from a social work practitioner.

The Services complete a dependency score for everyone. This will highlight support required for each activity ensuring outcomes are achievable. Everyone accessing our services will have a bespoke individual outcome focused support plan – (their “About Me “document).

Our services work with multi partnership agencies to prevent, delay, reduce the need for referral into these more costly services, supporting people to live in their family units for longer and thriving as citizens of their local environments supported by those that know them best.

Physical fitness and fresh air are important for everyone and can have a positive impact on psychological as well as physical well-being. Across the County we therefore actively seek and provide opportunities to maintain and increase physical fitness tailoring the sessions to meet peoples assessed needs and current levels of fitness. Examples include Walking groups, cycling, swimming, sailing, gardening, bowling, boxing subject to local community resources available Other activities provided typically include:

- Art and craft sessions, including painting, clay modelling, sewing, flower pressing.
- Cooking, for developing life skills and just for fun.
- Community outings utilising local services such as cinemas, cafes, pubs, shops. Libraries, church groups.

Current service users:

Below is a summary of what we know about our current service users compared to the latest census data available (2021) where appropriate unless otherwise stated.

Age (from 2020 Mid-Year Population Estimates)

Age	Percentage	Kent Average
0-24	0%	28.6%
25-34	16%	12.2%
35-49	33%	18.9%
50-59	28%	14.1%
60-64	11%	5.9%
65-74	9%	10.8%
75-84	4%	6.9%
85+	0%	2.7%

Young people are not represented by the adults service, they remain supported by children’s services which are unaffected by this proposal. Older people are also slightly underrepresented. It is well known that health outcomes

and life expectancy is significantly lower for people with a learning disability. A significant majority of individuals that benefit from our services are 25-59 years.

Disability – As the service is targeted at those with a disability, 100% of our service users have a disability.

Sex– We have an equal split of male and female service users, this is in line with the Kent average

Ethnicity –92% of our service users are from a white background, this is roughly in line with the Kent average of 89%

Marital Status – 93% of service users are single, this group is overrepresented as only 31% in the general Kent population are single with 49% being married and 20% being separated married or divorced.

Religion – No religion (45%), not stated (26%), Christian (19%), Other (10%). This also shows a difference to Kent averages with 60% of the population identifying as Christian and only 28% identifying as not having a religion.

Sexual Orientation Heterosexual / Straight (29%), Not Known (71%).

Pregnancy / Maternity – No data available

Gender identity/transgender – No data is available

We work to the six 'C's' model of inclusion coherence, commitment, consciousness, courage, connectedness, and co-production – to ensure we advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not ,promoting fairness for all Our services foster good relations with others promoting inclusion for those who have protected characteristics and the proposed changes will continue to support us in eliminating discrimination by enabling us to continue working in a person centred way

Consultation

10% of consultees answering use Community Services for Adults with Learning Disabilities. 9% of consultees answering indicated other household members currently use Community Services for Adults with Learning Disabilities. The majority of both groups use services in person at a building (65% and 71% respectively) but a significant proportion use both in person and online services (18% and 25% respectively).

8 comments were received relating to the consultation proposal to close services at Northgate Hub. As detailed above this is no longer part of these proposals.

10 comments were received regarding the proposed removal of the service from Folkestone Sports Centre which focused on the impact on users that losing the service would have and the difficulties in travelling the distance to an alternative location. These same concerns were expressed by service users engaged directly by service reps during the consultation.

10 comments were received regarding the proposal to move the service from Sevenoaks Leisure Centre to Sevenoaks Library. Responses referred to the current ease of access to the leisure centre and the facilities offered at the centre for disabled people in terms of fitness and socialisation with others, which some service users rely on. Some consultees noted that moving to the library would not be a problem as service users are already familiar with the library building. The Sevenoaks Library location is less than 400 metres from the current Leisure Centre and is equally accessible via public transport and served by the same large car park.

10 comments were received regarding the proposal to remove service from Hartsdown Leisure Centre. These included comments about the benefit of the facilities on offer at Hartsdown, including free parking, and comments disagreeing

with the proposal to access services at a co-located site as accessing different sites with different resources can make for good variation and a good day for service users.

The most common concern expressed in the consultation response regarding the general co-location of services (not specific to the proposals to co-locate this service) were:

Users being able to get there / travel there / can't walk to alternatives / need close location of services	51%
Public transport availability / cost of / reduction in service	33%
Practicality of co-located services (e.g. children's centre in same space as library)	22%
Impact on users unable to access the service / impact on vulnerable / mental health / taking away a lifeline / hub of community	21%
Suitability of building / fit for purpose / the space	19%
Maintaining service levels / impact on service levels	14%

The feedback around impact on mental health should be considered in equalities terms and is addressed in the relevant section below.

Consultees were also given the opportunity to provide feedback on the equality analysis undertaken prior to consultation. 18% of consultees provided feedback in answer to the question in the consultation about equalities, although not all of these consultees will have considered the EqIA for community day services. 15% of consultees who answered the question about equalities referred to the effect on the disabled, those with learning difficulties or special educational needs. 10% of consultees raised concerns about whether buildings would be inclusive and accessible (including for the disabled). 5% raised concerns about the effect of the proposal on the vulnerable. In comments in answer to the question on equalities, which were mostly not comments specifically about this service, consultees raised concerns including about the accessibility of services, the potential impacts on mental and overall health on isolation from or difficult in accessing services, and difficulties in accessing digital services (including for some disabled people).

Justification

The impacts outlined above are considered to be proportionate when considered against the positive impacts, mitigations and the overall policy and financial context within which the Council operates. Therefore any impacts are considered to be both limited and justifiable.

Section B – Evidence

Note: For questions 9, 10 & 11 at least one of these must be a 'Yes'. You can continue working on the EQIA in the App, but you will not be able to submit it for approval without this information.

9. Do you have data related to the protected groups of the people impacted by this activity? Answer: Yes/No	Yes
10. Is it possible to get the data in a timely and cost-effective way? Answer: Yes/No	Yes
11. Is there national evidence/data that you can use? Answer: Yes/No	Yes
12. Have you consulted with Stakeholders? Answer: Yes/No <i>Stakeholders are those who have a stake or interest in your project which could be residents, service users,</i>	Yes

<i>staff, members, statutory and other organisations, VCSE partners etc.</i>	
13. Who have you involved, consulted and engaged with? <i>Please give details in the box provided. This may be details of those you have already involved, consulted and engaged with or who you intend to do so with in the future. If the answer to question 12 is 'No', please explain why.</i>	
<p>Engagement took place prior to consultation with stakeholders including:</p> <ul style="list-style-type: none"> - KCC members and senior officers - Service delivery team members as part of the design process - District authorities - External partners including NHS and Kent Fire and Rescue - Adult Day Services Senior Management Team - Other services in the Kent Community Programme <p>A full 10-week consultation process provided residents, community groups and all interested parties with an opportunity to give feedback on the proposed changes to service delivery across the county. During this consultation period there was over 150 hours of pro-active engagement continuing with public sector and other partners.</p> <p>These key stakeholders were identified to include in the consultation:</p> <ul style="list-style-type: none"> - Community day service staff - Community day service users - Community day service Parents & Carers - Other Councils who have placed people in our services <p>There was initially a low response rate to the consultation in relation to this service and so, as detailed in the consultation Report, additional engagement was undertaken where possible with service users. This engagement was led by the service team at Folkestone Sports Centre by discussing the proposals with users of the 'Front Room' at Folkestone Sports Centre.</p>	
14. Has there been a previous equality analysis (EQIA) in the last 3 years? <i>Answer: Yes/No</i>	No
15. Do you have evidence/data that can help you understand the potential impact of your activity? <i>Answer: Yes/No</i>	Yes
Uploading Evidence/Data/related information into the App <i>Note: At this point, you will be asked to upload the evidence/ data and related information that you feel should sit alongside the EQIA that can help understand the potential impact of your activity. Please ensure that you have this information to upload as the Equality analysis cannot be sent for approval without this.</i>	<p>The Learning Disabilities (a learning disability) Mortality review- Annual Report for 2018: HQIP (2019): https://www.hqip.org.uk/resource/the-learning-disabilities-mortality-review-annual-report-2018/ https://nationalautistictaskforce.org.uk/the-autism-dividend-reaping-the-rewards-of-better-investment/ Access to primary and community health-care services for people 16 years and over with intellectual disabilities: a mapping and targeted systematic review https://www.ncbi.nlm.nih.gov/books/NBK553283/ Framing Kents Future Appendix A - Framing Kents Future.pdf</p>

NICE Guidance Arranging services for people with a learning disability and behaviour that challenges

<https://www.nice.org.uk/guidance/ng93>

Data Intelligence Report Kent Learning Disabilities

[Microsoft Word - Data Intelligence Final Report \(kentcht.nhs.uk\)](#)

Valuing People Now 2001

[Microsoft Word - VPN SUMMARY REPORT FINAL 3.12.10 v7.doc \(publishing.service.gov.uk\)](#)

Valuing People Now 2 2009

[Improving outcomes for people with learning disabilities - GOV.UK \(www.gov.uk\)](#)

The Carer's Strategy

[2022-01-06 Kent Adult Carers Strategy 2022 to 2027.docx \(sharepoint.com\)](#)

PANSI Report (includes the number of residents in each District with a disability).

<https://proceduresonline.com/trixcms2/media/16810/lgbtqplus-support-toolkit.pdf>

Section C – Impact

16. Who may be impacted by the activity? *Select all that apply.*

Service users/clients <i>Answer: Yes/No</i>	Yes	Residents/Communities/Citizens <i>Answer: Yes/No</i>	Yes
Staff/Volunteers <i>Answer: Yes/No</i>	Yes		

17. Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing? *Answer: Yes/No* Yes

18. Please give details of Positive Impacts

Sevenoaks

In Sevenoaks, as other residents also use the Library, we will be expanding the potential for those with protected characteristics due to disability to be working alongside those without as well as having dedicated space that can be developed and adapted to offer further facilities enabling us to broaden our activity offer in Sevenoaks.

Co-locating into Sevenoaks library means the service would benefit from greater accessibility to all the activities and resources the library has to offer as they will access the location with the support of our service staff whilst still enabling people to continue to use the Leisure Centre for physical fitness activities as any other local citizen might do.

In relation to Swanley, following the recent closures due to the recent COVID pandemic we have seen a decrease in service users returning to this facility, therefore opening possible bookable space to the general public will allow the council to reach a wider audience, whilst continuing to foster good relationships and work alongside those with protected characteristics related to disability.

Thanet and Tunbridge Wells

Further bookable outreach spaces in Thanet will enable greater flexibility when planning community outings and activities. As other community citizens also use the libraries, we will be expanding the potential for those with protected characteristics due to disability to be working alongside those without as well as having dedicated space that can be developed and adapted to offer further facilities enabling us to broaden our activity offer in Thanet.

The ability to book outreach space will provide a positive benefit for service users, particularly to relieve service pressure in Tunbridge Wells where, based on the PANSI report, we have a need in Tunbridge Wells with around 7% of the population identified as an adult with a learning disability and this is reflected in Kent County Councils database, MOSAIC, with around 7% of adults using the community services for adults with a learning disability residing in this area. This lack of physical space may have contributed to a decline in use of our services in this area over the past 3 years and may mean that people with an assessed need and their carers are not receiving the support that they are entitled to. The ability to book flexible outreach space across KCC buildings is an opportunity for our service as it will continue to foster good relationships and encourage working alongside those with protected characteristics related to disability.

By continuing to increase our co-locations with other services at Sevenoaks Library and Cliftonville Library and exploring opportunities to use a wider network of outreach locations, will be expanding the potential for good relationships with those with protected characteristics due to disability and to be working alongside those without.

Negative Impacts and Mitigating Actions

The questions in this section help to think through positive and negative impacts for people affected by your activity. Please use the Evidence you have referred to in Section B and explain the data as part of your answer.

19. Negative Impacts and Mitigating actions for Age

<p>i) Are there negative impacts for age? <i>Answer: Yes/No</i> <i>(If yes, please also complete sections b, c, and d).</i></p>	<p>Yes</p>
<p>j) Details of Negative Impacts for Age</p>	<p>As explained above, the demographic breakdown of our service users is predominantly those aged 25 – 64 with the largest cohort being 35-49. Changes to our service therefore disproportionately impact those within these age groups.</p> <p>The proposed exit from or closure of some buildings including those in Folkestone and Hythe, Sevenoaks and Thanet may create travel and transport issues for existing people who use our services and their parents/carers as well as for our social work practitioners where travel forms part of an assessed need, increasing both travel time and cost which may lead to a decrease in attendance and our ability to provide services. This would potentially affect our older generation of users whose parents/carers would be that much older themselves and more likely to have mobility/health issues that prevent them being able to transport the people that use our services independently leading to unmet assessed needs of those with age related protected characteristics.</p> <p>‘Age’ specifically was not raised within the consultation feedback. However, the disproportionate impact on those in the age brackets set out above has been considered.</p>

k) Mitigating Actions for age

Across all proposed exit from or closure of buildings

We will seek to mitigate any negative impacts by providing wider opportunities through development of our outreach offer keeping people well informed of proposed changes and enable real involvement in managing the change using positive risk management assessments and techniques to support people through each step of the proposed change where this need is identified additionally. This means making the most of emerging opportunities to provide support within flexible outreach spaces across the rest of the KCC community estate.

Folkestone and Hythe

We will seek to continue to use Folkestone Sports centre for ad hoc community activities (as opposed to a service centre) through development of our outreach offer, increasing service led physical activity opportunities where demand requires.

Having agreed that we can have space in Broadmeadow Registered Care Centre means we are only 1 mile away from our current location and mitigates the need for travel to the Bridge Resource Centre or Phase 2 where age would impact more on people's ability to travel. Given the short distance the impact is not considered significant in regards to age.

Sevenoaks

By collocating into Sevenoaks library, from the leisure Centre which is on the same site, people will already be familiar with this site reducing potential anxieties regarding change and it will also not affect travel plans for the people who use the service or their carers with age related protected characteristics. Due to circumstances beyond our control (the leisure centre going into liquidation) these changes have already been introduced to enable our services to have a building base to operate from. People that attend our service in Sevenoaks, their families and carers were advised of this and opportunities to feedback on the proposals given.

Being able to book outreach space at Swanley Gateway may enable us to provide a meet and greet service as well as a drop in space for when accessing community resources in the local area, bringing the service back to this rural location where there are few or no external providers.

Thanet

During the Covid pandemic and on reopening we moved into new premises at Minnis Bay as our main building hub so people and their families, carers are already familiar with

	<p>travel to and attendance at this site. Hartsdown Leisure Centre is currently used for Outreach work only and we will be able to continue to use the Sports centre for community activities as members of the public.</p> <p>As the nearest alternative is 3 miles away, we recognise that the travel implications related to Thanet may be higher, although these must be balanced against the overall policy and financial context within which the Council currently operates. We acknowledge that this travel distance may have greater adverse impacts for older users of this service.</p> <p>Co-location The co-location of services has been carefully planned and feasibility studies have assessed the appropriateness of co-location from a service and accessibility perspective. Further design work will continue to develop the co-location proposals.</p> <p>Service staff will be able to support service users in new situations and other service staff can be provided guidance to better signpost and support individuals that are accessing different services within the location.</p> <p>Given the overall policy and financial context in which KCC is currently operating, the impacts outlined above, with the mitigation detailed, are considered to be justified.</p>
<p>l) Responsible Officer for Mitigating Actions - Age</p>	<p>Barbara Rickman - Assistant Director, Service Provision</p>
<p>20. Negative Impacts and Mitigating actions for Disability</p>	
<p>i) Are there negative impacts for Disability? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i></p>	<p>Yes</p>
<p>j) Details of Negative Impacts for Disability</p>	<p>As explained above, the nature of our service means that all of our service users have the protected characteristic of disability. Those service users will therefore be impacted more by our proposed changes, than people who do not have that protected characteristic.</p> <p>All consultation feedback concerning this service is therefore relevant to this protected characteristic.</p> <p>The proposed exit from or closure of some buildings including those in Folkestone and Hythe, Sevenoaks and Thanet may cause distress for individuals who have become familiar with the site and may suffer increased anxiety, a decrease in mental health and wellbeing and some may find that behaviours alter to include physical and verbal aggression where previously there were none. Travel to</p>

alternative locations may be difficult for service users as a result of their particular disabilities (and may also be more difficult for parents/carers with disabilities) given accessibility of public transport services and other challenges resulting from having to travel further, for example in wheelchairs. This is likely to be most challenging in Thanet where the nearest alternative permanent location is 3 miles away.

Folkestone and Hythe

Folkestone Sports Centre currently provides a dedicated 'drop in' space where people using the sports facilities can break for refreshment and lunch breaks. Service users are currently able to access many of the sports facilities including use of the toning tables and sensory environment we may find exiting this site has cost implications for the service if wishing to continue to use the facilities, as well as an impact on people's physical fitness, health and wellbeing.

Sevenoaks

The people who currently access Sevenoaks Leisure Centre all benefit from using the dedicated training kitchen and being supported to cook their lunch daily. The library does not currently offer this provision. Service users are currently able to access many of the sports facilities and exiting this site may have cost implications for the service if wishing to continue to use the facilities, as well as an impact on people's physical fitness, health and wellbeing.

The allocated space in the library has not been designed to meet the needs of people with a learning disability and as such has limited resources to meet the needs of the people who currently use this service.

Thanet

Hartsdown Leisure Centre currently provides a dedicated space where local people can meet prior to undertaking community activities elsewhere, including using the on-site sports facilities, as well as break for refreshment and lunch times. Where an individual is responsible for travelling independently and funding their own transport this may have cost implications for them which may lead to a decrease in attendance numbers and further to unmet care and support needs.

Co-locations

Co-location as a principle may provide some difficulties for service users as they will be required to access service

	<p>support from new, unfamiliar locations in settings that include people accessing a range of different services. This could provide an overwhelming atmosphere.</p>
<p>k) Mitigating Actions for Disability</p>	<p>Across all proposed exit from or closure of buildings</p> <p>We seek to mitigate any negative impacts by providing wider opportunities through development of our outreach offer keeping people well informed of proposed changes and enable real involvement in managing the change using positive risk management assessments and techniques to support people through each step of the proposed change where this need is identified additionally. This means making the most of emerging opportunities to provide support within flexible outreach spaces across the rest of the KCC community estate in order to foster good relationships and encourage working alongside those with protected characteristics related to disability.</p> <p>Folkestone and Hythe</p> <p>We will seek to continue to use Folkestone Sports centre for ad hoc community activities (as opposed to a service centre) through development of our outreach offer, increasing service led physical activity opportunities where demand requires.</p> <p>Use of dedicated space in Broadmeadow Adult short stay service as an alternative service centre will also provide new opportunities for the people we support in a Kent County Council owned property thereby meeting the objectives of the Project and enabling those with protected characteristics by disability to engage and work alongside the people being supported in the adult short stay centre promoting inclusion and wider opportunities for friendships to form.</p> <p>Sevenoaks</p> <p>By collocating into Sevenoaks library from the Leisure Centre which is on the same site people will already be familiar with this site reducing potential anxieties regarding change and it will also not affect travel plans for the people who use the service or their careers.</p> <p>The area dedicated for our service is however due to be upgraded to provide a kitchen and changing place as part of the co-location proposal with the Library service.</p> <p>The consultation feedback included comments that supported the co-location at Sevenoaks Library given it is a familiar location for many service users.</p> <p>Being able to book outreach space at Swanley Gateway may enable us to provide a meet and greet service as well as a</p>

	<p>drop in space for when accessing community resources in the local area, bringing the service back to this rural location where there are few or no external providers</p> <p>Thanet</p> <p>During the Covid pandemic and on reopening we moved into new premises at Minnis Bay as our main building hub so people and their families, carers are already familiar with travel to and attendance at this site. Hartsdown Leisure Centre is currently used for Outreach work only and we will be able to continue to use the Sports centre for community activities on an outreach basis as members of the public.</p> <p>We will seek to continue to use the Sports centre for community activities as ad hoc activities (as opposed to a service centre), particularly to promote physical fitness and mental wellbeing.</p> <p>We will provide wider opportunities through development of our outreach offer increasing service led physical activity opportunities where demand requires. This will mean utilising flexible outreach space across the rest of the KCC community estate to make the most of opportunities to foster good relationships and encourage working alongside those with protected characteristics related to disability.</p> <p>Co-location</p> <p>The co-location of services has been carefully planned and feasibility studies have assessed the appropriateness of co-location from a service and accessibility perspective. Further design work will continue to develop the co-location proposals.</p> <p>Service staff will be able to support service users in new situations and other service staff can be provided guidance to better signpost and support individuals that are accessing different services within the location.</p> <p>Given the overall policy and financial context in which KCC is currently operating, the impacts outlined above, with the mitigations detailed, are considered to be justified.</p>
<p>l) Responsible Officer for Mitigating Actions - Disability</p>	<p>Barbara Rickman - Assistant Director, Service Provision</p>
<p>21. Negative Impacts and Mitigating actions for Sex</p>	
<p>i) Are there negative impacts for Sex? Answer: Yes/No <i>(If yes, please also complete sections b, c, and d).</i></p>	<p>No impacts have been identified.</p> <p>As explained above, the demographic breakdown shows that our current service users are equally split between male and female. We therefore do not currently have any</p>

	reason to suspect that either group would be disproportionately affected by the changes as a result of their sex.
j) Details of Negative Impacts for Sex	
k) Mitigating Actions for Sex	
l) Responsible Officer for Mitigating Actions - Sex	
22. Negative Impacts and Mitigating actions for Gender identity/transgender	
i) Are there negative impacts for Gender identity/transgender? Answer: Yes/No (If yes, please also complete sections b, c, and d).	<p>No impacts have been identified.</p> <p>Information relating to Gender identity/ Transgender is identified within individual referrals, support plans and discussed within reviews, this supports the services in generating the necessary support.</p>
j) Details of Negative Impacts for Gender identity/transgender	
k) Mitigating actions for Gender identity/transgender	
l) Responsible Officer for Mitigating Actions - Gender identity/transgender	
23. Negative Impacts and Mitigating actions for Race	
i) Are there negative impacts for Race? Answer: Yes/No (If yes, please also complete sections b, c, and d).	<p>No impacts have been identified. The data above sets out that users of the Community Day service are slightly less likely to be self-declared BME than non-users. However, no comments from the consultation raised any concerns around impacts based on race.</p> <p>Information relating to Race is identified within individual referrals, support plans and discussed within reviews, this supports the services in generating the necessary support.</p>
j) Details of Negative Impacts for Race	
k) Mitigating Actions for Race	
l) Responsible Officer for Mitigating Actions - Race	
24. Negative Impacts and Mitigating actions for Religion and belief	
i) Are there negative impacts for Religion and Belief? Answer: Yes/No (If yes, please also complete sections b, c, and d).	<p>No impacts have been identified. The data above sets out that users of the Community Day service are slightly less likely to identify as Christian than non-users. However, no comments from the consultation raised any concerns around impacts based on religion or belief.</p> <p>Information relating to Religion and Belief is identified within individual referrals, support plans and discussed within reviews, this supports the services in generating the necessary support.</p>
j) Details of Negative Impacts for Religion and belief	
k) Mitigating Actions for Religion and belief	
l) Responsible Officer for Mitigating Actions - Religion and belief	
25. Negative Impacts and Mitigating actions for Sexual Orientation	

<p>i) Are there negative impacts for sexual orientation. <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i></p>	<p>No impacts have been identified.</p> <p>Information relating to Sexual Orientation is identified within individual referrals, support plans and discussed within reviews, this supports the services in generating the necessary support.</p>
<p>j) Details of Negative Impacts for Sexual Orientation</p>	
<p>k) Mitigating Actions for Sexual Orientation</p>	
<p>l) Responsible Officer for Mitigating Actions - Sexual Orientation</p>	
<p>26. Negative Impacts and Mitigating actions for Pregnancy and Maternity</p>	
<p>i) Are there negative impacts for Pregnancy and Maternity? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i></p>	<p>No impacts have been identified.</p>
<p>j) Details of Negative Impacts for Pregnancy and Maternity</p>	
<p>k) Mitigating Actions for Pregnancy and Maternity</p>	
<p>l) Responsible Officer for Mitigating Actions - Pregnancy and Maternity</p>	
<p>27. Negative Impacts and Mitigating actions for marriage and civil partnerships</p>	
<p>i) Are there negative impacts for Marriage and Civil Partnerships? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i></p>	<p>No impacts have been identified. Information relating to Marriage and Civil Partnerships is identified within individual referrals, support plans and discussed within reviews, this supports the services in generating the necessary support.</p>
<p>j) Details of Negative Impacts for Marriage and Civil Partnerships</p>	
<p>k) Mitigating Actions for Marriage and Civil Partnerships</p>	
<p>l) Responsible Officer for Mitigating Actions - Marriage and Civil Partnerships</p>	
<p>28. Negative Impacts and Mitigating actions for Carer's responsibilities</p>	
<p>i) Are there negative impacts for Carer's responsibilities? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i></p>	<p>Yes</p>
<p>j) Details of Negative Impacts for Carer's Responsibilities</p>	<p>The proposed exit from or closure of buildings in Folkestone and Hythe, Sevenoaks and Thanet may create travel and transport issues for the parents/carers of people who use our services as well as for our social work practitioners where travel forms part of an assessed need, increasing both travel time and cost which may lead to a decrease in attendance and our ability to provide services. This would potentially affect our older generation of users whose parents/carers would be much that much older themselves and have mobility/health issues that prevent them being able to transport the people that use our services independently leading to unmet assessed needs of those with carer related protected characteristics. It is also likely that parents/carers are more likely to be women and so this should also be considered carefully in relation to parents/carers.</p>
<p>k) Mitigating Actions for Carer's responsibilities</p>	<p>Folkestone and Hythe</p>

	<p>People who use our services will still be able to access the Sports Centre as members of the public.</p> <p>Use of dedicated space in Broadmeadow Adult short stay service will enable us to continue with our outreach offer in the local vicinity, where caring responsibilities would impact on people’s ability to support travel requirements thus reducing or preventing the need for travel to the Bridge Resource Centre or Phase 2, which are further away.</p> <p>Sevenoaks</p> <p>By collocating into Sevenoaks library, from the leisure Centre which is on the same site, people will already be familiar with this site reducing potential anxieties regarding change and it will also not affect travel requirements for people with carers responsibilities as the site is equally accessible via public transport and service by the same car par as the Library is approximately 400 metres away from the Leisure Centre.</p> <p>Being able to book outreach space at Swanley Gateway may enable us to provide a meet and greet service as well as a drop in space for when accessing community resources in the local area, bringing the service back to this rural location where there are few or no external providers</p> <p>Thanet</p> <p>During the Covid pandemic and on reopening we moved into new premises at Minnis Bay as our main building hub so people and their families, carers are already familiar with travel to and attendance at this site. Hartsdown Leisure Centre is currently used for Outreach work only and we will be able to continue to use the Sports centre for community activities on an outreach basis as members of the public.</p> <p>As the nearest alternative is 3 miles away, we recognise that the travel implications related to Thanet may be higher, although these must be balanced against the overall policy and financial context within which the Council currently operates.</p>
<p>I) Responsible Officer for Mitigating Actions - Carer’s Responsibilities</p>	<p>Barbara Rickman - Assistant Director, Service Provision</p>

EQIA Submission Draft Working Template

If required, this template is for use prior to completing your EQIA Submission in the EQIA App.

You can use it to understand what information is needed beforehand to complete an EQIA submission online, and also as a way to collaborate with others who may be involved with the EQIA.

Note: You can upload this into the App when complete if it contains more detailed information than the App asks for and you wish to retain this detail.

Section A

1. Name of Activity (EQIA Title):

Kent Communities Programme - Community Learning and Skills (CLS)/Adult Education

2. Directorate

Children Young People and Education (CYPE)

3. Responsible Service/Division

Community Learning and Skills

Accountability and Responsibility

4. Officer completing EQIA

Note: This should be the name of the officer who will be submitting the EQIA onto the App.

Mark Easton

5. Head of Service

Note: This should be the Head of Service who will be approving your submitted EQIA.

Jude Farrell

6. Director of Service

Note: This should be the name of your responsible director.

CYPE Director – Christine McInnes

The type of Activity you are undertaking

7. What type of activity are you undertaking?

Service Change – operational changes in the way we deliver the service to people. Answer Yes/No

Yes

Service Redesign – restructure, new operating model or changes to ways of working. Answer Yes/No

No

Project/Programme – includes limited delivery of change activity, including partnership projects, external funding projects and capital projects. Answer Yes/No

Yes

Commissioning/Procurement – means commissioning activity which requires commercial judgement. Answer Yes/No

No

Strategy /Policy – includes review, refresh or creating a new document. Answer Yes/No

No

Other – Please add details of any other activity type here.

N/A

8. Aims and Objectives and Equality Recommendations – Note: You will be asked to give a brief description of the aims and objectives of your activity in this section of the App, along with the Equality recommendations. You may use this section to also add any context you feel may be required.

Equality Impact Assessment (EQIA)

This EQIA is intended to assess the potential impact of our decisions on persons with different protected characteristics. In particular, this EQIA has been prepared to help us to have regard to the need to: (i) eliminate discrimination; (ii) advance equality of opportunity; and (iii) foster good relations between persons who share a relevant protected characteristic and those who do not, in the exercise of our public functions. These issues are relevant considerations to be taken into account whenever a new policy, function, or system change is being proposed in the exercise of our public functions. This EQIA is also intended to evidence that these considerations have in fact been taken into account, and the weight given to them as part of our decision-making process.

The Case for Change - Kent Communities Programme

The Council is facing very significant financial pressures, for a number of reasons set out in 'Securing Kent's Future' (August 2023 and October 2023). That document sets out the urgent steps needed to return the Council to financial sustainability, by reducing overspend in its budget to avoid further need to use limited reserves to fund revenue overspends, which would weaken the financial resilience of the authority and limit the scope for the use of reserves to invest in transformation necessary to address the structural deficit.

The financial challenges faced by the Council cannot be ignored. Two particularly significant factors, are the Council's statutory 'best value' duty to deliver a balanced budget, provide statutory services, including adult social care and children's services, and secure value for money in all spending decisions; and the Council's other statutory duties.

The Kent Communities Programme seeks to rationalise our physical estate and propose a greater mix of alternative methods of service delivery across the County, informed by a clear and data-driven understanding of service need. Delivery of this programme has become more important in the light of the increased financial pressures faced by the Council. The programme also seeks to reduce the Council's carbon footprint, in line with our Net Zero 2030 approach, although this is a secondary factor given the overarching financial context. The programme does include elements of improvement to service delivery: for example benefits offered by co-location of services.

However, the Council must acknowledge that the impact of closures and reductions in services on residents can be significant. The approach set out in these proposals is therefore based on a relative needs assessment. Mitigating measures are set out, which are intended to minimise as far as possible the impact of the proposals on Kent residents.

A detailed and extensive public consultation (www.kent.gov.uk/communityservicesconsultation) allowed consultees the opportunity to give their views on the proposals. These responses have been analysed and carefully considered. A range of options have been developed, informed by the consultation responses.

Summary of Proposals

Five separate options are being presented for Member consideration and decision.

Within four of the five options there is only one change relevant to CLS. Whilst all KCC freehold or leasehold properties that CLS occupy have been considered under this consultation, Broadstairs Memorial Hall & Pottery is the only venue that we are proposing to close, the proposal is to move services to Broadstairs Library as part of a co-location with the Library service and Adult Day Services (Adult Day Services as outreach provision only). The fifth option is a 'Do Nothing' option and therefore does not propose any closures or changes to the CLS service at all.

This EqlA considers the impacts on residents of the service moving location in four of the five options and the impact of the co-location with the library service. It takes into account the relevant feedback from the consultation in relation to the CLS service and the general equalities-related consultation feedback.

Community Learning and Skills

Community Learning and Skills (CLS) is one of the services included in this programme. CLS delivers Education and Training opportunities to residents age 16+ in all 12 districts across Kent.

CLS service priorities are:

- Maximise access to community learning for adults, bringing new opportunities and improving lives, whatever people's circumstances
- Promote social renewal by bringing local communities together to experience the joy of learning and the pride that comes with achievement
- Maximise the impact of adult and community learning on the social and economic well-being of individuals, families, and communities
- Focus public funding on people who are disadvantaged and least likely to participate, including in rural areas and people on low incomes with low skills
- Collect fee income from people who can afford to pay and use where possible to extend provision to those who cannot
- Widen participation and transform people's destinies by supporting progression relevant to personal circumstances

Over the past 5 years CLS has realised 5554 enrolments (data from Management Information System and represents course enrolments, not unique individuals) at Broadstairs Adult Education, of which:

Gender: 80% of service users are female.

Gender	%
Female	80%
Male	20%

(The population of Thanet by gender is 51.9% are female and 49% are male – data is publicly available and published nationally or available via Thanet District Council)

Gender by Age: Most service users are 60+ years, of which most are female

Age	Gender	
	Female	Male
0-19	0.00%	0.05%
20-39	5.87%	2.30%
40-59	18.10%	3.96%
60+	56.14%	13.58%

Gender by Disability: 4% of service users with a self-declared disability are female

Gender	Disability		
	Not Disabled	Disabled	Not Known
Female	19%	4%	57%
Male	4%	1%	15%

Age: 69.7% of service users are 60+ in age

Age	%
0-19	0.1%
20-39	8.2%
40-59	22.1%
60+	69.7%

(20.1% of the population of Thanet are aged 0 – 17

23.7% of the population of Thanet are aged 18 - 64

56.2% of the population of Thanet are aged 65+)

Age by Disability: 3.29% of service users aged 60+ have a self-declared disability

Age	Disability		
	Not Disabled	Disabled	Not Known
0-19	0.00%	0.00%	0.05%
20-39	0.40%	0.38%	7.40%
40-59	3.20%	1.08%	17.77%
60+	19.84	3.29%	46.58%

Age by Ethnicity: 5.22% of service users are 60+ in age with self-declared BME status

Age	Ethnicity		
	BME	Non BME	Not Known
0-19	0.02%	0.04%	0.00%
20-39	1.15%	6.90%	0.13%
40-59	2.90%	18.96%	0.20%
60+	5.22%	64.33%	0.16%

Disability: 5% of service users have self-declared a disability

Disability	%
Not Disabled	23%
Disabled	5%
Not Known	72%

(23.4% residents in Thanet have a health problem or disability which limits their day-to-day activities - data is publicly available and published nationally or available via Thanet District Council)

Disability by Ethnicity: 0.54% of self-declared BME service users are self-declared disabled

Ethnicity	Disability		
	Not Disabled	Disabled	Not Known
BME	1.42%	0.54%	7.33%
Non BME	21.9%	4.20%	64.08%
Not Known	0.07%	0.02%	0.40%

Ethnicity: 9.3% of service users are self-declared BME, which is above the BME population of Kent (6.33%), but broadly in line with the proportion of those in Thanet who are BME (see below)

Ethnicity	%
BME	9.3%
Non BME	90.2%
Not Known	0.5%

(Ethnicity data for Thanet: 9.6% of the population of Thanet are BME - data is publicly available and published nationally or available via Thanet District Council)

Source Data:

- <https://www.kent.gov.uk/about-the-council/information-and-data/facts-and-figures-about-Kent/equality-and-diversity-data#tab-3,4>
- CLS Management Information Unit-E.

Affected local groups

No local groups have been identified as being affected by this proposal.

Consultation

17% of consultees answering use Adult Education services. 13% of consultees answering indicated other household members currently use Community Services for Adults with Learning Disabilities. The majority of both groups use services in person at a building (65% and 72% respectively) but a significant proportion use both in person and online services (18% and 25% respectively).

In terms of the response to the move from Broadstairs Memorial Hall and Pottery, 51 comments were received during the consultation. The breakdown of responses is included here:

	Number of consultee answering	% of consultees answering
Alternative venue not suitable - size/capacity / storage, i.e., pottery, fitness/exercise classes in a library?	31	61%
Use frequently / essential / needed / lifeline / do not close / lost without it / loss of access to services	17	33%
Detrimental impact of mental health / socialisation / development / counselling service much needed	13	25%
Current building in walking distance / accessible / won't be able to walk/access alternatives	8	16%
Services would suffer if moved elsewhere /insufficient provision / oversubscribed / would current services be available	8	16%
Detrimental effect on community / much needed by community	7	14%
Current building provides good facilities / parking / nice environment / not available at alternatives	3	6%

In considering these responses it is clear that concerns relating to suitability (31) and accessibility (17, 8, 8, 3) of the alternative location are common themes. There are specific equalities considerations raised by the responses on mental health and wellbeing (13) and in terms of disabilities and age when considering the comments on additional walking distance (8). A further theme which was apparent from consultees' comments was concern about the suitability of the library building for providing all of the services which are currently available at the Broadstairs site. Some of these classes may be attended by service users for reasons connected with a protected characteristic. These factors are considered in the following sections.

The most common concern expressed in the consultation response regarding the general co-location of services (not specific to the Broadstairs Library proposals) were:

Users being able to get there / travel there / can't walk to alternatives / need close location of services	51%
Public transport availability / cost of / reduction in service	33%
Practicality of co-located services (e.g. children's centre in same space as library)	22%
Impact on users unable to access the service / impact on vulnerable / mental health / taking away a lifeline / hub of community	21%
Suitability of building / fit for purpose / the space	19%

Maintaining service levels / impact on service levels

14%

The feedback around impact on accessibility and mental health should be considered in equalities terms and is addressed in the relevant section below.

Impacts

Given that the only proposed site closure within four of the five options for CLS (Broadstairs Adult Education Centre) will relocate to a venue 0.1 mile (2-minute walking) from the existing venue, no significant impacts have been identified in terms of service access. The assessment is because there will be no change to existing access, public transport infrastructure, personal travel arrangements, parking, geography/topography as set out in section 18 of this document.

Justification

It is considered that the impacts summarised above and detailed in the sections below are justified when considered alongside the suggested mitigations and the overall policy and financial framework within which the Council currently operates.

Section B – Evidence

Note: For questions 9, 10 & 11 at least one of these must be a 'Yes'. You can continue working on the EQIA in the App, but you will not be able to submit it for approval without this information.

9. Do you have data related to the protected groups of the people impacted by this activity? Answer: Yes/No

Yes – see above.

10. Is it possible to get the data in a timely and cost-effective way? Answer: Yes/No

Yes

11. Is there national evidence/data that you can use? Answer: Yes/No

Where available, statistical data for Thanet has been used to compare service user statistics.

For protected characteristics data that is not collected by CLS, publicly available statistics have been used for this EqIA:

Pregnancy/maternity Leave: In 2020, 1,383 births were registered in Thanet.

Gender reassignment: No publicly available for Thanet could be identified.

Sexual Orientation: An estimated 3.1% of the UK population aged 16 years and over identified as lesbian, gay or bisexual (LGB) in 2020, an increase from 2.7% in 2019 and almost double the percentage from 2014 (1.6%).

Married or in a civil partnership: No publicly available for Thanet could be identified. However, in 2020, there were 7,566 opposite-sex civil partnerships formed in England and Wales, of which 7,208 were registered in England and 358 were registered in Wales; this is the first year that civil partnerships between opposite-sex couples have been reported. There were 785 civil partnerships formed between same-sex couples in England and Wales in 2020, of which 745 were registered in England and 40 were registered in Wales; this is the lowest number recorded for England since the introduction of civil partnerships in 2005.

Religion or belief:

UK		Thanet
All categories:		
Christian	59.38%	61.44%
Buddhist	0.45%	0.37%
Hindu	1.52%	0.48%
Jewish	0.49%	0.20%
Muslim	5.02%	0.92%
Sikh	0.79%	0.07%
Other religion	0.43%	0.51%
No religion	24.74%	28.60%

Religion not stated	7.18%	7.41%
12. Have you consulted with Stakeholders?		
<i>Answer: Yes/No</i>		
<i>Stakeholders are those who have a stake or interest in your project which could be residents, service users, staff, members, statutory and other organisations, VCSE partners etc.</i>		
Yes		
13. Who have you involved, consulted and engaged with?		
<i>Please give details in the box provided. This may be details of those you have already involved, consulted and engaged with or who you intend to do so with in the future. If the answer to question 12 is 'No', please explain why.</i>		
Engagement took place prior to consultation with stakeholders including:		
<ul style="list-style-type: none"> - KCC members and senior officers - Service delivery team members as part of the design process - District authorities - External partners including NHS and Kent Fire and Rescue - Community Learning and Skills Senior Management Team - Other services in the Kent Community Programme 		
A full 10-week consultation process provided residents, community groups and all interested parties with an opportunity to give feedback on the proposed changes to service delivery across the county. During this consultation period there was over 150 hours of pro-active engagement continuing with public sector and other partners.		
These key stakeholders have been identified to include in the consultation:		
<ul style="list-style-type: none"> - Community Learning and Skills staff members - Community Learning and Skills customers - General public as part of wider KCC consultation - Other users of proposed building(s) identified for co-location 		
14. Has there been a previous equality analysis (EQIA) in the last 3 years? <i>Answer: Yes/No</i>		
Yes – pre-consultation version of this EqIA.		
15. Do you have evidence/data that can help you understand the potential impact of your activity?		
<i>Answer: Yes/No</i>		
Yes		
Uploading Evidence/Data/related information into the App		
<i>Note: At this point, you will be asked to upload the evidence/ data and related information that you feel should sit alongside the EQIA that can help understand the potential impact of your activity. Please ensure that you have this information to upload as the Equality analysis cannot be sent for approval without this.</i>		
Section C – Impact		
16. Who may be impacted by the activity? <i>Select all that apply.</i>		
Service users/clients - <i>Answer: Yes/No</i>		
Yes		
Residents/Communities/Citizens - <i>Answer: Yes/No</i>		
Yes		
Staff/Volunteers - <i>Answer: Yes/No</i>		
Yes		

17. Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing?

Answer: Yes/No

No

18. Please give details of Positive Impacts

In four of the five options the proposal is to move services out of Broadstairs Memorial Hall and Pottery and relocate to a co-located site at Broadstairs Library. The current building from which Community Learning and Skills deliver services in Broadstairs and which is proposed to be closed is in a poor state of repair, which does not provide a quality working or learning environment or experience. The proposed relocation from Broadstairs Adult Education Centre, 14 St Peter's Rd, Broadstairs CT10 2JW to Broadstairs Library, The Broadway, Broadstairs CT10 2BS, will in that sense provide more appropriate working and learning environments for all protected characteristics given the building condition of the current service location. Whilst there were comments received from consultees around the suitability of the proposed co-location, not all of these raised equalities impacts. Where CLS has previously co-located with other services (KCC or other) e.g., Tonbridge Wells (Amelia Scott), Ashford Gateway, Sheppey Gateway, co-location has been a positive experience as customers can access multiple services in the same location.

The proximity of the proposed relocation site to the existing site is approximately 0.1 mile (2-minute walking distance), therefore, there will be no significant impact on access to the services on offer for any protected characteristic groups given the following:

- Access to services via public transport will remain unchanged
- Personal transport (car, walking, cycling etc) will remain unchanged
- Parking facilities will remain unchanged
- No increase to personal financial expenditure will be incurred
- Access to the site will remain unchanged as there is no change to topography and geographic location

Negative Impacts and Mitigating Actions

The questions in this section help to think through positive and negative impacts for people affected by your activity. Please use the Evidence you have referred to in Section B and explain the data as part of your answer.

19. Negative Impacts and Mitigating actions for Age

m) Are there negative impacts for Age? *Answer: Yes/No*

(If yes, please also complete sections b, c, and d).

Yes.

n) Details of Negative Impacts for Age

Potential for co-location to provide a confusing environment for more elderly users. The service specific data for Broadstairs demonstrates a high percentage of over 60's access Adult Education classes who may be particularly affected by this. It is important to note that residents over 60 are also more likely to experience accessibility issues/overlap with disabilities which was raised as a specific comment within our consultation response and is considered in the relevant section below. We also recognise that the service offer may not be identical at the new site and that it is possible that not every class will be possible to accommodate in the way it is currently.

It is considered that with the mitigating action listed below, that the impact is justified when balanced against the potential benefits to service users and the overall requirement to reduce costs given the financial and policy context set out in Securing Kent's Future.

o) Mitigating Actions for Age

Part of the co-location model enables staff to support users across service areas and increase signposting to the correct service area, whilst also potentially identifying additional needs that could be met. At Broadstairs Library this will mean ensuring that Library staff are empowered to answer questions and provide support to signpost service users that require it.

The lead in time for changes being made to facilitate service users within the Broadstairs Library allows for plenty of time to orient users to the new location.

To enable the proposed co-location at Broadstairs Library a feasibility study was undertaken which demonstrated that the required floorspace and facilities are available so that the service can be safely and appropriately accommodated within the Library building. The creation of additional class space is proposed and this is contained within the implementation plans for the Programme subject to the decision.

The accessibility of the library building is considered to be good from a disability standpoint, given that it is a KCC public building with universal access to all residents.

p) Responsible Officer for Mitigating Actions - Age

Mark Easton – Head of Resource

20. Negative Impacts and Mitigating actions for Disability

m) Are there negative impacts for Disability? *Answer: Yes/No*
(If yes, please also complete sections b, c, and d).

Yes.

n) Details of Negative Impacts for Disability

Service users with disabilities may find it difficult to move around buildings that contain more than one service. Users with mobility issues may find tight spaces difficult to navigate in a building containing multiple services and equipment to support other service delivery. As above, the service specific data for Broadstairs demonstrates the highest percentage of people with disabilities that access CLS services are also over 60's.

The consultation response particularly raised walking distance and accessibility of the new location as well as the suitability of the library building site for the classes which are offered at the current site, some of which may be attended by some service users because of particular characteristics, including disability.

It is considered that with the mitigating action listed below, that the impact is justified when balanced against the potential benefits to service users and the overall requirement to reduce costs given the financial and policy context set out in Securing Kent's Future.

o) Mitigating Actions for Disability

To enable the proposed co-location at Broadstairs Library a feasibility study was undertaken which demonstrated that the required floorspace and facilities are available so that the service can be safely and appropriately accommodated within the Library building. The creation of additional class space is proposed and this is contained within the implementation plans for the Programme subject to the decision.

Further design stages will incorporate detailed accessibility analysis of spaces and facilities required to safely accommodate customers with accessibility requirements. It is likely that additional classroom space will be provided on the ground floor, but these will be subject to standard accessibility requirements.

Given the walking distance is 2 minutes between venues this is not considered a significant impact when balanced against the requirement for the Council to reduce costs.

p) Responsible Officer for Mitigating Actions - Disability

Mark Easton – Head of Resource

21. Negative Impacts and Mitigating actions for Sex

m) Are there negative impacts for Sex? *Answer: Yes/No*
(If yes, please also complete sections b, c, and d).

Yes

n) Details of Negative Impacts for Sex

It should be acknowledged that given 80% of service users are female and 61% of consultee responses raised concerns about the new location (granted only a small number of these concerns referenced equalities considerations). It can therefore be argued that the changes will disproportionately impact women.

o) Mitigating Actions for Sex

Despite the above it is not considered that the proposed move of service, or proposed co-location of the service will have a significant negative impact on women, particularly when balanced against the overall financial and policy context within which the Council currently operates.

p) Responsible Officer for Mitigating Actions - Sex

Mark Easton – Head of Resource

22. Negative Impacts and Mitigating actions for Gender identity/transgender

a) Are there negative impacts for Gender identity/transgender? *Answer: Yes/No*
(If yes, please also complete sections b, c, and d).

No

b) Details of Negative Impacts for Gender identity/transgender

Not applicable (as above in section 18)

c) Mitigating actions for Gender identity/transgender

Not applicable (as above in section 18)

d) Responsible Officer for Mitigating Actions - Gender identity/transgender

Not applicable (as above in section 18)

23. Negative Impacts and Mitigating actions for Race

m) Are there negative impacts for Race? *Answer: Yes/No*
(If yes, please also complete sections b, c, and d).

No

n) Details of Negative Impacts for Race

Not applicable (as above in section 18)

o) Mitigating Actions for Race

Not applicable (as above in section 18)

p) Responsible Officer for Mitigating Actions – Race

Not applicable (as above in section 18)

24. Negative Impacts and Mitigating actions for Religion and belief

a) Are there negative impacts for Religion and Belief? *Answer: Yes/No*
(If yes, please also complete sections b, c, and d).

No

b) Details of Negative Impacts for Religion and belief

Not applicable (as above in section 18)

c) Mitigating Actions for Religion and belief

Not applicable (as above in section 18)

d) Responsible Officer for Mitigating Actions - Religion and belief

Not applicable (as above in section 18)

25. Negative Impacts and Mitigating actions for Sexual Orientation**a) Are there negative impacts for sexual orientation. Answer:***Yes/No (If yes, please also complete sections b, c, and d).*

No

b) Details of Negative Impacts for Sexual Orientation

Not applicable (as above in section 18)

c) Mitigating Actions for Sexual Orientation

Not applicable (as above in section 18)

d) Responsible Officer for Mitigating Actions - Sexual Orientation

Not applicable (as above in section 18)

26. Negative Impacts and Mitigating actions for Pregnancy and Maternity**a) Are there negative impacts for Pregnancy and Maternity? Answer: Yes/No***(If yes, please also complete sections b, c, and d).*

Yes

b) Details of Negative Impacts for Pregnancy and Maternity

Service users who are pregnant or who are accompanied by young children may find it difficult to move around buildings that contain more than one service. Users may find tight spaces difficult to navigate in a building containing multiple services and equipment to support other service delivery.

It is also possible that pregnant woman or users with young children may be disproportionately impacted by any additional walking distance (although others may have a shorter walking distance) to the new location.

c) Mitigating Actions for Pregnancy and Maternity

To enable the proposed co-location at Broadstairs Library a feasibility study was undertaken which demonstrate that the required floorspace and facilities are available so that the service can be safely and appropriately accommodated within the Library building for all users. The creation of additional class space on the ground floor is proposed, and this is contained within the implementation plans for the Programme subject to the decision.

Given the walking distance is 2 minutes between venues this is not considered a significant impact when balanced against the requirement for the Council to reduce costs.

d) Responsible Officer for Mitigating Actions - Pregnancy and Maternity

Mark Easton – Head of Resource

27. Negative Impacts and Mitigating actions for marriage and civil partnerships**a) Are there negative impacts for Marriage and Civil Partnerships? Answer: Yes/No***(If yes, please also complete sections b, c, and d).*

No

b) Details of Negative Impacts for Marriage and Civil Partnerships

Not applicable (as above in section 18)

c) Mitigating Actions for Marriage and Civil Partnerships

Not applicable (as above in section 18)

d) Responsible Officer for Mitigating Actions - Marriage and Civil Partnerships

Not applicable (as above in section 18)

28. Negative Impacts and Mitigating actions for Carer's responsibilities**a) Are there negative impacts for Carer's responsibilities? Answer: Yes/No**

(If yes, please also complete sections b, c, and d).

Yes

b) Details of Negative Impacts for Carer's Responsibilities

Service users that are with carer's responsibilities may find it difficult to move around buildings that contain more than one service. Users may find tight spaces difficult to navigate in a building containing multiple services and equipment to support other service delivery.

It is also possible that pregnant woman may be disproportionately impacted by any additional walking distance (although others may have a shorter walking distance) to the new location.

c) Mitigating Actions for Carer's responsibilities

To enable the proposed co-location at Broadstairs Library a feasibility study was undertaken which demonstrate that the required floorspace and facilities are available so that the service can be safely and appropriately accommodated within the Library building for all users. The creation of additional class space on the ground floor is proposed, and this is contained within the implementation plans for the Programme subject to the decision.

Given the walking distance is 2 minutes between venues this is not considered a significant impact when balanced against the requirement for the Council to reduce costs.

d) Responsible Officer for Mitigating Actions - Carer's Responsibilities

Mark Easton – Head of Resource

EQIA Submission Draft Working Template

If required, this template is for use prior to completing your EQIA Submission in the EQIA App. You can use it to understand what information is needed beforehand to complete an EQIA submission online, and also as a way to collaborate with others who may be involved with the EQIA. Note: You can upload this into the App when complete if it contains more detailed information than the App asks for and you wish to retain this detail.

Section A

1. Name of Activity (EQIA Title):	Family Hubs
2. Directorate	Children, Young People and Education
3. Responsible Service/Division	Integrated Children's Services

Accountability and Responsibility

4. Officer completing EQIA Note: This should be the name of the officer who will be submitting the EQIA onto the App.	Danielle Day Programme Manager – Family Hubs
5. Head of Service Note: This should be the Head of Service who will be approving your submitted EQIA.	Carolann James Director of Operational Integrated Children's Services
6. Director of Service Note: This should be the name of your responsible director.	Carolann James Director of Operational Integrated Children's Services

The type of Activity you are undertaking

7. What type of activity are you undertaking?	
Tick if Yes	Activity Type
Yes	Service Change – operational changes in the way we deliver the service to people.
Yes	Service Redesign – restructure, new operating model or changes to ways of working
Yes	Project/Programme – includes limited delivery of change activity, including partnership projects, external funding projects and capital projects.
Yes	Commissioning/Procurement – means commissioning activity which requires commercial judgement.
Yes	Strategy /Policy – includes review, refresh or creating a new document
	Other – Please add details of any other activity type here.

8. Aims and Objectives and Equality Recommendations – Note: You will be asked to give a brief description of the aims and objectives of your activity in this section of the App, along with the Equality recommendations. You may use this section to also add any context you feel may be required.

Equality Impact Assessment (EQIA)

This EQIA is intended to assess the potential impact of our decisions on persons with different protected characteristics. In particular, this EQIA has been prepared to help us to have regard to the need to: (i) eliminate discrimination; (ii) advance equality of opportunity; and (iii) foster good relations between persons who share a relevant protected characteristic and those who do not, in the exercise of our public functions. These issues are relevant considerations to be taken into account whenever a new policy, function, or system change is being proposed in the exercise of our public functions. This EQIA is also intended to evidence that these considerations have in fact been taken into account, and the weight given to them as part of our decision-making process.

Case for change – Family Hub programme

The Department for Education (DfE) has selected Kent County Council (KCC) as a Family Hub and Start for Life Transformation Authority. Family Hubs are about bringing together and integrating support services for children, young people, and families so that they are easier for people to access. These will include, but not be limited to, KCC services:

Children's Centres

Youth Hubs and community youth provision

Health Visiting Services

And partnerships, including:

Community-based midwifery care

Community organisations

The Case for Change - Kent Communities Programme

The Council is facing very significant financial pressures, for a number of reasons set out in 'Securing Kent's Future' (August 2023 and October 2023). That document sets out the urgent steps needed to return the Council to financial sustainability, by reducing overspend in its budget to avoid further need to use limited reserves to fund revenue overspends, which would weaken the financial resilience of the authority and limit the scope for the use of reserves to invest in transformation necessary to address the structural deficit.

The financial challenges faced by the Council cannot be ignored. Two particularly significant factors, are the Council's statutory 'best value' duty to deliver a balanced budget, provide statutory services, including adult social care and children's services, and secure value for money in all spending decisions; and the Council's other statutory duties.

The Kent Communities Programme seeks to rationalise our physical estate and propose a greater mix of alternative methods of service delivery across the County, informed by a clear and data-driven understanding of service need. Delivery of this programme has become more important in the light of the increased financial pressures faced by the Council. The programme does include elements of improvement to service delivery: for example benefits offered by co-location of services.

However, the Council must acknowledge that the impact of closures and reductions in services on residents can be significant. The approach set out in these proposals is therefore based on a relative needs assessment. Mitigating measures are set out, which are intended to minimise as far as possible the impact of the proposals on Kent residents.

A detailed and extensive public consultation (www.kent.gov.uk/communityservicesconsultation) allowed consultees the opportunity to give their views on the proposals. These responses have been analysed and carefully considered. A range of options have been developed, informed by the consultation responses. This EQIA has been updated following feedback from that consultation and is also based on data and evidence about Kent's communities and our service users.

The Consultation

The Kent Communities proposal has been subject to a public consultation. The consultation launched on 17th January 2023 and lasted for ten weeks, closing on 26 March 2023. The consultation set out the rationale for the proposals, the methodology which was used to produce the draft proposal and the details of the Kent Communities model (i.e. which buildings we were proposing to close and which we were proposing to retain). These proposals have now moved on following the consultation and the options are detailed below.

Rationale

The rationale for the KCP is clear. The Programme contributes to meeting the revenue savings as set out in the Medium-Term Financial Plan (MTFP). To reduce risks across our corporate estate and capital programme, the KCP reduces the Council's capital liability to the maintenance costs of such a large physical estate.

Methodology

The consultation explained the methodology underpinning the Kent Communities proposal, including how we used the Needs Framework as a starting point. The Need Framework used a wide range of data and indicators that when combined profile the different level of need for services within our communities. The data included service-held metrics, such as user figures for each service.

In developing the alternative range of options for member consideration the impact on equalities has been taken into account. As explained above options 3 and 4 have been developed acknowledging the difficulties that accessing alternative locations via public transport network would pose for residents, including those for which protected characteristics would make that a greater challenge.

Consultation Response

Whilst the consultation response indicated a majority of respondents did not support a reduction in buildings, there was very little constructive challenge to the methodology. The consultation set out alternative methods for reviewing the estate and why they had been discounted. However, many respondents did outline concerns relating to the accessibility of public transport within their feedback. As such, the accessibility of public transport has been reviewed and has been the driving factor in developing the additional options for member consideration.

50% of consultees answering use Children's Centres. 46% of consultees answering indicated other household members currently use Children's Centres. The majority of both groups use services in person at a building (92% and 93% respectively).

16% of consultees answering use Youth Hubs. 15% of consultees answering indicated other household members currently use Youth Hubs. The majority of both groups use services in person at a building (83% and 86% respectively).

41% of consultees answering use the Health Visiting Service. 35% of consultees answering indicated other household members currently use the Health Visiting Service. The majority of both groups use services in person at a building (82% and 82% respectively).

11% of consultees answering use the Children and Young People's Counselling Service. 12% of consultees answering indicated other household members currently use the Children and Young People's Counselling Service. The majority of both groups use services in person at a building (65% and 68% respectively) but a significant proportion use both in person and online services (22% and 27% respectively).

10% of consultees answering use Community Services for Adults with Learning Disabilities. 9% of consultees answering indicated other household members currently use Community Services for Adults with Learning Disabilities. The majority of both groups use services in person at a building (65% and 71% respectively) but a significant proportion use both in person and online services (18% and 25% respectively).

17% of consultees answering use Adult Education services. 13% of consultees answering indicated other household members currently use Community Services for Adults with Learning Disabilities. The majority of both groups use services in person at a building (72% and 72% respectively) but a significant proportion use both in person and online services (18% and 23% respectively).

20% of consultees answering use Gateways. 17% of consultees answering indicated other household members currently use Gateways. The majority of both groups use services in person at a building (66% and 65% respectively) but a significant proportion reported that they use both in person and online services (21% and 24% respectively).

64% of all residents taking part in the consultation and answering indicated they use at least one of the services under consultation.

Consultees were also given the opportunity to provide feedback on the equality analysis conducted in their own words. For the purpose of reporting, we have reviewed respondents' comments and have grouped common responses together into themes. These are reported in the table below. It should be noted that 18% of consultees provided a comment at this question.

Of those answering, the most common considerations put forward are ensuring the services are accessible / walking distance / access via suitable public transport (24%).

Those commenting raise concerns for how the proposals will affect specific groups of residents who are disabled / have learning difficulties / SEN (15%), young people / children / families (15%) and low-income households (11%).

Summary of KCP Options

Option 1 in the table above represents a model that involves a greater reduction in the physical estate than was consulted on.

Option 2 is the consultation model.

Options 3 and 4 are amended versions of Option 2, which respond to differing degrees to the consultation feedback. In seeking to respond appropriately to the consultation feedback a more detailed review of the public transport network has informed the options set out in the paper. In the consultation modelling was provided to assess the accessibility of the revised building network on public transport considering a 30-minute travel time. Greater analysis of timetable data was used to develop the post-consultation options that respond to feedback from residents. This analysis considered both an extended travel time of 35 minutes and the regularity of the service by applying a criteria that there should be at least one service per hour over the nine-hour period 8am to 5pm which reflects the general service offering timeframe. It is appreciated that regularity of service is an important additional factor for residents above merely the journey time itself.

Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period.

Option 4 represents a model which goes further in the response to the consultation feedback and brings 10 buildings back into the model (the 2 buildings from option 3 and another 8). This option rules out the closure of a buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.

Option 5 is a 'Do Nothing' option and retains the current building network and service delivery model.

Impact

Within the consultation a significant majority of responses were received by women (81%) compared to men (18%). This is particularly relevant to the Family Hub Model proposal and there is a likely cross over here with any impacts on age. The EqIA relating to the Family Hub Model sets out the consideration of equality impacts on age. However, it is acknowledged that women may bear the responsibility for childcare more commonly and as such the characteristics of sex and age require careful consideration.

Option 1 in the proposals would carry greater impacts for these characteristics as women and children would be required to travel further, likely on public transport which may be difficult with children, pushchairs and additional equipment.

Options 2, 3 and 4 would present different levels of impact, the significance decreasing between options 2 and 3 and then decreasing further between options 3 and 4 as more of the existing locations are retained. This would reduce the impact on women and children required to travel further to access services.

Option 5 is a Do Nothing option and as such would not impact the equalities of these groups.

14% of respondents answered that they consider themselves disabled. In particular the Gateway service, Adult Education Service and Community Day Services for Adults with Learning Disabilities service consider this characteristic in their EqlAs. There is a similar overlap with age within these considerations as well, given the higher likelihood of residents over the age of 60 to experience disabilities.

Option 1 in the proposals would carry greater impacts for these characteristics the elderly and disabled would be required to travel further, likely on public transport which may be difficult for them.

Options 2, 3 and 4 would present different levels of impact, the significance decreasing between options 2 and 3 and then decreasing further between options 3 and 4 as more of the existing locations are retained. This would reduce the impact on the elderly and disabled required to travel further to access services.

Option 5 is a Do Nothing option and as such would not impact the equalities of these groups.

7.4% of respondents might use English as a second language, which would likely indicate there could be impacts based on race, ethnicity or religious belief. This is a consideration particularly for service users requiring the Family Hub service, our Gateway service and our Adult Education Service. These residents may struggle more to understand and navigate the relocation of services from one place to another.

Option 1 in the proposals would carry greater impacts for these characteristics as there would likely be a greater number of site closures, requiring residents to access services from different locations.

Options 2, 3 and 4 would present different levels of impact, the significance decreasing between options 2 and 3 and then decreasing further between options 3 and 4 as more of the existing locations are retained. This would reduce the impact on the residents who use English as a second language as the number of instances of closures decreases between each option. Option 5 is a Do Nothing option and as such would not impact the equalities of these groups.

Generally during the consultation the main theme of feedback emerging was the inaccessibility of some services, particularly using the public transport network, and the impact that has on the health and wellbeing of residents, including their mental health. The options set out for decision respond to this feedback by retaining identified centres depending on whether greater weight is given to the analysis of public transport accessibility.

The consultation response focused on the impact that the proposed changes might have particularly on children with learning difficulties/SEN (15% of respondents), young people, children and families (15%) mental health issues/isolation (10%), discrimination based on age/gender (6%), effect on the elderly (5%), ethnic minorities/English as a second language/LGBTQ (4%).

The most common concern expressed in the consultation response regarding the general co-location of services (not specific to any one service) were:

Users being able to get there / travel there / can't walk to alternatives / need close location of services	51%
Public transport availability / cost of / reduction in service	33%
Practicality of co-located services (e.g. children's centre in same space as library)	22%
Impact on users unable to access the service / impact on vulnerable / mental health / taking away a lifeline / hub of community	21%
Suitability of building / fit for purpose / the space	19%
Maintaining service levels / impact on service levels	14%

Women were far more likely to oppose co-location of services than men and respondents with children under 10 were far more likely to disagree with co-location than those without:

Male resident	26%
Female resident	49%
Resident with no children	22%
Resident with children aged 0-1 years old (250)	61%
Resident with children aged 2-5 years old (243)	68%
Resident with children aged 6-10 years old (142)	54%

Similarly, women were far more likely to oppose the proposal to have fewer buildings than men and respondents with children under 10 were far more likely to disagree with reducing the number of buildings than residents without children:

Male resident (161)	34%
Female resident (760)	62%
Resident with children / expecting children (653)	67%
Resident with no children (173)	30%
Resident with children aged 0-1 years old (250)	83%
Resident with children aged 2-5 years old (243)	82%
Resident with children aged 6-10 years old (142)	70%

There is a similar difference in the level of disagreement with proposals to have fewer buildings based on age with residents aged 25-24 most likely to disagree:

Resident aged 25-34 (220)	81%
Resident aged 35-49 (301)	66%
Resident aged 50-64 (210)	41%
Resident aged 65 & over (152)	27%

When read alongside the fact that (as shown above) levels of objection rise for those residents with children compared to those without, it is a reasonable assumption to make that this increased level of objection is reflects the fact that the majority of reduction is being across the Children's Centre network.

Summary of Family Hub proposals

Since the inception of Early Help and Preventative Services (EHPS) in 2015, Kent County Council (KCC) has been able to maintain a comprehensive Open Access offer, including both universal and targeted provision, delivered through both KCC staff and settings and commissioned services across the 0-19 years age group.

In September 2020, a DfE and DHSC review of outcomes for babies and the first 1001 days of a child's life, led by Andrea Leadsom MP, developed a framework for local authorities to work with health partners and develop a Start for Life concept within a 0-19 years (25 years with Special Educational Needs and Disabilities [SEND]) Family Hub model.

Existing Open Access services work closely with partners including Public Health services such as Health Visiting provision through co-location. This close working partnership provides a strong foundation for Kent to deliver to the ambitions of the national review and develop a whole family approach to services as set out in the proposals for the Family Hub model.

We know that reducing health inequalities and improving health and wellbeing requires organisations to closely work together. Through the Family Hub programme KCC seeks to deliver the best outcomes through a hybrid of universal and targeted support for children, young people, and their families, delivering services identified through the Family Hub guidance.

Our goals for the Family Hub model are to:

Offer support to all parents and carers: from the early stages of preparing to become a parent, and throughout the child's first two years

Reduce inequalities in health, wellbeing, and education

Create a supported, capable workforce who work in partnership with families

Ensure families are listened to

Provide targeted, timely and accessible support to those in greatest need

Support teenagers as they move into adulthood

Provide services based on evidence and need

The model proposes some changes to the existing Open Access services and those available from Public Health:

Services to families with children up to the age of 8yrs to support the physical, social, and emotional development, communication, and language development in young children.

Support to young people aged 8-19 (25 for young people with SEND) around emotional health and wellbeing, educational and social development and pathways into adulthood.

Support for parents with parenting, emotional wellbeing, understanding child development and managing family conflict.

Online support for new parents

Increased parenting support from antenatal to 2 years

Perinatal Mental Health services for parents

Infant feeding support

Home learning support

The DfE Family Hub model must fit with the new KCC's 'Securing Kent's Future – Budget Recovery Strategy'. The model of delivery must proactively evidence the best value for money in decision making. Sustainability and best value is at the core of all decisions and the design of the Family Hub model to ensure services can be delivered beyond the life of the Family Hub grant and elements will work within KCC's new budgetary requirements.

This EQIA relates to the policy change for Kent, to rebase our existing Open Access & Youth inhouse services to deliver provision with the Family Hub model for children and families 0 to 19 (25 with SEND).

Family Hub services will be delivered through a number of different avenues. This will include face-to-face, a digital offer and community outreach. Our Family Hubs will offer a one stop shop for advice and information for children and their families.

The Family Hub approach delivers joined up whole family services across each district. This model will be used to strengthen our arrangements with co-located partners and ensure a consistent model for Start for Life partnership across the county.

The model will strengthen the arrangements with Health Visiting and community midwifery to ensure through co-location and system arrangements, we work towards a family only needing to tell their story once.

Every Family Hub provision will be managed across a district, and staff will continue to work across the range of Family Hub sites ensuring that each location is appropriate for the services at that site. For example, appropriate spaces for adolescents, ensuring that services on school sites maintain safeguarding requirements, and ensuring support services to families, such as debt and welfare advice or parental conflict are delivered in an appropriate space maintaining privacy of participants.

Family Hub sites in each district will deliver a range of Start for Life and partnership services and work with the voluntary and community sector to provide access to a wide range of services. There will be services for 0-19 years in Family Hub sites for example, this may include activities for older children after school in a building that currently offers mainly 0-11 years services.

The increase of community outreach may mean more services within community settings where there are needs identified. The outreach offer will be developed in partnership with district and community partners and will vary according to the local partnerships and buildings available.

There will be more peer to peer community support and the introduction of Family coaches to offer additional community support.

According to the available data of our 2019 visitors of Children’s Centres, including children, the following characteristics are made compared to the Kent Average data. We have used 2019 data as we don’t have a full data set of post pandemic usage data.

Sex	%	Kent Average (2020 Mid-Year Population Estimates)
Female	69.1%	50.9%
Male	30.9%	49.1%

Ethnicity (where known)	All Children's Centres Service Users 2019 - %	Kent Average (2021-2022 School Census Data)
White	89.6%	83.3%
Black, Asian, Mixed and Other	10.4%	16.7%

Age Range	%	Kent Average (2020 Mid-Year Population Estimates)
0-4	43.9%	5.9%
5-9	5.1%	6.7%
10-14	1.3%	6.6%
15-19	1.1%	5.7%
20-24	4.9%	4.7%
25-29	11.7%	5.6%
30-34	15.8%	5.9%
35-39	10.7%	6.0%
40-44	3.6%	6.1%
45-49	0.9%	6.7%
50-54	0.4%	7.6%
55-59	0.3%	7.1%
60-64	0.2%	5.6%
65-69	0.1%	5.0%
70-74	0.1%	5.6%
75+	0.0%	9.1%

SEND Status (Children's Centres and Youth Hubs)	%	Kent School Pupils with SEN Support or and EHCP (2019/2020 Academic Year) *
SEND	3.4%	14%
No SEND	96.6%	86%

*https://www.kelsi.org.uk/_data/assets/pdf_file/0006/136482/Facts-and-Figures-2022.pdf

Summary of Options for Consideration

Following the public consultation and review of the responses received, a range of options have been put forward for consideration, they are detailed below with a summary of the main equality impacts:

Option 1: Do not implement the Family Hub model.

This would mean the Local Authority would not meet the minimum expectations set by the DfE in accordance with the Memorandum of Understanding, with the associated risk of losing c£11m of additional funding. If this were to occur, we would not be able to offer any additionality to our existing services.

If option 1 is chosen then there will be no change to the service that KCC already delivers, therefore there will be no impact on persons with different protected characteristics.

Option 2: Deliver the mandatory enhanced services set out by the DfE.

We will continue to deliver a 0-19 (25 SEND) Family Hub model offering enhanced services only in the DfE mandated areas set out in the following Key Decisions taken by the Cabinet Members for Integrated Children's Services and Adult Social Care and Public Health;

Infant Feeding 23/00076

Parenting Support - 23/00081

Home Learning Environment - 23/00082

Perinatal Mental Health - 23/00075

Families will still have access to Family Hub staff members who will be able to offer them assistance in finding the help that they need to access local services through signposting only.

If option 2 is chosen then there will be a positive impact to under twos and their parents, as well as pregnancy and maternity services, as we will be enhancing the existing service as outlined above, however there will be a negative impact on persons with different protected characteristics aged over 2 as these services will focus solely on the first 1001 days.

Option 3: Wider Family Hub offer

We will continue to deliver a 0-19 (25 SEND) Family Hub model offering enhanced services in the DfE mandated areas set out in the following Key Decisions taken by the Cabinet Members for Integrated Children's Services and Adult Social Care and Public Health.

Infant Feeding 23/00076

Parenting Support - 23/00081

Home Learning Environment - 23/00082

Perinatal Mental Health - 23/00075

In addition, we will offer the 7 services we consulted on below that service users felt they might most use. These will be delivered by Family Hub practitioners, through enhanced and additional modes of delivery, in each district throughout the county. We have used the consultation data and the design of the Family Hub model to allow residents to access services in a way that suits their preferences and fits in with their lifestyle wherever possible; for example, some consultees clearly prefer face to face groups and appointments, however some consultees stated they find it easier to access information online and

talk to experts virtually. Young people had a very clear voice in our consultation and had a clear preference for face to face delivery which we have taken into account.

Education for parents on child development

Activities for children aged 0-5

Activities for older children and young people

Information, advice and guidance about support services for children and young people with Special Education Needs and Disabilities (SEND)

Information and signposting to mental health services (children and adults)

Support for parents/carers of adolescents (teenagers)

Online safety for children and young people

Option 4: Deliver a Family Hub model through a developed Family Hub Network. Our preferred option.

KCC will continue to deliver a 0-19 (25 SEND) Family Hub Model offering enhanced services in the DfE mandated areas set out in Key Decisions taken by the Cabinet Members for Integrated Children's Services and Adult Social Care and Public Health;

Infant Feeding 23/00076

Parenting Support - 23/00081

Home Learning Environment - 23/00082

Perinatal Mental Health - 23/00075

As outlined in option 3, the following services will be delivered by Family Hub practitioners

Education for parents on child development

Activities for children aged 0-5

Activities for older children and young people

Information, advice and guidance about support services for children and young people with Special Education Needs and Disabilities (SEND)

Information and signposting to mental health services (children and adults)

Support for parents/carers of adolescents (teenagers)

Online safety for children and young people

In addition to these, we will also ensure that the remaining 4 services (which are outlined below) are accessible through the Family Hub model. The additional specialist services in option 4 will be delivered through partnership working with the VCS and partners (the Family Hub Network).

Support for young people with substance misuse (alcohol/drugs)

Domestic abuse support

Debt and welfare advice

Signposting to information to support separating and separated parents

Option 4 is our preferred option because we recognise the importance of all 11 services following feedback from the consultation and within our Family Hub model, we are in a position to offer, in an innovative and consistent way across the county, to deliver joined up services to meet the need of children, young people and families.

If option 3 or 4 is chosen there will be positive impacts generally in terms of additional services including digital and outreach offers. The negative impacts to persons with different protected characteristics as the services outlined in option 3 and 4 are identified in further detail in this equalities impact assessment.

Summary and justification

We consider that the different options for member consideration will have differing levels of impact on groups with protected characteristics. Whilst there will be some positive impacts, particularly relating to the enhancement of services, the co-location of services and the Family Hub model, it is important to address the negative impacts on groups with

protected characteristics and how the impacts are mitigated, within our options for implementation presented in the separate Family Hub paper.

Broadly, the mitigations against the impacts on women and young children (outlined above) include the retention of more Children Centre locations within options 3 and 4 as well as a more expansive outreach offer (details to be co-designed with partners) that will (in part) focus on providing services to areas that are not necessarily covered by the Family Hub network – for instance those in more rural areas. The Family Hub Model itself brings together a wider range of services for families and as such while some service users may be required to travel further, they may now only need to make a single journey to access a range of required provision. The Family Hub model will enable parents to have improved information and access to services antenatally with an increasing focus on developing services for fathers-to-be. Feedback from fathers has already identified suggestions such as an improved digital offer with more information on support such as finances and learning more about child development.

Within the umbrella of the Family Hub model there is a collation of a wider range of services for families to improve knowledge and access to them. Although some service users may be required to travel further, the model proposes that families may should be able to access a wider range of required service from sites where services are delivered.

Children and young people with SEND needs should be able to navigate through services and local support through the collation of services in the model. There may be some differences in location of services. Some services may move to co-located spaces and outreach services are reliant on local community buildings therefore physical access to some services may be impacted by community building limitations.

Users with English as a second language may find the proposal for co-location of services which will require re-location of provision more difficult to navigate initially, therefore service teams will be supported in communicating changes early and effectively to these users. Teams will receive guidance in helping signpost and support these residents effectively.

The consultation did not have enough responses from some service user groups with protected characteristics. We recognise this as an area of continued development and will ensure within our future work to proactively reach groups to engage the service user voice from these seldom heard groups and those with protected characteristics. These include, gender identity, religion and belief, wider family carers, and sexual orientation and those with differing ethnicities.

The Family Hub model seeks to reduce inequalities and increase engagement of seldom heard groups through ongoing participation activity such as Parent Carer panels. We are committed to ensuring services are developed to reach such communities therefore we will have targeted participation activity to develop the Family Hub model of services.

The Family Hub model will be developing more peer to peer groups with those with lived experience, for example SEND peer group support and fathers groups. This will be supported by staff to help set up and support through use of spaces within the Family Hub sites.

All of these mitigation activities do need to be balanced against our Best Value Duty set out in securing Kent's Future and considered alongside the reality that the fewer buildings we close within this programme, the greater pressure is put on the rest of the Council finances, which will inevitably impact statutory service provision.

Across the programme the impacts are considered to be limited through the mitigation outlined and justified given the wider policy and financial context within which the Council currently operates.

Section B – Evidence

Note: For questions 9, 10 & 11 at least one of these must be a 'Yes'. You can continuing working on the EQIA in the App, but you will not be able to submit it for approval without this information.

9. Do you have data related to the protected groups of the

Yes

<p>people impacted by this activity? <i>Answer: Yes/No</i></p>	
<p>10. Is it possible to get the data in a timely and cost effective way? <i>Answer: Yes/No</i></p>	Yes
<p>11. Is there national evidence/data that you can use? <i>Answer: Yes/No</i></p>	<p>Yes</p> <p>Planning Early Childhood Services in 2020: Learning from Practice and Research in Children’s Centres and Family Hubs Family Hubs Network Limited – Written Evidence (PSC0052) Family Hubs Network Knowledge Base The Best Start for Life: Early Years Healthy Development Review Report Westminster Family Hubs (Local Gov Article)</p>
<p>12. Have you consulted with Stakeholders? <i>Answer: Yes/No</i> <i>Stakeholders are those who have a stake or interest in your project which could be residents, service users, staff, members, statutory and other organisations, VCSE partners etc.</i></p>	Yes
<p>13. Who have you involved, consulted and engaged with? <i>Please give details in the box provided. This may be details of those you have already involved, consulted and engaged with or who you intend to do so with in the future. If the answer to question 12 is ‘No’, please explain why.</i></p>	
<p>Kent Communities Programme Engagement in a general context took place with stakeholders prior to the launch of the public consultation including: KCC members and senior officers Service delivery team members and property team members as part of the design process District authorities External partners including NHS and Kent Fire and Rescue</p> <p>A full 10-week consultation process was carried out between 17 January 2023 and 26 March 2023, this gave an opportunity to residents, community groups and all interested parties to give feedback on the proposed changes to service delivery across the county. During this consultation there were face to face sessions held, and over 150 hours of proactive engagement with residents, service users (including groups of users in locations proposed for closure), partners, staff, unions and members.</p> <p>Of the 1,776 consultees who took part, 18% of consultees provided a response to our specific question about the equality analyses we had conducted prior to, and published together with, our consultation. A more detailed breakdown of the responses within the consultation and the equalities considerations is given above.</p> <p>Family Hub Model Initial informal engagement took place between January and August 2022 with staff, service users and partners to explore the themes and aims of a Family Hub model in Kent, to inform the proposals and the application for the Family Hub Grant Funding in August 2022. Colleagues from across Integrated Children’s Services have spoken with KCC staff, health visitor and midwifery colleagues, other public health colleagues, commissioners and the Voluntary and Community Sector (VCS).</p> <p>Work to develop the involvement of parent/carers started in March 2023 and includes feedback on the branding for Kent Family Hubs, Fathers’ feedback on Start for Life services and feedback on the Service user Journey in the two test sites. Further consultation and engagement has taken place and will continue with internal and external stakeholders as well as children, young people, and parent/carer representatives throughout the duration of this programme of transformation.</p>	

The Family Hub services consultation launched on 19 July 2023 and closed on the on 13 September. The consultation aimed to gather the views of the community about the proposed changes to Children’s Centre services, youth provision, Health Visiting and community-based midwifery care. Families were able to complete an online or physical form, send emails, written communication and young people also sent videos, voice notes and flip charts from youth sessions. The feedback from the consultation has informed the equalities impact analysis and modelling.

Family Hub Consultation feedback

The table below shows the profile of consultees responding to the consultation questionnaire only, we do not have the profile data for those who responded through alternative methods. The proportion who left this question blank or indicated they did not want to disclose this information has been included.

RESPONDING AS...	Number of consultees answering	% of consultees answering
As a Kent resident	849	94%
On behalf of a friend or relative	24	3%
A resident from somewhere else	14	2%
Other	6	1%
Prefer not to answer / left blank	15	2%

Our consultation data shows women were the majority of consultees and are far more likely to be impacted by the implementation of the Family Hub model as they form the majority of parent/carer service users as supported by our user reach data.

GENDER	Number of consultees answering	% of consultees answering
Male	97	11%
Female	597	66%
Prefer not to answer / left blank	214	24%

The consultation shows that those most consultees were between the age of 25 - 49 and that supports our KCC user data for those that utilise our services with 67% having children and 4% expecting a child. 22% of consultee’s left this question blank.

As outlined below we have recognised Age as an impacted group.

AGE	Number of consultees answering	% of consultees answering
0-15	14	2%
16-24	28	3%
25-34	198	22%
35-49	315	35%
50-59	62	7%

60-64	23	3%
65-74	23	2%
75-84	15	2%
85 & over	3	0.3%
Prefer not to answer / left blank	227	25%

PRESENCE OF CHILDREN	Number of consultees answering	% of consultees answering
I/we have children	612	67%
I am / we are expecting a child	40	4%
I/we do not have children	54	6%
Prefer not to answer / left blank	202	22%

AGES OF CHILDREN	Number of consultees answering	% of consultees answering
0-1 year old	194	21%
2-5 years old	240	26%
6-10 years olds	196	22%
11-19 years old	238	26%
I/we do not have children	54	6%
Do not have children / prefer not to answer / left blank	255	28%

Profile of professionals / organisation consultees responding

263 consultees took part in the consultation questionnaire specifically responding as professionals/organisations.

The KCC team also received feedback via email / letters. All emails / letters / videos received were passed to Lake Market Research to review and include comments in this report accordingly.

The table below shows the profile of consultees responding specifically to the consultation questionnaire. The proportion who left this question blank or indicated they did not want to disclose this information has been included. The main responses that were identified came from KCC staff, charities and the voluntary/community sector and educational establishments.

RESPONDING AS...	Number of consultees answering	% of consultees answering
Kent County Council staff	77	29%
Community-based midwifery staff	2	1%
Health Visiting staff	17	6%

Staff from another health-related organisation	11	4%
As a representative of a local community group or residents' association	2	1%
On behalf of an educational establishment, such as a school, college or early years setting	40	15%
On behalf of a Parish / Town / Borough / District Council in an official capacity	15	6%
As a Parish / Town / Borough / District / County Councillor	16	6%
As a Kent business owner or representative	2	1%
On behalf of a charity, voluntary or community sector organisation (VCS)	53	20%
On behalf of a faith group	2	1%
Other	26	20%

14. Has there been a previous equality analysis (EQIA) in the last 3 years? *Answer: Yes/No*

Yes - Our Community Services consultation set out how equality, diversity and inclusion was first considered using data for many characteristics that are provided by Equality Law.

This included data on

- Where young people lived
- Transport connectivity
- Percentage of households that are able to access services in a building within 30 minutes on public transport
- Transport mapping to understand the accessibility of building as know that older parents and carer, young people and those with a disability are more likely to be reliant on public transport

The Community Services consultation Equality Impact Assessments (EqIA) are available to read online via [Community Services Consultation \(Let's Talk Kent.gov.uk\)](https://www.kent.gov.uk/consultation)

15. Do you have evidence/data that can help you understand the potential impact of your activity? *Answer: Yes/No*

Yes

Uploading Evidence/Data/related information into the App
Note: At this point, you will be asked to upload the evidence/data and related information that you feel should sit alongside the EQIA that can help understand the potential impact of your activity. Please ensure that you have this information to upload as the Equality analysis cannot be sent for approval without this.

- [Link to the Community Services Consultation](#)
- [Link to equality and diversity data](#)
- [Link to the Health Needs Assessment 0-4 year olds in Kent](#)
- [Link to 2021 Mid-year population estimates: Age and sex profile](#)
- [Link to NHS Kent and Medway Perinatal equity and equality report](#)
- [Link to House of Commons Gypsies and Travellers briefing paper](#)
- [Link to Department for Education research brief on the lives of young carers in England](#)
- [Link to Family Hubs and Start for Life programme: local authority guide](#)
- [Link to Emotional health and wellbeing after birth information](#)
- [Link to Kent Family Hub Consultation](#)

Section C – Impact

16. Who may be impacted by the activity? Select all that apply.			
Service users/clients <i>Answer: Yes/No</i>	Yes	Residents/Communities/Citizens <i>Answer: Yes/No</i>	Yes
Staff/Volunteers <i>Answer: Yes/No</i>	Yes		
17. Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing? Answer: Yes/No			Yes
18. Please give details of Positive Impacts			
<p>The principles and framework for the Family Hub model, as set out by central government, are built based on improving user experience by:</p> <ol style="list-style-type: none"> 1. increasing access to a wider range of services in one place or under one shared umbrella; 2. improving the interface and join-up between services; and 3. having services working within practice that builds on strengths and puts children, young people and their families at the centre of services. <p>Protected Characteristics</p> <p>Pregnancy and Maternity</p> <p>Women who are pregnant or who have had a baby are most likely users of some services. During 2020 there were 15,940 live births in Kent, with some districts having a higher percentage of births e.g., Gravesham, Maidstone, Dartford, and Tonbridge & Malling. In Dartford, the births make up a higher percentage of the total population in that district highlighting the importance of equity in service provision (see 0-4 needs assessment). The Start for Life Offer will focus on perinatal mental health and infant feeding which is likely to benefit females through pregnancy and maternity as well as babies and infants. The Start for Life offer will be able to be accessed digitally which will be helpful for women who may struggle to travel.</p> <p>In addition, our parenting education programmes will also provide new families with the information that they need to support them at this critical time.</p> <p>Work around Reducing Parental Conflict and targeted support around domestic violence where needed will support (where applicable) relationship stability and the family environment/safeguarding.</p> <p>Co-location of services will make the physical experience accessing services easier and should reduce the number of times that stories need to be re-told. There will also be an increased awareness of other potential sources of support. In addition, the Family Hub and Start for Life model provides us with the opportunity to engage with people at an earlier point through maternity services building those key relationships at a critical time.</p> <p>Sex</p> <p>Population data from the 2021 Census shows that there are slightly more female residents than male in Kent (51.3% female vs 48.7% male). However, females only outnumber males from aged 25 years; prior to this, males outnumbered females in children and young people. Services are available for all parents, regardless of gender, however, the majority of parents currently accessing services are women.</p> <p>To encourage men to access services, there will be a targeted community offer and digital resources.</p> <p>As we develop our community-based offering there will be an increase of opportunities for volunteers and Family Coaches. We will actively encourage men to participate and engage in these opportunities.</p>			

The DfE ambition is for 50% of parent / carer panels to be Fathers / male partners and we will actively promote involvement and engagement through the Family Hub networks and digital offer.

We will also work with all service users to ensure that activities take place in safe spaces.

Age

There are 369,600 children and young people (ages 0-19) living in Kent (Census 2021). The spread of ages is uneven across Kent; 5.5% of total population are 0-4 year olds, 6.0% are 5-9 years old, 6.2% are 10-14 years old and 5.6% are 15-19 year olds.

The majority of Children Centre services are accessed by parents / carers aged 25-39, babies and children aged 0-8.

Young people (aged 8-19) will benefit from community-led social and developmental activity available for all, whilst those at most risk of missing out where community resources do not meet the need will be prioritised if needed.

Needs assessments will support targeted interventions for young adults such as: teenage mothers, those who are at risk of homelessness, young carers, sexual or criminal exploitation or grooming and those Not in Education, Employment or Training (NEET), those at risk of going missing and those at risk of drug and alcohol misuse.

Families will experience smoother transition points as this is 0-19 year old (25 for children with SEND) service so will be able to access services under the Family Hub model and network.

Age related specific services will continue.

Following national policy, recognising the importance of the first 1,001 days, and implementing services to ensure the best start in life for babies will improve outcomes.

Disability

Kent has a higher proportion of people aged under 16 (5.8%) claiming a disability benefit than both the regional (4.5%) and national average (4.6%). It is unknown how many children with SEN, or a disability, use current services, as this information is not routinely collected.

The Family Hub offer will benefit those with SEND through additional parenting education and improved access to information on support for children and young people. We currently know those with SEN are underrepresented in our service, a more targeted approach should ensure more equal access for children with SEND with the help of outreach and digital provision.

Some community-based provision may take place in environments they are more familiar with e.g., home or school, reducing anxiety and behaviours that challenge and for some, our digital offer will improve the opportunity to access information, advice and guidance and online support.

Accessibility of venues will be a consideration across the Family Hub network, including outreach venues.

Through taking a whole family approach, and the co-location of services, parents, and carers of children with disabilities will not have to tell their story more than once.

Feedback suggests parents of children with SEND prefer online and email communication options, so they would benefit from an enhanced digital offer. They may also benefit from virtual delivery that can be done at a time and place to suits them, increasing flexibility around caring needs.

The Census and the Council do not routinely collect data on the number of parents with a disability living in Kent, so it is difficult to assess the impact of the service change without a baseline.

Through more integrated working, parents and carers, including those experiencing baby loss, should be better supported to seek and receive help for their mental health. Focused support will be available for those who are suffering from perinatal mental health issues.

Through enhancing the existing emotional wellbeing support in place, children and young people and their families will be able to get the emotional wellbeing and health support they need when facing difficult situations. This includes the provision of face-to-face support, outreach and digital information, advice, and guidance.

Religion

There is currently no direct data which measures religion of children and young people or parents of children and young people living in Kent. The only data collected is related to the overall population and based on the 2021 Census data. The Council provides services to children, young people, and their families, irrespective of their religion or beliefs.

However, as we develop a community-based offer, we would work with religious organisations to provide support to develop provision in a safe and supportive way, helping them stay linked to the Family Hub network to seek advice. Our data driven approach will allow us to engage with those who do not normally engage with services. We also have the opportunity to engage with people at an earlier point through maternity services and can build a rapport with communities earlier.

Through the wider Family Hub network and the outreach offer we have the opportunity to engage with new spaces and places that are accessed by families who are from ethnic minority backgrounds or have English as a second language. This could include links to faith groups for example. We aim to build our relationships with communities and encourage further access and tailoring of services accordingly.

Race

Ethnicity varies across the districts in Kent. Gravesham and Dartford have the highest proportion of ethnically diverse profiles. Approximately a third of 0–4 year-olds in Gravesham and a quarter of Dartford district are non-white British. This highlights the importance of acknowledging the increased likelihood of inequalities, and likely barriers to accessing health services in these areas. A recent report on Equity and Equality in the Kent and Medway Local Maternity and Neonatal system suggests that Kent mirrors the national picture with regards to Black and Asian women having a higher risk of dying in pregnancy, maternal mortality rates, neonatal mortality rate and stillbirths per 1,000 total births. The report also highlighted differences in early access to antenatal care with Black and Asian women less likely get early access to antenatal care.

According to the 2021 Census, there are a total of 7,660 people living in Kent from one of the Gypsy, Roma or Traveller communities. There is likely to be under-recording as people may be reluctant to self-identify for fear of discrimination and mistrust of organisations and authorities. Gypsy, Roma, Traveller communities have higher rates of mortality, morbidity and long-term health conditions, low child immunisation and a higher prevalence of anxiety and depression compared with the general population.

Given that parent and infant health outcomes are already worse for Black and Asian families, as well as those from white minority backgrounds such as Gypsy, Roma, Traveller communities, co-ordinated interventions will be targeted at these groups across services to reduce health inequalities.

Through the wider Family Hub Network and the outreach offer, we have the opportunity to engage with new spaces and places that are accessed by families who are from ethnic minority backgrounds or have English as a second language. This could include links to faith groups for example. We aim to build our relationships with communities and encourage further access and tailoring of services accordingly.

Taking a data driven approach will allow us to target communities who do not feel that existing services are “for them” and we will use outreach opportunities through the Family Hub partnership to improve engagement and participation.

Carers

According to 2021 Census, there are 10,855 young carers aged 0-24 in Kent. Nationally there is a trend in under identification as young people often do not report that they have caring responsibilities at home. We estimate that there could be up to four times more young carers in Kent.

Young carers or adults with caring responsibilities may find it hard to access in person services due to their caring responsibilities and may particularly benefit from enhanced digital and virtual opportunities, as well as services in locations they already visit such as schools.

Co-located services will also play a part in making this experience easier, reducing the need for carers to have to re-tell their story.

Whole family working will assist in capturing the wider challenges of caring and the impact this has on whole family wellbeing.

Young carers will continue to be offered support through targeted supportive groups.

Sexual orientation/ Gender identity/ Transgender

Our services are open to all individuals, but we recognise that accessing services can be challenging.

Some LGBTQ+ individuals who are concerned about accessing face to face services may benefit from our online digital and virtual offer. Our workforce development across the Family Hub network will support inclusive practice and whole family working with a commitment to equality. Our outreach offer will give individuals the opportunity to access support in places they are already comfortable. LGBTQ+ young people will be actively encouraged to participate in service design opportunities.

Low income

Relative low income is defined as a family in low income before housing costs in the reference year. In 2020/21 in Kent, 17.3% of all children aged 0-4 years were living in relative low-income families (nationally its 18.1%). However, some districts have a higher proportion of children (aged 0-4) living in relative low-income families including Thanet (23.6%), Folkestone and Hythe (21.3%), Gravesham (21.1%), Dover (21.1%) and Swale (20%). The council provides services to children, young people, and their families, irrespective of family circumstances (income level). However, evidence from the Local Maternity and Neonatal System equity report suggests that women living areas of deprivation in Kent are likely to seek antenatal care later compared to women in other groups likely leading to differences in health outcomes. (Perinatal equity and equality: NHS Kent and Medway (icb.nhs.uk))

The Family Hub emphasis on providing targeted support for families in areas of 20% most deprived in Kent will aim to redress this inequity in access.

Wider impact

KCC is receiving a grant of approximately £11m to transform our services. This is an exciting opportunity to improve our services to benefit the residents of Kent. The grant is in place to support system transformation through service integration, workforce development, and co-designed new services as directed by the DfE.

This significant investment and an improved integrated model across Children’s Centres, youth provision, Health Visiting, community-based Midwifery care, with other key community services have positive wider impact for the wider population.

In addition, service users will benefit from better access to services, signposting, information, advice, and guidance as well as greater availability and visibility of services within the community. They may access this independently, through digital channels, or through outreach such as through community networks or in physical buildings.

Children and parents/carers will continue to receive support targeted at different age groupings so the support they receive is appropriate and tailored to their development stage.

Parent carer panels and peer support networks will ensure those from minority groups are able to be heard and shape our services. We think this will particularly benefit those from ethnically diverse communities whose views may currently be underrepresented, same sex parents (LGBTQ), those with SEND, carers, and fathers. Virtual support networks may be particularly effective where parents are in a very small minority in their community. Enhanced digital support will enable service users to engage with services at a time that works for them.

The co-location of staff in buildings will make services easier to access and reduce the need for service users to tell their story more than once.

The integrated working model would ensure that staff working under the Family Hub umbrella would all adopt the whole family model and have access to workforce development opportunities. This means that families would receive a more consistent style and quality of service.

The new model also includes partnerships with local community and voluntary services as a key part of the Family Hub network. We will seek to offer increased access to partners to deliver their services for families within Hubs and jointly in outreach where there are joint opportunities and needs are identified. This will enable improved access to a wider range of services for children, young people and parents/carers.

Negative Impacts and Mitigating Actions

The questions in this section help to think through positive and negative impacts for people affected by your activity. Please use the Evidence you have referred to in Section B and explain the data as part of your answer.

19.Negative Impacts and Mitigating actions for Age

<p>Are there negative impacts for age? <i>Answer: Yes/No</i> <i>(If yes, please also complete sections b, c, and d).</i></p>	<p>Yes</p>
<p>Details of Negative Impacts for Age</p>	<p>Consultation Response</p> <p>57% of all consultees were between 25-49 with 67% having children and only 4% expecting a child. The most common activity used is activities for children 0-5 at 70% of consultees answering, followed by activities for older children and young people at 48%.</p>

Around a third of consultees answering indicated they use education for parents on child development (35%), information, advice and guidance about support services for children and young people with Special Education Needs and Disabilities (SEND) (31%) and information and signposting to mental health services (children and adults) (31%).

There are significant differences in the current use of activities by demographic:

- A higher proportion of consultees aged 25-34 and 35-49 use activities for children aged 0-5 (86% and 79% respectively).
- A higher proportion of consultees aged 50-64 and 65 & over, use activities for older children and young people (67% and 62% respectively), information and signposting to mental health services (children and adults) (45% and 41% respectively), support and information for parents/carers of adolescents (teenagers) (35% and 34% respectively) and online safety for children and young people (21% and 38% respectively)

It can be surmised that those in the 25-49 category typically have children belonging to 0-5 whilst parents of older children and young people are 50+.

Just under a third of consultees answering (32%) indicated the future Family Hub model should include a place specifically for teenagers / activities for teenagers / support for teenagers / youth activities.

As Family Hub services are targeted at improving outcomes for children **0-19**, they will be disproportionately impacted by the changes proposed.

Children

The closure of Children's Centres could disproportionately impact those **0-5** receiving support through Open Access towards their development milestones associated with health, education, and parent bonding. They will be reliant on their parent / carers being able to access another centre, who may have to travel further to access groups and support, alternatively they may access provision less frequently where it is delivered via outreach. As many of the impacts relate to access and transport connections to alternative provision, we have included an appendix of the travel options from buildings proposed to close.

The closure of Children's Centres where Health Visiting Services are currently co-located could also mean families have to travel further to access healthy child clinics and developmental reviews, breastfeeding support and general advice and support on health care, infant feeding, and physical and emotional development. As Health and Wellbeing reviews are mandated the frequency of these will not be affected.

Data in the period 2017-19 for reach at the Children's Centres sites proposed for closure showed reach highest for babies 0 -1 year. There is decline in reach at 1 year old and again at 2-year-olds with further decline at 3 years +. This suggested the greatest impact would be on children under 1-year-old.

There may also be an impact for children aged **5-10** who may currently be accessing the Children's Centre to participate in after school clubs. School aged children are likely to be reliant on a parents/carer to transport them to and from after school activities. The transport implications for parents/carers are discussed later but is likely to impact on this age group. If their parent / carer is unable to take them to the nearest alternative

Family Hub, they may need to access alternative provision in the community or may stop accessing after school activities. This could have an impact on their social, physical, or educational development.

Parent/Carers – 25-39 Year Olds.

We recognise that parents (most likely to be aged between 25 and 39) may need to access services differently, may need to travel to alternative locations and may receive a different type of service than previously offered. Travel costs could become a barrier to access and, if this is the case, this could affect their ability to access the support required when needed.

Additionally, as Family Hubs adopt a 0-19 (25 for SEND) whole family approach. The look and feel of buildings may change and individuals from different age groups will have to share space. This may affect how individuals feel about space that was previously designed for their age range and could impact on feelings of safety and belonging.

Youth

We know that young people were concerned about this as part of their feedback on the Family Hub services consultation. 12% of consultees answering indicated there should be more youth services offered / more activities for young people / not less / separate spaces should be provided for them. In addition, promotional education/information material for young people that is displayed in buildings may not be suitable for different age ranges.

15–19-Year-Old Parents

Health outcomes for the babies of teenage parents are well acknowledged to be worse than their counter parts, so access to Family Hub services for these parents and their children will be especially important to support good outcomes for their babies and/or children. The impact of further journey times may have a greater impact on this cohort as they are less likely to hold driver's licence and will be more reliant on family and friends or public transport and walking to travel to access services. As teenage parents are likely to be more reliant on the services on offer from Family Hubs, there is likely to be a larger impact on them and their children if they are unable to access a centre, exacerbating existing inequality of outcomes.

Elderly Parents / Carers (65+)

Older parents / carers may be disparately affected as they may have increased mobility needs and experience greater difficulty travelling to alternative provision. They may also face more difficulty engaging with our digital offer making them more reliant on our outreach provision.

Co-location

Additionally, parents (most likely to be aged between 25 and 39) may also experience some negative impacts as a result of these changes to the look and feel of buildings, and the co-location of a wider range of services at Family Hubs. Parents of younger children may feel uncomfortable sharing spaces with teenagers, as the messaging around information, guidance and support literature is very different, also they may feel uncomfortable approaching a building with lots of young people gathered outside.

63% of residents between the age of 25 and 34 disagree with the proposals to co-locate services together. Again, this is supported by the comments within the response that this opposition is likely due to the proposals to co-locate Children Centre services and

	<p>accessibility is raised as a point of concern. This suggests that the impact on residents in this age bracket, particularly when combined with other protected characteristics like sex, disability, pregnancy and carer responsibilities, would be more significant.</p> <p>Again, considering that the number of building closures <i>decreases</i> progressively between option 1 and 2, further between option 2 and 3, and then again between option 3 and 4, it is clear that the significance of the impacts across the County would lower depending on which option is chosen.</p>
<p>Mitigating Actions for age</p>	<p>Across the options presented for Member decision the impact of change on all protected characteristics, including age, are mitigated to different degrees by retaining progressively more buildings in Options 3 and 4 compared to the consultation model presented in Option 2. In Options 3 and 4, the Needs Framework has been amended to give progressively greater weight to the analysis of the public transport network.</p> <p>Therefore, in Options 3 and 4 progressively fewer buildings are proposed for closure, which reduces the requirement for residents to use public transport to access services in alternative locations. Option 5 does not make any changes and so there are no equalities impacts to mitigate.</p> <p>We will address recognised barriers to accessing services, and how outreach and digital options of support could assist. In some cases, where required home visits or support through other community provision could be provided. Leaflets and posters will be displayed with consideration for the different service user groups in a Family Hub site to ensure the materials are age appropriate.</p> <p>As part of the co-design element of the model, users will be involved in the development of shared spaces to create a sense of ownership and belonging.</p> <p>We will ensure that timetabling and scheduling considers when children, young people and families are available based on their age range. Promotional material will also need to be age appropriate in delivery spaces.</p> <p>Parent Carer Panels will seek to engage and include a wide range of parents and carers at the different end of the age range to ensure inclusivity.</p> <p>The Family Hub outreach offer, proposed to be co-designed with partners within each district locality, allows services to be delivered within communities that would negate the need for residents to travel to reach services. It will also lead to service delivery to currently underserved communities that may miss out on service provision due to the historic nature of the Council’s building footprint. In addition, as part of our Family Hub outreach offer, we will improve access to Public Health services specifically for families of young people, targeting where there is greatest need.</p> <p>To reduce the impact on vulnerable young people, we propose that any future commissioning would be aligned to education services that support children with SEND.</p>
<p>Responsible Officer for Mitigating Actions – Age</p>	<p>Danielle Day Programme Manager – Family Hubs</p>
<p>20. Negative Impacts and Mitigating actions for Disability</p>	
<p>Are there negative impacts for Disability?</p>	<p>Yes</p>

Answer: Yes/No (If yes, please also complete sections b, c, and d).

Details of Negative Impacts for Disability

Consultation Response

According to the most recent service user data, there were around 700 services users with Special Educational Needs accessing children’s centres in 2019 (between 01/01/2019 up to and including 07/10/2019) who may be more adversely affected by the proposals than those without disabilities.

14% of consultation respondents indicated that they experience a disability and 61% of all respondents disagree with the proposals to have fewer buildings. The negative impacts on residents experiencing a disability do interplay with other protected characteristics as already outlined, particularly between age.

The consultation asked a variety of questions on how the potential services being proposed and the delivery model may affect people in terms of access as well as what services should be offered, assess needs for delivery including face to face vs virtual. In relation to our service offer for SEND including both direct service delivery and advice and guidance some key highlights from the consultation include:

- A higher proportion of consultees aged 50-64 use information, advice and guidance about support services for children and young people with Special Education Needs and Disabilities (SEND) (54%).
- Around two thirds of consultees answering indicated they might use information and signposting to mental health services (69%), activities for children aged 0-5 (65%) and information, advice and guidance about support services for children and young people with Special Education Needs and Disabilities (SEND) (62%).
- 5% of consultees highlighted the need for more support for SEN and SEND or to be be mindful of SEND when developing the Family Hub service delivery model and services.
- 17% consultees indicated that our demographic of those with SEN/SEND/Autism/ND would be impacted by the proposals not being considered adequately. Highlighting the need to ensure that equalities impact remain at the core of the proposed model.

In terms of the suitability of virtual delivery vs face to face:

- The vast majority of consultees answering (93%) consider face to face (in person) access to be suitable for information, advice and guidance about support services for children and young people with Special Education Needs and Disabilities (SEND).
- Three quarters of consultees answering consider online services (75%) suitable for this service and 67% consider virtual services suitable.
- Only 6% of consultees thought virtual service delivery was appropriate for Services for SEN / SEND / ND

Physical Disabilities

Proposed closure of Children’s Centres may adversely affect children with disabilities living within these catchment areas or children with parents with a disability, where

they are required to travel further away to access services. Families with disabilities may find it harder to travel beyond immediate home locality due to having no transport and a greater reliance on public transport. Even where public transport links do exist, those with disabilities may still find it harder to access via public transport. This may be for mobility reasons, in the case of a physical disability where the requirement to travel by public transport is more challenging. Additionally, children with SEND may find increased journey times distressing.

Where accessing a Family Hub is more difficult families may access support less frequently or not at all, potentially having an impact on both the parent and the child's wellbeing. The health visiting mandated check are an exception to this where the frequency will not be impacted by accessibility of services. For this reason, we have detailed the nearest alternative provision and the relevant transport implications.

Given that educational, employment, and wellbeing outcomes are all generally lower for those with disabilities, ([Outcomes for disabled people in the UK – Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/people-in-the-uk/disabilities)) this existing inequality may be compounded by increased difficulty accessing services, resulting in a disproportionate impact.

Service users with physical disabilities may have different needs from the physical environment such as for accessible toilets, hearing loops, ramps and other accessible features. We have conducted analysis across the alternative Family Hub sites and in particular have identified that Temple Hill Library does not currently have an accessible toilet unlike current provision. This may prevent those with physical disabilities and their carers feeling comfortable to access services at this venue. They may need to travel further or access a toilet within the local community. Service users with SEND or sensory conditions may also have differing needs. Cranbrook Children's Centre currently has a sensory room which is not replicated in any other centre within the district. The removal of this provision may have a negative impact on families who find it particularly soothing and helps them to engage in the other services available at Children's Centres. As service users of the two Youth Hubs proposed for closure have already been able to access services from the proposed alternative locations, we do not anticipate that 11–19-year-olds with a disability will be impacted by the changes.

By virtue of the fact that the number of building closures *decreases* progressively between option 1 and 2, further between option 2 and 3, and then again between option 3 and 4, it is clear that the significance of the impacts across the County would lower depending on which option is chosen.

Mental Illness / Anxiety Disorders

Our proposal to close 3 centres which are currently used by the Children and Young Person's Counselling Service may adversely impact those with mental illness. They may be more sensitive to change and be more distressed than their counterparts by the need to access services from a different location.

Similarly, families with higher levels of anxiety may also find the need to access alternative provision more distressing. If not managed well, it is possible that some families will stop accessing our services, potentially exacerbating existing conditions.

Digital Delivery

Parents/carers and children with disabilities may be unable to access information digitally. ONS research suggests that half of internet non-users in 2017 has a disability and are disproportionately affected by digital exclusion. [Exploring the UK's digital divide – Office for National Statistics \(ons.gov.uk\)](#). As such they may be more reliant on face-to-face services and impacted more heavily by the need to travel further as they may not be able to access the digital offer. The Consultation response demonstrated that 10% of respondents highlighted accessing services online would be difficult for them and 9% did not feel confident using technology. 16% believe online access to services isn't an inclusive approach and cited the elderly, those with access issues and those unable to use online services as examples to illustrate their views. 11% commented that online delivery needs to be appropriate for the service in question.

Co-location

48% of respondents disagree with the proposals to co-locate services together. The comments within the response suggest that this opposition is likely due to concerns around accessibility of services within co-located sites. This suggests that the impact on residents experiencing a disability would be more significant. Our plans to co-locate with other services may have a disparate impact on children or their parents and carers with SEND. They may be more likely to experience sensory overload resultant from busier, noisier environments. Co-location may also affect families with physical disabilities as they may need more space to comfortably travel around a building. If the environment is not conducive to a positive experience for families, they may stop accessing services, or access them less frequently. Adolescents with SEND are likely to be accessing services in the evenings and are unlikely to be impacted by increased footfall.

Again, considering that the number of building closures *decreases* progressively between option 1 and 2, further between option 2 and 3, and then again between option 3 and 4, it is clear that the significance of the impacts across the County would lower depending on which option is chosen.

Option 5 is the 'Do Nothing' option and as such, if Members decided to proceed with Option 5, there would be no change in equalities impacts.

Face to face services are not changing but they may be delivered from a different location, however some children and young people with disabilities could be more digitally excluded. For example, an enhanced digital offer may have limited applicability for children, young people, and adults with SEND, who are hard of hearing, or have visual impairment or dyslexia who may struggle to engage with virtual activities.

Changes to buildings, staffing, timings, and the addition of co-located staff may be a challenge for some children, young people and adults who struggle with change by the nature of their disability. New environments and the level of activity in those environments (as a result of co-location and integration of services) could also adversely affect those groups.

Outreach support will be in community buildings and this may impact accessibility dependant on physical building limitations.

	<p>We recognise that individuals with disabilities may need to access services differently, may need to travel to alternative locations and may receive a different type of service than previously offered. Travel could become a barrier to access and, if this is the case, this could affect their ability to access the support required when needed.</p>
<p>Mitigating Actions for Disability</p>	<p>Across the options presented for Member decision the impact of change on all protected characteristics, including disability, are mitigated to different degrees by retaining progressively more buildings in Options 3 and 4 compared to the consultation model presented in Option 2. In Options 3 and 4, the Needs Framework has been amended to give progressively greater weight to the analysis of the public transport network. Therefore, in Options 3 and 4 progressively fewer buildings are proposed for closure, which reduces the requirement for residents to use public transport to access services in alternative locations. Option 5 does not make any changes and so there are no equalities impacts to mitigate.</p> <p>The co-location sites will be brought forward with the assistance of professional design and construction partners that will consider accessibility compliance and regulations as part of the design work and implementation of changes that facilitate the co-location. This will include provision of accessible facilities, DDA compliant buildings and relevant wayfinding provision.</p> <p>We will undertake co-production of digital content to ensure it is functional and accessible for individuals with disabilities.</p> <p>Our peer-to-peer support through Family Coaches and volunteers may assist individuals who feel that services don't understand the challenges they face. This should assist with greater engagement and the opportunity to offer support.</p> <p>We will also undertake digital accessibility testing of web content to ensure accessibility across a wider spectrum of need e.g., sensory needs, deaf or hard of hearing, blind/poor vision, dyslexic, physical, neurodivergence, and mental health difficulties.</p> <p>Venues will be checked for accessibility and advice will be given to partners and volunteers delivering services as part of the wider network on inclusive practice.</p> <p>Family Hubs, by working as part of the SEND Transformation programme, will be able to improve and develop on our inclusion practice.</p> <p>Our data driven approach, outreach offer and work through the Family Hub network will assist us able to identify the greatest need and respond appropriately.</p> <p>Outreach work in the community within the Family Hub model will be delivered across both urban and rural localities informed by need/data. The Family Hub outreach offer, proposed to be co-designed with partners within each district locality, allows services to be delivered within communities that would negate the need for residents to travel to reach services which has been acknowledged as more challenging for residents that experience a disability.</p> <p>Outreach is community-based provision, delivered in non-Family Hub sites such as libraries, community centres and may take place in family homes (for example Health Visitors attending a family home).</p>

	We will engage on barriers to accessing services, and how outreach and digital options of support could assist.
Responsible Officer for Mitigating Actions - Disability	Danielle Day Programme Manager – Family Hubs
Are there negative impacts for Sex? Answer: Yes/No (If yes, please also complete sections b, c, and d).	Yes
Details of Negative Impacts for Sex	<p>Consultation Response</p> <p>As is seen in the response to the consultation, 62% of female respondents oppose the proposal to have fewer buildings compared to 34% of male respondents. Equally 69% of female respondents oppose the co-location of services, compared to 26% of male respondents. This is likely due to the fact that women are more likely to take on greater responsibilities for childcare and the majority of the reduction in buildings is across the Children’s Centre estate (83% of respondents with children under 1 year old oppose the proposals to have fewer buildings).</p> <p>The proposals within Options 1, 2, 3 and 4 would require individuals to travel further, likely on public transport which may be difficult with children, pushchairs, and additional equipment. The crossover with other protected characteristics, including age, disability, pregnancy and those with carers responsibilities needs considering as the impact on these protected characteristics combined would be greater.</p> <p>By virtue of the fact that the number of building closures <i>decreases</i> progressively between option 1 and 2, further between option 2 and 3, and then again between option 3 and 4, it is clear that the significance of the impacts across the County would lower depending on which option is chosen.</p> <p>Option 5 is the ‘Do Nothing’ option and as such, if Members decided to proceed with Option 5, there would be no change in equalities impacts.</p> <p>Given that females may be disproportionately affected as they are most likely to access our services currently, we need to recognise that women may be negatively impacted by the co-location of services. This is likely to be subjective to individuals lived experience and circumstance. For example, women mainly attend groups for support around domestic violence and may struggle to enter buildings where men are sharing the space.</p> <p>Conversely, some fathers or male carers may be put off attending spaces that are mostly occupied by women.</p>
Mitigating Actions for Sex	<p>Across the options presented for Member decision the impact of change on all protected characteristics, including sex, are mitigated to different degrees by retaining progressively more buildings in Options 3 and 4 compared to the consultation model presented in Option 2. In Options 3 and 4, the Needs Framework has been amended to give progressively greater weight to the analysis of the public transport network.</p> <p>Therefore, in Options 3 and 4 progressively fewer buildings are proposed for closure, which reduces the requirement for residents to use public transport to access services in alternative locations. Option 5 does not make any changes and so there are no equalities impacts to mitigate.</p>

	<p>Our workforce development programme will include training on inclusive practice, and we will work with the wider Family Hub network to consider how groups and services are scheduled and promoted appropriately.</p> <p>Our digital offer will allow us to target information, signposting, and online content suitable for the needs of service users based on their sex, and individual needs.</p> <p>Our parent carer panels, and co-design opportunities will also assist us in improving accessibility. We will seek feedback from all service users to improve and develop inclusive and safe delivery spaces that acknowledge how circumstances and lived experience can affect men and women's view on space sharing.</p> <p>We will continue to work with partners to develop and improve our offer to fathers and male carers and ensure feedback from fathers and male carers is used to develop relevant and engaging services to support them in their parenting roles.</p>
Responsible Officer for Mitigating Actions - Sex	Danielle Day Programme Manager – Family Hubs
22. Negative Impacts and Mitigating actions for Gender identity/transgender	
Are there negative impacts for Gender identity/transgender? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	Yes
Details of Negative Impacts for Gender identity/transgender	<p>The pre-consultation EqIA did not identify any negative impacts for Gender identity/transgender. However, 19% of responders to the consultation commented on the Equality Analysis and 4% of respondents (6 responders) felt that LGBTQIA+ were adversely affected and not considered adequately.</p> <p>Young people within the gender identity/transgender characteristic may be impacted by the requirement to share youth centre space with an early years (0-5) setting. Feedback from the consultation demonstrates that young people that access youth centres are not in favour of this as they may feel unable to use the centre to highlight issues related to gender identity, sexual health and LGBTQ issues.</p> <p>We recognise that some Transgender individuals (including adults) may not feel that the services are available to cater for their specific identity needs.</p> <p>Some Transgender parents may feel concerned about attending events due to current tensions around environments not feeling fully inclusive.</p>
Mitigating actions for Gender identity/transgender	<p>Youth services will be protected by timetabling activity within the new Family Hub model and through design within spaces to provide separate and dedicated areas/settings for youth provision, including space for confidential conversations. We have examples of being able to do this successfully within our current estate and service models.</p> <p>We will work with all service users to ensure that activities take place in safe spaces. Our digital and outreach offer will be developed and co-designed to support all service users.</p> <p>KCC will continue to provide an in-house youth provision which will remain a mixture of centre based and outreach activity. We will also undertake targeted work through local</p>

community groups to continue support for transgender and young people who are not cisgender in a safe environment where required.

Our digital content and our Family Hub network will be able to provide information, advice, and support for a range of issues concerning gender identify.

We will work with local community organisations to ensure provision (based on local need) includes targeted services or is well sighted on how to make groups more inclusive.

Our workforce development programme will also include a focus on inclusive practice and an ongoing commitment to equalities.

We will work with and co-produce services with all service users to ensure that activities take place in safe spaces.

Responsible Officer for Mitigating Actions - Gender identity/transgender
 Danielle Day
 Programme Manager – Family Hubs

23. Negative Impacts and Mitigating actions for Race

Are there negative impacts for Race? Answer: Yes/No
 (If yes, please also complete sections b, c, and d).
 Yes

Details of Negative Impacts for Race

Existing Racial Inequality in Maternity and Child Outcomes
 We are aware that people from ethnic minority groups are likely to be disadvantaged by poorer health. Black, Asian and other ethnic minority women are overrepresented in the groups that experience the worst outcomes in maternity and perinatal care. (Ref 308 Inequalities Sprint Audit Report 2021_FINAL.pdf (maternityaudit.org.uk). Given these minority groups experience worse outcomes changes to Health Visiting services which are targeted at maternity, any negative impacts may deepen existing inequality.

This health inequality can also lead to educational inequality. An inability to access Open Access services which impact on child and parent’s health, education and employment outcomes may further entrench this disadvantage. Gypsy, Roma, Traveller populations also are known to have poorer health outcomes compared to other ethnic groups and may also be more significantly impacted by an inability to access Family Hub services.

Centres with Higher Levels of users from Different Ethnic Populations
 Whilst any family from a minority ethnic population may be impacted in the ways described above, we’re particularly mindful of centres where there is a particularly large number of users or a notably higher proportion of those from different ethnicities within a particular centre.

Gravesham and Dartford districts both have a higher number of ethnic communities than the Kent Average:

District	Asian, Asian British or Asian Welsh	Black, Black British, Black Welsh, Caribbean or African	Mixed or Multiple ethnic groups	Other ethnic group	White
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Dartford	9.9%	10.5%	3.1%	2.0%	74.5%
Gravesham	11.2%	6.5%	2.6%	3.0%	76.6%
Kent Average	4.6%	2.7%	2.3%	1.3%	89.1%

Further data from the service relating to 2019 service users highlights particular locations. We've identified that the closure of the following Children's Centres may be particularly impact on those from different ethnic populations and looked more closely at how we may mitigate against this in these communities.

Temple Hill Children's Centre. 650 users (31% of total users compared to 25% in Dartford at a district level)

Brent (YMCA) Children's Centre. 480 users (30% of service users compared to 25% in Dartford at a district level).

Ray Allen Children's Centre. 255 users (9% of total service users in line with Ashford's average)

Riverside Children's Centre (Canterbury). 215 users. (14% of service users compared with 8% in Canterbury at a district level) with the majority identified as White Other (11%).

West Kingsdown Children's Centre, 195 users (18% of total service users compared with 10% of Sevenoaks at a district level)

Hawkinge & Rural Children's Centre. 75 services (30% of total service users compared to 24% in Folkestone and Hythe as a district average)

The Sunflower Children's Centre, 25 service users (18% of total service users compared to 10% in Dover as a district average)

Eastborough Children's Centre, 20 service users (16% of total service users compared to 11% in Maidstone as a district average).

Within these districts the co-production work to develop the access to services will ensure that feedback is representative of the communities living within the districts to help shape how we support communities.

Access

Residents that use English as a second language may find changes to service locations more difficult to accommodate. They may also find travel to alternative locations and navigating unfamiliar settings more challenging than native English speakers. This covers the entire extent of the Kent Communities Programme as the reduction in buildings means that residents will need to access services in alternative locations or in different ways (for example online).

Ability to travel to other Children's Centre sites may be prohibitive for different ethnic populations community. There are number of factors that contribute to this such as access to cars, language barriers, cost implications, caring responsibilities and different working patters. Gov.uk publications evidence that those from black, Asian, Mixed and other ethnic populations are significantly less likely to have a full driver's license making them more reliant on public transport. Driving licences – GOV.UK Ethnicity facts and figures (ethnicity-facts-figures.service.gov.uk). They may be particularly affected where

	<p>centres are not within 30 minutes on public transport. The socio-economic status of minority ethnic families is also an area of deprivation that may make increased costs associated with travelling to different sites unaffordable. Given this potential impact analysis on the transport and travel connections has been conducted for each of these sites.</p> <p>Co-location With more services in buildings, it may be more difficult for people with limited English language and literacy to navigate the various services. This could lead to people with little English may feel overwhelmed and not able to find where they need to go very easily.</p> <p>The co-locations at Stanhope Library and Temple Hill Library are likely to be accessed by a large number of people from different ethnic populations. There may be high demand for services which may result in waiting lists for spaces on particular groups, particularly affecting those from different ethnic populations given the high number currently accessing services proposed to relocate to these co-located sites. Whilst we endeavour to provide enough activities to meet demand, space may be prohibitive of additional groups, highlighting the importance of creating new opportunities through local community groups.</p> <p>Digital People whose first language is not English are more likely to be digitally excluded and may not be able to access an enhanced digital offer. They may also not access traditional marketing activity for face to face, understand the changes being proposed or understand how to access or apply for support in the future. They may be more reliant on local access points. We also recognise that some ethnic minority families may not feel that the services are available to cater for their specific cultural needs.</p>
<p>Mitigating Actions for Race</p>	<p>Across the options presented for Member decision the impact of change on all protected characteristics, including race, are mitigated to different degrees by retaining progressively more buildings in Options 3 and 4 compared to the consultation model presented in Option 2. In Options 3 and 4, the Needs Framework has been amended to give progressively greater weight to the analysis of the public transport network.</p> <p>Therefore, in Options 3 and 4 progressively fewer buildings are proposed for closure, which reduces the requirement for residents to use public transport to access services in alternative locations or to navigate unfamiliar settings way from their current local access points. Option 5 does not make any changes and so there are no equalities impacts to mitigate.</p> <p>Co-production of digital content will be developed to be inclusive focusing on simple language that is either available to translate or is compatible with common translation software.</p> <p>Targeted provision will be informed by a range of data including the number of children whose main language is not English, and the number of students from ethnically diverse backgrounds. Ongoing analysis will be required to ensure that Family Hub services are targeted at more “hidden” communities or ethnic groups.</p> <p>Family Hubs will work alongside partner agencies, community groups and faith organisations to identify ethnic minority children, families, and communities in the local</p>

	<p>area to provide local solutions to service provision e.g., specifically designed groups and interventions to improve outcomes for diverse ethnic communities.</p> <p>Enhanced community working and support from volunteer and peer support networks should increase awareness of services and access routes. Universal health services within the Start for Life offer may use interpretation services to support services for one-to-one support. In areas of higher need (e.g., in Dartford and Gravesham 15% of children don't have English as their main language) promotional materials should be available in alternative languages where possible e.g., for targeted campaigns.</p> <p>Family Coaches and volunteers may assist individuals who feel that services don't understand the challenges they face. This should assist with greater engagement and the opportunity to offer support. The Family Coaches, volunteers and any peer to peer groups much reflect the ethnic diversity of local populations. In Dartford and Gravesham there will be proactive engagement of community groups to engage a diverse group of Family Coaches.</p> <p>The Family Hubs Model expectation is that information for families meets the Accessible Information Requirement and is made available in local languages. Analysis of the sites with the greatest impact suggests that the following language are most widely spoken in the catchment areas of these impacted centres: Nepali, Polish, Romanian, Urdu, Tamil, Yoruba and French.</p>
Responsible Officer for Mitigating Actions - Race	Danielle Day Programme Manager – Family Hubs
24. Negative Impacts and Mitigating actions for Religion and belief	
Are there negative impacts for Religion and Belief? Answer: Yes/No (If yes, please also complete sections b, c, and d).	No
Details of Negative Impacts for Religion and belief	<p>There is currently no direct data which measures religion of children and young people or parents of children and young people living in Kent. The only data collected is related to the overall population and based on the 2021 Census data. The Council provides services to children, young people, and their families, irrespective of their religion or beliefs.</p> <p>We recognise this as an area of development, and will ensure within our future work to develop the model we will proactively reach community and faith groups to engage the service user voice from these seldom heard groups and those with protected characteristics.</p>
Mitigating Actions for Religion and belief	N/A
Responsible Officer for Mitigating Actions - Religion and belief	N/A
25. Negative Impacts and Mitigating actions for Sexual Orientation	
Are there negative impacts for sexual orientation. Answer: Yes/No (If yes, please also complete sections b, c, and d).	Yes
Details of Negative Impacts for Sexual Orientation	The pre-consultation EqIA did not identify any negative impacts for Gender identity/transgender. However, 19% of responders to the consultation commented on

	<p>the Equality Analysis and 4% of respondents (6 responders) felt that LGBTQIA+ were adversely affected and not considered adequately.</p> <p>Young people within the sexual orientation characteristic may be impacted by the requirement to share youth centre space with an early years (0-5) setting. Feedback from the consultation demonstrates that young people that access youth centres are not in favour of this as they may feel unable to use the centre to highlight issues related to gender identity, sexual health and LGBTQ issues.</p> <p>Our services are open to all individuals, but we recognise that accessing services can be challenging. Some LGBTQ+ individuals who are concerned about accessing face to face services may benefit from our online digital and virtual offer.</p> <p>There are areas within service user groups with protected characteristics that we don't have data from the consultation or from across the service. We recognise this as an area of development, and will ensure within our future work to develop the model we will proactively reach groups to engage the service user voice from these seldom heard groups and those with protected characteristics.</p>
<p>Mitigating Actions for Sexual Orientation</p>	<p>KCC will continue to provide an in-house youth provision which will remain a mixture of centre based and outreach activity. We will also undertake targeted work through local community groups to continue support for LGBTQ+ youth and allies in a safe environment where required.</p> <p>Our digital content and our Family Hub network will be able to provide information, advice, and support for a range of issues concerning sexual orientation.</p> <p>We will work with local community organisations to ensure provision (based on local need) includes targeted services for LGBTQ+ individuals or are well sighted on how to make groups more inclusive.</p> <p>Our workforce development programme will also include a focus on inclusive practice. We will work with and co-produce services with all service users to ensure that activities take place in safe spaces.</p>
<p>Responsible Officer for Mitigating Actions - Sexual Orientation</p>	<p>Danielle Day Programme Manager – Family Hubs</p>
<p>26. Negative Impacts and Mitigating actions for Pregnancy and Maternity</p>	
<p>Are there negative impacts for Pregnancy and Maternity? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i></p>	<p>Yes</p>
<p>Details of Negative Impacts for Pregnancy and Maternity</p>	<p>Consultation Response As is seen in the response to the consultation, 62% of female respondents oppose the proposal to have fewer buildings compared to 34% of male respondents. Equally 69% of female respondents oppose the co-location of services, compared to 26% of male respondents. This is likely due to the fact that women are more likely to take on greater responsibilities for childcare and the majority of the reduction in buildings is across the Children's Centre estate (83% of respondents with children under 1 year old oppose the proposals to have fewer buildings). 4% of respondents to the consultation indicated that they were pregnant.</p>

	<p>The proposals within Options 1, 2, 3 and 4 would require individuals to travel further, likely on public transport which may be difficult for pregnant women or those with children, pushchairs, and additional equipment. The crossover with other protected characteristics, including age, disability, sex and those with carers responsibilities needs considering as the impact on these protected characteristics combined would be greater.</p> <p>By virtue of the fact that the number of building closures <i>decreases</i> progressively between option 1 and 2, further between option 2 and 3, and then again between option 3 and 4, it is clear that the significance of the impacts across the County would lower depending on which option is chosen.</p> <p>Option 5 is the 'Do Nothing' option and as such, if Members decided to proceed with Option 5, there would be no change in equalities impacts.</p> <p>Access Family Hubs bring together Midwifery and Health Visiting offering services to pregnant women and parents. This includes clinics, sleep and introducing solids workshops, ante-natal and post-natal support.</p> <p>Parents-to-be and new parents (up to 28 weeks) are likely to be impacted by the proposal as some of the services involved are designed specifically for them. The Health Visiting Service includes contact and offers of support following the birth of a baby, and in the first 6-8 weeks, as well as offering breast feeding support, healthy child clinics and developmental review clinics. The majority of children access existing Children's Centre are under 1 year old – whilst we don't have a breakdown of how many of these have children under 28 weeks, it is likely they will be accessing services to support early developmental child outcomes, as well as emotional and practical support as a new parent.</p> <p>We recognise that expectant mothers may need to access services differently, may need to travel to alternative locations and may receive a different type of service than previously offered. Travel costs and accessibility could become a barrier to access and, if this is the case, this could affect their ability to access the support required when needed.</p> <p>The Family Hub model includes midwifery and Health Visiting support which includes home visiting services, this will not change with any of the Family Hub implementation options.</p> <p>Perinatal mental health Local research Perinatal-Mental-Health-Needs-Assessment.pdf (kpho.org.uk) and learning from the pandemic has shown us that some new parents faced increased feelings of isolation, which can be a contributing factor to poor perinatal mental health.</p> <p>Co-location Our co-located spaces it may be busier at certain times or have a greater proportion of men and those who haven't experienced pregnancy which may be intimidating or distressing for pregnant women or very new parents.</p>
<p>Mitigating Actions for Pregnancy and Maternity</p>	<p>Across the options presented for Member decision the impact of change on all protected characteristics, including pregnancy and maternity, are mitigated to different</p>

degrees by retaining progressively more buildings in Options 3 and 4 compared to the consultation model presented in Option 2. In Options 3 and 4, the Needs Framework has been amended to give progressively greater weight to the analysis of the public transport network. Therefore, in Options 3 and 4 progressively fewer buildings are proposed for closure, which reduces the requirement for residents to use public transport to access services in alternative locations. Option 5 does not make any changes and so there are no equalities impacts to mitigate.

Family Hubs will increase access to perinatal mental health, infant feeding and infant relationship support across the county. The Family Hub network will include a range of providers who will be able to signpost individuals to support, advice and guidance and existing networks that can be accessed including community-based provision where available.

Where there are barriers to access, staff will be able to assess need to determine if direct support from a Family Hub is appropriate.

In terms of the ability to develop friendships and supportive relationships, our proposed Peer to Peer support offer will play some part in mitigating against the potential loss of informal networks.

The workforce development opportunities for the Family Hub network will ensure that a wide range of providers, including front of house staff, are able to understand key issues and provide information related to early parenthood.

The Family Hub model includes the outreach offer and work through the Family Hub network will assist us able to identify the greatest need and respond appropriately.

Outreach work in the community within the Family Hub model will be delivered across both urban and rural localities informed by need/data.

Outreach is community-based provision, delivered in non-Family Hub sites such as libraries, community centres and may take place in family homes (for example health visitors attending a family home).

It will not be possible to have a Family Hub site in all localities, particularly in rural areas with low population density as outlined within the Kent Communities programme. Outreach delivery will improve reach to isolated and/or vulnerable communities through its flexibility/agility in responding to need and not being tied to a physical Family Hub site location.

Our enhanced digital offer will include signposting to digital apps and may include virtual delivery options.

Co-location

During feasibility work for co-location we have sought to provide private spaces either within separate rooms or via screening to allow for privacy for expectant or new parents. This will continue to inform the design of co-location spaces as they develop. We will continue existing practice of considering the timings of groups and appointment to create a welcoming inclusive environment for everyone in collaboration with other services.

Perinatal Mental Health

	We will continue to use our buildings, outreach spaces and technology to support new parents to foster good relationships to combat feelings of isolation. Consistently accessing services through a Family Hub should support pregnant women and new mothers to maintain connection to a community.
Responsible Officer for Mitigating Actions - Pregnancy and Maternity	Danielle Day Programme Manager – Family Hubs
27. Negative Impacts and Mitigating actions for marriage and civil partnerships	
Are there negative impacts for Marriage and Civil Partnerships? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	No
Details of Negative Impacts for Marriage and Civil Partnerships	N/A
Mitigating Actions for Marriage and Civil Partnerships	N/A
Responsible Officer for Mitigating Actions - Marriage and Civil Partnerships	N/A
28. Negative Impacts and Mitigating actions for Carer’s responsibilities	
Are there negative impacts for Carer’s responsibilities? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	Yes
Details of Negative Impacts for Carer’s Responsibilities	<p>67% (612) of the responders had children and therefore caring responsibilities. Proposed closure of Children’s Centres could carers and their ability to access provision. For parents caring for a disabled child, this is likely to mirror the impacts identified for disability.</p> <p>It is possible that Young Carers (those under 18) are also accessing our youth provision and the young person’s counselling services independently, despite not having a disability, illness, or substance misuse issue themselves. They may also be supporting younger siblings to access Family Hub services.</p> <p>Carers living within the catchment areas of the Children’s Centre sites proposed for closure, could be adversely impacted as alternative sites might be prohibitive for those with caring responsibilities in terms of location and their ability to be able to independently travel there, travel costs, regularity of public transport. This is particularly pertinent for young carers who may have very limited travel options that are typical of their age but compounded by their caring responsibility, particularly if their household doesn’t have a member with a driver’s license.</p> <p>We recognise that carers may need to factor in more additional time to manage transport and accessibility issues, and any changes may be a barrier for some. Changes of timing, location or offer may be a barrier for young carers.</p>
Mitigating Actions for Carer’s responsibilities	<p>Where there are barriers to access, staff will be able to assess need to determine if direct support from a Family Hub is appropriate.</p> <p>We will signpost individuals to alternative provisions where appropriate, for example, to Carers Support Services where other respite may be available. Our data driven approach and working through the Family Hub network will help us target young carers and provide support accordingly.</p>

	<p>Working with other partners such as community and voluntary groups there will be wider information to local groups and other support; we propose to facilitate opportunities through co-design for parents to create their own groups and develop more peer-to-peer support.</p> <p>We will develop more community support were there are requests for support to set up a group with provision of our expertise to support new group development.</p> <p>We will ensure our digital offer is co-produced with carers and young carers to best meet their needs and that information is up to date and easy to access.</p> <p>We will encourage participation and engagement in our Parent-Carer Panels to enable meaningful co-design of services to suit the needs of carers.</p> <p>Young carers will be encouraged to take the opportunity to co-design services suitable for their needs.</p> <p>Kinship carers will be provided with information, advice, and support to access appropriate services.</p>
<p>Responsible Officer for Mitigating Actions - Carer's Responsibilities</p>	<p>Danielle Day Programme Manager – Family Hubs</p>

EQIA Submission Draft Working Template

If required, this template is for use prior to completing your EQIA Submission in the EQIA App.

You can use it to understand what information is needed beforehand to complete an EQIA submission online, and also as a way to collaborate with others who may be involved with the EQIA.

Note: You can upload this into the App when complete if it contains more detailed information than the App asks for and you wish to retain this detail.

Section A

1. Name of Activity (EQIA Title):	Kent Communities Programme (Community Assets) – Principle of Co-Location Proposals
2. Directorate	DCED/GET
3. Responsible Service/Division	INF/LRA

Accountability and Responsibility

4. Officer completing EQIA Note: This should be the name of the officer who will be submitting the EQIA onto the App.	Ben Sherreard / Jackie Taylor-Smith
5. Head of Service Note: This should be the Head of Service who will be approving your submitted EQIA.	Rebecca Spore / James Pearson
6. Director of Service Note: This should be the name of your responsible director.	Rebecca Spore / Stephanie Holt-Castle

The type of Activity you are undertaking

7. What type of activity are you undertaking?

Tick if Yes	Activity Type
Yes	Service Change – operational changes in the way we deliver the service to people.
	Service Redesign – restructure, new operating model or changes to ways of working
Yes	Project/Programme – includes limited delivery of change activity, including partnership projects, external funding projects and capital projects.
	Commissioning/Procurement – means commissioning activity which requires commercial judgement.
	Strategy /Policy – includes review, refresh or creating a new document
	Other

8. Aims and Objectives and Equality Recommendations – Note: You will be asked to give a brief description of the aims and objectives of your activity in this section of the App, along with the Equality recommendations. You may use this section to also add any context you feel may be required.

Equality Impact Assessment

This EQIA is intended to assess the potential impact of our decisions on persons with different protected characteristics. In particular, this EQIA has been prepared to help us to have regard to the need to: (i) eliminate discrimination; (ii) advance the equality of opportunity; and (iii) foster good relations between persons who share a relevant protected characteristic and those who do not, in the exercise of our public functions. These issues are relevant considerations to be taken into account whenever a new policy, function, or system change is being proposed

in the exercise of our public functions. This EQIA is also intended to evidence that these considerations have in fact been taken into account, and the weight given to them as part of our decision-making process.

This EqIA refers the proposals to co-locate services and the impact that the co-locations will have on users of the library service. The services in scope have developed their own EqIAs which assess the impact of the Kent Communities Proposals as they relate to their specific service areas. Equally the overall Programme impact is considered in a separate EqIA – ‘Kent Communities Programme EqIA’. As the co-location proposals progress through the next stages of design, site specific Equalities impact Assessments will be undertaken for each individual site based on the final design for the co-location.

The Case for Change - Kent Communities Programme

The Council is facing very significant financial pressures, for a number of reasons set out in 'Securing Kent's Future' (August 2023 and October 2023). That document sets out the urgent steps needed to return the Council to financial sustainability, by reducing overspend in its budget to avoid further need to use limited reserves to fund revenue overspends, which would weaken the financial resilience of the authority and limit the scope for the use of reserves to invest in transformation necessary to address the structural deficit.

The financial challenges faced by the Council cannot be ignored. Two particularly significant factors, are the Council's statutory 'best value' duty to deliver a balanced budget, provide statutory services, including adult social care and children's services, and secure value for money in all spending decisions; and the Council's other statutory duties.

The Kent Communities Programme seeks to rationalise our physical estate and propose a greater mix of alternative methods of service delivery across the County, informed by a clear and data-driven understanding of service need. Delivery of this programme has become more important in the light of the increased financial pressures faced by the Council. The programme also seeks to reduce the Council's carbon footprint, in line with our Net Zero 2030 approach, although this is a secondary factor given the overarching financial context. The programme does include elements of improvement to service delivery: for example benefits offered by co-location of services.

However, the Council must acknowledge that the impact of closures and reductions in services on residents can be significant. The approach set out in these proposals is therefore based on a relative needs assessment. Mitigating measures are set out, which are intended to minimise as far as possible the impact of the proposals on Kent residents.

A detailed and extensive public consultation (www.kent.gov.uk/communityservicesconsultation) allowed consultees the opportunity to give their views on the proposals. These responses have been analysed and carefully considered. A range of options have been developed, informed by the consultation responses. This EQIA has been updated following feedback from that consultation and is also based on data and evidence about Kent's communities and our service users.

The Consultation

The Kent Communities proposal has been subject to a public consultation. The consultation launched on 17th January 2023 and lasted for ten weeks, closing on 26 March 2023. The consultation set out the rationale for the proposals, the methodology which was used to produce the draft proposal and the details of the Kent Communities model (i.e. which buildings we were proposing to close and which we were proposing to retain). These proposals have now moved on following the consultation and the options are detailed below.

Rationale

The rationale for the KCP is clear. The Programme contributes to meeting the revenue savings as set out in the Medium-Term Financial Plan (MTFP). To reduce risks across our corporate estate and capital programme, the KCP reduces the Council's capital liability to the maintenance costs of such a large physical estate.

Methodology

The consultation explained the methodology underpinning the Kent Communities proposal, including how we used the Needs Framework as a starting point. The Need Framework used a wide range of data and indicators that when combined profile the different level of need for services within our communities. The data included service-held metrics, such as user figures for each service.

In developing the alternative range of options for member consideration the impact on equalities has been taken into account. The impact on the current library service users is taken into account within this EqlA.

Consultation Response

Overall, 48% (of 1,583 responses) of respondents disagree with the proposals to co-locate services together. Whilst there were some comments in support of the proposals, many raised concerns about the suitability of alternative locations for co-location of services and the accessibility of these sites for users. This will be acknowledged and considered in the site-specific EqlAs once designs are developed further.

Women were far more likely to oppose co-location of services than men and respondents with children under 10 were far more likely to disagree with co-location than those without:

Male resident	26%
Female resident	49%
Resident with no children	22%
Resident with children aged 0-1 years old (250)	61%
Resident with children aged 2-5 years old (243)	68%
Resident with children aged 6-10 years old (142)	54%

This suggests that the co-location proposals that impact women and children – where co-location between a library and a Family Hub is proposed – will require particular consideration.

The most common concern expressed in the consultation response regarding the general co-location of services (not specific to any one service) were:

Users being able to get there / travel there / can't walk to alternatives / need close location of services	51%
Public transport availability / cost of / reduction in service	33%
Practicality of co-located services (e.g. children's centre in same space as library)	22%
Impact on users unable to access the service / impact on vulnerable / mental health / taking away a lifeline / hub of community	21%
Suitability of building / fit for purpose / the space	19%
Maintaining service levels / impact on service levels	14%

Summary of Options

Within option 1, 2, 3 and 4 the proposals include co-location of services within Library buildings as follows:

Building	Proposed service to co-locate
Stanhope Library	Library and Family Hub
Temple Hill Library	Library and Family Hub
Gravesend Library	Library and Gateway
Kent History and Library Centre	Library and Gateway
Sevenoaks Library	Library and Community Day Services for Adults with Learning Disabilities
Queenborough Library	Library and Family Hub
Sittingbourne Library	Library and Family Hub
Ramsgate Library	Library and Family Hub
Cliftonville Library	Library and Community Day Services for Adults with Learning Disabilities
Tonbridge Gateway	Library and Gateway
Cranbrook Library	Library and Family Hub

Option 5 is our 'Do Nothing' option, in which case the proposed co-location of services in the table above would not proceed.

Justification

The co-location proposals are the same across Options 1, 2, 3 and 4 and so the equalities impacts will be common between these options. Option 5 would not see any change and therefore there would not be any impact on equalities. Whilst there will be some positive impacts in that service users accessing their primary service would be able to access a range of other KCC services, it is important to assess the impacts of co-location proposals on the existing users of the library service.

Broadly, the mitigations against the impacts will include careful design of co-located spaces, with the considered input of service leads, expert in the requirement of their existing user base. It is very important to acknowledge that the Council already successfully operates co-locations across the County, including every specific mix proposed within the Kent Communities Proposal.

Across the programme the impacts are considered to be adequately mitigated and justified given the wider policy and financial context within which the Council currently operates. As set out above, the impacts for each site will be acknowledged and considered in the site-specific EqlAs once designs are developed further.

Section B – Evidence

Note: For questions 9, 10 & 11 at least one of these must be a 'Yes'. You can continue working on the EQIA in the App, but you will not be able to submit it for approval without this information.

9. Do you have data related to the protected groups of the people impacted by this activity? Answer: Yes/No	<p>Yes, an analysis of the protected characteristics of the respondents to the consultation is as follows:</p> <p>Gender Male 18% Female 81.3% Prefer not to say 0.7%</p> <p>Same Gender as birth Yes 99% Prefer not to say 1%</p> <p>Pregnant</p>
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	<p>Yes – 28 out of 870 responses</p> <p>Religion Christian 90.2% Buddhist 0.3% Hindu 0.7% Jewish 0.7% Muslim 0.7% Prefer not to say 2.6% Other 4.9% Sikh 0%</p> <p>Disability Yes 14.3 % No 83.5% Prefer not to say 2.2%</p> <p>Sexual Orientation Heterosexual/Straight 89.7% Bi/Bisexual 2% Gay man 0.4% Gay woman/Lesbian 1.3% Prefer not to say 6% Other 0.6%</p> <p>Ethnicity White English 87.6% White Scottish 1.1% White Welsh 0.5% White Northern Irish 0.2% White Irish 0.7% White Gipsy/Roma 0.1% Asian or Asian British Indian 0.4% Asian or Asian British Bangladeshi 0.1% Mixed White and Black Caribbean 0.1% Mixed White and Black African 0.1% Mixed White and Asian 0.4% Black or Black British Caribbean 0.2% Black or Black British African 0.1% I prefer not to say 2.2% Other 6% White Irish Traveller 0% Asian or Asian British Pakistani 0% Arab 0% Chinese 0%</p>
<p>10. Is it possible to get the data in a timely and cost effective way? <i>Answer: No</i></p>	<p>Will be identified during next phase local demography</p>
<p>11. Is there national evidence/data that you can use? <i>Answer: Yes</i></p>	<p>Yes -</p>
<p>12. Have you consulted with Stakeholders?</p>	<p>Yes</p>

<p><i>Answer: Yes/No</i> <i>Stakeholders are those who have a stake or interest in your project which could be residents, service users, staff, members, statutory and other organisations, VCSE partners etc.</i></p>			
<p>13. Who have you involved, consulted and engaged with? <i>Please give details in the box provided. This may be details of those you have already involved, consulted and engaged with or who you intend to do so with in the future. If the answer to question 12 is 'No', please explain why.</i></p>			
<p>Engagement in a general context took place with stakeholders prior to the launch of the public consultation including:</p> <ul style="list-style-type: none"> - KCC members and senior officers - Service delivery team members and property team members as part of the design process - District authorities - External partners including NHS and Kent Fire and Rescue <p>A full 10-week consultation process was carried out between 17 January 2023 and 26 March 2023, this gave an opportunity to residents, community groups and all interested parties to give feedback on the proposed changes to service delivery across the county. During this consultation there were face to face sessions held, and over 150 hours of proactive engagement with residents, service users (including groups of users in locations proposed for closure), partners, staff, unions and members.</p> <p>Of the 1,776 consultees who took part, 18% of consultees provided a response to our specific question about the equality analyses we had conducted prior to, and published together with, our consultation. A more detailed breakdown of the responses within the consultation and the equalities considerations is given above.</p>			
<p>14. Has there been a previous equality analysis (EQIA) in the last 3 years? <i>Answer: Yes/No</i></p>		Yes – pre-consultation EqIA	
<p>15. Do you have evidence/data that can help you understand the potential impact of your activity? <i>Answer: Yes/No</i></p>		Yes.	
<p>Uploading Evidence/Data/related information into the App <i>Note: At this point, you will be asked to upload the evidence/ data and related information that you feel should sit alongside the EQIA that can help understand the potential impact of your activity. Please ensure that you have this information to upload as the Equality analysis cannot be sent for approval without this.</i></p>		Demographic data that informed the need framework. Consultation report with stats on feedback received.	
<p>Section C – Impact</p>			
<p>16. Who may be impacted by the activity? <i>Select all that apply.</i></p>			
<p>Service users/clients <i>Answer: Yes/No</i></p>	Yes	<p>Residents/Communities/Citizens <i>Answer: Yes/No</i></p>	Yes
<p>Staff/Volunteers <i>Answer: Yes/No</i></p>	Yes		
<p>17. Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing? <i>Answer: Yes/No</i></p>			Yes
<p>18. Please give details of Positive Impacts</p>			

The principles of the Kent Communities Programme are built on the ambition to provide a more cohesive range of community services to residents so that different needs can be met in the most accessible and efficient way possible.

By increasing the Gateways service overall (albeit with part-time provision at new locations), and co-locating with other services, we will be able to present a more coordinated overall service offer to our communities increasing access to complimentary KCC services for our users.

The co-location of services for Adults with Learning Disabilities proposed will help to advance the equality of opportunity between those individuals who share a relevant protected characteristic and those that do not. It will also help to foster good relations between those individuals who share a relevant protected characteristic and those that do not. Both of these factors are in line with the second and third considerations of s149 (1) of the Equality Act (2010).

The proposed changes to the Adult Education service will result in services being delivered from a building in much better condition, resulting in a more pleasant and conducive learning environment.

Proposals for co-location with Libraries, Community Learning and Skills, Adult Social Care and Family Hub services. By co-locating with a mix or range of these services within the same buildings, we are presenting a more unified service offer to the resident, so it is easier for them to access a broader range of services from a single location.

We will also be able to offer space for a range of partners to deliver services from this location and benefit from a range of services under one roof. For example, it is anticipated that our Meet and Greet staff will also have knowledge of services available from the local Borough council as well as third sector partners, to enable effective sign posting. Similarly, the link between Birth Registrations and Family Hub services is strengthened by co-locating Libraries and Family Hubs together.

Residents with some protected characteristics (sex, age, disability and race) are likely to be impacted more by the proposed building closures. These same groups are likely to also benefit from co-location of services, mindful of specific mitigations such as continued accessibility compliance of co-location sites and the provision of private/confidential areas. Residents in these groups will be able to utilise these services will benefit from a reduced number of journeys by having KCC services located nearby/ together. It is also possible that there will be benefits for residents from different races as co-location will help those whose first language is not English, as they will not need to navigate multiple locations.

Negative Impacts and Mitigating Actions

The questions in this section help to think through positive and negative impacts for people affected by your activity. Please use the Evidence you have referred to in Section B and explain the data as part of your answer.

19.Negative Impacts and Mitigating actions for Age

<p>u) Are there negative impacts for age? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i></p>	<p>Yes</p>
<p>v) Details of Negative Impacts for Age</p>	<p>As set out above, the consultation response across the whole scope of proposals demonstrates a much greater level of opposition to both reductions in buildings and co-locations in the 25-24 age bracket. 81% of respondents in that age bracket oppose the proposals to have fewer buildings. This is likely due to the fact that residents in this age bracket have a higher chance of having children between the ages of 0-5 years old, and the majority of the reduction in buildings is across the Children’s Centre estate (83% of respondents with children under 1 year old oppose the proposals to have</p>

	<p>fewer buildings). As age increases, the opposition to co-locations decreases.</p> <p>The impact of co-location on young parents and children is addressed in separate EqlAs.</p> <p>The impact of co-location of other services into library settings on elderly library users does require consideration. These users may find it more difficult, or overwhelming to access the library service with which they are familiar with other services being delivered – particularly if they are noisier sessions as part of the Family Hub offer. If elderly residents also experience a disability or mobility issues, then the impact of these changes will be more significant. It is worth acknowledging that the current library service already delivers activities that would be considered busier and ‘noisier’.</p>
<p>w) Mitigating Actions for age</p>	<p>It is very important to acknowledge that the Council already successfully operates co-locations across the County, including every specific mix proposed within the Kent Communities Proposal.</p> <p>Regardless of this, mitigations against the impacts on age will include careful design of co-located spaces, with the considered input of service leads, expert in the requirement of their existing user base.</p> <p>Staff in co-located sites will be provided with guidance to support and signpost elderly residents and ensure that any scheduled sessions that may be overwhelming are well advertised.</p>
<p>x) Responsible Officer for Mitigating Actions – Age</p>	<p>Ben Sherreard / Jackie Taylor-Smith / Local Manager</p>
<p>20. Negative Impacts and Mitigating actions for Disability</p>	
<p>u) Are there negative impacts for Disability? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i></p>	<p>Yes</p>
<p>v) Details of Negative Impacts for Disability</p>	<p>14% of consultation respondents indicated that they experience a disability and 48% of all respondents disagree with the proposals to co-locate services. The negative impacts on residents experiencing a disability do interplay with other protected characteristics as already outlined, particularly between age.</p> <p>Co-location of services into Library buildings may cause distress for library users that suffer from disabilities as they may be required to navigate around buildings in a</p>

	different way if the layout changes to accommodate the mix of services.
w) Mitigating Actions for Disability	<p>It is very important to acknowledge that the Council already successfully operates co-locations across the County, including every specific mix proposed within the Kent Communities Proposal.</p> <p>The co-location sites will be brought forward with the assistance of professional design and construction partners and the considered input of library service representatives. They will consider both the needs of the existing user base and accessibility compliance and regulations as part of the design work and implementation of changes that facilitate the co-location. This will include provision of accessible facilities, accessibility compliant buildings and relevant wayfinding provision.</p> <p>Staff in co-located sites will be provided with guidance to support and signpost residents that experience a disability of mobility issues and ensure that any scheduled sessions that may be overwhelming are well advertised.</p>
x) Responsible Officer for Mitigating Actions - Disability	Ben Sherreard / Jackie Taylor-Smith / Local Manager
21. Negative Impacts and Mitigating actions for Sex	
u) Are there negative impacts for Sex? Answer: Yes/No (If yes, please also complete sections b, c, and d).	Yes
v) Details of Negative Impacts for Sex	<p>69% of female respondents oppose the co-location of services, compared to 26% of male respondents. This is likely due to the fact that women are more likely to take on greater responsibilities for childcare and the majority of the reduction in buildings is across the Children's Centre estate (83% of respondents with children under 1 year old oppose the proposals to have fewer buildings).</p> <p>Where we are proposing to co-location with other services, there may be a higher proportion of men in the building than at present. Both male and female service users may feel uncomfortable by this, particularly where they may be breast feeding.</p>
w) Mitigating Actions for Sex	It is very important to acknowledge that the Council already successfully operates co-locations across the County, including every specific mix proposed within the Kent Communities Proposal.

	The co-location sites will be brought forward with the assistance of professional design and construction partners and the considered input of library service representatives. They will consider the necessary provision of baby change, breastfeeding and toilet facilities as well as confidential/private spaces so that existing users are not subject to overhearing conversations they may find distressing.
x) Responsible Officer for Mitigating Actions - Sex	Ben Sherreard / Jackie Taylor-Smith / Local Manager
22. Negative Impacts and Mitigating actions for Gender identity/transgender	
q) Are there negative impacts for Gender identity/transgender? Answer: Yes/No (If yes, please also complete sections b, c, and d).	Yes
r) Details of Negative Impacts for Gender identity/transgender	<p>4% of respondents to the consultation raised the issue of effects on disadvantage ethnic minorities / English as a second language / refugees / travellers / LGBTQ.</p> <p>Young people may be impacted by the requirement to share youth centre space with existing library service users. People that access youth centres raise concerns with this as they may feel unable to use the centre to highlight issues related to gender identity, sexual health and LGBTQ issues.</p>
s) Mitigating actions for Gender identity/transgender	<p>Existing library users (as well as youth service users) will be protected by timetabling activity within the new Family Hub model and through design within spaces to provide separate time of use and where possible dedicated areas/settings for youth provision, including space for confidential conversations.</p> <p>We have examples of being able to do this successfully within our current estate and service models.</p>
t) Responsible Officer for Mitigating Actions - Gender identity/transgender	Ben Sherreard / Jackie Taylor-Smith / Local Manager
23. Negative Impacts and Mitigating actions for Race	
u) Are there negative impacts for Race? Answer: Yes/No (If yes, please also complete sections b, c, and d).	Yes.
v) Details of Negative Impacts for Race	<p>With more services in buildings, it may be more difficult for library users with limited English language and literacy to navigate the various services. This could lead to people feeling overwhelmed and not able to find where they need to go very easily.</p> <p>The co-locations at Stanhope Library and Temple Hill Library are likely to be accessed by a large number of people from different ethnic populations. There may be high demand for services which may result in waiting lists</p>

	<p>for spaces on particular groups, particularly affecting those from different ethnic populations given the high number currently accessing services proposed to relocate to these co-located sites.</p> <p>Whilst we endeavour to provide enough activities to meet demand, space may be prohibitive of additional groups, highlighting the importance of creating new opportunities through local community groups.</p>
w) Mitigating Actions for Race	<p>It is very important to acknowledge that the Council already successfully operates co-locations across the County, including every specific mix proposed within the Kent Communities Proposal.</p> <p>Staff in co-located sites will be provided with guidance to support and signpost residents that do not use English as their first language.</p> <p>We will look to introduce a meet and greet service in new community hubs to support people to find the right service.</p> <p>We will work with other services to ensure a welcoming environment for all service users.</p>
x) Responsible Officer for Mitigating Actions - Race	Ben Sherreard / Jackie Taylor-Smith / Local Manager
24. Negative Impacts and Mitigating actions for Religion and belief	
q) Are there negative impacts for Religion and Belief? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	No.
r) Details of Negative Impacts for Religion and belief	
s) Mitigating Actions for Religion and belief	
t) Responsible Officer for Mitigating Actions – Religion and belief	
25. Negative Impacts and Mitigating actions for Sexual Orientation	
q) Are there negative impacts for sexual orientation. <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	Yes
r) Details of Negative Impacts for Sexual Orientation	<p>4% of respondents to the consultation raised the issue of effects on disadvantage ethnic minorities / English as a second language / refugees / travellers / LGBTQ.</p> <p>Young people may be impacted by the requirement to share youth centre space with existing library service users. People that access youth centres raise concerns with this as they may feel unable to use the centre to</p>

	highlight issues related to gender identity, sexual health and LGBTQ issues.
s) Mitigating Actions for Sexual Orientation	<p>Existing library users (as well as youth service users) will be protected by timetabling activity within the new Family Hub model and through design within spaces to provide separate time of use and where possible dedicated areas/settings for youth provision, including space for confidential conversations.</p> <p>We have examples of being able to do this successfully within our current estate and service models.</p>
t) Responsible Officer for Mitigating Actions – Sexual Orientation	Ben Sherreard / Jackie Taylor-Smith / Local Manager
26. Negative Impacts and Mitigating actions for Pregnancy and Maternity	
o) Are there negative impacts for Pregnancy and Maternity? Answer: Yes/No (If yes, please also complete sections b, c, and d).	Yes
p) Details of Negative Impacts for Pregnancy and Maternity	<p>Within the consultation response it is evident that those with children under 5 years oppose the co-location of services.</p> <p>Our co-located spaces it may be busier at certain times or have a greater proportion of men and those who haven't experienced pregnancy.</p> <p>The impact on pregnant women, or new parents accessing the library service also requires consideration. The introduction of new services into a library building may mean library services are more difficult to access or the building itself is more difficult to navigate for expectant mother and new parents.</p>
q) Mitigating Actions for Pregnancy and Maternity	<p>It is very important to acknowledge that the Council already successfully operates co-locations across the County, including every specific mix proposed within the Kent Communities Proposal.</p> <p>During feasibility we endeavour to find a private room for delivery of health visiting services as well as more private/confidential conversations.</p> <p>Library staff will be provided guidance to help signpost and support pregnant women and new parents accessing the library service within co-location sites.</p> <p>We will continue existing practice of considering the timings of groups and appointment to create a</p>

	<p>welcoming inclusive environment for everyone in collaboration with other services.</p> <p>The co-location between Family Hubs and Library services will strengthen the link between the two service areas relating to Birth Registrations.</p>
r) Responsible Officer for Mitigating Actions – Pregnancy and Maternity	Ben Sherreard / Jackie Taylor-Smith / Local Manager
27. Negative Impacts and Mitigating actions for marriage and civil partnerships	
q) Are there negative impacts for Marriage and Civil Partnerships? Answer: Yes/No (If yes, please also complete sections b, c, and d).	No.
r) Details of Negative Impacts for Marriage and Civil Partnerships	
s) Mitigating Actions for Marriage and Civil Partnerships	
t) Responsible Officer for Mitigating Actions - Marriage and Civil Partnerships	
28. Negative Impacts and Mitigating actions for Carer’s responsibilities	
q) Are there negative impacts for Carer’s responsibilities? Answer: Yes/No (If yes, please also complete sections b, c, and d).	Yes
r) Details of Negative Impacts for Carer’s Responsibilities	<p>The negative impacts on residents with carer’s responsibilities do interplay with other protected characteristics as already outlined, particularly between age and disability.</p> <p>Co-location of services into Library buildings may cause uncertainty for library users that have carer’s responsibilities as they may be required to navigate around buildings in a different way if the layout changes to accommodate the mix of services. The impact of additional uses and therefore additional service users may also negatively impact residents with carer’s responsibilities by leading to a minor overwhelming atmosphere within the library building.</p>
s) Mitigating Actions for Carer’s responsibilities	<p>It is very important to acknowledge that the Council already successfully operates co-locations across the County, including every specific mix proposed within the Kent Communities Proposal.</p> <p>The co-location sites will be brought forward with the assistance of professional design and construction partners and the considered input of library service representatives. They will consider both the needs of the existing user base and DDA compliance and regulations as part of the design work and implementation of changes that facilitate the co-location. This will include provision of accessible facilities, DDA compliant buildings and relevant wayfinding provision.</p>

	Staff in co-located sites will be provided with guidance to support and signpost residents with carer's responsibilities and ensure that any scheduled sessions that may be overwhelming are well advertised.
t) Responsible Officer for Mitigating Actions - Carer's Responsibilities	Ben Sherreard / Jackie Taylor-Smith / Local Manager

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EQIA Submission Draft Working Template

If required, this template is for use prior to completing your EQIA Submission in the EQIA App.

You can use it to understand what information is needed beforehand to complete an EQIA submission online, and also as a way to collaborate with others who may be involved with the EQIA.

Note: You can upload this into the App when complete if it contains more detailed information than the App asks for and you wish to retain this detail.

Section A

1. Name of Activity (EQIA Title):	Kent Communities Programme (Community Assets)
2. Directorate	DCED
3. Responsible Service/Division	INF

Accountability and Responsibility

4. Officer completing EQIA Note: This should be the name of the officer who will be submitting the EQIA onto the App.	Ben Sherreard
5. Head of Service Note: This should be the Head of Service who will be approving your submitted EQIA.	Rebecca Spore
6. Director of Service Note: This should be the name of your responsible director.	Rebecca Spore

The type of Activity you are undertaking

7. What type of activity are you undertaking?	
Tick if Yes	Activity Type
Yes	Service Change – operational changes in the way we deliver the service to people.
Yes	Service Redesign – restructure, new operating model or changes to ways of working
Yes	Project/Programme – includes limited delivery of change activity, including partnership projects, external funding projects and capital projects.
	Commissioning/Procurement – means commissioning activity which requires commercial judgement.
	Strategy /Policy – includes review, refresh or creating a new document
	Other

8. Aims and Objectives and Equality Recommendations – Note: You will be asked to give a brief description of the aims and objectives of your activity in this section of the App, along with the Equality recommendations. You may use this section to also add any context you feel may be required.

Equality Impact Assessment

This EQIA is intended to assess the potential impact of our decisions on persons with different protected characteristics. In particular, this EQIA has been prepared to help us to have regard to the need to: (i) eliminate discrimination; (ii) advance the equality of opportunity; and (iii) foster good relations between persons who share a relevant protected characteristic and those who do not, in the exercise of our public functions. These issues are relevant considerations to be taken into account whenever a new policy, function, or system change is being proposed

in the exercise of our public functions. This EQIA is also intended to evidence that these considerations have in fact been taken into account, and the weight given to them as part of our decision-making process.

The services in scope have developed their own EqIAs which assess the impact of the Kent Communities Proposals as they relate to their specific service areas. This EqIA refers to and summarises the analysis provided within the individual service EqIAs and summarises the mitigations and justifications outlined by the services.

The Case for Change - Kent Communities Programme

The Council is facing very significant financial pressures, for a number of reasons set out in 'Securing Kent's Future' (August 2023 and October 2023). That document sets out the urgent steps needed to return the Council to financial sustainability, by reducing overspend in its budget to avoid further need to use limited reserves to fund revenue overspends, which would weaken the financial resilience of the authority and limit the scope for the use of reserves to invest in transformation necessary to address the structural deficit.

The financial challenges faced by the Council cannot be ignored. Two particularly significant factors, are the Council's statutory 'best value' duty to deliver a balanced budget, provide statutory services, including adult social care and children's services, and secure value for money in all spending decisions; and the Council's other statutory duties.

The Kent Communities Programme seeks to rationalise our physical estate and propose a greater mix of alternative methods of service delivery across the County, informed by a clear and data-driven understanding of service need. Delivery of this programme has become more important in the light of the increased financial pressures faced by the Council. The programme does include elements of improvement to service delivery: for example benefits offered by co-location of services.

However, the Council must acknowledge that the impact of closures and reductions in services on residents can be significant. The approach set out in these proposals is therefore based on a relative needs assessment. Mitigating measures are set out, which are intended to minimise as far as possible the impact of the proposals on Kent residents.

A detailed and extensive public consultation (www.kent.gov.uk/communityservicesconsultation) allowed consultees the opportunity to give their views on the proposals. These responses have been analysed and carefully considered. A range of options have been developed, informed by the consultation responses. This EQIA has been updated following feedback from that consultation and is also based on data and evidence about Kent's communities and our service users.

The Consultation

The Kent Communities proposal has been subject to a public consultation. The consultation launched on 17th January 2023 and lasted for ten weeks, closing on 26 March 2023. The consultation set out the rationale for the proposals, the methodology which was used to produce the draft proposal and the details of the Kent Communities model (i.e. which buildings we were proposing to close and which we were proposing to retain). These proposals have now moved on following the consultation and the options are detailed below.

Rationale

The rationale for the KCP is clear. The Programme contributes to meeting the revenue savings as set out in the Medium-Term Financial Plan (MTFP). To reduce risks across our corporate estate and capital programme, the KCP reduces the Council's capital liability to the maintenance costs of such a large physical estate.

Methodology

The consultation explained the methodology underpinning the Kent Communities proposal, including how we used the Needs Framework as a starting point. The Need Framework used a wide range of data and indicators that when combined profile the different level of need for services within our communities. The data included service-held metrics, such as user figures for each service.

In developing the alternative range of options for member consideration the impact on equalities has been taken into account. As explained above options 3 and 4 have been developed acknowledging the difficulties that accessing alternative locations via public transport network would pose for residents, including those for which protected characteristics would make that a greater challenge.

Consultation Response

Whilst the consultation response indicated a majority of respondents did not support a reduction in buildings, there was very little constructive challenge to the methodology. The consultation set out alternative methods for reviewing the estate and why they had been discounted. However, many respondents did outline concerns relating to the accessibility of public transport within their feedback. As such, the accessibility of public transport has been reviewed and has been the driving factor in developing the additional options for member consideration.

50% of consultees answering use Children's Centres. 46% of consultees answering indicated other household members currently use Children's Centres. The majority of both groups use services in person at a building (92% and 93% respectively).

16% of consultees answering use Youth Hubs. 15% of consultees answering indicated other household members currently use Youth Hubs. The majority of both groups use services in person at a building (83% and 86% respectively).

41% of consultees answering use the Health Visiting Service. 35% of consultees answering indicated other household members currently use the Health Visiting Service. The majority of both groups use services in person at a building (82% and 82% respectively).

11% of consultees answering use the Children and Young People's Counselling Service. 12% of consultees answering indicated other household members currently use the Children and Young People's Counselling Service. The majority of both groups use services in person at a building (65% and 68% respectively) but a significant proportion use both in person and online services (22% and 27% respectively).

10% of consultees answering use Community Services for Adults with Learning Disabilities. 9% of consultees answering indicated other household members currently use Community Services for Adults with Learning Disabilities. The majority of both groups use services in person at a building (65% and 71% respectively) but a significant proportion use both in person and online services (18% and 25% respectively).

17% of consultees answering use Adult Education services. 13% of consultees answering indicated other household members currently use Community Services for Adults with Learning Disabilities. The majority of both groups use services in person at a building (72% and 72% respectively) but a significant proportion use both in person and online services (18% and 23% respectively).

20% of consultees answering use Gateways. 17% of consultees answering indicated other household members currently use Gateways. The majority of both groups use services in person at a building (66% and 65% respectively) but a significant proportion reported that they use both in person and online services (21% and 24% respectively).

64% of all residents taking part in the consultation and answering indicated they use at least one of the services under consultation.

Consultees were also given the opportunity to provide feedback on the equality analysis conducted in their own words. For the purpose of reporting, we have reviewed respondents' comments and have grouped common responses

together into themes. These are reported in the table below. It should be noted that 18% of consultees provided a comment at this question.

Of those answering, the most common considerations put forward are ensuring the services are accessible / walking distance / access via suitable public transport (24%).

Those commenting raise concerns for how the proposals will affect specific groups of residents who are disabled / have learning difficulties / SEN (15%), young people / children / families (15%) and low-income households (11%).

Summary of Options

Option 1 in the table above represents a model that involves a greater reduction in the physical estate than was consulted on.

Option 2 is the consultation model.

Options 3 and 4 are amended versions of Option 2, which respond to differing degrees to the consultation feedback. In seeking to respond appropriately to the consultation feedback a more detailed review of the public transport network has informed the options set out in the paper. In the consultation modelling was provided to assess the accessibility of the revised building network on public transport considering a 30-minute travel time. Greater analysis of timetable data was used to develop the post-consultation options that respond to feedback from residents. This analysis considered both an extended travel time of 35 minutes and the regularity of the service by applying a criteria that there should be at least one service per hour over the nine-hour period 8am to 5pm which reflects the general service offering timeframe. It is appreciated that regularity of service is an important additional factor for residents above merely the journey time itself.

Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period.

Option 4 represents a model which goes further in the response to the consultation feedback and brings 10 buildings back into the model (the 2 buildings from option 3 and another 8). This option rules out the closure of a buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.

Option 5 is a 'Do Nothing' option and retains the current building network and service delivery model.

Impact

Within the consultation a significant majority of responses were received by women (81%) compared to men (18%). This is particularly relevant to the Family Hub Model proposal and there is a likely cross over here with any impacts on age. The EqIA relating to the Family Hub Model sets out the consideration of equality impacts on age. However, it is acknowledged that women may bear the responsibility for childcare more commonly and as such the characteristics of sex and age require careful consideration.

Option 1 in the proposals would carry greater impacts for these characteristics as women and children would be required to travel further, likely on public transport which may be difficult with children, pushchairs and additional equipment.

Options 2, 3 and 4 would present different levels of impact, the significance decreasing between options 2 and 3 and then decreasing further between options 3 and 4 as more of the existing locations are retained. This would reduce the impact on women and children required to travel further to access services.

Option 5 is a Do Nothing option and as such would not impact the equalities of these groups.

14% of respondents answered that they consider themselves disabled. In particular the Gateway service, Adult Education Service and Community Day Services for Adults with Learning Disabilities service consider this characteristic in their EqlAs. There is a similar overlap with age within these considerations as well, given the higher likelihood of residents over the age of 60 to experience disabilities.

Option 1 in the proposals would carry greater impacts for these characteristics the elderly and disabled would be required to travel further, likely on public transport which may be difficult for them.

Options 2, 3 and 4 would present different levels of impact, the significance decreasing between options 2 and 3 and then decreasing further between options 3 and 4 as more of the existing locations are retained. This would reduce the impact on the elderly and disabled required to travel further to access services.

Option 5 is a Do Nothing option and as such would not impact the equalities of these groups.

7.4% of respondents might use English as a second language, which would likely indicate there could be impacts based on race, ethnicity or religious belief. This is a consideration particularly for service users requiring the Family Hub service, our Gateway service and our Adult Education Service. These residents may struggle more to understand and navigate the relocation of services from one place to another.

Option 1 in the proposals would carry greater impacts for these characteristics as there would likely be a greater number of site closures, requiring residents to access services from different locations.

Options 2, 3 and 4 would present different levels of impact, the significance decreasing between options 2 and 3 and then decreasing further between options 3 and 4 as more of the existing locations are retained. This would reduce the impact on the residents who use English as a second language as the number of instances of closures decreases between each option.

Option 5 is a Do Nothing option and as such would not impact the equalities of these groups.

Generally during the consultation the main theme of feedback emerging was the inaccessibility of some services, particularly using the public transport network, and the impact that has on the health and wellbeing of residents, including their mental health. The options set out for decision respond to this feedback by retaining identified centres depending on whether greater weight is given to the analysis of public transport accessibility.

Proposed closure of Children's Centres may adversely affect children with disabilities living within these catchment areas or children with parents with a disability, where they are required to travel further away to access services. Families with disabilities may find it harder to travel beyond immediate home locality due to having no transport and a greater reliance on public transport. Even where public transport links do exist, those with disabilities may still find it harder to access via public transport. This may be for mobility reasons, in the case of a physical disability where the requirement to travel by public transport is more challenging. Additionally, children with SEND may find increased journey times distressing.

Where accessing a Family Hub is more difficult families may access support less frequently or not at all, potentially having an impact on both the parent and the child's wellbeing. The health visiting mandated check are an exception to this where the frequency will not be impacted by accessibility of services. For this reason, we have detailed the nearest alternative provision and the relevant transport implications.

Given that educational, employment, and wellbeing outcomes are all generally lower for those with disabilities, ([Outcomes for disabled people in the UK – Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk)) this existing inequality may be compounded by increased difficulty accessing services, resulting in a disproportionate impact.

Service users with physical disabilities may have different needs from the physical environment such as for accessible toilets, hearing loops, ramps and other accessible features. We have conducted analysis across the alternative Family Hub sites and in particular have identified that Temple Hill Library does not currently have an accessible toilet unlike current provision. This may prevent those with physical disabilities and their carers feeling comfortable to access services at this venue. They may need to travel further or access a toilet within the local community. Service users with SEND or sensory conditions may also have differing needs. Cranbrook Children’s Centre currently has a sensory room which is not replicated in any other centre within the district. The removal of this provision may have a negative impact on families who find it particularly soothing and helps them to engage in the other services available at Children’s Centres.

As service users of the two Youth Hubs proposed for closure have already been able to access services from the proposed alternative locations, we do not anticipate that 11–19-year-olds with a disability will be impacted by the changes.

The most common concern expressed in the consultation response regarding the general co-location of services (not specific to any one service) were:

Users being able to get there / travel there / can’t walk to alternatives / need close location of services	51%
Public transport availability / cost of / reduction in service	33%
Practicality of co-located services (e.g. children's centre in same space as library)	22%
Impact on users unable to access the service / impact on vulnerable / mental health / taking away a lifeline / hub of community	21%
Suitability of building / fit for purpose / the space	19%
Maintaining service levels / impact on service levels	14%

Women were far more likely to oppose co-location of services than men and respondents with children under 10 were far more likely to disagree with co-location that those without:

Male resident	26%
Female resident	49%
Resident with no children	22%
Resident with children aged 0-1 years old (250)	61%
Resident with children aged 2-5 years old (243)	68%
Resident with children aged 6-10 years old (142)	54%

Similarly, women were far more likely to oppose the proposal to have fewer buildings than men and respondents with children under 10 were far more likely to disagree with reducing the number of buildings than residents without children:

Male resident (161)	34%
Female resident (760)	62%
Resident with children / expecting children (653)	67%
Resident with no children (173)	30%
Resident with children aged 0-1 years old (250)	83%
Resident with children aged 2-5 years old (243)	82%
Resident with children aged 6-10 years old (142)	70%

There is a similar difference in the level of disagreement with proposals to have fewer buildings based on age with residents aged 25-24 most likely to disagree:

Resident aged 25-34 (220)	81%
Resident aged 35-49 (301)	66%
Resident aged 50-64 (210)	41%
Resident aged 65 & over (152)	27%

When read alongside the fact that (as shown above) levels of objection rise for those residents with children compared to those without, it is a reasonable assumption to make that this increased level of objection is reflects the fact that the majority of reduction is being across the Children’s Centre network.

Justification

We consider that the different options for member consideration will have differing levels of impact on groups with protected characteristics. Whilst there will be some positive impacts, particularly relating to the expansion of Gateway services, the co-location of services and the Family Hubs model (subject to a separate EqlA), it is important to address the negative impacts on groups with protected characteristics and how the impacts are mitigated between the options presented for decision.

Broadly, the mitigations against the impacts on women and young children (outlined above) include the retention of more Children Centre locations within options 3 and 4 as well as a more expansive outreach offer (details to be co-designed with partners) that will (in part) focus on providing services to areas that are not necessarily covered by the Family Hub network – for instance those in more rural areas. The Family Hub Model itself brings together a wider range of services for families and as such while some service users may be required to travel further, they may now only need to make a single journey to access a range of required provision.

The mitigations against the impacts considered for those experiencing disabilities and/or the elderly (across Gateways, Adult Education and Community Day Services for Adults with Learning Disabilities) include the relocation of services to alternative locations only short distances away, or that are equally accessible by public transport due to the centralised location of the alternative locations.

Users with English as a second language may find the co-location of services relocation of service provision more difficult to navigate. Service teams will be supported in communicating changes early and effectively to these users, and teams within new locations will receive guidance in helping signpost and support these residents effectively.

All of these mitigation activities do need to be balanced against our Best Value Duty set out in securing Kent’s Future and considered alongside the reality that the fewer buildings we close within this programme, the greater pressure is put on the rest of the Council finances, which will inevitably impact statutory service provision.

Across the programme the impacts are considered to be limited through the mitigation outlined and justified given the wider policy and financial context within which the Council currently operates.

Section B – Evidence

Note: For questions 9, 10 & 11 at least one of these must be a 'Yes'. You can continue working on the EQIA in the App, but you will not be able to submit it for approval without this information.

9. Do you have data related to the protected groups of the people impacted by this activity?

Answer: Yes/No

Yes, an analysis of the protected characteristics of the respondents to the consultation is as follows:

Gender

Male 18%
 Female 81.3%
 Prefer not to say 0.7%

Same Gender as birth

Yes 99%
 Prefer not to say 1%

Pregnant

Yes – 28 out of 870 responses

Religion

Christian 90.2%
 Buddhist 0.3%
 Hindu 0.7%
 Jewish 0.7%
 Muslim 0.7%
 Prefer not to say 2.6%
 Other 4.9%
 Sikh 0%

Disability

Yes 14.3 %
 No 83.5%
 Prefer not to say 2.2%

Sexual Orientation

Heterosexual/Straight 89.7%
 Bi/Bisexual 2%
 Gay man 0.4%
 Gay woman/Lesbian 1.3%
 Prefer not to say 6%

	<p>Other 0.6%</p> <p>Ethnicity</p> <p>White English 87.6%</p> <p>White Scottish 1.1%</p> <p>White Welsh 0.5%</p> <p>White Northern Irish 0.2%</p> <p>White Irish 0.7%</p> <p>White Gipsy/Roma 0.1%</p> <p>Asian or Asian British Indian 0.4%</p> <p>Asian or Asian British Bangladeshi 0.1%</p> <p>Mixed White and Black Caribbean 0.1%</p> <p>Mixed White and Black African 0.1%</p> <p>Mixed White and Asian 0.4%</p> <p>Black or Black British Caribbean 0.2%</p> <p>Black or Black British African 0.1%</p> <p>I prefer not to say 2.2%</p> <p>Other 6%</p> <p>White Irish Traveller 0%</p> <p>Asian or Asian British Pakistani 0%</p> <p>Arab 0%</p> <p>Chinese 0%</p>
<p>10. Is it possible to get the data in a timely and cost effective way? <i>Answer: No</i></p>	
<p>11. Is there national evidence/data that you can use? <i>Answer: Yes</i></p>	<p>Yes</p>
<p>12. Have you consulted with Stakeholders? <i>Answer: Yes/No</i> <i>Stakeholders are those who have a stake or interest in your project which could be residents, service users, staff, members, statutory and other organisations, VCSE partners etc.</i></p>	<p>Yes</p>
<p>13. Who have you involved, consulted and engaged with? <i>Please give details in the box provided. This may be details of those you have already involved, consulted and engaged with or who you intend to do so with in the future. If the answer to question 12 is 'No', please explain why.</i></p>	
<p>Engagement in a general context took place with stakeholders prior to the launch of the public consultation including:</p> <ul style="list-style-type: none"> - KCC members and senior officers - Service delivery team members and property team members as part of the design process - District authorities - External partners including NHS and Kent Fire and Rescue <p>A full 10-week consultation process was carried out between 17 January 2023 and 26 March 2023, this gave an opportunity to residents, community groups and all interested parties to give feedback on the proposed changes to service delivery across the county. During this consultation there were face to face sessions held, and over 150 hours of proactive engagement with residents, service users (including groups of users in locations proposed for closure), partners, staff, unions and members.</p>	

Of the 1,776 consultees who took part, 18% of consultees provided a response to our specific question about the equality analyses we had conducted prior to, and published together with, our consultation. A more detailed breakdown of the responses within the consultation and the equalities considerations is given above.

14. Has there been a previous equality analysis (EQIA) in the last 3 years? *Answer: Yes/No*

Yes – pre-consultation EqIAs from each service area.

15. Do you have evidence/data that can help you understand the potential impact of your activity?
Answer: Yes/No

Yes.

Uploading Evidence/Data/related information into the App

Note: At this point, you will be asked to upload the evidence/ data and related information that you feel should sit alongside the EQIA that can help understand the potential impact of your activity. Please ensure that you have this information to upload as the Equality analysis cannot be sent for approval without this.

Demographic data that informed the need framework.
Consultation report with stats on feedback received.

Section C – Impact

16. Who may be impacted by the activity? *Select all that apply.*

Service users/clients
Answer: Yes/No

Yes

Residents/Communities/Citizens
Answer: Yes/No

Yes

Staff/Volunteers
Answer: Yes/No

Yes

17. Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing? *Answer: Yes/No*

Yes

18. Please give details of Positive Impacts

The principles of the Kent Communities Programme are built on the ambition to provide a more cohesive range of community services to residents so that different needs can be met in the most accessible and efficient way possible.

By increasing the Gateways service overall (albeit with part-time provision at new locations), and co-locating with other services, we will be able to present a more coordinated overall service offer to our communities increasing access to complimentary KCC services for our users.

The co-location of services for Adults with Learning Disabilities proposed will help to advance the equality of opportunity between those individuals who share a relevant protected characteristic and those that do not. It will also help to foster good relations between those individuals who share a relevant protected characteristic and those that do not. Both of these factors are in line with the second and third considerations of s149 (1) of the Equality Act (2010).

The Family Hub Model provides positive impacts for residents by drawing closer together professionals from complimentary organisations to deliver a more well-rounded range of services in one place for residents. The approach to co-designing outreach with partners means that there will be a greater level of understanding of the challenges facing particular communities, including residents with one or more protected characteristic. This could result in services being delivered to communities that are currently unserved by delivering outreach provision to residents within these areas.

The proposed changes to the Adult Education service will result in services being delivered from a building in much better condition, resulting in a more pleasant and conducive learning environment.

Proposals for co-location with Libraries, Community Learning and Skills, Adult Social Care and Family Hub services. By co-locating with a mix or range of these services within the same buildings, we are presenting a more unified service offer to the resident, so it is easier for them to access a broader range of services from a single location.

We will also be able to offer space for a range of partners to deliver services from this location and benefit from a range of services under one roof. For example, it is anticipated that our Meet and Greet staff will also have knowledge of services available from the local Borough council as well as third sector partners, to enable effective sign posting. Similarly, the link between Birth Registrations and Family Hub services is strengthened by co-locating Libraries and Family Hubs together.

Residents with some protected characteristics (sex, age, disability and race) are likely to be impacted more by the proposed building closures. These same groups are likely to also benefit from co-location of services, mindful of specific mitigations such as continued DDA compliance of co-location sites and the provision of private/confidential areas. Residents in these groups will be able to utilise these services will benefit from a reduced number of journeys by having KCC services located nearby/ together. It is also possible that there will be benefits for residents from different races as co-location will help those whose first language is not English, as they will not need to navigate multiple locations.

Negative Impacts and Mitigating Actions

The questions in this section help to think through positive and negative impacts for people affected by your activity. Please use the Evidence you have referred to in Section B and explain the data as part of your answer.

19. Negative Impacts and Mitigating actions for Age

<p>a) Are there negative impacts for age? <i>Answer: Yes/No</i> <i>(If yes, please also complete sections b, c, and d).</i></p>	<p>Yes</p>
<p>b) Details of Negative Impacts for Age</p>	<p>As set out above, the consultation response across the whole scope of proposals demonstrates a much greater level of opposition to both reductions in buildings and co-locations in the 25-24 age bracket. 81% of respondents in that age bracket oppose the proposals to have fewer buildings. This is likely due to the fact that residents in this age bracket have a higher chance of having children between the ages of 0-5 years old, and the majority of the reduction in buildings is across the Children’s Centre estate (83% of respondents with children under 1 year old oppose the proposals to have fewer buildings).</p> <p>The proposals within Options 1, 2, 3 and 4 would require individual within this age bracket to travel further, likely on public transport which may be difficult with children, pushchairs, and additional equipment. The crossover with other protected characteristics, including sex, disability, pregnancy and those with carers responsibilities needs considering as the impact on these protected characteristics combined would be greater.</p> <p>By virtue of the fact that the number of building closures <i>decreases</i> progressively between option 1 and 2, further between</p>

option 2 and 3, and then again between option 3 and 4, it is clear that the significance of the impacts across the County would lower depending on which option is chosen.

63% of residents between the age of 25 and 34 disagree with the proposals to co-locate services together. Again, this is supported by the comments within the response that this opposition is likely due to the proposals to co-locate Children Centre services and accessibility is raised as a point of concern. This suggests that the impact on residents in this age bracket, particularly when combined with other protected characteristics like sex, disability, pregnancy and carer responsibilities, would be more significant.

Again, considering that the number of building closures *decreases* progressively between option 1 and 2, further between option 2 and 3, and then again between option 3 and 4, it is clear that the significance of the impacts across the County would lower depending on which option is chosen.

Option 5 is the 'Do Nothing' option and as such, if Members decided to proceed with Option 5, there would be no change in equalities impacts.

The EqIA for Community Day Services for Adults with Learning Disabilities set out that there is greater impact of changes to their service on residents aged 35-49. This is due to the demographic make up of their service user base. The impact on these residents is, similar to above, the requirement to travel further to access services that move as a result of the changes set out in Options 2, 3 and 4 (same changes proposed across these options for this service). It is noted that the service users in this age bracket are also more likely to experience disabilities or mobility issues themselves and so there is a link between age and disability to be considered when assessing the impacts of the changes to this service. More detail is provided in the EqIA from the service.

The Adult Education service EqIA identifies that the relocation of their service proposed may disproportionately impact older residents who may find a relocation to an alternative location more confusing. As above, there is a crossover to be considered in that the impact is likely to be more significant for older residents that also experience disability of mobility issues. More detail is provided in the EqIA from the service.

The Gateway service EqIA sets out that many of their residents are elderly and therefore proposals to relocate their service within Options 2, 3 and 4 (same changes proposed across these options for this service) will have a disproportionate impact on the age characteristic. The reason being that residents will be required to travel to alternative locations in Gravesend, Tonbridge and Dover which may be more difficult for the elderly that also experience mobility issues. More detail is provided in the service EqIA.

	<p>The Family Hub Model EqIA details negative impacts on age given that young children and parents (most likely aged between 25 and 39) may need to travel to new locations. Travel costs and arrangement, particularly with pushchairs and children will likely be more difficult. The EqIA also considers the impact of increased travel times on young parents, elderly parents and carers. It also sets out that co-location of services may change the look and feel of buildings which will have a negative impact on young children, particularly those with SEND requirements. More detail is provided within the service EqIA.</p>
<p>c) Mitigating Actions for age</p>	<p>Across the options presented for Member decision the impact of change on all protected characteristics, including age, are mitigated to different degrees by retaining progressively more buildings in Options 3 and 4 compared to the consultation model presented in Option 2. In Options 3 and 4, the Needs Framework has been amended to give progressively greater weight to the analysis of the public transport network. Therefore, in Options 3 and 4 progressively fewer buildings are proposed for closure, which reduces the requirement for residents to use public transport to access services in alternative locations. Option 5 does not make any changes and so there are no equalities impacts to mitigate.</p> <p>The Community Day Services for Adults with Learning Disabilities EqIA sets out mitigations including the fact that the alternative locations proposed are close to the existing locations it is possible to mitigate the changes through clear communication and engagement with service users. Any co-locations will be supported by providing guidance to staff in new locations to adequately signpost new service users that may find new locations more difficult to navigate. More detail is provided within the service EqIA.</p> <p>The Adult Education EqIA sets out that staff within the new location will be able to provide signposting and support to residents navigating the co-location site. The design and construction work to facilitate the co-location will consider DDA and accessibility regulations. More detail is provided within the service EqIA.</p> <p>The Gateway service EqIA sets out mitigating actions for negative impacts on age including clear communication and engagement with service users to raise awareness of the changes and any accessible transportation options to the new location. All proposed co-locations are within a mile of the existing locations and are equally accessible on public transport. More detail is provided within the service EqIA.</p> <p>The Family Hub EqIA sets out that impacts on age will be mitigated by consulting users on barriers to accessing services, co-designing</p>

	<p>elements of the model where possible to foster a sense of ownership and timetabling to support activities for different age groups. More detail is provided within the service EqIA.</p> <p>The Family Hub outreach offer, proposed to be co-designed with partners within each district locality, allows services to be delivered within communities that would negate the need for residents to travel to reach services. It will also lead to service delivery to currently underserved communities that may miss out on service provision due to the historic nature of the Council's building footprint.</p>
d) Responsible Officer for Mitigating Actions – Age	Ben Sherreard
20. Negative Impacts and Mitigating actions for Disability	
a) Are there negative impacts for Disability? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	Yes
b) Details of Negative Impacts for Disability	<p>14% of consultation respondents indicated that they experience a disability and 61% of all respondents disagree with the proposals to have fewer buildings. The negative impacts on residents experiencing a disability do interplay with other protected characteristics as already outlined, particularly between age.</p> <p>The proposals within Options 1, 2, 3 and 4 would require individuals experiencing a disability to travel further, likely on public transport which may be difficult given their disability. Equally, navigating new locations and co-location sites may be more challenging as spaces are unfamiliar.</p> <p>By virtue of the fact that the number of building closures <i>decreases</i> progressively between option 1 and 2, further between option 2 and 3, and then again between option 3 and 4, it is clear that the significance of the impacts across the County would lower depending on which option is chosen.</p> <p>48% of respondents disagree with the proposals to co-locate services together. The comments within the response suggest that this opposition is likely due to concerns around accessibility of services within co-located sites. This suggests that the impact on residents experiencing a disability would be more significant.</p> <p>Again, considering that the number of building closures <i>decreases</i> progressively between option 1 and 2, further between option 2 and 3, and then again between option 3 and 4, it is clear that the significance of the impacts across the County would lower depending on which option is chosen.</p> <p>Option 5 is the 'Do Nothing' option and as such, if Members decided to proceed with Option 5, there would be no change in equalities impacts.</p>

The EqIA for Community Day Services for Adults with Learning Disabilities sets out that due to the nature of their service, all of their users experience a disability. The impact on these residents is, similar to above, the requirement to travel further to access services that move as a result of the changes set out in Options 2, 3 and 4 (same changes proposed across these options for this service). Equally, co-location of services may present unfamiliar or overwhelming situations for service users that experience a disability. More detail is provided in the EqIA from the service.

The Adult Education service EqIA identifies that increased walking distance (shorter distance for some users) to the proposed new location of their service in Broadstairs may present a challenge for individuals that experience a disability. Equally, the relocation of their service proposed may disproportionately impact service users that experience a disability as they may find a relocation to an alternative location more confusing and difficult to navigate. More detail is provided in the EqIA from the service.

The Gateway service EqIA sets out that many of their service users will be required to make more than one trip to access KCC and partner services now, whereas previously these were provided from the single Gateway location. This will more significantly impact those that experience a disability. It also sets out that the proposed locations may not have the relevant facilities such as changing spaces or accessible toilets. More detail is provided in the service EqIA.

The Family Hub Model EqIA details negative impacts on parents/carers with a physical disability and children with SEND requirements or that experience a disability. Again, changes to the locations of buildings, and layout of buildings that are used to access services will disproportionately impact these groups given the increased difficulties that travelling further presents. More detail is provided within the service EqIA.

c) Mitigating Actions for Disability

Across the options presented for Member decision the impact of change on all protected characteristics, including disability, are mitigated to different degrees by retaining progressively more buildings in Options 3 and 4 compared to the consultation model presented in Option 2. In Options 3 and 4, the Needs Framework has been amended to give progressively greater weight to the analysis of the public transport network. Therefore, in Options 3 and 4 progressively fewer buildings are proposed for closure, which reduces the requirement for residents to use public transport to access services in alternative locations. Option 5 does not make any changes and so there are no equalities impacts to mitigate.

The co-location sites will be brought forward with the assistance of professional design and construction partners that will consider DDA compliance and regulations as part of the design work and

	<p>implementation of changes that facilitate the co-location. This will include provision of accessible facilities, DDA compliant buildings and relevant wayfinding provision.</p> <p>The Community Day Services for Adults with Learning Disabilities EqIA sets out mitigations including the fact that the alternative locations proposed are close to the existing locations it is possible to mitigate the changes through clear communication and engagement with service users. Any co-locations will be supported by providing guidance to staff in new locations to adequately signpost new service users that may find new locations more difficult to navigate. More detail is provided within the service EqIA.</p> <p>The Adult Education EqIA sets out that staff within the new location will be able to provide signposting and support to residents navigating the co-location site. The design and construction work to facilitate the co-location will consider DDA and accessibility regulations. It is also true that the alternative locations suggested are relatively close to the existing facilities and in some instances are already known locations to the service users. More detail is provided within the service EqIA.</p> <p>The Gateway service EqIA sets out mitigating actions for negative impacts on disability including clear communication and engagement with service users to raise awareness of the changes and any accessible transportation options to the new location. All proposed co-locations are within a mile of the existing locations and are equally accessible on public transport. The service will take additional mitigation action such as considering alternative disabled parking provision and exploring the use of facilities at co-location sites to help residents access a wider range of services digitally. More detail is provided within the service EqIA.</p> <p>The Family Hub EqIA sets out that impacts those experiencing a disability will be mitigated by consulting users on barriers to accessing services, co-designing elements of the model where possible to foster a sense of ownership and reviewing proposed building co-locations to ensure accessibility and DDAA compliance. More detail is provided within the service EqIA.</p> <p>The Family Hub outreach offer, proposed to be co-designed with partners within each district locality, allows services to be delivered within communities that would negate the need for residents to travel to reach services which has been acknowledged as more challenging for residents that experience a disability.</p>
<p>d) Responsible Officer for Mitigating Actions - Disability</p>	<p>Ben Sherreard</p>
<p>21. Negative Impacts and Mitigating actions for Sex</p>	
<p>a) Are there negative impacts for Sex? Answer: Yes/No <i>(If yes, please also complete sections b, c, and d).</i></p>	<p>Yes</p>

<p>b) Details of Negative Impacts for Sex</p>	<p>As is seen in the response to the consultation, 62% of female respondents oppose the proposal to have fewer buildings compared to 34% of male respondents. Equally 69% of female respondents oppose the co-location of services, compared to 26% of male respondents. This is likely due to the fact that women are more likely to take on greater responsibilities for childcare and the majority of the reduction in buildings is across the Children’s Centre estate (83% of respondents with children under 1 year old oppose the proposals to have fewer buildings).</p> <p>The proposals within Options 1, 2, 3 and 4 would require individuals to travel further, likely on public transport which may be difficult with children, pushchairs, and additional equipment. The crossover with other protected characteristics, including age, disability, pregnancy and those with carers responsibilities needs considering as the impact on these protected characteristics combined would be greater.</p> <p>By virtue of the fact that the number of building closures <i>decreases</i> progressively between option 1 and 2, further between option 2 and 3, and then again between option 3 and 4, it is clear that the significance of the impacts across the County would lower depending on which option is chosen.</p> <p>Option 5 is the ‘Do Nothing’ option and as such, if Members decided to proceed with Option 5, there would be no change in equalities impacts.</p> <p>The Adult Education service EqIA identifies that 80% of its service user base is female and 61% of respondents objected to the proposals to relocate the CLS service in Broadstairs. Therefore, it could be argued that the impact of the move will disproportionately impact women. More detail is provided in the EqIA from the service.</p> <p>The Family Hub Model EqIA demonstrates that women are most likely to access their current service offer and so will be most impacted by the proposed changes. Again, changes to the locations of buildings, and layout of buildings that are used to access services will disproportionately impact these groups given the increased difficulties that travelling further presents. More detail is provided within the service EqIA.</p>
<p>c) Mitigating Actions for Sex</p>	<p>Across the options presented for Member decision the impact of change on all protected characteristics, including sex, are mitigated to different degrees by retaining progressively more buildings in Options 3 and 4 compared to the consultation model presented in Option 2. In Options 3 and 4, the Needs Framework has been amended to give progressively greater weight to the analysis of the public transport network. Therefore, in Options 3 and 4 progressively fewer buildings are proposed for closure,</p>

	<p>which reduces the requirement for residents to use public transport to access services in alternative locations. Option 5 does not make any changes and so there are no equalities impacts to mitigate.</p> <p>The Adult Education service EqIA sets out that the proposed move to a new location in Broadstairs is less than a couple of minutes' walk away from the existing location and therefore the impact on sex is considered low.</p> <p>The Family Hub EqIA sets out mitigation measures including co-design and parent carer panels to develop safe and inclusive delivery spaces – this will be important in co-located sites where the impact of accessing services alongside residents accessing other services will need to be considered.</p>
d) Responsible Officer for Mitigating Actions - Sex	Ben Sherreard
22. Negative Impacts and Mitigating actions for Gender identity/transgender	
a) Are there negative impacts for Gender identity/transgender? Answer: Yes/No (If yes, please also complete sections b, c, and d).	Yes
b) Details of Negative Impacts for Gender identity/transgender	<p>4% of respondents to the consultation raised the issue of effects on disadvantage ethnic minorities / English as a second language / refugees / travellers / LGBTQ.</p> <p>Young people within the gender identity/transgender characteristic may be impacted by the requirement to share youth centre space with an early years (0-5) setting. Feedback from the consultation demonstrates that young people that access youth centres are not in favour of this as they may feel unable to use the centre to highlight issues related to gender identity, sexual health and LGBTQ issues.</p>
c) Mitigating actions for Gender identity/transgender	<p>Youth services will be protected by timetabling activity within the new Family Hub model and through design within spaces to provide separate and dedicated areas/settings for youth provision, including space for confidential conversations.</p> <p>We have examples of being able to do this successfully within our current estate and service models.</p>
d) Responsible Officer for Mitigating Actions - Gender identity/transgender	Ben Sherreard
23. Negative Impacts and Mitigating actions for Race	
a) Are there negative impacts for Race? Answer: Yes/No (If yes, please also complete sections b, c, and d).	Yes.
b) Details of Negative Impacts for Race	Residents that use English as a second language may find changes to service locations more difficult to accommodate. They may also find travel to alternative locations and navigating unfamiliar

	<p>settings more challenging than native English speakers. This covers the entire extent of the Kent Communities Programme as the reduction in buildings means that residents will need to access services in alternative locations or in different ways (for example online).</p> <p>The Gateway service EqlA sets out that there may be confusion for service users within Tonbridge and Gravesham where a change of location is proposed due to language barriers as a high proportion of Gateway users have English as a second language. More detail is provided in the EqlA from the service.</p> <p>The Family Hub EqlA also recognises that services may be more difficult to access for residents for whom English is not their primary language as they may rely on local access points more as alternative provision (for example online services) may not fully cater to their requirements.</p>
<p>c) Mitigating Actions for Race</p>	<p>Across the options presented for Member decision the impact of change on all protected characteristics, including race, are mitigated to different degrees by retaining progressively more buildings in Options 3 and 4 compared to the consultation model presented in Option 2. In Options 3 and 4, the Needs Framework has been amended to give progressively greater weight to the analysis of the public transport network. Therefore, in Options 3 and 4 progressively fewer buildings are proposed for closure, which reduces the requirement for residents to use public transport to access services in alternative locations or to navigate unfamiliar settings away from their current local access points. Option 5 does not make any changes and so there are no equalities impacts to mitigate.</p> <p>The Gateway EqlA explains that mitigation will be provided by clear communication to existing service users to raise awareness of changes to service locations. More detail is provided within the service EqlA.</p> <p>The Family Hub EqlA sets out that the Family Hub team will work alongside partners, community and faith organisations to provide access for diverse ethnic communities. More detail is provided within the service EqlA.</p>
<p>d) Responsible Officer for Mitigating Actions - Race</p>	<p>Ben Sherreard</p>
<p>24. Negative Impacts and Mitigating actions for Religion and belief</p>	
<p>a) Are there negative impacts for Religion and Belief? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i></p>	<p>Yes</p>
<p>b) Details of Negative Impacts for Religion and belief</p>	<p>As detailed above, the Gateway service EqlA explains that there may be confusion for service users within Tonbridge and Gravesham where a change of location is proposed due to language barriers as a high proportion of Gateway users have English as a second language.</p>

c) Mitigating Actions for Religion and belief	The co-location of services has been carefully planned and service staff will be able to support service users in new situations and other service staff can be provided guidance to better signpost and support individuals that are accessing different services that use English as a second language.
d) Responsible Officer for Mitigating Actions – Religion and belief	Ben Sherreard
25. Negative Impacts and Mitigating actions for Sexual Orientation	
a) Are there negative impacts for sexual orientation. Answer: Yes/No (If yes, please also complete sections b, c, and d).	Yes
b) Details of Negative Impacts for Sexual Orientation	<p>4% of respondents to the consultation raised the issue of effects on disadvantage ethnic minorities / English as a second language / refugees / travellers / LGBTQ.</p> <p>Young people within the gender identity/transgender characteristic may be impacted by the requirement to share youth centre space with an early years (0-5) setting. Feedback from the consultation demonstrates that young people that access youth centres are not in favour of this as they may feel unable to use the centre to highlight issues related to gender identity, sexual health and LGBTQ issues.</p>
c) Mitigating Actions for Sexual Orientation	<p>Youth services will be protected by timetabling activity within the new Family Hub model and through design within spaces to provide separate and dedicated areas/settings for youth provision, including space for confidential conversations.</p> <p>We have examples of being able to do this successfully within our current estate and service models.</p>
d) Responsible Officer for Mitigating Actions – Sexual Orientation	Ben Sherreard
26. Negative Impacts and Mitigating actions for Pregnancy and Maternity	
a) Are there negative impacts for Pregnancy and Maternity? Answer: Yes/No (If yes, please also complete sections b, c, and d).	Yes
b) Details of Negative Impacts for Pregnancy and Maternity	<p>As is seen in the response to the consultation, 62% of female respondents oppose the proposal to have fewer buildings compared to 34% of male respondents. Equally 69% of female respondents oppose the co-location of services, compared to 26% of male respondents. This is likely due to the fact that women are more likely to take on greater responsibilities for childcare and the majority of the reduction in buildings is across the Children's Centre estate (83% of respondents with children under 1 year old oppose the proposals to have fewer buildings). 3% of respondents to the consultation indicated that they were pregnant.</p> <p>The proposals within Options 1, 2, 3 and 4 would require individuals to travel further, likely on public transport which may</p>

be difficult for pregnant women or those with children, pushchairs, and additional equipment. The crossover with other protected characteristics, including age, disability, sex and those with carers responsibilities needs considering as the impact on these protected characteristics combined would be greater.

By virtue of the fact that the number of building closures *decreases* progressively between option 1 and 2, further between option 2 and 3, and then again between option 3 and 4, it is clear that the significance of the impacts across the County would lower depending on which option is chosen.

Option 5 is the 'Do Nothing' option and as such, if Members decided to proceed with Option 5, there would be no change in equalities impacts.

The Gateway service EqIA explains that pregnant women or those with young children will be required to travel to more than one site to access services from multiple agencies whereas currently in Tonbridge, Dover and Gravesend they are able to access multiple agencies within the existing Gateway location. This additional travel will more significantly impact the pregnancy and maternity protected characteristic.

Within the Family Hub EqIA the service accepts that expectant mothers will be required to travel to alternative locations to access the services they require under the Kent Communities Programme proposals. Costs of travel and difficulties using public transport and travelling greater distances will more significantly impact pregnant women. More detail is provided within the service EqIA.

c) Mitigating Actions for Pregnancy and Maternity

Across the options presented for Member decision the impact of change on all protected characteristics, including pregnancy and maternity, are mitigated to different degrees by retaining progressively more buildings in Options 3 and 4 compared to the consultation model presented in Option 2. In Options 3 and 4, the Needs Framework has been amended to give progressively greater weight to the analysis of the public transport network. Therefore, in Options 3 and 4 progressively fewer buildings are proposed for closure, which reduces the requirement for residents to use public transport to access services in alternative locations. Option 5 does not make any changes and so there are no equalities impacts to mitigate.

The Gateway EqIA sets out mitigation measures including clear communication to service users of accessible transport options and the use of facilities within co-location sites to support access to a wider range of partner services (i.e. computers within libraries).

	The Family Hub EqIA sets out that they will continue to consult on barriers to service access throughout the implementation of the new model.
d) Responsible Officer for Mitigating Actions – Pregnancy and Maternity	Ben Sherreard
27. Negative Impacts and Mitigating actions for marriage and civil partnerships	
a) Are there negative impacts for Marriage and Civil Partnerships? Answer: Yes/No (If yes, please also complete sections b, c, and d).	No.
b) Details of Negative Impacts for Marriage and Civil Partnerships	
c) Mitigating Actions for Marriage and Civil Partnerships	
d) Responsible Officer for Mitigating Actions - Marriage and Civil Partnerships	
28. Negative Impacts and Mitigating actions for Carer’s responsibilities	
a) Are there negative impacts for Carer’s responsibilities? Answer: Yes/No (If yes, please also complete sections b, c, and d).	Yes
b) Details of Negative Impacts for Carer’s Responsibilities	<p>It has been set out above that the protected characteristics of age and sex experience more significant negative impacts resulting from the changes outlined in the Ken Communities Programme proposals. It has been highlighted that there is an interplay between these protected characteristics and the protected characteristic of those with carer’s responsibilities.</p> <p>The proposals within Options 1, 2, 3 and 4 would require individuals to travel further, likely on public transport which may be difficult with children, pushchairs, and additional equipment to support those for whom individuals’ care.</p> <p>By virtue of the fact that the number of building closures <i>decreases</i> progressively between option 1 and 2, further between option 2 and 3, and then again between option 3 and 4, it is clear that the significance of the impacts across the County would lower depending on which option is chosen.</p> <p>Option 5 is the ‘Do Nothing’ option and as such, if Members decided to proceed with Option 5, there would be no change in equalities impacts.</p> <p>The Community Day Services for Adults with Learning Disabilities service EqIA picks up this issue specifically in relation to their service users and the carers that support them. More detail is provided within the service EqIA.</p> <p>The Adult Education Service EqIA sets out that service users with carer responsibilities may find accessing the service in a new location more challenging in that they will be required to navigate the service setting in a location with other services on offer. More detail is provided within the service EqIA.</p>

	<p>The Gateway service EqIA includes the consideration that due to the proposed changes, carers will be required to travel to more than one location to access a range of services currently on offer in a single location. More detail is provided within the service EqIA.</p>
<p>c) Mitigating Actions for Carer's responsibilities</p>	<p>Across the options presented for Member decision the impact of change on all protected characteristics, including those with carer's responsibilities, are mitigated to different degrees by retaining progressively more buildings in Options 3 and 4 compared to the consultation model presented in Option 2. In Options 3 and 4, the Needs Framework has been amended to give progressively greater weight to the analysis of the public transport network. Therefore, in Options 3 and 4 progressively fewer buildings are proposed for closure, which reduces the requirement for residents to use public transport to access services in alternative locations. Option 5 does not make any changes and so there are no equalities impacts to mitigate.</p> <p>The Community Day Services for Adults with Learning Disabilities service EqIA details mitigation for each of the three locations where changes are proposed. The mitigations primarily focus on the fact that alternative locations as proposed are all close to the existing service centres and as such are not overly burdensome to access. More detail is provided within the service EqIA.</p> <p>The Adult Education Service EqIA sets out that mitigation is provided that the proposed co-location delivers additional teaching space in an accessible way and will be provided in line with accessibility regulations. More detail is provided within the service EqIA.</p> <p>The Gateway service EqIA sets out that mitigation will be provided by raising awareness of accessible transport options to the new locations and that facilities will be used in co-location sites to assist users accessing a wider range of services. More detail is provided within the service EqIA.</p>
<p>d) Responsible Officer for Mitigating Actions - Carer's Responsibilities</p>	<p>Ben Sherreard</p>

EQIA Submission Draft Working Template

If required, this template is for use prior to completing your EQIA Submission in the EQIA App.

You can use it to understand what information is needed beforehand to complete an EQIA submission online, and also as a way to collaborate with others who may be involved with the EQIA.

Note: You can upload this into the App when complete if it contains more detailed information than the App asks for and you wish to retain this detail.

Section A

1. Name of Activity (EQIA Title):	Kent Communities Programme – Gateway
2. Directorate	ST
3. Responsible Service/Division	Marketing and Resident Experience – Deputy Chief Executive's Office

Accountability and Responsibility

4. Officer completing EQIA Note: This should be the name of the officer who will be submitting the EQIA onto the App.	Pascale Blackburn-Clarke
5. Head of Service Note: This should be the Head of Service who will be approving your submitted EQIA.	Christina Starte
6. Director of Service Note: This should be the name of your responsible director.	Amanda Beer – Interim Chief Executive

The type of Activity you are undertaking

7. What type of activity are you undertaking?	
Tick if Yes	Activity Type
Yes	Service Change – operational changes in the way we deliver the service to people.
Yes	Service Redesign – restructure, new operating model or changes to ways of working
	Project/Programme – includes limited delivery of change activity, including partnership projects, external funding projects and capital projects.
	Commissioning/Procurement – means commissioning activity which requires commercial judgement.
	Strategy /Policy – includes review, refresh or creating a new document
Yes	Other – Introduction of new Gateway provision in Maidstone, some proposed location moves

8. Aims and Objectives and Equality Recommendations – Note: You will be asked to give a brief description of the aims and objectives of your activity in this section of the App, along with the Equality recommendations. You may use this section to also add any context you feel may be required.

Equality Impact Assessment

This EQIA is intended to assess the potential impact of our decisions on persons with different protected characteristics. In particular, this EQIA has been prepared to help us to have regard to the need to: (i) eliminate discrimination; (ii) advance equality of opportunity; and (iii) foster good relations between persons who share a relevant protected characteristic and those who do not, in the exercise of our public functions. These issues are relevant considerations to be taken into account whenever a new policy, function, or system change is being proposed in the exercise of our public functions. This EQIA is also

intended to evidence that these considerations have in fact been taken into account, and the weight given to them as part of our decision-making process.

The Case for Change - Kent Communities Programme

The Council is facing very significant financial pressures, for a number of reasons set out in 'Securing Kent's Future' (August 2023 and October 2023). That document sets out the urgent steps needed to return the Council to financial sustainability, by reducing overspend in its budget to avoid further need to use limited reserves to fund revenue overspends, which would weaken the financial resilience of the authority and limit the scope for the use of reserves to invest in transformation necessary to address the structural deficit.

The financial challenges faced by the Council cannot be ignored. Two particularly significant factors, are the Council's statutory 'best value' duty to deliver a balanced budget, provide statutory services, including adult social care and children's services, and secure value for money in all spending decisions; and the Council's other statutory duties.

The Kent Communities Programme seeks to rationalise our physical estate and propose a greater mix of alternative methods of service delivery across the County, informed by a clear and data-driven understanding of service need. Delivery of this programme has become more important in the light of the increased financial pressures faced by the Council. The programme also seeks to reduce the Council's carbon footprint, in line with our Net Zero 2030 approach, although this is a secondary factor given the overarching financial context. The programme does include elements of improvement to service delivery: for example benefits offered by co-location of services.

However, the Council must acknowledge that the impact of closures and reductions in services on residents can be significant. The approach set out in these proposals is therefore based on a relative needs assessment. Mitigating measures are set out, which are intended to minimise as far as possible the impact of the proposals on Kent residents.

A detailed and extensive public consultation (www.kent.gov.uk/communityservicesconsultation) allowed consultees the opportunity to give their views on the proposals. These responses have been analysed and carefully considered. A range of options have been developed, informed by the consultation responses. This EQIA has been updated following feedback from that consultation and is also based on data and evidence about Kent's communities and our service users.

Summary of Proposals

Five separate options are being presented for Member consideration and decision.

Within four of the five option the changes are the same for the Gateway service and these are detailed below.

- Relocation of existing Dover Gateway into Dover Discovery Centre as part of a wider co-location (The DDC co-location is an existing separate project, and the KCP proposal is to add Gateway into the co-location arrangement).
- Relocation of existing KCC services at Gravesend Gateway into Gravesend Library in December 2025.
- New part-time Gateway provision at KHLC (Maidstone) in a co-location with the library.
- Relocation of existing KCC services provided at Tonbridge Gateway into Tonbridge Library.

This EqlA considers the impacts on residents of the service moving location in four of the five options and the impact of the co-location with the library service. It takes into account the relevant feedback from the consultation in relation to the Gateway service and the general equalities approach.

Where we are proposing to move the Gateway service, there will be a KCC service provision, however the number of hours and the opening times offered have not yet been defined. It is likely that should a Gateway member of staff not be available full time in any location, that queries be dealt with by alternative KCC staff on site, i.e. receptionists or Library officers.

However, in order to access partner services that were offered alongside the KCC service, the users may be required to make more than one trip as the co-locations proposed are with other KCC services and not necessarily with external partners.

The fifth option is a 'Do Nothing' option and therefore no changes to the Gateway service are proposed under that scenario.

Gateway

Gateway is a hub, which allows for services from a range of different partners to co-locate and collaborate under one roof. This can include services from Kent County Council, Local District/Borough Councils and community/third sector partners and is designed to match and meet community needs. Gateway offers a conduit to a range of other services and providers to deliver services, with a meet and greet function that is designed to triage enquiries and assist customers to access services. This could be by promoting self-help, assisting with applications, making direct referrals or signposting depending on the customer need and capability.

In developing our proposals, we have considered the main data and evidence about Kent's communities. This is because the ethos of Gateway is to be placed in town centre locations where our customers may already be visiting to carry out other transactions in the area, such as shopping, accessing other services (e.g. job centres), and where there are good transport links.

Gateway is a physical service designed to help those who may not be able to navigate Kent County Council's or other partners' services that may assist them in their day to day lives. This includes helping some of our vulnerable residents accessing services such as Blue Badge assessment appointments.

As part of the programme, we have looked to utilise the buildings already owned by Kent County Council and expand the Gateway offer further to ensure that those with extra support needs can be supported in accessing KCC services, as well as those provided by third sector and other public sector bodies where appropriate. Wherever possible, we propose to use buildings located as close as possible to where a higher need is identified, and in locations where customers may already be undertaking other transactions.

Gateways already work successfully in a number of co-locations such as Ashford and Sheerness, where customers can access a range of services under one roof.

The proposal for Gateway services set out in the consultation was to retain all of our existing 9 locations throughout Kent, but with some moved to another location close by. Those proposed locations and changes were as follows:

District	Current Buildings	Proposal	Nearest Alternative	Distance (Miles from current building)
Ashford	Ashford Gateway Plus	Remain		
	Tenterden Gateway	Remain		
Dover	Dover Gateway	Leave	Moving to Dover Discovery Centre	0.1
Gravesham	Gravesham Gateway	Leave	Moving to Gravesend Library	0.9
Sevenoaks	The Eden Centre	Remain		
	Swanley Link	Remain		
Swale	Sheppey Gateway	Remain		
Thanet	Thanet Gateway Plus	Remain		
Tonbridge and Malling	Tonbridge Castle Gateway	Leave	Moving to Tonbridge Library	0.6

In the consultation we also proposed to extend our Gateway service to the new locations listed below, which would have been co-located in spaces where it is intended that other Kent County Council services would also be provided:

District	Proposed Community Hub Location	Co-located Services
Ashford	Stanhope Library	Library and Family Hub, Gateway
Dartford	Temple Hill Library	Gateway, Family Hub and Library
Maidstone	Kent History and Library Centre	Gateway and Library
Thanet	Ramsgate Library	Gateway, Library and Family Hub
	Cliftonville Library	Gateway, Adults and Library

Since the consultation, the Gateway Management Team have confirmed their funding envelope and without additional financial resource cannot support the inclusion of Gateway provision across all of the co-locations suggested in the consultation. As such the proposals no longer include a Gateway provision as part of a co-location of services at Stanhope Library, Temple Hill Library or Cliftonville Library. There is no additional removal of Gateway locations compared to the proposals outlined in the consultation model and there were no comments received specific to the proposed co-locations at Stanhope, Temple Hill or Cliftonville. On 30th March the Strategic Reset Programme Board agreed that all options presented must be financially viable. To retain the additional locations consulted on would result in pressure on the service funding envelope which, if met, would require corresponding cuts to other service areas.

As such an alternative provision has been drawn up for delivery:

District	Current Buildings	Proposal	Notes	Distance (Miles from current building)
Ashford	Ashford Gateway Plus	Remain		
	Tenterden Gateway	Remain		
Dover	Dover Gateway	Leave	Move to Dover Discovery Centre	0.1
Gravesham	Gravesham Gateway	Leave	Move to Gravesend Library – part time provision	0.9
Sevenoaks	The Eden Centre	Remain		
	Swanley Link	Remain		
Swale	Sheppey Gateway	Remain		
Thanet	Thanet Gateway Plus	Remain		
	Ramsgate	New	Part time provision	
Tonbridge and Malling	Tonbridge Castle Gateway	Leave	Move to Tonbridge Library - part time provision	0.6
Maidstone	Kent Library and History Centre	New	Part time provision	

Part time provision would mean a Gateway member of staff would not be on site five days a week. Where we are proposing to move the Gateway service, there will be a Gateway KCC service provision, however the number of hours and the opening times offered have not yet been defined. It is likely that should a Gateway member of staff not be available that queries be

dealt with by alternative KCC staff, i.e. receptionists or Library officers in their absence. We would seek the views of partners who may wish to deliver services out of the new sites as to when that provision is best delivered.

We would therefore not be providing provision at the following locations as originally proposed by the consultation;

District	Proposed Community Hub Location	Co-located Services	Notes
Ashford	Stanhope Library	Library and Family Hub	Family hub and Library would be offering support for residents in a small space. There would be limited space for partners.
Dartford	Temple Hill Library	Family Hub and Library	Family hub and Library would be offering provision in a small space. There would be limited space for partners.
Thanet	Cliftonville Library & Ramsgate Library	Adults and Library	Additional provision at the existing Gateway in Margate (Thanet Gateway Plus) will offer better value for money and a richer service in a higher footfall area. Adults and Libraries services at Cliftonville and Libraries at Ramsgate will be able to assist customers by signposting residents to required services where needed. At Cliftonville, there is limited space for partners.

The precise location for all Gateway services will be subject to the continued availability of the properties concerned. The above proposals are based on leases currently in place and what we currently know about the relevant properties.

Consultation

20% of consultees answering use Gateways. 17% of consultees answering indicated other household members currently use Gateways. The majority of both groups use services in person at a building (66% and 65% respectively) but a significant proportion reported that they use both in person and online services (21% and 24% respectively). Although Gateway does not have an online provision, we have assumed that they have meant Council websites.

There were 7 comments received regarding the proposal to relocate the existing Dover Gateway into the Dover Discovery Centre which did not specifically raise equalities concerns.

There were 8 comments received regarding the proposal to relocate the existing Gravesend Gateway into Gravesend Library. One person raised that Women's Support services for example Domestic Abuse, should not be offered in a hub, due to safety concerns for those impacted.

There were 15 comments received regarding the proposal to relocate the existing Tonbridge Gateway into Tonbridge Library. There were concerns raised regarding access to toilets and parking at the library, however this was not clear as to whether this was due to an equalities issue.

The majority of comments were in support of retaining Gateway style services, allowing people to access them in more locations and retaining existing provisions. Some raised the issue of needing to potentially access two locations to see different Councils, i.e. local and district/borough services.

More generally feedback was received re confidentiality in hubs and also for those who are Neurodiverse, the hubs may be overwhelming in terms of sound and space.

The most common concern expressed in the consultation response regarding the general co-location of services (not specific to the Gateway co-location proposals) were:

Users being able to get there / travel there / can't walk to alternatives / need close location of services	51%
Public transport availability / cost of / reduction in service	33%
Practicality of co-located services (e.g. children's centre in same space as library)	22%
Impact on users unable to access the service / impact on vulnerable / mental health / taking away a lifeline / hub of community	21%
Suitability of building / fit for purpose / the space	19%
Maintaining service levels / impact on service levels	14%

The feedback around impact on accessibility and mental health should be considered in equalities terms and is addressed in the relevant section below.

Impact

We consider that the impact of our proposals in relation to the Gateways service are likely to be positive overall, as the service will be co-locating with other services and we intend to introduce provision in Maidstone as set out in the tables above.

People with protected characteristics that are mostly likely to benefit from our proposals to increase provision are those with disabilities, including hidden disabilities, carers, and older people who may need greater assistance to access our services online such as Blue Badges. Further, we expect that people whose first language is not English and may therefore need additional assistance, and some groups for whom there may be a stigma or perception of inequality in accessing our services (e.g. Gypsy, Roma and Irish Travellers) to also benefit from our proposals. It is important however to acknowledge that, as set out above, the increase in provision is not as great as was initially suggested at consultation and so the positive impacts are less than would have been.

Whilst no comments on the proposals raised specific equalities concerns, it is important to acknowledge that in relocating the sites in Dover, Gravesend and Tonbridge there may be a negative impact on residents with disabilities, residents who are older (noting that residents over 60 are statistically more likely to also experience a disability or may have other difficulties accessing alternative locations not directly linked to disability, such as a greater reliance on public transport), or other residents with accessibility or mobility difficulties (such as pregnant women or women with young children), that may need to make alternative travel arrangements or will be required to walk further to access the relocated service. Similar impacts may result from the potential need for service users to make multiple trips where Gateways that we are proposing to leave are co-located with other non-Gateway and/or non-KCC services. However, all relocations are less than a mile away from the existing location and are in centrally located buildings which meet accessibility requirements and are well served by public transport access.

Justification

The impacts outlined above are considered to be proportionate when considered against the positive impacts, mitigations and the overall policy and financial context within which the Council operates. Therefore, any impacts are considered to be both limited and justifiable.

Section B – Evidence

Note: For questions 9, 10 & 11 at least one of these must be a 'Yes'. You can continue working on the EQIA in the App, but you will not be able to submit it for approval without this information.

9. Do you have data related to the protected groups of the people impacted by this activity? Answer: Yes/No

No

However, an analysis of the protected characteristics of the respondents to the consultation is as follows:

Gender

Male 18%

Female 81.3%

Prefer not to say 0.7%

Same Gender as birth

Yes 99%

Prefer not to say 1%

Pregnant

Yes – 28 out of 870 responses

Religion

Christian 90.2%

Buddhist 0.3%

Hindu 0.7%

Jewish 0.7%

Muslim 0.7%

Prefer not to say 2.6%

Other 4.9%

Sikh 0%

Disability

Yes 14.3 %

No 83.5%

Prefer not to say 2.2%

Sexual Orientation

Heterosexual/Straight 89.7%

Bi/Bisexual 2%

Gay man 0.4%

Gay woman/Lesbian 1.3%

Prefer not to say 6%

Other 0.6%

Ethnicity

White English 87.6%

White Scottish 1.1%

White Welsh 0.5%

White Northern Irish 0.2%

	<p>White Irish 0.7% White Gipsy/Roma 0.1% Asian or Asian British Indian 0.4% Asian or Asian British Bangladeshi 0.1% Mixed White and Black Caribbean 0.1% Mixed White and Black African 0.1% Mixed White and Asian 0.4% Black or Black British Caribbean 0.2% Black or Black British African 0.1% I prefer not to say 2.2% Other 6% White Irish Traveller 0% Asian or Asian British Pakistani 0% Arab 0% Chinese 0%</p>
<p>10. Is it possible to get the data in a timely and cost effective way? <i>Answer: No</i></p>	<p>Yes</p>
<p>11. Is there national evidence/data that you can use? <i>Answer: Yes</i></p>	<p>Yes</p>
<p>12. Have you consulted with Stakeholders? <i>Answer: Yes/No</i> <i>Stakeholders are those who have a stake or interest in your project which could be residents, service users, staff, members, statutory and other organisations, VCSE partners etc.</i></p>	<p>Yes</p>
<p>13. Who have you involved, consulted and engaged with? <i>Please give details in the box provided. This may be details of those you have already involved, consulted and engaged with or who you intend to do so with in the future. If the answer to question 12 is 'No', please explain why.</i></p>	
<p>Engagement regarding the consultation in a general context had already taken place with stakeholders prior to the launch of the consultation including:</p> <ul style="list-style-type: none"> - KCC members and senior officers - Service delivery team members as part of the design process - District authorities - External partners including NHS and Kent Fire and Rescue <p>A full 10-week consultation process was carried out between 17 January 2023 and 26 March 2023, this gave an opportunity to residents, community groups and all interested parties to give feedback on the proposed changes to service delivery across the county. During this consultation there were face to face sessions some of which were held in Gateways, to gauge the views of the public on the proposals.</p> <p>The Gateway team raised awareness with its customers and partners that a consultation was taking place and asked them to take the opportunity to share their views and to ask any of their customers to take part too. This included all locations including those where there were no proposed changes.</p> <p>Of the 1,776 consultees who took part, 20% of consultees stated that they use Gateways. 17% of consultees answering indicated other household members currently use Gateways.</p>	

The following partners have and/or are operating from the Gateways listed. Please note however that these change from time to time to reflect changes in customer needs and the partner requests.

Ashford Gateway - Ashford Borough Council, Libraries, Registration and Archives, Community Learning and Skills, Adult Services, Food with Friends café, Occupational Therapy, We are with You (counselling), Kent Supported Employment, Hearbase, Hi Kent, Kent Pathways, Child Health Clinic, Job Club, Blue Badge Assessments, Blue Badge Appointments

Tenterden – Ashford Borough Council, Libraries, Registration and Archives, Post Office, Hi Kent, Inspiring Lives, Blue Badge Appointments

Dover - Dover District Council, Citizens Advice Bureau, ONE You, Hi Kent, Occupational Therapy, Kent Supported Employment, Blue Badge Assessments, Blue Badge Appointments

Gravesham - Gravesham Borough Council, Kent Police, Kent Supported Employment, KCC Blue Badge Appts, KCC Blue Badge Assessments, Shaw Trust, Royal British Legion,

Eden Centre – Libraries, Registration & Archives, West Kent Extra, Citizen’s Advice Bureau, Baptist Union Corp

Swanley Link - Swanley Town Council, West Kent Housing, Post Office, Libraries, Registrations and Archives, Day Services, Café, Community Warden, Carers First, Specsavers, Pathways to Work, One You, Porchlight,

Sheppey Gateway - Swale Borough Council, Community Learning and Skills, Libraries, Registrations and Archives, Children's Services, Occupational Therapy, We are with You (counselling), Porchlight, Kent Supported Employment, Barclays, Live Well Kent, Blue Badge Appointments

Thanet - Thanet District Council, Kent Support Employment, KCC Blue Badge Appts, KCC Blue Badge Assessments,

Tonbridge and Malling - Tonbridge & Malling Council, Kent Supported Employment, Citizen’s Advice Bureau, KCC Blue Badge Appointments, KCC Blue Badge Assessments, Post Office, Change Grow Live.

14. Has there been a previous equality analysis (EQIA) in the last 3 years? *Answer: Yes/No*

One has been carried out for Dover Gateway as part of the Dover Discovery Centre refurbishment. And one prior to the launch of the consultation regarding Kent Communities proposals.

15. Do you have evidence/data that can help you understand the potential impact of your activity? *Answer: Yes/No*

Yes.

Uploading Evidence/Data/related information into the App
Note: At this point, you will be asked to upload the evidence/ data and related information that you feel should sit alongside the EQIA that can help understand the potential impact of your activity. Please ensure that you have this information to upload as the Equality analysis cannot be sent for approval without this.

Demographic data from the consultation demographic questionnaire is available for some of the protected characteristics. This has been used where appropriate to inform the Equality Impact Assessment as set out above.

Data is not currently collected from service users about any protected characteristics they may have. A proactive effort was made during the consultation to encourage service users to tell us any potential impacts they see to any of those listed protected groups. The data included above sets out the protected characteristics of respondents.

We do currently collect some data about footfall into the buildings, but this is not perfect data and cannot be

relied upon as an accurate reflection of the customers who access services. This data is also not broken down by protected groups.

Section C – Impact

16. Who may be impacted by the activity? Select all that apply.

Service users/clients <i>Answer: Yes/No</i>	Yes	Residents/Communities/Citizens <i>Answer: Yes/No</i>	Yes
Staff/Volunteers <i>Answer: Yes/No</i>	Yes		

17. Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing? Answer: Yes/No **Yes**

18. Please give details of Positive Impacts

The principles of the Kent Communities Programme are built on the ambition to provide a more cohesive range of community services to residents so that different needs can be met in the most accessible and efficient way possible.

By co-locating with other KCC services, we will be able to present a more coordinated overall service offer to our communities. This includes:

- Proposals for co-location with other KCC services. By co-locating with a mix or range of these services within the same buildings, we are presenting a more unified service offer to the resident, so it is easier for them to access a broader range of services from a single location.
- We will also be able to offer space for a range of partners to deliver services from this location and benefit from a range of services under one roof. It is anticipated that Meet and Greet staff will also have knowledge of services available from the local Borough council as well as third sector partners, to enable effective sign posting.
- We hope that by co-locating with other services, we will be able to offer a more holistic service offer, including sign posting, triaging, and assisting customers to carry out tasks such as Blue Badge applications.
- The proposed co-locations means that in the majority of cases it is possible that customers with protected characteristics particularly those who are older, those who are disabled and their carers who utilise these services will benefit from a reduced number of journeys by having KCC services located nearby/ together. It is also possible that it will help those whose first language is not English, as they will not need to navigate multiple locations.
- It is possible by operating all services from one central and convenient location; it will avoid the need for multiple visits to different sites for KCC services.

The proposals for the Gateway service in four of the five options include additional provision at Maidstone. If members choose to proceed with the 'Do Nothing' option it could be argued that this will negatively impact those residents that would have used the new service provision. This would represent a missed opportunity for a positive impact delivered by the other four options.

Negative Impacts and Mitigating Actions

The questions in this section help to think through positive and negative impacts for people affected by your activity. Please use the Evidence you have referred to in Section B and explain the data as part of your answer.

19. Negative Impacts and Mitigating actions for Age

<p>e) Are there negative impacts for age? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i></p>	<p>Yes</p>
<p>f) Details of Negative Impacts for Age</p>	<p>In Gravesham, Dover and Tonbridge we are proposing to move from locations shared with District and Borough Council services. Service users may therefore need to make two trips if they want to also see our district and borough colleagues or access those services. It is possible that those who are older with mobility constraints may find it more difficult to navigate two different locations.</p> <p>We don't currently have a breakdown of those accessing services within Gateway. However, given that we anticipate a high proportion of users of Gravesend Gateway are over 65 given the current mix of services on offer there, for example Blue Badge assessments, a high proportion of those affected will be elderly.</p> <p>The requirement to make more than one trip, or to travel further may lead to an impact on more elderly residents that are more likely to struggle walking further or accessing public transport. They are also more likely to become confused at a change in location.</p> <p>In Dover, Tonbridge and Gravesham Districts there are over 65k people who are over 65 years old. (ONS data 2020 mid-year population estimates)</p> <p>Wider feedback received in the consultation raised that the proposed co-location sites may be more difficult to navigate for the elderly if they are in unfamiliar locations.</p>
<p>g) Mitigating Actions for age</p>	<p>The proposed relocations of services in Gravesham and Tonbridge are all within 1 mile.</p> <p>Some comments were received with regards to those locations we anticipate leaving from but moving to an alternative locally, these concerns covered being able to still access services and having to travel between two locations to access different services as well as parking.</p> <p>We are proposing to take action to mitigate the impact of the change in location, including:</p> <ul style="list-style-type: none"> • We will engage with Gravesham, Dover and Tonbridge & Malling Borough Councils and partners to understand any impact on the move to the Libraries on their service users. Including offering space should they wish to use it for their services.

	<ul style="list-style-type: none"> • We will raise awareness of accessible transport routes to alternative locations and district and borough council services. As well as highlighting available parking in the area. • We will explore utilising the facilities at the community hubs to help these service users to use digital services and/or to access services virtually with support from staff. <p>Co-location The co-location of services has been carefully planned and feasibility studies have assessed the appropriateness of co-location from a service and accessibility compliance perspective. Further design work will continue to develop the co-location proposals.</p> <p>Service staff will be able to support service users in new situations and other service staff can be provided guidance to better signpost and support individuals that are accessing different services within the location.</p> <p>Given the overall policy and financial context in which KCC is currently operating, the impacts outlined above, with the mitigations detailed are considered to be justified.</p>
<p>h) Responsible Officer for Mitigating Actions – Age</p>	<p>Pascale Blackburn-Clarke</p>
<p>20. Negative Impacts and Mitigating actions for Disability</p>	
<p>e) Are there negative impacts for Disability? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i></p>	<p>Yes</p>
<p>f) Details of Negative Impacts for Disability</p>	<p>Within Gravesham, Dover and Tonbridge where we are proposing to relocate away from our District and Borough Councils, those with disabilities may need to make two trips or travel further to see both council’s services which may be particularly difficult for individuals with this protected characteristic.</p> <p>As part of the responses to the Consultation some responses have mentioned the inconvenience of accessing two locations for services, however none specifically linked this to a concern around accessing services with a disability. There were mentions of access to parking generally.</p> <p>In the proposed new locations there are no Changing place facilities in Dover or Gravesham and there are no accessible toilets in Tonbridge for customers to use.</p>

	<p>Both Tonbridge and Gravesend Libraries already have a hearing loop to assist those customers with hearing impairments.</p> <p>In Dover, Tonbridge and Gravesham Districts there are over 8k people claiming disability allowance at all ages. (Department of Work and Pensions data Feb 2020)</p> <p>Wider feedback received in the consultation raised that the hubs may be overwhelming for those who are neurodiverse in terms of sound and space as well as for those that may find navigating unfamiliar locations difficult if they have a disability.</p>
<p>g) Mitigating Actions for Disability</p>	<p>As both services are being relocated within a mile, we think the impact of this proposal on those with a disability is low.</p> <p>To mitigate any potential impact we will:</p> <ul style="list-style-type: none"> • Ensure all locations are accessible both internally and externally. A feasibility study will be undertaken to understand the accessibility requirements of each building. • Look at the feasibility of introducing hearing loops, changing places and accessible toilets to proposed locations that do not already have these. • Consideration for ramped access and automatic doors for those locations that do not already have them. • We will engage with Gravesham and Tonbridge & Malling Borough Councils and partners to understand any impact on the move to the Libraries on this group. Consider offering space to these services to allow services to continue to be delivered under one roof. • Raise awareness of accessible transport routes to alternative locations • Consideration of disabled parking at alternative locations for Gravesend which is centrally located in the middle of town (Tonbridge already has parking, Dover is close by to original location)

	<ul style="list-style-type: none"> • Explore utilising the facilities at the community hubs to help these service users to access services virtually with support from staff. • Explore the possibility of confidential and quieter spaces for those who may be overwhelmed in noisy and large spaces. <p>The impact of needing to make multiple trips to now access partner agency services is difficult to mitigate. It is balanced by the ability to access a wider range of KCC services. The opportunity to invite partner agencies into the new co-location sites – even if part time – can be explored with other organisations including district councils to mitigate this impact.</p> <p>Co-location</p> <p>The co-location of services has been carefully planned and feasibility studies have assessed the appropriateness of co-location from a service and DDA compliance perspective. Further design work will continue to develop the co-location proposals.</p> <p>Service staff will be able to support service users in new situations and other service staff can be provided guidance to better signpost and support individuals that are accessing different services within the location.</p> <p>Given the overall policy and financial context in which KCC is currently operating, the impacts outlined above, with the mitigations detailed are considered to be justified.</p>
<p>h) Responsible Officer for Mitigating Actions - Disability</p>	<p>Pascale Blackburn-Clarke</p>
<p>21. Negative Impacts and Mitigating actions for Sex</p>	
<p>e) Are there negative impacts for Sex? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i></p>	<p>No</p> <p>Currently there are no perceived impacts for Sex as there is no proposed reduction of KCC service provision, it will be delivered in another location close by in Dover, Tonbridge and Gravesend.</p> <p>No other potential impacts were raised as part of the consultation.</p> <p>Since significantly more women (81%) than men (18%) responded to the consultation it could be argued that the changes proposed disproportionately impact women. However, none of the responses in relation to Gateways received at consultation specifically raised concerns regarding sex.</p>

f) Details of Negative Impacts for Sex	One comment was raised in relation to offering Women's support services within hubs to support with domestic abuse and the safety of those accessing the service, we will work with partners to ensure any safety considerations are taken into account, if a partner wishes to deliver in a Gateway location.
g) Mitigating Actions for Sex	
h) Responsible Officer for Mitigating Actions - Sex	
22. Negative Impacts and Mitigating actions for Gender identity/transgender	
e) Are there negative impacts for Gender identity/transgender? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	No, currently there are no perceived impacts for gender identity / transgender as there is no proposed reduction of KCC service provision, it will be delivered in another location close by in Dover, Tonbridge and Gravesend. 99% of consultation respondents indicated that they consider themselves to be the same gender as assigned at birth. No potential impacts were raised as part of the consultation.
f) Details of Negative Impacts for Gender identity/transgender	
g) Mitigating actions for Gender identity/transgender	
h) Responsible Officer for Mitigating Actions - Gender identity/transgender	Pascale Blackburn-Clarke
23. Negative Impacts and Mitigating actions for Race	
e) Are there negative impacts for Race? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	Yes
f) Details of Negative Impacts for Race	Potential confusion for service users where a change of location is proposed due to language barriers as it is possible that Gateway users will have English as a second language. According to the latest school census data (2021-2022), Gravesham has the highest proportion for Asian / British Asian families (particularly Indian families) and the second highest proportion of Black / Black British families and White Eastern European families in Kent. This is also evident in the language profiles where Gravesend has the highest proportion of children in schools in Kent who speak Polish, Lithuanian, Romanian, Panjabi, and Yoruba. A breakdown of ethnicities within the overall consultation response is included above. As the latest available census data at this level is 2011, the school census has been used as a proxy for languages spoken in the wider community and households.

	<p>Whilst we have identified groups that are more likely to be impacted by these changes, there are no statistical evidence of a higher proportion of these groups identified within Tonbridge and Malling. It is however possible that Ukrainians who are here as part of the Homes for Ukraine scheme may be using our services.</p> <p>Users with English as a second language may find co-location of services more difficult as signposting may be more of a challenge for them in a new environment.</p> <p>No additional impacts were raised as part of the consultation.</p>
<p>g) Mitigating Actions for Race</p>	<p>Effective communications to be deployed before any changes made to locations. Consideration of information being made available in alternative languages or through local community groups.</p> <p>Co-location The co-location of services has been carefully planned and service staff will be able to support service users in new situations and other service staff can be provided guidance to better signpost and support individuals that are accessing different services that use English as a second language.</p> <p>Given the overall policy and financial context in which KCC is currently operating, the impacts outlined above, with the mitigations detailed are considered to be justified.</p>
<p>h) Responsible Officer for Mitigating Actions - Race</p>	<p>Pascale Blackburn-Clarke</p>
<p>24. Negative Impacts and Mitigating actions for Religion and belief</p>	
<p>e) Are there negative impacts for Religion and Belief? Answer: Yes/No (If yes, please also complete sections b, c, and d).</p>	<p>Yes</p> <p>However, no potential impacts were raised as part of the consultation carried out from January to March 2023.</p>
<p>f) Details of Negative Impacts for Religion and belief</p>	<p>Potential confusion for service users where a change of location is proposed due to language barriers as Gateway users may have English as a second language. There is likely to be a relationship between use of English as a second language and religion, for certain religious groups.</p>
<p>g) Mitigating Actions for Religion and belief</p>	<p>The co-location of services has been carefully planned and service staff will be able to support service users in new situations and other service staff can be provided guidance to better signpost and support individuals that</p>

	<p>are accessing different services that use English as a second language.</p> <p>Given the overall policy and financial context in which KCC is currently operating, the impacts outlined above, with the mitigations detailed are considered to be justified.</p>
h) Responsible Officer for Mitigating Actions – Religion and belief	Pascale Blackburn-Clarke
25. Negative Impacts and Mitigating actions for Sexual Orientation	
e) Are there negative impacts for sexual orientation. Answer: Yes/No (If yes, please also complete sections b, c, and d).	No
f) Details of Negative Impacts for Sexual Orientation	<p>We currently don't have a breakdown of those accessing services within Gateway. There is no proposed removal of service provision, it will be delivered in another location close by in Dover, Tonbridge and Gravesend.</p> <p>The general response to the consultation when broken down by Sexual Orientation was as follows:</p> <p>Sexual Orientation Heterosexual/Straight 89.7% Bi/Bisexual 2% Gay man 0.4% Gay woman/Lesbian 1.3% Prefer not to say 6% Other 0.6%</p> <p>No impacts were raised as part of the consultation responses received.</p>
g) Mitigating Actions for Sexual Orientation	
h) Responsible Officer for Mitigating Actions – Sexual Orientation	Pascale Blackburn-Clarke
26. Negative Impacts and Mitigating actions for Pregnancy and Maternity	
e) Are there negative impacts for Pregnancy and Maternity? Answer: Yes/No (If yes, please also complete sections b, c, and d).	Yes
f) Details of Negative Impacts for Pregnancy and Maternity	<p>At the time of consultation 3% of respondents indicated that they were pregnant.</p> <p>Within Gravesham, Dover and Tonbridge where we are proposing to relocate away from our District and Borough Councils partners, those experiencing pregnancy and/or maternity may find it more challenging to visit two locations to access both council's services and may find longer walking distances more difficult.</p>

g) Mitigating Actions for Pregnancy and Maternity	<p>The proposed relocations of services in Dover, Gravesham and Tonbridge are all within 1 mile.</p> <p>We will raise awareness of transport routes to alternative locations and district and borough council services.</p> <p>Explore utilising the facilities at the community hubs to help these service users to access services virtually with support from staff.</p> <p>No additional impacts were raised during or as a result of the consultation carried out from January to March 2023</p>
h) Responsible Officer for Mitigating Actions – Pregnancy and Maternity	Pascale Blackburn-Clarke
27. Negative Impacts and Mitigating actions for marriage and civil partnerships	
e) Are there negative impacts for Marriage and Civil Partnerships? Answer: Yes/No (If yes, please also complete sections b, c, and d).	<p>No. Currently there are no perceived impacts for marriage and civil partnership as there is no proposed removal of service provision, it will be delivered in another location close by in Dover, Tonbridge and Gravesend.</p> <p>No additional impacts were raised during or as a result of the consultation carried out from January to March 2023</p>
f) Details of Negative Impacts for Marriage and Civil Partnerships	
g) Mitigating Actions for Marriage and Civil Partnerships	
h) Responsible Officer for Mitigating Actions - Marriage and Civil Partnerships	Pascale Blackburn-Clarke
28. Negative Impacts and Mitigating actions for Carer's responsibilities	
e) Are there negative impacts for Carer's responsibilities? Answer: Yes/No (If yes, please also complete sections b, c, and d).	Yes
f) Details of Negative Impacts for Carer's Responsibilities	Carers may need to carry out two trips to request support from District and Borough partners. As part of the responses to the Consultation some responses have mentioned the inconvenience of accessing two locations for services.
g) Mitigating Actions for Carer's responsibilities	We will raise awareness of transport routes to alternative locations and district and borough council services.

	Explore utilising the facilities at the community hubs to help these service users to access services virtually with support from staff.
h) Responsible Officer for Mitigating Actions - Carer's Responsibilities	Pascale Blackburn-Clarke

EQIA Submission Draft Working Template V2

If required, this template is for use prior to completing your EQIA Submission in the EQIA App.

You can use it to understand what information is needed beforehand to complete an EQIA submission online, and also as a way to collaborate with others who may be involved with the EQIA.

Note: You can upload this into the App when complete if it contains more detailed information than the App asks for and you wish to retain this detail.

Section A

1. Name of Activity (EQIA Title):	Kent Community Programme- AHDCLDMH – <i>Kent Community Services for Adults with Learning Disabilities</i>
2. Directorate	ASCH
3. Responsible Service/Division	AHDCLDMH

Accountability and Responsibility

4. Officer completing EQIA Note: This should be the name of the officer who will be submitting the EQIA onto the App.	Tracy Haith
5. Head of Service Note: This should be the Head of Service who will be approving your submitted EQIA.	Barbara Rickman
6. Director of Service Note: This should be the name of your responsible director.	Jim Beale

The type of Activity you are undertaking

7. What type of activity are you undertaking?

Tick if Yes	Activity Type
Yes	Service Change – <i>operational changes in the way we deliver the service to people.</i>
Yes	Service Redesign – <i>restructure, new operating model or changes to ways of working</i>
No TBC	Project/Programme – <i>includes limited delivery of change activity, including partnership projects, external funding projects and capital projects.</i>
No	Commissioning/Procurement – <i>means commissioning activity which requires commercial judgement.</i>
No	Strategy /Policy – <i>includes review, refresh or creating a new document</i>
	Other – Please add details of any other activity type here.

8. Aims and Objectives and Equality Recommendations – Note: You will be asked to give a brief description of the aims and objectives of your activity in this section of the App, along with the Equality recommendations. You may use this section to also add any context you feel may be required.

Equality Impact Assessment (EQIA)

This EQIA is intended to assess the potential impact of our decisions on persons with different protected characteristics. In particular, this EQIA has been prepared to help us to have regard to the need to: (i) eliminate discrimination; (ii) advance equality of opportunity; and (iii) foster good relations between persons who share a relevant protected characteristic and those who do not, in the exercise of our public functions. These issues are relevant considerations to be taken into account whenever a new policy, function, or system change is being proposed in the exercise of our public functions. This EQIA is also intended to evidence that these considerations have in fact been taken into account, and the weight given to them as part of our decision-making process.

The Case for Change - Kent Communities Programme

The Council is facing very significant financial pressures, for a number of reasons set out in 'Securing Kent's Future' (August 2023 and October 2023). That document sets out the urgent steps needed to return the Council to financial sustainability, by reducing overspend in its budget to avoid further need to use limited reserves to fund revenue overspends, which would weaken the financial resilience of the authority and limit the scope for the use of reserves to invest in transformation necessary to address the structural deficit.

The financial challenges faced by the Council cannot be ignored. Two particularly significant factors, are the Council's statutory 'best value' duty to deliver a balanced budget, provide statutory services, including adult social care and children's services, and secure value for money in all spending decisions; and the Council's other statutory duties.

The Kent Communities Programme seeks to rationalise our physical estate and propose a greater mix of alternative methods of service delivery across the County, informed by a clear and data-driven understanding of service need. Delivery of this programme has become more important in the light of the increased financial pressures faced by the Council. The programme also seeks to reduce the Council's carbon footprint, in line with our Net Zero 2030 approach, although this is a secondary factor given the overarching financial context. The programme does include elements of improvement to service delivery: for example, benefits offered by co-location of services.

However, the Council must acknowledge that the impact of closures and reductions in services on residents can be significant. The approach set out in the proposals is therefore based on a relative needs assessment. Mitigating measures are set out, which are intended to minimise as far as possible the impact of the proposals on Kent residents.

A detailed and extensive public consultation (www.kent.gov.uk/communityservicesconsultation) allowed consultees the opportunity to give their views on the proposals. These responses have been analysed and carefully considered. A range of options have been developed, informed by the consultation responses.

Our Equality Impact Assessment is based on data and evidence about Kent's communities and our service users. We have further developed our assessment based on feedback from the public consultation as this is an important means by which we can test our understanding. Feedback received directly into the consultation was proportionately lower than for the other services. However direct action was taken to engage specifically with users at sites proposed for closure. Service representatives had conversations directly with users at Northgate Hub and at Folkestone Sports Centre to discuss the proposals and get their feedback.

Summary of Proposals

The table below sets out the extent of proposals with notes provided to explain changes that have impacted the proposals since the consultation.

The changes proposed are common across four of the five options, with the fifth being the 'Do Nothing' option.

District	Current Buildings	Number of Service Users (Rounded to Nearest 5)	Proposal	Nearest Alternative	Distance Miles
Ashford	Ashford Gateway Plus		Remain		

Canterbury	Swalecliffe Day Opportunities Centre	45	Remain		
	Northgate Hub*	30	Remain		
	Thanington Hub		Remain		
Dartford	TRACS, Essex Road (not as accessible as local alternatives)	30 across Dartford	Leave as part of business-as-usual activity	Yew Tree Centre	1.5
	Yew Tree Centre		Remain		
	The Dartford Bridge Learning and Resource Campus		Leave as part of business-as-usual activity	Dartford Library, Central Park Gardens (existing co-location)	3.0
Dover	Walmer Centre	40	Leave as part of business-as-usual activity	Relocation to Dover Discovery Centre (new co-location)	8.0
Folkestone & Hythe	Bridge Resource Centre	50	Remain		
	Phase II		Remain		
	Folkestone Sports Centre		Leave	Broadmeadow** Phase II	1 14
Gravesham	Milton Haig (including Freeways cookery skills setting)	45 (15 within cookery skills)	Remain		
Maidstone	Maidstone House	25	Remain		
Sevenoaks	Eden Centre	5	Remain		
	Sevenoaks Leisure Centre	15	Leave	Relocate to Sevenoaks Library* (new co-location)	0.1
	Swanley Link	10	Remain		
Swale	Crawford House	30	Remain		
	Faversham Library	10	Remain		
Thanet	Minnis Day Centre	45	Remain		
	Hartsdown Leisure Centre		Leave	Minnis Day Centre Cliftonville library (new co-location)	3.4 2.7 3.5

Tonbridge & Malling	Tonbridge Community Service	25	Remain		
Tunbridge Wells	Tonbridge Community Service. (There are no permanent buildings in this district so services users access services in Tonbridge)	15	See above	Outreach from Cranbrook Library (KCP has sought to identify opportunities for access to a wider network of KCC locations for outreach activity particularly in locations where there is no current provision)	

* Within the consultation document it was proposed that the Community Day Services for Adults with Learning Disabilities service would vacate Northgate Hub & the Prince of Wales Centre in Canterbury and consolidate their offer at Thanington. However, the landlord has been clear that they will not allow additional space within the Thanington location that would be required to facilitate the consolidation. Therefore, the plans to come out of the Northgate Hub are not achievable from a practical perspective. As such the removal of the service from the Northgate Hub is not a part of any option.

** Another proposal in the consultation was to remove the Community Day Services for Adults with Learning Disabilities service from the Folkestone Sports Centre and use alternative provision at the Phase 2 Centre (14 miles away). Since the consultation the service has been offered space in another location (Broadmeadow) which is an Adult Short Stay centre within the Adults service. This centre is 1 mile away from the Folkestone Sports Centre and so represents a far better alternative option for service users. They will still have the option to utilise space at Phase 2, however they will have increased choice by also having access to space at Broadmeadow. This does not impact the financial position of the Programme.

***Under Business As Usual (BAU) provision, a change detailed in the consultation model has already been enacted regarding the Community Day Services for Adults with Learning Disabilities. In the consultation we proposed moving the service out of the Sevenoaks Leisure Centre and into the Sevenoaks Library (across the car park). Shortly after the close of the consultation the management company of the Sevenoaks Leisure Centre went into administration and so to protect the service delivery, the service moved to the library. This is considered a BAU move. The consultation document explained that some changes may need to be made on a BAU basis, for example as a result of the expiry of a lease or a health and safety issue arising.

Service

Community Services currently provide opportunities throughout the day Monday- Friday, across the twelve districts in Kent. The service supports around 400 adults with a learning disability with varying complexities of assessed support needs, including personal care, to ensure that it meets the needs of the people who use our services, and their parents/carers in Kent. The number of adults supported by the service is subject to change based on demand and capacity within the external market.

Our current service provision consists of both building based and community outreach support designed around meeting the wellbeing and socialisation needs of people we support as well as meeting their carers needs for time away from their caring responsibilities.

Some of the buildings are currently rented and some are Council owned. Through our proposals we are seeking to close some building-based services and to broaden our outreach offer by co-locating into existing Council owned properties wherever possible, reducing our carbon footprint and maximising opportunities for the people we support to be present within their local communities and community buildings. As well as potentially enabling us to increase the outreach activities on offer by making more informal use of a wider network of KCC buildings (responding to the specific needs of our service users), it has the potential to also bring them closer to those that need them, reducing travel and transport time and costs for individuals and carers.

The service is available to all persons who meet the criteria for inclusion which includes a referral from a social work practitioner.

The Services complete a dependency score for everyone. This will highlight support required for each activity ensuring outcomes are achievable. Everyone accessing our services will have a bespoke individual outcome focused support plan – (their “About Me “document).

Our services work with multi partnership agencies to prevent, delay, reduce the need for referral into these more costly services, supporting people to live in their family units for longer and thriving as citizens of their local environments supported by those that know them best.

Physical fitness and fresh air are important for everyone and can have a positive impact on psychological as well as physical well-being. Across the County we therefore actively seek and provide opportunities to maintain and increase physical fitness tailoring the sessions to meet peoples assessed needs and current levels of fitness. Examples include Walking groups, cycling, swimming, sailing, gardening, bowling, boxing subject to local community resources available Other activities provided typically include:

- Art and craft sessions, including painting, clay modelling, sewing, flower pressing.
- Cooking, for developing life skills and just for fun.
- Community outings utilising local services such as cinemas, cafes, pubs, shops. Libraries, church groups.

Current service users:

Below is a summary of what we know about our current service users compared to the latest census data available (2021) where appropriate unless otherwise stated.

Age (from 2020 Mid-Year Population Estimates)

Age	Percentage	Kent Average
0-24	0%	28.6%
25-34	16%	12.2%
35-49	33%	18.9%
50-59	28%	14.1%
60-64	11%	5.9%
65-74	9%	10.8%
75-84	4%	6.9%
85+	0%	2.7%

Young people are not represented by the adults service, they remain supported by children’s services which are unaffected by this proposal. Older people are also slightly underrepresented. It is well known that health outcomes

and life expectancy is significantly lower for people with a learning disability. A significant majority of individuals that benefit from our services are 25-59 years.

Disability – As the service is targeted at those with a disability, 100% of our service users have a disability.

Sex– We have an equal split of male and female service users, this is in line with the Kent average

Ethnicity –92% of our service users are from a white background, this is roughly in line with the Kent average of 89%

Marital Status – 93% of service users are single, this group is overrepresented as only 31% in the general Kent population are single with 49% being married and 20% being separated married or divorced.

Religion – No religion (45%), not stated (26%), Christian (19%), Other (10%). This also shows a difference to Kent averages with 60% of the population identifying as Christian and only 28% identifying as not having a religion.

Sexual Orientation Heterosexual / Straight (29%), Not Known (71%).

Pregnancy / Maternity – No data available

Gender identity/transgender – No data is available

We work to the six 'C's' model of inclusion coherence, commitment, consciousness, courage, connectedness, and co-production – to ensure we advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not ,promoting fairness for all Our services foster good relations with others promoting inclusion for those who have protected characteristics and the proposed changes will continue to support us in eliminating discrimination by enabling us to continue working in a person centred way

Consultation

10% of consultees answering use Community Services for Adults with Learning Disabilities. 9% of consultees answering indicated other household members currently use Community Services for Adults with Learning Disabilities. The majority of both groups use services in person at a building (65% and 71% respectively) but a significant proportion use both in person and online services (18% and 25% respectively).

8 comments were received relating to the consultation proposal to close services at Northgate Hub. As detailed above this is no longer part of these proposals.

10 comments were received regarding the proposed removal of the service from Folkestone Sports Centre which focused on the impact on users that losing the service would have and the difficulties in travelling the distance to an alternative location. These same concerns were expressed by service users engaged directly by service reps during the consultation.

10 comments were received regarding the proposal to move the service from Sevenoaks Leisure Centre to Sevenoaks Library. Responses referred to the current ease of access to the leisure centre and the facilities offered at the centre for disabled people in terms of fitness and socialisation with others, which some service users rely on. Some consultees noted that moving to the library would not be a problem as service users are already familiar with the library building. The Sevenoaks Library location is less than 400 metres from the current Leisure Centre and is equally accessible via public transport and served by the same large car park.

10 comments were received regarding the proposal to remove service from Hartsdown Leisure Centre. These included comments about the benefit of the facilities on offer at Hartsdown, including free parking, and comments disagreeing

with the proposal to access services at a co-located site as accessing different sites with different resources can make for good variation and a good day for service users.

The most common concern expressed in the consultation response regarding the general co-location of services (not specific to the proposals to co-locate this service) were:

Users being able to get there / travel there / can't walk to alternatives / need close location of services	51%
Public transport availability / cost of / reduction in service	33%
Practicality of co-located services (e.g. children's centre in same space as library)	22%
Impact on users unable to access the service / impact on vulnerable / mental health / taking away a lifeline / hub of community	21%
Suitability of building / fit for purpose / the space	19%
Maintaining service levels / impact on service levels	14%

The feedback around impact on mental health should be considered in equalities terms and is addressed in the relevant section below.

Consultees were also given the opportunity to provide feedback on the equality analysis undertaken prior to consultation. 18% of consultees provided feedback in answer to the question in the consultation about equalities, although not all of these consultees will have considered the EqIA for community day services. 15% of consultees who answered the question about equalities referred to the effect on the disabled, those with learning difficulties or special educational needs. 10% of consultees raised concerns about whether buildings would be inclusive and accessible (including for the disabled). 5% raised concerns about the effect of the proposal on the vulnerable. In comments in answer to the question on equalities, which were mostly not comments specifically about this service, consultees raised concerns including about the accessibility of services, the potential impacts on mental and overall health on isolation from or difficult in accessing services, and difficulties in accessing digital services (including for some disabled people).

Justification

The impacts outlined above are considered to be proportionate when considered against the positive impacts, mitigations and the overall policy and financial context within which the Council operates. Therefore any impacts are considered to be both limited and justifiable.

Section B – Evidence

Note: For questions 9, 10 & 11 at least one of these must be a 'Yes'. You can continue working on the EQIA in the App, but you will not be able to submit it for approval without this information.

9. Do you have data related to the protected groups of the people impacted by this activity? Answer: Yes/No	Yes
10. Is it possible to get the data in a timely and cost-effective way? Answer: Yes/No	Yes
11. Is there national evidence/data that you can use? Answer: Yes/No	Yes
12. Have you consulted with Stakeholders? Answer: Yes/No <i>Stakeholders are those who have a stake or interest in your project which could be residents, service users,</i>	Yes

<i>staff, members, statutory and other organisations, VCSE partners etc.</i>	
13. Who have you involved, consulted and engaged with? <i>Please give details in the box provided. This may be details of those you have already involved, consulted and engaged with or who you intend to do so with in the future. If the answer to question 12 is 'No', please explain why.</i>	
<p>Engagement took place prior to consultation with stakeholders including:</p> <ul style="list-style-type: none"> - KCC members and senior officers - Service delivery team members as part of the design process - District authorities - External partners including NHS and Kent Fire and Rescue - Adult Day Services Senior Management Team - Other services in the Kent Community Programme <p>A full 10-week consultation process provided residents, community groups and all interested parties with an opportunity to give feedback on the proposed changes to service delivery across the county. During this consultation period there was over 150 hours of pro-active engagement continuing with public sector and other partners.</p> <p>These key stakeholders were identified to include in the consultation:</p> <ul style="list-style-type: none"> - Community day service staff - Community day service users - Community day service Parents & Carers - Other Councils who have placed people in our services <p>There was initially a low response rate to the consultation in relation to this service and so, as detailed in the consultation Report, additional engagement was undertaken where possible with service users. This engagement was led by the service team at Folkestone Sports Centre by discussing the proposals with users of the 'Front Room' at Folkestone Sports Centre.</p>	
14. Has there been a previous equality analysis (EQIA) in the last 3 years? <i>Answer: Yes/No</i>	No
15. Do you have evidence/data that can help you understand the potential impact of your activity? <i>Answer: Yes/No</i>	Yes
Uploading Evidence/Data/related information into the App <i>Note: At this point, you will be asked to upload the evidence/ data and related information that you feel should sit alongside the EQIA that can help understand the potential impact of your activity. Please ensure that you have this information to upload as the Equality analysis cannot be sent for approval without this.</i>	<p>The Learning Disabilities (a learning disability) Mortality review- Annual Report for 2018: HQIP (2019): https://www.hqip.org.uk/resource/the-learning-disabilities-mortality-review-annual-report-2018/ https://nationalautistictaskforce.org.uk/the-autism-dividend-reaping-the-rewards-of-better-investment/ Access to primary and community health-care services for people 16 years and over with intellectual disabilities: a mapping and targeted systematic review https://www.ncbi.nlm.nih.gov/books/NBK553283/ Framing Kents Future Appendix A - Framing Kents Future.pdf</p>

NICE Guidance Arranging services for people with a learning disability and behaviour that challenges
<https://www.nice.org.uk/guidance/ng93>
 Data Intelligence Report Kent Learning Disabilities
[Microsoft Word - Data Intelligence Final Report \(kentcht.nhs.uk\)](https://www.kent.nhs.uk)
 Valuing People Now 2001
[Microsoft Word - VPN SUMMARY REPORT FINAL 3.12.10 v7.doc \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk)
 Valuing People Now 2 2009
[Improving outcomes for people with learning disabilities - GOV.UK \(www.gov.uk\)](https://www.gov.uk)
 The Carer's Strategy
[2022-01-06 Kent Adult Carers Strategy 2022 to 2027.docx \(sharepoint.com\)](https://www.sharepoint.com)
 PANSI Report (includes the number of residents in each District with a disability).

<https://proceduresonline.com/trixcms2/media/16810/lgbtqplus-support-toolkit.pdf>

Section C – Impact

16. Who may be impacted by the activity? Select all that apply.

Service users/clients <i>Answer: Yes/No</i>	Yes	Residents/Communities/Citizens <i>Answer: Yes/No</i>	Yes
Staff/Volunteers <i>Answer: Yes/No</i>	Yes		

17. Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing? Answer: Yes/No Yes

18. Please give details of Positive Impacts

Sevenoaks

In Sevenoaks, as other residents also use the Library, we will be expanding the potential for those with protected characteristics due to disability to be working alongside those without as well as having dedicated space that can be developed and adapted to offer further facilities enabling us to broaden our activity offer in Sevenoaks.

Co-locating into Sevenoaks library means the service would benefit from greater accessibility to all the activities and resources the library has to offer as they will access the location with the support of our service staff whilst still enabling people to continue to use the Leisure Centre for physical fitness activities as any other local citizen might do.

In relation to Swanley, following the recent closures due to the recent COVID pandemic we have seen a decrease in service users returning to this facility, therefore opening possible bookable space to the general public will allow the council to reach a wider audience, whilst continuing to foster good relationships and work alongside those with protected characteristics related to disability.

Thanet and Tunbridge Wells

Further bookable outreach spaces in Thanet will enable greater flexibility when planning community outings and activities. As other community citizens also use the libraries, we will be expanding the potential for those with protected characteristics due to disability to be working alongside those without as well as having dedicated space that can be developed and adapted to offer further facilities enabling us to broaden our activity offer in Thanet.

The ability to book outreach space will provide a positive benefit for service users, particularly to relieve service pressure in Tunbridge Wells where, based on the PANSI report, we have a need in Tunbridge Wells with around 7% of the population identified as an adult with a learning disability and this is reflected in Kent County Councils database, MOSAIC, with around 7% of adults using the community services for adults with a learning disability residing in this area. This lack of physical space may have contributed to a decline in use of our services in this area over the past 3 years and may mean that people with an assessed need and their carers are not receiving the support that they are entitled to. The ability to book flexible outreach space across KCC buildings is an opportunity for our service as it will continue to foster good relationships and encourage working alongside those with protected characteristics related to disability.

By continuing to increase our co-locations with other services at Sevenoaks Library and Cliftonville Library and exploring opportunities to use a wider network of outreach locations, will be expanding the potential for good relationships with those with protected characteristics due to disability and to be working alongside those without.

Negative Impacts and Mitigating Actions

The questions in this section help to think through positive and negative impacts for people affected by your activity. Please use the Evidence you have referred to in Section B and explain the data as part of your answer.

19. Negative Impacts and Mitigating actions for Age

<p>i) Are there negative impacts for age? <i>Answer: Yes/No</i> <i>(If yes, please also complete sections b, c, and d).</i></p>	<p>Yes</p>
<p>j) Details of Negative Impacts for Age</p>	<p>As explained above, the demographic breakdown of our service users is predominantly those aged 25 – 64 with the largest cohort being 35-49. Changes to our service therefore disproportionately impact those within these age groups.</p> <p>The proposed exit from or closure of some buildings including those in Folkestone and Hythe, Sevenoaks and Thanet may create travel and transport issues for existing people who use our services and their parents/carers as well as for our social work practitioners where travel forms part of an assessed need, increasing both travel time and cost which may lead to a decrease in attendance and our ability to provide services. This would potentially affect our older generation of users whose parents/carers would be that much older themselves and more likely to have mobility/health issues that prevent them being able to transport the people that use our services independently leading to unmet assessed needs of those with age related protected characteristics.</p> <p>‘Age’ specifically was not raised within the consultation feedback. However, the disproportionate impact on those in the age brackets set out above has been considered.</p>

k) Mitigating Actions for age

Across all proposed exit from or closure of buildings

We will seek to mitigate any negative impacts by providing wider opportunities through development of our outreach offer keeping people well informed of proposed changes and enable real involvement in managing the change using positive risk management assessments and techniques to support people through each step of the proposed change where this need is identified additionally. This means making the most of emerging opportunities to provide support within flexible outreach spaces across the rest of the KCC community estate.

Folkestone and Hythe

We will seek to continue to use Folkestone Sports centre for ad hoc community activities (as opposed to a service centre) through development of our outreach offer, increasing service led physical activity opportunities where demand requires.

Having agreed that we can have space in Broadmeadow Registered Care Centre means we are only 1 mile away from our current location and mitigates the need for travel to the Bridge Resource Centre or Phase 2 where age would impact more on people's ability to travel. Given the short distance the impact is not considered significant in regards to age.

Sevenoaks

By collocating into Sevenoaks library, from the leisure Centre which is on the same site, people will already be familiar with this site reducing potential anxieties regarding change and it will also not affect travel plans for the people who use the service or their carers with age related protected characteristics. Due to circumstances beyond our control (the leisure centre going into liquidation) these changes have already been introduced to enable our services to have a building base to operate from. People that attend our service in Sevenoaks, their families and carers were advised of this and opportunities to feedback on the proposals given.

Being able to book outreach space at Swanley Gateway may enable us to provide a meet and greet service as well as a drop in space for when accessing community resources in the local area, bringing the service back to this rural location where there are few or no external providers.

Thanet

During the Covid pandemic and on reopening we moved into new premises at Minnis Bay as our main building hub so people and their families, carers are already familiar with

	<p>travel to and attendance at this site. Hartsdown Leisure Centre is currently used for Outreach work only and we will be able to continue to use the Sports centre for community activities as members of the public.</p> <p>As the nearest alternative is 3 miles away, we recognise that the travel implications related to Thanet may be higher, although these must be balanced against the overall policy and financial context within which the Council currently operates. We acknowledge that this travel distance may have greater adverse impacts for older users of this service.</p> <p>Co-location The co-location of services has been carefully planned and feasibility studies have assessed the appropriateness of co-location from a service and accessibility perspective. Further design work will continue to develop the co-location proposals.</p> <p>Service staff will be able to support service users in new situations and other service staff can be provided guidance to better signpost and support individuals that are accessing different services within the location.</p> <p>Given the overall policy and financial context in which KCC is currently operating, the impacts outlined above, with the mitigation detailed, are considered to be justified.</p>
<p>l) Responsible Officer for Mitigating Actions - Age</p>	<p>Barbara Rickman - Assistant Director, Service Provision</p>
<p>20. Negative Impacts and Mitigating actions for Disability</p>	
<p>i) Are there negative impacts for Disability? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i></p>	<p>Yes</p>
<p>j) Details of Negative Impacts for Disability</p>	<p>As explained above, the nature of our service means that all of our service users have the protected characteristic of disability. Those service users will therefore be impacted more by our proposed changes, than people who do not have that protected characteristic.</p> <p>All consultation feedback concerning this service is therefore relevant to this protected characteristic.</p> <p>The proposed exit from or closure of some buildings including those in Folkestone and Hythe, Sevenoaks and Thanet may cause distress for individuals who have become familiar with the site and may suffer increased anxiety, a decrease in mental health and wellbeing and some may find that behaviours alter to include physical and verbal aggression where previously there were none. Travel to</p>

alternative locations may be difficult for service users as a result of their particular disabilities (and may also be more difficult for parents/carers with disabilities) given accessibility of public transport services and other challenges resulting from having to travel further, for example in wheelchairs. This is likely to be most challenging in Thanet where the nearest alternative permanent location is 3 miles away.

Folkestone and Hythe

Folkestone Sports Centre currently provides a dedicated 'drop in' space where people using the sports facilities can break for refreshment and lunch breaks. Service users are currently able to access many of the sports facilities including use of the toning tables and sensory environment we may find exiting this site has cost implications for the service if wishing to continue to use the facilities, as well as an impact on people's physical fitness, health and wellbeing.

Sevenoaks

The people who currently access Sevenoaks Leisure Centre all benefit from using the dedicated training kitchen and being supported to cook their lunch daily. The library does not currently offer this provision. Service users are currently able to access many of the sports facilities and exiting this site may have cost implications for the service if wishing to continue to use the facilities, as well as an impact on people's physical fitness, health and wellbeing.

The allocated space in the library has not been designed to meet the needs of people with a learning disability and as such has limited resources to meet the needs of the people who currently use this service.

Thanet

Hartsdown Leisure Centre currently provides a dedicated space where local people can meet prior to undertaking community activities elsewhere, including using the on-site sports facilities, as well as break for refreshment and lunch times. Where an individual is responsible for travelling independently and funding their own transport this may have cost implications for them which may lead to a decrease in attendance numbers and further to unmet care and support needs.

Co-locations

Co-location as a principle may provide some difficulties for service users as they will be required to access service

	<p>support from new, unfamiliar locations in settings that include people accessing a range of different services. This could provide an overwhelming atmosphere.</p>
<p>k) Mitigating Actions for Disability</p>	<p>Across all proposed exit from or closure of buildings</p> <p>We seek to mitigate any negative impacts by providing wider opportunities through development of our outreach offer keeping people well informed of proposed changes and enable real involvement in managing the change using positive risk management assessments and techniques to support people through each step of the proposed change where this need is identified additionally. This means making the most of emerging opportunities to provide support within flexible outreach spaces across the rest of the KCC community estate in order to foster good relationships and encourage working alongside those with protected characteristics related to disability.</p> <p>Folkestone and Hythe</p> <p>We will seek to continue to use Folkestone Sports centre for ad hoc community activities (as opposed to a service centre) through development of our outreach offer, increasing service led physical activity opportunities where demand requires.</p> <p>Use of dedicated space in Broadmeadow Adult short stay service as an alternative service centre will also provide new opportunities for the people we support in a Kent County Council owned property thereby meeting the objectives of the Project and enabling those with protected characteristics by disability to engage and work alongside the people being supported in the adult short stay centre promoting inclusion and wider opportunities for friendships to form.</p> <p>Sevenoaks</p> <p>By collocating into Sevenoaks library from the Leisure Centre which is on the same site people will already be familiar with this site reducing potential anxieties regarding change and it will also not affect travel plans for the people who use the service or their careers.</p> <p>The area dedicated for our service is however due to be upgraded to provide a kitchen and changing place as part of the co-location proposal with the Library service.</p> <p>The consultation feedback included comments that supported the co-location at Sevenoaks Library given it is a familiar location for many service users.</p> <p>Being able to book outreach space at Swanley Gateway may enable us to provide a meet and greet service as well as a</p>

	<p>drop in space for when accessing community resources in the local area, bringing the service back to this rural location where there are few or no external providers</p> <p>Thanet</p> <p>During the Covid pandemic and on reopening we moved into new premises at Minnis Bay as our main building hub so people and their families, carers are already familiar with travel to and attendance at this site. Hartsdown Leisure Centre is currently used for Outreach work only and we will be able to continue to use the Sports centre for community activities on an outreach basis as members of the public.</p> <p>We will seek to continue to use the Sports centre for community activities as ad hoc activities (as opposed to a service centre), particularly to promote physical fitness and mental wellbeing.</p> <p>We will provide wider opportunities through development of our outreach offer increasing service led physical activity opportunities where demand requires. This will mean utilising flexible outreach space across the rest of the KCC community estate to make the most of opportunities to foster good relationships and encourage working alongside those with protected characteristics related to disability.</p> <p>Co-location</p> <p>The co-location of services has been carefully planned and feasibility studies have assessed the appropriateness of co-location from a service and accessibility perspective. Further design work will continue to develop the co-location proposals.</p> <p>Service staff will be able to support service users in new situations and other service staff can be provided guidance to better signpost and support individuals that are accessing different services within the location.</p> <p>Given the overall policy and financial context in which KCC is currently operating, the impacts outlined above, with the mitigations detailed, are considered to be justified.</p>
<p>l) Responsible Officer for Mitigating Actions - Disability</p>	<p>Barbara Rickman - Assistant Director, Service Provision</p>
<p>21. Negative Impacts and Mitigating actions for Sex</p>	
<p>i) Are there negative impacts for Sex? Answer: Yes/No <i>(If yes, please also complete sections b, c, and d).</i></p>	<p>No impacts have been identified.</p> <p>As explained above, the demographic breakdown shows that our current service users are equally split between male and female. We therefore do not currently have any</p>

	reason to suspect that either group would be disproportionately affected by the changes as a result of their sex.
j) Details of Negative Impacts for Sex	
k) Mitigating Actions for Sex	
l) Responsible Officer for Mitigating Actions - Sex	
22. Negative Impacts and Mitigating actions for Gender identity/transgender	
i) Are there negative impacts for Gender identity/transgender? Answer: Yes/No (If yes, please also complete sections b, c, and d).	<p>No impacts have been identified.</p> <p>Information relating to Gender identity/ Transgender is identified within individual referrals, support plans and discussed within reviews, this supports the services in generating the necessary support.</p>
j) Details of Negative Impacts for Gender identity/transgender	
k) Mitigating actions for Gender identity/transgender	
l) Responsible Officer for Mitigating Actions - Gender identity/transgender	
23. Negative Impacts and Mitigating actions for Race	
i) Are there negative impacts for Race? Answer: Yes/No (If yes, please also complete sections b, c, and d).	<p>No impacts have been identified. The data above sets out that users of the Community Day service are slightly less likely to be self-declared BME than non-users. However, no comments from the consultation raised any concerns around impacts based on race.</p> <p>Information relating to Race is identified within individual referrals, support plans and discussed within reviews, this supports the services in generating the necessary support.</p>
j) Details of Negative Impacts for Race	
k) Mitigating Actions for Race	
l) Responsible Officer for Mitigating Actions - Race	
24. Negative Impacts and Mitigating actions for Religion and belief	
i) Are there negative impacts for Religion and Belief? Answer: Yes/No (If yes, please also complete sections b, c, and d).	<p>No impacts have been identified. The data above sets out that users of the Community Day service are slightly less likely to identify as Christian than non-users. However, no comments from the consultation raised any concerns around impacts based on religion or belief.</p> <p>Information relating to Religion and Belief is identified within individual referrals, support plans and discussed within reviews, this supports the services in generating the necessary support.</p>
j) Details of Negative Impacts for Religion and belief	
k) Mitigating Actions for Religion and belief	
l) Responsible Officer for Mitigating Actions - Religion and belief	
25. Negative Impacts and Mitigating actions for Sexual Orientation	

<p>i) Are there negative impacts for sexual orientation. <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i></p>	<p>No impacts have been identified.</p> <p>Information relating to Sexual Orientation is identified within individual referrals, support plans and discussed within reviews, this supports the services in generating the necessary support.</p>
<p>j) Details of Negative Impacts for Sexual Orientation</p>	
<p>k) Mitigating Actions for Sexual Orientation</p>	
<p>l) Responsible Officer for Mitigating Actions - Sexual Orientation</p>	
<p>26. Negative Impacts and Mitigating actions for Pregnancy and Maternity</p>	
<p>i) Are there negative impacts for Pregnancy and Maternity? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i></p>	<p>No impacts have been identified.</p>
<p>j) Details of Negative Impacts for Pregnancy and Maternity</p>	
<p>k) Mitigating Actions for Pregnancy and Maternity</p>	
<p>l) Responsible Officer for Mitigating Actions - Pregnancy and Maternity</p>	
<p>27. Negative Impacts and Mitigating actions for marriage and civil partnerships</p>	
<p>i) Are there negative impacts for Marriage and Civil Partnerships? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i></p>	<p>No impacts have been identified. Information relating to Marriage and Civil Partnerships is identified within individual referrals, support plans and discussed within reviews, this supports the services in generating the necessary support.</p>
<p>j) Details of Negative Impacts for Marriage and Civil Partnerships</p>	
<p>k) Mitigating Actions for Marriage and Civil Partnerships</p>	
<p>l) Responsible Officer for Mitigating Actions - Marriage and Civil Partnerships</p>	
<p>28. Negative Impacts and Mitigating actions for Carer's responsibilities</p>	
<p>i) Are there negative impacts for Carer's responsibilities? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i></p>	<p>Yes</p>
<p>j) Details of Negative Impacts for Carer's Responsibilities</p>	<p>The proposed exit from or closure of buildings in Folkestone and Hythe, Sevenoaks and Thanet may create travel and transport issues for the parents/carers of people who use our services as well as for our social work practitioners where travel forms part of an assessed need, increasing both travel time and cost which may lead to a decrease in attendance and our ability to provide services. This would potentially affect our older generation of users whose parents/carers would be much that much older themselves and have mobility/health issues that prevent them being able to transport the people that use our services independently leading to unmet assessed needs of those with carer related protected characteristics. It is also likely that parents/carers are more likely to be women and so this should also be considered carefully in relation to parents/carers.</p>
<p>k) Mitigating Actions for Carer's responsibilities</p>	<p>Folkestone and Hythe</p>

	<p>People who use our services will still be able to access the Sports Centre as members of the public.</p> <p>Use of dedicated space in Broadmeadow Adult short stay service will enable us to continue with our outreach offer in the local vicinity, where caring responsibilities would impact on people’s ability to support travel requirements thus reducing or preventing the need for travel to the Bridge Resource Centre or Phase 2, which are further away.</p> <p>Sevenoaks</p> <p>By collocating into Sevenoaks library, from the leisure Centre which is on the same site, people will already be familiar with this site reducing potential anxieties regarding change and it will also not affect travel requirements for people with carers responsibilities as the site is equally accessible via public transport and service by the same car par as the Library is approximately 400 metres away from the Leisure Centre.</p> <p>Being able to book outreach space at Swanley Gateway may enable us to provide a meet and greet service as well as a drop in space for when accessing community resources in the local area, bringing the service back to this rural location where there are few or no external providers</p> <p>Thanet</p> <p>During the Covid pandemic and on reopening we moved into new premises at Minnis Bay as our main building hub so people and their families, carers are already familiar with travel to and attendance at this site. Hartsdown Leisure Centre is currently used for Outreach work only and we will be able to continue to use the Sports centre for community activities on an outreach basis as members of the public.</p> <p>As the nearest alternative is 3 miles away, we recognise that the travel implications related to Thanet may be higher, although these must be balanced against the overall policy and financial context within which the Council currently operates.</p>
<p>I) Responsible Officer for Mitigating Actions - Carer’s Responsibilities</p>	<p>Barbara Rickman - Assistant Director, Service Provision</p>

EQIA Submission Draft Working Template

If required, this template is for use prior to completing your EQIA Submission in the EQIA App.

You can use it to understand what information is needed beforehand to complete an EQIA submission online, and also as a way to collaborate with others who may be involved with the EQIA.

Note: You can upload this into the App when complete if it contains more detailed information than the App asks for and you wish to retain this detail.

Section A

1. Name of Activity (EQIA Title):

Kent Communities Programme - Community Learning and Skills (CLS)/Adult Education

2. Directorate

Children Young People and Education (CYPE)

3. Responsible Service/Division

Community Learning and Skills

Accountability and Responsibility

4. Officer completing EQIA

Note: This should be the name of the officer who will be submitting the EQIA onto the App.

Mark Easton

5. Head of Service

Note: This should be the Head of Service who will be approving your submitted EQIA.

Jude Farrell

6. Director of Service

Note: This should be the name of your responsible director.

CYPE Director – Christine McInnes

The type of Activity you are undertaking

7. What type of activity are you undertaking?

Service Change – operational changes in the way we deliver the service to people. Answer Yes/No

Yes

Service Redesign – restructure, new operating model or changes to ways of working. Answer Yes/No

No

Project/Programme – includes limited delivery of change activity, including partnership projects, external funding projects and capital projects. Answer Yes/No

Yes

Commissioning/Procurement – means commissioning activity which requires commercial judgement. Answer Yes/No

No

Strategy /Policy – includes review, refresh or creating a new document. Answer Yes/No

No

Other – Please add details of any other activity type here.

N/A

8. Aims and Objectives and Equality Recommendations – Note: You will be asked to give a brief description of the aims and objectives of your activity in this section of the App, along with the Equality recommendations. You may use this section to also add any context you feel may be required.

Equality Impact Assessment (EQIA)

This EQIA is intended to assess the potential impact of our decisions on persons with different protected characteristics. In particular, this EQIA has been prepared to help us to have regard to the need to: (i) eliminate discrimination; (ii) advance equality of opportunity; and (iii) foster good relations between persons who share a relevant protected characteristic and those who do not, in the exercise of our public functions. These issues are relevant considerations to be taken into account whenever a new policy, function, or system change is being proposed in the exercise of our public functions. This EQIA is also intended to evidence that these considerations have in fact been taken into account, and the weight given to them as part of our decision-making process.

The Case for Change - Kent Communities Programme

The Council is facing very significant financial pressures, for a number of reasons set out in 'Securing Kent's Future' (August 2023 and October 2023). That document sets out the urgent steps needed to return the Council to financial sustainability, by reducing overspend in its budget to avoid further need to use limited reserves to fund revenue overspends, which would weaken the financial resilience of the authority and limit the scope for the use of reserves to invest in transformation necessary to address the structural deficit.

The financial challenges faced by the Council cannot be ignored. Two particularly significant factors, are the Council's statutory 'best value' duty to deliver a balanced budget, provide statutory services, including adult social care and children's services, and secure value for money in all spending decisions; and the Council's other statutory duties.

The Kent Communities Programme seeks to rationalise our physical estate and propose a greater mix of alternative methods of service delivery across the County, informed by a clear and data-driven understanding of service need. Delivery of this programme has become more important in the light of the increased financial pressures faced by the Council. The programme also seeks to reduce the Council's carbon footprint, in line with our Net Zero 2030 approach, although this is a secondary factor given the overarching financial context. The programme does include elements of improvement to service delivery: for example benefits offered by co-location of services.

However, the Council must acknowledge that the impact of closures and reductions in services on residents can be significant. The approach set out in these proposals is therefore based on a relative needs assessment. Mitigating measures are set out, which are intended to minimise as far as possible the impact of the proposals on Kent residents.

A detailed and extensive public consultation (www.kent.gov.uk/communityservicesconsultation) allowed consultees the opportunity to give their views on the proposals. These responses have been analysed and carefully considered. A range of options have been developed, informed by the consultation responses.

Summary of Proposals

Five separate options are being presented for Member consideration and decision.

Within four of the five options there is only one change relevant to CLS. Whilst all KCC freehold or leasehold properties that CLS occupy have been considered under this consultation, Broadstairs Memorial Hall & Pottery is the only venue that we are proposing to close, the proposal is to move services to Broadstairs Library as part of a co-location with the Library service and Adult Day Services (Adult Day Services as outreach provision only). The fifth option is a 'Do Nothing' option and therefore does not propose any closures or changes to the CLS service at all.

This EqlA considers the impacts on residents of the service moving location in four of the five options and the impact of the co-location with the library service. It takes into account the relevant feedback from the consultation in relation to the CLS service and the general equalities-related consultation feedback.

Community Learning and Skills

Community Learning and Skills (CLS) is one of the services included in this programme. CLS delivers Education and Training opportunities to residents age 16+ in all 12 districts across Kent.

CLS service priorities are:

- Maximise access to community learning for adults, bringing new opportunities and improving lives, whatever people's circumstances
- Promote social renewal by bringing local communities together to experience the joy of learning and the pride that comes with achievement
- Maximise the impact of adult and community learning on the social and economic well-being of individuals, families, and communities
- Focus public funding on people who are disadvantaged and least likely to participate, including in rural areas and people on low incomes with low skills
- Collect fee income from people who can afford to pay and use where possible to extend provision to those who cannot
- Widen participation and transform people's destinies by supporting progression relevant to personal circumstances

Over the past 5 years CLS has realised 5554 enrolments (data from Management Information System and represents course enrolments, not unique individuals) at Broadstairs Adult Education, of which:

Gender: 80% of service users are female.

Gender	%
Female	80%
Male	20%

(The population of Thanet by gender is 51.9% are female and 49% are male – data is publicly available and published nationally or available via Thanet District Council)

Gender by Age: Most service users are 60+ years, of which most are female

Age	Gender	
	Female	Male
0-19	0.00%	0.05%
20-39	5.87%	2.30%
40-59	18.10%	3.96%
60+	56.14%	13.58%

Gender by Disability: 4% of service users with a self-declared disability are female

Gender	Disability		
	Not Disabled	Disabled	Not Known
Female	19%	4%	57%
Male	4%	1%	15%

Age: 69.7% of service users are 60+ in age

Age	%
0-19	0.1%
20-39	8.2%
40-59	22.1%
60+	69.7%

(20.1% of the population of Thanet are aged 0 – 17

23.7% of the population of Thanet are aged 18 - 64

56.2% of the population of Thanet are aged 65+)

Age by Disability: 3.29% of service users aged 60+ have a self-declared disability

Age	Disability		
	Not Disabled	Disabled	Not Known
0-19	0.00%	0.00%	0.05%
20-39	0.40%	0.38%	7.40%
40-59	3.20%	1.08%	17.77%
60+	19.84	3.29%	46.58%

Age by Ethnicity: 5.22% of service users are 60+ in age with self-declared BME status

Age	Ethnicity		
	BME	Non BME	Not Known
0-19	0.02%	0.04%	0.00%
20-39	1.15%	6.90%	0.13%
40-59	2.90%	18.96%	0.20%
60+	5.22%	64.33%	0.16%

Disability: 5% of service users have self-declared a disability

Disability	%
Not Disabled	23%
Disabled	5%
Not Known	72%

(23.4% residents in Thanet have a health problem or disability which limits their day-to-day activities - data is publicly available and published nationally or available via Thanet District Council)

Disability by Ethnicity: 0.54% of self-declared BME service users are self-declared disabled

Ethnicity	Disability		
	Not Disabled	Disabled	Not Known
BME	1.42%	0.54%	7.33%
Non BME	21.9%	4.20%	64.08%
Not Known	0.07%	0.02%	0.40%

Ethnicity: 9.3% of service users are self-declared BME, which is above the BME population of Kent (6.33%), but broadly in line with the proportion of those in Thanet who are BME (see below)

Ethnicity	%
BME	9.3%
Non BME	90.2%
Not Known	0.5%

(Ethnicity data for Thanet: 9.6% of the population of Thanet are BME - data is publicly available and published nationally or available via Thanet District Council)

Source Data:

- <https://www.kent.gov.uk/about-the-council/information-and-data/facts-and-figures-about-Kent/equality-and-diversity-data#tab-3,4>
- CLS Management Information Unit-E.

Affected local groups

No local groups have been identified as being affected by this proposal.

Consultation

17% of consultees answering use Adult Education services. 13% of consultees answering indicated other household members currently use Community Services for Adults with Learning Disabilities. The majority of both groups use services in person at a building (65% and 72% respectively) but a significant proportion use both in person and online services (18% and 25% respectively).

In terms of the response to the move from Broadstairs Memorial Hall and Pottery, 51 comments were received during the consultation. The breakdown of responses is included here:

	Number of consultee answering	% of consultees answering
Alternative venue not suitable - size/capacity / storage, i.e., pottery, fitness/exercise classes in a library?	31	61%
Use frequently / essential / needed / lifeline / do not close / lost without it / loss of access to services	17	33%
Detrimental impact of mental health / socialisation / development / counselling service much needed	13	25%
Current building in walking distance / accessible / won't be able to walk/access alternatives	8	16%
Services would suffer if moved elsewhere /insufficient provision / oversubscribed / would current services be available	8	16%
Detrimental effect on community / much needed by community	7	14%
Current building provides good facilities / parking / nice environment / not available at alternatives	3	6%

In considering these responses it is clear that concerns relating to suitability (31) and accessibility (17, 8, 8, 3) of the alternative location are common themes. There are specific equalities considerations raised by the responses on mental health and wellbeing (13) and in terms of disabilities and age when considering the comments on additional walking distance (8). A further theme which was apparent from consultees' comments was concern about the suitability of the library building for providing all of the services which are currently available at the Broadstairs site. Some of these classes may be attended by service users for reasons connected with a protected characteristic. These factors are considered in the following sections.

The most common concern expressed in the consultation response regarding the general co-location of services (not specific to the Broadstairs Library proposals) were:

Users being able to get there / travel there / can't walk to alternatives / need close location of services	51%
Public transport availability / cost of / reduction in service	33%
Practicality of co-located services (e.g. children's centre in same space as library)	22%
Impact on users unable to access the service / impact on vulnerable / mental health / taking away a lifeline / hub of community	21%
Suitability of building / fit for purpose / the space	19%

Maintaining service levels / impact on service levels

14%

The feedback around impact on accessibility and mental health should be considered in equalities terms and is addressed in the relevant section below.

Impacts

Given that the only proposed site closure within four of the five options for CLS (Broadstairs Adult Education Centre) will relocate to a venue 0.1 mile (2-minute walking) from the existing venue, no significant impacts have been identified in terms of service access. The assessment is because there will be no change to existing access, public transport infrastructure, personal travel arrangements, parking, geography/topography as set out in section 18 of this document.

Justification

It is considered that the impacts summarised above and detailed in the sections below are justified when considered alongside the suggested mitigations and the overall policy and financial framework within which the Council currently operates.

Section B – Evidence

Note: For questions 9, 10 & 11 at least one of these must be a 'Yes'. You can continue working on the EQIA in the App, but you will not be able to submit it for approval without this information.

9. Do you have data related to the protected groups of the people impacted by this activity? Answer: Yes/No

Yes – see above.

10. Is it possible to get the data in a timely and cost-effective way? Answer: Yes/No

Yes

11. Is there national evidence/data that you can use? Answer: Yes/No

Where available, statistical data for Thanet has been used to compare service user statistics.

For protected characteristics data that is not collected by CLS, publicly available statistics have been used for this EqIA:

Pregnancy/maternity Leave: In 2020, 1,383 births were registered in Thanet.

Gender reassignment: No publicly available for Thanet could be identified.

Sexual Orientation: An estimated 3.1% of the UK population aged 16 years and over identified as lesbian, gay or bisexual (LGB) in 2020, an increase from 2.7% in 2019 and almost double the percentage from 2014 (1.6%).

Married or in a civil partnership: No publicly available for Thanet could be identified. However, in 2020, there were 7,566 opposite-sex civil partnerships formed in England and Wales, of which 7,208 were registered in England and 358 were registered in Wales; this is the first year that civil partnerships between opposite-sex couples have been reported. There were 785 civil partnerships formed between same-sex couples in England and Wales in 2020, of which 745 were registered in England and 40 were registered in Wales; this is the lowest number recorded for England since the introduction of civil partnerships in 2005.

Religion or belief:

UK		Thanet
All categories:		
Christian	59.38%	61.44%
Buddhist	0.45%	0.37%
Hindu	1.52%	0.48%
Jewish	0.49%	0.20%
Muslim	5.02%	0.92%
Sikh	0.79%	0.07%
Other religion	0.43%	0.51%
No religion	24.74%	28.60%

Religion not stated	7.18%	7.41%
12. Have you consulted with Stakeholders?		
<i>Answer: Yes/No</i>		
<i>Stakeholders are those who have a stake or interest in your project which could be residents, service users, staff, members, statutory and other organisations, VCSE partners etc.</i>		
Yes		
13. Who have you involved, consulted and engaged with?		
<i>Please give details in the box provided. This may be details of those you have already involved, consulted and engaged with or who you intend to do so with in the future. If the answer to question 12 is 'No', please explain why.</i>		
Engagement took place prior to consultation with stakeholders including:		
<ul style="list-style-type: none"> - KCC members and senior officers - Service delivery team members as part of the design process - District authorities - External partners including NHS and Kent Fire and Rescue - Community Learning and Skills Senior Management Team - Other services in the Kent Community Programme 		
A full 10-week consultation process provided residents, community groups and all interested parties with an opportunity to give feedback on the proposed changes to service delivery across the county. During this consultation period there was over 150 hours of pro-active engagement continuing with public sector and other partners.		
These key stakeholders have been identified to include in the consultation:		
<ul style="list-style-type: none"> - Community Learning and Skills staff members - Community Learning and Skills customers - General public as part of wider KCC consultation - Other users of proposed building(s) identified for co-location 		
14. Has there been a previous equality analysis (EQIA) in the last 3 years? <i>Answer: Yes/No</i>		
Yes – pre-consultation version of this EqIA.		
15. Do you have evidence/data that can help you understand the potential impact of your activity?		
<i>Answer: Yes/No</i>		
Yes		
Uploading Evidence/Data/related information into the App		
<i>Note: At this point, you will be asked to upload the evidence/ data and related information that you feel should sit alongside the EQIA that can help understand the potential impact of your activity. Please ensure that you have this information to upload as the Equality analysis cannot be sent for approval without this.</i>		
Section C – Impact		
16. Who may be impacted by the activity? <i>Select all that apply.</i>		
Service users/clients - <i>Answer: Yes/No</i>		
Yes		
Residents/Communities/Citizens - <i>Answer: Yes/No</i>		
Yes		
Staff/Volunteers - <i>Answer: Yes/No</i>		
Yes		

17. Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing?

Answer: Yes/No

No

18. Please give details of Positive Impacts

In four of the five options the proposal is to move services out of Broadstairs Memorial Hall and Pottery and relocate to a co-located site at Broadstairs Library. The current building from which Community Learning and Skills deliver services in Broadstairs and which is proposed to be closed is in a poor state of repair, which does not provide a quality working or learning environment or experience. The proposed relocation from Broadstairs Adult Education Centre, 14 St Peter's Rd, Broadstairs CT10 2JW to Broadstairs Library, The Broadway, Broadstairs CT10 2BS, will in that sense provide more appropriate working and learning environments for all protected characteristics given the building condition of the current service location. Whilst there were comments received from consultees around the suitability of the proposed co-location, not all of these raised equalities impacts. Where CLS has previously co-located with other services (KCC or other) e.g., Tonbridge Wells (Amelia Scott), Ashford Gateway, Sheppey Gateway, co-location has been a positive experience as customers can access multiple services in the same location.

The proximity of the proposed relocation site to the existing site is approximately 0.1 mile (2-minute walking distance), therefore, there will be no significant impact on access to the services on offer for any protected characteristic groups given the following:

- Access to services via public transport will remain unchanged
- Personal transport (car, walking, cycling etc) will remain unchanged
- Parking facilities will remain unchanged
- No increase to personal financial expenditure will be incurred
- Access to the site will remain unchanged as there is no change to topography and geographic location

Negative Impacts and Mitigating Actions

The questions in this section help to think through positive and negative impacts for people affected by your activity. Please use the Evidence you have referred to in Section B and explain the data as part of your answer.

19. Negative Impacts and Mitigating actions for Age

m) Are there negative impacts for Age? *Answer: Yes/No*

(If yes, please also complete sections b, c, and d).

Yes.

n) Details of Negative Impacts for Age

Potential for co-location to provide a confusing environment for more elderly users. The service specific data for Broadstairs demonstrates a high percentage of over 60's access Adult Education classes who may be particularly affected by this. It is important to note that residents over 60 are also more likely to experience accessibility issues/overlap with disabilities which was raised as a specific comment within our consultation response and is considered in the relevant section below. We also recognise that the service offer may not be identical at the new site and that it is possible that not every class will be possible to accommodate in the way it is currently.

It is considered that with the mitigating action listed below, that the impact is justified when balanced against the potential benefits to service users and the overall requirement to reduce costs given the financial and policy context set out in Securing Kent's Future.

o) Mitigating Actions for Age

Part of the co-location model enables staff to support users across service areas and increase signposting to the correct service area, whilst also potentially identifying additional needs that could be met. At Broadstairs Library this will mean ensuring that Library staff are empowered to answer questions and provide support to signpost service users that require it.

The lead in time for changes being made to facilitate service users within the Broadstairs Library allows for plenty of time to orient users to the new location.

To enable the proposed co-location at Broadstairs Library a feasibility study was undertaken which demonstrated that the required floorspace and facilities are available so that the service can be safely and appropriately accommodated within the Library building. The creation of additional class space is proposed and this is contained within the implementation plans for the Programme subject to the decision.

The accessibility of the library building is considered to be good from a disability standpoint, given that it is a KCC public building with universal access to all residents.

p) Responsible Officer for Mitigating Actions - Age

Mark Easton – Head of Resource

20. Negative Impacts and Mitigating actions for Disability

m) Are there negative impacts for Disability? Answer: Yes/No
(If yes, please also complete sections b, c, and d).

Yes.

n) Details of Negative Impacts for Disability

Service users with disabilities may find it difficult to move around buildings that contain more than one service. Users with mobility issues may find tight spaces difficult to navigate in a building containing multiple services and equipment to support other service delivery. As above, the service specific data for Broadstairs demonstrates the highest percentage of people with disabilities that access CLS services are also over 60's.

The consultation response particularly raised walking distance and accessibility of the new location as well as the suitability of the library building site for the classes which are offered at the current site, some of which may be attended by some service users because of particular characteristics, including disability.

It is considered that with the mitigating action listed below, that the impact is justified when balanced against the potential benefits to service users and the overall requirement to reduce costs given the financial and policy context set out in Securing Kent's Future.

o) Mitigating Actions for Disability

To enable the proposed co-location at Broadstairs Library a feasibility study was undertaken which demonstrated that the required floorspace and facilities are available so that the service can be safely and appropriately accommodated within the Library building. The creation of additional class space is proposed and this is contained within the implementation plans for the Programme subject to the decision.

Further design stages will incorporate detailed accessibility analysis of spaces and facilities required to safely accommodate customers with accessibility requirements. It is likely that additional classroom space will be provided on the ground floor, but these will be subject to standard accessibility requirements.

Given the walking distance is 2 minutes between venues this is not considered a significant impact when balanced against the requirement for the Council to reduce costs.

p) Responsible Officer for Mitigating Actions - Disability

Mark Easton – Head of Resource

21. Negative Impacts and Mitigating actions for Sex

m) Are there negative impacts for Sex? Answer: Yes/No
(If yes, please also complete sections b, c, and d).

Yes

n) Details of Negative Impacts for Sex

It should be acknowledged that given 80% of service users are female and 61% of consultee responses raised concerns about the new location (granted only a small number of these concerns referenced equalities considerations). It can therefore be argued that the changes will disproportionately impact women.

o) Mitigating Actions for Sex

Despite the above it is not considered that the proposed move of service, or proposed co-location of the service will have a significant negative impact on women, particularly when balanced against the overall financial and policy context within which the Council currently operates.

p) Responsible Officer for Mitigating Actions - Sex

Mark Easton – Head of Resource

22. Negative Impacts and Mitigating actions for Gender identity/transgender

a) Are there negative impacts for Gender identity/transgender? *Answer: Yes/No*
(If yes, please also complete sections b, c, and d).

No

b) Details of Negative Impacts for Gender identity/transgender

Not applicable (as above in section 18)

c) Mitigating actions for Gender identity/transgender

Not applicable (as above in section 18)

d) Responsible Officer for Mitigating Actions - Gender identity/transgender

Not applicable (as above in section 18)

23. Negative Impacts and Mitigating actions for Race

m) Are there negative impacts for Race? *Answer: Yes/No*
(If yes, please also complete sections b, c, and d).

No

n) Details of Negative Impacts for Race

Not applicable (as above in section 18)

o) Mitigating Actions for Race

Not applicable (as above in section 18)

p) Responsible Officer for Mitigating Actions – Race

Not applicable (as above in section 18)

24. Negative Impacts and Mitigating actions for Religion and belief

a) Are there negative impacts for Religion and Belief? *Answer: Yes/No*
(If yes, please also complete sections b, c, and d).

No

b) Details of Negative Impacts for Religion and belief

Not applicable (as above in section 18)

c) Mitigating Actions for Religion and belief

Not applicable (as above in section 18)

d) Responsible Officer for Mitigating Actions - Religion and belief

Not applicable (as above in section 18)

25. Negative Impacts and Mitigating actions for Sexual Orientation
a) Are there negative impacts for sexual orientation. Answer: Yes/No (If yes, please also complete sections b, c, and d).
No
b) Details of Negative Impacts for Sexual Orientation
Not applicable (as above in section 18)
c) Mitigating Actions for Sexual Orientation
Not applicable (as above in section 18)
d) Responsible Officer for Mitigating Actions - Sexual Orientation
Not applicable (as above in section 18)
26. Negative Impacts and Mitigating actions for Pregnancy and Maternity
a) Are there negative impacts for Pregnancy and Maternity? Answer: Yes/No (If yes, please also complete sections b, c, and d).
Yes
b) Details of Negative Impacts for Pregnancy and Maternity
Service users who are pregnant or who are accompanied by young children may find it difficult to move around buildings that contain more than one service. Users may find tight spaces difficult to navigate in a building containing multiple services and equipment to support other service delivery.
It is also possible that pregnant woman or users with young children may be disproportionately impacted by any additional walking distance (although others may have a shorter walking distance) to the new location.
c) Mitigating Actions for Pregnancy and Maternity
To enable the proposed co-location at Broadstairs Library a feasibility study was undertaken which demonstrate that the required floorspace and facilities are available so that the service can be safely and appropriately accommodated within the Library building for all users. The creation of additional class space on the ground floor is proposed, and this is contained within the implementation plans for the Programme subject to the decision.
Given the walking distance is 2 minutes between venues this is not considered a significant impact when balanced against the requirement for the Council to reduce costs.
d) Responsible Officer for Mitigating Actions - Pregnancy and Maternity
Mark Easton – Head of Resource
27. Negative Impacts and Mitigating actions for marriage and civil partnerships
a) Are there negative impacts for Marriage and Civil Partnerships? Answer: Yes/No (If yes, please also complete sections b, c, and d).
No
b) Details of Negative Impacts for Marriage and Civil Partnerships
Not applicable (as above in section 18)
c) Mitigating Actions for Marriage and Civil Partnerships
Not applicable (as above in section 18)
d) Responsible Officer for Mitigating Actions - Marriage and Civil Partnerships
Not applicable (as above in section 18)
28. Negative Impacts and Mitigating actions for Carer’s responsibilities
a) Are there negative impacts for Carer’s responsibilities? Answer: Yes/No

(If yes, please also complete sections b, c, and d).

Yes

b) Details of Negative Impacts for Carer's Responsibilities

Service users that are with carer's responsibilities may find it difficult to move around buildings that contain more than one service. Users may find tight spaces difficult to navigate in a building containing multiple services and equipment to support other service delivery.

It is also possible that pregnant woman may be disproportionately impacted by any additional walking distance (although others may have a shorter walking distance) to the new location.

c) Mitigating Actions for Carer's responsibilities

To enable the proposed co-location at Broadstairs Library a feasibility study was undertaken which demonstrate that the required floorspace and facilities are available so that the service can be safely and appropriately accommodated within the Library building for all users. The creation of additional class space on the ground floor is proposed, and this is contained within the implementation plans for the Programme subject to the decision.

Given the walking distance is 2 minutes between venues this is not considered a significant impact when balanced against the requirement for the Council to reduce costs.

d) Responsible Officer for Mitigating Actions - Carer's Responsibilities

Mark Easton – Head of Resource

EQIA Submission Draft Working Template

If required, this template is for use prior to completing your EQIA Submission in the EQIA App.

You can use it to understand what information is needed beforehand to complete an EQIA submission online, and also as a way to collaborate with others who may be involved with the EQIA.

Note: You can upload this into the App when complete if it contains more detailed information than the App asks for and you wish to retain this detail.

Section A

1. Name of Activity (EQIA Title):	Family Hubs
2. Directorate	Children, Young People and Education
3. Responsible Service/Division	Integrated Children's Services

Accountability and Responsibility

4. Officer completing EQIA Note: This should be the name of the officer who will be submitting the EQIA onto the App.	Danielle Day Programme Manager – Family Hubs
5. Head of Service Note: This should be the Head of Service who will be approving your submitted EQIA.	Carolann James Director of Operational Integrated Children's Services
6. Director of Service Note: This should be the name of your responsible director.	Carolann James Director of Operational Integrated Children's Services

The type of Activity you are undertaking

7. What type of activity are you undertaking?	
Tick if Yes	Activity Type
Yes	Service Change – <i>operational changes in the way we deliver the service to people.</i>
Yes	Service Redesign – <i>restructure, new operating model or changes to ways of working</i>
Yes	Project/Programme – <i>includes limited delivery of change activity, including partnership projects, external funding projects and capital projects.</i>
Yes	Commissioning/Procurement – <i>means commissioning activity which requires commercial judgement.</i>
Yes	Strategy /Policy – <i>includes review, refresh or creating a new document</i>
	Other – Please add details of any other activity type here.

8. Aims and Objectives and Equality Recommendations – Note: You will be asked to give a brief description of the aims and objectives of your activity in this section of the App, along with the Equality recommendations. You may use this section to also add any context you feel may be required.

Equality Impact Assessment (EQIA)

This EQIA is intended to assess the potential impact of our decisions on persons with different protected characteristics. In particular, this EQIA has been prepared to help us to have regard to the need to: (i) eliminate discrimination; (ii) advance equality of opportunity; and (iii) foster good relations between persons who share a relevant protected characteristic and those who do not, in the exercise of our public functions. These issues are relevant considerations to be taken into account whenever a new policy, function, or system change is being proposed in the exercise of our public functions. This EQIA is also intended to evidence that these considerations have in fact been taken into account, and the weight given to them as part of our decision-making process.

Case for change – Family Hub programme

The Department for Education (DfE) has selected Kent County Council (KCC) as a Family Hub and Start for Life Transformation Authority. Family Hubs are about bringing together and integrating support services for children, young people, and families so that they are easier for people to access. These will include, but not be limited to, KCC services:

Children's Centres

Youth Hubs and community youth provision

Health Visiting Services

And partnerships, including:

Community-based midwifery care

Community organisations

The Case for Change - Kent Communities Programme

The Council is facing very significant financial pressures, for a number of reasons set out in 'Securing Kent's Future' (August 2023 and October 2023). That document sets out the urgent steps needed to return the Council to financial sustainability, by reducing overspend in its budget to avoid further need to use limited reserves to fund revenue overspends, which would weaken the financial resilience of the authority and limit the scope for the use of reserves to invest in transformation necessary to address the structural deficit.

The financial challenges faced by the Council cannot be ignored. Two particularly significant factors, are the Council's statutory 'best value' duty to deliver a balanced budget, provide statutory services, including adult social care and children's services, and secure value for money in all spending decisions; and the Council's other statutory duties.

The Kent Communities Programme seeks to rationalise our physical estate and propose a greater mix of alternative methods of service delivery across the County, informed by a clear and data-driven understanding of service need. Delivery of this programme has become more important in the light of the increased financial pressures faced by the Council. The programme also seeks to reduce the Council's carbon footprint, in line with our Net Zero 2030 approach, although this is a secondary factor given the overarching financial context. The programme does include elements of improvement to service delivery: for example benefits offered by co-location of services.

However, the Council must acknowledge that the impact of closures and reductions in services on residents can be significant. The approach set out in these proposals is therefore based on a relative needs assessment. Mitigating measures are set out, which are intended to minimise as far as possible the impact of the proposals on Kent residents.

A detailed and extensive public consultation (www.kent.gov.uk/communityservicesconsultation) allowed consultees the opportunity to give their views on the proposals. These responses have been analysed and carefully considered. A range of options have been developed, informed by the consultation responses. This EQIA has been updated following feedback from that consultation and is also based on data and evidence about Kent's communities and our service users.

Consultation proposals for children's centres and youth hubs, and the Family Hub model

Summary of Family Hub proposals

KCC is proposing to implement a new model of service provision for children, young people and families at the same time as the Kent Communities Programme is revising the number and location of buildings utilised by service delivery teams. Therefore, proposals to close certain children's centres and youth hubs, and co-locate some provision with other KCC services, is being considered at the same time as the service model transformation. Whilst it is true that the Family Hub model could be implemented regardless of the Kent Communities Programme (and vice versa), the fact is that these two pieces of work are being considered and delivered at the same time and both will have impacts on residents with protected characteristics.

The Family Hub model was subject to a separate consultation process, although residents were invited during that consultation to provide their views on the buildings as a means of facilitating service delivery. These comments have been considered as part of the Kent Communities Programme development. The Family Hub Model is subject to its own decision

making (KCC decision reference 23/00092) which includes a separate Equality Impact Assessment of the service transformation.

This EqIA therefore considers the impacts on protected characteristics of the closure of buildings and co-location of services. Since the inception of Early Help and Preventative Services (EHPS) in 2015, Kent County Council (KCC) has been able to maintain a comprehensive Open Access offer, including both universal and targeted provision, delivered through both KCC staff and settings and commissioned services across the 0-19 years age group.

In September 2020, a DfE and DHSC review of outcomes for babies and the first 1001 days of a child's life, led by Andrea Leadsom MP, developed a framework for local authorities to work with health partners and develop a Start for Life concept within a 0-19 years (25 years with Special Educational Needs and Disabilities [SEND]) Family Hub model.

Existing Open Access services work closely with partners including Public Health services such as Health Visiting provision through co-location. This close working partnership provides a strong foundation for Kent to deliver to the ambitions of the national review and develop a whole family approach to services as set out in the proposals for the Family Hub model. The current range of services delivered within our Open Access provision include:

- Parenting programmes and support.
- Public Health services such as Health Visiting, support for infant feeding, immunisations.
- Children and Young People's Counselling Service.
- Activities for babies and toddlers such as play groups.
- Adult Education such as English Learning classes.
- Cooking groups.
- Drop-in activities for young people.
- Wellbeing activities.
- Youth offending support services.
- Support for young people not in education, employment or training.
- Volunteering opportunities.
- Due of Edinburgh award.
- Parenting programmes.

We know that reducing health inequalities and improving health and wellbeing requires organisations to closely work together. Through the Family Hub programme KCC seeks to deliver the best outcomes through a hybrid of universal and targeted support for children, young people, and their families, delivering services identified through the Family Hub guidance.

Our goals for the Family Hub model are to:

Offer support to all parents and carers: from the early stages of preparing to become a parent, and throughout the child's first two years

Reduce inequalities in health, wellbeing, and education

Create a supported, capable workforce who work in partnership with families

Ensure families are listened to

Provide targeted, timely and accessible support to those in greatest need

Support teenagers as they move into adulthood

Provide services based on evidence and need

The model proposes some changes to the existing Open Access services and those available from Public Health:

Services to families with children up to the age of 8yrs to support the physical, social, and emotional development, communication, and language development in young children.

Support to young people aged 8-19 (25 for young people with SEND) around emotional health and wellbeing, educational and social development and pathways into adulthood.

Support for parents with parenting, emotional wellbeing, understanding child development and managing family conflict.

Online support for new parents

Increased parenting support from antenatal to 2 years

Perinatal Mental Health services for parents

Infant feeding support

Home learning support

The DfE Family Hub model must fit with the new KCC's 'Securing Kent's Future – Budget Recovery Strategy'. The model of delivery must proactively evidence the best value for money in decision making. Sustainability and best value is at the core of all decisions and the design of the Family Hub model to ensure services can be delivered beyond the life of the Family Hub grant and elements will work within KCC's new budgetary requirements.

Family Hub services will be delivered through a number of different avenues. This will include face-to-face, a digital offer and community outreach. Our Family Hubs will offer a one stop shop for advice and information for children and their families. The Family Hub approach delivers joined up whole family services across each district. This model will be used to strengthen our arrangements with co-located partners and ensure a consistent model for Start for Life partnership across the county. The model will strengthen the arrangements with Health Visiting and community midwifery to ensure through co-location and system arrangements, we work towards a family only needing to tell their story once.

Every Family Hub provision will be managed across a district, and staff will continue to work across the range of Family Hub sites ensuring that each location is appropriate for the services at that site. For example, appropriate spaces for adolescents, ensuring that services on school sites maintain safeguarding requirements, and ensuring support services to families, such as debt and welfare advice or parental conflict are delivered in an appropriate space maintaining privacy of participants. Family Hub sites in each district will deliver a range of Start for Life and partnership services and work with the voluntary and community sector to provide access to a wide range of services. There will be services for 0-19 years in Family Hub sites for example, this may include activities for older children after school in a building that currently offers mainly 0-11 years services.

The increase of community outreach may mean more services within community settings where there are needs identified. The outreach offer will be developed in partnership with district and community partners and will vary according to the local partnerships and buildings available.

There will be more peer to peer community support and the introduction of Family coaches to offer additional community support.

Summary of Kent Communities proposals relating to Family Hub locations

The proposals as set out during the KCP consultation relating to the Open Access/Family Hub estate was as follows:

District	Current Children Centre / Youth Hub Buildings + new co-location buildings	Current Health Visiting Location	Proposal
Ashford	Ashford North Youth Centre	No	Remain
	Bluebells Children's Centre	Yes	Leave
	Little Explorers Children's Centre	Yes	Leave
	Ray Allen Children's Centre	No	Leave
	Sure Steps Children's Centre	Yes	Remain
	The Willow Children's Centre	Yes	Remain
	Waterside Children's Centre	Yes	Remain
	Stanhope Library	N/A	New location – co-locating: Family Hubs, Libraries and Gateways
Canterbury	Apple Tree Children's Centre	No	Leave
	Briary Children's Centre	Yes	Remain
	Joy Lane Children's Centre	Yes	Leave
	Little Hands Children's Centre	Yes	Remain
	Poppy Children's Centre	Yes	Remain
	Riverside Children's Centre	Yes	Leave (co-locate into Riverside Youth centre)
	Riverside Youth Centre (commissioned service)	No	Remain
	Swalecliffe Children's Centre	Yes	Leave
	The Tina Rintoul Children's Centre	No	Leave

	Whitstable Youth and Community Centre	No	Remain
Dartford	Brent Children's Centre	Yes	Leave
	Greenland's at Darenth Children's Centre	Yes	Leave
	Knockhall Children's Centre	Yes	Remain
	Maypole Children's Centre	No	Leave
	Oakfield Children's Centre	No	Remain
	Swanscombe Children's Centre	Yes	Remain
	Temple Hill Children's Centre	No	Leave
	The Dartford Bridge Learning & Resource Campus	No	Leave (as part of business-as-usual activity)
	Temple Hill Library	N/A	New location - co-locating: Family Hub, Library and Gateway
Dover	Blossom Children's Centre	Yes	Leave
	Buckland, St Nicholas Church Children's Centre	Yes	Remain
	Deal Youth Hub	No	Remain
	Samphire Children's Centre (Aycliffe)	Yes	Remain
	The Sunflower Children's Centre	Yes	Leave
	Dover Discovery Centre	N/A	New location – co-locating: Family Hubs, Community Learning and Skills, Gateway, Community Services for Adults with Learning Disabilities and Library
Folkestone & Hythe	Caterpillars Children's Centre	Yes	Remain
	Dymchurch Children's Centre	No	Leave
	Five (Shepway Youth Hub)	No	Leave
	Folkestone Early Years Centre Children's Centre	Yes	Remain
	Hawkinge Children's Centre	Yes	Leave
	New Romney Children's Centre	Yes	Remain
	Lyddle Stars Children's Centre	Yes	Leave
	The Village Children's Centre	Yes	Remain
Gravesham	Bright Futures Children's Centre	Yes	Remain
	Little Gems Children's Centre	Yes	Remain
	Little Pebbles Children's Centre	Yes	Remain
	New Beginnings Children's Centre	Yes	Leave
	Next Steps Children's Centre	No	Remain
	Northfleet Youth and Community Centre (Sprints)	No	Remain
	Riverside Children's Centre	Yes	Remain
Maidstone	East Borough Children's Centre	Yes	Leave
	Greenfields Children's Centre	Yes	Remain

	Info Zone (Youth Hub)	No	Remain
	Marden Children's Centre	Yes	Leave
	Sunshine Children's Centre	Yes	Remain
	The Meadows Children's Centre	Yes	Remain
	West Borough Children's Centre	Yes	Remain
Sevenoaks	Edenbridge Children's Centre	Yes	Remain
	New Ash Green Children's Centre	Yes	Leave
	Spring House Children's Centre	Yes	Leave
	Swanley Children's Centre	Yes	Leave
	Swanley Youth & Community Centre	No	Remain
	West Kingsdown Church of England Primary – Children's Centre Provision	No	Leave
Swale	Beaches Children's Centre	No	Leave
	Bysing Wood Children's Centre	Yes	Remain
	Grove Park Children's Centre	No	Leave
	Ladybird Children's Centre	Yes	Leave
	Milton Court Children's Centre	Yes	Remain
	Murston Children's Centre	Yes	Remain
	New House Youth and Sports Centre	No	Leave
	St Mary's Children's Centre	Yes	Leave
	Woodgrove Children's Centre	No	Remain
	Queenborough Library	N/A	New location - co-locating: Family Hub and Library
	Sittingbourne Library	N/A	New location - co-locating: Family Hub and Library
Thanet	Birchington Children's Centre	Yes	Remain
	Callis Grange Children's Centre	Yes	Leave
	Cliftonville Children's Centre	Yes	Remain
	Newington Children's Centre	No	Remain
	Newlands Children's Centre	Yes	Remain
	Priory Children's Centre	Yes	Leave
	Quarterdeck Youth Centre	No	Remain
	Six Bells Children's Centre	Yes	Remain
	Ramsgate Library	N/A	New location - co-locating: Family Hub, Library and Gateway
Tonbridge & Malling	Burham Children's Centre	Yes	Leave
	Little Foxes Children's Centre	Yes	Remain
	Snodland Children's Centre and Samays Youth Centre	Yes	Remain
	Tonbridge Youth and Children Centre	No	Remain
	Woodlands Children's Centre	Yes	Remain
Tunbridge Wells	Cranbrook Children's Centre	Yes	Leave
	Little Forest Children's Centre	Yes	Remain

	Harmony Children's Centre	Yes	Leave
	Southborough / Highbrooms Children's Centre	Yes	Leave
	The Ark Children's Centre	Yes	Leave
	Tunbridge Wells Youth Centre	No	Remain
	Cranbrook Library	N/A	New location - co-locating: Family Hub and Library

The Consultation

The Kent Communities proposal has been subject to a public consultation. The consultation launched on 17th January 2023 and lasted for ten weeks, closing on 26 March 2023. The consultation set out the rationale for the proposals, the methodology which was used to produce the draft proposal and the details of the Kent Communities model (i.e. which buildings we were proposing to close and which we were proposing to retain). These proposals have now moved on following the consultation and the options are detailed below.

Rationale

The rationale for the KCP is clear. The Programme contributes to meeting the revenue savings as set out in the Medium-Term Financial Plan (MTFP). To reduce risks across our corporate estate and capital programme, the KCP reduces the Council's capital liability to the maintenance costs of such a large physical estate.

Methodology

The consultation explained the methodology underpinning the Kent Communities proposal, including how we used the Needs Framework as a starting point. The Need Framework used a wide range of data and indicators that when combined profile the different level of need for services within our communities. The data included service-held metrics, such as user figures for each service.

In developing the alternative range of options for member consideration the impact on equalities has been taken into account. As explained above options 3 and 4 have been developed acknowledging the difficulties that accessing alternative locations via public transport network would pose for residents, including those for which protected characteristics would make that a greater challenge.

Consultation Response

Whilst the consultation response indicated a majority of respondents did not support a reduction in buildings, there was very little constructive challenge to the methodology. The consultation set out alternative methods for reviewing the estate and why they had been discounted. However, many respondents did outline concerns relating to the accessibility of public transport within their feedback. As such, the accessibility of public transport has been reviewed and has been the driving factor in developing the additional options for member consideration.

50% of consultees answering use Children's Centres. 46% of consultees answering indicated other household members currently use Children's Centres. The majority of both groups use services in person at a building (92% and 93% respectively).

16% of consultees answering use Youth Hubs. 15% of consultees answering indicated other household members currently use Youth Hubs. The majority of both groups use services in person at a building (83% and 86% respectively).

41% of consultees answering use the Health Visiting Service. 35% of consultees answering indicated other household members currently use the Health Visiting Service. The majority of both groups use services in person at a building (82% and 82% respectively).

11% of consultees answering use the Children and Young People's Counselling Service. 12% of consultees answering indicated other household members currently use the Children and Young People's Counselling Service. The majority of both

groups use services in person at a building (65% and 68% respectively) but a significant proportion use both in person and online services (22% and 27% respectively).

Consultees were also given the opportunity to provide feedback on the equality analysis conducted in their own words, although responses to this question were not specific to our proposals for Children’s Centres and Youth Hubs. For the purpose of reporting, we have reviewed respondents’ comments and have grouped common responses together into themes. These are reported in the table below. It should be noted that 18% of consultees provided a comment at this question.

Of those answering, the most common considerations put forward are ensuring the services are accessible / walking distance / access via suitable public transport (24%).

Those commenting raise concerns for how the proposals will affect specific groups of residents who are disabled / have learning difficulties / SEN (15%), young people / children / families (15%) and low-income households (11%). Other relevant concerns with clear equality implications relate to the accessibility/suitability of buildings (10%), potential impacts on those with mental health issues (10%), the need to make online services inclusive for all groups (8%), potential age and gender discrimination (6%), and potential impacts on the elderly (5%) and other disadvantaged or protected groups (4%). The full breakdown of themes emerging from responses to our question about equalities impacts is as follows:

	Number of consultees answering	% of consultees answering
Services need to be accessible / walking distance / public transport / additional costs / parking provision	77	24%
Effect on disabled / those with learning difficulties / SEN	47	15%
Significant impact on young people / children / families	46	15%
All services / buildings should be open / accessible / inclusive of everyone (unspecified)	35	11%
Effect on low income households	35	11%
Will buildings be inclusive / suitable to offer current services / accessible (disabled)	32	10%
Concerns over impact on those with mental health issues / isolation	31	10%
Online must be inclusive - how to reach all groups, elderly, etc., / digital poverty	24	8%
Discriminate on age / gender specifically women	19	6%
Diversity is irrelevant to this / don't go too far with equality/diversity	19	6%
Effect on elderly	17	5%
Effect on vulnerable (unspecified)	15	5%
Proposals disadvantage everyone	13	4%
Disadvantage ethnic minorities / English as a second language / refugees / travellers / LGBTQ	13	4%
All considered appropriately / fine as is / no concerns	12	4%
Buildings could be unsuitable for different groups/activities mixing	7	2%
Impact on rural communities	6	2%

Centres encourage community cohesion / people mixing	6	2%
Increasing population not adequately considered	5	2%
Long term costs / consequences - NHS / Schools/education / social services	5	2%
Don't close centres	5	2%
Criticism of consultation	19	6%
Is this consultation reaching everyone - on paper / online / easy read	17	5%
Other	25	8%

Information relating to service users

According to the available data of our 2019 visitors of Children's Centres, including children, the following characteristics are made compared to the Kent Average data. We have used 2019 data as we don't have a full data set of post pandemic usage data.

Sex	%	Kent Average (2020 Mid-Year Population Estimates)
Female	69.1%	50.9%
Male	30.9%	49.1%

Ethnicity (where known)	All Children's Centres Service Users 2019 - %	Kent Average (2021-2022 School Census Data)
White	89.6%	83.3%
Black, Asian, Mixed and Other	10.4%	16.7%

Age Range	%	Kent Average (2020 Mid-Year Population Estimates)
0-4	43.9%	5.9%
5-9	5.1%	6.7%
10-14	1.3%	6.6%
15-19	1.1%	5.7%
20-24	4.9%	4.7%
25-29	11.7%	5.6%
30-34	15.8%	5.9%
35-39	10.7%	6.0%
40-44	3.6%	6.1%
45-49	0.9%	6.7%
50-54	0.4%	7.6%
55-59	0.3%	7.1%
60-64	0.2%	5.6%
65-69	0.1%	5.0%
70-74	0.1%	5.6%
75+	0.0%	9.1%

SEND Status (Children's Centres and Youth Hubs)	%	Kent School Pupils with SEN Support or and EHCP (2019/2020 Academic Year) *
SEND	3.4%	14%
No SEND	96.6%	86%

*https://www.kelsi.org.uk/data/assets/pdf_file/0006/136482/Facts-and-Figures-2022.pdf

Summary of KCP Options post consultation

Service	Proposed Buildings					Proposed Closures				
	1	2	3	4	5	1	2	3	4	5
Open Access Children's Centres/ Youth Hubs	>	54	56	64	86	<	38	36	28	0
Commissioned Public Health	Within Open Access Estate so as above – except addition of Spring House.									
Adults with Learning Disabilities	>	13*	13	13	16	<	3	3	3	0
Adult Education	>	13	13	13	14	<	1	1	1	0
Gateways	>	10*	10	10	9	<	3	3	3	0

Option 1 in the table above represents a model that involves a greater reduction in the physical estate than was consulted on.

Option 2 is the consultation model.

Options 3 and 4 are amended versions of Option 2, which respond to differing degrees to the consultation feedback. In seeking to respond appropriately to the consultation feedback a more detailed review of the public transport network has informed the options set out in the paper. In the consultation modelling was provided to assess the accessibility of the revised building network on public transport considering a 30-minute travel time. Greater analysis of timetable data was used to develop the post-consultation options that respond to feedback from residents. This analysis considered both an extended travel time of 35 minutes and the regularity of the service by applying a criteria that there should be at least one service per hour over the nine-hour period 8am to 5pm which reflects the general service offering timeframe. It is appreciated that regularity of service is an important additional factor for residents above merely the journey time itself.

Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period.

Option 4 represents a model which goes further in the response to the consultation feedback and brings 10 buildings back into the model (the 2 buildings from option 3 and another 8). This option rules out the closure of a buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.

Option 5 is a 'Do Nothing' option and retains the current building network and service delivery model.

Post-consultation proposals for Children's Centre and Youth Hub buildings

The table above on page 9 of this EqIA sets out the buildings to be closed within Option 2 – the consultation model.

Option 3 sees two buildings that were proposed for closure retained within the model – Little Explorers CC in Ashford and Beaches CC in Swale.

Option 4 includes the provision of ten buildings retained that were proposed for closure in the consultation model. There buildings are:

1. Bluebells CC – Ashford

2. Little Explores CC – Ashford
3. Apple Tree CC – Canterbury
4. Greenlands CC – Dartford
5. Maypole CC – Dartford
6. Sunflower CC – Dover
7. New Ash Green CC – Sevenoaks
8. West Kingsdown CC – Sevenoaks
9. Beaches CC – Swale
10. Burham CC – Tonbridge and Malling

Impact

Within the consultation a significant majority of responses were received by women (81%) compared to men (18%). This is particularly relevant to the buildings that would be used within the Family Hub Model and there is a likely cross over here with any impacts on age. It is acknowledged that women may bear the responsibility for childcare more commonly and as such the characteristics of sex and age require careful consideration.

Option 1 in the proposals would carry greater impacts for these characteristics as women and children would be required to travel further, likely on public transport which may be difficult with children, pushchairs and additional equipment.

Options 2, 3 and 4 would present different levels of impact, the significance decreasing between options 2 and 3 and then decreasing further between options 3 and 4 as more of the existing locations are retained. This would reduce the impact on women and children required to travel further to access services.

Option 5 is a Do Nothing option and as such would not impact the equalities of these groups.

Children and young people with SEND needs should be able to navigate through services and local support through the collation of services in the model. There may be some differences in location of services. Some services may move to co-located spaces and outreach services are reliant on local community buildings therefore physical access to some services may be impacted by community building limitations.

Users with English as a second language, which crosses over with the protected characteristics of religion and belief, and race may find the proposal for co-location of services which will require re-location of provision more difficult to navigate initially, therefore service teams will be supported in communicating changes early and effectively to these users. Teams will receive guidance in helping signpost and support these residents effectively.

The consultation response suggests that women, parents and carers between the ages of 24 and 39, and those individuals experience mental or physical disabilities may be disproportionately affected by the requirement to travel further to access support from a building given the proposed closures. It is also highlighted that these groups may also experience greater difficulties with co-location of services within other KCC settings (e.g. libraries) and this could present a barrier to access for these protected characteristics.

The response from young people in particular highlighted that the impact on the protected characteristics of gender identity and sexual orientation includes the consideration that shared spaces with younger children may present an unwelcoming or inaccessible setting for young people within those characteristics.

Option 1 in the proposals would carry greater impacts for these characteristics the elderly and disabled would be required to travel further, likely on public transport which may be difficult for them.

Options 2, 3 and 4 would present different levels of impact, the significance decreasing between options 2 and 3 and then decreasing further between options 3 and 4 as more of the existing locations are retained. This would reduce the impact on the elderly and disabled required to travel further to access services.

Option 5 is a Do Nothing option and as such would not impact the equalities of these groups.

7.4% of respondents might use English as a second language, which would likely indicate there could be impacts based on race, ethnicity or religious belief. This is a consideration particularly for service users requiring the Family Hub service, our Gateway service and our Adult Education Service. These residents may struggle more to understand and navigate the relocation of services from one place to another.

Option 1 in the proposals would carry greater impacts for these characteristics as there would likely be a greater number of site closures, requiring residents to access services from different locations.

Options 2, 3 and 4 would present different levels of impact, the significance decreasing between options 2 and 3 and then decreasing further between options 3 and 4 as more of the existing locations are retained. This would reduce the impact on the residents who use English as a second language as the number of instances of closures decreases between each option. Option 5 is a Do Nothing option and as such would not impact the equalities of these groups.

Generally during the consultation the main theme of feedback emerging was the inaccessibility of some services, particularly using the public transport network, and the impact that has on the health and wellbeing of residents, including their mental health. The options set out for decision respond to this feedback by retaining identified centres depending on whether greater weight is given to the analysis of public transport accessibility.

The consultation response focused on the impact that the proposed changes might have particularly on children with learning difficulties/SEN (15% of respondents), young people, children and families (15%) mental health issues/isolation (10%), discrimination based on age/gender (6%), effect on the elderly (5%), ethnic minorities/English as a second language/LGBTQ (4%).

The most common concern expressed in the consultation response regarding the general co-location of services (not specific to any one service) were:

Users being able to get there / travel there / can't walk to alternatives / need close location of services	51%
Public transport availability / cost of / reduction in service	33%
Practicality of co-located services (e.g. children's centre in same space as library)	22%
Impact on users unable to access the service / impact on vulnerable / mental health / taking away a lifeline / hub of community	21%
Suitability of building / fit for purpose / the space	19%
Maintaining service levels / impact on service levels	14%

Women were far more likely to oppose co-location of services than men and respondents with children under 10 were far more likely to disagree with co-location than those without:

Male resident	26%
Female resident	49%
Resident with no children	22%
Resident with children aged 0-1 years old (250)	61%
Resident with children aged 2-5 years old (243)	68%
Resident with children aged 6-10 years old (142)	54%

Similarly, women were far more likely to oppose the proposal to have fewer buildings than men and respondents with children under 10 were far more likely to disagree with reducing the number of buildings than residents without children:

Male resident (161)	34%
Female resident (760)	62%
Resident with children / expecting children (653)	67%
Resident with no children (173)	30%

Resident with children aged 0-1 years old (250)	83%
Resident with children aged 2-5 years old (243)	82%
Resident with children aged 6-10 years old (142)	70%

There is a similar difference in the level of disagreement with proposals to have fewer buildings based on age with residents aged 25-24 most likely to disagree:

Resident aged 25-34 (220)	81%
Resident aged 35-49 (301)	66%
Resident aged 50-64 (210)	41%
Resident aged 65 & over (152)	27%

When read alongside the fact that (as shown above) levels of objection rise for those residents with children compared to those without, it is a reasonable assumption to make that this increased level of objection is reflects the fact that the majority of reduction is being across the Children's Centre network.

Summary of impact and justification

We consider that the different options for member consideration will have differing levels of impact on groups with protected characteristics. Whilst there will be some positive impacts, particularly relating to the enhancement of services, the co-location of services and the Family Hub model, it is important to address the negative impacts on groups with protected characteristics and how the impacts are mitigated, within our options for implementation presented in the separate Family Hub paper.

Broadly, the mitigations against the impacts on women and young children include the retention of more Children Centre locations within options 3 and 4 as well as a more expansive outreach offer (details to be co-designed with partners) that will (in part) focus on providing services to areas that are not necessarily covered by the Family Hub network – for instance those in more rural areas. The Family Hub Model itself brings together a wider range of services for families and as such while some service users may be required to travel further, they may now only need to make a single journey to access a range of required provision. The Family Hub model will enable parents to have improved information and access to services antenatally with an increasing focus on developing services for fathers-to-be. Feedback from fathers has already identified suggestions such as an improved digital offer with more information on support such as finances and learning more about child development.

Within the umbrella of the Family Hub model there is a collation of a wider range of services for families to improve knowledge and access to them. Although some service users may be required to travel further, the model proposes that families may should be able to access a wider range of required service from sites where services are delivered.

The Family Hub model seeks to reduce inequalities and increase engagement of seldom heard groups through ongoing participation activity such as Parent Carer panels. We are committed to ensuring services are developed to reach such communities therefore we will have targeted participation activity to develop the Family Hub model of services.

The Family Hub model will be developing more peer to peer groups with those with lived experience, for example SEND peer group support and fathers groups. This will be supported by staff to help set up and support through use of spaces within the Family Hub sites.

All of these mitigation activities do need to be balanced against our Best Value Duty set out in securing Kent's Future and considered alongside the reality that the fewer buildings we close within this programme, the greater pressure will be put on the rest of the Council finances, which would inevitably impact on service provision in other areas and make impacts on statutory service provision more likely.

Across the programme we assess that in some areas there are likely to be significant equality impacts, including those assessed in this EIA. However, the impacts are considered to have been limited through the mitigations outlined. We assess that Option 2 is justified given the wider policy and financial context within which the Council currently operates, although Options 3 and 4 would further mitigate equality impacts by reducing the number of closures of Open Access buildings as set out above.

Section B – Evidence

Note: For questions 9, 10 & 11 at least one of these must be a 'Yes'. You can continue working on the EQIA in the App, but you will not be able to submit it for approval without this information.

<p>9. Do you have data related to the protected groups of the people impacted by this activity? <i>Answer: Yes/No</i></p>	<p>Yes</p>
<p>10. Is it possible to get the data in a timely and cost effective way? <i>Answer: Yes/No</i></p>	<p>Yes</p>
<p>11. Is there national evidence/data that you can use? <i>Answer: Yes/No</i></p>	<p>Yes Planning Early Childhood Services in 2020: Learning from Practice and Research in Children’s Centres and Family Hubs Family Hubs Network Limited – Written Evidence (PSC0052) Family Hubs Network Knowledge Base The Best Start for Life: Early Years Healthy Development Review Report Westminster Family Hubs (Local Gov Article)</p>
<p>12. Have you consulted with Stakeholders? <i>Answer: Yes/No</i> <i>Stakeholders are those who have a stake or interest in your project which could be residents, service users, staff, members, statutory and other organisations, VCSE partners etc.</i></p>	<p>Yes</p>
<p>13. Who have you involved, consulted and engaged with? <i>Please give details in the box provided. This may be details of those you have already involved, consulted and engaged with or who you intend to do so with in the future. If the answer to question 12 is ‘No’, please explain why.</i></p>	
<p>Kent Communities Programme Engagement in a general context took place with stakeholders prior to the launch of the public consultation including: KCC members and senior officers Service delivery team members and property team members as part of the design process District authorities External partners including NHS and Kent Fire and Rescue</p> <p>A full 10-week consultation process was carried out between 17 January 2023 and 26 March 2023, this gave an opportunity to residents, community groups and all interested parties to give feedback on the proposed changes to service delivery across the county. During this consultation there were face to face sessions held, and over 150 hours of proactive engagement with residents, service users (including groups of users in locations proposed for closure), partners, staff, unions and members.</p> <p>Of the 1,776 consultees who took part, 18% of consultees provided a response to our specific question about the equality analyses we had conducted prior to, and published together with, our consultation. A more detailed breakdown of the responses within the consultation and the equalities considerations is given above.</p> <p>Family Hub Model Initial informal engagement took place between January and August 2022 with staff, service users and partners to explore the themes and aims of a Family Hub model in Kent, to inform the proposals and the application for the Family Hub Grant</p>	

Funding in August 2022. Colleagues from across Integrated Children's Services have spoken with KCC staff, health visitor and midwifery colleagues, other public health colleagues, commissioners and the Voluntary and Community Sector (VCS).

Work to develop the involvement of parent/carers started in March 2023 and includes feedback on the branding for Kent Family Hubs, Fathers' feedback on Start for Life services and feedback on the Service user Journey in the two test sites. Further consultation and engagement has taken place and will continue with internal and external stakeholders as well as children, young people, and parent/carer representatives throughout the duration of this programme of transformation.

The Family Hub services consultation launched on 19 July 2023 and closed on the on 13 September. The consultation aimed to gather the views of the community about the proposed changes to Children's Centre services, youth provision, Health Visiting and community-based midwifery care. Families were able to complete an online or physical form, send emails, written communication and young people also sent videos, voice notes and flip charts from youth sessions. The feedback from the consultation has informed the equalities impact analysis and modelling.

Family Hub Consultation feedback

The table below shows the profile of consultees responding to the consultation questionnaire only, we do not have the profile data for those who responded through alternative methods. The proportion who left this question blank or indicated they did not want to disclose this information has been included.

RESPONDING AS...	Number of consultees answering	% of consultees answering
As a Kent resident	849	94%
On behalf of a friend or relative	24	3%
A resident from somewhere else	14	2%
Other	6	1%
Prefer not to answer / left blank	15	2%

Our consultation data shows women were the majority of consultees and are far more likely to be impacted by the implementation of the Family Hub model as they form the majority of parent/carer service users as supported by our user reach data.

GENDER	Number of consultees answering	% of consultees answering
Male	97	11%
Female	597	66%
Prefer not to answer / left blank	214	24%

The consultation shows that those most consultees were between the age of 25 - 49 and that supports our KCC user data for those that utilise our services with 67% having children and 4% expecting a child. 22% of consultee's left this question blank.

As outlined below we have recognised Age as an impacted group.

AGE	Number of consultees answering	% of consultees answering
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0-15	14	2%
16-24	28	3%
25-34	198	22%
35-49	315	35%
50-59	62	7%
60-64	23	3%
65-74	23	2%
75-84	15	2%
85 & over	3	0.3%
Prefer not to answer / left blank	227	25%

PRESENCE OF CHILDREN	Number of consultees answering	% of consultees answering
I/we have children	612	67%
I am / we are expecting a child	40	4%
I/we do not have children	54	6%
Prefer not to answer / left blank	202	22%

AGES OF CHILDREN	Number of consultees answering	% of consultees answering
0-1 year old	194	21%
2-5 years old	240	26%
6-10 years olds	196	22%
11-19 years old	238	26%
I/we do not have children	54	6%
Do not have children / prefer not to answer / left blank	255	28%

Profile of professionals / organisation consultees responding

263 consultees took part in the consultation questionnaire specifically responding as professionals/organisations.

The KCC team also received feedback via email / letters. All emails / letters / videos received were passed to Lake Market Research to review and include comments in this report accordingly.

The table below shows the profile of consultees responding specifically to the consultation questionnaire. The proportion who left this question blank or indicated they did not want to disclose this information has been included. The main responses that were identified came from KCC staff, charities and the voluntary/community sector and educational establishments.

RESPONDING AS...	Number of consultees answering	% of consultees answering
Kent County Council staff	77	29%
Community-based midwifery staff	2	1%
Health Visiting staff	17	6%
Staff from another health-related organisation	11	4%
As a representative of a local community group or residents' association	2	1%
On behalf of an educational establishment, such as a school, college or early years setting	40	15%
On behalf of a Parish / Town / Borough / District Council in an official capacity	15	6%
As a Parish / Town / Borough / District / County Councillor	16	6%
As a Kent business owner or representative	2	1%
On behalf of a charity, voluntary or community sector organisation (VCS)	53	20%
On behalf of a faith group	2	1%
Other	26	20%

<p>14. Has there been a previous equality analysis (EQIA) in the last 3 years? <i>Answer: Yes/No</i></p>	<p>Yes - Our Community Services consultation set out how equality, diversity and inclusion was first considered using data for many characteristics that are provided by Equality Law.</p> <p>This included data on</p> <ul style="list-style-type: none"> • Where young people lived • Transport connectivity • Percentage of households that are able to access services in a building within 30 minutes on public transport • Transport mapping to understand the accessibility of building as know that older parents and carer, young people and those with a disability are more likely to be reliant on public transport <p>The Community Services consultation Equality Impact Assessments (EqIA) are available to read online via Community Services Consultation (Let's Talk Kent.gov.uk)</p>
<p>15. Do you have evidence/data that can help you understand the potential impact of your activity? <i>Answer: Yes/No</i></p>	<p>Yes</p>
<p>Uploading Evidence/Data/related information into the App <i>Note: At this point, you will be asked to upload the evidence/data and related information that</i></p>	<p>Link to the Community Services Consultation Link to equality and diversity data Link to the Health Needs Assessment 0-4 year olds in Kent Link to 2021 Mid-year population estimates: Age and sex profile Link to NHS Kent and Medway Perinatal equity and equality report Link to House of Commons Gypsies and Travellers briefing paper</p>

you feel should sit alongside the EQIA that can help understand the potential impact of your activity. Please ensure that you have this information to upload as the Equality analysis cannot be sent for approval without this.

[Link to Department for Education research brief on the lives of young carers in England](#)
[Link to Family Hubs and Start for Life programme: local authority guide](#)
[Link to Emotional health and wellbeing after birth information](#)
[Link to Kent Family Hub Consultation](#)

Section C – Impact

16. Who may be impacted by the activity? Select all that apply.

Service users/clients <i>Answer: Yes/No</i>	Yes	Residents/Communities/Citizens <i>Answer: Yes/No</i>	Yes
Staff/Volunteers <i>Answer: Yes/No</i>	Yes		

17. Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing? *Answer: Yes/No*

Yes

18. Please give details of Positive Impacts

The Kent Communities Programme proposes co-locatin of services together within a single setting. Proposals for co-location with Libraries, Community Learning and Skills, Adult Social Care and Family Hub services. By co-locating with a mix or range of these services within the same buildings, we are presenting a more unified service offer to the resident, so it is easier for them to access a broader range of services from a single location.

We will also be able to offer space for a range of partners to deliver services from this location and benefit from a range of services under one roof. For example, it is anticipated that our Meet and Greet staff will also have knowledge of services available from the local Borough council as well as third sector partners, to enable effective sign posting. Similarly, the link between Birth Registrations and Family Hub services is strengthened by co-locating Libraries and Family Hubs together. Residents with some protected characteristics (sex, age, disability and race) are likely to be impacted more by the proposed building closures. These same groups are likely to also benefit from co-location of services, mindful of specific mitigations such as continued DDA compliance of co-location sites and the provision of private/confidential areas. Residents in these groups will be able to utilise these services will benefit from a reduced number of journeys by having KCC services located nearby/ together. It is also possible that there will be benefits for residents from different races as co-location will help those whose first language is not English, as they will not need to navigate multiple locations.

The principles and framework for the Family Hub model, as set out by central government, are built based on improving user experience by:

1. increasing access to a wider range of services in one place or under one shared umbrella;
2. improving the interface and join-up between services; and
3. having services working within practice that builds on strengths and puts children, young people and their families at the centre of services.

Examples of positive impacts that we anticipate from the Family Hub model transformation for service users with protected characteristics include:

Protected characteristics.

Pregnancy and Maternity

Women who are pregnant or who have had a baby are most likely users of some services. During 2020 there were 15,940 live births in Kent, with some districts having a higher percentage of births e.g., Gravesham, Maidstone, Dartford, and Tonbridge & Malling. In Dartford, the births make up a higher percentage of the total population in that district highlighting the importance of equity in service provision (see 0-4 needs assessment). The Start for Life Offer will focus on perinatal mental health and infant feeding which is likely to benefit females through pregnancy and maternity as well as babies and infants. The Start for Life offer will be able to be accessed digitally which will be helpful for women who may struggle to travel.

In addition, our parenting education programmes will also provide new families with the information that they need to support them at this critical time.

Work around Reducing Parental Conflict and targeted support around domestic violence where needed will support (where applicable) relationship stability and the family environment/safeguarding.

Co-location of services will make the physical experience accessing services easier and should reduce the number of times that stories need to be re-told. There will also be an increased awareness of other potential sources of support.

In addition, the Family Hub and Start for Life model provides us with the opportunity to engage with people at an earlier point through maternity services building those key relationships at a critical time.

Sex

Population data from the 2021 Census shows that there are slightly more female residents than male in Kent (51.3% female vs 48.7% male). However, females only outnumber males from aged 25 years; prior to this, males outnumbered females in children and young people. Services are available for all parents, regardless of gender, however, the majority of parents currently accessing services are women.

To encourage men to access services, there will be a targeted community offer and digital resources.

As we develop our community-based offering there will be an increase of opportunities for volunteers and Family Coaches.

We will actively encourage men to participate and engage in these opportunities.

The DfE ambition is for 50% of parent / carer panels to be Fathers / male partners and we will actively promote involvement and engagement through the Family Hub networks and digital offer.

We will also work with all service users to ensure that activities take place in safe spaces.

Age

There are 369,600 children and young people (ages 0-19) living in Kent (Census 2021). The spread of ages is uneven across Kent; 5.5% of total population are 0-4 year olds, 6.0% are 5-9 years old, 6.2% are 10-14 years old and 5.6% are 15-19 year olds.

The majority of Children Centre services are accessed by parents / carers aged 25-39, babies and children aged 0-8.

Young people (aged 8-19) will benefit from community-led social and developmental activity available for all, whilst those at most risk of missing out where community resources do not meet the need will be prioritised if needed.

Needs assessments will support targeted interventions for young adults such as: teenage mothers, those who are at risk of homelessness, young carers, sexual or criminal exploitation or grooming and those Not in Education, Employment or Training (NEET), those at risk of going missing and those at risk of drug and alcohol misuse.

Families will experience smoother transition points as this is 0-19 year old (25 for children with SEND) service so will be able to access services under the Family Hub model and network.

Age related specific services will continue.

Following national policy, recognising the importance of the first 1,001 days, and implementing services to ensure the best start in life for babies will improve outcomes.

Disability

Kent has a higher proportion of people aged under 16 (5.8%) claiming a disability benefit than both the regional (4.5%) and national average (4.6%). It is unknown how many children with SEN, or a disability, use current services, as this information is not routinely collected.

The Family Hub offer will benefit those with SEND through additional parenting education and improved access to information on support for children and young people. We currently know those with SEN are underrepresented in our service, a more targeted approach should ensure more equal access for children with SEND with the help of outreach and digital provision.

Some community-based provision may take place in environments they are more familiar with e.g., home or school, reducing anxiety and behaviours that challenge and for some, our digital offer will improve the opportunity to access information, advice and guidance and online support.

Accessibility of venues will be a consideration across the Family Hub network, including outreach venues.

Through taking a whole family approach, and the co-location of services, parents, and carers of children with disabilities will not have to tell their story more than once.

Feedback suggests parents of children with SEND prefer online and email communication options, so they would benefit from an enhanced digital offer. They may also benefit from virtual delivery that can be done at a time and place to suits them, increasing flexibility around caring needs.

The Census and the Council do not routinely collect data on the number of parents with a disability living in Kent, so it is difficult to assess the impact of the service change without a baseline.

Through more integrated working, parents and carers, including those experiencing baby loss, should be better supported to seek and receive help for their mental health. Focused support will be available for those who are suffering from perinatal mental health issues.

Through enhancing the existing emotional wellbeing support in place, children and young people and their families will be able to get the emotional wellbeing and health support they need when facing difficult situations. This includes the provision of face-to-face support, outreach and digital information, advice, and guidance.

Religion

There is currently no direct data which measures religion of children and young people or parents of children and young people living in Kent. The only data collected is related to the overall population and based on the 2021 Census data. The Council provides services to children, young people, and their families, irrespective of their religion or beliefs.

However, as we develop a community-based offer, we would work with religious organisations to provide support to develop provision in a safe and supportive way, helping them stay linked to the Family Hub network to seek advice. Our data driven approach will allow us to engage with those who do not normally engage with services. We also have the opportunity to engage with people at an earlier point through maternity services and can build a rapport with communities earlier.

Through the wider Family Hub network and the outreach offer we have the opportunity to engage with new spaces and places that are accessed by families who are from ethnic minority backgrounds or have English as a second language. This could include links to faith groups for example. We aim to build our relationships with communities and encourage further access and tailoring of services accordingly.

Race

Ethnicity varies across the districts in Kent. Gravesham and Dartford have the highest proportion of ethnically diverse profiles. Approximately a third of 0–4 year-olds in Gravesham and a quarter of Dartford district are non-white British. This highlights the importance of acknowledging the increased likelihood of inequalities, and likely barriers to accessing health services in these areas. A recent report on Equity and Equality in the Kent and Medway Local Maternity and Neonatal system suggests that Kent mirrors the national picture with regards to Black and Asian women having a higher risk of dying in pregnancy, maternal mortality rates, neonatal mortality rate and stillbirths per 1,000 total births. The report also highlighted differences in early access to antenatal care with Black and Asian women less likely get early access to antenatal care.

According to the 2021 Census, there are a total of 7,660 people living in Kent from one of the Gypsy, Roma or Traveller communities. There is likely to be under-recording as people may be reluctant to self-identify for fear of discrimination and mistrust of organisations and authorities. Gypsy, Roma, Traveller communities have higher rates of mortality, morbidity and long-term health conditions, low child immunisation and a higher prevalence of anxiety and depression compared with the general population.

Given that parent and infant health outcomes are already worse for Black and Asian families, as well as those from white minority backgrounds such as Gypsy, Roma, Traveller communities, co-ordinated interventions will be targeted at these groups across services to reduce health inequalities.

Through the wider Family Hub Network and the outreach offer, we have the opportunity to engage with new spaces and places that are accessed by families who are from ethnic minority backgrounds or have English as a second language. This could include links to faith groups for example. We aim to build our relationships with communities and encourage further access and tailoring of services accordingly.

Taking a data driven approach will allow us to target communities who do not feel that existing services are “for them” and we will use outreach opportunities through the Family Hub partnership to improve engagement and participation.

Carers

According to 2021 Census, there are 10,855 young carers aged 0-24 in Kent. Nationally there is a trend in under identification as young people often do not report that they have caring responsibilities at home. We estimate that there could be up to four times more young carers in Kent.

Young carers or adults with caring responsibilities may find it hard to access in person services due to their caring responsibilities and may particularly benefit from enhanced digital and virtual opportunities, as well as services in locations they already visit such as schools.

Co-located services will also play a part in making this experience easier, reducing the need for carers to have to re-tell their story.

Whole family working will assist in capturing the wider challenges of caring and the impact this has on whole family wellbeing.

Young carers will continue to be offered support through targeted supportive groups.

Sexual orientation/ Gender identity/ Transgender

Our services are open to all individuals, but we recognise that accessing services can be challenging. Some LGBTQ+ individuals who are concerned about accessing face to face services may benefit from our online digital and virtual offer. Our workforce development across the Family Hub network will support inclusive practice and whole family working with a commitment to equality. Our outreach offer will give individuals the opportunity to access support in places they are already comfortable. LGBTQ+ young people will be actively encouraged to participate in service design opportunities.

Low income

Relative low income is defined as a family in low income before housing costs in the reference year. In 2020/21 in Kent, 17.3% of all children aged 0-4 years were living in relative low-income families (nationally its 18.1%). However, some districts have a higher proportion of children (aged 0-4) living in relative low-income families including Thanet (23.6%), Folkestone and Hythe (21.3%), Gravesham (21.1%), Dover (21.1%) and Swale (20%). The council provides services to children, young people, and their families, irrespective of family circumstances (income level). However, evidence from the Local Maternity and Neonatal System equity report suggests that women living areas of deprivation in Kent are likely to seek antenatal care later compared to women in other groups likely leading to differences in health outcomes. (Perinatal equity and equality: NHS Kent and Medway (icb.nhs.uk))

The Family Hub emphasis on providing targeted support for families in areas of 20% most deprived in Kent will aim to redress this inequity in access.

Wider impact

KCC is receiving a grant of approximately £11m to transform our services. This is an exciting opportunity to improve our services to benefit the residents of Kent. The grant is in place to support system transformation through service integration, workforce development, and co-designed new services as directed by the DfE.

This significant investment and an improved integrated model across Children’s Centres, youth provision, Health Visiting, community-based Midwifery care, with other key community services have positive wider impact for the wider population. In addition, service users will benefit from better access to services, signposting, information, advice, and guidance as well as greater availability and visibility of services within the community. They may access this independently, through digital channels, or through outreach such as through community networks or in physical buildings.

Children and parents/carers will continue to receive support targeted at different age groupings so the support they receive is appropriate and tailored to their development stage.

Parent carer panels and peer support networks will ensure those from minority groups are able to be heard and shape our services. We think this will particularly benefit those from ethnically diverse communities whose views may currently be underrepresented, same sex parents (LGBTQ), those with SEND, carers, and fathers. Virtual support networks may be particularly effective where parents are in a very small minority in their community. Enhanced digital support will enable service users to engage with services at a time that works for them.

The co-location of staff in buildings will make services easier to access and reduce the need for service users to tell their story more than once.

The integrated working model would ensure that staff working under the Family Hub umbrella would all adopt the whole family model and have access to workforce development opportunities. This means that families would receive a more consistent style and quality of service.

The new model also includes partnerships with local community and voluntary services as a key part of the Family Hub network. We will seek to offer increased access to partners to deliver their services for families within Hubs and jointly in outreach where there are joint opportunities and needs are identified. This will enable improved access to a wider range of services for children, young people and parents/carers.

Negative Impacts and Mitigating Actions

The questions in this section help to think through positive and negative impacts for people affected by your activity. Please use the Evidence you have referred to in Section B and explain the data as part of your answer.

19.Negative Impacts and Mitigating actions for Age

Are there negative impacts for age? Answer: Yes/No
(If yes, please also complete sections b, c, and d).

Yes

Details of Negative Impacts for Age

Consultation Response

The analysis of the consultation response included within this section and throughout the other Protected Characteristics section below draws on responses from the Kent Communities Programme consultation and relevant responses from the Family Hub consultation.

57% of all consultees were between 25-49 with 67% having children and only 4% expecting a child. The most common activity used is activities for children 0-5 at 70% of consultees answering, followed by activities for older children and young people at 48%. Around a third of consultees answering indicated they use education for parents on child development (35%), information, advice and guidance about support services for children and young people with Special Education Needs and Disabilities (SEND) (31%) and information and signposting to mental health services (children and adults) (31%).

There are significant differences in the current use of activities by demographic:

- A higher proportion of consultees aged 25-34 and 35-49 use activities for children aged 0-5 (86% and 79% respectively).
- A higher proportion of consultees aged 50-64 and 65 & over, use activities for older children and young people (67% and 62% respectively), information and signposting to mental health services (children and adults) (45% and 41% respectively), support and information for parents/carers of adolescents (teenagers) (35% and 34% respectively) and online safety for children and young people (21% and 38% respectively)

It can be surmised that those in the 25-49 category typically have children belonging to 0-5 whilst parents of older children and young people are 50+.

Just under a third of consultees answering (32%) indicated the future Family Hub model should include a place specifically for teenagers / activities for teenagers / support for teenagers / youth activities.

As Family Hub services are targeted at improving outcomes for children **0-19**, they will be disproportionately impacted by the changes proposed.

Children

The closure of Children's Centres could disproportionately impact those **0-5** receiving support through Open Access towards their development milestones associated with health, education, and parent bonding. They will be reliant on their parent / carers being able to access another centre, who may have to travel further to access groups and support, alternatively they may access provision less frequently where it is delivered via outreach. Many of the impacts relate to access and transport connections to alternative provision. 26% of respondents to the KCP consultation raised concerns regarding the availability and cost of public transport and 21% raised issues relating to access, being able to get to or walk to proposed alternative locations. An example of feedback from consultees on this subject is included here:

"You cannot deprive less populated areas as transport is expensive. This will help mother's mental health as well as children's wellbeing. Deprive because there are less people will only put more strained in their mental state."

The closure of Children's Centres where Health Visiting Services are currently co-located could also mean families have to travel further to access healthy child clinics and

developmental reviews, breastfeeding support and general advice and support on health care, infant feeding, and physical and emotional development. As Health and Wellbeing reviews are mandated the frequency of these will not be affected. Data in the period 2017-19 for reach at the Children's Centres sites proposed for closure showed reach highest for babies 0 -1 year. There is decline in reach at 1 year old and again at 2-year-olds with further decline at 3 years +. This suggested the greatest impact would be on children under 1-year-old.

There may also be an impact for children aged **5-10** who may currently be accessing the Children's Centre to participate in after school clubs. School aged children are likely to be reliant on a parents/carer to transport them to and from after school activities. The transport implications for parents/carers are discussed later but is likely to impact on this age group. If their parent / carer is unable to take them to the nearest alternative Family Hub, they may need to access alternative provision in the community or may stop accessing after school activities. This could have an impact on their social, physical, or educational development.

Parent/Carers – 25-39 Year Olds.

We recognise that parents (most likely to be aged between 25 and 39) may need to access services differently, may need to travel to alternative locations and may receive a different type of service than previously offered. Travel costs could become a barrier to access and, if this is the case, this could affect their ability to access the support required when needed.

Additionally, as Family Hubs adopt a 0-19 (25 for SEND) whole family approach. The look and feel of buildings may change and individuals from different age groups will have to share space. This may affect how individuals feel about space that was previously designed for their age range and could impact on feelings of safety and belonging.

Youth

We know that young people were concerned about this as part of their feedback on the Family Hub services consultation. 12% of consultees answering indicated there should be more youth services offered / more activities for young people / not less / separate spaces should be provided for them. In addition, promotional education/information material for young people that is displayed in buildings may not be suitable for different age ranges.

The provision of Children's and Young People's Counselling takes place within our current Open Access centres. The proposals to close some locations as outlined above could therefore have a detrimental impact on children and young people that require the counselling service. For example, comments were received during the consultation relating to the Ark CC in Tunbridge Wells;

"My son has counselling at the Ark. he is a nervous child but has settled into sessions and is familiar with the building. Closing and changing location might have a detrimental effect to his mental health as he will have to get used to another location."

15-19-Year-Old Parents

Health outcomes for the babies of teenage parents are well acknowledged to be worse than their counter parts, so access to Family Hub services for these parents and their children will be especially important to support good outcomes for their babies and/or children. The impact of further journey times may have a greater impact on this cohort as they are less likely to hold driver's licence and will be more reliant on family and friends or public transport and walking to travel to access services. As teenage parents are likely to be more reliant on the services on offer from Family Hubs, there is likely to

	<p>be a larger impact on them and their children if they are unable to access a centre, exacerbating existing inequality of outcomes.</p> <p>Elderly Parents / Carers (65+)</p> <p>Older parents / carers may be disparately affected as they may have increased mobility needs and experience greater difficulty travelling to alternative provision. They may also face more difficulty engaging with our digital offer making them more reliant on our outreach provision.</p> <p>Co-location</p> <p>Additionally, parents (most likely to be aged between 25 and 39) may also experience some negative impacts as a result of these changes to the look and feel of buildings, and the co-location of a wider range of services at Family Hubs. Parents of younger children may feel uncomfortable sharing spaces with teenagers, as the messaging around information, guidance and support literature is very different, also they may feel uncomfortable approaching a building with lots of young people gathered outside. 63% of residents between the age of 25 and 34 disagree with the proposals to co-locate services together (placing Family Hub services within other KCC settings such as Libraries). Again, this is supported by the comments within the response that this opposition is likely due to the proposals to co-locate Children Centre services and accessibility is raised as a point of concern. This suggests that the impact on residents in this age bracket, particularly when combined with other protected characteristics like sex, disability, pregnancy and carer responsibilities, would be more significant. Again, considering that the number of building closures <i>decreases</i> progressively between option 1 and 2, further between option 2 and 3, and then again between option 3 and 4, it is clear that the significance of the impacts across the County would lower depending on which option is chosen.</p>
<p>Mitigating Actions for age</p>	<p>Across the options presented for Member decision the impact of change on all protected characteristics, including age, are mitigated to different degrees by retaining progressively more buildings in Options 3 and 4 compared to the consultation model presented in Option 2. In Options 3 and 4, the Needs Framework has been amended to give progressively greater weight to the analysis of the public transport network. The options have been developed by focusing on the accessibility of the public transport network as a response to the feedback in the KCP consultation highlighting the availability and cost of public transport.</p> <p>Therefore, in Options 3 and 4 progressively fewer buildings are proposed for closure, which reduces the requirement for residents to access services in alternative locations (including via public transport). Option 5 does not make any changes and so there are no equalities impacts to mitigate.</p> <p>We will address recognised barriers to accessing services, and how outreach and digital options of support could assist. In some cases, where required home visits or support through other community provision could be provided. Leaflets and posters will be displayed with consideration for the different service user groups in a Family Hub site to ensure the materials are age appropriate.</p> <p>As part of the co-design element of the model, users will be involved in the development of shared spaces to create a sense of ownership and belonging.</p> <p>We will ensure that timetabling and scheduling considers when children, young people and families are available based on their age range. Promotional material will also need to be age appropriate in delivery spaces.</p> <p>Parent Carer Panels will seek to engage and include a wide range of parents and carers at the different end of the age range to ensure inclusivity.</p> <p>The Family Hub outreach offer, proposed to be co-designed with partners within each district locality, allows services to be delivered within communities that would negate the need for residents to travel to reach services. It will also lead to service delivery to</p>

	<p>currently underserved communities that may miss out on service provision due to the historic nature of the Council’s building footprint. In addition, as part of our Family Hub outreach offer, we will improve access to Public Health services specifically for families of young people, targeting where there is greatest need.</p> <p>To reduce the impact on vulnerable young people, we propose that any future commissioning would be aligned to education services that support children with SEND.</p>
Responsible Officer for Mitigating Actions – Age	<p>Danielle Day Programme Manager – Family Hubs</p>
20. Negative Impacts and Mitigating actions for Disability	
Are there negative impacts for Disability? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	<p>Yes</p>
Details of Negative Impacts for Disability	<p>Consultation Response</p> <p>According to the most recent service user data, there were around 700 services users with Special Educational Needs accessing children’s centres in 2019 (between 01/01/2019 up to and including 07/10/2019) who may be more adversely affected by the proposals than those without disabilities.</p> <p>14% of consultation respondents indicated that they experience a disability and 61% of all respondents disagree with the proposals to have fewer buildings. The negative impacts on residents experiencing a disability do interplay with other protected characteristics as already outlined, particularly age.</p> <p>The consultation asked a variety of questions on how the potential services being proposed and the delivery model may affect people in terms of access as well as what services should be offered, assess needs for delivery including face to face vs virtual. In relation to our service offer for SEND including both direct service delivery and advice and guidance some key elements of consultation feedback include:</p> <ul style="list-style-type: none"> • A higher proportion of consultees aged 50-64 use information, advice and guidance about support services for children and young people with Special Education Needs and Disabilities (SEND) (54%). • Around two thirds of consultees answering indicated they might use information and signposting to mental health services (69%), activities for children aged 0-5 (65%) and information, advice and guidance about support services for children and young people with Special Education Needs and Disabilities (SEND) (62%). • 5% of consultees highlighted the need for more support for SEN and SEND or to be mindful of SEND when developing the Family Hub service delivery model and services. • 17% consultees indicated that our demographic of those with SEN/SEND/Autism/ND would be impacted by the proposals not being considered adequately. Highlighting the need to ensure that equalities impact remain at the core of the proposed model. <p>In terms of the suitability of virtual delivery vs face to face:</p> <ul style="list-style-type: none"> • The vast majority of consultees answering (93%) consider face to face (in person) access to be suitable for information, advice and guidance about

support services for children and young people with Special Education Needs and Disabilities (SEND).

- Three quarters of consultees answering consider online services (75%) suitable for this service and 67% consider virtual services suitable.
- Only 6% of consultees thought virtual service delivery was appropriate for Services for SEN / SEND / ND

Physical Disabilities

An example of the feedback received at consultation is included here:

“The needs of disabled people cannot be met and fully understood using a virtual approach. Many disabled people have impacts on their ability that are only understood by a face to face approach.”

Proposed closure of Children’s Centres may adversely affect children with disabilities living within these catchment areas or children with parents with a disability, where they are required to travel further away to access services. Families with disabilities may find it harder to travel beyond immediate home locality due to having no transport and a greater reliance on public transport. Even where public transport links do exist, those with disabilities may still find it harder to access via public transport. This may be for mobility reasons, in the case of a physical disability where the requirement to travel by public transport is more challenging. Additionally, children with SEND may find increased journey times distressing.

Where accessing a Family Hub is more difficult families may access support less frequently or not at all, potentially having an impact on both the parent and the child’s wellbeing. The health visiting mandated check are an exception to this where the frequency will not be impacted by accessibility of services. For this reason, we have detailed the nearest alternative provision and the relevant transport implications. Given that educational, employment, and wellbeing outcomes are all generally lower for those with disabilities, ([Outcomes for disabled people in the UK – Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk)) this existing inequality may be compounded by increased difficulty accessing services, resulting in a disproportionate impact.

Service users with physical disabilities may have different needs from the physical environment such as for accessible toilets, hearing loops, ramps and other accessible features. We have conducted analysis across the alternative Family Hub sites and in particular have identified that Temple Hill Library does not currently have an accessible toilet unlike current provision. This may prevent those with physical disabilities and their carers feeling comfortable to access services at this venue. They may need to travel further or access a toilet within the local community. Service users with SEND or sensory conditions may also have differing needs. Cranbrook Children’s Centre currently has a sensory room which is not replicated in any other centre within the district. The removal of this provision may have a negative impact on families who find it particularly soothing and helps them to engage in the other services available at Children’s Centres. An example of feedback around provision at Cranbrook Children’s Centre is included here:

“Cranbrook Children’s Centre has been a social lifeline for families like mine. By moving it to the library we risk ruining two important facilities and ending up with a ‘worst of both worlds’ situation. Here are some of the key issues to consider: - Cranbrook Children’s Centre has an outdoor play area but the library has no suitable outdoor space. - Library users want peace and quiet but making noise is part of children’s play. How can you achieve this in a shared building?”

As service users of the two Youth Hubs proposed for closure have already been able to access services from the proposed alternative locations, we do not anticipate that 11–19-year-olds with a disability will be impacted by the changes.

By virtue of the fact that the number of building closures *decreases* progressively between option 1 and 2, further between option 2 and 3, and then again between option 3 and 4, it is clear that the significance of the impacts across the County would lower depending on which option is chosen.

Mental Illness / Anxiety Disorders

Our proposal to close 3 centres which are currently used by the Children and Young Person's Counselling Service may adversely impact those with mental illness. They may be more sensitive to change and be more distressed than their counterparts by the need to access services from a different location.

Similarly, families with higher levels of anxiety may also find the need to access alternative provision more distressing. If not managed well, it is possible that some families will stop accessing our services, potentially exacerbating existing conditions.

Digital Delivery

Parents/carers and children with disabilities may be unable to access information digitally. ONS research suggests that half of internet non-users in 2017 has a disability and are disproportionately affected by digital exclusion. [Exploring the UK's digital divide – Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandcare/articles/exploring-the-uk-digital-divide). As such they may be more reliant on face-to-face services and impacted more heavily by the need to travel further as they may not be able to access the digital offer. The KCP consultation response demonstrated that 10% of respondents highlighted accessing services online would be difficult for them and 9% did not feel confident using technology. 16% believe online access to services isn't an inclusive approach and cited the elderly, those with access issues and those unable to use online services as examples to illustrate their views. 11% commented that online delivery needs to be appropriate for the service in question.

Co-location

48% of respondents disagree with the proposals to co-locate services together. The comments within the response suggest that this opposition is likely due to concerns around accessibility of services within co-located sites. This suggests that the impact on residents experiencing a disability would be more significant. Our plans to co-locate with other services may have a disparate impact on children or their parents and carers with SEND. They may be more likely to experience sensory overload resultant from busier, noisier environments. Co-location may also affect families with physical disabilities as they may need more space to comfortably travel around a building. If the environment is not conducive to a positive experience for families, they may stop accessing services, or access them less frequently. Adolescents with SEND are likely to be accessing services in the evenings and are unlikely to be impacted by increased footfall.

Again, considering that the number of building closures *decreases* progressively between option 1 and 2, further between option 2 and 3, and then again between option 3 and 4, it is clear that the significance of the impacts across the County would lower depending on which option is chosen.

Option 5 is the 'Do Nothing' option and as such, if Members decided to proceed with Option 5, there would be no change in equalities impacts.

Face to face services may be delivered from a different location, however some children and young people with disabilities could be more digitally excluded. For example, an enhanced digital offer may have limited applicability for children, young people, and adults with SEND, who are hard of hearing, or have visual impairment or dyslexia who may struggle to engage with virtual activities.

Changes to buildings, staffing, timings, and the addition of co-located staff may be a challenge for some children, young people and adults who struggle with change by the

	<p>nature of their disability. New environments and the level of activity in those environments (as a result of co-location and integration of services) could also adversely affect those groups.</p> <p>Outreach support will be in community buildings and this may impact accessibility dependant on physical building limitations.</p> <p>We recognise that individuals with disabilities may need to access services differently, may need to travel to alternative locations and may receive a different type of service than previously offered. Travel could become a barrier to access and, if this is the case, this could affect their ability to access the support required when needed.</p>
<p>Mitigating Actions for Disability</p>	<p>Across the options presented for Member decision the impact of change on all protected characteristics, including disability, are mitigated to different degrees by retaining progressively more buildings in Options 3 and 4 compared to the consultation model presented in Option 2. In Options 3 and 4, the Needs Framework has been amended to give progressively greater weight to the analysis of the public transport network. Therefore, in Options 3 and 4 progressively fewer buildings are proposed for closure, which reduces the requirement for residents to use public transport to access services in alternative locations. Option 5 does not make any changes and so there are no equalities impacts to mitigate.</p> <p>The co-location sites will be brought forward with the assistance of professional design and construction partners that will consider accessibility compliance and regulations as part of the design work and implementation of changes that facilitate the co-location. This will include provision of accessible facilities, Equality Act compliant buildings and relevant wayfinding provision. Each co-location project will include its own EqIA to assess the specific impacts of the developed design for the co-location site and the service users accessing the offer.</p> <p>We will undertake co-production of digital content to ensure it is functional and accessible for individuals with disabilities.</p> <p>Our peer-to-peer support through Family Coaches and volunteers may assist individuals who feel that services don't understand the challenges they face. This should assist with greater engagement and the opportunity to offer support.</p> <p>We will also undertake digital accessibility testing of web content to ensure accessibility across a wider spectrum of need e.g., sensory needs, deaf or hard of hearing, blind/poor vision, dyslexic, physical, neurodivergence, and mental health difficulties.</p> <p>Venues will be checked for accessibility and advice will be given to partners and volunteers delivering services as part of the wider network on inclusive practice.</p> <p>Family Hubs, by working as part of the SEND Transformation programme, will be able to improve and develop on our inclusion practice.</p> <p>Our data driven approach, outreach offer and work through the Family Hub network will assist us able to identify the greatest need and respond appropriately.</p> <p>There are four specific categories of need that have been identified through a data driven approach, as areas of focus within the Family Hub model that indicate a requirement for outreach provision within the community.</p> <p>Specific 'edge-of-town' communities falling outside the 20 min walking distance but high proportion of families and young people living in deprivation sitting outside the boundary and therefore '0-19' outreach activity is required.</p> <p>Larger communities 'whole towns' that see a high cumulative 0-19 deprivation linked need across the whole area but not enough to warrant a whole building.</p> <p>Rural communities with high levels of deprivation that may otherwise be cut off, with cumulative level of need requiring specific 0-19 outreach provision.</p>

	<p>Areas where specific flexible detached youth provision is required – often ‘in the field’ and not linked to specific building locations.</p> <p>Outreach work in the community within the Family Hub model will be delivered across both urban and rural localities informed by need/data. The Family Hub outreach offer, proposed to be co-designed with partners within each district locality, allows services to be delivered within communities that would negate the need for residents to travel to reach services which has been acknowledged as more challenging for residents that experience a disability.</p> <p>Outreach is community-based provision, delivered in non-Family Hub sites such as libraries, community centres and may take place in family homes (for example Health Visitors attending a family home).</p> <p>It will not be possible to have a Family Hub site in all localities, particularly in rural areas with low population density as outlined within the Kent Communities programme. Outreach delivery will improve reach to isolated and/or vulnerable communities through its flexibility/agility in responding to need and not being tied to a physical Family Hub site location.</p> <p>In these cases, the Family Hub offer will be delivered from existing community buildings e.g., libraries, halls, as well through a digital offer with the nature of delivery varying and informed by local need and data. The need/type of outreach provision will be reviewed on a regular basis, examples include:</p> <ul style="list-style-type: none"> • Practitioners delivering targeted groups/activities from locations such as community halls and libraries. • Joint work with community and health partners. • Practitioners working alongside existing groups, such as toddler groups on a regular basis to extend the reach/access to information, advice, and guidance. • Practitioners holding drop-in surgeries/sessions to provide 1 to 1 signposting and support. • Practitioners holding targeted virtual groups and activities online. • The frequency of outreach and rural delivery will be determined by need and data, and in some cases may be weekly, monthly, or termly. <p>We will engage on barriers to accessing services, and how outreach and digital options of support could assist.</p>
Responsible Officer for Mitigating Actions - Disability	Danielle Day Programme Manager – Family Hubs
Are there negative impacts for Sex? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	Yes
Details of Negative Impacts for Sex	<p>Consultation Response</p> <p>As is seen in the response to the consultation, 62% of female respondents oppose the proposal to have fewer building compared to 34% of male respondents. Equally 69% of female respondents oppose the co-location of services, compared to 26% of male respondents. This is likely due to the fact that women are more likely to take on greater responsibilities for childcare and the majority of the reduction in buildings is across the Children’s Centre estate (83% of respondents with children under 1 year old oppose the proposals to have fewer buildings).</p> <p>An example of the feedback received at consultation is included here:</p>

	<p><i>“Please consider the impact this will have on women - the main care givers and users of this service. Already on reduced income due to maternity leave, or not able to earn due to the costs of childcare. This will impact their mental health.”</i></p> <p>The proposals within Options 1, 2, 3 and 4 would require individuals to travel further, likely on public transport which may be difficult with children, pushchairs, and additional equipment. The crossover with other protected characteristics, including age, disability, pregnancy and those with carers responsibilities needs considering as the impact on these protected characteristics combined would be greater.</p> <p>By virtue of the fact that the number of building closures <i>decreases</i> progressively between option 1 and 2, further between option 2 and 3, and then again between option 3 and 4, it is clear that the significance of the impacts across the County would lower depending on which option is chosen.</p> <p>Option 5 is the ‘Do Nothing’ option and as such, if Members decided to proceed with Option 5, there would be no change in equalities impacts.</p> <p>Given that females may be disproportionately affected as they are most likely to access our services currently, we need to recognise that women may be negatively impacted by the co-location of services. This is likely to be subjective to individuals lived experience and circumstance. For example, women mainly attend groups for support around domestic violence and may struggle to enter buildings where men are sharing the space. Conversely, some fathers or male carers may be put off attending spaces that are mostly occupied by women.</p>
<p>Mitigating Actions for Sex</p>	<p>Across the options presented for Member decision the impact of change on all protected characteristics, including sex, are mitigated to different degrees by retaining progressively more buildings in Options 3 and 4 compared to the consultation model presented in Option 2. In Options 3 and 4, the Needs Framework has been amended to give progressively greater weight to the analysis of the public transport network. Therefore, in Options 3 and 4 progressively fewer buildings are proposed for closure, which reduces the requirement for residents to use public transport to access services in alternative locations. Option 5 does not make any changes and so there are no equalities impacts to mitigate.</p> <p>Our workforce development programme will include training on inclusive practice, and we will work with the wider Family Hub network to consider how groups and services are scheduled and promoted appropriately.</p> <p>Our digital offer will allow us to target information, signposting, and online content suitable for the needs of service users based on their sex, and individual needs.</p> <p>Our parent carer panels, and co-design opportunities will also assist us in improving accessibility. We will seek feedback from all service users to improve and develop inclusive and safe delivery spaces that acknowledge how circumstances and lived experience can affect men and women’s view on space sharing.</p> <p>We will continue to work with partners to develop and improve our offer to fathers and male carers and ensure feedback from fathers and male carers is used to develop relevant and engaging services to support them in their parenting roles.</p> <p>Each co-location project will include its own EqIA to assess the specific impacts of the developed design for the co-location site and the service users accessing the offer.</p>

Responsible Officer for Mitigating Actions - Sex	Danielle Day Programme Manager – Family Hubs
22. Negative Impacts and Mitigating actions for Gender identity/transgender	
Are there negative impacts for Gender identity/transgender? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	Yes
Details of Negative Impacts for Gender identity/transgender	<p>The pre-consultation EqIA did not identify any negative impacts for Gender identity/transgender. However, 19% of responders to the consultation commented on the Equality Analysis and 4% of respondents (6 responders) felt that LGBTQIA+ were adversely affected and not considered adequately.</p> <p>Young people within the gender identity/transgender characteristic may be impacted by the requirement to share youth centre space with an early years (0-5) setting. Feedback from the consultation demonstrates that young people that access youth centres are not in favour of this as they may feel unable to use the centre to highlight issues related to gender identity, sexual health and LGBTQ issues.</p> <p>We recognise that some Transgender individuals (including adults) may not feel that the services are available to cater for their specific identity needs.</p> <p>Some Transgender parents may feel concerned about attending events due to current tensions around environments not feeling fully inclusive.</p>
Mitigating actions for Gender identity/transgender	<p>Youth services will be protected by timetabling activity within the new Family Hub model and through design within spaces to provide separate and dedicated areas/settings for youth provision, including space for confidential conversations. We have examples of being able to do this successfully within our current estate and service models.</p> <p>We will work with all service users to ensure that activities take place in safe spaces. Our digital and outreach offer will be developed and co-designed to support all service users.</p> <p>KCC will continue to provide an in-house youth provision which will remain a mixture of centre based and outreach activity. We will also undertake targeted work through local community groups to continue support for transgender and young people who are not cisgender in a safe environment where required.</p> <p>Our digital content and our Family Hub network will be able to provide information, advice, and support for a range of issues concerning gender identify.</p> <p>We will work with local community organisations to ensure provision (based on local need) includes targeted services or is well sighted on how to make groups more inclusive.</p> <p>Our workforce development programme will also include a focus on inclusive practice and an ongoing commitment to equalities.</p> <p>We will work with and co-produce services with all service users to ensure that activities take place in safe spaces.</p>
Responsible Officer for Mitigating Actions - Gender identity/transgender	Danielle Day Programme Manager – Family Hubs
23. Negative Impacts and Mitigating actions for Race	
Are there negative impacts for Race? <i>Answer: Yes/No</i>	Yes

(If yes, please also complete sections b, c, and d).

Details of Negative Impacts for Race

Existing Racial Inequality in Maternity and Child Outcomes

We are aware that people from ethnic minority groups are likely to be disadvantaged by poorer health. Black, Asian and other ethnic minority women are overrepresented in the groups that experience the worst outcomes in maternity and perinatal care. (Ref 308 Inequalities Sprint Audit Report 2021_FINAL.pdf (maternityaudit.org.uk). Given these minority groups experience worse outcomes changes to Health Visiting services which are targeted at maternity, any negative impacts may deepen existing inequality. This health inequality can also lead to educational inequality. An inability to access Open Access services which impact on child and parent’s health, education and employment outcomes may further entrench this disadvantage. Gypsy, Roma, Traveller populations also are known to have poorer health outcomes compared to other ethnic groups and may also be more significantly impacted by an inability to access Family Hub services.

Centres with Higher Levels of users from Different Ethnic Populations

Whilst any family from a minority ethnic population may be impacted in the ways described above, we’re particularly mindful of centres where there is a particularly large number of users or a notably higher proportion of those from different ethnicities within a particular centre.

Gravesham and Dartford districts both have a higher number of ethnic communities than the Kent Average:

District	Asian, Asian British or Asian Welsh	Black, Black British, Black Welsh, Caribbean or African	Mixed or Multiple ethnic groups	Other ethnic group	White
Dartford	9.9%	10.5%	3.1%	2.0%	74.5%
Gravesham	11.2%	6.5%	2.6%	3.0%	76.6%
Kent Average	4.6%	2.7%	2.3%	1.3%	89.1%

Further data from the service relating to 2019 service users highlights particular locations. We’ve identified that the closure of the following Children’s Centres may be particularly impact on those from different ethnic populations and looked more closely at how we may mitigate against this in these communities.

Temple Hill Children’s Centre. 650 users (31% of total users compared to 25% in Dartford at a district level)

Brent (YMCA) Children’s Centre. 480 users (30% of service users compared to 25% in Dartford at a district level).

Ray Allen Children’s Centre. 255 users (9% of total service users in line with Ashford’s average)

Riverside Children’s Centre (Canterbury). 215 users. (14% of service users compared with 8% in Canterbury at a district level) with the majority identified as White Other (11%).

West Kingsdown Children’s Centre, 195 users (18% of total service users compared with 10% of Sevenoaks at a district level)

Hawkinge & Rural Children’s Centre. 75 services (30% of total service users compared to 24% in Folkestone and Hythe as a district average)

The Sunflower Children’s Centre, 25 service users (18% of total service users compared to 10% in Dover as a district average)

	<p>Eastborough Children’s Centre, 20 service users (16% of total service users compared to 11% in Maidstone as a district average). Within these districts the co-production work to develop the access to services will ensure that feedback is representative of the communities living within the districts to help shape how we support communities.</p> <p>Access Residents that use English as a second language may find changes to service locations more difficult to accommodate. They may also find travel to alternative locations and navigating unfamiliar settings more challenging than native English speakers. This covers the entire extent of the Kent Communities Programme as the reduction in buildings means that residents will need to access services in alternative locations or in different ways (for example online). Ability to travel to other Children’s Centre sites may be prohibitive for different ethnic populations community. There are number of factors that contribute to this such as access to cars, language barriers, cost implications, caring responsibilities and different working patters. Gov.uk publications evidence that those from black, Asian, Mixed and other ethnic populations are significantly less likely to have a full driver’s license making them more reliant on public transport. Driving licences – GOV.UK Ethnicity facts and figures (ethnicity-facts-figures.service.gov.uk). They may be particularly affected where centres are not within 30 minutes on public transport. The socio-economic status of minority ethnic families is also an area of deprivation that may make increased costs associated with travelling to different sites unaffordable. Given this potential impact analysis on the transport and travel connections has been conducted for each of these sites.</p> <p>Co-location With more services in buildings, it may be more difficult for people with limited English language and literacy to navigate the various services. This could lead to people with little English may feel overwhelmed and not able to find where they need to go very easily. The co-locations at Stanhope Library and Temple Hill Library are likely to be accessed by a large number of people from different ethnic populations. There may be high demand for services which may result in waiting lists for spaces on particular groups, particularly affecting those from different ethnic populations given the high number currently accessing services proposed to relocate to these co-located sites. Whilst we endeavour to provide enough activities to meet demand, space may be prohibitive of additional groups, highlighting the importance of creating new opportunities through local community groups.</p> <p>Digital People whose first language is not English are more likely to be digitally excluded and may not be able to access an enhanced digital offer. They may also not access traditional marketing activity for face to face, understand the changes being proposed or understand how to access or apply for support in the future. They may be more reliant on local access points. We also recognise that some ethnic minority families may not feel that the services are available to cater for their specific cultural needs.</p>
<p>Mitigating Actions for Race</p>	<p>Across the options presented for Member decision the impact of change on all protected characteristics, including race, are mitigated to different degrees by retaining progressively more buildings in Options 3 and 4 compared to the consultation model presented in Option 2. In Options 3 and 4, the Needs Framework has been amended to give progressively greater weight to the analysis of the public transport network.</p>

	<p>Therefore, in Options 3 and 4 progressively fewer buildings are proposed for closure, which reduces the requirement for residents to use public transport to access services in alternative locations or to navigate unfamiliar settings way from their current local access points. Option 5 does not make any changes and so there are no equalities impacts to mitigate.</p> <p>Of the specific sites highlighted above, within option 4 Sunflower CC and West Kingsdown CC are both retained. Provision if services at Temple Hill CC is relocating to Temple Hill Library as part of a proposed co-location and similarly provision from the former Ray Allen CC will be relocated to the Stanhope Library. The existing provision from Riverside CC in Canterbury is proposed to move to the other side of a road and so the impact is considered minimal.</p> <p>Each co-location project will include its own EqIA to assess the specific impacts of the developed design for the co-location site and the service users accessing the offer. Co-production of digital content will be developed to be inclusive focusing on simple language that is either available to translate or is compatible with common translation software.</p> <p>Targeted provision will be informed by a range of data including the number of children whose main language is not English, and the number of students from ethnically diverse backgrounds. Ongoing analysis will be required to ensure that Family Hub services are targeted at more “hidden” communities or ethnic groups.</p> <p>Family Hubs will work alongside partner agencies, community groups and faith organisations to identify ethnic minority children, families, and communities in the local area to provide local solutions to service provision e.g., specifically designed groups and interventions to improve outcomes for diverse ethnic communities.</p> <p>Enhanced community working and support from volunteer and peer support networks should increase awareness of services and access routes. Universal health services within the Start for Life offer may use interpretation services to support services for one-to-one support. In areas of higher need (e.g., in Dartford and Gravesham 15% of children don’t have English as their main language) promotional materials should be available in alternative languages where possible e.g., for targeted campaigns.</p> <p>Service staff and volunteers may assist individuals who feel that services don’t understand the challenges they face. This should assist with greater engagement and the opportunity to offer support. The Family Coaches, volunteers and any peer to peer groups much reflect the ethnic diversity of local populations. In Dartford and Gravesham there will be proactive engagement of community groups to engage a diverse group of Family Coaches.</p> <p>The Family Hubs Model expectation is that information for families meets the Accessible Information Requirement and is made available in local languages. Analysis of the sites with the greatest impact suggests that the following language are most widely spoken in the catchment areas of these impacted centres: Nepali, Polish, Romanian, Urdu, Tamil, Yoruba and French.</p>
Responsible Officer for Mitigating Actions - Race	Danielle Day Programme Manager – Family Hubs
24. Negative Impacts and Mitigating actions for Religion and belief	
Are there negative impacts for Religion and Belief? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	No
Details of Negative Impacts for Religion and belief	There is currently no direct data which measures religion of children and young people or parents of children and young people living in Kent. The only data collected is related

	<p>to the overall population and based on the 2021 Census data. The Council provides services to children, young people, and their families, irrespective of their religion or beliefs.</p> <p>We recognise this as an area of development, and will ensure within our future work to develop the model we will proactively reach community and faith groups to engage the service user voice from these seldom heard groups and those with protected characteristics.</p>
Mitigating Actions for Religion and belief	N/A
Responsible Officer for Mitigating Actions - Religion and belief	N/A
25. Negative Impacts and Mitigating actions for Sexual Orientation	
Are there negative impacts for sexual orientation. Answer: Yes/No (If yes, please also complete sections b, c, and d).	Yes
Details of Negative Impacts for Sexual Orientation	<p>The pre-consultation EqIA did not identify any negative impacts for Gender identity/transgender. However, 19% of responders to the consultation commented on the Equality Analysis and 4% of respondents (6 responders) felt that LGBTQIA+ were adversely affected and not considered adequately.</p> <p>Young people within the sexual orientation characteristic may be impacted by the requirement to share youth centre space with an early years (0-5) setting. Feedback from the consultation demonstrates that young people that access youth centres are not in favour of this as they may feel unable to use the centre to highlight issues related to gender identity, sexual health and LGBTQ issues.</p> <p>Our services are open to all individuals, but we recognise that accessing services can be challenging.</p> <p>Some LGBTQ+ individuals who are concerned about accessing face to face services may benefit from our online digital and virtual offer.</p> <p>There are areas within service user groups with protected characteristics that we don't have data from the consultation or from across the service. We recognise this as an area of development, and will ensure within our future work to develop the model we will proactively reach groups to engage the service user voice from these seldom heard groups and those with protected characteristics</p>
Mitigating Actions for Sexual Orientation	<p>KCC will continue to provide an in-house youth provision which will remain a mixture of centre based and outreach activity. We will also undertake targeted work through local community groups to continue support for LGBTQ+ youth and allies in a safe environment where required.</p> <p>Our digital content and our Family Hub network will be able to provide information, advice, and support for a range of issues concerning sexual orientation.</p> <p>We will work with local community organisations to ensure provision (based on local need) includes targeted services for LGBTQ+ individuals or are well sighted on how to make groups more inclusive.</p> <p>Our workforce development programme will also include a focus on inclusive practice.</p> <p>We will work with and co-produce services with all service users to ensure that activities take place in safe spaces.</p>

	Each co-location project will include its own EqlA to assess the specific impacts of the developed design for the co-location site and the service users accessing the offer.
Responsible Officer for Mitigating Actions - Sexual Orientation	Danielle Day Programme Manager – Family Hubs
26. Negative Impacts and Mitigating actions for Pregnancy and Maternity	
Are there negative impacts for Pregnancy and Maternity? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	Yes
Details of Negative Impacts for Pregnancy and Maternity	<p>Consultation Response</p> <p>As is seen in the response to the consultation, 62% of female respondents oppose the proposal to have fewer buildings compared to 34% of male respondents. Equally 69% of female respondents oppose the co-location of services, compared to 26% of male respondents. This is likely due to the fact that women are more likely to take on greater responsibilities for childcare and the majority of the reduction in buildings is across the Children’s Centre estate (83% of respondents with children under 1 year old oppose the proposals to have fewer buildings). 4% of respondents to the consultation indicated that they were pregnant.</p> <p>The proposals within Options 1, 2, 3 and 4 would require individuals to travel further, likely on public transport which may be difficult for pregnant women or those with children, pushchairs, and additional equipment. The crossover with other protected characteristics, including age, disability, sex and those with carers responsibilities needs considering as the impact on these protected characteristics combined would be greater.</p> <p>By virtue of the fact that the number of building closures <i>decreases</i> progressively between option 1 and 2, further between option 2 and 3, and then again between option 3 and 4, it is clear that the significance of the impacts across the County would lower depending on which option is chosen.</p> <p>Option 5 is the ‘Do Nothing’ option and as such, if Members decided to proceed with Option 5, there would be no change in equalities impacts.</p> <p>Access</p> <p>Family Hubs bring together Midwifery and Health Visiting offering services to pregnant women and parents. This includes clinics, sleep and introducing solids workshops, ante-natal and post-natal support.</p> <p>Parents-to-be and new parents (up to 28 weeks) are likely to be impacted by the proposal as some of the services involved are designed specifically for them. The Health Visiting Service includes contact and offers of support following the birth of a baby, and in the first 6-8 weeks, as well as offering breast feeding support, healthy child clinics and developmental review clinics. The majority of children access existing Children’s Centre are under 1 year old – whilst we don’t have a breakdown of how many of these have children under 28 weeks, it is likely they will be accessing services to support early developmental child outcomes, as well as emotional and practical support as a new parent.</p> <p>We recognise that expectant mothers may need to access services differently, may need to travel to alternative locations and may receive a different type of service than previously offered. Travel costs and accessibility could become a barrier to access and, if this is the case, this could affect their ability to access the support required when needed.</p>

	<p>Specific comments have been received during the consultation and these are detailed in other supporting documents. However, an example of comments received is included here (specific comment in relation to the proposal to remove services from St Mary’s CC in Faversham):</p> <p><i>“This is the local hub for the ME13 area, it houses health visitor appointments and midwifery appointments along with free crucial baby groups for local parents and babies. I think, given the fact that Faversham has greatly increased in population it would be very detrimental to take this away. People already struggle to access services without removing the faculties for it.”</i></p> <p>The Family Hub model includes midwifery and Health Visiting support which includes home visiting services, this will not change with any of the Family Hub implementation options.</p> <p>Perinatal mental health Local research Perinatal-Mental-Health-Needs-Assessment.pdf (kpho.org.uk) and learning from the pandemic has shown us that some new parents faced increased feelings of isolation, which can be a contributing factor to poor perinatal mental health.</p> <p>Co-location Our co-located spaces it may be busier at certain times or have a greater proportion of men and those who haven’t experienced pregnancy which may be intimidating or distressing for pregnant women or very new parents.</p>
<p>Mitigating Actions for Pregnancy and Maternity</p>	<p>Across the options presented for Member decision the impact of change on all protected characteristics, including pregnancy and maternity, are mitigated to different degrees by retaining progressively more buildings in Options 3 and 4 compared to the consultation model presented in Option 2. In Options 3 and 4, the Needs Framework has been amended to give progressively greater weight to the analysis of the public transport network. Therefore, in Options 3 and 4 progressively fewer buildings are proposed for closure, which reduces the requirement for residents to use public transport to access services in alternative locations. Option 5 does not make any changes and so there are no equalities impacts to mitigate.</p> <p>Family Hubs will increase access to perinatal mental health, infant feeding and infant relationship support across the county. The Family Hub network will include a range of providers who will be able to signpost individuals to support, advice and guidance and existing networks that can be accessed including community-based provision where available.</p> <p>Where there are barriers to access, staff will be able to assess need to determine if direct support from a Family Hub is appropriate.</p> <p>In terms of the ability to develop friendships and supportive relationships, our proposed Peer to Peer support offer will play some part in mitigating against the potential loss of informal networks.</p> <p>The workforce development opportunities for the Family Hub network will ensure that a wide range of providers, including front of house staff, are able to understand key issues and provide information related to early parenthood.</p> <p>The Family Hub model includes the outreach offer and work through the Family Hub network will assist us able to identify the greatest need and respond appropriately.</p> <p>Outreach work in the community within the Family Hub model will be delivered across both urban and rural localities informed by need/data.</p>

	<p>Outreach is community-based provision, delivered in non-Family Hub sites such as libraries, community centres and may take place in family homes (for example health visitors attending a family home).</p> <p>It will not be possible to have a Family Hub site in all localities, particularly in rural areas with low population density as outlined within the Kent Communities programme. Outreach delivery will improve reach to isolated and/or vulnerable communities through its flexibility/agility in responding to need and not being tied to a physical Family Hub site location.</p> <p>Our enhanced digital offer will include signposting to digital apps and may include virtual delivery options.</p> <p>Co-location</p> <p>During feasibility work for co-location we have sought to provide private spaces either within separate rooms or via screening to allow for privacy for expectant or new parents. This will continue to inform the design of co-location spaces as they develop. We will continue existing practice of considering the timings of groups and appointment to create a welcoming inclusive environment for everyone in collaboration with other services.</p> <p>Each co-location project will include its own EqIA to assess the specific impacts of the developed design for the co-location site and the service users accessing the offer.</p> <p>Perinatal Mental Health</p> <p>We will continue to use our buildings, outreach spaces and technology to support new parents to foster good relationships to combat feelings of isolation. Consistently accessing services through a Family Hub should support pregnant women and new mothers to maintain connection to a community.</p>
<p>Responsible Officer for Mitigating Actions - Pregnancy and Maternity</p>	<p>Danielle Day Programme Manager – Family Hubs</p>
<p>27. Negative Impacts and Mitigating actions for marriage and civil partnerships</p>	
<p>Are there negative impacts for Marriage and Civil Partnerships? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i></p>	<p>No</p>
<p>Details of Negative Impacts for Marriage and Civil Partnerships</p>	<p>N/A</p>
<p>Mitigating Actions for Marriage and Civil Partnerships</p>	<p>N/A</p>
<p>Responsible Officer for Mitigating Actions - Marriage and Civil Partnerships</p>	<p>N/A</p>
<p>28. Negative Impacts and Mitigating actions for Carer’s responsibilities</p>	
<p>Are there negative impacts for Carer’s responsibilities? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i></p>	<p>Yes</p>
<p>Details of Negative Impacts for Carer’s Responsibilities</p>	<p>67% (612) of the responders had children and therefore caring responsibilities. Proposed closure of Children’s Centres could carers and their ability to access provision. For parents caring for a disabled child, this is likely to mirror the impacts identified for disability.</p> <p>It is possible that Young Carers (those under 18) are also accessing our youth provision and the young person’s counselling services independently, despite not having a disability, illness, or substance misuse issue themselves. They may also be supporting younger siblings to access Family Hub services.</p>

	<p>Carers living within the catchment areas of the Children’s Centre sites proposed for closure, could be adversely impacted as alternative sites might be prohibitive for those with caring responsibilities in terms of location and their ability to be able to independently travel there, travel costs, regularity of public transport. This is particularly pertinent for young carers who may have very limited travel options that are typical of their age but compounded by their caring responsibility, particularly if their household doesn’t have a member with a driver’s license.</p> <p>We recognise that carers may need to factor in more additional time to manage transport and accessibility issues, and any changes may be a barrier for some. Changes of timing, location or offer may be a barrier for young carers.</p>
<p>Mitigating Actions for Carer’s responsibilities</p>	<p>Where there are barriers to access, staff will be able to assess need to determine if direct support from a Family Hub is appropriate.</p> <p>We will signpost individuals to alternative provisions where appropriate, for example, to Carers Support Services where other respite may be available. Our data driven approach and working through the Family Hub network will help us target young carers and provide support accordingly.</p> <p>Working with other partners such as community and voluntary groups there will be wider information to local groups and other support; we propose to facilitate opportunities through co-design for parents to create their own groups and develop more peer-to-peer support.</p> <p>We will develop more community support were there are requests for support to set up a group with provision of our expertise to support new group development.</p> <p>We will ensure our digital offer is co-produced with carers and young carers to best meet their needs and that information is up to date and easy to access.</p> <p>We will encourage participation and engagement in our Parent-Carer Panels to enable meaningful co-design of services to suit the needs of carers.</p> <p>Young carers will be encouraged to take the opportunity to co-design services suitable for their needs.</p> <p>Kinship carers will be provided with information, advice, and support to access appropriate services.</p>
<p>Responsible Officer for Mitigating Actions - Carer’s Responsibilities</p>	<p>Danielle Day Programme Manager – Family Hubs</p>

EQIA Submission Draft Working Template

If required, this template is for use prior to completing your EQIA Submission in the EQIA App.

You can use it to understand what information is needed beforehand to complete an EQIA submission online, and also as a way to collaborate with others who may be involved with the EQIA.

Note: You can upload this into the App when complete if it contains more detailed information than the App asks for and you wish to retain this detail.

Section A

1. Name of Activity (EQIA Title):	Kent Communities Programme (Community Assets) – Principle of Co-Location Proposals
2. Directorate	DCED/GET
3. Responsible Service/Division	INF/LRA

Accountability and Responsibility

4. Officer completing EQIA Note: This should be the name of the officer who will be submitting the EQIA onto the App.	Ben Sherreard / Jackie Taylor-Smith
5. Head of Service Note: This should be the Head of Service who will be approving your submitted EQIA.	Rebecca Spore / James Pearson
6. Director of Service Note: This should be the name of your responsible director.	Rebecca Spore / Stephanie Holt-Castle

The type of Activity you are undertaking

7. What type of activity are you undertaking?

Tick if Yes	Activity Type
Yes	Service Change – operational changes in the way we deliver the service to people.
	Service Redesign – restructure, new operating model or changes to ways of working
Yes	Project/Programme – includes limited delivery of change activity, including partnership projects, external funding projects and capital projects.
	Commissioning/Procurement – means commissioning activity which requires commercial judgement.
	Strategy /Policy – includes review, refresh or creating a new document
	Other

8. Aims and Objectives and Equality Recommendations – Note: You will be asked to give a brief description of the aims and objectives of your activity in this section of the App, along with the Equality recommendations. You may use this section to also add any context you feel may be required.

Equality Impact Assessment

This EQIA is intended to assess the potential impact of our decisions on persons with different protected characteristics. In particular, this EQIA has been prepared to help us to have regard to the need to: (i) eliminate discrimination; (ii) advance the equality of opportunity; and (iii) foster good relations between persons who share a relevant protected characteristic and those who do not, in the exercise of our public functions. These issues are relevant considerations to be taken into account whenever a new policy, function, or system change is being proposed

in the exercise of our public functions. This EQIA is also intended to evidence that these considerations have in fact been taken into account, and the weight given to them as part of our decision-making process.

This EqIA refers the proposals to co-locate services and the impact that the co-locations will have on users of the library service. The services in scope have developed their own EqIAs which assess the impact of the Kent Communities Proposals as they relate to their specific service areas. Equally the overall Programme impact is considered in a separate EqIA – ‘Kent Communities Programme EqIA’. As the co-location proposals progress through the next stages of design, site specific Equalities impact Assessments will be undertaken for each individual site based on the final design for the co-location.

The Case for Change - Kent Communities Programme

The Council is facing very significant financial pressures, for a number of reasons set out in 'Securing Kent's Future' (August 2023 and October 2023). That document sets out the urgent steps needed to return the Council to financial sustainability, by reducing overspend in its budget to avoid further need to use limited reserves to fund revenue overspends, which would weaken the financial resilience of the authority and limit the scope for the use of reserves to invest in transformation necessary to address the structural deficit.

The financial challenges faced by the Council cannot be ignored. Two particularly significant factors, are the Council's statutory 'best value' duty to deliver a balanced budget, provide statutory services, including adult social care and children's services, and secure value for money in all spending decisions; and the Council's other statutory duties.

The Kent Communities Programme seeks to rationalise our physical estate and propose a greater mix of alternative methods of service delivery across the County, informed by a clear and data-driven understanding of service need. Delivery of this programme has become more important in the light of the increased financial pressures faced by the Council. The programme also seeks to reduce the Council's carbon footprint, in line with our Net Zero 2030 approach, although this is a secondary factor given the overarching financial context. The programme does include elements of improvement to service delivery: for example benefits offered by co-location of services.

However, the Council must acknowledge that the impact of closures and reductions in services on residents can be significant. The approach set out in these proposals is therefore based on a relative needs assessment. Mitigating measures are set out, which are intended to minimise as far as possible the impact of the proposals on Kent residents.

A detailed and extensive public consultation (www.kent.gov.uk/communityservicesconsultation) allowed consultees the opportunity to give their views on the proposals. These responses have been analysed and carefully considered. A range of options have been developed, informed by the consultation responses. This EQIA has been updated following feedback from that consultation and is also based on data and evidence about Kent's communities and our service users.

The Consultation

The Kent Communities proposal has been subject to a public consultation. The consultation launched on 17th January 2023 and lasted for ten weeks, closing on 26 March 2023. The consultation set out the rationale for the proposals, the methodology which was used to produce the draft proposal and the details of the Kent Communities model (i.e. which buildings we were proposing to close and which we were proposing to retain). These proposals have now moved on following the consultation and the options are detailed below.

Rationale

The rationale for the KCP is clear. The Programme contributes to meeting the revenue savings as set out in the Medium-Term Financial Plan (MTFP). To reduce risks across our corporate estate and capital programme, the KCP reduces the Council's capital liability to the maintenance costs of such a large physical estate.

Methodology

The consultation explained the methodology underpinning the Kent Communities proposal, including how we used the Needs Framework as a starting point. The Need Framework used a wide range of data and indicators that when combined profile the different level of need for services within our communities. The data included service-held metrics, such as user figures for each service.

In developing the alternative range of options for member consideration the impact on equalities has been taken into account. The impact on the current library service users is taken into account within this EqlA.

Consultation Response

Overall, 48% (of 1,583 responses) of respondents disagree with the proposals to co-locate services together. Whilst there were some comments in support of the proposals, many raised concerns about the suitability of alternative locations for co-location of services and the accessibility of these sites for users. This will be acknowledged and considered in the site-specific EqlAs once designs are developed further.

Women were far more likely to oppose co-location of services than men and respondents with children under 10 were far more likely to disagree with co-location that those without:

Male resident	26%
Female resident	49%
Resident with no children	22%
Resident with children aged 0-1 years old (250)	61%
Resident with children aged 2-5 years old (243)	68%
Resident with children aged 6-10 years old (142)	54%

This suggests that the co-location proposals that impact women and children – where co-location between a library and a Family Hub is proposed –will require particular consideration.

The most common concern expressed in the consultation response regarding the general co-location of services (not specific to any one service) were:

Users being able to get there / travel there / can't walk to alternatives / need close location of services	51%
Public transport availability / cost of / reduction in service	33%
Practicality of co-located services (e.g. children's centre in same space as library)	22%
Impact on users unable to access the service / impact on vulnerable / mental health / taking away a lifeline / hub of community	21%
Suitability of building / fit for purpose / the space	19%
Maintaining service levels / impact on service levels	14%

Summary of Options

Within option 1, 2, 3 and 4 the proposals include co-location of services within Library buildings as follows:

Building	Proposed service to co-locate
Stanhope Library	Library and Family Hub
Temple Hill Library	Library and Family Hub
Gravesend Library	Library and Gateway
Kent History and Library Centre	Library and Gateway
Sevenoaks Library	Library and Community Day Services for Adults with Learning Disabilities
Queenborough Library	Library and Family Hub
Sittingbourne Library	Library and Family Hub
Ramsgate Library	Library and Family Hub
Cliftonville Library	Library and Community Day Services for Adults with Learning Disabilities
Tonbridge Gateway	Library and Gateway
Cranbrook Library	Library and Family Hub

Option 5 is our 'Do Nothing' option, in which case the proposed co-location of services in the table above would not proceed.

Justification

The co-location proposals are the same across Options 1, 2, 3 and 4 and so the equalities impacts will be common between these options. Option 5 would not see any change and therefore there would not be any impact on equalities. Whilst there will be some positive impacts in that service users accessing their primary service would be able to access a range of other KCC services, it is important to assess the impacts of co-location proposals on the existing users of the library service.

Broadly, the mitigations against the impacts will include careful design of co-located spaces, with the considered input of service leads, expert in the requirement of their existing user base. It is very important to acknowledge that the Council already successfully operates co-locations across the County, including every specific mix proposed within the Kent Communities Proposal.

Across the programme the impacts are considered to be adequately mitigated and justified given the wider policy and financial context within which the Council currently operates. As set out above, the impacts for each site will be acknowledged and considered in the site-specific EqlAs once designs are developed further.

Section B – Evidence

Note: For questions 9, 10 & 11 at least one of these must be a 'Yes'. You can continue working on the EQIA in the App, but you will not be able to submit it for approval without this information.

9. Do you have data related to the protected groups of the people impacted by this activity? Answer: Yes/No	<p>Yes, an analysis of the protected characteristics of the respondents to the consultation is as follows:</p> <p>Gender Male 18% Female 81.3% Prefer not to say 0.7%</p> <p>Same Gender as birth Yes 99% Prefer not to say 1%</p> <p>Pregnant</p>
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	<p>Yes – 28 out of 870 responses</p> <p>Religion Christian 90.2% Buddhist 0.3% Hindu 0.7% Jewish 0.7% Muslim 0.7% Prefer not to say 2.6% Other 4.9% Sikh 0%</p> <p>Disability Yes 14.3 % No 83.5% Prefer not to say 2.2%</p> <p>Sexual Orientation Heterosexual/Straight 89.7% Bi/Bisexual 2% Gay man 0.4% Gay woman/Lesbian 1.3% Prefer not to say 6% Other 0.6%</p> <p>Ethnicity White English 87.6% White Scottish 1.1% White Welsh 0.5% White Northern Irish 0.2% White Irish 0.7% White Gipsy/Roma 0.1% Asian or Asian British Indian 0.4% Asian or Asian British Bangladeshi 0.1% Mixed White and Black Caribbean 0.1% Mixed White and Black African 0.1% Mixed White and Asian 0.4% Black or Black British Caribbean 0.2% Black or Black British African 0.1% I prefer not to say 2.2% Other 6% White Irish Traveller 0% Asian or Asian British Pakistani 0% Arab 0% Chinese 0%</p>
<p>10. Is it possible to get the data in a timely and cost effective way? <i>Answer: No</i></p>	<p>Will be identified during next phase local demography</p>
<p>11. Is there national evidence/data that you can use? <i>Answer: Yes</i></p>	<p>Yes -</p>
<p>12. Have you consulted with Stakeholders?</p>	<p>Yes</p>

<p><i>Answer: Yes/No</i> <i>Stakeholders are those who have a stake or interest in your project which could be residents, service users, staff, members, statutory and other organisations, VCSE partners etc.</i></p>			
<p>13. Who have you involved, consulted and engaged with? <i>Please give details in the box provided. This may be details of those you have already involved, consulted and engaged with or who you intend to do so with in the future. If the answer to question 12 is 'No', please explain why.</i></p>			
<p>Engagement in a general context took place with stakeholders prior to the launch of the public consultation including:</p> <ul style="list-style-type: none"> - KCC members and senior officers - Service delivery team members and property team members as part of the design process - District authorities - External partners including NHS and Kent Fire and Rescue <p>A full 10-week consultation process was carried out between 17 January 2023 and 26 March 2023, this gave an opportunity to residents, community groups and all interested parties to give feedback on the proposed changes to service delivery across the county. During this consultation there were face to face sessions held, and over 150 hours of proactive engagement with residents, service users (including groups of users in locations proposed for closure), partners, staff, unions and members.</p> <p>Of the 1,776 consultees who took part, 18% of consultees provided a response to our specific question about the equality analyses we had conducted prior to, and published together with, our consultation. A more detailed breakdown of the responses within the consultation and the equalities considerations is given above.</p>			
<p>14. Has there been a previous equality analysis (EQIA) in the last 3 years? <i>Answer: Yes/No</i></p>		Yes – pre-consultation EqIA	
<p>15. Do you have evidence/data that can help you understand the potential impact of your activity? <i>Answer: Yes/No</i></p>		Yes.	
<p>Uploading Evidence/Data/related information into the App <i>Note: At this point, you will be asked to upload the evidence/ data and related information that you feel should sit alongside the EQIA that can help understand the potential impact of your activity. Please ensure that you have this information to upload as the Equality analysis cannot be sent for approval without this.</i></p>		Demographic data that informed the need framework. Consultation report with stats on feedback received.	
<p>Section C – Impact</p>			
<p>16. Who may be impacted by the activity? <i>Select all that apply.</i></p>			
<p>Service users/clients <i>Answer: Yes/No</i></p>	Yes	<p>Residents/Communities/Citizens <i>Answer: Yes/No</i></p>	Yes
<p>Staff/Volunteers <i>Answer: Yes/No</i></p>	Yes		
<p>17. Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing? <i>Answer: Yes/No</i></p>			Yes
<p>18. Please give details of Positive Impacts</p>			

The principles of the Kent Communities Programme are built on the ambition to provide a more cohesive range of community services to residents so that different needs can be met in the most accessible and efficient way possible.

By increasing the Gateways service overall (albeit with part-time provision at new locations), and co-locating with other services, we will be able to present a more coordinated overall service offer to our communities increasing access to complimentary KCC services for our users.

The co-location of services for Adults with Learning Disabilities proposed will help to advance the equality of opportunity between those individuals who share a relevant protected characteristic and those that do not. It will also help to foster good relations between those individuals who share a relevant protected characteristic and those that do not. Both of these factors are in line with the second and third considerations of s149 (1) of the Equality Act (2010).

The proposed changes to the Adult Education service will result in services being delivered from a building in much better condition, resulting in a more pleasant and conducive learning environment.

Proposals for co-location with Libraries, Community Learning and Skills, Adult Social Care and Family Hub services. By co-locating with a mix or range of these services within the same buildings, we are presenting a more unified service offer to the resident, so it is easier for them to access a broader range of services from a single location.

We will also be able to offer space for a range of partners to deliver services from this location and benefit from a range of services under one roof. For example, it is anticipated that our Meet and Greet staff will also have knowledge of services available from the local Borough council as well as third sector partners, to enable effective sign posting. Similarly, the link between Birth Registrations and Family Hub services is strengthened by co-locating Libraries and Family Hubs together.

Residents with some protected characteristics (sex, age, disability and race) are likely to be impacted more by the proposed building closures. These same groups are likely to also benefit from co-location of services, mindful of specific mitigations such as continued accessibility compliance of co-location sites and the provision of private/confidential areas. Residents in these groups will be able to utilise these services will benefit from a reduced number of journeys by having KCC services located nearby/ together. It is also possible that there will be benefits for residents from different races as co-location will help those whose first language is not English, as they will not need to navigate multiple locations.

Negative Impacts and Mitigating Actions

The questions in this section help to think through positive and negative impacts for people affected by your activity. Please use the Evidence you have referred to in Section B and explain the data as part of your answer.

19. Negative Impacts and Mitigating actions for Age

<p>u) Are there negative impacts for age? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i></p>	<p>Yes</p>
<p>v) Details of Negative Impacts for Age</p>	<p>As set out above, the consultation response across the whole scope of proposals demonstrates a much greater level of opposition to both reductions in buildings and co-locations in the 25-24 age bracket. 81% of respondents in that age bracket oppose the proposals to have fewer buildings. This is likely due to the fact that residents in this age bracket have a higher chance of having children between the ages of 0-5 years old, and the majority of the reduction in buildings is across the Children's Centre estate (83% of respondents with children under 1 year old oppose the proposals to have</p>

	<p>fewer buildings). As age increases, the opposition to co-locations decreases.</p> <p>The impact of co-location on young parents and children is addressed in separate EqlAs.</p> <p>The impact of co-location of other services into library settings on elderly library users does require consideration. These users may find it more difficult, or overwhelming to access the library service with which they are familiar with other services being delivered – particularly if they are noisier sessions as part of the Family Hub offer. If elderly residents also experience a disability or mobility issues, then the impact of these changes will be more significant. It is worth acknowledging that the current library service already delivers activities that would be considered busier and ‘noisier’.</p>
<p>w) Mitigating Actions for age</p>	<p>It is very important to acknowledge that the Council already successfully operates co-locations across the County, including every specific mix proposed within the Kent Communities Proposal.</p> <p>Regardless of this, mitigations against the impacts on age will include careful design of co-located spaces, with the considered input of service leads, expert in the requirement of their existing user base.</p> <p>Staff in co-located sites will be provided with guidance to support and signpost elderly residents and ensure that any scheduled sessions that may be overwhelming are well advertised.</p>
<p>x) Responsible Officer for Mitigating Actions – Age</p>	<p>Ben Sherreard / Jackie Taylor-Smith / Local Manager</p>
<p>20. Negative Impacts and Mitigating actions for Disability</p>	
<p>u) Are there negative impacts for Disability? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i></p>	<p>Yes</p>
<p>v) Details of Negative Impacts for Disability</p>	<p>14% of consultation respondents indicated that they experience a disability and 48% of all respondents disagree with the proposals to co-locate services. The negative impacts on residents experiencing a disability do interplay with other protected characteristics as already outlined, particularly between age.</p> <p>Co-location of services into Library buildings may cause distress for library users that suffer from disabilities as they may be required to navigate around buildings in a</p>

	different way if the layout changes to accommodate the mix of services.
w) Mitigating Actions for Disability	<p>It is very important to acknowledge that the Council already successfully operates co-locations across the County, including every specific mix proposed within the Kent Communities Proposal.</p> <p>The co-location sites will be brought forward with the assistance of professional design and construction partners and the considered input of library service representatives. They will consider both the needs of the existing user base and accessibility compliance and regulations as part of the design work and implementation of changes that facilitate the co-location. This will include provision of accessible facilities, accessibility compliant buildings and relevant wayfinding provision.</p> <p>Staff in co-located sites will be provided with guidance to support and signpost residents that experience a disability of mobility issues and ensure that any scheduled sessions that may be overwhelming are well advertised.</p>
x) Responsible Officer for Mitigating Actions - Disability	Ben Sherreard / Jackie Taylor-Smith / Local Manager
21. Negative Impacts and Mitigating actions for Sex	
u) Are there negative impacts for Sex? Answer: Yes/No (If yes, please also complete sections b, c, and d).	Yes
v) Details of Negative Impacts for Sex	<p>69% of female respondents oppose the co-location of services, compared to 26% of male respondents. This is likely due to the fact that women are more likely to take on greater responsibilities for childcare and the majority of the reduction in buildings is across the Children's Centre estate (83% of respondents with children under 1 year old oppose the proposals to have fewer buildings).</p> <p>Where we are proposing to co-location with other services, there may be a higher proportion of men in the building than at present. Both male and female service users may feel uncomfortable by this, particularly where they may be breast feeding.</p>
w) Mitigating Actions for Sex	It is very important to acknowledge that the Council already successfully operates co-locations across the County, including every specific mix proposed within the Kent Communities Proposal.

	The co-location sites will be brought forward with the assistance of professional design and construction partners and the considered input of library service representatives. They will consider the necessary provision of baby change, breastfeeding and toilet facilities as well as confidential/private spaces so that existing users are not subject to overhearing conversations they may find distressing.
x) Responsible Officer for Mitigating Actions - Sex	Ben Sherreard / Jackie Taylor-Smith / Local Manager
22. Negative Impacts and Mitigating actions for Gender identity/transgender	
q) Are there negative impacts for Gender identity/transgender? Answer: Yes/No (If yes, please also complete sections b, c, and d).	Yes
r) Details of Negative Impacts for Gender identity/transgender	<p>4% of respondents to the consultation raised the issue of effects on disadvantage ethnic minorities / English as a second language / refugees / travellers / LGBTQ.</p> <p>Young people may be impacted by the requirement to share youth centre space with existing library service users. People that access youth centres raise concerns with this as they may feel unable to use the centre to highlight issues related to gender identity, sexual health and LGBTQ issues.</p>
s) Mitigating actions for Gender identity/transgender	<p>Existing library users (as well as youth service users) will be protected by timetabling activity within the new Family Hub model and through design within spaces to provide separate time of use and where possible dedicated areas/settings for youth provision, including space for confidential conversations.</p> <p>We have examples of being able to do this successfully within our current estate and service models.</p>
t) Responsible Officer for Mitigating Actions - Gender identity/transgender	Ben Sherreard / Jackie Taylor-Smith / Local Manager
23. Negative Impacts and Mitigating actions for Race	
u) Are there negative impacts for Race? Answer: Yes/No (If yes, please also complete sections b, c, and d).	Yes.
v) Details of Negative Impacts for Race	<p>With more services in buildings, it may be more difficult for library users with limited English language and literacy to navigate the various services. This could lead to people feeling overwhelmed and not able to find where they need to go very easily.</p> <p>The co-locations at Stanhope Library and Temple Hill Library are likely to be accessed by a large number of people from different ethnic populations. There may be high demand for services which may result in waiting lists</p>

	<p>for spaces on particular groups, particularly affecting those from different ethnic populations given the high number currently accessing services proposed to relocate to these co-located sites.</p> <p>Whilst we endeavour to provide enough activities to meet demand, space may be prohibitive of additional groups, highlighting the importance of creating new opportunities through local community groups.</p>
w) Mitigating Actions for Race	<p>It is very important to acknowledge that the Council already successfully operates co-locations across the County, including every specific mix proposed within the Kent Communities Proposal.</p> <p>Staff in co-located sites will be provided with guidance to support and signpost residents that do not use English as their first language.</p> <p>We will look to introduce a meet and greet service in new community hubs to support people to find the right service.</p> <p>We will work with other services to ensure a welcoming environment for all service users.</p>
x) Responsible Officer for Mitigating Actions - Race	Ben Sherreard / Jackie Taylor-Smith / Local Manager
24. Negative Impacts and Mitigating actions for Religion and belief	
q) Are there negative impacts for Religion and Belief? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	No.
r) Details of Negative Impacts for Religion and belief	
s) Mitigating Actions for Religion and belief	
t) Responsible Officer for Mitigating Actions – Religion and belief	
25. Negative Impacts and Mitigating actions for Sexual Orientation	
q) Are there negative impacts for sexual orientation. <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	Yes
r) Details of Negative Impacts for Sexual Orientation	<p>4% of respondents to the consultation raised the issue of effects on disadvantage ethnic minorities / English as a second language / refugees / travellers / LGBTQ.</p> <p>Young people may be impacted by the requirement to share youth centre space with existing library service users. People that access youth centres raise concerns with this as they may feel unable to use the centre to</p>

	highlight issues related to gender identity, sexual health and LGBTQ issues.
s) Mitigating Actions for Sexual Orientation	<p>Existing library users (as well as youth service users) will be protected by timetabling activity within the new Family Hub model and through design within spaces to provide separate time of use and where possible dedicated areas/settings for youth provision, including space for confidential conversations.</p> <p>We have examples of being able to do this successfully within our current estate and service models.</p>
t) Responsible Officer for Mitigating Actions – Sexual Orientation	Ben Sherreard / Jackie Taylor-Smith / Local Manager
26. Negative Impacts and Mitigating actions for Pregnancy and Maternity	
o) Are there negative impacts for Pregnancy and Maternity? Answer: Yes/No (If yes, please also complete sections b, c, and d).	Yes
p) Details of Negative Impacts for Pregnancy and Maternity	<p>Within the consultation response it is evident that those with children under 5 years oppose the co-location of services.</p> <p>Our co-located spaces it may be busier at certain times or have a greater proportion of men and those who haven't experienced pregnancy.</p> <p>The impact on pregnant women, or new parents accessing the library service also requires consideration. The introduction of new services into a library building may mean library services are more difficult to access or the building itself is more difficult to navigate for expectant mother and new parents.</p>
q) Mitigating Actions for Pregnancy and Maternity	<p>It is very important to acknowledge that the Council already successfully operates co-locations across the County, including every specific mix proposed within the Kent Communities Proposal.</p> <p>During feasibility we endeavour to find a private room for delivery of health visiting services as well as more private/confidential conversations.</p> <p>Library staff will be provided guidance to help signpost and support pregnant women and new parents accessing the library service within co-location sites.</p> <p>We will continue existing practice of considering the timings of groups and appointment to create a</p>

	<p>welcoming inclusive environment for everyone in collaboration with other services.</p> <p>The co-location between Family Hubs and Library services will strengthen the link between the two service areas relating to Birth Registrations.</p>
r) Responsible Officer for Mitigating Actions – Pregnancy and Maternity	Ben Sherreard / Jackie Taylor-Smith / Local Manager
27. Negative Impacts and Mitigating actions for marriage and civil partnerships	
q) Are there negative impacts for Marriage and Civil Partnerships? Answer: Yes/No (If yes, please also complete sections b, c, and d).	No.
r) Details of Negative Impacts for Marriage and Civil Partnerships	
s) Mitigating Actions for Marriage and Civil Partnerships	
t) Responsible Officer for Mitigating Actions - Marriage and Civil Partnerships	
28. Negative Impacts and Mitigating actions for Carer’s responsibilities	
q) Are there negative impacts for Carer’s responsibilities? Answer: Yes/No (If yes, please also complete sections b, c, and d).	Yes
r) Details of Negative Impacts for Carer’s Responsibilities	<p>The negative impacts on residents with carer’s responsibilities do interplay with other protected characteristics as already outlined, particularly between age and disability.</p> <p>Co-location of services into Library buildings may cause uncertainty for library users that have carer’s responsibilities as they may be required to navigate around buildings in a different way if the layout changes to accommodate the mix of services. The impact of additional uses and therefore additional service users may also negatively impact residents with carer’s responsibilities by leading to a minor overwhelming atmosphere within the library building.</p>
s) Mitigating Actions for Carer’s responsibilities	<p>It is very important to acknowledge that the Council already successfully operates co-locations across the County, including every specific mix proposed within the Kent Communities Proposal.</p> <p>The co-location sites will be brought forward with the assistance of professional design and construction partners and the considered input of library service representatives. They will consider both the needs of the existing user base and DDA compliance and regulations as part of the design work and implementation of changes that facilitate the co-location. This will include provision of accessible facilities, DDA compliant buildings and relevant wayfinding provision.</p>

	<p>Staff in co-located sites will be provided with guidance to support and signpost residents with carer's responsibilities and ensure that any scheduled sessions that may be overwhelming are well advertised.</p>
<p>t) Responsible Officer for Mitigating Actions - Carer's Responsibilities</p>	<p>Ben Sherreard / Jackie Taylor-Smith / Local Manager</p>

Building	Service	Need	Usage (2019)	Property	Proposal	Consultation Responses (Impact Comments)	Number of Impact	How/Were responses addressed? Was Needs Framework revisited for this building based on response?
The Willow Children's Centre	Family Hubs/Public Health	65	2501	Long term flexible lease so no property pressure.	Retain due to need and usage.			<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period.</p> <p>Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>
Waterside Children's Centre	Family Hubs/Public Health	56	1496	10-year lease – break clause 2026 (notice needed Feb 25).	Retain due to need and usage and lease constraint.			<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period.</p> <p>Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>
Ashford North Youth Centre	Family Hubs/Public Health	57	494	School site and good condition.	Retain due to need.			<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period.</p> <p>Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>
Sure Steps Children's Centre	Family Hubs/Public Health	43	1381	School site with cost split agreement in place	Retain for adjacent ward of High Need (Bockhanger)			<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period.</p> <p>Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>

Stanhope Library	Family Hubs/Public Health	59	Leasehold to Aug 25	Co-locate due to need – replacement provision for Ray Allen (see below)	<p>Example of comments received about co-location of children's centre services into Stanhope Library:</p> <p>"I'm worried that combining two more services into the Stanhope Library would be very cramped, especially as the only space it has is the carpeted area downstairs, the large community room belongs to Moat housing as it is their building and the library rents space from them."</p>	<p>Views on the suitability of co-location sites have been considered.</p> <p>Each of the proposed co-location buildings has been individually assessed for its suitability for co-locating the proposed services. This process has included the input of the services themselves as they best understand the needs of their service users.</p> <p>Privacy has been considered when exploring the suitability of co-locations to protect the confidential nature of some aspects of service delivery. This includes spaces for confidential conversations, as well as for activities such as breastfeeding. These spaces are being included in our early designs for co-location buildings.</p> <p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria: Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period. Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome: no change to consultation option</p>
Ashford Gateway	Adults/CLS/Gateways	57	Capacity at site for co-locations if appropriate	Retain – high need.		<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria: Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period. Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>
Homewood School	CLS	28	School site – CLS pay direct.	Retain due to need identified in Ward 18		<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria: Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period. Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>

Tenterden Gateway	Gateways	40		Retain due to lease position and no alternatives	Retain due to property constraint.		<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period.</p> <p>Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>
Bluebells Children's Centre	Family Hubs	45	/	Amber condition.	Exit due to low need.	<p>FH: 78% of those providing a comment noted the centre is used frequently / seen as a lifeline and 66% comment that it provides much needed support / services for local families in the area. Users also praised the facilities provided in relation to the alternative(s) proposed (38%) and value the centre as being walking distance and they won't be able to access the proposed alternative(s) (25%). 16% express concerns that proposals for the centre will have a detrimental impact on users' mental health / development</p> <p>Consider buildings in rural areas: I feel it is important to keep centres in more rural areas as well as towns. I see many of the same parents at the centre who also use it frequently as would not necessarily be able to attend other centres."</p>	<p>The proposed model does not consider 'rurality' as a specific factor and it is true that there are closures proposed to centres in more rural settings. However, the Need Framework did look at the travel time and catchment area of centres when building the proposed model. Our proposed outreach model does specifically consider how best to serve more rural communities regardless of whether there is a proposed closure in that location, or whether there was no centre in that location to begin with. A co-designed (with district/borough councils)outreach offer will be guided by the Need Framework and not the historical estate context. It should be noted that for this ward, need has been deemed to be low.</p> <p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period.</p> <p>Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome: this centre would be retained in Option 4.</p>
Little Explorers Children's Centre	Family Hubs	43	964	License to KCHFT to March 25	Exit due to low need.	<p>FH: 76% of those providing a comment noted the centre is used frequently / seen as a lifeline and 62% comment that it provides much needed support / services for local families in the area. Users value the centre as being walking distance and they won't be able to access the proposed alternative(s) (41%). 26% express concerns that proposals for the centre will have a detrimental impact on users' mental health / development.</p> <p>Consider buildings in rural areas: impact of closing both rural centres in Ashford (Little Explorers and Bluebells)</p>	<p>The proposed model does not consider 'rurality' as a specific factor and it is true that there are closures proposed to centres in more rural settings. However, the Need Framework did look at the travel time and catchment area of centres when building the proposed model. Our proposed outreach model does specifically consider how best to serve more rural communities regardless of whether there is a proposed closure in that location, or whether there was no centre in that location to begin with. A co-designed (with district/borough councils)outreach offer will be guided by the Need Framework and not the historical estate context. It should be noted that for this ward, need has been deemed to be low.</p> <p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period.</p> <p>Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome: this centre would be retained in Options 3 and 4.</p>

Ray Allen South Ashford Centre	Family Hubs	59			Exit	<p>FH: 48% of those providing a comment noted the centre provided much needed support / services for local families in the area and 37% commented the centre is essential / seen as a lifeline. Comments referenced the good facilities provided in relation to the alternative(s) proposed (22%). 26% express concerns that proposals for the centre will have a detrimental impact on the community and 19% expressed concerned they will have a detrimental impact on residents' mental health / development.</p>	27	Provision reprovided through Stanhope Library co-location.
Riverside Youth Hub	Family Hubs/Public Health	63	1045	25 year PA with Academy ends 2031.	Commissioned Youth Service only occupy part of site – co-locate CC from across the road into remainder of site.	<p>Example of comments received about co-location of Riverside Children's Centre into Riverside Youth Hub:</p> <p>"Massively impacted - co-locating the current Riverside Children's Centres into the youth centre will likely reduce the space available and therefore the service provision. The clients at Rising Sun rely on the space and services available at the Riverside for emergency safeguarding drop ins, parental support and even discounted meal options. It is a lifeline for many families. I feel that co-locating these targeted, specific services into the youth centre will reduce the effectiveness and reach of the services. Therefore creating yet another barrier for our clients and many others to engage with support services."</p>		<p>Views on the suitability of co-location sites have been considered.</p> <p>Each of the co-location buildings has been individually assessed for its suitability for co-locating the proposed services. This process has included the input of the services themselves as they best understand the needs of their service users.</p> <p>Privacy has been considered when exploring the suitability of co-locations to protect the confidential nature of some aspects of service delivery. This includes spaces for confidential conversations, as well as for activities such as breastfeeding. These spaces are being included in our early designs for co-location buildings.</p> <p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria: Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period. Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time. Draft outcome for this site: no change to consultation option</p>
Briary Children's Centre	Family Hubs/Public Health	48	1479	School site good condition.	Retain due to adjacent ward need (West Bay 56)			<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria: Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period. Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time. Draft outcome for this site: no change to consultation option</p>

Little Hands Children's Centre	Family Hubs/Public Health	52	1782	License to occupy with KCHFT	Retain due to need and usage.		<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period.</p> <p>Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>
Poppy Children's Centre	Family Hubs/Public Health	70	1837	Long lease with CC and protected use to CC/YH.	Retain due to need and property constraint.		<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period.</p> <p>Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>
Whitstable Youth and Community Centre	Family Hubs/Public Health	29	505	Freehold.	Retain due to need in Gorrell Ward (45)	<p>Example of comments received about co-location of children's centre services into Whitstable Youth and Community Centre:</p> <p>"If the service moved to Whitstable Youth Hub changes would need to be made to make it fit for our purpose - this would mainly be in the form of storage for Children's Centre resources. Also a clinic room for health services. The Coastal midwifery team currently use Joy Lane Children Centre all day every day - and have two rooms to run clinics and also do their admin as they have no other base. They would need to be housed in the new Family Hub."</p>	<p>Views on the suitability of co-location sites have been considered.</p> <p>Each of the co-location buildings has been individually assessed for its suitability for co-locating the proposed services. This process has included the input of the services themselves as they best understand the needs of their service users.</p> <p>Privacy has been considered when exploring the suitability of co-locations to protect the confidential nature of some aspects of service delivery. This includes spaces for confidential conversations, as well as for activities such as breastfeeding. These spaces are being included in our early designs for co-location buildings.</p> <p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period.</p> <p>Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>

Swalecliffe Day Centre	Adults	47	Freehold.	Retain due to need identified in Ward 1 (Beltinge).		<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period. Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>
Northgate Hub	Adults	63	Lease	Exit due to alternative sites in the district.	<p>Example comments about the impact of stoppnig services for Adults with Learnding Disabilities at Northgate Hub:</p> <p>“We will ALL pay for this - I am utterly distraught about any proposal to cut these services to our most vulnerable - a society is only as healthy as the way it takes care of its most vulnerable members.”</p> <p>“No services in future when my disabled child will need them. He can’t use public transport and we already use taxis as KCC has failed SEN children in multiple areas in the past. This is an extension of that disregard and de prioritisation.”</p> <p>“Closing the Northgate hub will be detrimental as follows:- to the current people who use it and love it to Northgate Community Centre residents who use the centre every day and who welcome and love KCC Day Opportunities people.”</p>	<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period. Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome: site to now be retained because of feasibility study which showed lack of sufficient space at alternative sites.</p>
Thanington Hub	Adults	52		Retain.		<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period. Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>
Canterbury AEC	CLS	50				<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period. Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>

Apple Tree	Family Hubs	34	325		Exit due to low need.	<p>FH: Those commenting noted the value of the services provided and their contribution to the local community</p> <p>Examples of feedback: "Chartham is one of the largest villages with a growing population. It is easily accessible to neighbouring villages. As a centre it could host health visitor appointments, routine maternity appointments and even support with children for children starting school or reception with the skills they need. As a new mum the baby groups have been essential in supporting me to meet people and talk informally about my baby's development. I can't afford bus fares into town and juggle siblings with school pick-ups."</p>	17	<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria: Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period. Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome: this centre would be retained in Option 4.</p>
Joy Lane	Family Hubs	43	2183		Exit and reprovide at Whitstable Youth and Community as building is bigger and more suited	<p>FH: 60% of those providing a comment noted the centre is used frequently / seen as a lifeline and 51% comment that it provides much needed support / services for local families in the area. Users value the centre as being walking distance and they won't be able to access the proposed alternative(s) (40%). 38% express concerns that proposals for the centre will have a detrimental impact on users' mental health / development.</p>	47	<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria: Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period. Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>
Riverside Children's Centre	Family Hubs	63	2230	Lease expired and in occupation without any rights.	Exit and re-locate across road into Youth Hub.	<p>FH: 67% of those providing a comment noted the centre provides much needed support / services for local families in the area and 52% comment it is used frequently / seen as a lifeline. Users value the centre as being walking distance and they won't be able to access the proposed alternative(s) (31%). 31% express concerns that proposals for the centre will have a detrimental impact on users' mental health / development.</p> <p>Example comment: "Riverside centre has been a central hub for many years. The building is purpose built and well used and loved. This will be devastating to the community around there because the youth centre does not have the same provision and openness about it. What does it say about the community that a purpose built building specifically for families is to be decommissioned/torn down and land sold off?"</p>	42	<p>Views on the suitability of co-location sites have been considered.</p> <p>Each of the co-location buildings has been individually assessed for its suitability for co-locating the proposed services. This process has included the input of the services themselves as they best understand the needs of their service users.</p> <p>Privacy has been considered when exploring the suitability of co-locations to protect the confidential nature of some aspects of service delivery. This includes spaces for confidential conversations, as well as for activities such as breastfeeding. These spaces are being included in our early designs for co-location buildings.</p> <p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria: Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period. Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>

Swalecliffe CC	Family Hubs	47	592		Exit due to lower need and Whitstable Youth retained due to need in Gorrell Ward.	<p>FH: 79% of those providing a comment noted the centre is used frequently / seen as a lifeline and 69% comment that it provides much needed support / services for local families in the area. Users value the centre as being walking distance and they won't be able to access the proposed alternative(s) (34%). 24% express concerns that proposals for the centre will have a detrimental impact on users' mental health / development.</p>	29	<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria: Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period. Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>
Tina Rintoul	Family Hubs	54	324		Exit – usage. Possible outreach target.	<p>FH: Those commenting noted the value of the services provided and their contribution to the local community</p> <p>Example comment: "An invaluable resource to its community which provides good value for money."</p>	15	<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria: Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period. Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>
Swanscombe Children's Centre	Family Hubs/Public Health	64	1490	Freehold	Retain due to need	<p>Example comment: "Swanscombe (which is a lovely large centre in the middle of an area of need) I understand keeping Swanscombe."</p>		<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria: Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period. Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>
Knockhall Children's Centre	Family Hubs/Public Health	44	1569	Freehold condition green.	Retain due to usage			<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria: Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period. Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>

Oakfield Children's Centre	Family Hubs/Public Health	34	1877	Freehold condition green.	Retain due to usage		<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period. Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>
Temple Hill Library	Family Hubs/Public Health	68		Freehold	Co-locate Temple Hill CC.	<p>Example comment: "Moving the children's centre to the library will have a negative impact on our local community. There is not enough space at the library, there are no toilets or baby changing areas, no safe storage for pushchairs, the number of people allowed to attend will decrease due to the size of the venue. No outside space to allow children to experience outdoor play & learning. People trying to concentrate in the library will be disturbed by the groups being held. Services have already been cut at Temple Hill; this community needs more children's services not less."</p>	<p>Views on the suitability of co-location sites have been considered.</p> <p>Each of the co-location buildings has been individually assessed for its suitability for co-locating the proposed services. This process has included the input of the services themselves as they best understand the needs of their service users.</p> <p>Privacy has been considered when exploring the suitability of co-locations to protect the confidential nature of some aspects of service delivery. This includes spaces for confidential conversations, as well as for activities such as breastfeeding. These spaces are being included in our early designs for co-location buildings.</p> <p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period. Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>
Yew Tree	Adults	56			Retain		<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period. Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>

Dartford Library	Adults	52		Freehold, condition issues.	Potential co-location with FH, already co-location site for Adults.			<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period.</p> <p>Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>
Dartford AEC	CLS	52		Condition issues	Retain for CLS.			<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period.</p> <p>Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>
Dartford Bridge	Family Hubs		327	BAU School Expansion needed – 1FE Primary.	Exit to allow BAU school expansion.			<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period.</p> <p>Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option. Proceed with exit as part of BAU activity.</p>
Brent CC	Family Hubs	50	1975	Expired lease – very expensive.	Exit due to property constraints and possible co-location at Library. Potential outreach target. Use of Temple Hill 0.6 miles away.			<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period.</p> <p>Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>The proposed alternatives are 0.6 miles away (Temple Hill Library) and 1 mile away (Oakfield Children's Centre), so alternative venues to access services are very close to this site. Draft outcome for this site: no change to consultation option</p>

FH:
53% of those providing a comment indicate the centre is used frequently / seen as a lifeline to current users. 25% comment the centre provides much needed support / services for users. Users value the centre as being walking distance and they won't be able to access the proposed alternative(s) (38%). 23% express concerns that proposals for the centre will have a detrimental impact on users' mental health / development. 16% express concerns safety concerns regarding alternative provisions and the suitability of access of potential users.

FH:
67% of those providing a comment noted the centre provides much needed support / services for local families in the area and 65% comment it is used frequently / seen as a lifeline. Users value the centre as being walking distance and they won't be able to access the proposed alternative(s) (37%). 25% express concerns that proposals for the centre will have a detrimental impact on users' mental health / development. 16% express concerns that services would suffer if moved elsewhere / would be concerned current services would still be available to them.

PH:
Users value the centre as being walking distance and they won't be able to access the proposed alternative(s) (53%). 28% of those providing a comment noted the centre provides much needed support / services for local families in the area and 38% comment it is used frequently / seen as a lifeline.

Example comment:
"The Brent Children's Centre is in the heart of the town, it has a high footfall with a vast local community"

73

FH: 75
PH: 40

Greenlands at Darenth	Family Hubs	49	914	Freehold – mobile on school site.	Exit due to low need.	<p>FH: 32% of those providing a comment noted the centre provides much needed support / services for local families in the area and comment it is used frequently / seen as a lifeline. 16% express concerns that services would suffer if moved elsewhere / would be concerned current services would still be available to them.</p> <p>Example comment: “This is a local children’s centre & serves many residents in Darenth providing vital access to midwives & for socialising, if this is closed access to other locations could be limited.”</p>	28	<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria: Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period. Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome: this centre would be retained in Option 4.</p>
Maypole CC	Family Hubs.	31	69		Exit due to low need.	<p>FH: 32% of those providing a comment noted the centre provides much needed support / services for local families in the area and comment it is used frequently / seen as a lifeline. 16% express concerns that services would suffer if moved elsewhere / would be concerned current services would still be available to them.</p> <p>Example comment: “The proposed alternatives are not big enough to house all the health professionals required along with up to 15 mothers / children / prams at one time. The travel for some families would be almost impossible and care would be compromised.”</p>	22	<p>Views on the suitability of co-location sites have been considered.</p> <p>A proposed co-location site that Maypole service users could access is Temple Hill Library. Each of the buildings has been individually assessed for its suitability for co-locating the proposed services. This process has included the input of the services themselves as they best understand the needs of their service users.</p> <p>Privacy has been considered when exploring the suitability of co-locations to protect the confidential nature of some aspects of service delivery. This includes spaces for confidential conversations, as well as for activities such as breastfeeding. These spaces are being included in our early designs for co-location buildings.</p> <p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria: Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period. Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome: this centre would be retained in Option 4.</p>

Temple Hill CC	Family Hubs	68	2637	Leasehold	Exit as leasehold and relocate into freehold library.	<p>FH: 62% of those providing a comment noted the centre provides much needed support / services for local families in the area and 47% comment it is used frequently / seen as a lifeline. Users praise the facilities currently offered (32%) in comparison to proposed alternative(s). 25% express concerns that proposals for the centre will have a detrimental impact on users' mental health / development. 18% express concerns that services would suffer if moved elsewhere / would be concerned current services would still be available to them.</p>	60	<p>Views on the suitability of co-location sites have been considered.</p> <p>A proposed co-location site that Temple Hill children's centre service users could access is Temple Hill Library. Each of the buildings has been individually assessed for its suitability for co-locating the proposed services. This process has included the input of the services themselves as they best understand the needs of their service users.</p> <p>Privacy has been considered when exploring the suitability of co-locations to protect the confidential nature of some aspects of service delivery. This includes spaces for confidential conversations, as well as for activities such as breastfeeding. These spaces are being included in our early designs for co-location buildings.</p> <p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria: Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period. Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>A proposed alternative is 0.4 miles away (Temple Hill Library), so an alternative venue to access services is very close to this site.</p> <p>Draft outcome for this site: no change to consultation option</p>
TRACS	Adults	52			Plan in place for disposal prior to consultation so proposal to exit is BAU			
Deal Youth Club	Family Hubs/Public Health	58	1021	Good condition and potential future use for co-location.	Retain due to need.	<p>Example comment of using Deal Youth Club as a co-location site for children's centre services: "I am not confident the same level of safety and security could be achieved at the Youth Hub and I would not feel comfortable using space that is shared with young people, particularly those who have behavioural issues, complex support needs or youth offenders."</p>		<p>Views on the suitability of co-location sites have been considered. Each of the buildings has been individually assessed for its suitability for co-locating the proposed services. This process has included the input of the services themselves as they best understand the needs of their service users.</p> <p>Privacy has been considered when exploring the suitability of co-locations to protect the confidential nature of some aspects of service delivery. This includes spaces for confidential conversations, as well as for activities such as breastfeeding. These spaces are being included in our early designs for co-location buildings.</p> <p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria: Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period. Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>

Buckland Children's Centre, St Nicholas Church	Family Hubs/Public Health	61	947	Leasehold in church building.	Retain due to need.		<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria: Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period. Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>
Samphire Children's Centre (Aycliffe)	Family Hubs/Public Health	72	489	Freehold – condition green	Retain due to need.		<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria: Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period. Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>
Dover Discovery Centre	Adults/CLS/Gateways	72		Current project to include Children's Services under BAU .	BAU co-location of many services		
Deal AEC	CLS	58		Freehold	Retain for CLS		<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria: Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period. Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>

The Sunflower CC	Family Hubs	58	872		Exit due to low need and usage comparative to other District centres	<p>FH: 63% of those providing a comment noted the centre provides much needed support / services for local families in the area and 58% comment it is used frequently / seen as a lifeline. Users value the centre as being walking distance and they won't be able to access the proposed alternative(s) (48%). 43% express concerns that proposals for the centre will have a detrimental impact on users' mental health / development.</p> <p>Example feedback: Rural location. Unsafe to walk to some areas due to no path or unsuitable path (depending where outreach is).</p>	40	<p>The proposed model does not consider 'rurality' as a specific factor and it is true that there are closures proposed to centres in more rural settings. However, the Need Framework did look at the travel time and catchment area of centres when building the proposed model. Our proposed outreach model does specifically consider how best to serve more rural communities regardless of whether there is a proposed closure in that location, or whether there was no centre in that location to begin with. A co-designed (with district/borough councils) outreach offer will be guided by the Need Framework and not the historical estate context.</p> <p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria: Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period. Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome: this centre would be retained in Option 4.</p>
Blossom Children's Centre	Family Hubs	42	1626	Freehold with covenant issue.	Exit due to need and proximity to Deal Youth	<p>centre, including a petition.</p> <p>FH: 74% of those providing a comment noted the centre provides much needed support / services for local families in the area and 59% comment it is used frequently / seen as a lifeline. Users value the centre as being walking distance and they won't be able to access the proposed alternative(s) (41%). 37% express concerns that proposals for the centre will have a detrimental impact on users' mental health / development.</p> <p>PH: 52% of those providing a comment noted the centre provides much needed support / services for local families in the area and 48% comment it is used frequently / seen as a lifeline. Users value the centre as being walking distance and they won't be able to access the proposed alternative(s) (42%). 19% express concerns that proposals for the centre will have a detrimental impact on users' mental health / development.</p> <p>CYPE Counselling Service: 52% of those providing a comment noted they use the centre frequently / it is seen as a lifeline (for counselling and other services) and 51% comment it provides much needed support / services for local families in the area. 32% express concerns that proposals for the centre will have a detrimental impact on users' mental health / development. Users value the centre as being walking distance and they won't be able to access the proposed alternative(s) (21%).</p> <p>Example comment: "I am not confident the same level of safety and security could be achieved at the Youth Hub and I would not feel comfortable using space that is shared with young people, particularly those who</p>	<p>FH: 131 PH: 91 CYPE: 57</p>	<p>Views on the suitability of co-location sites have been considered.</p> <p>The co-location site for Blossoms would be at Deal Youth Club. Each of the co-location buildings has been individually assessed for its suitability for co-locating the proposed services. This process has included the input of the services themselves as they best understand the needs of their service users.</p> <p>Privacy has been considered when exploring the suitability of co-locations to protect the confidential nature of some aspects of service delivery. This includes spaces for confidential conversations, as well as for activities such as breastfeeding. These spaces are being included in our early designs for co-location buildings.</p> <p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria: Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period. Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time. Deal Youth Hub (alternative site for accessing services) is 1.3 miles from Blossoms.</p> <p>Draft outcome for this site: no change to consultation option</p>
Walmer Centre	Adults	42		Moving to DDC	Plan in place for disposal prior to consultation so proposal to exit is BAU			
Dover Gateway	Gateways	72		Moving to DDC	Exit as part of BAU within DDC project.			

The Village Children's Centre	Family Hubs/Public Health	67	1994	Freehold large site, potential future co-location	Retain due to need.			<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period.</p> <p>Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>
Caterpillars Children's Centre	Family Hubs/Public Health	56	1913	Freehold in school site – good condition.	Retain due to need and usage.			<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period.</p> <p>Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>
Folkestone Early Years Centre	Family Hubs/Public Health	61	1466	Retain and move Youth in	Retain due to need and usage.			<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period.</p> <p>Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>
New Romney Children's Centre	Family Hubs/Public Health	58	1307	Leasehold till 2034 – condition green	Retain due to need and lease term			<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period.</p> <p>Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>

Bridge Resource Centre	Adults	50		Freehold – condition green	Retain due to need		<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period.</p> <p>Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>
Phase 2	Adults	50		Freehold – potential future plans for NHS health hub	Retain		<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period.</p> <p>Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>
The Cube	CLS	61		Leasehold – vert flexible	Retain due to need		<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period.</p> <p>Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>
The Pottery	CLS	61		Tenancy at will – very flexible	Retain due to need		<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period.</p> <p>Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>

Dymchurch Children's Centre	Family Hubs	58	362	Freehold in school site	Exit due to usage	<p>FH: 68% of those providing a comment noted the centre provides much needed support / services for local families in the area and 64% comment it is used frequently / seen as a lifeline. Users value the centre as being walking distance and they won't be able to access the proposed alternative(s) (25%). 25% express concerns that proposals for the centre will have a detrimental impact on users' mental health / development.</p> <p>Example comment: With no children's Centre in Dymchurch, a very rural village my daughter will not meet and socialize and I also would be very isolated and lonely."</p>	28	<p>The proposed model does not consider 'rurality' as a specific factor and it is true that there are closures proposed to centres in more rural settings. However, the Need Framework did look at the travel time and catchment area of centres when building the proposed model. Our proposed outreach model does specifically consider how best to serve more rural communities regardless of whether there is a proposed closure in that location, or whether there was no centre in that location to begin with. A co-designed (with district/borough councils)outreach offer will be guided by the Need Framework and not the historical estate context.</p> <p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria: Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period. Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>
Five (Shepway Youth Hub)	Family Hubs	61	620	Freehold	Exit due to co-location at Folkstone Early Years Centre	<p>FH: Those commenting noted the value of the services provided and their contribution to the local community. Some highlighted that the centre is needed to provide somewhere for young people to go in the district. There appears to be some confusion over the proposed re-location of the service provision.</p> <p>Feedback from young people: Some visited the proposed co-location site and specified that they would want their own space there so they don't have to share spaces with young children and parents.</p>	16	<p>Views on the suitability of co-location sites have been considered. The co-location site forFive (Shepway Youth Hub) is Folkstone Early Years Centre which is very close in proximity to Five. Young people fed back that they would want their own space at the co-location site. This would likely be possible. Each of the co-location buildings has been individually assessed for its suitability for co-locating the proposed services. This process has included the input of the services themselves as they best understand the needs of their service users. Privacy has been considered when exploring the suitability of co-locations to protect the confidential nature of some aspects of service delivery. This includes spaces for confidential conversations, as well as for activities such as breastfeeding. These spaces are being included in our early designs for co-location buildings.</p> <p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria: Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period. Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>

Hawkinge CC	Family Hubs	38	1251	Leasehold – condition issues	Exit due to low need.	<p>FH: 71% of those providing a comment noted the centre provides much needed support / services for local families in the area and 69% comment it is used frequently / seen as a lifeline. Users value the centre as being walking distance and they won't be able to access the proposed alternative(s) (33%). 33% express concerns that proposals for the centre will have a detrimental impact on users' mental health / development.</p> <p>PH: 64% of those providing a comment noted the centre is used frequently / seen as a lifeline. 36% comment that it provides much needed support / services. Users value the centre as being walking distance and they won't be able to access the proposed alternative(s) (39%).</p> <p>Example comment: "Hawkinge is a town and needs services. It is growing, so why remove services?" "Public transport is barely an option for this area as it's unreliable"</p>	FH: 48 PH: 33	<p>Population growth has been factored into the Needs Criteria modelling.</p> <p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria: Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period. Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>
Lyddle Stars Childrens Centre	Family Hubs	59	684	Freehold	Exit due to usage – potential outreach target.	<p>FH: 70% of those providing a comment noted the centre provides much needed support / services for local families in the area and 40% comment it is used frequently / seen as a lifeline. Users value the centre as being walking distance and they won't be able to access the proposed alternative(s) (30%). 30% express concerns that it is costly to travel elsewhere / there is insufficient public transport to access proposed alternative(s).</p> <p>Example comment: "There is very little help for anyone in Lydd. The public transport is inadequate and unreliable. It is very difficult to use public transport to access services anywhere else."</p>	40	<p>The proposed model does not consider 'rurality' as a specific factor and it is true that there are closures proposed to centres in more rural settings. However, the Need Framework did look at the travel time and catchment area of centres when building the proposed model. Our proposed outreach model does specifically consider how best to serve more rural communities regardless of whether there is a proposed closure in that location, or whether there was no centre in that location to begin with. A co-designed (with district/borough councils) outreach offer will be guided by the Need Framework and not the historical estate context.</p> <p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria: Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period. Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>
Folkestone Sports Centre	Adults	47		Short term leasehold	Exit due to low need. Can utilise nearby Broadmeadow and/or Phase 2.	<p>Concerns were raised about a proposed 1.5 hour return trip to proposed alternative and whether this is appropriate for client base and carers, journey times impacting on carers' wellbeing and their other commitments and perceived difficulty in coping with change. This change could potentially prevent some people from being able to access the service.</p> <p>Example comment: "Why have KCC taken the decision to move the services from Folkestone Sports Centre to a facility 14 miles away, which we do not believe is fit for purpose. Can we confirm where the clients are coming from to be able to access this resource?"</p>		<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria: Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period. Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome: Exit the building, as per consultation option. But a different alternative venue for accessing services has been determined, due to feedback that the 1.5 hour round trip would be unmanageable / unreasonable for the client group and their carers. The new alternative is Broadmeadow which is much closer.</p>

Bright Futures Children's Centre	Family Hubs/Public Health	61	2196	Freehold – adjacent to school	Retain due to need		<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period.</p> <p>Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>
Northfleet Youth and Community Centre	Family Hubs/Public Health	57	722	Freehold – adjacent to sports centre	Retain due to need		<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period.</p> <p>Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>
Little Gems Children's Centre	Family Hubs/Public Health	60	1420	Leasehold within school site	Retain due to need		<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period.</p> <p>Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>
Riverside Childrens Centre	Family Hubs/Public Health	69	2763	Freehold – condition green	Retain due to need in this ward and adjacent ward (Westcourt)		<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period.</p> <p>Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>

Little Pebbles Children's Centre	Family Hubs/Public Health	69	2313	Freehold – adjacent to school	Retain due to need in this ward and adjacent ward (Westcourt)		<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period.</p> <p>Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>
Next Steps Children's Centre	Family Hubs/Public Health	57	1733	Freehold – part of school site	Retain due to need		<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period.</p> <p>Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>
Milton Haig	Adults	48		Freehold – with specialist equipment	Retain due to need and no viable alternative location		<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period.</p> <p>Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>

Gravesend AEC	CLS	58	Freehold – with condition issues	Retain due to need		<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period.</p> <p>Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>
Gravesend Gateway	Gateways	58	Licence	Exit – co-location into Library	<p>Feedback: Library would need to be adapted to make it suitable for gateway services and the partner orgs that use it, such as domestic abuse services.</p>	<p>Views on the suitability of co-location sites have been considered. The co-location site for Blossoms would be at Deal Youth Club. Each of the co-location buildings has been individually assessed for its suitability for co-locating the proposed services. This process has included the input of the services themselves as they best understand the needs of their service users.</p> <p>Privacy has been considered when exploring the suitability of co-locations to protect the confidential nature of some aspects of service delivery. This includes spaces for confidential conversations, as well as for activities such as breastfeeding. These spaces are being included in our early designs for co-location buildings.</p> <p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period.</p> <p>Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>
New Beginnings	Family Hubs	49	Freehold – condition issues	Exit due to low need and alternative provision in Singlewell	<p>(Only comments were standardised comments across all locations proposed for closure)</p> <p>It's vital to ensure during the current crisis that local community big emphasis on COMMUNITY not 5 miles down the road centres, are kept open if its further people may not be able to afford to get there which could stop professionals potentially spotting signs of poverty/ neglect</p>	<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period.</p> <p>Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>

Info Zone (Youth centre)	Family Hubs/Public Health	64	583	Freehold – significant condition issues	Retain due to need and no alternative youth site		<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period.</p> <p>Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>
Sunshine Children's Centre	Family Hubs/Public Health	64	1363	Freehold	Retain due to need		<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period.</p> <p>Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>
Greenfields Children's Centre	Family Hubs/Public Health	52	1910	Freehold on school site – good condition	Retain due to need		<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period.</p> <p>Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>
The Meadows Children's Centre	Family Hubs/Public Health	62	2436	Freehold – good condition	Retain due to need		<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period.</p> <p>Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>

West Borough Children's Centre	Family Hubs/Public Health	44	1989	Freehold	Retain due to family time provision		<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period. Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>
Maidstone House	Adults	45		Leasehold	Retain due to need in adjacent ward (Shepway North)		<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period. Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>
Oakwood	CLS	44		Freehold - BAU co-location	Retain due to BAU co-location		
KHLC	Gateways	40		Freehold	Gateway to co-locate with Library in KHLC		<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period. Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>

East Borough Children's Centre	Family Hubs	42	1537	Freehold within Academy site	Exit due to low need	<p>FH: 42% of those providing a comment noted the centre is used frequently / seen as a lifeline and 39% comment it provides much needed support / services for local families in the area. Users value the centre as being walking distance and they won't be able to access the proposed alternative(s) (36%). 21% comment that the centre could be used by the school or for other activities to keep the centre open.</p> <p>Example comments:</p> <p>"An issue that needs to be highlighted regarding East Borough Children's Centre is its location on the periphery of High Street Ward. Its users are not going to be geographically ringfenced to East Ward. Its service users are most likely to come from High Street Ward which is the most deprived ward in Maidstone borough."</p> <p>"I cannot get to any other children's centres as they are too far to walk to and there are no buses from near my house to get to any of the others."</p>	33	<p>Need in neighbouring High Street ward is served by two proposed locations.</p> <p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria: Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period. Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>
Marden Children's Centre	Family Hubs	45	767	Freehold	Exit due to low need – referrals in this area suggest outreach target	<p>FH: 70% of those providing a comment noted the centre is used frequently / seen as a lifeline and 63% comment it provides much needed support / services for local families in the area. Users value the centre as being walking distance and they won't be able to access the proposed alternative(s) (39%). 35% express concerns that it is costly to travel elsewhere / there is insufficient public transport to access proposed alternative(s). 29% express concerns that proposals for the centre will have a detrimental impact on users' mental health / development.</p> <p>PH: 70% of those providing a comment noted the centre is used frequently / seen as a lifeline and 63% comment it provides much needed support / services for local families in the area. Users value the centre as being walking distance and they won't be able to access the proposed alternative(s) (39%). 35% express concerns that it is costly to travel elsewhere / there is insufficient public transport to access proposed alternative(s). 29% express concerns that proposals for the centre will have a detrimental impact on users' mental health / development.</p> <p>Example feedback:</p> <p>Concern that Marden train station is not accessible which will cause issues for those with push chairs and wheel chair users travelling to other sites.</p> <p>"However publicly accessible venues in Marden are limited and there is no mention in the consultation document that any assessment of availability or suitability that has taken place."</p>	FH: 49 PH: 24	<p>Outreach would likely be proposed for this area within a co-designed approach (the proposal is not for service users to travel to other sites that would involve Marden train station which is not accessible). The proposed model does not consider 'rurality' as a specific factor and it is true that there are closures proposed to centres in more rural settings. However, the Need Framework did look at the travel time and catchment area of centres when building the proposed model. Our proposed outreach model does specifically consider how best to serve more rural communities regardless of whether there is a proposed closure in that location, or whether there was no centre in that location to begin with. A co-designed (with district/borough councils) outreach offer will be guided by the Need Framework and not the historical estate context.</p> <p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria: Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period. Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>
Swanley Youth & Community Centre	Family Hubs/Public Health	64	286	Freehold – large youth centre with detached sports hall	Retain due to need in adjacent ward (Swanley White Oak) and ability to accommodate services within this location			<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria: Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period. Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>

Edenbridge Children's Centre	Family Hubs/Public Health	44	945	Freehold – good condition	Retain due to geographic local and need in adjacent ward (Edenbridge South and West)		<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period.</p> <p>Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>
Spring House Children's Centre	Public Health	42	1845	Leasehold	Retain for PH – potential outreach for Family Hubs		<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period.</p> <p>Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>
Eden Centre	Adults/Gateways	44		Freehold	Retain due to need		<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period.</p> <p>Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>

Sevenoaks Library	Adults	38	Freehold	Co-locate Adults from Sevenoaks Leisure Centre into Library		<p>Views on the suitability of co-location sites have been considered.</p> <p>The co-location site for Sevenoaks Leisure Centre is Sevenoaks Library. Each of the co-location buildings has been individually assessed for its suitability for co-locating the proposed services. This process has included the input of the services themselves as they best understand the needs of their service users.</p> <p>Privacy has been considered when exploring the suitability of co-locations to protect the confidential nature of some aspects of service delivery. This includes spaces for confidential conversations, as well as for activities such as breastfeeding. These spaces are being included in our early designs for co-location buildings.</p> <p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria: Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period. Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>
Swanley Link	Adults/Gateways	64	Freehold	Retain due to need		<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria: Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period. Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>
Sevenoaks AEC	CLS	38	Freehold – condition issues	Retain subject to future co-location opportunity with Sevenoaks District Council		<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria: Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period. Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>

New Ash Green CC	Family Hubs	36	638	Local agreement at property	Exit due to low need.	<p>FH: 64% of those providing a comment noted the centre is used frequently / seen as a lifeline and 62% comment it provides much needed support / services for local families in the area. Users value the centre as being walking distance and they won't be able to access the proposed alternative(s) (43%). 43% express concerns that it is costly to travel elsewhere / there is insufficient public transport to access proposed alternative(s). 26% express concerns that proposals for the centre will have a detrimental impact on users' mental health / development.</p> <p>PH: 45% of those providing a comment noted the centre is used frequently / seen as a lifeline and 40% comment it provides much needed support / services for local families in the area. Users value the centre as being walking distance and they won't be able to access the proposed alternative(s) (40%). 35% express concerns that it is costly to travel elsewhere / there is insufficient public transport to access proposed alternative(s).</p> <p>Example feedback: Poor public transport serving the area.</p> <p>"No other buildings in the area which could be used for the satisfactory provision of outreach services in a safe and effective way have been identified as being available."</p>	FH: 61 PH: 40	<p>The proposal will seek agreement from decision-makers for a co-design approach to outreach delivery, drawing on the knowledge and perspectives of partners including district councils, health and community partners.</p> <p>The Need Framework will play a key role in planning where outreach services are needed so that provision is sufficient for those that need it. Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria: Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period. Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome: this centre would be retained in Option 4.</p>
Spring House Children's Centre	Family Hubs	42	1845	Leasehold	Exit due to low need. Potential outreach target	<p>FH: Those commenting noted the value of the services provided and their contribution to the local community. There is concern that the alternative(s) highlighted in the consultation document are not easily accessible via public transport.</p> <p>Example comment: "There is no easy public transport link between Sevenoaks and Edenbridge meaning that non-drivers, such as myself, or those who are not confident driving immediately with a young baby will be left struggling to access services."</p>	21	<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria: Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period. Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>

Swanley Children's Centre	Family Hubs	60	2588	Freehold	Exit due to co-location with Swanley Youth and Community Centre	<p>FH: Those commenting noted the value of the services provided and their contribution to the local community. There is some concern over the proposed re-location of the service provision and the suitability of co-locating services.</p> <p>Example comment: "Swanley Children's Centre is a much loved centre locally and used for maternity services. This is a highly deprived area that requires a local service." "Swanley has significant areas of deprivation with several vulnerable families - mixing Youth and Children Centres services will create barriers for families as it will no longer be seen as a safe, dedicated unit."</p>	21	<p>Views on the suitability of co-location sites have been considered.</p> <p>The co-location site for Swanley Children's Centre is Swanley Youth and Community Centre. Each of the co-location buildings has been individually assessed for its suitability for co-locating the proposed services. This process has included the input of the services themselves as they best understand the needs of their service users.</p> <p>Privacy has been considered when exploring the suitability of co-locations to protect the confidential nature of some aspects of service delivery. This includes spaces for confidential conversations, as well as for activities such as breastfeeding. These spaces are being included in our early designs for co-location buildings.</p> <p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria: Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period. Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>
West Kingsdown C of E Primary CC	Family Hubs	38	89	Mixed tenancy	Exit due to low need.	<p>FH: Those commenting noted the value of the services provided and their contribution to the local community. Some commented that a reduction in staffing has contributed to a reduction in recent usage. There is concern that the alternative(s) highlighted in the consultation document are not easily accessible via public transport.</p> <p>Example comment: "We believe that the users of this provision will not access services in Edenbridge or Swanley due to distance required to travel."</p>	16	<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria: Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period. Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome: this centre would be retained in Option 4.</p>

Sevenoaks Leisure Centre	Adults	38		Leasehold – previous management went into Administration	Exit and relocate to Sevenoaks Library.	<p>Example comments:</p> <p>“The present building has an easy access for those who travel by public transport and is not for them to walk keeping up their independence.”</p> <p>“Proposal makes sense to use buildings so long as staff feel comfortable with the change in use.”</p> <p>“As she is familiar with that area, it won't be a problem.”</p> <p>“Moving to the library would not cause an issue as this is a familiar building to her.”</p>	<p>Views on the suitability of co-location sites have been considered. The co-location site for Sevenoaks Leisure Centre is Sevenoaks Library. Each of the co-location buildings has been individually assessed for its suitability for co-locating the proposed services. This process has included the input of the services themselves as they best understand the needs of their service users.</p> <p>Privacy has been considered when exploring the suitability of co-locations to protect the confidential nature of some aspects of service delivery. This includes spaces for confidential conversations, as well as for activities such as breastfeeding. These spaces are being included in our early designs for co-location buildings.</p> <p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period. Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option (already implemented due to BAU response to issue at Sevenoaks Leisure Centre)</p>
Bysing Wood	Family Hubs/Public Health	48	399	Freehold – condition good	Retain due to need in adjacent ward (Abbey)	<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period. Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>	
Woodgrove Children's Centre	Family Hubs/Public Health	48	1204	Freehold – condition good	Retain due to need	<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period. Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>	

Milton Court Children's Centre	Family Hubs/Public Health	57	2391	Freehold – condition good	Retain due to need		<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period.</p> <p>Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome: no change to consultation option</p>
Murston Children's Centre	Family Hubs/Public Health	64	1133	Freehold	Retain due to need		<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period.</p> <p>Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>
Queenborough Library	Family Hubs/Public Health	66		Freehold	Co-location to serve need		<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period.</p> <p>Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>
Sittingbourne Library	Family Hubs/Public Health	71		Freehold	Co-location to serve need		Draft outcome for this site: no change to consultation option
Sheppey Gateway	Adults/Gateways	71		Freehold	Co-location to serve need		Draft outcome for this site: no change to consultation option
Crawford House	Adults	71		Freehold	Retain due to need		<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period.</p> <p>Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>
Faversham Library	Adults	53		Freehold	Co-location to serve need		Draft outcome for this site: no change to consultation option - this is an existing co-location.
Sittingbourne AEC	CLS	48		Leasehold	Retain		Draft outcome for this site: no change to consultation option

Sheppey AEC	CLS	66		Freehold	Retain			Draft outcome or this site: no change to consultation option
Grove Park CC	Family Hubs	39	1646	Freehold	Exit due to low need	<p>FH: Those commenting noted the value of the services provided and their contribution to the local community and people's mental health. A couple commented on reductions in use due to the pandemic and this could affect consultation contribution.</p> <p>Example comment: "This Children's Centre is located within reasonable distance of other suitable access points; however we are concerned as in other centres about the levels of services that can be offered from the nearest location which is Wood Grove. This site is already delivering a number of services, and we understand that they are very efficient in this, however by closing Grove Park will the numbers be unmanageable to allow access. Our continued concerns are echoed here with regards to the levels of outreach that will be put in place around the area to ensure that Wood Grove and Milton Court do not end up being over-burdened with numbers trying to access services."</p>	21	<p>The Kent Communities model is designed to provide access to the right services in the right way in the right location. The Need Framework will necessarily need to be reviewed as communities evolve over time and need changes. By working with our partner agencies we would expect to be able to continue to adapt our service offer in the future to ensure we are meeting the changing need as best as possible given the financial constraints the Council faces.</p> <p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria: Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period. Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>
Ladybird CC	Family Hubs	66	1063	Freehold	Exit due to relocation at Queenborough Library 0.6 miles away	<p>FH: 73% of those providing a comment noted the centre provides much needed support / services for local families in the area and 54% comment it is used frequently / seen as a lifeline. 43% express concerns that proposals for the centre will have a detrimental impact on users' mental health / development. Users value the centre as being walking distance and they won't be able to access the proposed alternative(s) (30%). 19% express concerns that services would suffer if moved elsewhere / whether services would be available elsewhere.</p> <p>Example comments: "Queenborough is noted as one of the other areas of deprivation located on the Isle of Sheppey, with most households being located around the area of Rushenden in Queenborough. Therefore, Ladybird's is the closest most accessible centre for residents and currently provides services within walking distance to those who most need it." "The Kent Communities model is designed to provide access to the right services in the right way in the right location. The Need Framework will necessarily need to be reviewed as communities evolve over time and need changes. By working with our partner agencies we would expect to be able to continue to adapt our service offer in the future to ensure we are meeting the changing need as best as possible given the financial constraints the Council faces."</p>	37	<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria: Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period. Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome: this centre would be retained in Option 4. N.B. co-location in Queenborough Library is also part of the consultation option.</p>

New House Youth	Family Hubs	50	543	Freehold - Significant condition issues	Exit due to co-location at Milton Children's Centre	<p>FH: 76% of those providing a comment noted the centre provides much needed support / services for young people in the area and is/was used frequently / seen as a lifeline to 64%. Users comment on undertaking sporting activities at the centre and whether this will be available elsewhere (36%).</p> <p>Example comment: "We are aware that the youth teams work hard to try and accommodate activities in other locations, such as sports halls and school facilities, but this service is very inconsistent and not reliable. Also, by utilising various other facilities, there is no consistency which means that young people have to be aware of where things are taking place each week, and this is causing a barrier as previously they could just turn up and take part in any of the activities taking place in the one location."</p>	25	<p>The Kent Communities model is designed to provide access to the right services in the right way in the right location. The Need Framework will necessarily need to be reviewed as communities evolve over time and need changes. By working with our partner agencies we would expect to be able to continue to adapt our service offer in the future to ensure we are meeting the changing need as best as possible given the financial constraints the Council faces.</p> <p>The Family Hub model is built on the understanding that preventative services are an integral entry point to other service provision delivered by KCC and other agencies. The Family Hub model will provide for much greater integration between KCC services and services from other providers (e.g. NHS) regardless of the delivery method (permanent physical building, outreach session, digital).</p> <p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period. Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>
Beaches Children's Centre	Family Hubs	60	873	Freehold - clawback	Exit due to low usage. Potential outreach location.	<p>FH: 61% of those providing a comment noted the centre provides much needed support / services for local families in the area and 52% comment it is used frequently / seen as a lifeline. 37% express concerns that proposals for the centre will have a detrimental impact on users' mental health / development. Users value the centre as being walking distance and they won't be able to access the proposed alternative(s) (30%). 22% express concerns that it is costly to travel elsewhere / there is insufficient public transport to access proposed alternative(s).</p> <p>Example feedback: "Beaches Children's Centre is the only service that offers groups for children in the Warden/Leysdown area there are no other under 5's group within the area". Concern about the lack of facilities to deliver outreach. Village hall is fully booked with nursery.</p> <p>Transport is poor and journey times are long – especially difficult with children with SEND.</p> <p>No social infrastructure on east of island.</p> <p>Data – have people that live in the holiday parks 10-11 months a year been included?</p>	54	<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period. Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome: this centre would be retained in Options 3 and 4.</p>

St Mary's CC	Family Hubs	53	1767	Freehold – required for school expansion	Exit due to requirement for school expansion. Bysing Wood serves this need.	<p>FH: 57% of those providing a comment noted the centre provides much needed support / services for local families in the area and 49% comment it is used frequently / seen as a lifeline. Users value the centre as being walking distance and they won't be able to access the proposed alternative(s) (52%). 27% express concerns that proposals for the centre will have a detrimental impact on users' mental health / development. 19% express concerns that services would suffer if moved elsewhere / whether services would be available elsewhere.</p> <p>PH: 54% of those making a comment express concerns that proposals for the centre will have a detrimental impact on users' mental health / development. Users value the centre as being walking distance and they won't be able to access the proposed alternative(s) (42%). 33% noted the centre provides much needed support / services for local families in the area. 23% express concerns that services would suffer if moved elsewhere / whether services would be available elsewhere.</p> <p>Example comment: Bysingwood not a good alternative due to space and facility limitations. "Shutting St Mary's will put more strain in Bysing wood. St Mary's is more central, easier to find and is accessible by public transport." "Faversham's population is increasing at an alarming rate with all the new housing estates. It does not make sense that the town will only have one centre to cater for all."</p>	FH: 81 PH: 52	<p>Potential outreach target based on co-designed outreach approach - edge of town area. Population growth (0-5s until 2040) was considered in the modelling for the need framework. Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria: Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period. Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>
Newlands Children's Centre	Family Hubs/ Public Health	56	805	Freehold	Retain due to need			<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria: Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period. Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>
Newington Children's Centre	Family Hubs/ Public Health	74	1601	Freehold	Retain due to need			<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria: Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period. Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>

Birchington Children's Centre	Family Hubs/ Public Health	58	856	Leasehold till 2033. Condition good	Retain due to need		<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period.</p> <p>Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>
Quarterdeck Youth Centre	Family Hubs/ Public Health	75	591	Freehold – large detached building with parking	Retain due to need		<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period.</p> <p>Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>
Six Bells Family Centre	Family Hubs/ Public Health	70	2046	Freehold	Retain due to need		<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period.</p> <p>Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>
Cliftonville Children's Centre	Family Hubs/ Public Health	75	1381	Leasehold till 2033. No break options	Retain due to need and contractual obligations		<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period.</p> <p>Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>

Ramsgate Library	Family Hubs/ Public Health	65	Freehold	Co-locate to serve need in ward (Family Hub service if Priory Children's Centre closes)		<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period.</p> <p>Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>
Minnis Day Centre	Adults	58	Freehold	Retain due to need		<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period.</p> <p>Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>
Cliftonville Library	Adults	52	Freehold – condition good	Co-locate to serve need (an option for Adults if provision at Hartsdown Leisure Centre stops)		<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period.</p> <p>Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>
Broadstairs Library	CLS	46	Freehold	Co-locate CLS to serve need		<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period.</p> <p>Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>

Margate AEC	CLS	70		Freehold	Retain due to need		<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period.</p> <p>Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>
Thanet Gateway	Gateways	70		Leasehold till 2027. Thanet DC funding	Retain due to need		<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period.</p> <p>Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>
Callis Grange CC	Family Hubs	57	759	Freehold	Exit due to low usage. Potential outreach target subject to modelling	<p>FH: 57% of those providing a comment noted the centre is used frequently / seen as a lifeline and 24% comment it provides much needed support / services for local families in the area. Users value the centre as being walking distance and they won't be able to access the proposed alternative(s) (30%). 16% express concerns it would be difficult to travel elsewhere / there is insufficient public transport to travel to proposed alternative(s).</p> <p>PH: 57% of those providing a comment noted the centre provides much needed support / services for local families in the area and 46% comment it is used frequently / seen as a lifeline. Users value the centre as being walking distance and they won't be able to access the proposed alternative(s) (46%).</p> <p>Example comments: "It's the only children centre in Broadstairs. Removing this will deprive children and their families of development and support. Travelling from Broadstairs to Margate or Ramsgate as proposed is expensive and unaffordable."</p>	<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period.</p> <p>Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>FH: 43 PH: 28</p> <p>Draft outcome for this site: no change to consultation option</p>

Priory CC	Family Hubs	65	1504	Mixed tenancy	Exit and co-locate to Ramsgate Library	<p>FH: 75% of those providing a comment noted the centre provides much needed support / services for local families in the area and 69% comment it is used frequently / seen as a lifeline. Users value the centre as being walking distance and they won't be able to access the proposed alternative(s) (39%). 30% comment on using the nursery and that it is needed. 25% praise the facilities at the building and are concerned whether these will feature at proposed alternative(s).</p> <p>PH: 46% of those providing a comment noted the centre provides much needed support / services for local families in the area and 44% comment it is used frequently / seen as a lifeline. Users value the centre as being walking distance and they won't be able to access the proposed alternative(s) (36%).</p> <p>Example comments: "Especially those who have no outdoor space at home, when the centre provides this for them with an array of outdoor equipment/activities, so vital to young children and their physical development." "Health visiting service should remain in purpose built environments to best serve children and families' needs"</p>	<p>Views on the suitability of co-location sites have been considered.</p> <p>Ramsgate Library is the co-location option for Priory children's centre (0.3 miles away). Each of these buildings has been individually assessed for its suitability for co-locating the proposed services. This process has included the input of the services themselves as they best understand the needs of their service users.</p> <p>Privacy has been considered when exploring the suitability of co-locations to protect the confidential nature of some aspects of service delivery. This includes spaces for confidential conversations, as well as for activities such as breastfeeding. These spaces are being included in our early designs for co-location buildings.</p> <p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria: Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period. Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>FH: 64 PH: 50</p> <p>Draft outcome for this site: no change to consultation option</p>
Hartsdown Leisure Centre	Adults	56		Leasehold till 2024	Exit due to provision at alternative Cliftonville Library, Minnis Day Centre and Broadstairs Library	<p>Example comments: "Hartsdown has free parking, space and is perfect. Stop reducing what people have and telling them it's for their benefit." Some concern about travelling to different locations.</p>	<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria: Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period. Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>

Broadstairs AEC	CLS	46		Freehold – part currently closed due to condition issues	Exit due to condition and co-location at Broadstairs Library	<p>61% of those providing a comment have concerned about the suitability of the alternative venue for the services provided. 33% of those making a comment indicate they use the service frequently and it is considered essential / a lifeline. 25% express concerns that proposals for the centre will have a detrimental impact on users' mental health / development.</p> <p>Example feedback: "As far as I am aware no suitable venue/equipment is available there for this activity. Also, the rooms currently available in Broadstairs Library are unsuitable for certain fitness classes currently held in the Memorial Hall by Broadstairs Adult Education; i.e. the library rooms are too small to allow adequate spacing and are already full of furniture."</p>	51	<p>Views on the suitability of co-location sites have been considered.</p> <p>Each of th co-location buildings has been individually assessed for its suitability for co-locating the proposed services. This process has included the input of the services themselves as they best understand the needs of their service users.</p> <p>Privacy has been considered when exploring the suitability of co-locations to protect the confidential nature of some aspects of service delivery. This includes spaces for confidential conversations, as well as for activities such as breastfeeding. These spaces are being included in our early designs for co-location buildings.</p> <p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria: Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period. Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>
Little Foxes CC	Family Hubs/Public Health	52	2104	Freehold – condition good	Retain due to need			<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria: Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period. Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>
Woodlands Children's Centre	Family Hubs/Public Health	53	1782	Freehold	Retain due to need			<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria: Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period. Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>

Snodland Children's Centre and Samays Youth Centre	Family Hubs/Public Health	57	1543	Freehold	Retain due to need		<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period.</p> <p>Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>
Tonbridge Youth and CC	Family Hubs/Public Health	40	1499	Freehold	Retain due to need in neighbouring wards (Castle and Trench)		<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period.</p> <p>Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>
Tonbridge Community Centre	Adults	40		Freehold	Retain due to need in neighbouring wards (Castle and Trench)		<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period.</p> <p>Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>
Tonbridge AEC	CLS	40		Freehold	Retain due to need in neighbouring wards (Castle and Trench)		<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period.</p> <p>Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>

Tonbridge Library	Gateways	40		Freehold	Co-locate due to need in neighbouring wards (Castle and Trench)		11	<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period.</p> <p>Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>
Burham Children's Centre	Family Hubs	40	678	Freehold – part of school	Exit due to low need.	<p>FH: Those commenting noted the value of the services provided and their contribution to the local community. Users value the centre as being walking distance and they won't be able to access the proposed alternative(s).</p>		<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period.</p> <p>Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: this centre would be retained in Option 4.</p>
Tonbridge Gateway	Gateways	37		Leasehold	Exit due to low need and co-location to Tonbridge Library	<p>Verbatim comments: "Loss of yet another amenity like the Post Office." "Should be retained. This is a vital community resource that should be developed and not removed." "Accessibility, costs reliability. All support services must work in order for gateways to work. The gateways service needs an infrastructure that supports gateways by working not socially analysing people."</p>	11	<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period.</p> <p>Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>
Tunbridge Wells Youth Centre	Family Hubs/ Public Health	36	256	Freehold – condition good	Retain due to need in adjacent ward (Sherwood)	<p>FH: Whilst comments are few, those who use the hub consider it valuable</p>	9	<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period.</p> <p>Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>

Little Forest CC	Family Hubs/ Public Health	54	1429	Freehold	Retain due to need		<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period. Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>
Cranbrook Library	Family Hubs/ Public Health	45		Freehold	Co-locate Children's Centre to serve need		<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period. Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome: no change to consultation option</p>
Amelia Scott	CLS	36		Leasehold till 2044	Retain due to contractual obligation		<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period. Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>
Cranbrook Children's Centre	Family Hubs	45	1032	Leasehold	Exit due to co-location with Library	<p>FH: 78% of those providing a comment noted the centre provides much needed support / services for local families in the area and 59% comment it is used frequently / seen as a lifeline. 37% of those making a comment express concerns that proposals for the centre will have a detrimental impact on users' mental health / development. Users value the centre as being walking distance and they won't be able to access the proposed alternative(s) (30%).</p>	<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria:</p> <p>Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period. Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>

The Ark Children's Centre	Family Hubs	48	1622	Freehold	Exit due to provision in Tunbridge Wells Youth Centre	<p>FH: 69% of those providing a comment noted the centre is used frequently / seen as a lifeline and 45% comment it provides much needed support / services for local families in the area. 30% of those making a comment express concerns that proposals for the centre will have a detrimental impact on users' mental health / development. Users value the centre as being walking distance and they won't be able to access the proposed alternative(s) (24%).</p> <p>CYPE Counselling Service: 55% of those providing a comment noted the centre is seen as essential / as a lifeline and 30% comment it provides much needed support / services for local families in the area.</p>	FH: 33 CYPE: 20	<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria: Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period. Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>
Southborough/High Brooms CC	Family Hubs	40	1409	Freehold	Exit due to low need	<p>FH: 58% of those providing a comment noted the centre provides much needed support / services for local families in the area and comment it is used frequently / seen as a lifeline. 33% of those making a comment express concerns that proposals for the centre will have a detrimental impact on users' mental health / development. Users value the centre as being walking distance and they won't be able to access the proposed alternative(s) (30%).</p>	40	<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria: Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period. Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>
Harmony CC	Family Hubs	47	1223	Mixed tenancy. 12 month rolling break	Exit due to low need	<p>FH: 69% of those providing a comment noted the centre provides much needed support / services for local families in the area and 65% comment it is used frequently / seen as a lifeline. 37% of those making a comment express concerns that proposals for the centre will have a detrimental impact on users' mental health / development. Users value the centre as being walking distance and they won't be able to access the proposed alternative(s) (27%).</p> <p>PH: 35% of those providing a comment noted the centre provides much needed support / services for local families in the area and comment it is used frequently / seen as a lifeline. Users value the centre as being walking distance and they won't be able to access the proposed alternative(s) (26%).</p> <p>CYPE Counselling Service: 40% of those providing a comment noted the service is essential / seen as a lifeline and 28% comment it provides much needed support / services for local families in the area.</p>	FH: 49 PH: 31 CYPE: 31	<p>Following responses to the consultation, the Needs Framework was amended to take greater account of the public transport network analysis. An assessment was made to determine which communities were outside the catchment area of the new network, which highlighted ten sites proposed for closure that would be reconsidered under the following amended criteria: Option 3 rules out the closure of 2 buildings where the journey on public transport to the nearest alternative is over 35 minutes and there is less than one service per hour when averaged over a 9-hour period. Option 4 rules out the closure of 10 buildings where there is less than one service per hour when averaged over a 9-hour period, regardless of the journey time.</p> <p>Draft outcome for this site: no change to consultation option</p>