

**SOCIAL CARE AND PUBLIC HEALTH CABINET
COMMITTEE**

Thursday, 5th December, 2013

10.00 am

**Council Chamber, Sessions House, County Hall,
Maidstone**





AGENDA

SOCIAL CARE AND PUBLIC HEALTH CABINET COMMITTEE

Thursday, 5 December 2013, at 10.00 am Ask for: Theresa Grayell
Council Chamber, Sessions House, County Telephone: 01622 694277
Hall, Maidstone

Tea/Coffee will be available 15 minutes before the start of the meeting

Membership (13)

Conservative (8): Mr C P Smith (Chairman), Mr G Lymer (Vice-Chairman),
Mrs A D Allen, Mr A H T Bowles, Mr R E Brookbank, Mrs P T Cole,
Mrs V J Dagger and Mr P J Oakford

UK Independence Party (2): Mr L Burgess and Mrs M Elenor

Labour (2): Ms C J Cribbon and Mrs S Howes

Liberal Democrat (1): Mr S J G Koowaree

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UNRESTRICTED ITEMS

(During these items the meeting is likely to be open to the public)

The Chairman will assume that all Members will read the reports before attending the meeting. Officers are asked to assume the same when introducing reports.

A. COMMITTEE BUSINESS

- A1 Introduction/Webcast Announcement
- A2 Substitutes
- A3 Declarations of Members' Interest in items on today's Agenda
- A4 Minutes of the Meeting of this Committee held on 4 October 2013 (Pages 7 - 20)
- A5 Minutes of the Meeting of the Corporate Parenting Panel held on 25 September 2013, for information (Pages 21 - 26)
- A6 Meeting Dates for 2014

The Committee is asked to note that the following dates have been reserved for its meetings in 2014:-

Thursday 16 January, 10.00 am
Friday 2 May, 10.00 am
Friday 11 July, 10.00 am
Friday 26 September, 10.00 am
Thursday 4 December, 10.00 am

- A7 Chairman's Announcements

B. ITEMS RELATING TO ADULT SOCIAL CARE

- B1 Oral Updates by Cabinet Member and Director
- B2 "Live it Well" - The Kent and Medway Mental Health Strategy for 2010 to 2015 - update (Pages 27 - 30)

Key or Significant Cabinet or Cabinet Member Decision/s for Recommendation or Endorsement

C. ITEMS RELATING TO SPECIALIST CHILDREN'S SERVICES

- C1 Oral Updates by Cabinet Member and Director

Key or Significant Cabinet or Cabinet Member Decision/s for Recommendation or Endorsement

- C2 Petition Scheme Debate (Pages 31 - 38)
- C3 13/00067 - Shaping the Future of Children's Centres in Kent (Pages 39 - 552)

D. ITEMS RELATING TO PUBLIC HEALTH

- D1 Oral Updates by Cabinet Member and Director

Key or Significant Cabinet or Cabinet Member Decision/s for Recommendation or Endorsement

- D2 13/00075 - Provision of Opportunistic BCG vaccination programme for 10 - 16 year olds by school nurses (Pages 553 - 558)

E. PERFORMANCE MONITORING ITEMS

- E1 Adult Social Care and Public Health Portfolio and Specialist Children's Services Portfolio Financial Monitoring - 2013/14 (Pages 559 - 616)
- E2 Children's Services Improvement Programme update (Pages 617 - 624)
- E3 Families and Social Care Performance and Mid-Year Business Plan Monitoring (Pages 625 - 646)
- E4 Public Health Performance (Pages 647 - 658)

F. OTHER ITEMS FOR COMMENT OR RECOMMENDATION TO THE LEADER, CABINET, CABINET MEMBER/S OR OFFICERS

- F1 Budget 2014/15 and Medium Term Financial Plan 2014/17 Consultation (Pages 659 - 668)

G. BRIEFING PAPERS

Briefing papers on any subjects listed below are included in the agenda pack but are not for discussion at the meeting. These papers respond to requests from Members for further information on issues raised at previous meetings.

- G1 Update on Integrating Kent's Children in Care and Leaving Care Services (Pages 669 - 676)
- G2 Kent as an Integration Pioneer (Pages 677 - 678)

EXEMPT ITEMS

(At the time of preparing the agenda there were no exempt items. During any such items which may arise the meeting is likely NOT to be open to the public)

Peter Sass
Head of Democratic Services
(01622) 694002

Wednesday, 27 November 2013

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KENT COUNTY COUNCIL

SOCIAL CARE AND PUBLIC HEALTH CABINET COMMITTEE

MINUTES of a meeting of the Social Care and Public Health Cabinet Committee held in the Darent Room, Sessions House, County Hall, Maidstone on Friday, 4 October 2013.

PRESENT: Mr C P Smith (Chairman), Mr G Lymer (Vice-Chairman), Mrs A D Allen, Mr R E Brookbank, Mrs P T Cole, Ms C J Cribbon, Mrs V J Dagger, Mrs M Elenor, Mrs S Howes, Mr S J G Koowaree, Mr P J Oakford and Mrs P A V Stockell (Substitute for Mr A H T Bowles)

ALSO PRESENT: Mr G K Gibbens and Mrs J Whittle

IN ATTENDANCE: Mr A Ireland (Corporate Director, Families and Social Care), Mr M Lobban (Director of Strategic Commissioning), Ms M MacNeil (Director, Specialist Children's Services), Ms M Peachey (Kent Director Of Public Health), Mrs A Tidmarsh (Director of Older People and Physical Disability), Mr M Walker (Head of Service, Learning Disability, West Kent) and Miss T A Grayell (Democratic Services Officer)

UNRESTRICTED ITEMS

26. Declarations of Members' interest in items on today's agenda

Mr S J G Koowaree made a general declaration of interest as his great grandson has autism.

27. Minutes of the Meeting of this Committee held on 12 June 2013

(Item A4)

RESOLVED that these are correctly recorded and they be signed by the Chairman. There were no matters arising.

28. Minutes of the Meetings of the Corporate Parenting Panel held on 11 April and 20 June 2013, for information

(Item A5)

29. Oral Updates by Cabinet Member and Director

(Item B1)

1. Mr Gibbens gave an oral update on the following issues:-

Launch of Dementia Diaries on 27 September – these present young people's experiences of living with people with dementia, and link to similar work in schools.

Held the Cross Party Member Briefing Re: Consultation on how people pay for their care & support on 11 September – a response to this consultation will shortly be sent to the Government.

On 10 October it is World Mental Health Day – the profile of mental health issues is rising, and more work is needed to address the stigma attached to them. A variety of events will be held across the county, of which Mr Gibbens said he hopes to attend as many as possible.

Doubleday Lodge consultation – a report on the outcome of the consultation will be made to the December meeting of this Committee.

SECASC - debate with Department of Health on transition of health and social care

2. Mr Ireland then gave an oral update on the following issues:-

Implications of the Care Bill – this will have far-reaching implications for local authorities.

Winterbourne View ‘stock take’- this is a Department of Health term for a joint Health and Social Care review of issues which arise for people in residential care, eg elder abuse and the wider implications which arise from commissioning and monitoring, especially for people who are placed at some distance from their home.

Health Pioneer bid - Health Pioneer is a Department of Health term for an initiative addressing Health and Social Care integration. Local authorities are invited to bid to be a pioneer in this field. Out of 111 initial bidders, Kent was one of 24 authorities to be shortlisted, and will know by the end of October if it has been successful. A report setting out more detail of the initiative will be made to a future meeting of this Committee.

3. The oral updates were noted.

30. The Integration Transformation Fund (Item B2)

Mr M Lemon, Strategic Business Advisor, was in attendance for this item.

1. Mr Lemon introduced the report and set out the context of the ITF and the way in which it relates to the Kent Health and Wellbeing Board, and to this Committee. A plan for the activity involved in allocating and spending this money would be reported to the Health and Wellbeing Board, which is responsible for agreeing the plan and overseeing its implementation. Although more guidance would become available in autumn 2013, the main vehicle for preparing the plan on behalf of the Health and Wellbeing Board, and for delivering integration activity, was expected to be the Health Pioneer programme, to which Mr Ireland had referred in his oral update. Mr Lemon responded to questions and comments from Members and the following points were highlighted:-

- a) although Health and Wellbeing Boards are responsible for the plans, NHS England reserve the right to assume this responsibility where they are not satisfied that local arrangements are sufficiently competent;
- b) ITF funding will be allocated for the 2015/16 financial year, with no guarantee of any further beyond that, but it is expected that the use of the ITF will promote changes to the way services are delivered to

enable base budget funding to be reallocated in future years. Another comprehensive spending review and a general election will take place in 2015; and

- c) the ITF is designed to produce significant re-design of health and social care services and will only succeed if activity can be moved from acute hospital settings into the primary and community care sectors. There is potential to destabilise service providers, including hospital trusts, if this is not done in a planned and coherent way. Service providers will need to be heavily engaged in the plans and proposals that come forward for service redesign. This Committee and the Kent Health and Wellbeing Board would need to be confident that these issues are being addressed.

2. RESOLVED that:-

- a) the timescales involved in the preparation of the Kent plan for the ITF be acknowledged; and
- b) the need to align integration activity with the requirements of delivering through the ITF in Kent be recognised.

31. Adult Social Care Transformation and Efficiency Partner Update

(Item B3)

1. Mr Lobban introduced the report and explained that it was being made in response to this Committee's request to have regular six-monthly updates. Current work is implementing the blueprint for ASC Transformation which was agreed by the County Council in May 2012. Mr Lobban emphasised that the main aims of the review were to increase enablement and independence via a change in commissioning; it was not just driven by a need to make savings. He responded to questions and comments from Members and the following points were highlighted:-

- a) expressions of interest from domiciliary care providers are currently being gathered, but a quality audit will first be undertaken and only those who pass will be invited to tender. The County Council currently contracts with 130 different providers, although 75% of the spend is with 20 of them;
- b) to maximise the efficient handling of volume and minimise travel time, contracts will be grouped in geographical areas. Achieving good coverage in rural areas is always a challenge; and
- c) control measures will be put in place to avoid the problem of a drop in quality, if the provision of a client's care package be should have to transfer from one contractor to another. Improved reviewing of individual needs will lead to better quality services.

2. The Cabinet Member, Mr Gibbens, said he hoped Members had found the report helpful, and repeated his commitment to bring regular six-monthly updates to this Committee. He invited any Member who wished the updates to include any other information to speak to him directly so that future reports can take account of any

such request. He supported Mr Lobban's comment that the main aims of the review were to increase enablement and independence via a change in commissioning,

3. RESOLVED that the information set out in the update report be noted.

32. 13/00066 - Future of TRACS Community Day Service, Longfield, Dartford
(Item B4)

Mr M Walker, Assistant Director, Learning Disability and Mental Health, and Ms S Bullen, Project Manager, were in attendance for this item.

Mrs A D Allen declared an interest in this item as the Co-Chairman of the Dartford Learning Disability Partnership.

1. Mr Walker introduced the report and summarised the consultation process and the key points arising from it, including the widespread support which had been expressed for the retention of the services rather than the premises from which they are delivered.

2. Members made the following comments:-

- a) a Dartford Member reported that clients participating in activities being provided via the new premises were enjoying the new service provision and liked the new venues. It is very pleasing to see this positive progress. Members from other areas were invited to visit the new premises;
- b) a Gravesend Member agreed that attitudes had changed from negative to positive during the course of the consultation. Most people's priority is to maintain their independence for as long as possible, and this modernisation would deliver that;
- c) a Member representing Ashford, where services for adults with learning disabilities had previously undergone a similar modernisation, said that clients there had given the same positive feedback on the revised service provision;
- d) the approach taken was generally supported and welcomed, and recommended for use in other areas across the county; and
- e) Mr Walker, Ms Bullen and their team were thanked for all the work they had put into the consultation and the re-designing of services.

3. The Cabinet Member, Mr Gibbens, acknowledged and welcomed Members' comments. He reminded Members that the latest proposed changes were part of an ongoing and long-term modernisation programme of day services for adults with learning disabilities. Previous projects had shown success and had strengthened services. He supported Members' comments about the importance of clients being able to maintain their independence. It is good to enable and support people within, rather than separately from, the community, and what is proposed will achieve this, as well as supporting independence.

4. RESOLVED that the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to move the TRACS service from its existing base at Longfield and to continue the service as a more inclusive, accessible, community-based service, operating from a range of community hubs, after taking into account the views expressed by the Cabinet Committee, be endorsed.

33. Oral Updates by Cabinet Member and Director (Item C1)

1. Mrs Whittle gave an oral update on the following issues:-

Children's Centres - the three-month consultation period ends on 4 October, with 5,000 responses having so far been received. Mrs Whittle had visited centres around the county and met many parents, from which she had seen that the most needy families are not always being reached by the current provision. Good, assertive outreach services are vital in preventing future cases of neglect and abuse, like those recently reported in the media. In common with most the UK, Kent has no one consistent model of Children's Centre provision.

Care Leavers Charter – Kent's version of the Care Leavers Charter is currently being developed and will be reported to a future meeting of the Corporate Parenting Panel.

Recruiting new foster carers – an aggressive marketing campaign is needed if the County Council is to compete with Independent Fostering Agencies as well as neighbouring authorities, particularly London Boroughs. Radio Kent is currently supporting the County Council's recruitment campaign.

Department of Education consultation on children's homes used by other local authorities to place vulnerable children – Kent is pushing for placing authorities to undertake a full risk assessment, in conjunction with the host authority, before any placement is made.

2. Mr Ireland then gave an oral update on the following issues:-

Ofsted reports and new inspection framework – the most recent Ofsted inspection, at the end of August, rated the County Council's children in care service as 'adequate', with the capacity to improve rated as 'good'. Ofsted's recommendations for action are all in areas are all either already in hand or in areas of ongoing improvement. Ofsted has since published a new framework of inspections, in which the safeguarding and children in care functions are to be inspected together.

Virtual School Kent – Kent's work via VSK had been praised in the children in care inspection. An annual award ceremony had been held recently in Canterbury to reward and celebrate the achievements of children in care in Kent schools.

Social Work Master Classes for social work and specialist children's services staff are being held by leading professionals in the field. These master classes represent a valuable investment in staff development.

3. Mrs Whittle responded to comments and questions, as follows:-
- a) children's centres around the county will be considered individually and a decision made about the future of each on a case-by-case basis. Alternative community venues will continue to be used to support families and the community in a different way, should the centre be closed; and
 - b) Mrs Whittle was thanked for the time and effort she had spent in visiting children's centres across the county.
4. The oral updates and the information given in response to questions were noted.

34. Shaping the future of Children's Centres in Kent Consultation (Item C2)

Ms K Mills, Commissioning Manager, was in attendance for this item.

Mr S J G Koowaree declared an interest in this item as his daughter is employed at a children's centre.

1. Mr Lobban introduced the report and emphasised that financial savings made will come from management and administration costs. The closure of a centre in any area would have various local impacts; some areas will retain the same or similar services, delivered from different premises, to ensure that optimum use is made of existing community infrastructure. Mr Lobban responded to comments and questions, as follows:-

- a) the review of service provision will seek to ensure that there is a local hub from which services can be delivered, and to ensure that parents know where and how to access the services they need. If services in an area undergo change, local parents will be reassured that services are still being provided, and advised in what form and where those services can be accessed;
- b) a Member representing a rural area expressed the view that parents in such areas who most need support services must be able to reach and access those services easily and quickly, as this has been proven to avoid them becoming isolated. This consideration must be taken on board when reviewing provision;
- c) a Member representing an urban area added that such issues are not unique to rural areas; many families living on low incomes in urban areas are unable to afford a car; and
- d) another Member commented that the review presents an opportunity to re-evaluate and improve the existing children's centre service, perhaps by integrating it with schools.

2. Mr Ireland assured Members that he had taken on board all comments made about the needs of rural areas and areas of deprivation. He said that much detailed

conversation had gone on with managers of children's centres about offering innovative outreach services in rural areas. Mr Lobban added that serious consideration would be given to all views expressed during the consultation, including those from individual Members and this Committee.

3. The Cabinet Member, Mrs Whittle, commented that some children's centres she had visited had had very limited facilities and seemed uninviting to parents and young children (for example, featuring no pictures, toys or play equipment), whereas other local premises offered better facilities and would seem to be a better location from which to offer children's centre services. She stated her commitment to protect funding to ensure that the services most needed by parents can be delivered.

4. RESOLVED that:-

- a) comments made by Members, set out above, be noted and taken into account as part of the formal consultation process; and
- b) the timetable for the proposed decision to be taken by the Cabinet Member for Specialist Children's Services be noted.

35. Oral Updates by Cabinet Member and Director *(Item D1)*

1. Mr Gibbens gave an oral update on the following issues:-

Attended Public Health England Annual Conference on 10 September – Ms Peachey spoke at this conference and very good feedback had been received.

Met with Meradin Peachey and Graham Bickler from Public Health England on 18 September

Health and Public Health transition with Guest Speaker Norman Lamb MP – Mr Lamb highlighted the importance of using public health funding well and promoting public health initiatives.

Public Health Members' Briefing in July and further event planned for November – another briefing has been arranged for 26 November (*details sent to Members*), which will cover the key points of new local authorities' duties around public health. Members were asked to notify Mr Gibbens of any particular issues they wished to be covered at this session, and one Member asked to have a summary of recent changes to the NHS.

2. Ms Peachey then gave an oral update on the following issues:-

Flu vaccinations – a media campaign will promote the importance of flu vaccinations for those who are elderly, vulnerable or pregnant, as well as NHS and social work staff who work closely with those client groups.

First national Public Health England conference – this had been well attended, with over 1,000 participants. Kent had launched a 'find a condom' app, to tell young people where they can access condoms and sexual health advice at any time. Kent is the only UK local authority to offer such an app.

School nursing conference – this sought to achieve a match between the expectations of school nurses and what is expected from school nurses.

Visit to Ifield special school, to speak to the Head Teacher about their expectations of school nurses, as more children with disabilities and chronic conditions now attend mainstream schools. The Kent Community Trust will look into improving nursing support provided to special schools.

Launch of Annual Public Health Report on 8 November – all Members will be invited to attend this launch. *(details sent to Members)*

3. The oral updates were noted.

36. Kent Public Health Grant 2013/14 and 2014/15 *(Item D2)*

Ms K Sharp, Head of Public Health Commissioning, was in attendance for this item.

1. Ms Sharp introduced the report and emphasised the complexity of the national and local processes for allocating the grant, in terms of programming spend and seeking to minimise financial risk. She responded to Members' comments and question, as follows:-

- a) the 'universal services in West Kent', referred to in paragraph 1.3 of the report, would include the school nursing service and health trainer services, for which there was currently much variance in provision between East and West Kent; and
- b) liaison with partners in Borough and District Councils takes place to decide upon and review funding allocations to projects which are delivered in partnership, eg the adult healthy weight strategy.

2. The Cabinet Member, Mr Gibbens, added that additional funding will be available for the 2014/15 financial year. If the Government's public health funding allocations are low, the public health grant can be used to help any areas which need uplift. He confirmed that grant levels were known for the 2013/14 and 2014/15 financial years but not for any further in the future.

3. RESOLVED that:-

- a) the challenge of establishing baseline spend against the public health grant in 2013/14 be noted;
- b) the importance of minimising financial risk in the approach to implementation of the programmes be supported; and
- c) the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to approve an initial phase of programmes for funding, as set out in appendix 1 to the report, be endorsed.

37. 13/00073 - Tendering for an integrated model of Sexual Health services in Kent

(Item D3)

Dr F Khan, Consultant in Public Health, and Ms W Jeffreys, Public Health Specialist, were in attendance for this item.

1. Dr Khan introduced the report and Ms Peachey responded to questions of detail from Members. She explained that:-

- sexual health education is currently delivered in schools as part of Kent Integrated Adolescent Support Services (KIASS), as traditional Physical, Social and Health Education (PSHE) and sex education in schools has been proven not to work well.
- Young people have designed a computer page called 'Youthbites', which includes links to services such as FRANK, a confidential drugs information and advice service. The aim is that all schools will have access to this.

2. Members made the following comments:-

- a) the proposed remodelling and re-tendering is much welcomed and has been needed for a long time, since a Kent County Council Select Committee produced a report on Physical, Social and Health Education in March 2007. The recommendations and outcomes from that report are still not apparent in the delivery of the service; and
- b) it is vital that the proposed timetable for the re-tendering and start of the new contracts is adhered to, so that young people needing improved services are able to access these as soon as possible. Good sexual health services are vitally important and need to be reliable.

3. RESOLVED that the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to tender for an integrated model of sexual health services, after taking into account the views expressed by the Cabinet Committee, be endorsed.

38. Mandated Public Health programmes

(Item D4)

1. Ms Peachey introduced the report and emphasised the importance of monitoring and raising standards in the mandated services which may not have as high a profile as, for example, sexual health services. Issues being addressed include how to improve communications and literature to make them as user-friendly as possible. In response to a question, Ms Peachey confirmed that the recruitment of school nurses is currently a challenge, and the County Council is liaising with Health Trusts to address this.

2. RESOLVED that the information set out in the report be noted.

39. Adult Social Care and Public Health portfolio and Specialist Children's Services portfolio Financial Monitoring 2013/14

(Item E1)

Miss M Goldsmith, Finance Business Partner (Adult Social Care/Specialist Children's Services), was in attendance for this item.

1. Miss Goldsmith introduced the report and, in response to a question, explained that children's services historically tended to show an annual underspend, while adults' services tended to break even.

2. In response to a question, Mrs Whittle explained that the number of children in care in Kent was lower than the national average but was steady. Timely decision making, about moving children on to permanent adoption placements or returning them to their birth parents, will keep this figure as low as possible. Mr Ireland added that, even if the number of unaccompanied asylum-seeking children (UASC) were included in the total, Kent's children in care population was not dramatically higher than that of other comparable local authorities. Indeed, Kent's number is steady while numbers in several other local authorities are rising.

3. RESOLVED that the revenue and capital forecast variances from budget for 2013/14 for the Adult Social Care and Public Health and Specialist Children's Services portfolios, based on the first quarter's full monitoring report to Cabinet, be noted.

40. Families and Social Care Performance Dashboards *(Item E2)*

Mr R Benjamin, Management Information Officer, Adult Social Care, and Mr C Nunn, Management Information Officer, Specialist Children's Services, were in attendance for this item.

1. Mr Benjamin introduced the report, and he and Ms MacNeil responded to questions from Members, as follows:-

- a) the recruitment of permanent social work staff is currently increasing, so it is hoped that the number of agency social work staff will soon show a corresponding decrease; and
- b) the number of older people entering permanent residential care fluctuates through the year, although a desired target of approximately 130 per month is set. The actual number is currently higher than this so is currently rated as red in the performance dashboard.

2. RESOLVED that the information set out in the report and dashboards be noted.

41. Update on Children's and Young People's Mental Health Service (CAMHS) *(Item E3)*

Mr I Ayres, Accountable Officer, West Kent Clinical Commissioning Group, was in attendance for this item.

1. Mr Ayres introduced the report and summarised the issues which had arisen in the year since the new contract with Sussex Partnership Health Trust had started in September 2012. These issues included the realisation that there were more waiting

lists than had previously been apparent, with several smaller ones coming to light; the need to move from the previously medically-led model and the need to re-shape the workforce to support this; an underestimate of the level of adjustment needed in changing the culture and transferring staff. The situation now is better than it was one year ago but there is still much progress to be made, but Mr Ayres assured Members that the service commissioners understood the issues they were facing and were confident of being able to address them fully.

2. Mr Ayres and Mr Ireland responded to comments and questions, as follows:-

- a) in response to a concern about young people still facing lengthy waits for appointments, *Mr Ayres agreed that persistently long waits were unacceptable and said that work was ongoing to assess whether or not the right action was being taken to address waiting times. He said the service had perhaps become over-confident about early successes in starting to reduce waiting times, as demand for services had risen more than had been expected;*
- b) concern was expressed about the difficulties of recruiting suitable staff in North West Kent and an opinion put forward that the level of graduate unemployment in the area was surely a resource which could help to ease these difficulties. *Mr Ireland commented that the concerns raised about recruitment had all been from Members who represent divisions in North West Kent, where recruitment has the challenge of having to compete with London salaries. This could contribute to the difficulties in recruitment. Mr Ayres added that recruitment difficulties could also arise from a shortage of suitably-qualified people coming forward or the service provider looking to recruit staff with a skills mix which does not exist. The model of provision could also be contributing to difficulties. It is important to identify the reality of the problem and be frank about addressing it. Future reports to this Committee will look at recruitment in more depth;*
- c) the difficulties being experienced with waiting times in the service should be the subject of the County Council's scrutiny function. This scrutiny could look at the problems in recruitment and ask if these stem from a reluctance to work with children who are seen as 'difficult', and if the profession carries a stigma;
- d) a child's home environment can impact on their mental health and the way in which any mental health issues are addressed. Some parents block sources of help, so a multi-agency approach might help in optimising the ways in which a family can be reached and helped;
- e) in response to a question about what powers the County Council has as a customer to enforce standards of service, *Mr Ireland explained that the County Council accesses only a relatively small part of the service – only for children in care. The contractual and monitoring role rests with clinical commissioning groups. Moving to a more joint approach and joint commissioning in future would lead to a less medical-based service. Mr Ayres explained the levers available in a contract to address performance. If a provider were to breach the terms of their contract a*

performance notice could be served upon them, with financial penalties if they do not take account of that notice. However, using such levers is an indication that the commissioner-provider relationship had already broken down.

3. RESOLVED that:-

- a) the information set out in the report and given in response to comments and questions be noted; and
- b) the comments and concerns expressed by Members, set out above, be taken into account by the commissioning body.

42. Public Health Performance

(Item E4)

Ms K Sharp, Head of Public Health Commissioning, was in attendance for this item.

1. Ms Sharp introduced the report and explained that, although monitoring and reporting of performance at the County Council is established as best practice, the monitoring of four key services – Health Checks, National Child Measurement, Community Contraceptive and Stop Smoking services - was now mandatory. The Public Health team will increase its monitoring role and will look at value for money and unit cost as well as performance. Much of the data currently being reported relates to the time when public health was part of the NHS. The County Council inherited some areas of historically poor performance. A review of the procurement process is underway, which will prepare the ground to review the provision of any service which significantly under-performs.

2. The Cabinet Member, Mr Gibbens, expressed his concern at the number of services which the County Council had recently inherited from the NHS in which performance is currently rated as poor (red). He assured Members that he would continue to challenge the Director of Public Health and her team about the unsatisfactory performance in these services. Stopping smoking has been linked to improving mental health, so this service needs to be actively supported. The Public Health funding available from the Government must be used to address these priority areas. As the County Council could now influence and control these services, he expected performance to improve in the next year. However, steady and sustainable improvement necessarily takes time and cannot be achieved suddenly.

3. RESOLVED that the information set out in the report and given in response to questions be noted.

43. Adult and Children's Social Care Annual Complaints Report (2012 - 2013)

(Item E5)

Ms D Davidson, Adults' Customer Experience Manager, was in attendance for this item.

1. Ms Davidson introduced the report and she and Mr Ireland explained that the statutory complaint procedures for the adults' and children's services were different.

Mr Ireland asked Members to advise him if they wished future reports to address these two services separately.

2. RESOLVED that the information set out in the report be noted.

44. Kent Safeguarding Children Board 2012/13 Annual Report
(Item E6)

Mr M Janaway, Programme and Performance Manager, Kent Safeguarding Children Board, was in attendance for this item.

RESOLVED that the information set out in the report be noted.

45. Medium Term Financial Outlook
(Item F1)

Mr D Shipton, Head of Financial Strategy, was in attendance for this item.

1. The Chairman read out a prepared statement which explained that this year's draft budget for all portfolio areas had been based on estimates, assuming that current trends would continue into 2014/15 and 2015/16, but that spending reductions were expected to be greater than ever before. The report explores the impact of, and the detail arising from, the 10% reduction announced by Eric Pickles and gives the Cabinet Committee an opportunity to have early engagement in the development of the budget and the Medium Term Financial Plan.

2. Mr Shipton introduced the report and explained that the complexity of government funding arrangements had meant that the budget consultation this year had not yet been able to start.

3. RESOLVED that the potential implications on future funding settlements, the Council's Budget/Medium Term Financial Plan and the likely timetable for setting the 2014/15 budget, be noted.

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KENT COUNTY COUNCIL

CORPORATE PARENTING PANEL

MINUTES of a meeting of the Corporate Parenting Panel held in Darent Room, Sessions House, County Hall, Maidstone on Wednesday, 25 September 2013.

PRESENT: Mrs A D Allen (Chairman), Mr R E Brookbank, Miss S J Carey (Substitute for Mr G Lymer), Mrs T Carpenter, Mrs P T Cole, Mr S Griffiths, Mr B Neaves, Mr P J Oakford, Mr R Truelove, Mr M J Vye and Mrs Z Wiltshire

ALSO PRESENT: Mrs C Moody and Mrs J Whittle

IN ATTENDANCE: Mr P Brightwell (Head of Quality Assurance, Children's Safeguarding Team), Mr T Doran (Head Teacher of Looked After Children - VSK), Ms D Fitch (Democratic Services Manager (Council)), Ms Y Shah (Interim Head of Adoption Service and Improvement, Coram/KCC), Ms M Robinson, Mrs S Skinner (Service Business Manager, Virtual School Kent), Ms V West (Interim Team Manager, Action for Children) and Ms V White

UNRESTRICTED ITEMS

49. Minutes of the meeting held on 20 June 2013
(Item A2)

RESOLVED that the minutes of the meeting held on 20 June 2013 are correctly recorded and they be signed by the Chairman. There were no matters arising.

50. Cabinet Member's Oral Update
(Item A4)

(1) Mrs Whittle and officers updated the Panel on the following issues and answered question from Panel members and noted points.

Virtual Schools Kent Award (VSK) Ceremony on 22 September 2013

(2) Mrs Whittle referred to the VSK Award day that had been held on 22 September 2013 to celebrate the achievements of Children in Care and Young People and thanked Mr Doran and his staff for their hard work.

Significant improvement in exam results for Children in Care

(3) Mrs Whittle commended the significant improvement in exam results for Children in Care.

Adolescents Crash Pad in Ashford

(4) Mrs Whittle referred to a visit that she had made to the Adolescent Crash Pad in Dartford. This was a facility for young people who were experienced problems at home and gave them somewhere to go to talk to professionals such as Social Workers who could help to return home. The aim was to reduce the number of young

people who ran away from home. It was hoped that this model could be rolled out across Kent

Kent County Council's first adoption activity day.

(5) Mrs Whittle and Ms White reported on the County Council's first adoption activity day. This day had involved 54 Looked After Children (LAC). The age range of these children was from 1 to 7 years old. There were 32 sibling groups and the children were from a range of ethnic backgrounds. As a result of this day 15 children had been matched and two tentative links made. This event had generated a lot of media interest and Ms White showed a You Tube clip from the day. Ms White explained that it had been a child-centred day focused around the children having fun. There had been education and health colleagues available to discuss with adopters any issues relating to the children to help them gain a better understanding of their needs and the support available.

(6) Ms White explained that there had been a lot of work with foster carers prior to the event to prepare the children for the day and that the feedback from the children had been that they had really enjoyed the day.

(7) Ms Shah set out the various reasons for the success of this day, which included the way that the foster carers had prepared the children for the day and the partnership working between Social Services, Education and Health colleagues. She expressed her thanks to Liz Hughes and the adoption staff for all their work behind the scenes which had contributed to the success of the day.

LAC inspection

(9) Mrs Whittle informed the Panel that the Ofsted inspection of LAC services in August 2013 had resulted in a 'good' for its capacity to improve. The action plan from this inspection set out the areas that the County Council needed to focus on which included support for care leavers. She undertook to bring the Action Plan from the inspection to the next meeting of the Panel.

Engagement with Children in Care

(10) There was a discussion with officers on the most effective way that the Panel could engage with Children in Care. There were a number of suggestions including holding a half day activity event in the school holidays. It was important to meet with these young people in an environment in which they felt comfortable. In the past Members of the Children's Champions Board had gone bowling or had a pizza with some of these young people which had worked very well.

(11) RESOLVED that the update be noted and that the LAC inspection action plan be submitted to the next meeting of the Panel.

51. Implementation of the Leaving Care Charter in Kent

(Item B1)

(1) Ms Skinner submitted a report which outlined the Government's commitment to ensuring young people in care were supported by local authorities into adulthood. It also provided an overview of the Government's leaving care charter and how this

was being progressed in Kent. Also provided was information on how the Care Leavers Charter would be communicated to young people in Kent.

(2) Officers noted comments and answered questions from the Panel which included the following:

- Ms Skinner stated that consideration would be given to looking at how to evaluate the effectiveness of the Charter in Kent.
- Mrs Whittle confirmed that the County Council were lobbying the Government regarding tax breaks for foster carers of young people over 18 years old and for financial support for the implementation of the Charter. She emphasised the importance of supporting these young people at that vital stage in their lives. Mrs Whittle referred to the need for a multi-agency approach to supporting young people leaving care in order to achieve the best outcomes for them.
- It was explained that the Independent Reviewing Officers (IRO) service focused exclusively on Children in Care. Exploratory work had been carried out into extending their remit to include care leavers. Discussions were being carried out with Catch 22 on how the IRO service could look at quality assurance and at good practice for working with care leavers.
- Mr Griffiths raise the issue of support for care leavers who went to university and the need for them to have somewhere to return to during the university holidays in the same way as other young people returned to their families. There was a need to have a network in place to support these young people.
- It was suggested that somewhere in the Charter there should be a formalisation of the financial backing for these young people. Ms Skinner stated that a challenge in the Charter was how to achieve the Government's requirement that corporate parents were life long champions for these young people. There was a need to involve foster carers in discussions on various foster carer forums.
- Ms Carpenter stated that when the young person reached 18 the support was not there for them. It was difficult to get anyone to help as the services said that they had no resources for these young people. She would like to see some form of IRO service for young people post-18.
- Ms Skinner explained that there was a review of the leaving care service taking place and there was a need to look at the Children in Care Charter in the context of the review.
- Mr Brightwell referred to Kent's pledge for children and young people in care which had been introduced in 2008, a year earlier than required. The care leavers' charter was something that young people had asked for, i.e. a contract of entitlement and clarity around the minimum service provision. The aim was to incorporate these into a document that set out clear commitments in a language that young people understood.

(3) RESOLVED That:

- (a) the Government's commitment to care leavers be noted
- (b) KCC developing a Care Leavers Charter and the comments made by the Panel Members regarding what support and service should be included within it be noted.
- (c) an update, and if possible the final Charter, be submitted to the next meeting of the Committee Panel

(d) it be noted that consideration of the Looked After Children inspection action plan at the next meeting would include information on the IRO service role.

52. Update on the Adoption Service

(Item B2)

(1) Ms Shah introduced an update report which provided information on post adoption support from Action for Children, Adopter's experiences and a service update from Coram.

(2) Ms Shah and Ms West responded to comments and questions which included the following:

- Ms Shah confirmed that 20 children had been placed outside of Kent and that 3 Kent adopters had adopted children from outside of Kent. In Kent there were 18 children a month requiring adopters. It was not possible to recruit enough adopters to satisfy this rate and therefore there would always be a mixed economy.
- It was noted that this report had been improved by taking into account the feedback from the previous meeting.
- Ms Shah updated the Panel on the situation regarding the recruitment of the Head of Adoption Service. The closing date for applications was 30 September 2013.
- Ms Shah explained that the timescale to adopt a second child if it was a sibling was reduced by 50% to 3 or 4 months instead of the current 8 months for a first child.

(3) RESOLVED that the update and comments made by Members be noted.

53. Update on the work of the Virtual School Kent (VSK)

(Item B3)

(1) Mr Doran introduced a paper which provided information regarding the profile of children and young people who had been subject to part-time timetables, an update on the Assisted Boarding Scheme, an outline on how the VSK was supporting the legislative changes regarding the Raising of the Participation Age, which had recently come into force, and an update on the participation and engagement of Kent's Children in Care.

(2) Mr Doran referred to the un-validated exam result data for LAC, which showed a significant improvement over previous years.

(3) Mr Doran thanked the members of the Panel who had attended the awards even on 22 September 2013. He had received fantastic feedback from young people and foster carers.

(4) Mr Doran responded to comments and questions which included the following:

- In response to a question about sporting activities as part of the VSK, Ms Skinner stated that a lot of activity days were held for these young people at

outdoor sports centres. In the summer there had been a 4 or 5 day event which including a cricket day. Also it had been recognised by Ofsted that these young people took advantage of the opportunities for activities outside school, such as local clubs. This was something that was monitored by the IRO service.

- Ms Moody confirmed that VSK did a fantastic job, the feedback from other foster carers was excellent and it was a brilliant service. She cared for children with special needs and there were plenty of opportunities for them to take part in sporting activities. Ms Carpenter stated that the young lady that she cared for had been able to participate in horse riding for the past two years and was winning events.
- It was suggested that Members should have the opportunity to meet with foster carers in their area in a formal setting.
- Mr Vye and Mrs Wiltshire were due to attend a Leaving Care conference in London and would report verbally to the December meeting of the Committee to give feedback on what other Councils were doing and on any good practice that could be adopted by the County Council. Feedback would also be sought from the participation workers and young people attending this event.
- Mr Doran undertook to email the members of the Panel with details of activity days so that they could have the opportunity to attend if they wished.

(5) RESOLVED that the report and the progress made be noted and that the Education Cabinet Committee be requested to receive a report on the improved exam results for Looked after Children.

54. Performance Scorecard for Children in Care

(Item B4)

(1) Mr Brightwell introduced the report which contained the performance scorecard for Children in Care and identified the key performance data and targets that needed to be monitored in order to promote the best outcomes for children and young people looked after by Kent County Council. The performance scorecard for June 2013 was attached to the report.

(2) Mr Brightwell responded to comments and questions which included the following:

- In response to a question on persistent absence, Mr Doran confirmed that the Education Welfare Officers tracked and monitored absence and categorised the reasons.
- In relation to the increase by 1 of the agreed number of Children in Care in bed and breakfast accommodation, Mr Brightwell stated that would be looked at by the Children in Care team and Catch 22.
- In response to a question on whether lateness was monitored in addition to absence, Mr Doran explained that LAC's attended 677 different schools which would monitor this differently. There was a RAG (red, amber, green) rating for each child and the children who had amber or red ratings were monitored for issues such as lateness more closely.

(3) RESOLVED that the performance data and the comments made by Members both in relation to the areas of performance included and the targets be noted.

55. Independent Reviewing Officer (IRO) Service Quarterly Update

(Item B5)

(1) Mr Brightwell introduced the Independent Reviewing Officer (IRO) Quarterly Update report which covered the period April 2013 to June 2013. The report included the workload of the service and the qualitative performance of both the IRO service and of social work practice.

(2) Mr Brightwell responded to comments and questions which included the following:

- It was suggested that there should be the opportunity for members of the Panel to meet with the IROs. Mr Brightwell explained that there were two IRO teams, one for East and South Kent, based at Gibson Drive, and one for West and North Kent, based in Brook House. There were monthly practice meetings and six-monthly County meetings. He undertook to look at the most effective way for members of the Panel to engage with IROs.
- In relation to the reduction in the number of care plans being issued, Mr Brightwell explained that there had not been a breakdown in the core components but there had been a weakness in how the Social Worker pulled together the core components to make a whole plan. Consideration was being given as to how this could be improved to help children realise their potential. He reassured the Panel that although the number of care plans was low, the components had been improved.

(3) RESOLVED that the update on the IRO service and the comments made by Members be noted.

By: Graham Gibbens, Cabinet Member, Adult Social Care and Public Health
Andrew Ireland, Corporate Director - Families and Social Care

To: Social Care and Public Health Cabinet Committee

Date: 5 December 2013

Subject: **“LIVE IT WELL” – THE KENT AND MEDWAY MENTAL HEALTH STRATEGY FOR 2010 TO 2015 - UPDATE**

Classification: Unrestricted

Summary: To provide an update on progress for Members against the Live it Well Strategy 2010 – 2015: to report on the successful launch of a revised website to support the strategy: and to invite comments.

Recommendations Members are asked to NOTE the continuing progress of the “Live it Well” strategy and the associated website; and the development of local resources to support it.

1. Introduction

1. The draft “Live it Well” strategy was presented to Members at the Adult Social Services Policy Overview and Scrutiny Committee on 30 March 2010. It set out the strategy for delivering Kent’s mental health services for the next 5 years. The aim of the strategy is to promote good mental health and wellbeing in the community, reduce the number of people who have common mental health problems, and lessen the stigma and discrimination associated with mental ill-health.
2. “Live it Well” targets prevention at those at higher risk; but also wants to make sure the right services are there when people need them. Services will be personalised, will involve service users and their families in equal partnership, will aid recovery and will help people reintegrate into their communities. They will promote the best care and promote accessible, supportive and empowering relationships. Wherever possible, services will be community-based, targeted towards primary care and close to where people live.
3. These attributes were decided following consultation with service users and carers. They said they wanted services that were local, personalised, timely and non-stigmatising. The “Live it Well” strategy fits well with the National policy “No Health without Mental Health” and with KCC’s “Bold Steps”: in particular helping people take responsibility for their mental health through extending choice and control, and reducing disadvantage and dependency. Facing the Challenge – Delivering better outcomes highlights the need to meet the financial challenges KCC faces through a transformation process. This will be achieved through: focusing on commissioning outcomes: redesigning services around the needs of people: focusing on early intervention to manage demand and integrating services and functions around client groups.
4. The Health and Social Care Act 2012 has provided a new structure for commissioning mental health services across Kent, with some services such as offender mental health services being commissioned by NHS England with the

majority of services transferring from Primary Care Trusts (PCT's) to the Clinical Commissioning Groups (CCG's)

2. Live it Well

1. The strategy is based on 10 commitments, to be delivered during the lifetime of the 5 year strategy.
2. These 10 commitments are:
 - Public services, the voluntary sector, and the independent sector will work together to improve mental health and wellbeing.
 - We will lessen the stigma, discrimination and unhelpful labelling attached to mental ill health and those using mental health services.
 - We will reduce the occurrence and severity of common mental health problems by improving wellbeing for more people at higher risk.
 - We will improve the life expectancy and the physical health of those with severe mental illness, and improve the recognition of mental health needs in the treatment of all those with physical conditions and disabilities.
 - We will reduce the number of suicides.
 - We will ensure that all people with a significant mental health concern, or their carers, can access a local crisis response service at any time and an urgent response within 24 hours.
 - We will ensure that all people using services are offered a service personal to them, giving them more choice and control.
 - We will deliver better recovery outcomes for more people using services with care at home as the norm.
 - We will ensure that more people with both mental health needs and drug and/or alcohol dependency (dual diagnosis) are receiving an effective service.
 - We will deliver more effective mental health services for offenders and those anywhere in the criminal justice system.

3. Progress to date

1. There has been substantial progress with a number of these commitments. KCC through Families and Social Care and Public Health has made a contribution, either in a leading role or in supporting CCG colleagues, in many initiatives designed to deliver on these commitments. These include:
2. A revised search facility has been launched in August 2013 so that information can be accessed by CCG area on the "Live it Well" website. The new database enables people to search under common mental health issues such as anxiety or depression. This website is a collaboration between KCC, CCGs and Sevenoaks Area MIND and is the public focus of the "Live it Well" strategy. It provides easy access to extensive information about local mental health and wellbeing services, reducing the stigma that can be attached to mental health and connecting people to resources that can reduce the occurrence and severity of common mental health problems. This website is receiving over 4,000 hits a month. The website is found at www.liveitwell.org.uk
3. Support from the Mental Health Matters helpline is now available 24 hours a day, 365 days a year. People feeling distressed, anxious, or down, are able to call the Mental Health Matters helpline on 0800 107 0160. Support workers at the helpline

use counselling skills to provide confidential emotional support and guidance, free of charge. They also have details of a range of self-help resources and local services. Between April and June 2013 3963 calls were made to the help line from people in Kent compared to 2078 for the same period in 2010. This is an increase of 47% in 2 years.

4. The Live it Library is where service users, carers and professionals can tell their recovery stories through the live it well website. This is a collaborative project between KCC, Kent and Medway NHS and Social Care Partnership Trust and Rethink Mental Illness. The library now contains over 30 'books' of personal stories. The project aims to challenge stigma, promote understanding, to offer hope and to enable people to talk about their experiences of living with mental health issues.
5. The Suicide Prevention Strategy for Kent runs to 2015, this highlighted the following priority areas including reducing risk in high risk groups, promoting wellbeing in the wider population, reducing availability and lethality of methods, improving reporting of suicides in the media and monitoring suicide statistics. Due to policy changes the strategy is due for a refresh. Suicide rates in Kent are slightly lower compared to England
6. Live it Well is promoting personalisation, giving more choice and control to service users, There are now 16 brokers accredited by Signpost UK: an independent organisation that provides assurance that brokers will always act with probity and in service users' interests. These brokers have assisted KCC in having over 800 people receiving self-directed support.
7. KCC has contributed, in conjunction with Kent Drug and Alcohol Action Team to the development of a protocol for services for those people with both mental health needs and substance misuse, to ensure services work together and people receive effective services. These have been backed up with promotion and training activities across all involved organisations in the statutory and independent sectors.
8. There has been a significant improvement in the access to psychological talking therapies with improved choice of ten providers. Investment has risen from £1.8 million in 2009/2010 to £6 million in 2013/2014. These services can be accessed through a GP referral or self-referral. During 2013/14 it is anticipated that there will be 31,855 referrals to primary care talking therapies across Kent.
9. CCG's have developed primary care mental health specialist roles in order to support people who have long term mental health conditions being discharged from secondary services back to primary care. The practitioners' role is to support the GP with improving their physical health such as smoking cessation, weight management, tackling malnutrition and substance misuse as well as ensuring they are linked into community resources.
10. In partnership with Public Health, FSC and the CCG's from the 1st October 2013 there has been a further investment of £500k into primary care with the establishment of the primary care community link worker service. This 2 year contract with Porchlight will see an additional 16.6 posts across Kent. Their role will be to work in General Practices to sign post people to community services as well as offer short term interventions.

11. A programme of transformation is underway to embed recovery-orientated practice in Kent and from October 2013 all those in receipt of secondary care mental health services will have a personal care plan, including a crisis plan.
12. The results of the Care Quality Commission (CQC) community mental health survey 2012/13 show that the integration of physical health into decisions about prescribing and monitoring of medication has improved. 100% of those admitted to a mental health unit last year received a physical health check and it is anticipated to be 90% for those under the care of community mental health services by March 2014. This is an improvement from previous years when data on physical health checks was not collected.
13. Liaison psychiatry services based in Kent's general hospitals improve the quality of care for people attending or admitted with a mental health condition, prevent unnecessary admissions and reduce their lengths of stay. There was a 20% reduction in the number of people known to secondary care mental health services who attended Kent's emergency departments with no physical medical need during 2012/13.
14. Crisis Resolution Home Treatment Services provided 2882 episodes of home treatment last year as an alternative to hospital admission for people who were acutely unwell.
15. Access to a specialist mental health assessment has improved considerably over the last 3 years and CCGs are now working towards a single point of access for urgent referrals. Nationally there has been a significant rise in demand for acute mental health inpatient beds which has resulted in patients from Kent being admitted out of area when a bed is not available locally. The plan to reconfigure acute services includes an increase in local beds and strengthening of crisis resolution home treatment services.
16. Kent Public Health (alongside FSC) has a 10 point evidenced based programme for improving mental wellbeing across Kent. There is an approximately £750k investment into well being campaigns, improvements and developments to Live it Well Website, Investment into domestic violence workers, asset mapping and development, workplace well being, men's mental health (including ex-military), working with Libraries to create well being hubs and considerable investment into Mental health first aid training. In addition – the needs assessments for mental health and psychological therapies are underway and due for completion in December 2013. The Annual Public Health Report will give focus to Well Being.

4. Recommendation

1. Members are asked to NOTE the continuing progress of the "Live it Well" strategy and the associated website; and the development of local resources to support it.

Lead Officer:

Sue Scamell, Commissioning Manager Mental Health

07786 191544

Sue.scamell@kent.gov.uk

Background document

Live it Well: the strategy for improving the mental health and wellbeing of people in Kent and Medway 2010 – 2015.

From: Peter Sass - Head of Democratic Services

To: Social Care and Public Health Cabinet Committee – 5
December 2013

Subject: **Petition Scheme Debate**

Classification: Unrestricted

Summary: Details of a petition received which will be the subject of a debate, in accordance with the County Council's petition scheme.

Recommendation: The Cabinet Committee is invited to comment to the Cabinet Member for Specialist Children's Services in respect of this petition.

For Decision

Introduction

1. (1) In accordance with the Petition Scheme agreed at the County Council meeting on 13 September 2012, any petition on a County Council matter which has more than 2,500 signatures will trigger a debate at the appropriate Cabinet Committee.

(2) The process for the debate on each petition is that the lead petitioner/s will be invited to speak to the petition for a total of 5 minutes. There will then be a debate of up to 45 Minutes (with each Member speaking for no more than 3 minutes) before the Cabinet Member is invited to respond for a maximum of 5 minutes. As the subject matter of this petition relates to a matter which is the responsibility of the Council's Executive, the Cabinet Committee can decide whether to make a recommendation to the relevant Cabinet Member to inform the decision-making process.

Petitions – 'Save our Sure Starts'

2. (1) Two petitions requesting that Kent County Council commit to keeping every Sure Start Children's Centre open and fully funded for every family in Kent have been received. The County Council received these petitions from separate sources but, as they use identical wording, has added together the signatures on each to make a total of 3,234 signatures, thus triggering a debate at a Cabinet Committee.

(2) Supporting written statements from the lead petitioners, Cllr Jenny Matterface and Ms Frances Rehal, are attached as Appendices 1a and 1b. Cllr Matterface and Ms Rehal will be attending the meeting and are arranging speakers to address the Committee about the petition.

(3) A report by the Corporate Director of Families and Social Care on Shaping the Future of Children's Centres in Kent is the next item of business on the agenda, and consideration of this report will follow the petition debate.

RECOMMENDATION

3. The Cabinet Committee is invited to comment to the Cabinet Member for Specialist Children's Services in respect of this petition.

Peter Sass
Head of Democratic Services
01622 694002

Background Documents: None

‘Sure Start works’. The evidence is there among the users of Callis Grange Sure Start Children’s Centre.

‘My life has been turned around. I’m a different person now’ says M., mother of three. ‘I’m giving back to my community by volunteering to help others as I’ve been helped.’ She was living in poor conditions, a victim of domestic violence and dependent on various benefits. She has gained qualifications, trained as a Walks Leader and is a regular volunteer at the centre.

‘This centre is so convenient for me and my family. It’s within walking distance. I don’t need transport to get here at a cost I can’t afford.’

Callis Grange Children’s Centre opened three years ago and since then has become an integral part of the community. Parents and carers who were suffering from isolation at home with young babies and toddlers have been welcomed and have found new friends and a support system that has enabled some to continue their education and progress into employment . At least one has now gone on to higher education. One took a job with anti-social hours, gained experience and has now moved to a better-paid position with more sociable hours enabling her to reduce her dependence on benefits.

Parents have gained GCSE-equivalent qualifications, learned parenting skills, had help with benefits from CAB volunteers, organised events and raised the funding.

The centre had a ‘good’ in its first Ofsted inspection where inspectors highlighted some very good practice ‘It is well-led and managed (and) staff are committed.’ The two areas that brought the centre from ‘outstanding’ to ‘good’ were being dealt with at the time but not implemented. One to involve more fathers proved more difficult since a number of attendees were single mothers and others had partners in employment who couldn’t attend during opening hours.

It is claimed by KCC no-one is more than a 15 minute drive from a Sure Start centre but many parents don’t have access to a car, can’t afford the bus fares nor can they allow the time it would take to access another centre when time constraints mean they have to be back to collect children from nursery or school. This centre is vital to the community as it’s where parents can access many different services from the midwife to further education classes.

Thanet as a whole has the highest child poverty rate in the county with 31.2% under 4 years of age in this category. The rate in Beacon Road Ward and Broadstairs isn’t as high as in other areas of Thanet, but a considerable percentage of families do live in conditions that mean that unemployment, poor educational and employment skills prevent them and their families from achieving their potential.

Callis Grange Children’s Centre is helping to redress the balance, raising self-esteem and aspirations mean we must ensure the centre continues to operate full-time. The short-term benefits are evident but the long-term benefits may not be known for years when the children currently attending themselves become parents.

Jenny Matterface (Cllr)

Beacon Road Ward

Broadstairs

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£1 Investment in Early Years = £7 Saved for Future Investment: Stop the Closure of Kent Children's Centres

5 December 2013

We welcome the statement that not all 23 children's centres in Kent at risk of closure will now close. However we are still very concerned as it is not clear for parents in Kent whether their local children's centre will remain open.

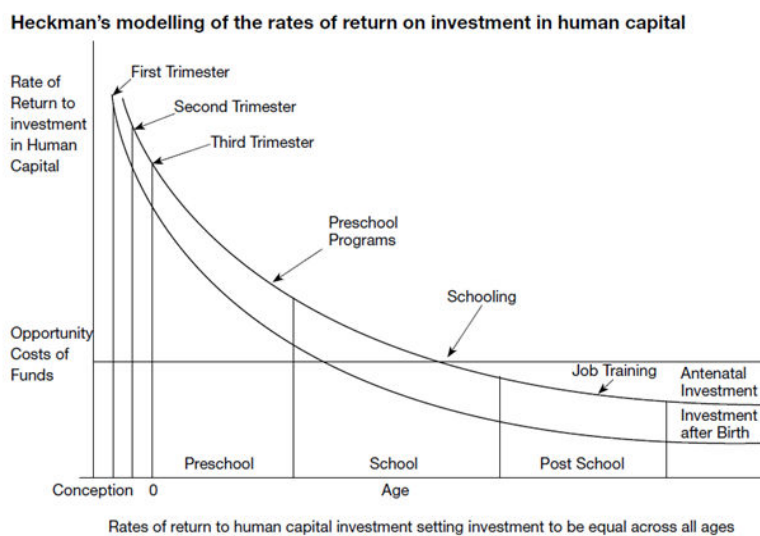
There is a sound evidence base for investment in under-5s, as well as investment in young parents, especially mothers. Therefore children's centres in Kent should not be closed or hours reduced.

- By investing £1 at this age Kent County Council saves £7 in the long term¹;
- Investment in children's centres can be part of a growth strategy in relation to building human capacity with the skilling up of young parents, especially mothers, and the potential benefits of generating billions of pounds for the economy over the coming years;
- Services in children's centres have been developed in an integrated way that makes sense to local people. Local parents have been involved in the planning of the centres and the services provided. Services have been brought together and this could be a model for other services;
- Children's centres in Kent are valued by parents and have been shown to work;
- Young children and families, mainly mothers, have been the worst affected by the financial crisis with a wide range of financial cuts, including loss of the Sure Start maternity grant, loss of child tax credits, loss of the child trust (where government contributed the first £50), loss of child benefit and others;
- In many areas there are no local services for early years except through children's centres. Kent cannot afford to cut its children's centre services as there are practically no other services available for this age group;
- Making suggestions in the consultation document of the local Library signposting families to local services do not mean anything when there are no services in the area other than those provided at the children's centre.
- Kent does not compare favourable to other areas of the Southeast in relation to investment in early years and the county can address this through funding all the children's centres;

¹ Karoly, et al (1998). Investing in our children, what we know and what we don't know about the costs and benefits of early childhood interventions. Santa Monica, Calif.: RAND Corp. MR-898-TCWF

- Poor outcomes for children in relation to education in Kent is an issue and the evidence tells us that investment in the very early years can make a difference. It also shows fewer children living in workless households, reduced crime and disorder especially burglary²;
- The early years are really important and have a greater impact on outcomes than health, education, etc.;
- Children’s centre buildings are important; they signal that early years and parents matter and closing them gives the signal that young children and parents are not a priority and this could have huge implications across the county for children and families, and education outcomes in general, in the future.

Heckman’s model of human investment capital speaks for itself:



There is huge support for children’s centres in the county. Thousands of parents have signed the petition. Many parents have protested on the streets with their children. For the first time many have become activists in their communities and have engaged with their local political processes.

We hope the County Council can find the £1.5M, a very small sum relative to the county’s overall annual budget, and continue to support and fund all their children’s centres, allowing all young children across the county can have the best possible start in life.

Yours Sincerely

Frances Rehal MBE

² Barnes, J. (2007) ‘Targeting deprived areas: the nature of the Sure Start Local Programme neighbourhoods’, in J. Belsky, J. Barnes and E. Melhuish (eds) *The National Evaluation of Sure Start: Does Area-Based Early Intervention Work?* Bristol: The Policy Press

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From: Jenny Whittle, Cabinet Member for Specialist Children's Services

Andrew Ireland, Corporate Director, Families and Social Care

To: Social Care and Public Health Cabinet Committee – 5th December 2013

Decision No: 13/00067

Subject: Shaping the Future of Children's Centres in Kent

Classification: Unrestricted

Past Pathway of Paper: Corporate Management Team – 12th November 2013

Future Pathway of Paper: Cabinet Member for decision

Electoral Division: Countywide

Summary: Kent's Children's Centres have been the subject of a public consultation to consider the future shape of the programme. The consultation ended on the 4th October 2013 and a decision is to be made by the Cabinet Member for Specialist Children's Services shortly after the Cabinet Committee meeting .

This report provides includes the post consultation report* (Appendix A) and provides details of the proposed decision (Appendix D) which incorporates a number of proposal changes in response to the consultation.

The report also highlights the need for a full staffing restructure to deliver the savings and a number of potential means for delivering additional savings, identified through the consultation process.

* The full post consultation report (>1100 pages) is available

<https://shareweb.kent.gov.uk/Documents/education-and-learning/childcare-and-pre-school/childrens%20centre%20consultation/Appendix%20A%20Post%20Consultation%20Report.pdf>

Recommendation(s):

The Cabinet Committee is asked to consider and either endorse or make recommendations to the Cabinet Member for Specialist Children's Services on the proposed decision (Section 6) .

1. Introduction

1(1) Children's Centres were identified as one of the first service areas to be reviewed as part of a Future Service Options (FSO) Programme.

1(2) The public consultation "Shaping the future of Children's Centres in Kent" ran from 9am on 4 July 2013 until 5pm on 4 October 2013. A single proposal was consulted on, which included;

- Reducing the number of Children's Centres,
- Linking Children's Centres to reduce management and administrative costs,
- Reducing hours at some Children's Centres.

Specifically it proposed;

- Closing 22 Children's Centres (the proposal included either The Village or Folkestone Early Years Centre with services relocated to the remaining building which would become a 'Children's Centre Plus'),
- Closing and merging 2 Children's Centres and relocating them to an existing building in Dover Town Centre,
- Linking 40 full time Centres and 18 part time Centres to 16 Children's Centre Plus (Hubs),
- Reducing the hours to part-time at 13 Centres.

1(3) The aim of developing a future model is that it will;

- Ensure we give earlier support to those children and families who need it most,
- Protect services which improve health, education and social care outcomes,
- Improve co-ordination and access to a range of services for families with children aged 0 – 11 where at least one child in the family is under 5 years old,
- Continue to offer parents and expectant parents a choice about which Centre they use,
- Strengthen the working relationship between Children's Centres, early years settings, schools and health services.

2. Financial Implications

2(1) In line with KCC budget proposals, planned savings are required over the period 2014/15 and 2015/16. The consultation on the future of Children's Centres identified the need to save "at least £1.5m". The current KCC Budget Consultation identifies a £2.0m saving in 2014/15 and a further £0.5m saving in 2015/16.

3. Bold Steps for Kent and Policy Framework

3(1) At the heart of **Bold Steps for Kent** is the need to change the way we work, not only to improve our own services, but also to reflect the changing shape of wider public services. Increasingly, those directly responsible for delivering front line services will be empowered to design and commission services that better fit the needs of parents, children and communities. Therefore, we must adopt an approach that is both inclusive and sees prevention and intervention as a continuum, so that it is never deemed too late to positively intervene and prevent the deterioration in an individual child or young person's circumstances.

3(2) **Facing the Challenge**, KCC's organisational transformation approach aims to achieve savings whilst continuing to focus on what is most important to residents. Facing the Challenge requires us to ensure that we deliver services in the most efficient way, maximising outcomes for our residents, and focusing on what matters to them most. Facing the Challenge incorporates a 0-25 Change Portfolio of programmes relating to outcomes for children and young people.

3(3) KCC's Children and Young People's Strategic Plan 2012-2015, **Every Day Matters**, provides the overarching framework within which KCC's children's services work together seamlessly to deliver integrated services and the best possible outcomes for all children and young people in Kent. Kent's Children's Centres and the Futures Service Options Programme support the delivery of the five strategic priorities;

- Safeguarding and protection,
- Early help, prevention and intervention,
- Community ambition, health and wellbeing,
- Learning and achievement,
- Better use of resources.

3(4) The **0-11 Integrated Services Programme** is a key part of the 0-25 Change Portfolio. The programme seeks to establish the best way to support children to have the best start in life. This will focus on ways to integrate the support we deliver to families across education, social care and health so that they work together in a seamless way putting the needs of families at their core. Children's Centres are a fundamental aspect of this programme and will be central to the way that we work with partners to deliver improved outcomes.

Through the 0-11 Programme we will work with partners to define a model for the way that family support, including Children's Centres, will work in the future. The key stages in this development will be;

- A Vision and Blueprint for Integrated Services for 0-11 year olds will be available at the end of January 2014,
- A detailed plan for family support services will be agreed by the end of March 2014.

3(5) In our **Children's Centre Strategy 2013 –16**, we established our Vision and Strategic objectives for the delivery of Children's Centres in Kent. Our vision is

that we “want all children to receive the best start in life and families to reach their full potential”, whilst ensuring that Children’s Centres place families at their centre, are of a high quality and are accessible. The strategy establishes the need to target services to those most in need whilst maintaining availability to all. Those identified as most in need include a range of groups including;

- Families identified by the Local Authority as ‘troubled families’ who have children under 5,
- Families who stay or work in a place for a short time only,
- Children who being cared for by members of their extended family,
- Children who are in the care of the Local Authority,
- Adopted children and adopter families,
- Those with protected characteristics as defined by the Equality Act 2010,
- Fathers, particularly those with any other identified need, for example teenage fathers and those in custody,
- Children of offenders and/or those in custody,
- Children ‘in need’ or with a child protection plan,
- Children living with domestic abuse, adult mental health issues and substance misuse,
- Children from low income backgrounds,
- Lone parents, teenage mothers and pregnant teenagers.

4. Shaping the Future of Kent’s Children’s Centre Consultation

Activity

- 4(1) In summary the following consultation activity has taken place;
- Notifying over 40,000 email addresses of the consultation,
 - Directing over 12,605 individuals to the consultation web home page at kent.gov.uk (page viewed 15,403 times),
 - Distributing 12,000 paper versions of the consultation document, 15,000 leaflets and 800 posters,
 - Translating the consultation document ,
 - Visiting Children’s Centres – The Cabinet Member for SCS has visited all Centres that are proposed as closures,
 - Supporting 1,032 events/activities across the County, highlighting the consultation to at least 26,034 attendees (as recorded by DCCMs and CEOs),
 - Facilitating 7 focus groups.

Volumes

- 4(2) This has resulted in the following responses being received and considered;
- 6,008 Consultation Questionnaires, 5,229 (87%) from the public and 779 (13%) from professionals (four responses were received in Russian and these were translated),
 - 97 letter or email responses,
 - Feedback from 7 focus groups

- 6 petitions with a total of 4,036 signatures. One petition "We call upon Kent County Council to commit to keeping every Sure Start Children's Centre in Kent open and fully funded" has received over 3,000 signatures and will be debated at the Social Care and Public Health Cabinet Committee on 5th December 2013.

Responses – A high level summary

- 4(3) The vast majority of those who responded to the consultation disagreed to some extent with reducing the number of Children's Centres (87%, 5,098 individuals/professionals). Around 1 in 7 of the professionals who responded supported the proposals (including 23% of the nursery/pre-school staff who responded to the consultation).
- 4(4) Amongst those members of the public who disagreed with reducing the number of Children's Centres, 26% (1,174 individuals) indicated that they would not use Children's Centres at all as a result. Amongst those objecting to the proposal who feel that they will not use Children's Centres at all, travel is clearly a key concern. Other key concerns include a feeling that the loss of a Centre will be the loss of a local community hub and/or a chance to meet people.
- 4(5) 64% (3,625 individuals/professionals) disagreed with reducing hours at some Children's Centres; this is significantly lower than the level of disagreement to reduce the number of Children's Centres.
- 4(6) Amongst those members of the public who disagree with reducing hours at some Children's Centres, 15% (474 individuals) indicated that they would not use Children's Centres as a result.
- 4(7) Opinions are more divided with respect to linking Children's Centres to reduce administrative and management costs. Whilst 47% disagreed (or disagreed strongly) with the proposal, 25% support it. Around two-fifths (39%) of the professionals responding disagreed with the proposals (rising to 53% of the Children's Centre staff who responded to the consultation).
- 4(8) Amongst members of the public objecting to linking Children's Centres, a number are concerned over the proximity of services and their ability to travel. Other key concerns include the potential impact on quality and a perception that the proposals will lead to less help and support being available for parents, that services will be oversubscribed and that staff will be overstretched.
- 4(9) During the consultation period there were nine individuals or organisations who expressed an interest in the future use of some of the buildings that were identified as a proposed closure.
- 4(10) The Post Consultation Report is available at Appendix A.
- 4(11) Appendix B contains a summary of consultation responses provided by KCC Members.

5. Response to the Consultation: Mitigating Actions

- 5(1) The Consultation identified four main areas of concern;
- The significance of access to transport and the ability to travel to an alternative Centre,
 - The importance of Children's Centres as "hubs" in local communities, giving families opportunities to meet and preventing social isolation,
 - The role Children's Centres play in keeping young children healthy. We have heard about their role in bringing together families with health visitors, midwives and public health activities,
 - The way that Children's Centres have been a lifeline for families in distress, enabling many to turn to someone for intensive help and support to work through problems which have seemed insurmountable.
- 5(2) This feedback has been used to re-evaluate each of the original proposals by;
- 1) Reconsidering need (population based) and re-analysing usage patterns,
 - 2) Identifying the impact on users (as identified by consultation respondents) and particularly sole users,
 - 3) Assessing suitable alternative venues within one mile of a proposed closure to enable services to continue to be delivered within the community,
 - 4) Identifying property implications including potential future usage of accommodation and the likelihood of Department for Education clawback of capital monies (see 5(16) below).
- 5(3) This is a very simplistic explanation of a complex and thorough analysis that takes account of a much wider range of evidence, including more qualitative sources.
- 5(4) In addition, all Equality Impact Assessments initial screenings have been reviewed and four full Equality Impact Assessments undertaken.

1. DATA: Reconsidering need (population based) and re-analysing usage patterns

- 5(5) Selection criteria were used to identify the Children's Centres proposed for closure or reduced hours. These criteria and supporting hypothesis-led analysis are available at www.kent.gov.uk/childrenscentres.
- 5(6) Through the consultation a number of respondents questioned the reliability of some data used to support the selection criteria. This specifically related to the definition of 'need' and the age of the usage data (1 October 2011 to 31 September 2012).
- 5(7) In response the need data used to establish consultation proposals has been updated and reanalysed for the period 1 October 2012 to 30 September 2013. Needs have been assessed based on the population with 0-11 year olds (NOT users of a Centre) living within the calculated 'actual/natural' catchment.

2. IMPACT: Impact on users (as identified by consultation respondents)

- 5(8) Considerations of the impact on users (and particularly sole users), as identified by the consultation responses, has been key in the drafting of the recommendations. These recommendations seek to mitigate the disproportionate impact on families.
- 5(9) All Centres proposed for closure or reduced hours have been assessed by the magnitude of their impact on sole users. This is the number of sole users of each of these Centres responding to the consultation saying that they 'will no longer use Children's Centres'.

3. VENUES: Assessing suitable alternative venues

- 5(10) Children's Centres provide services that are accessible to all, are able to prevent problems and to intervene early when required. For this reason, the consultation proposals were focused on ensuring that savings are delivered by reducing the costs associated with maintaining and staffing buildings, rather than stopping the services that are delivered within them.
- 5(11) A commitment has been made that the closure of a building will not mean that the valued services provided in the building will cease. Individual services will, as part of the usual service planning cycle, be assessed and maintained where there is a community need for them.
- 5(12) An assessment of suitable alternative venues has been undertaken to ensure that there are venues within communities from which activities can continue to take place.

4. PROPERTY: Identifying property implications

- 5(13) The property implications and restrictions for Children's Centre sites that are proposed for closure have been considered and an options appraisal for alternative use for each of these sites has been undertaken. This includes any temporary, ongoing and transitional costs that are associated with these options.
- 5(14) For any centre that is proposed to have a part time use or be an outreach centre we will endeavour, wherever possible, to see if other Early Years services can make use of the building to ensure the effective and efficient use of assets is achieved at all times.
- 5(15) Capital Clawback - any proposed closures of Children's Centre buildings which were funded by Department for Education Sure Start Grant funding could invoke a capital clawback charge proportionate to the level of the Department's contribution. Work is underway with the Department for Education to manage the risk of capital clawback through accommodation solutions. Further guidance is available at:

<http://media.education.gov.uk/assets/files/pdf/s/capital%20guidance.pdf>

Equality Impact Assessments

- 5(16) One Countywide and 37 individual Equality Impact Assessments (EqIAs) were undertaken. All 38 EqIAs were available on the consultation website throughout the consultation period at www.kent.gov.uk/childrenscentres
- 5(17) Following the consultation;
- A full EqIA has been undertaken on the Countywide proposal,
 - Full EqIAs have been undertaken on the closure of New Romney Children's Centre, North Deal Primrose Children's Centre and the closure and merger of The Buttercup and The Daisy Children's Centres with relocation to an existing community facility in Dover Town Centre as these Centres were screened as 'high impact',
 - The remaining 34 Equality Impact Assessments (screened as low and medium impact) have been reviewed and updated. This included updating action plans to mitigate any impact related to protected characteristics,
 - An Equality Impact Assessment has been undertaken on a new proposal for The Daisy and The Buttercup.
- 5(18) The Countywide full EqIA identified a potential adverse impact on teenage mothers (age), teenage parents (age), lone parents (marriage and civil partnerships), expectant parents (pregnancy and maternity) and fathers (gender). Across all characteristics there are concerns about continued accessibility of services, the costs and difficulties of travelling to alternative locations and the reduction in opening hours and possible unsuitable hours. The assessment recommends that a closure should not go ahead unless suitable alternative venues are found for service delivery.
- 5(19) An Equality Impact Assessment initial screening has also been undertaken on a proposal to close The Daisy Children's Centre and merge it with The Buttercup Children's Centre (see Section 6). This initial screening has identified a potential medium impact on the following characteristics; Age (children under 5 and teenage parents), Gender (male service users), Race (White British service users), Pregnancy and Maternity (pregnant women and parents with babies) and Marriage and Civil Partnerships (lone parents). A copy of the screening is available at Appendix C.
- 5(20) The full EqIAs and updated screenings are available in the Post Consultation Report at Appendix A.

6. Proposed decision

6(1) Based on the re-evaluation of each of the original proposals, as described in Section 5 it is recommended that;

Recommendation	Rationale	Children's Centres
Five Centres are retained in their current form and continue to be Ofsted designated Children's Centres	Based on the largest numbers of sole users impacted by the proposal and the lack of suitable alternative venues	St. Marys New Romney Folkestone Early Years Woodgrove
	Based on highest need (by volume) and the highest sole usage (by volume)	Temple Hill
Six Children's Centre buildings are retained to offer access to early childhood services ¹ (with <u>at least</u> part-time hours)	Based on the number of sole users impacted by the proposals and the lack of suitable alternative venues	Maypole The Village Swalecliffe Briary
	Based on the number of sole users impacted by the proposals and purpose 'built' accommodation	Apple Tree Marden
One Centre is retained as a Part Time Centre	Based on the proportion of sole users (increase of 8%) and purpose 'built' accommodation	Tina Rintoul
One additional hub is created in the Canterbury Clinical Commissioning Group area	Based on the suggested retention of St. Mary's, Briary, Swalecliffe, Apple Tree and Tina Rintoul	Joy Lane
An alternative Centre becomes the hub in Gravesham and Maidstone	Based on the accommodation space and facilities available	Riverside (instead of Little Pebbles), Meadows (instead of Sunshine).
Merge The Daisy with The Buttercup. Retain Children's Centre services	Based on lack of suitable alternative accommodation in Dover Town Centre	The Buttercup The Daisy

¹ 12 Children's Centres are merged into 6 but all 12 Children's Centre buildings are retained to continue to offer access to early childhood services on behalf of a Children's Centre - linked site/ outreach centre.

in Tower Hamlets (The Daisy). (New EqlA available at Appendix C – impact assessed a medium.)		
Hub and link arrangements are changed so catchments are co-terminus with Clinical Commissioning Group and district boundaries in most cases	Based on feedback from key partners	Little Foxes, South Tonbridge and Borough Green are linked to Woodlands, Greenlands at Darenth is linked to Brent, Westborough is linked to Sunshine.

6(2) In line with the recommendations above, the impact on the overall Children's Centre Programme would be;

Consultation Proposal	Proposed Decision
Closing 22 Children's Centres (including either Folkestone Early Years or the Village)	Close 12 Children's Centres BUT retain services within the local community, Retain 4 Centres in current form (plus Folkestone Early Years), Retain 6 Children's Centre buildings to offer access to early childhood services (with at least part-time hours), Retain 1 Centre as part time.
Closing and merging 2 Children's Centres and relocating them to an existing building in Dover Town Centre	Close The Daisy and merge with The Buttercup. Retain Children's Centre services in Tower Hamlets (The Daisy).
Reducing the hours to part-time at 13 Centres	Reducing the hours to part-time at 12 Centres (retaining Temple Hill as full time). All KCC services to be delivered within part time hours, some health services may be delivered outside of these hours.
Linking 16 hubs with 40 full time Centres and 18 part time Centres	Linking 17 hubs with 43 full time Centres, 18 part time Centre and 7 'outreach centres/ linked sites'.

6(3) This will have the following impact on services;

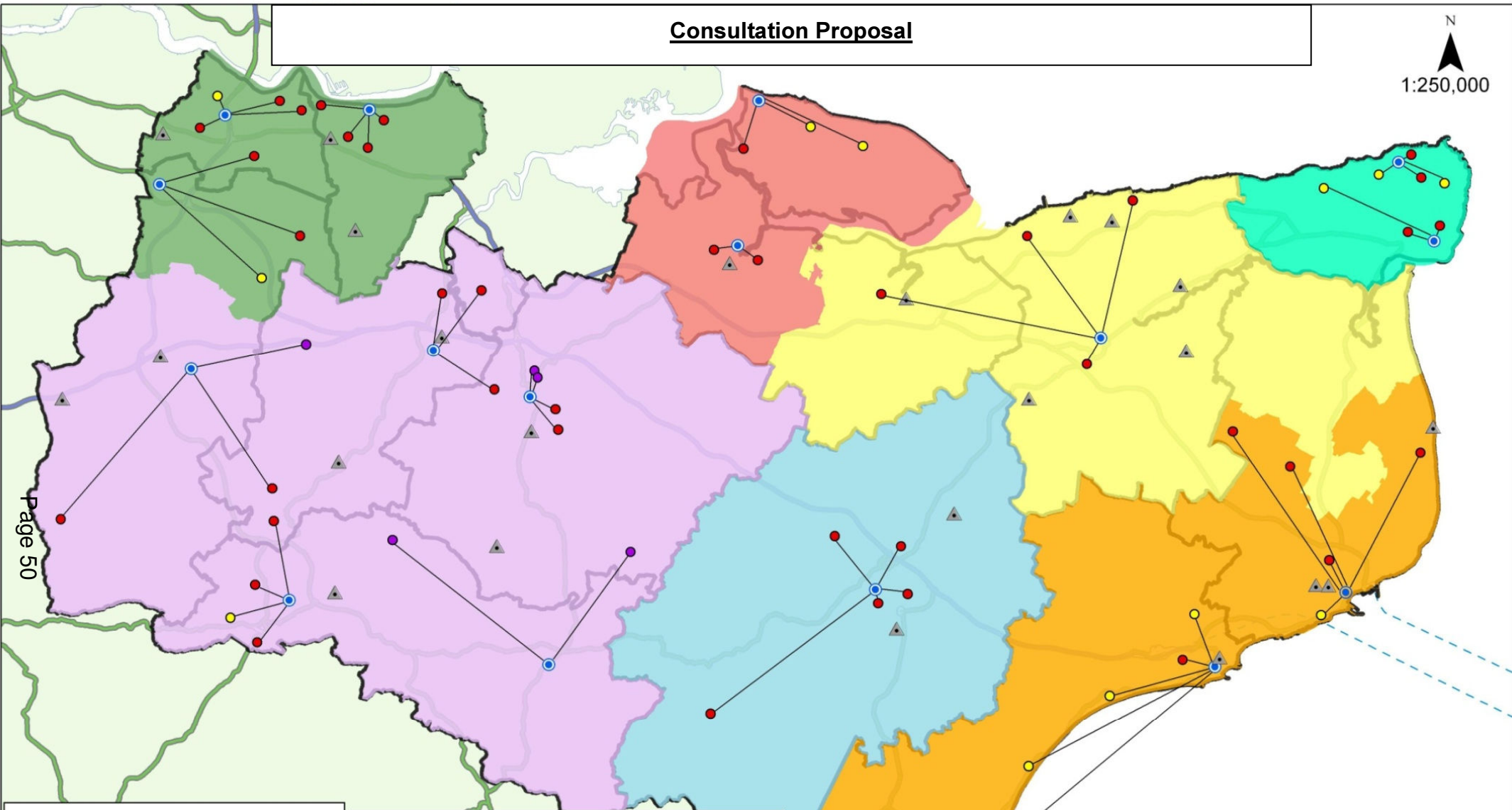
- 39 (KCC) activities and 12 (health) services which are currently delivered at Children's Centres that are recommended for closure will relocate to suitable alternative venues. This includes services currently delivered at; Cherry Blossom, Squirrel Lodge, Little Bees, Daisy Chains, Little Painters, Loose, Dunton Green, Merry-Go-Round, Hadlow, Larkfield, Pembury and Primrose Children's Centres,
- 119 (KCC) activities and 50 (health) services which are currently delivered in Children's Centre buildings (that were proposed for closure) will be retained within the existing Children's Centre accommodation. This includes services currently delivered at; The Village, Marden, Apple Tree, Briary, Woodgrove Swalecliffe and Maypole Children's Centres,

- It is suggested that all outreach activities remain unaffected including service delivery at Merry-Go-Round (Westerham) and Daisy Chains (Meopham). In addition we are exploring the feasibility of retaining some Children's Centre accommodation at Loose, Dunton Green and Hadlow to support the delivery of outreach services.

6(4) The proposed record of decision is available at Appendix D.

Consultation Proposal

N
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Page 50

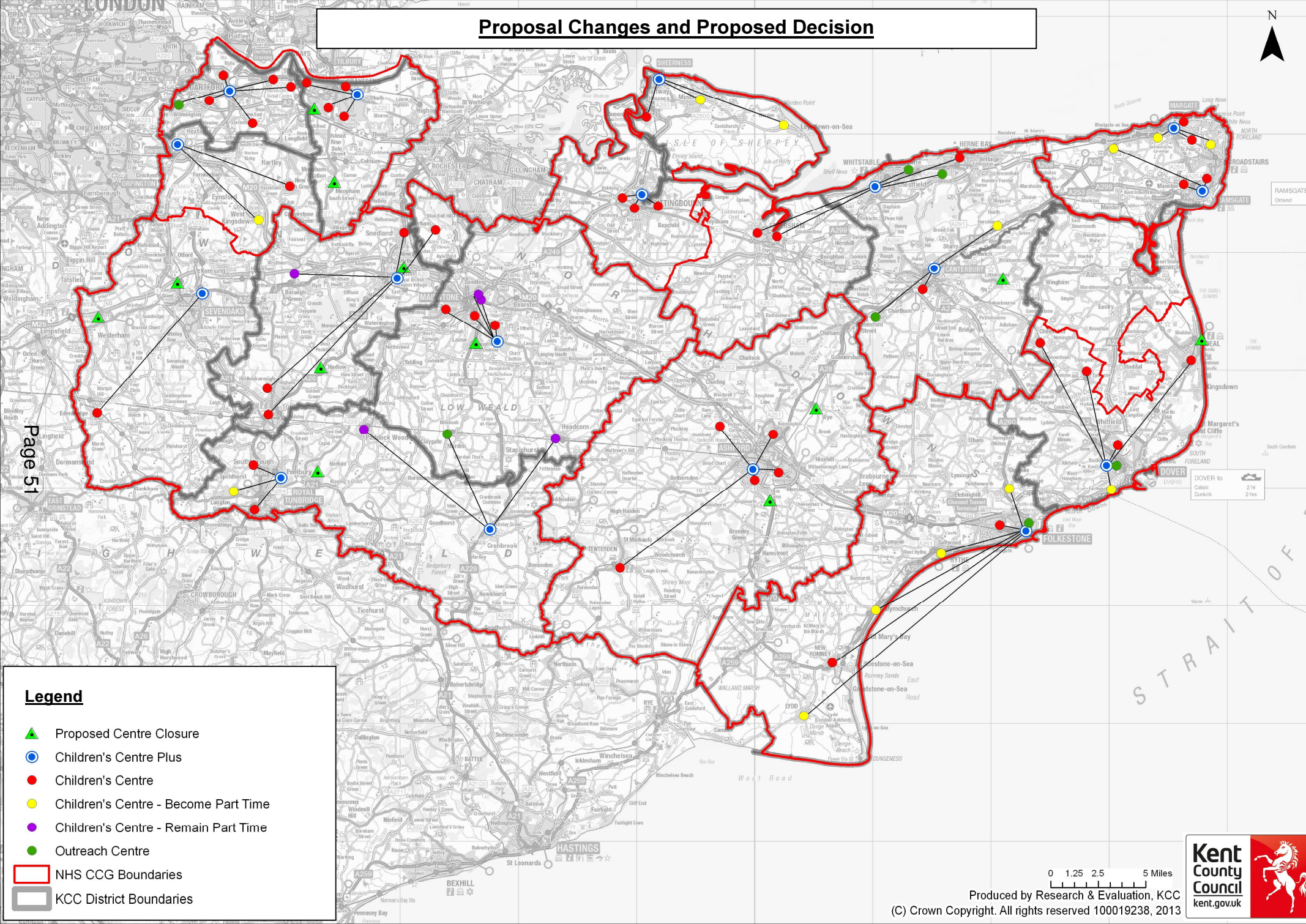
Legend

▲ Centre Reduction	■ NHS Ashford CCG
● Hub	■ NHS Canterbury and Coastal CCG
● Link Centre	■ NHS Dartford, Gravesham and Swanley CCG
● Link Centre - Become Part Time	■ NHS South Kent Coast CCG
● Link Centre - Remain Part Time	■ NHS Swale CCG
□ KCC District Boundaries	■ NHS Thanet CCG
	■ NHS West Kent CCG









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Proposal Changes and Proposed Decision



Legend

-  Proposed Centre Closure
-  Children's Centre Plus
-  Children's Centre
-  Children's Centre - Become Part Time
-  Children's Centre - Remain Part Time
-  Outreach Centre
-  NHS CCG Boundaries
-  KCC District Boundaries

0 1.25 2.5 5 Miles



7. Financial Implications of Proposal Decision

- 7(1) The levels of savings required are subject to confirmation following the KCC budget consultation. The current KCC budget consultation identifies a £2.0m saving in 2014/15 and a further £0.5m saving in 2015/16.
- 7(2) This level of savings can be achieved with the proposed decision if;
- a. A full staffing restructure is also undertaken. The consultation document identified that savings would be derived from a reduction in management, administration and accommodation costs. Any proposed changes to staffing structures cannot be drafted for consultation with staff until the decision on the future shape of Kent's Children's Centres has been made.
 - b. A number of potential means for delivering additional savings, identified through the consultation process are explored further, including;
 - A market, engagement and service review,
 - Implementing a contributions scheme for some services,
 - Increasing rental income particularly at part time Centres,
 - The formal co-location of health visitors leading to a new income stream,
 - More effective joint commissioning,
 - Increased efficiencies by working in conjunction with ICT to deliver the countywide print review and Unified Communications project.

8 Communication: Post Decision

- 8(1) Following the decision on the future shape of Children's Centres, the decision will be communicated as widely as possible. Specific leaflets will be produced for each network of Children's Centres, which clearly show the services which will be delivered from April 2014, and the venue from which they will be delivered. The post consultation report at Appendix A will also be updated and published at www.kent.gov.uk/childrenscentres.

9 Conclusions

- 9(1) Feedback from the public consultation has been used to re-evaluate each of the original proposals and develop a number of recommendations. The post consultation report is at Appendix A.
- 9(2) The proposed decision will deliver the levels of savings identified in the current KCC Budget Consultation if a full staffing restructure is undertaken.
- 9(3) A number of potential means for delivering additional savings were also identified through the consultation process and these will be explored further.

10 Recommendation(s)

Recommendation(s): The Cabinet Committee is asked to consider and either endorse or make recommendations to the Cabinet Member for Specialist Children's Services on the proposed decision (Section 6).

11 Background Documents

Full details of the consultation proposals are provided online at www.kent.gov.uk/childrenscentres. This also includes supporting criteria by Centre, Equality Impact Assessments, the hypothesis-led supporting analysis, analysis of the district engagement workshops held in February 2013 and Frequently Asked Questions.

Sure Start Children's Centres Statutory Guidance (April 2013)

<http://www.clusterweb.org.uk/userfiles/CHC/file/CC%20Staff%20Documents/Home%20Page/childrens%20centre%20stat%20guidance%20april%202013.pdf>

Ofsted Framework for Children's Centre Inspections (April 2013)

<http://www.ofsted.gov.uk/resources/framework-for-childrens-centre-inspection-april-2013>

Sure Start, Early Years and Childcare Grant and Aiming High For Disabled Children Grant Capital Guidance (DfE capital 'clawback')

<http://media.education.gov.uk/assets/files/pdf/s/capital%20guidance.pdf>

Report to Social Care and Public Health Committee on 12th June 2013

<https://democracy.kent.gov.uk/mgConvert2PDF.aspx?ID=40679>

Report to Social Care and Public Health Committee on 4th October 2013

<https://democracy.kent.gov.uk/documents/s42748/C2%20-%20Shaping%20the%20Future%20of%20Childrens%20Centres%20in%20Kent%20V2.pdf>

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Appendix A – Post Consultation Report

Appendix B - A summary of consultation responses provided by KCC Members.

Appendix C - Equality Impact Assessment initial screening on a revised proposal to close The Daisy Children's Centre and merge with The Buttercup Children's Centre

Appendix D – Proposed Record of Decision

Shaping the Future of Children's Centres in Kent

Post Consultation Report

Contents

Section 1: Introduction.....	3
Section 2: Reason for the Consultation.....	4
Section 3: Decision Making Process	5
Section 4: Engagement Process and Outcomes.....	6
Section 5: Consultation Proposal	7
Section 6: Consultation Process	9
Section 7: Consultation Respondents and Responses.....	15
Section 7: Equality Analysis	20
Section 8: Post Consultation	21
Appendix A: Statutory Guidance - Children’s Centres	
Appendix B: Views from the District Engagement Workshops	
Appendix C: Views from the Strategic Engagement Workshop	
Appendix D: A copy of the consultation materials, including the consultation document	
Appendix E: Key Stakeholder consultation notification list	
Appendix F: Summary of local consultation activities and the specific target groups who attended	
Appendix G: Consultation Analysis report (questionnaire)	
Appendix H: Summary of written responses to the consultation	
Appendix I: Focus Group Feedback	
Appendix J: Freedom of Information Requests	
Appendix K: Equality Impact Assessments	

Section 1: Introduction

There are currently 97 Children's Centres in Kent.

A Sure Start Children's Centre is defined in the Childcare Act 2006 as a place or a group of places:

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

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

The nationally prescribed core purpose of a Children's Centre (Appendix A) is to improve outcomes for young children and their families and reduce inequalities between families in greatest need and their peers through a combination of the following universal and targeted services:

Universal Services:

1. High quality, inclusive, early learning and childcare
2. Information and activities for families
3. Adult learning and employment support
4. Integrated child and family health services

Targeted Services:

1. Parenting and Family Support
2. Targeted evidence-based early intervention programmes
3. Links with Specialist Services

A Children's Centre should make available universal and targeted early childhood services either by providing the services at the centre itself or by providing advice and assistance to parents and prospective parents in accessing services provided elsewhere¹. Local authorities must ensure that Children's Centres provide some activities for young children on site².

¹ Section 5A (5)

² Section 5A(4)(c)

Section 2: Reason for the Consultation

Children's Centres were identified as one of the first service areas to be reviewed as part of a Future Service Options (FSO) Programme.

The Children's Centre FSO Programme builds on areas for development identified through a Peer Challenge and aims to;

- Review the model and method of operation of Kent's 97 Children's Centres (11 currently operate part time), in the context of 'Bold Steps for Kent,' early intervention and prevention, value for money, delivery of the nationally prescribed core offer (Appendix A), the revised statutory guidance and a revised Ofsted Inspection Framework.
- Develop and appraise future service options that meet efficiency savings of at least £1.5 million in the 2014/15 financial year whilst optimising Children's Centres potential to reach and support all families through a universal core offer of services and ensuring resources are targeted at those most in need.

These savings are in addition to £1.4m savings from April 2013 and a budget reduction of £2.8m between April 2010 and April 2012.

A reconfigured Children's Centres programme will support the delivery of KCC's vision for Children's Centres.

Kent's Vision for Children's Centres

Every child gets the healthiest start in life and is ready for school. The needs of the most vulnerable children and their families are met at the earliest opportunity and pre-school children and their primary aged siblings get the best all round help. We will achieve this by;

- *Continuing to deliver high quality, coordinated services through an integrated model of delivery which provides a continuum of support for children and families pre birth to 11 years.*
- *Providing a range of services that are accessible, reflective and responsive to the changing needs of local communities, including supporting families who may also have older children to access the services that they need.*
- *Effectively promoting services so that families know what is available and can easily access the right information, advice and support when required, resulting in positive outcomes for children and families.*
- *Placing children and families at the heart of all that we do, enabling them to have their say and ensuring every child has a chance to develop, is ready to learn and receives the best start in life.*
- *Delivering services in an efficient, sustainable and cost effective way and employing a multi -skilled, talented, trained and committed workforce that can offer flexible support to achieve the required outcomes.*
- *Putting in place effective governance arrangements which will scrutinise and challenge Children's Centres and the services which they provide in a multi-agency setting.*

Section 3: Decision Making Process

The following information gathering and formal decision making process has been followed for the consultation.

Stage	Key Dates
Review of Service	<ul style="list-style-type: none"> • Review of current Children’s Centre Programme in Kent (September – November 2012) • Outcome presented to Corporate Board 10th December 2012.
Engagement	<ul style="list-style-type: none"> • Strategic Workshop – 14th January 2013 • 12 District Workshops – February 2013
Development of proposals	<ul style="list-style-type: none"> • Proposals developed and assessed (including equality impact assessed) - March and April 2013 • Presentation of 3 options for consultation to Corporate Board on 13th May 2013. • Report to Public Health and Social Care Cabinet Committee on 12th June https://democracy.kent.gov.uk/mqConvert2PDF.aspx?ID=40679
Consultation	<ul style="list-style-type: none"> • Launched on 4th July 2013 at 9am to 4th October 2013 at 5pm. Details of consultation at www.kent.gov.uk/childrenscentres • Report to Public Health and Social Care Cabinet Committee on 4th October 2013 to enable the Committee to respond to the consultation https://democracy.kent.gov.uk/documents/s42748/C2%20-%20Shaping%20the%20Future%20of%20Childrens%20Centres%20in%20Kent%20V2.pdf
Analysis of consultation to influence proposals	<ul style="list-style-type: none"> • Analysis of consultation (including reassessing equality impacts) – October 2013 • Outcomes of consultation presented to Corporate Board 18th November 2013
Formal decision making process	<ul style="list-style-type: none"> • Formal Executive Decision published at https://democracy.kent.gov.uk/mglIssueHistoryHome.aspx?Ild=27786&Opt=0 • Report to Public Health and Social Care Cabinet Committee on 5th December 2013. <i>Link to be inserted</i> • Petition Debate at Public Health and Social Care Cabinet Committee on 5th December 2013 <i>Link to be inserted</i> • Decision by Cabinet Member for Specialist Children’s Services <i>Link to be inserted</i> • 5 working days to appeal (until 16th December 2013) • Scrutiny Committee (if required) – 10th January 2014

Section 4: Engagement Process and Outcomes

On the 14th January 2013 a Strategic Workshop sought strategic senior partners' endorsement to a number of principles and the FSO programme planning and next steps.

During February, a series of District engagement workshops, building on the principles established at the Strategic Workshop, took place. The events were aimed at key local stakeholders, were independently facilitated and sought to;

- Raise awareness of the Children's Centre FSO Programme and the need for change;
- Identify local solutions/ local choices /principles and gain views on these; and
- Identify the next steps in the Children's Centre FSO Programme.

The 12 workshops were well attended with over 360 stakeholders with strong representation from all sectors including Children's Lead GPs, Public Health and Kent Community Health Trust (KCHT).

The views from the District engagement events (Appendix B) broadly reflect the views from the strategic workshop (Appendix C). In summary participants supported a policy and planning approach which:

- Gave emphasis to a consistent approach to service delivery and planning across Kent;
- Supported a shift to more focus on neediest children and families by developing a Kent enhanced offer;
- Harnessed Children's Centres to add value to existing services and extend functional role and brief to support siblings of Under 5s up to age 11;
- Ensured the continued provision of Children's Centres in every community;
- Ensured consolidation of service provision and embedding of integrated working;
- Encouraged service delivery alignment and integration.

Section 5: Consultation Proposal

One proposal was consulted on which included;

- Reducing the number of Children's Centres
- Linking Children's Centres to reduce management and administrative costs
- Reducing hours at some Children's Centres

Specifically;

- Closing 22 Children's Centres (the proposal includes either The Village or Folkestone Early Years Centre with services relocated to the remaining building which will become a 'Children's Centre Plus')
- Closing and merging 2 Children's Centres and relocating them to an existing building in Dover Town Centre.
- Linking 40 full time Centres and 18 part time Centres to 16 Children's Centre Plus' (Hubs).
- Reducing the hours to part-time at 13 Centres.

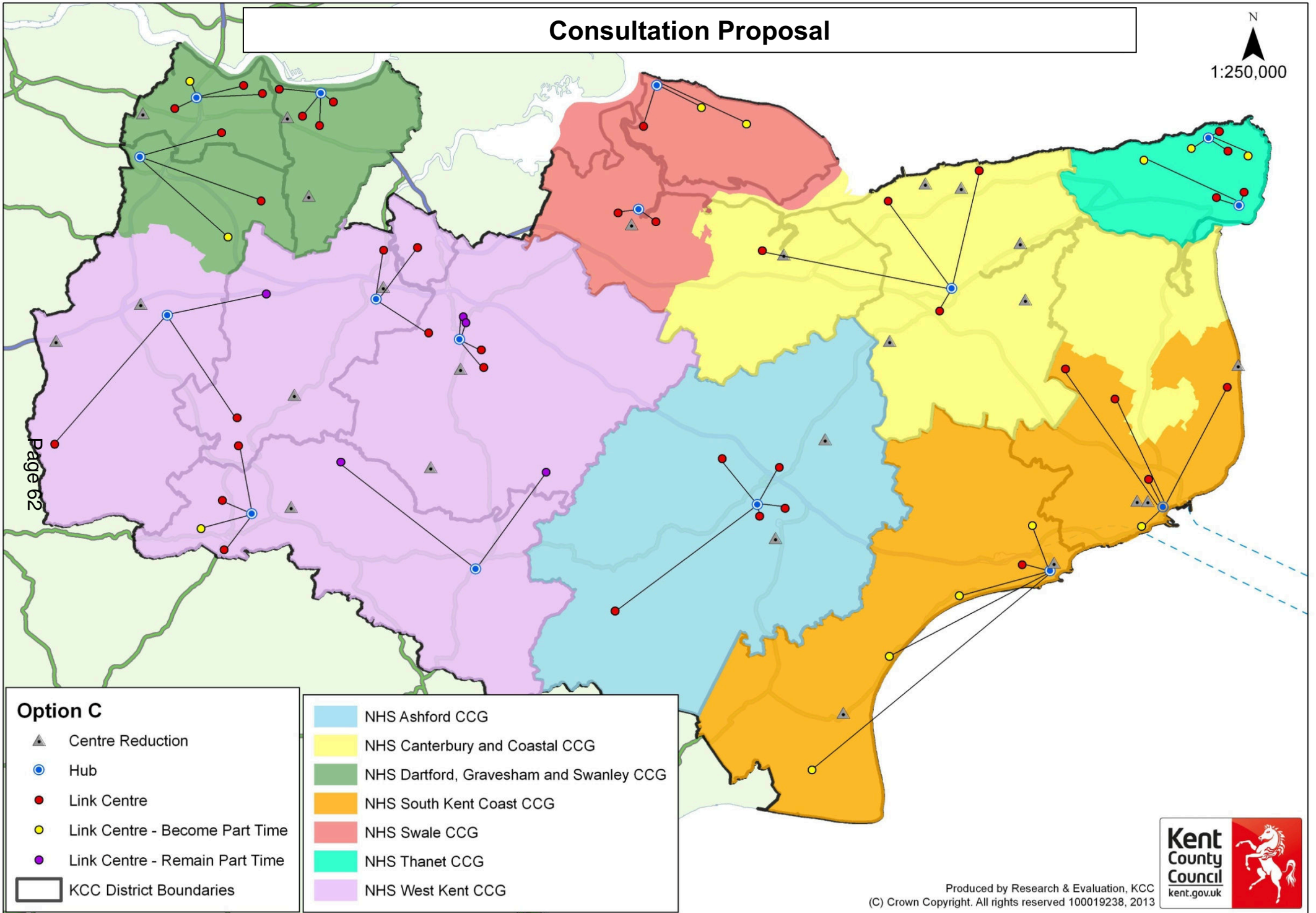
Proposed closures included;

- Cherry Blossom (Wye) – Ashford
- Squirrel Lodge (Furley Park) – Ashford
- Little Bees (Littlebourne) – Canterbury
- Apple Tree (Chartham) – Canterbury
- Briary – Canterbury
- St. Mary of Charity (Faversham) – Swale
- Swalecliffe – Canterbury
- Tina Rintoul (Hersden) – Canterbury
- Little Painters (Painters Ash) –Gravesham
- Maypole – Dartford
- Daisy Chains (Meopham) - Gravesham
- Buttercup (St. Radigunds) and Daisy (Tower Hamlets) –Dover District (Proposal to merge and relocate to Dover Town Centre).
- The Village (Folkestone)or Folkestone Town Children's Centre – Shepway
- New Romney Shepway
- Primrose (North Deal) – Dover
- Woodgrove (Sittingbourne) – Swale
- Loose – Maidstone
- Marden - Maidstone
- Dunton Green –Sevenoaks
- Merry – Go Round (Westerham) –Sevenoaks
- Hadlow and East Peckham –Tonbridge and Malling
- Larkfield – Tonbridge and Malling
- Pembury –Tunbridge Wells

A copy of the consultation materials, including the consultation document are provided at Appendix D.

Consultation Proposal

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Page 62

Option C

- ▲ Centre Reduction
- Hub
- Link Centre
- Link Centre - Become Part Time
- Link Centre - Remain Part Time
- KCC District Boundaries

- NHS Ashford CCG
- NHS Canterbury and Coastal CCG
- NHS Dartford, Gravesham and Swanley CCG
- NHS South Kent Coast CCG
- NHS Swale CCG
- NHS Thanet CCG
- NHS West Kent CCG

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Section 6: Consultation Process

The consultation on “Shaping the future of Children’s Centres in Kent” was launched at 9am on Thursday 4th July. The consultation ran for approximately 3 months, closing at 5pm on Friday 4th October.

In summary the following consultation activity was undertaken;

3 rd July 2013	FSC Member Briefing, the Cabinet Member for Specialist Children’s Services shared the details of the consultation with 43 County Councillors
4 th July 2013	Consultation launched at 9am (press release) All 86 Kent County Councillors were informed of the consultation by email. Details of the Children’s Centre Consultation were located at www.kent.gov.uk/childrenscentres 6,000 paper copies of the consultation document were available in Children’s Centres 15,000 consultation leaflets were between Children’s Centres, Primary Schools located on a CC site, Health Visitors, SCS District Offices and Libraries within 800m of a Children’s Centre.
4 th and 5 th July 2013	Notification of the consultation launch was sent to approximately 40,000 email addresses (see Appendix E).
4 th August 2013	Review of consultation responses to date. Shortfalls in responses from target groups were identified and targeted activity undertaken to address any gaps. (See Appendix F) Frequently Asked Questions updated at kent.gov.uk
5 th August 2013	An additional 6,000 paper copies of the consultation document were available in Children’s Centres An additional 15,000 consultation leaflets were between Children’s Centres, Primary Schools located on a CC site, Health Visitors, SCS District Offices and Libraries within 800m of a Children’s Centre.
14 th August 2013	Consultation document published in Polish, Russian and Nepali in response to public request.
4 th September 2013	Review of consultation responses to date. Shortfalls in responses from target groups were identified and targeted activity undertaken to address any gaps. (See Appendix F) Frequently Asked Questions updated at kent.gov.uk
4 th July – 4 th October 2013	Consultation highlighted to 26,034 attendees at 1,032 events/activities across the County, including for example; Children’s Centre drop-in, Q&A sessions, facilitated discussions at existing groups, parental support to fill in consultation forms (online or hard copy), attendance at community events to raise awareness.
	97 letter/ email responses, 21 queries and 5 Freedom of Information Requests relating to the consultation were responded to.
	Cabinet Member for SCS (or deputy) visited Children’s Centres affected by the proposal to meet with parents, local residents, Councillors and MPs.
4 th October 2013	Consultation closed at 5pm.

Initial Communications

On the 3rd July, at the FSC Member Briefing, the Cabinet Member for Specialist Children's Services shared the details of the consultation with 43 County Councillors. All 86 Kent County Councillors were informed of the consultation by email from the FSC Directorate Manager on behalf of the Cabinet Member for Specialist Children's Services on 4th July 2013.

On the 4th and 5th of July notification of the consultation launch was sent to approximately 40,000 email addresses. This included key stakeholders (detailed in Appendix E) such as Borough/ District and Parish Councillors, service delivery partners and registered Children's Centre users (35,000 emails).

Online Document

Details of the Children's Centre Consultation were located at www.kent.gov.uk/childrenscentres. Contained on this site are a number of documents, including the consultation document, links to the online consultation questionnaire, frequently asked questions, legal requirements, summaries for district workshops, equality impact assessments and maps.

Between the 4th July 2013 and 4th October 2013 the 'Shaping the Future of Children's Centres in Kent' consultation web home page at kent.gov.uk was viewed 15,403 times by 12,605 individual computers. The Swale, Canterbury, Shepway and Ashford proposal webpages had the largest number of views and unique page views after the home page.

	4th July - 4th August 2013		5th August - 4th September 2013		5th September 2013 - 4th October 2013		FULL CONSULTATION PERIOD	
	Page views	Unique Page views	Page views	Unique Page views	Page views	Unique Page views	Page views	Unique Page views
Home Page	8,682	7,028	3,210	2,670	3,511	2,907	15,403	12,605
Ashford	332	284	106	94	92	77	530	455
Canterbury	405	343	74	68	80	75	559	486
Countywide	288	173	92	60	92	72	472	305
Dartford	255	224	106	90	76	68	437	382
Dover	232	181	59	50	50	47	341	278
FAQs	75	69	65	52	65	53	205	174
Gravesham	283	231	57	52	58	50	398	333
Maidstone	284	245	92	80	122	106	498	431
Sevenoaks	238	193	78	64	80	76	396	333
Shepway	339	286	109	81	88	79	536	446
Swale	428	372	113	88	115	100	656	560
Thanet	277	227	77	71	74	66	428	364
Tonbridge and Malling	206	185	78	65	91	77	375	327
Tunbridge Wells	166	140	76	69	61	53	303	262

Paper Document

A 32 page consultation document was also produced which outlined the proposal for Kent's Children's Centres. The document also contains a hard copy response form to the consultation for those unable to access the internet.

There was an expectation that vulnerable users would be supported in filling out any consultation responses by appropriate members of Children's Centre staff. This was communicated to District Children's Centre Managers.

A FREEPOST address was created for consultation response forms. Children's Centres also created "drop-boxes" for consultation responses to be securely left in. Distribution of consultation documents, leaflets and posters were based on the 0-4 population in a district and were as follows:

District	No. of Consultation Documents on 4th July 2013	No. of Consultation Documents on 5th August 2013	Total
Ashford	385	385	770
Canterbury	375	375	750
Dartford	340	340	680
Dover	310	310	620
Gravesham	335	335	670
Maidstone	485	485	970
Sevenoaks	350	350	700
Shepway	300	300	600
Swale	440	440	880
Thanet	405	405	810
Tonbridge and Malling	375	375	750
Tunbridge Wells	365	365	730
Central	1,535	1,535	3070
Total	6,000	6,000	12,000

Leaflets and Posters

An A5 leaflet was produced which gave a broad outline of the proposal, provided a summary of the county proposal and gave details on why we were consulting

Leaflets were shared with;

- Children's Centres
- Primary Schools located on a CC site
- Health Visitors
- SCS District Offices
- Libraries within 800m of a Children's Centre

An A3 poster has also been produced and displayed at all Children’s Centres, libraries, gateways and social services offices. Primary Schools and all Early Years Providers were provided with a pdf version of the poster via the schools e-bulletin and/ or e-mail. Distribution of consultation leaflets and posters were based on the 0-4 population in a district and were as follows:

District	No. of Leaflets on 4 th July 2013	No. of Leaflets on 5 th August 2013	Total (Leaflets)	No. of Posters on 4 th July 2013
Ashford	870	870	1740	53
Canterbury	850	850	1700	52
Dartford	800	800	1600	39
Dover	750	750	1500	55
Gravesham	750	750	1500	40
Maidstone	1000	1000	2000	66
Sevenoaks	830	830	1660	50
Shepway	760	760	1520	44
Swale	970	970	1940	61
Thanet	940	940	1880	48
Tonbridge and Malling	850	850	1700	58
Tunbridge Wells	860	860	1720	46
Central	4,770	4,770	9540	188
Total	15,000	15,000	30,000	800

Translations

In line with KCC policy, translations of any document were available on request. The 32 page document was translated into Russian, Polish and Nepali.

Encouraging Stakeholders to engage

A link to the consultation website remained on the home page of the kent.gov.uk website throughout the consultation. Social Media sites were also used to promote the consultation and a number of parents also set up specific social media pages in response to the consultation and to raise the profile.

A number of press releases were made by KCC in relation to the Consultation and at least 67 newspaper articles were produced by the local press.

District Children’s Centre Managers (DCCM’s) and Community Engagement Officers facilitated the consultation locally, raising awareness and advertising the consultation to service users and professionals. This included engaging with specific target groups and supporting them to participate in the consultation.

In total the District Children's Centre Managers and Community Engagement Officers supported 1,032 events/activities across the County. This highlighted the consultation to at least 26,034 attendees. Appendix F provides a summary of these activities and the specific target groups who attended.

Example engagement methods used during the consultation phase include;

- Children's Centre drop-in
- Q&A sessions
- Facilitated discussions at existing groups
- Parental support to fill in consultation forms (online or hard copy)
- Attendance at community events to raise awareness

Consultation Target Groups

We are committed to listening to all views, but were particularly interested to hear the views of people whom Children's Centre services are targeted at. This was to help us identify the impact of our proposals. Target groups for the consultation included;

- Lone Parents
- Fathers
- Teenage mothers
- Teenage fathers
- Pregnant teenagers
- Parents aged 25 or under
- Parents aged over 35
- Parents of children from low income backgrounds
- Parents from minority ethnic groups
- White parents from low income backgrounds
- Gypsy, Roma and Traveller parents
- Parents with English as an additional language
- Lesbian, Gay and Transgender parents
- Disabled parents

Information was also collected relating to; religion, sexual orientation, gender and marital status to support the identification of equality impacts.

Community Engagement Officers also held 7 focus groups with Children's Centre users to further support the consultation and identifying any potential impact on users. The following groups were held.

- New Romney Children's Centre focus group at New Community Hub, Marsh Academy
- The Daisy and The Buttercup Children's Centre focus group at The Ark, Dover (x2)
- North Deal Primrose Children's Centre focus group at Deal Town Hall
- St. Marys Children's Centre focus group at the Alexander Centre, Faversham
- Briary Children's Centre focus group at Briary Children's Centre
- Woodgrove Children's Centre focus group at Swale CVS, Sittingbourne

10/12 participants, who were current users of the Children's Centre were invite to attend each focus group. A crèche was provided to support attendance.

Jenny Whittle, Cabinet Member for Specialist Children's Services also visited 22 Children's Centres throughout the consultation to meet with parents, local residents, Councillors and MPs. The Cabinet Member addressed a number of questions and queries raised through the consultation and listened to the views of attendees.

A number of papers were taken to strategic meetings to ensure that key stakeholders were engaged in the consultation and various articles appeared in professional newsletters and bulletins e.g. schools e-bulletin and fostering newsletter. Articles also appeared on Knet and in Kmail.

District Advisory Board chairs also signposted to the consultation where possible, and raised awareness through attendance and district meetings.

Monitoring the Consultation Process

District Children's Centre Managers and Community Engagement Officers have recorded and reported on activity delivered locally on a monthly basis throughout the consultation. This has been reviewed alongside initial analysis of the consultation responses on the 4th of each month during the consultation phase. Any shortfalls in responses from target groups were identified and targeted activity undertaken to address any gaps.

Section 7: Consultation Respondents and Responses

In summary the following consultation responses have been received and considered;

- 6,008 Consultation Questionnaires, 5,229 (87%) from the public and 779 (13%) from professionals. (Four responses were received in Russian and these were translated.)
- 97 letter or email responses
- Feedback from 7 focus groups held at New Romney, Briary, The Buttercup, The Daisy, St.Mary's, Primrose North Deal and Woodgrove and supplementary questions asked at Temple Hill Children's Centre
- 6 petitions with a total of 4,036 signatures.

Consultation Questionnaire

6,008 consultation questionnaires were completed. (Four responses were received in Russian and these were translated.)

Appendix G provides a detailed analysis of the consultation responses by proposal and affected Centre. In summary;

The vast majority of those electing to respond to the consultation disagree to some extent with reducing the number of Children's Centres (87%, 5,098 individuals/professionals.) Around 1 in 7 of the professionals responding support the proposals (including 23% of the nursery/pre-school staff responding to the consultation).

Amongst those members of the public who disagree with reducing the number of Children's Centres, 26% (1,174 individuals) indicate that they will not use Children's Centres at all as a result. Amongst those objecting to the proposal who feel that they will not use Children's Centres at all, travel is clearly a key concern. Other key concerns include the feeling that Centres form a local community hub and/or a chance to meet people.

64% (3,625 individuals/professionals) disagree with reducing hours at some Children's Centres; this is significantly lower than the level of disagreement to reduce the number of Children's Centres.

Amongst those members of the public who disagree with reducing hours at some Children's Centres, 15% (474 individuals) indicate that they will not use Children's Centres at all as a result.

Opinions are more divided with respect to linking Children's Centres to reduce administrative and management costs. Whilst 47% disagree (or disagree strongly) with the proposal, 25% support it. Around two-fifths (39%) of the professionals responding disagree with the proposals (rising to 53% of the Children's Centre staff responding to the consultation).

Amongst members of the public objecting to linking Children's Centres, a number are concerned over the proximity of services and the ability to travel. Other key concerns include the potential impact on quality and a perception that the proposals will lead to less help and support being available for parents, that services will be oversubscribed and that staff will be overstretched.

Petitions

KCC has received 6 petitions. The table below summarises the petitions and number of signatures.

Number	Petition	Type of Petition	Total Number of Signatures
1	"Save Briary Children's Centre"	www.kent.gov.uk e-petition (53 signatures) Paper (189 signatures)	242
2	"The Marden Parent Action Group is opposed to the closure of Marden Children's Centre, especially at a time when we need more community services due to the expansion plans for the village"	Paper (335 signatures of which 72 have recorded they are users of the Centre.)	335
3	"Do not reduce the opening hours of Temple Hill Sure Start Children's Centre! "	Paper	170
4	"We call upon Kent County Council to commit to keeping every Sure Start Children's Centre in Kent open and fully funded for every family"	Callis Grange CC petition - paper (257 signatures) Paper (893 signatures) www.change.org.uk (1103 signatures)	3234
5	"We call upon Kent County Council to commit to keeping every Sure Start Children's Centre in Kent open and fully funded"	Paper (981 signatures)	
6	"Asking KCC to consider options other than closure for Children's Centres"	www.kent.gov.uk e-petition	55

Two petitions submitted (number 4 and 5) had the same title and have therefore been treated as one petition in terms of total number of signatures. This petition has received over 3,000 signatures and will be debated at the Social Care and Public Health Cabinet Committee on 5th December 2013. *Outcome to be inserted.*

Written responses

During the consultation 96 letters or email responses were received. This is in addition to 21 queries for further information. The table below demonstrates if the responses related to a specific Centre or district. Appendix H summaries the responses.

Responses relating to....	Number of Responses Received	Responses relating to....	Number of Responses Received
Countywide	10		
Ashford	2	Cherry Blossom (Wye)	0
		Squirrel Lodge (Furley Park)	0
Canterbury	11	Apple Tree (Chartham)	0
		Briary	8
		Little Bees (Littlebourne)	2
		Swalecliffe	3
		Tina Rintoul (Hersden)	0
Dartford	3	Maypole	2
		Temple Hill	2
Dover	2	The Buttercup and The Daisy	0
		Primrose	0
		Samphire (Aycliffe)	0
Gravesham	0	Daisy Chains (Meopham)	1
		Little Painters (Painters Ash)	0
Maidstone	0	Loose	0
		Marden	1
Sevenoaks	1	Dunton Green	0
		Merry-Go-Round (Westerham)	3
		West Kingsdown	0
Shepway	2	New Romney	2
		The Village or Folkestone Early Years (FEY)	3 joint responses, The Village – 1, FEY - 15
		Dymchurch	0
		Hawkinge and Rural	0
		Hythe Bay	0
		Lydd'le Stars (Lydd)	1
Swale	5	St. Mary's (Faversham)	2
		Woodgrove (Sittingbourne)	6
		Beaches (Warden/Leysdown)	0
		Lilypad (Minster)	0
Thanet	0	Birchington	0
		Callis Grange	0
		Garlinge	0
Tonbridge and Malling	2	Hadlow/East Peckham	5
		Larkfield	2
Tunbridge Wells	0	Pembury	0
		Harmony (Rusthall)	0
Sub- total	38	Sub- total	58
TOTAL – 97 responses			

Focus Groups

7 focus groups were at New Romney, Briary, The Buttercup, The Daisy, St. Mary's, Primrose North Deal and Woodgrove Children's Centres. Supplementary questions were also displayed on flip chart paper at the Temple Hill Children's Centre in the main in-door space and parents/carers/visitors were able to complete post-it notes with their comments for each question.

Appendix I provides a record of responses and key points raised at each focus group. In general key points related to;

Centre	Key Points
Briary	<ul style="list-style-type: none"> • The parents did not want to see the Briary closed all together but thought that a reduction to part time hours could be advantageous • Other local services such as church baby groups focus on the children – there is no facility for the parents to chat and support each other • Other services could be delivered on site such as dental checks, immunisation programmes and hearing tests – it was felt that the parents and children would be less stressed as they were in a familiar environment.
New Romney	<ul style="list-style-type: none"> • All of the participants said that they would not choose to access a different centre should the proposals to close go ahead. • There was a general consensus that New Romney Children's Centre was a "community", that by closing it and services being accessed from different locations, this would lead to a loss of the community.
The Buttercup and The Daisy (2 groups)	<ul style="list-style-type: none"> • The steep hill means the Daisy centre is not easily accessible. • The group found it difficult to comment on the proposed relocation as an exact destination had not been identified. It was explained that although rumours were circulating no site had been chosen. The group assumed the Dover Discovery Centre would be used as that was the only suitable site they could think of. • The Charlton Centre is a possibility as it's not utilised enough and costs £2 for the whole day to park. • Merging two centres just won't be enough space for everyone. Too many people wanting to use the centres.
St.Mary's	<ul style="list-style-type: none"> • If you attend Canterbury CC you are unlikely to meet those people again whereas locally you would meet people who live nearby • Making friends with children of similar age is important and the advantage of St Mary's location is then you can go for coffee afterwards in town. • The two centres do not overlap as they offer suitable events on different days. • There is a poor public transport service to Bysing Wood, and St Mary's is more central and 'easier' get to. If the decision is taken to close the children's centre, then they will not attend so often. • These closures will increase isolation and mean additional costs elsewhere to deal with the consequences.
Primrose (North Deal)	<ul style="list-style-type: none"> • The furthest the participants would be prepared to travel would depend on what is available and on cost. Those who would use another centre would use Blossom CC, but would not go to Dover. • It would depend on the detail outreach services, the timing and quality of provision, as to whether users would use these services. If services were of the same quality it was felt that they would be used. • CCs are community 'centres' – "they bring the community together."
Woodgrove	<ul style="list-style-type: none"> • "We can also go into town after a session here and this makes this the best centre for us, it prevents isolation and fosters good support for us." • Walking is the predominant method of attending the Woodgrove CC • Less frequent attendance would be a direct consequence of closure of the

	<p>centre.</p> <ul style="list-style-type: none">• Attendees could not give any venues that they felt would offer the same opportunities and suggested that GP surgeries were not necessarily the right place.• Any reduction should be during quiet times of the year (school holidays etc)
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Freedom of Information Requests

KCC received 6 Freedom of Information requests in relation to the consultation. A copy of requests and responses are available at Appendix J. In summary these relate to;

- The number of Children's Centres in Kent, the number offering daycare and the number of Centres proposed for closure.
- Facilities costs, staff costs, and initial build costs at the Apple Tree Children's Centre.
- Running costs for Little Bees Children's Centre including cost of building and staffing.
- The total projected savings for the proposals affecting Swale Children's Centres for 2013/14 and 2014/15.
- The number of consultation documents printed, printing costs and officer time.
- Perinatal services and number of fathers accessing services.

Section 7: Equality Analysis

A Countywide Equality Impact Assessment (EqIA) was undertaken for the proposal prior to the launch of the consultation in July 2013. 37 Equality Impact Assessments were also undertaken for each Centre proposed to close or reduce hours. All 38 EqIAs were available on the consultation website throughout the consultation period.

These initial screening identified that four full impact assessment were required due to potential high impact of proposals on service users.

Following the consultation the following EqIAs have been undertaken;

- A full EqIA on the Countywide proposal,
- A full EqIA on the closure of New Romney Children's Centre
- A full EqIA on the closure of North Deal Primrose Children's Centre
- A full EqIA on the closure and merger of The Buttercup and The Daisy Children's Centres and relocation to an existing community facility in Dover Town Centre
- The remaining 34 Equality Impact Assessments (screened as low and medium impact) were reviewed and updated. This included updating action plans to mitigate any impact related to protected characteristics.

The Countywide full EqIA identified a potential adverse impact on teenage mothers (age), teenage parents (age), lone parents (marriage and civil partnerships), expectant parents (pregnancy and maternity) and fathers (gender). Across all characteristics there are concerns about continued accessibility of services, the costs and difficulties of travelling to alternative locations and the reduction in opening hours and possible unsuitable hours. The assessment recommends that a closure should not go ahead unless suitable alternative venues are found for service delivery.

The assessments identify that adverse impacts could be minimised if the following actions are implemented; services continue to be provided in the local area; outreach is maintained or increased; partnerships are further developed, particularly with health colleagues to ensure access to services at appropriate accessible locations.

The revision of the 34 EqIAs (initial screenings) following the consultation have identified that the assessment for Folkestone Early Years Centre has increased from medium to high impact based on potential high negative impact on service users with a disability should proposals be agreed to close the Centre. The remaining 33 screenings identify medium or low negative impacts should the consultation proposals be agreed.

A copy of all EqIAs can be found at Appendix K.

Section 8: Post Consultation

This Section will be updated once a decision has been made.

DRAFT

Due to the size of the documents the following Appendices of the Post Consultation Report have not been printed.

- Appendix A: Statutory Guidance - Children's Centres
- Appendix B: Views from the District Engagement Workshops
- Appendix C: Views from the Strategic Engagement Workshop
- Appendix D: A copy of the consultation materials, including the consultation document
- Appendix E: Key Stakeholder consultation notification list
- Appendix F: Summary of local consultation activities and the specific target groups who attended
- Appendix G: Consultation Analysis report (questionnaire) – pages 34 to 524.
- Appendix H: Summary of written responses to the consultation
- Appendix I: Focus Group Feedback
- Appendix J: Freedom of Information Requests

These will be available electronically at
www.kent.gov.uk/childrenscentres

Appendix G: Consultation Analysis report (questionnaire)

Shaping the Future of Children's Centres in Kent

Children's Centres Main
Consultation Exercise

Full Report

Contents

Section 1: Executive Summary.....	3
Section 2: Introduction & Methodology	5
Introduction	5
Methodology.....	6
<i>Questionnaire Design & Fieldwork</i>	6
<i>Data Processing & Analysis</i>	6
Section 3: Respondents	7
Section 4: Consultation Responses.....	13
Proposal 1: Reducing the Number of Children’s Centres.....	13
All Objecting to the Closure of...Cherry Blossom Children’s Centre	34
All Objecting to the Closure of...Squirrel Lodge Children’s Centre.....	45
All Objecting to the Closure of...The Buttercup Children’s Centre	56
All Objecting to the Closure of...The Daisy Children’s Centre.....	68
All Objecting to the Closure of...Primrose Children’s Centre	80
All Objecting to the Closure of...New Romney Children’s Centre	90
All Objecting to the Closure of...The Village Children’s Centre	106
All Objecting to the Closure of...Folkestone Early Years Children’s Centre	121
All Objecting to the Closure of...Apple Tree Children’s Centre	135
All Objecting to the Closure of...Briary Children’s Centre	148
All Objecting to the Closure of...Little Bees Children’s Centre	163
All Objecting to the Closure of...Swalecliffe Children’s Centre.....	175
All Objecting to the Closure of...Tina Rintoul Children’s Centre.....	187
All Objecting to the Closure of...St Mary’s Children’s Centre	199
All Objecting to the Closure of...Woodgrove Children’s Centre.....	213
All Objecting to the Closure of...Maypole Children’s Centre	227
All Objecting to the Closure of...Daisy Chains Children’s Centre.....	239
All Objecting to the Closure of...Little Painters Children’s Centre	252
All Objecting to the Closure of...Loose Children’s Centre.....	263
All Objecting to the Closure of...Marden Children’s Centre.....	274
All Objecting to the Closure of...Dunton Green Children’s Centre	286
All Objecting to the Closure of...Merry-Go Round Children’s Centre	297
All Objecting to the Closure of...Hadlow/East Peckham Children’s Centre	308
All Objecting to the Closure of...Larkfield Children’s Centre	319
All Objecting to the Closure of...Pembury Children’s Centre	330
Proposal 2: Linking Children’s Centres to Reduce Management & Administrative Costs.....	340
Proposal 3: Reducing the Opening Hours at Some Children’s Centres	349
All Objecting to the Reduction in Opening Hours at...Samphire Children’s Centre	365
All Objecting to the Reduction in Opening Hours at...Dymchurch Children’s Centre.....	377
All Objecting to the Reduction in Opening Hours at...Hawkinge & Rural Children’s Centre	388
All Objecting to the Reduction in Opening Hours at...Hythe Bay Children’s Centre	399
All Objecting to the Reduction in Opening Hours at...Lydd’le Stars Children’s Centre	410
All Objecting to the Reduction in Opening Hours at...Beaches Children’s Centre.....	421
All Objecting to the Reduction in Opening Hours at...Lilypad Children’s Centre	432
All Objecting to the Reduction in Opening Hours at...Birchington Children’s Centre.....	443
All Objecting to the Reduction in Opening Hours at...Callis Grange Children’s Centre	455
All Objecting to the Reduction in Opening Hours at...Garlinge Children’s Centre	466
All Objecting to the Reduction in Opening Hours at...Temple Hill Children’s Centre.....	477
All Objecting to the Reduction in Opening Hours at...West Kingsdown Children’s Centre	488
All Objecting to the Reduction in Opening Hours at...Harmony Children’s Centre	499
Appendix A: Interactive Analysis Tool	510
Appendix B: Questionnaire.....	511
Appendix C: Coding Procedures	524

Section 1: Executive Summary

The public consultation 'Shaping the future of Children's Centres in Kent' was launched at 9am on Thursday 4th July. The consultation ran for approximately 3 months, closing at 5pm on Friday 4th October. Over this period a total of 6,008 responses were received via the consultation questionnaire, 5,229 from members of the public and 779 from professionals.

Proposal 1: Reducing the Number of Children's Centres

As expected, the vast majority of those electing to respond to the consultation disagree to some extent with the proposal to reduce the number of Children's Centres (87%). Around 1 in 7 of the professionals responding support the proposals (including 23% of the nursery/pre-school staff responding to the consultation).

The proposed closures of St Mary's, New Romney, Folkestone Early Years, and Woodgrove have received the most objections.

Amongst those members of the public who disagree with the proposal, 26% indicate that they will not use Children's Centres at all as a result. This figure rises significantly for fathers, teenage parents/pregnant teenagers, Gypsy/Roma/Traveller families and parents with a disability.

Amongst members of the public objecting to the proposal who feel that they will not use Children's Centres at all as a result, travel is clearly a key concern. Other key concerns include the feeling that Centres form a local community hub and/or a chance to meet people. Amongst professionals issues connected with travel and accessibility are also mentioned, but the key concerns appear to be around the fear that the proposed closures will have a detrimental impact on the support provided to children and families.

Levels of response to the consultation from users of the 24 Centres proposed for closure differ quite dramatically, from just 5% to more than 70%. For most Centres, the vast majority of users responding to the consultation are in opposition to the proposed closures, although the figure falls below 65% amongst users of Cherry Blossom, The Buttercup, The Daisy, Little Painters and Loose. Across the 25 Centres, the proportion of users who feel that they will no longer use Children's Centres as a result of the proposals varies quite considerably, from less than 10% to more than half.

Proposal 2: Linking Children's Centres to Reduce Management & Administrative Costs

Amongst those responding to the consultation, opinions are more divided on this issue. Whilst 47% disagree (or disagree strongly) with the proposal, 25% support it. Lone parents, expectant parents, lesbian, gay and transgender parents and disabled parents are particularly likely to disagree with the proposal. Around two-fifths (39%) of the professionals responding disagree with the proposals (rising to 53% of the Children's Centre staff responding to the consultation).

Amongst members of the public objecting to the proposal, a number are concerned over the proximity of services and the ability to travel. Other key concerns include the potential impact on quality and a perception that the proposals will lead to less help and support being available for parents, that services will be oversubscribed and that staff will be overstretched. Professionals are particularly concerned about the impact on staff and the value of the roles played by administrative and management staff.

Proposal 3: Reducing the Opening Hours at Some Children's Centres

Whilst it is the case that the majority of those electing to respond to the consultation disagree to some extent with this proposal (64%), this is significantly lower than the level of disagreement with Proposal 1 (87%). Around 1 in 5 of the professionals responding support the proposals.

The proposed reductions in opening hours at Lydd'le Stars, Hawkinge & Rural, Hythe Bay, Dymchurch, Samphire and Temple Hill have received the most objections.

Amongst those members of the public who disagree with the proposal, 15% indicate that they will not use Children's Centres at all as a result. This figure rises for lone parents, fathers, teenage parents, lesbian/gay/transgender parents and parents with a disability.

Amongst members of the public objecting to the proposal who feel that they will not use Children's Centres at all as a result, travel is clearly a key concern. Other key concerns include concerns directly related to the new opening hours. Amongst professionals issues connected the new opening hours are also mentioned, but the fear that the proposed reductions in opening hours will have a detrimental impact on the support provided to children and families is also a key concern for this group.

Levels of response to the consultation from users of the 13 Centres proposed for reduced hours are fairly low in most instances. The highest proportions are for Hawkinge and Rural, Hythe Bay and Lydd'le Stars, where 22%, 23% and 30% of the users of each of these Centres have responded to the consultation.

It is interesting to note that, whilst the majority of users of each of these Centres responding to the consultation are in opposition to the proposed reductions in opening hours, this proportion is 75% or less in all but 2 cases (namely Lydd'le Stars and Callis Grange). Across the 13 Centres, the proportion of users who feel that they will no longer use Children's Centres as a result of the proposals varies quite considerably, from less than 10% to more than a third.

Section 2: Introduction & Methodology

Introduction

Children's Centres were identified as one of the first service areas to be reviewed as part of a Future Service Options (FSO) Programme.

The public consultation 'Shaping the future of Children's Centres in Kent' was launched at 9am on Thursday 4th July. One proposal was consulted on which included;

- Reducing the number of Children's Centres
- Linking Children's Centres to reduce management and administrative costs
- Reducing hours at some Children's Centres

Specifically;

- Closing 22 Children's Centres
- Closing and merging 2 Children's Centres and relocating them to an existing building in Dover Town Centre.
- Linking 40 full time Centres and 18 part time Centres to 16 Children's Centre Plus' (Hubs).
- Reducing the hours to part-time at 13 Centres.

The consultation ran for approximately 3 months, closing at 5pm on Friday 4th October.

This report provides a full analysis of the responses to the questionnaire included within the main consultation document: 'Shaping the Future of Children's Centre in Kent'. Full details of the background to the consultation and the consultation process can be found in the full Post Consultation Report.

The main body of this document provides a question-by-question analysis of the responses to the consultation questionnaire, as well as a detailed analysis of the objections received in connection with each individual proposed closure/reduction in opening hours. Further thorough, in-depth analysis and particularly analysis by population sub-groups is available in an interactive analysis tool, provided in Appendix A.

Please note that the analysis presented in this report is analysis of responses to a public consultation exercise and should be interpreted as such. In particular, participation in the consultation both by members of the public and professionals is entirely voluntary. Whilst there has been significant activity aimed at publicising the proposals and the consultation as an opportunity for individuals and organisations to have their say, it is ultimately left up to individuals to decide whether or not they feel that they would like to contribute their views. It is in no way a representative or random sample of Kent residents (or parents, or indeed users of Children's Centres). This should be borne in mind when interpreting the results. It is highly likely that those electing to respond to the consultation are skewed towards those disagreeing with one or more of the proposals.

Methodology

Questionnaire Design & Fieldwork

In order to capture the views of both members of the public and professionals, a questionnaire was developed, which was intended as the main vehicle for interested parties wishing to contribute their views to the consultation process. Whilst the overall questioning approach was the same for members of the public and professionals, separate questionnaire variants were produced, with tailoring of questions as appropriate. The questionnaire adopted closed questioning techniques wherever possible, supplemented by open-ended questions as necessary. The questionnaires were offered both in an online format and in hard copy.

The questionnaires were subject to a rigorous design and approval process prior to the launch of the consultation, including input from relevant parties (including the Consultation team and Digital Services) and 'live' testing on Children's Centre users. The questionnaire design process was overseen by specialists within Research & Evaluation. Fieldwork ran from 4th July to 4th October, with a total of 6,008 responses received. The final questionnaire is provided in Appendix B.

Data Processing & Analysis

A specialist agency, Facts International, were commissioned to conduct the data entry for the hard copy public-facing questionnaires (3,545 questionnaires) and to 'code' responses from members of the public to all of the open-ended questions for both the online and hard-copy variants of the questionnaire (5,229 questionnaires). Both the data entry and the coding of responses from professionals were conducted in-house, by Strategic Commissioning.

The coding process involved scrutinising each individual open-ended comment, and organising (or 'coding') them into common themes (the 'codeframe'). In this way, it has been possible to analyse the frequency with which comments have been made on particular topics (e.g. how often issues with transport are mentioned as a reason for discontinued use of Children's Centres), which is invaluable when analysing such a large volume of responses.

This report details the analysis of the 'coded' data derived from the open-ended responses provided, but this is supplemented with references to a selection of the original, individual open-ended comments. All coding of the public-facing responses (online and hard-copy) were subject to Facts International's rigorous quality procedures, as outlined in Appendix C.

Due to the parallel design of the questionnaire variants, it was possible to combine responses from members of the public and professionals, and from the online and hard-copy questionnaires into a single database for analysis. Interim datasets from the online questionnaires were analysed on a weekly basis, with interim data from the hard copy questionnaires added monthly. This interim data was used to monitor response levels at both the overall and individual Centre level, as well as for a number of target groups.

An interactive analysis tool was created as the key vehicle for analysis of the questionnaire data (with additional analysis conducted as necessary). This tool allows for analysis of the responses to each of the proposals, both at a total level and for various sub-groups, including those objecting to particular Centres, users of each of the current 97 Centres and key respondent types (including target groups). The interactive analysis tool is included in Appendix A.

Section 3: Respondents

The consultation was open to members of the public and professionals (i.e. those wishing to respond in a professional capacity) between 4th July and 4th October 2013. Over this period a total of 6,008 responses were received via the consultation questionnaire¹, as follows.

Total Questionnaires Received



The questionnaire was available both online and in paper format (although professionals were strongly encouraged to submit their responses online).

A total of 5,229 responses were received from members of the public, with 85% of those providing a response indicating that they are parents of children aged under 5².

Public

Parent/carer of children aged under 5	4446	85%
Parent/carer of children aged 5-11	1262	24%
Parent/carer of children aged 12-18	361	7%
Parent/carer soon	213	4%
None of these	239	5%

Base: All (public) responding (5220)

¹ Details of responses received in other forms, including via focus groups, petitions and written responses from key partners, are included in the full Post Consultation Report.

² Unless stated otherwise, throughout this report percentages are calculated based only on those providing a response to the consultation question (i.e. with those skipping the question removed from the denominator).

In terms of target groups, the table below shows the numbers of individuals belonging to a range of target groups who responded to the main consultation³.

Target Groups

Lone parents	659	13%
Fathers***	335	6%
Teenage mothers	85	2%
Teenage fathers	3	0%
Pregnant teenagers	18	0%
Parents aged 25 or under	688	13%
Parents aged over 35	1305	25%
Parents of children from low income backgrounds	1241	24%
Parents from minority ethnic groups*	487	9%
White parents from low income backgrounds	1065	20%
Gypsy, Roma & Traveller parents	24	0%
Parents with English as an Additional Language	263	5%
Lesbian, Gay & Transgender parents	33	1%
Disabled parents**	92	2%

In all cases, parents are taken here to be parents of children aged under 5

*For the purposes of this analysis, minority ethnic groups are defined as all groups except White British

**For the purposes of this analysis, disabled parents are defined as those stating that they day-to-day activities are 'limited a lot' by a health problem or disability

***All male parents/carers of children aged under 5

This indicates coverage of all of the above target groups, with detailed analysis by target group available through the interactive analysis tool in Appendix A.

³ In this case, percentages are calculated based on all members of the public responding to the consultation.

The table below provides a summary of the numbers of responses received from individuals with a series of additional characteristics, including a number of those protected under the Equality Act 2010.

Other Special Interest Groups

Mothers****	3989	76%
Ethnicity: White British parents	3709	71%
Ethnicity: White Other parents	203	4%
Religion: Christian parents	2004	38%
Religion: Buddhist parents	15	0%
Religion: Hindu parents	18	0%
Religion: Jewish parents	6	0%
Religion: Muslim parents	35	1%
Religion: Sikh parents	16	0%
Religion: Parents with any other religion	84	2%
Religion: Parents with no religion	1817	35%
Married/Civil Part/Cohabiting parents	3532	68%
Separated/Divorced/Widowed parents	159	3%
Single parents	500	10%
Sexual Orientation: Heterosexual parents	3910	75%
Sexual Orientation: Bi/Bisexual parents	43	1%
Sexual Orientation: Gay woman/Lesbian parents	17	0%
Sexual Orientation: Gay male parents	2	0%
Sexual Orientation: 'Other' parents	26	0%
Parents with gender not the same as at birth	14	0%

Base: All public (5229)

****All female parents/carers of children aged under 5

Again, this indicates coverage of all of the above protected characteristics, with detailed analysis by a number of these available through the interactive analysis tool in Appendix A.

In terms of Children's Centre usage, the table below shows the frequency with which those members of the public who responded to the main consultation use Children's Centres.

Centre Usage

Two or more times a week	2067	40%
Once a week	1706	33%
Once a month	617	12%
Less often than once a month	436	8%
Never	361	7%

Base: All (public) responding (5187)

Overall, 93% of those responding to this question on the public consultation questionnaire indicate that they are users of Children's Centres, with the majority doing so at least once a week.

The tables below show the numbers of responses from users of each individual Centre.

Ashford, Dover & Shepway

Bluebells	50	1%
Cherry Blossom	7	0%
Little Explorers	25	1%
Ray Allen	100	2%
Squirrel Lodge	39	1%
Sure Steps	38	1%
Waterside	36	1%
The Willow	147	3%
Blossom	69	1%
Buckland & Whitfield	101	2%
The Buttercup	79	2%
The Daisy	63	1%
Primrose	36	1%
Samphire	64	1%
Snowdrop	27	1%
The Sunflower	50	1%
Caterpillars	61	1%
Dymchurch	68	1%
Folkestone Early Years Centre	224	5%
Hawkinge & Rural	137	3%
Hythe Bay	105	2%
Lydd'le Stars	124	3%
New Romney	263	6%
The Village	162	3%

Canterbury, Swale & Thanet

Apple Tree	73	2%
Briary	201	4%
Joy Lane	139	3%
Little Bees	55	1%
Little Hands	85	2%
The Poppy	118	3%
Riverside, Canterbury	71	2%
Swalecliffe	153	3%
Tina Rintoul	39	1%
Beaches	41	1%
Bysing Wood	203	4%
Grove Park	197	4%
Ladybird	48	1%
Lilypad	32	1%
Milton Court	111	2%
Murston	51	1%
Seashells	50	1%
St. Mary's	393	8%
Woodgrove	318	7%
Birchington	60	1%
Callis Grange	49	1%
Cliftonville	14	0%
Garlinge	56	1%
Millmead	35	1%
Newington	43	1%
Newlands	43	1%
Priory	54	1%
Six Bells	32	1%

Dartford, Gravesham & Swanley

Brent	49	1%
Greenlands	46	1%
Knockhall	22	0%
Maypole	126	3%
Oakfield	56	1%
Swanscombe	22	0%
Temple Hill	79	2%
Bright Futures	44	1%
Daisy Chains	103	2%
Kings Farm	57	1%
Little Gems	30	1%
Little Painters	30	1%
Little Pebbles	88	2%
Riverside, Gravesend	97	2%
New Ash Green	34	1%
Swanley	29	1%
West Kingsdown	14	0%

Maidstone, Sevenoaks, Tonbridge & Malling, & Tunbr

East Borough	35	1%
Greenfields	78	2%
Headcorn	35	1%
Howard de Walden	35	1%
Loose	43	1%
Marden	69	1%
The Meadow	44	1%
Sunshine	122	3%
West Borough	45	1%
Dunton Green	41	1%
Edenbridge	39	1%
Merry-go-Round	22	0%
Spring House	38	1%
Borough Green	8	0%
Burham	11	0%
Hadlow/East Peckham	9	0%
Larkfield	22	0%
Little Foxes	32	1%
Snodland	9	0%
South Tonbridge	31	1%
Woodlands	66	1%
The Ark	63	1%
Cranbrook	53	1%
Harmony	92	2%
Little Forest	73	2%
Paddock Wood	45	1%
Pembury	33	1%
Southborough	43	1%

Base: All (users) responding (4678)

A total of 779 professionals responded to the consultation questionnaire, with around a third of these being Children's Centre staff.

Professionals

Children's Centre staff	256	33%
Other KCC staff	93	12%
Teacher	55	7%
Other Health staff	60	8%
Health Visitor or Midwife	62	8%
Nursery/Pre-school staff	56	7%
Childminder	15	2%
VCS Staff and volunteers	53	7%
A provider of Children's Centre services	30	4%
Local Council staff	22	3%
Councillor	20	3%
Job Centre Plus staff	4	1%
Other	46	6%

Base: All (professionals) responding (772)

Response volumes and the profile of responses were monitored on a regular basis by the Commissioning team throughout the consultation period via a series of 11 questionnaire volume reports, produced roughly weekly.

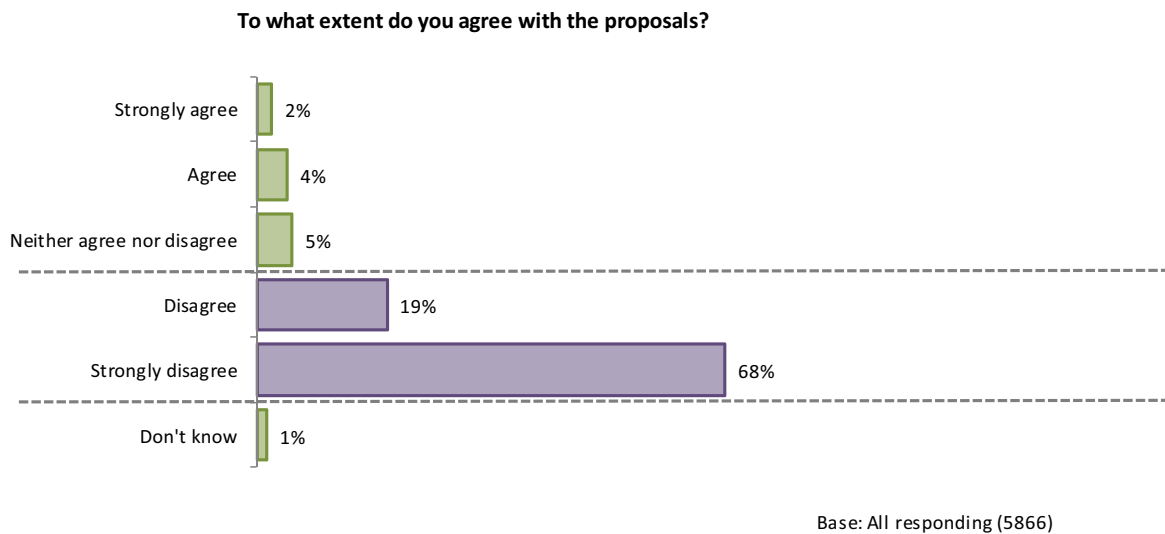
Section 4: Consultation Responses

Proposal 1: Reducing the Number of Children's Centres

Overview

Agreement Levels

The chart below shows the extent to which the members of the public and professionals providing their views agree or disagree with the proposal to reduce the number of Children's Centres in Kent.



As expected, the vast majority of those electing to respond to the consultation disagree to some extent with this proposal (87%), with 68% indicating that they strongly disagree.

The following groups are the most likely to disagree with this proposal:

- Fathers (94%)
- Teenage parents (91%)
- Expectant parents (96%)

The following groups are the least likely to disagree with this proposal:

- Professionals (79% vs 88% of members of the public)
- Those who do not currently use Children's Centres (81% vs 89% of users)
- Those responding online (81% vs 91% of those responding on paper)

The table below compares the profiles of the professionals agreeing and disagreeing with the proposal.

Professionals	All responding			
	All agreeing		All objections	
Children's Centre staff	37	35%	195	32%
Other KCC staff	15	14%	75	12%
Health Visitor or Midwife	6	6%	52	9%
Other Health staff	6	6%	51	8%
Nursery/Pre-school staff	13	12%	39	6%
Teacher	5	5%	43	7%
VCS Staff and volunteers	8	7%	38	6%
A provider of Children's Centre services	6	6%	24	4%
Local Council staff	1	1%	16	3%
Councillor	4	4%	14	2%
Childminder	3	3%	12	2%
Job Centre Plus staff	0	0%	3	0%
Other	3	3%	37	6%

Base: Professionals - All agreeing (107), All objections (606)

This analysis suggests that the nursery/pre-school staff responding to the consultation are more likely to support the proposals than the average across professionals. Interestingly, 14% of the Children's Centre staff responding support the proposed closures.

Objections to Particular Centres

All those disagreeing with this proposal were asked to indicate whether it was the proposed closure of any particular Centre, or Centres, that they objected to. Respondents could select as many or as few of the individual Centres as they wished. Additionally, an option was provided for respondents to indicate that their objections didn't relate to any particular Centre⁴.

Overall, 47% of respondents indicated that their objections related to one Centre only, 16% to two or more of the 24 Centres and 32% that their objections didn't relate to any particular Centre⁵. The numbers of objections to each individual proposed closure are as follows.

⁴ Please note that the presentation of this option differed between the online and paper-based versions of the consultation questionnaire. This is reflected in a higher usage of the 'no particular Centre' option online (46% compared with 24% amongst those submitting paper-based responses).

⁵ The remaining 5% did not provide a response to this question.

Is it the proposed closure of any particular Centre(s) that you object to?

	All responding			
	All agreeing		All objections	
Ashford, Dover & Shepway				
Cherry Blossom	-	-	96	2%
Squirrel Lodge	-	-	142	3%
The Buttercup	-	-	183	4%
The Daisy	-	-	172	3%
Primrose	-	-	134	3%
New Romney	-	-	462	9%
The Village	-	-	299	6%
Folkestone Early Years Centre	-	-	408	8%

Dartford, Gravesham & Swanley				
Maypole	-	-	229	4%
Daisy Chains	-	-	218	4%
Little Painters	-	-	153	3%

No particular Centre

1627	32%
------	-----

	All responding			
	All agreeing		All objections	
Canterbury, Swale & Thanet				
Apple Tree	-	-	157	3%
Briary	-	-	298	6%
Little Bees	-	-	130	3%
Swalecliffe	-	-	261	5%
Tina Rintoul	-	-	112	2%
St Mary's	-	-	507	10%
Woodgrove	-	-	412	8%

Maidstone, Sevenoaks, Tonbridge & Malling, & Tunbridge Wells				
Loose	-	-	118	2%
Marden	-	-	158	3%
Dunton Green	-	-	83	2%
Merry-go-Round	-	-	63	1%
Hadlow/East Peckham	-	-	55	1%
Larkfield	-	-	73	1%
Pembury	-	-	90	2%

Base: All objecting to Proposal 1 (5098)

This indicates that the following proposed closures have received the most objections:

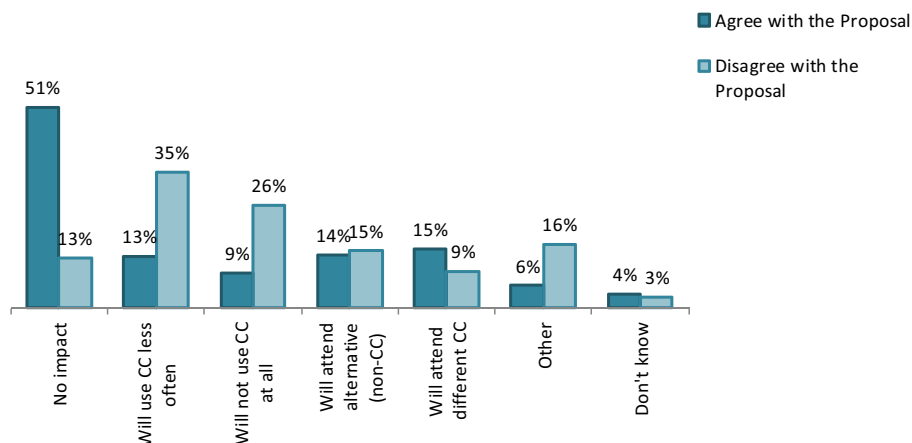
- St Marys
- New Romney
- Woodgrove
- Folkestone Early Years
- The Village
- Briary

Further analysis of the objections received for each individual Centre is provided later in this Section.

Impact – Members of the Public

All members of the public responding to the consultation were asked to indicate what they felt the impact would be on them of the proposed closures. Pre-defined, ‘tick box’ response options were provided (with an additional ‘other’ option for those who needed it). The chart below shows the responses separately for those who support the proposal, and those opposing it.

What impact will the proposal have on you? (Public)



Base: Public - All agreeing (279), All objections (4492)

Around half of members of the public who support the proposals feel that there will be no impact on them. 14% indicated that they will attend alternative (non- Children’s Centre) activities, and 15% that they will attend a different Children’s Centre.

Amongst those members of the public who disagree with the proposal, whilst 15% feel that they will attend alternative non-Children’s Centre activities, 9% that they will use a different Children’ Centre, 13% that it will have no impact on them and 35% that they will just use Children’s Centres less often, 26% indicate that they will not use Children’s Centres at all as a result. This rises to 39% of fathers of under 5’s objecting to the proposal (120 individuals), 52% of the teenage parents objecting to the proposal (40 individuals), 43% of the Muslim parents objecting (13 individuals), 9 of the 19 Gypsy/Roma & Traveller parents objecting, and 10 of the 17 pregnant teenagers objecting.

Reasons for Impact – Members of the Public

Respondents were also asked to tell us, in their own words, why they felt the impact of the closures would be as indicated. These open-ended responses have been individually coded into common themes for analysis. The table below provides a summary of the coded responses separately for those objecting to and supporting the proposal, by the expected impact.

Why do you say that? (Public)

	All agreeing					All objections				
	No impact	Will use CC less often	Won't use CC at all	Use alternatives (non-CC)	Use different CC	No impact	Will use CC less often	Won't use CC at all	Use alternatives (non-CC)	Use different CC
Public										
Will make travel to centres more difficult / alternative centres too distant	1%	31%	41%	24%	10%	7%	24%	31%	19%	15%
Children's centres form a local community hub / chance to meet people	0%	8%	12%	16%	10%	12%	14%	15%	20%	20%
Very happy with my local centre / prefer it to others / we enjoy going there / only use local centre	6%	15%	12%	16%	13%	4%	13%	17%	12%	12%
Centre is close by / easily accessible	1%	4%	6%	4%	10%	2%	14%	17%	11%	6%
Children's centres are necessary / important resources / a lifeline	4%	15%	18%	8%	13%	16%	7%	9%	11%	17%
Bad for people without cars / non-drivers	4%	19%	12%	16%	17%	7%	9%	16%	9%	6%
Will not affect me / local centre not closing / Only occasionally use the centre	52%	0%	0%	4%	10%	45%	1%	1%	0%	1%
Centres supply help / counselling / advice / support / information	0%	8%	6%	16%	20%	10%	8%	9%	10%	11%
Closures will make remaining centres / our local centre busier / under more strain	4%	0%	12%	8%	3%	3%	12%	5%	11%	8%
No alternative to these facilities / less services will be available	0%	15%	6%	4%	7%	1%	11%	11%	9%	4%
Centres provide a wide range of services / services for the entire family	2%	12%	0%	8%	3%	5%	8%	7%	7%	7%
Centres should remain open / Don't close them	2%	4%	0%	8%	3%	10%	4%	5%	5%	5%
Will not use another centre / will use less	1%	12%	6%	4%	3%	1%	8%	6%	3%	6%
Will reduce access to children's services	1%	8%	6%	4%	0%	3%	6%	3%	5%	3%
Will be detrimental to children who are excluded due to cuts	0%	4%	6%	8%	0%	4%	5%	5%	4%	7%
Will have a financial impact on me / make it too expensive - travel / parking, etc.	1%	8%	6%	8%	3%	2%	4%	8%	5%	3%
Supportive / helpful staff	1%	0%	0%	0%	0%	2%	3%	6%	4%	3%
Will impact public health / social exclusion / isolation / mental health issues	0%	4%	0%	4%	3%	5%	4%	3%	2%	3%
People who need support the most will be the most disadvantaged	0%	4%	6%	4%	3%	8%	2%	2%	1%	1%
Children's centre were helpful to me in the past / have used the services in the past	3%	4%	0%	0%	3%	10%	1%	1%	1%	1%
Concerned it will impact others	4%	0%	0%	4%	3%	19%	1%	0%	1%	1%
Helps children's development / learn new skills	0%	0%	0%	4%	0%	2%	2%	2%	5%	6%
Will need to find an alternative to children's centres	0%	0%	0%	0%	3%	1%	2%	1%	14%	4%
It is free to use / affordable / can't afford to pay for activities	0%	8%	0%	4%	3%	1%	3%	2%	5%	4%
Adult education classes / courses / chance to gain new qualifications	0%	4%	0%	4%	3%	1%	2%	3%	2%	3%
Children's centre is an important part of my life	1%	0%	0%	0%	0%	1%	2%	2%	4%	2%
Alternatives offer no / limited parking facilities	0%	0%	12%	0%	0%	0%	3%	3%	1%	0%
Centre has a great atmosphere / welcoming / nice	1%	0%	6%	0%	0%	0%	2%	3%	2%	1%
Friendly staff	1%	0%	0%	0%	0%	1%	2%	3%	2%	1%
Does not suit me i.e. opening times , age restrictions / do not reduce the hours	5%	4%	0%	8%	7%	1%	2%	1%	2%	2%
My area has poor public transport	0%	0%	0%	0%	0%	2%	1%	3%	0%	1%
Would just access another centre	4%	0%	0%	4%	13%	0%	0%	0%	3%	11%
Loss of the centre would be devastating	0%	4%	0%	0%	0%	2%	1%	2%	1%	1%
Working parent / restricts when I can attend the centre	0%	0%	0%	0%	0%	1%	2%	2%	0%	1%
Do not / have not used them	10%	0%	0%	0%	0%	4%	0%	0%	0%	0%
Standards differ from centre to centre	0%	8%	0%	0%	3%	0%	2%	1%	2%	2%
Good relationship with the staff / trust them / familiar	0%	0%	6%	0%	0%	0%	1%	3%	0%	1%
Centre is currently well attended / busy	0%	0%	0%	0%	0%	2%	1%	0%	1%	1%
Other	4%	0%	0%	4%	7%	5%	4%	3%	4%	7%

Base: Public - All agreeing and providing a response (115, 26, 17, 25, 30), All objections providing a response (393, 1216, 998, 464, 268)
Top mentions (1%+ of 'all respondents')

Amongst those objecting to the proposal who feel that they will not use Children's Centres at all as a result, the most popular comments are⁶:

- 'Will make travel to centres more difficult / alternative centres too distant' – 31%
- 'Very happy with my local centre / prefer it to others / we enjoy going there / only use this one' – 17%
- 'Centre is close by / easily accessible' – 17%
- 'Bad for people without cars / non-drivers' – 16%
- 'Children's centres form a local community hub / chance to meet people' – 15%
- 'No alternative to these facilities / less services will be available' – 11%

Amongst those objecting to the proposal who feel that they will not use Children's Centres at all, travel is clearly a key concern (with 31% mentioning that travel will be difficult or that alternatives Centres are too distant). 16% mentioned it being bad for people without cars and non-drivers and 17% mentioned the ease of access of their current Centre.

"As I have no transport and the children's centre is on the other side of town."

"I do not drive, and so access to any other Children's Centre is difficult"

"The next nearest children's centre to me is the other side of town and too far to walk with little ones."

"Too far to travel to other centres with 2 children under 5."

"Other centres too far or bad parking arrangements."

"At present I can walk to my nearest children's centre. If it were to close, I would have to drive. The car park is tiny and would not cope with increased attendance."

"Because this is the only centre that is within walking distance from my house..."

"Because other one is too far... you have to pay for parking, so it's pointless."

"I don't have the transport or money to travel to other children's centres."

"(xxx) is my closest centre and I do not drive. I have 3 children under 5 and I am an unemployed single parent so having to fork out for bus fare to travel on the bus with 3 children is quite difficult."

"Because I can't drive so it's difficult to get to other children's centres on time and as I have three other children not using the centre in school ... I may not get back in time to pick them up."

"All these centres cater for rural areas, and without a vehicle, alternatives would become nigh impossible to attend."

"Cost of travelling, distance and time taken to get there."

⁶ Please note that individual open-ended comments can be 'coded' to more than one of these key themes.

Praise for their current/local Centre or a preference for a particular Centre was mentioned by 17% of this group.

"I like the programmes at St Mary's and it was an invaluable place after my first child was born."

"Great atmosphere at Maypole. Staff are brilliant."

"Because I like this one."

"Because I've been to the other children centres in Sittingbourne and none are as good as Woodgrove."

"It has the best reputation in Folkestone and people are always recommending it."

"I've used another children's centre further away before and that doesn't have the same feel about it and you don't get the same repeat attendees."

"The baby groups and services that I attend at Squirrel Lodge are far superior to those at other centres in Ashford. The small centre is very friendly and is maintained so well with all of the toys and equipment looked after and kept clean."

"I love the atmosphere which has been created at my local children's centre and I do not believe that this atmosphere can be recreated in a centre which would now be much busier."

"There is a strong sense of community and friendship at this centre which has proved a vital form of support to me during a particularly tough and challenging time. ... I would now be very reluctant to start again at a different centre."

"I feel more comfortable coming here and do not have the confidence to go elsewhere."

"Because the children's centres I attend I feel welcome and safe and I don't like to go to a different one."

"I like my local centre and like the staff and wouldn't want to use another where I don't know people."

"I go to Edenbridge Centre as I know the staff there and have got to trust them and for me that is something I find really hard to do and for that to be taken away I don't think I could do it again as it took a lot for me to do so and has really helped me in ways that are unbelievable."

"The closest centre if Briary is closed is Poppys. We've tried Poppys before and my child doesn't like the staff there."

"The other main children's centre in Herne Bay... has always been very limited in what it offers and has always seemed very unfriendly and selective!!"

"The other children's centre I had a bad experience in and won't go back."

The fact that the Centres form a local community hub and/or a chance to meet people was mentioned by 15% of this group.

“Because it is my local children's centre and I have built up a network of friends for myself and my son in the area in which we live and where he will go to school.”

“(The Centre) is within walking distance and means I can team activities for both my children. It also means we meet local mummies & children rather than people who may not live near us, this means my children build a social circle in preparation for future milestones such as starting nursery & school.”

“It is local to me and it helps me get to know people who live near me and my children make friends with others I can actually meet up with.”

“I like being able to socialise with other parents/ families in my local area; we discuss local issues, schools and my son is in groups at the moments socialising with children he is going to attend nursery with.”

“Local children's centres mean you meet other local parents particularly important for new mums.”

“There is a strong sense of community and friendship at this centre which has proved a vital form of support to me during a particularly tough and challenging time. I feel that if the centre were to be closed and members either went to a different centre or did not attend at all then this community would be totally lost. I would now be very reluctant to start again at a different centre.”

“It's very local to our community. It serves a great purpose & support for all our local parents. It would really affect people's social lives as its hard enough going out with young children. Let alone losing somewhere local, enjoyable and suitable to do it.”

“My baby wouldn't have contact with her peers if the centre was closed. This would be a disadvantage to her development and social skills.”

“The locality of Children Centres is what makes them so unique & a vital part of society.”

Around 1 in 10 specifically mentioned there being no alternative to these facilities.

“If the centre that we use closes there is no other within walking distance that we could use.”

“There are no other childcare centres/groups in the village which I can walk too.”

“In the rural area that Daisy Chains covers the children’s centre is one of the few things accessible to us all.”

“The children’s centre is very friendly and welcoming without the centre there is nothing around here for the kids to do, and nowhere for other parents to go to mingle with other parents, they also run courses which have helped me out and a lot of people out.”

“If my local CC is closed I will no longer be able to access any CC’s as I do not drive and public transport costs are too expensive. I also have an Autistic son who cannot use public transport so I walk to my local centre.”

“Because the services I attend aren’t available at any other centre near me.”

“No other group or place offers what the children’s centre offers me.”

“The sort of activities offered are one of a kind and often not found at other groups which aren’t sure start run.”

“Due to my wife having disabilities we can’t get to any others.”

Amongst those who feel that they will use Children’s Centres less often as a result of the proposals, the key themes are very similar:

- Issues with ‘travel being difficult/alternative Centres being too distant’ were mentioned by 24%, it being ‘bad for people without cars and non-drivers’ by 9% and ‘Centre close by/easily accessible’ by 14%
- That the Centres ‘form a local community hub/chance to meet people’ was mentioned by 14%
- Being ‘happy with my local Centre’ or preferring a Centre to others was mentioned by 13%

Across both supporters of the proposal and those objecting to it, and regardless of opinions on what the personal impact might be, many respondents (10%) made comments pertaining to Children's Centres being a 'necessary/important resource/a lifeline'.

"I think all children's centres should stay open, as they play a vital role in supporting parents with young families."

"I don't use any of the centres that may shut but the ones I do use are invaluable to me as I'm sure the others are to those who use them."

"Having used the Children's Centres and knowing many parents that do, it is a lifeline for parents especially in rural communities where most parents cannot drive or would not be able to cover the costs of public transport and would therefore lose out on such wonderful places."

"The children's centres are of benefit to all, but particularly to those who cannot get to and pay for baby classes etc. For parents without a car in isolated villages ... it will be hard for them to access an alternative."

"After giving birth, the children's centre was a lifeline for me. It's a place to go for advice and to meet other first time mums. I don't know what I would have done without it. Reducing the number of children's centres and services they provide will take away that experience for new mums."

"Children's centres are vital lifelines for new parents. They enable them to seek professional help, to meet other parents and to socialise as well as creating a community hub. To close so many would be damaging to local communities and in particular to women, leaving many very isolated."

"I say this because the Children's Centres are invaluable resources in their respective communities; especially to new parents or those parents who are in some way vulnerable."

Impact – Professionals

Professionals responding to the consultation were also asked to indicate what they felt the impact would be on them of the proposed closures, but in an open-ended format (i.e. in their own words). These open-ended responses have been individually coded into common themes for analysis. The table below provides a summary of the coded responses.

What impact will the proposal have on you? (Professionals)

Professionals	All agreeing		All objections	
Children / families will miss out	7	8%	161	32%
People who need support the most will be the most disadvantaged	9	10%	122	24%
Will reduce access to children's services	6	7%	105	21%
Closures will make remaining centres / our local centre busier / under more strain	18	21%	83	17%
Children's centres are necessary / important resources / a lifeline	2	2%	99	20%
Will make travel to centres more difficult / alternative centres too distant	7	8%	97	19%
No impact	36	42%	25	5%
Less support / advice available	3	3%	55	11%
Concerned I will lose my job / job losses	6	7%	50	10%
Will be detrimental to children / unsettle them	0	0%	52	10%
No alternative to these facilities	5	6%	40	8%
Pressure on social services / safeguarding issues / parental contact	1	1%	39	8%
Concerned it will impact others	5	6%	25	5%
Will lead to problems in the future / loss of early intervention	1	1%	28	6%
Social impact	2	2%	21	4%
Do not close centres / should not be allowed	1	1%	22	4%
Alternative centre not suitable / poor facilities	3	3%	19	4%
Opportunities to make improvement	14	16%	1	0%
Will impact me in a big way / more stress	1	1%	12	2%
Impact on multi-agency / partnership working	0	0%	12	2%
Concerned it will affect the school	0	0%	12	2%
Children's centres form a local community hub / chance to meet people / impact the community	0	0%	16	3%
Concerned will impact service quality	1	1%	7	1%
Adult education will be reduced	1	1%	5	1%
Will impact my mental health / have mental health issues	0	0%	5	1%
Happy with our local centre - opening hours, location	1	1%	4	1%
Concerned it will affect the nursery	0	0%	5	1%
Other	1	1%	10	2%

Base: Professionals - All agreeing and providing a response (97), All objections and providing a response (558)
Top mentions (1%+ of 'all respondents')

The most popular comments amongst those objecting to the proposal are:

- 'Children / families will miss out' – 32%
- 'People who need support the most will be the most disadvantaged' – 24%
- 'Will reduce access to children's services' – 21%
- 'Children's centres are necessary / important resources / a lifeline' – 20%
- 'Will make travel to centres more difficult / alternative centres too distant' – 19%
- 'Closures will make remaining centres / our local centre busier / under more strain' – 17%

Whilst issues connected with travel and accessibility are mentioned by some professionals, the key concerns appear to be around the fear that the proposed closures will have a detrimental impact on the support provided to children and families.

Around a third of the comments relate to the fear that 'children/families will miss out'.

"Children's Centres are an invaluable source of support for the families I work with in my job as a social worker. Without them, there will be a number of children in need without opportunities that other children have."

"...My concern is regarding the impact that it will have on the local families."

"The closure would have an immense impact for the families I work with."

"...Staff within children's centres play a vital role in improving outcomes for children and families and without the buildings to provide these services I feel that we will see a detrimental impact in children and families in the local community..."

"...Families will suffer by not having support and advice in their local area & close to hand..."

"Has the potential to lead to a complete change to the midwifery service for women in the area and a loss of service to them and their families."

"The parents/carers receiving support in this area will suffer when the family support are either moved or reduced from this area."

"Vital services will be reduced and the number of families we are able to reach will suffer. The most vulnerable and hard to reach families are influenced by gradual relationship building which in many cases has been dependant on a daily cheery smile or chat within the locality. The concept of a campus has been of huge benefit in strengthening the community, involving all ages and stages in the support network."

"If they do not have the children centre support the families wellbeing may suffer."

"I have directed many families to the early years centre within that area and feel that without the support they have given these families would suffer."

"(It) will obviously affect our staff, but it is the parents that will ultimately suffer."

"It will mean that a valuable and trusted resource is closed and that local children will suffer."

Others felt that 'people who need the support most will be disadvantaged'.

"It will significantly impact on our work with vulnerable families as well as the wider community."

"The stated aim was for there to be a Children Centre within pram pushing distance of every family - this reduction in centres will negate that aim and permit only those who can drive or who live near one of the remaining centres to access the service - depriving once again the most vulnerable families."

"Less support for most needy families.."

"We are already finding that the staff...have limited staffing to work with us on some vulnerable families. Therefore by stretching resources further will affect vulnerable groups hardest."

"I'm fortunate in that my Centre is not amongst those currently proposed to be affected but I feel that the loss of any Centre is a shame and will have an impact on the families using that centre - not all families can travel to another Centre nearby and it's often the families we most need to support who are in that position."

"Closing Children's Centres will most affect the people that need them most: those less able to get out and network, make friends, find childcare, get training, etc. "

"With the proposal to remove the centre from this site I feel that a lot of families will fall through the net and will miss out on much needed early support. It has been proven that early support is the key for helping those families who need it most."

"Young Parents will not get the necessary support and guidance. These are often vulnerable groups in the FE sector, often with low finances,, closures to centres near them will mean they do not get the relevant support as affording to travel to one further afield will not be an option."

"Closing centres in areas of high deprivation at a time of economic recession feels like a decision which will affect the hardest to reach of society."

"The 'vulnerable and needy' families, who would not otherwise engage with community groups, will not be recognised and support networks would be lost to them."

"The families in most need of support would be the families most seriously impacted by these proposals."

"The most vulnerable children will have limited or no access to vital early years services thus increasing the poverty gap and cycle."

"The very families that need and benefit from local support/groups/activities and Health clinics will be the ones that will miss out and fall under the radar of others when things go wrong."

Some felt that the proposed closures would 'reduce access to children's services'.

"Reducing the number of children's centres will make it harder for families to access these services and may even stop some from accessing them all together."

"We won't be able to provide a service to people in a deprived area that really need our help to succeed in life."

"We offer midwifery services from every Children's Centre. Reduced opening hours or closing would impact significantly on women's ability to access local midwifery services."

"This will put increased pressure on the resources and capacity of the remaining centres, which could potentially result in families who need support not being able to access the services."

"The amount of people able to access services especially in rural areas."

"Less access to develop early preventative intervention."

"Reduction in services available to families."

"The closure of centres could ... mean that we cannot provide the range of services that we currently offer."

"This proposal will reduce the much needed support that CCs give to families, making it difficult to get the childcare that they need to enable them to work to support their families."

"It will offer less choice and support to the parents I work for, and means that the children are not able to access the range of activities provided by the Children's Centres on days they are not at my setting."

Reasons for Impact – Professionals

Professionals were also asked to tell us, in their own words, why they felt the impact of the closures would be as indicated. Again, these open-ended responses have been individually coded into common themes for analysis. The table below provides a summary of the coded responses.

Why do you say that? (Professionals)

Professionals	All agreeing		All objections	
Children's centres are necessary / important resources / a lifeline	5	6%	142	28%
People who need support the most will be the most disadvantaged	6	7%	101	20%
Will make travel to centres more difficult / alternative centres too distant	8	9%	77	15%
Closures will make remaining centres / our local centre busier / under more strain / less safe	9	10%	52	10%
Will reduce access to children's services	7	8%	50	10%
Centres should remain open / Don't close them	4	5%	49	10%
No alternative to these facilities / less services will be available	2	2%	44	9%
Will impact public health / social exclusion / isolation / mental health issues	5	6%	40	8%
Will be detrimental to children who are excluded due to cuts / upset their routine	2	2%	35	7%
This is how I feel / the truth / my experience	2	2%	33	7%
Children's centres form a local community hub / chance to meet people	4	5%	27	5%
Concerned it will impact others	8	9%	20	4%
Will have a financial impact on me / make it too expensive - travel / parking, etc.	2	2%	26	5%
Bad for people without cars / non-drivers	3	3%	21	4%
Loss of the centre would be devastating	1	1%	14	3%
Make cuts elsewhere/proposed model will not deliver savings	3	3%	11	2%
Centres provide a wide range of services / services for the entire family / facilities	0	0%	11	2%
My area has poor public transport	0	0%	10	2%
Will put a strain on other services / agencies	1	1%	11	2%
Adult education classes / courses / chance to gain new qualifications	0	0%	10	2%
Cutbacks are already having an effect	0	0%	9	2%
Will not affect me / local centre not closing / only occasionally use the centre	9	10%	1	0%
Standards differ from centre to centre	6	7%	1	0%
Will lead to problems in the future / more social problems	0	0%	10	2%
Detrimental to multi-agency / partnership working	2	2%	6	1%
Children's centre is an important part of my life	0	0%	5	1%
Supportive / helpful staff	1	1%	4	1%
Alternatives offer no / limited parking facilities	1	1%	4	1%
Need for centres is increasing / less available	1	1%	4	1%
Issues with the local centre	3	3%	2	0%
Good relationship with the staff / trust them / familiar	0	0%	7	1%
Will result in job losses / less staff	1	1%	4	1%
Reduction in services	0	0%	5	1%
Inadequate capacity for outreach (venues, staff, logistics)	2	2%	3	1%
Other	13	15%	28	6%

Base: Professionals - All agreeing and providing a response (86), All objections and providing a response (502)
Top mentions (1%+ of 'all respondents')

The most popular comments amongst those objecting to the proposal are:

- 'Children's centres are necessary / important resources / a lifeline' – 28%
- 'People who need support the most will be the most disadvantaged' – 20%
- 'Will make travel to centres more difficult / alternative centres too distant' – 15%

Many of the comments from professionals mentioned specifically the value of Children's Centres in terms of them being 'necessary/important resources/a lifeline'.

"It is already hard enough to gain the confidence of parents to get support in a safe environment, which the children centres have become. There is an excellent network built into the children centres which parents can access. Parents can meet professionals, other parents, learn and gain support from those round them and link up to many organisations through the children centres. This is vital to many isolated families, especially when doctors, midwives and health visitors time is stretched and limited."

"Children's centres play a fundamental role within communities - in particular communities with high deprivation needs. Children's centres give opportunities to children in their early years which play a vital role in shaping the child's future. Equally, children's centres give strong positive role models for parents, in particular young parents, whose own backgrounds may have lacked positive role models. Children's centres are a fantastic way to stop cycles of poor uneducated parenting very early on."

"Support for families and children is imperative for early intervention and to prevent any escalation to Social Services. Also Children's centres have a good link with some families and can prevent any risk to children when spotting first signs of any neglect or abuse issues."

"The families that I work with find it helpful to have support from CCs as they find them less intimidating than social services. In a number of cases I have worked with that have 'stepped-down', the family have relied on the support from the CC."

"All children's centres I have had dealings with are a life line to so many and provide such an awesome service. Without these society will suffer as a whole."

"...depriving mothers and children of a much needed resource."

"These children centres are so vital in these present times."

"(xxx) is a well used Centre and is important to the families that attend there."

"Children's Centres have developed to be important one stop venues for a wide range of services that support young families. Those using the centre also develop strong local links and self-help support groups. The proposed structure will not support this degree of social cohesion."

Children's Centre Users

The table below provides a summary, for the Centres proposed for closure, of the numbers of users of each Centre responding to the consultation and the numbers objecting to the proposal.

	Consultation responses from users			Objections to Proposal 1 from users		
	Users	Number	As % of all users*	Number	As & of all responses	As % of all users*
Ashford, Dover & Shepway						
Cherry Blossom	86	7	8%	3	43%	3%
Squirrel Lodge	415	39	9%	35	90%	8%
The Buttercup	732	79	11%	42	53%	6%
The Daisy	1042	63	6%	40	63%	4%
Primrose	678	36	5%	29	81%	4%
New Romney	366	263	72%	240	91%	66%
The Village	608	162	27%	131	81%	22%
Folkestone Early Years Centre	764	224	29%	180	80%	24%
Canterbury, Swale & Thanet						
Apple Tree	311	73	23%	60	82%	19%
Briary	539	201	37%	176	88%	33%
Little Bees	245	55	22%	44	80%	18%
Swalecliffe	425	153	36%	121	79%	28%
Tina Rintoul	336	39	12%	29	74%	9%
St Mary's	1047	393	38%	340	87%	32%
Woodgrove	894	318	36%	265	83%	30%
Dartford, Gravesham & Swanley						
Maypole	370	126	34%	110	87%	30%
Daisy Chains	400	103	26%	84	82%	21%
Little Painters	317	30	9%	18	60%	6%
Maidstone, Sevenoaks, Tonbridge & Malling, & Tunbridge Wells						
Loose	384	43	11%	25	58%	7%
Marden	417	69	17%	57	83%	14%
Dunton Green	487	41	8%	35	85%	7%
Merry-go-Round	392	22	6%	17	77%	4%
Hadlow/East Peckham	112	9	8%	7	78%	6%
Larkfield	228	22	10%	15	68%	7%
Pembury	178	33	19%	26	79%	15%

* This analysis is based on activity-based usage figures for October 2012 - September 2013

Levels of response to the consultation from users of the Centres proposed for closure differ quite dramatically. Whilst high proportions of users of Briary, Swalecliffe, St Marys, Woodgrove, Maypole, and particularly New Romney appear to have responded to the consultation (between 34% and 72%), only 5-6% of the users of some of these Centres appear to have responded (i.e. The Daisy, Primrose and Merry-go-Round).

For most Centres, the vast majority of users responding to the consultation are in opposition to the proposed closures, with this proportion particularly high for Squirrel Lodge, New Romney, Briary, St Marys, and Maypole. Interestingly, in the case of Cherry Blossom, The Buttercup, The Daisy, Little Painters and Loose, this figure is below 65%

The table below provides a similar analysis, but based only on sole users of these Centres.

	Sole Users	Consultation responses from sole users		Objections to Proposal 1 from sole users		
		Number	As % of all users*	Number	As & of all responses	As % of all users*
Ashford, Dover & Shepway						
Cherry Blossom	21	0	0%	0	-	0%
Squirrel Lodge	120	12	10%	12	100%	10%
The Buttercup	283	28	10%	19	68%	7%
The Daisy	400	24	6%	17	71%	4%
Primrose	220	14	6%	13	93%	6%
New Romney	149	162	109%	150	93%	101%
The Village	316	97	31%	89	92%	28%
Folkestone Early Years Centre	459	153	33%	135	88%	29%
Canterbury, Swale & Thanet						
Apple Tree	141	33	23%	31	94%	22%
Briary	132	72	55%	66	92%	50%
Little Bees	90	23	26%	19	83%	21%
Swalecliffe	132	59	45%	44	75%	33%
Tina Rintoul	199	21	11%	16	76%	8%
St Mary's	478	226	47%	201	89%	42%
Woodgrove	324	144	44%	123	85%	38%
Dartford, Gravesham & Swanley						
Maypole	223	101	45%	86	85%	39%
Daisy Chains	243	80	33%	69	86%	28%
Little Painters	51	5	10%	2	40%	4%
Maidstone, Sevenoaks, Tonbridge & Malling, & Tunbridge Wells						
Loose	112	8	7%	6	75%	5%
Marden	183	31	17%	27	87%	15%
Dunton Green	227	16	7%	15	94%	7%
Merry-go-Round	216	13	6%	12	92%	6%
Hadlow/East Peckham	66	1	2%	1	100%	2%
Larkfield	47	4	9%	3	75%	6%
Pembury	85	21	25%	18	86%	21%

* This analysis is based on activity-based usage figures for October 2012 - September 2013

Again, high proportions of sole users of Briary, Swalecliffe, St Marys, Woodgrove, Maypole, and particularly New Romney appear to have responded to the consultation (between 44% and 109% (in the case of New Romney)).

The table below provides a summary of the impact users of each of these Centres feel that the proposed closure would have on them.

	Impact on Users					Impact on Sole Users				
	No impact	Will use CC less often	Will not use CC at all	Will attend alternative (non-CC)	Will attend different CC	No impact	Will use CC less often	Will not use CC at all	Will attend alternative (non-CC)	Will attend different CC
Ashford, Dover & Shepway										
Cherry Blossom	0%	29%	14%	43%	43%	-	-	-	-	-
Squirrel Lodge	5%	46%	31%	18%	18%	8%	25%	67%	17%	0%
The Buttercup	11%	46%	13%	15%	23%	14%	32%	14%	14%	21%
The Daisy	25%	41%	13%	14%	8%	21%	38%	13%	29%	4%
Primrose	0%	42%	33%	25%	11%	0%	36%	43%	14%	7%
New Romney	3%	29%	50%	4%	3%	2%	20%	57%	1%	2%
The Village	2%	33%	38%	15%	6%	2%	27%	53%	9%	3%
Folkestone Early Years Centre	4%	27%	44%	18%	5%	3%	20%	54%	18%	3%
Canterbury, Swale & Thanet										
Apple Tree	0%	38%	38%	25%	12%	0%	27%	64%	12%	3%
Briary	2%	49%	29%	15%	6%	0%	35%	47%	18%	3%
Little Bees	2%	42%	38%	24%	9%	0%	35%	57%	26%	9%
Swalecliffe	5%	44%	33%	16%	12%	3%	22%	68%	8%	7%
Tina Rintoul	0%	33%	41%	21%	13%	0%	24%	48%	33%	10%
St Mary's	2%	49%	38%	20%	11%	1%	37%	54%	15%	5%
Woodgrove	1%	43%	27%	17%	20%	0%	31%	44%	15%	12%
Dartford, Gravesham & Swanley										
Maypole	0%	30%	53%	11%	10%	0%	23%	63%	10%	6%
Daisy Chains	2%	28%	50%	24%	3%	1%	23%	55%	25%	3%
Little Painters	0%	70%	7%	27%	13%	0%	60%	20%	60%	40%
Maidstone, Sevenoaks, Tonbridge & Malling, & Tunbridge Wells										
Loose	5%	44%	23%	12%	16%	0%	13%	63%	13%	13%
Marden	4%	39%	35%	14%	13%	3%	19%	58%	10%	0%
Dunton Green	2%	44%	41%	20%	5%	0%	25%	69%	19%	0%
Merry-go-Round	0%	27%	59%	14%	5%	0%	8%	85%	8%	0%
Hadlow/East Peckham	11%	22%	33%	22%	22%	0%	0%	100%	0%	0%
Larkfield	0%	32%	18%	18%	27%	0%	0%	75%	0%	0%
Pembury	6%	30%	36%	24%	21%	5%	24%	43%	29%	24%

Base: All users responding - Users (7, 39, 79, 63, 36, 263, 162, 224, 73, 201, 55, 153, 39, 393, 318, 126, 103, 30, 43, 69, 41, 22, 9, 22, 33), Sole Users (0, 12, 28, 24, 14, 162, 97, 153, 33, 72, 23, 59, 21, 226, 144, 101, 80, 5, 8, 31, 16, 13, 1, 4, 21)

Across the Centres proposed for closure, the proportion of users who feel that they will no longer use Children's Centres as a result of the proposals varies quite considerably, from less than 10% to more than half. As many as 25% of users of The Daisy and 11% of the users of The Buttercup feel that the proposals will have no impact.

Please note the small numbers of users responding to the consultation for some Centres when interpreting these results, and particularly the small numbers of sole users.

Summary

As expected, the vast majority of those electing to respond to the consultation disagree to some extent with the proposal to reduce the number of Children's Centres (87%). Around 1 in 7 of the professionals responding support the proposals (including 23% of the nursery/pre-school staff responding to the consultation).

The proposed closures of St Mary's, New Romney, Folkestone Early Years, and Woodgrove have received the most objections.

Amongst those members of the public who disagree with the proposal, 26% indicate that they will not use Children's Centres at all as a result. This figure rises significantly for fathers, teenage parents/pregnant teenagers, Gypsy/Roma/Traveller families and parents with a disability.

Amongst members of the public objecting to the proposal who feel that they will not use Children's Centres at all as a result, travel is clearly a key concern. Other key concerns include the feeling that Centres form a local community hub and/or a chance to meet people. Amongst professionals issues connected with travel and accessibility are also mentioned, but the key concerns appear to be around the fear that the proposed closures will have a detrimental impact on the support provided to children and families.

Levels of response to the consultation from users of the Centres proposed for closure differ quite dramatically, from just 5% to more than 70%. For most Centres, the vast majority of users responding to the consultation are in opposition to the proposed closures, although the figure falls below 65% amongst users of Cherry Blossom, The Buttercup, The Daisy, Little Painters and Loose. Across the 25 Centres, the proportion of users who feel that they will no longer use Children's Centres as a result of the proposals varies quite considerably, from less than 10% to more than half.

Appendix K: Equality Impact Assessments

**Equality Impact Assessment Initial Screening post-consultation update
Children's Centre: Apple Tree**

Location	Chartham, Canterbury
Proposal	Closure
Rationale for proposal	<ul style="list-style-type: none"> • Located in an area of low needs (population). • 58% (210) of users also attend another Children's Centre (The majority of these attended Canterbury Town Centre (Riverside) and Little Hands at Wincheap where there is no proposed change to provision.)
Consultation Feedback Summary (questionnaires)	<p>A total of 142 members of the public and just 15 professionals objected to the closure of Apple Tree Children's Centre. Of these 142 members of the public, 58 objected only to the closure of Apple Tree.</p> <p>Approaching a third (31%) of the members of the public objecting to the proposed closure of Apple Tree indicate that they will not use Children's Centres at all as a result (which is slightly higher than the average across all objectors, of 26%). The most popular comments amongst those indicating that they 'will not use Children's Centres at all' as a result of the proposed closure of Apple Tree are:</p> <ul style="list-style-type: none"> • 'Will make travel to centres more difficult / alternative centres too distant' – 38% • 'Very happy with my local centre / prefer it to others' – 26% • 'Bad for people without cars / non-drivers' - 26% • 'Children's centres form a local community hub / chance to meet people' – 26% • 'Children's centres are necessary / important resources / a lifeline' – 18% • 'Centre is close by / easily accessible' – 18% <p>A total of 73 users of Apple Tree Children's Centre (and 33 sole users) responded to the consultation, representing around 23% of all users of the Centre. The overwhelming majority (90%) disagree to some extent with this proposal. Around two-thirds (66%) of the sole users of Apple Tree objecting to the proposal (21 individuals) indicated that they would no longer use Children's Centres as a result of the proposed closure.</p>
Conclusions from consultation evidence by protected characteristic	<p>In comparison with all those responding to proposal one (to reduce the number of Children's Centres), those objecting to the closure of Apple Tree are very similar in terms of their profile.</p> <p>Age: A higher percentage of respondents were aged 31-40 from Apple Tree than the county average and a lower percentage of respondents were aged over 50 from Apple Tree than the county average. No responses were received from services users aged under 20. This supports the initial screening assumptions that lower numbers of teenage parents might be affected as a result of the centre closing.</p>

*All respondent numbers refer to users of Apple Tree Children's Centre unless otherwise stated

	<p>Disability: Eight responses were received to the consultation from users identifying themselves as having some limiting form of disability. This is slightly higher than previous records suggest.</p> <p>Gender: A higher number of responses were received from females to the consultation for Apples Trees than the county average.</p> <p>Gender identity: No respondents identified themselves as having a gender different to that at their birth.</p> <p>Race: A significantly higher number of responses were received from White British service users than the county average. This is higher than suggested might be the case in the initial screening.</p> <p>Religion or belief: A higher percentage of respondents using Apple Tree classified themselves as Christian than the county average. No responses were received from services users with any other stated religion.</p> <p>Sexual orientation: A higher percentage of respondents using Apple Tree classified themselves as heterosexual than the county average. Less than 5 responses were received from services users of any other sexual orientation. This is broadly comparable to service user data for the Canterbury District gathered in the initial screening.</p> <p>Pregnancy and maternity: 206 pregnant women responded to the consultation, of which 96% disagreed with proposals to reduce the number of Children's Centres. Of these 26% stated that they would not use any other Children's Centre were their local Centre to close. Engagement activities were undertaken at groups linked with Apple Trees attended by pregnant mothers and those with new babies to ensure their views were gathered. (see Appendix B)</p> <p>Marriage and Civil Partnerships: A significantly higher proportion of respondents from Apple Tree were married, cohabiting or in a civil partnership than the county average. As such a lower proportion of single parents responded to the consultation than the county average. This confirms the presumption in the initial screening that lone parents are underrepresented amongst Apple Tree services users. However, engagement activities indicate that lone parents were engaged during the consultation period (Appendix B).</p> <p>Carers responsibilities: Carer data was not gathered as part of the consultation activity</p>
Actions required	<ul style="list-style-type: none"> • Ensure any BME groups are engaged and services are planned to ensure group are not negatively affected by changes to service delivery • Ensure users with a disability are engaged and services are planned and delivered at venues with sufficient access for adults and children with a disability • Engage service users from other religions to ensure any changes made as a result of the consultation are understood and services are planned as appropriate. • Ensure services for pregnant women are planned and delivered in areas of need so this target group continue to receive services required. • Ensure local lone parents are engaged with service redesign and are able to access services if they are relocated as a result of the consultation.
Previous judgement (01.07.13)	Medium impact

*All respondent numbers refer to users of Apple Tree Children's Centre unless otherwise stated

Revised judgement (24.10.13)	Medium impact

Appendix A: Apple Tree full profile of users responding

*All respondent numbers refer to users of Apple Tree Children’s Centre unless otherwise stated

Profiles:

User of...Apple Tree - Canterbury				
	Use this Centre only		All users of this Centre	
Age: Under 20	0	0%	0	0%
Age: 20-25	4	12%	8	11%
Age: 36-30	4	12%	13	18%
Age: 31-35	11	33%	25	34%
Age: 36-40	11	33%	18	25%
Age: 41-45	1	3%	5	7%
Age: 46-50	1	3%	3	4%
Age: Over 50	0	0%	0	0%

Public

Gender: Male	1	3%	4	5%
Gender: Female	31	94%	67	92%

EAL: No	31	94%	66	90%
EAL: Yes	0	0%	3	4%

Ethnicity: White British	28	85%	61	84%
Ethnicity: White Irish	1	3%	3	4%
Ethnicity: White Gypsy/Roma	0	0%	0	0%
Ethnicity: White Irish Traveller	0	0%	0	0%
Ethnicity: White Other	0	0%	2	3%
Ethnicity: Mixed White & Black Caribbean	0	0%	0	0%
Ethnicity: Mixed White & Black African	0	0%	0	0%
Ethnicity: Mixed White & Asian	1	3%	2	3%
Ethnicity: Mixed Other	1	3%	1	1%
Ethnicity: Arab	0	0%	0	0%
Ethnicity: Asian or Asian British Indian	0	0%	0	0%
Ethnicity: Asian or Asian British Pakistani	0	0%	0	0%
Ethnicity: Asian or Asian British Bangladeshi	0	0%	0	0%
Ethnicity: Asian Other	0	0%	0	0%
Ethnicity: Chinese	0	0%	0	0%
Ethnicity: Black or Black British Caribbean	0	0%	0	0%
Ethnicity: Black or Black British African	0	0%	0	0%
Ethnicity: Black Other	0	0%	0	0%
Ethnicity: Other	0	0%	1	1%

Religion: Christian	14	42%	39	53%
Religion: Buddhist	0	0%	0	0%
Religion: Hindu	0	0%	0	0%
Religion: Jewish	0	0%	0	0%
Religion: Muslim	0	0%	0	0%
Religion: Sikh	0	0%	0	0%
Religion: Other	0	0%	0	0%
Religion: None	14	42%	28	38%

Married/Civil Part/Cohabiting	28	85%	64	88%
Separated/Divorced/Widowed	2	6%	2	3%
Single	2	6%	5	7%

User of...Apple Tree - Canterbury				
	Use this Centre only		All users of this Centre	
Disability: Limited a lot	1	3%	3	4%
Disability: Limited a little	5	15%	6	8%
Disability: No	25	76%	62	85%

Sexuality: Bi/Bisexual	1	3%	1	1%
Sexuality: Heterosexual/Straight	30	91%	69	95%
Sexuality: Gay woman/Lesbian	0	0%	0	0%
Sexuality: Gay man	0	0%	0	0%
Sexuality: Other	0	0%	0	0%
Gender not the same as at birth	0	0%	0	0%

Base: Public - Use this Centre only (33), All users of this Centre (73)

**Equality Impact Assessment Initial Screening post-consultation update
Children's Centre: Beaches**

Location	Leysdown, Swale
Proposal	Part Time
Rationale for proposal	<ul style="list-style-type: none"> • Located in an area of low need (population) • 58% (155) of users also attended another Children's Centre in Kent.
Consultation Feedback Summary (questionnaires)	<p>A total of 91 members of the public and 20 professionals objected to the reduction in opening hours at Beaches Children's Centre. Of these 91 members of the public, 28 objected only to the reduction in opening hours at Beaches.</p> <p>Around 1 in 8 (13%) of the members of the public objecting to the proposed reduction in opening hours at Beaches indicate that they will not use Children's Centres at all as a result (which is similar to the average across all objectors).</p> <p>A total of 41 users of Beaches Children's Centre (and just 15 sole users) responded to the consultation, representing around 13% of all users of the Centre. The vast majority (85%) disagree to some extent with this proposal. Of the sole users of Beaches responding to the consultation, 29% (4 individuals) indicated that they 'will not use Children's Centres at all' as a result of the proposed reduction in opening hours.</p>
Conclusions from consultation evidence by protected characteristic	In comparison with all those objecting to proposal 3, those objecting to the reduction in opening hours at Beaches are <u>much</u> more likely to be lone parents and/or parents of children from low incomes.
	Age: A significantly higher percentage of respondents* were aged 26-30 from Beaches than the county average and a higher percentage of respondents were aged 31-35 from Beaches than the county average. No responses were received from service users aged under 20. This supports the initial screening assumptions that lower numbers of teenage parents might be affected as a result of the centre becoming part-time.
	Disability: Less than five responses were received to the consultation from users of Beaches identifying themselves as having some limiting form of disability. This supports the previous initial screening suggesting the catchment area "has lower level of need than the Kent average in terms of working aged permanently sick/ disabled (volume)".
	Gender: A higher number of responses were received from females to the consultation for Beaches than the county average.
	Gender identity: No respondents identified themselves as having a gender different to that at their birth.
	Race: No responses were received from service users of any other ethnicity than White British. The original initial assessment suggests a lower than average representation of BME groups in the catchment area for Beaches however, few specific engagement activities have been recorded as being undertaken in the area served by Beaches CC.
Religion or belief: The religious belief of service users responding to the consultation are broadly comparable to those responding to the consultation countywide. However the overwhelming majority of respondents classed themselves as being Christian or having no stated religious belief.	

*All respondent numbers refer to users of Beaches Children's Centre unless otherwise stated

	<p>Sexual orientation: The sexual orientation of service users responding to the consultation are broadly comparable to those responding to the consultation countywide. However the overwhelming majority of respondents classed themselves as being Heterosexual.</p> <p>Pregnancy and maternity: 206 pregnant women responded to the consultation, of which 96% disagreed with proposals to reduce the number of Children's Centres. Of these 26% stated that they would not use any other Children's Centre were their local Centre to close. Four respondents to the consultation that stated they were going to be a parent soon objected to the reduction of hours at Beaches CC. However, these prospective parents were not necessarily users of Beaches CC.</p> <p>Marriage and Civil Partnerships: The marital status of service users responding to the consultation are broadly comparable to those responding to the consultation countywide. The initial screening indicated that lone parents are slightly over-represented amongst Beaches service users, however responses to the consultation do not reflect this.</p> <p>Carers responsibilities: Carer data was not gathered as part of the consultation activity</p>
Actions required	<ul style="list-style-type: none"> • Engage BME groups as a priority to understand impact, plan services and ensure group are not negatively affected by potential changes to service delivery times or locations. • Engage service users from other religions to ensure any changes made as a result of the consultation are understood and services are planned as appropriate. • Ensure <u>local</u> lone parents are engaged with service redesign and are able to access services if they are changed or relocated as a result of the consultation.
Previous judgement (02.07.13)	Medium impact
Revised judgement (25.10.13)	Medium impact (with a specific focus on BME groups and lone parents)

Appendix A: Beaches full profile of respondents

*All respondent numbers refer to users of Beaches Children’s Centre unless otherwise stated

Profiles:

User of...Beaches - Swale				
	Use this Centre only		All users of this Centre	
Age: Under 20	0	0%	0	0%
Age: 20-25	1	7%	2	5%
Age: 36-30	6	40%	13	32%
Age: 31-35	5	33%	14	34%
Age: 36-40	0	0%	7	17%
Age: 41-45	0	0%	0	0%
Age: 46-50	0	0%	0	0%
Age: Over 50	4	27%	4	10%

Public

Gender: Male	0	0%	1	2%
Gender: Female	15	100%	39	95%

EAL: No	13	87%	36	88%
EAL: Yes	0	0%	0	0%

Ethnicity: White British	13	87%	38	93%
Ethnicity: White Irish	0	0%	0	0%
Ethnicity: White Gypsy/Roma	0	0%	0	0%
Ethnicity: White Irish Traveller	0	0%	0	0%
Ethnicity: White Other	0	0%	0	0%
Ethnicity: Mixed White & Black Caribbean	0	0%	0	0%
Ethnicity: Mixed White & Black African	0	0%	0	0%
Ethnicity: Mixed White & Asian	0	0%	0	0%
Ethnicity: Mixed Other	0	0%	0	0%
Ethnicity: Arab	0	0%	0	0%
Ethnicity: Asian or Asian British Indian	0	0%	0	0%
Ethnicity: Asian or Asian British Pakistani	0	0%	0	0%
Ethnicity: Asian or Asian British Bangladeshi	0	0%	0	0%
Ethnicity: Asian Other	0	0%	0	0%
Ethnicity: Chinese	0	0%	0	0%
Ethnicity: Black or Black British Caribbean	0	0%	0	0%
Ethnicity: Black or Black British African	0	0%	0	0%
Ethnicity: Black Other	0	0%	0	0%
Ethnicity: Other	0	0%	0	0%

Religion: Christian	6	40%	20	49%
Religion: Buddhist	0	0%	0	0%
Religion: Hindu	0	0%	0	0%
Religion: Jewish	0	0%	0	0%
Religion: Muslim	0	0%	0	0%
Religion: Sikh	0	0%	0	0%
Religion: Other	1	7%	1	2%
Religion: None	5	33%	16	39%

Married/Civil Part/Cohabiting	11	73%	30	73%
Separated/Divorced/Widowed	0	0%	3	7%
Single	1	7%	4	10%

User of...Beaches - Swale				
	Use this Centre only		All users of this Centre	
Disability: Limited a lot	0	0%	1	2%
Disability: Limited a little	0	0%	2	5%
Disability: No	12	80%	33	80%

Sexuality: Bi/Bisexual	0	0%	1	2%
Sexuality: Heterosexual/Straight	13	87%	36	88%
Sexuality: Gay woman/Lesbian	0	0%	0	0%
Sexuality: Gay man	0	0%	0	0%
Sexuality: Other	0	0%	0	0%
Gender not the same as at birth	0	0%	0	0%

Base: Public - Use this Centre only (15), All users of this Centre (41)

**Equality Impact Assessment Initial Screening post-consultation update
Children's Centre: Birchington**

Location	Birchington, Thanet
Proposal	Part Time
Rationale for proposal	<ul style="list-style-type: none"> Local Solution 53% (343) of users also attended another Children's Centre in Kent.
Consultation Feedback Summary (questionnaires)	<p>A total of 97 members of the public and 32 professionals objected to the reduction in opening hours at Birchington Children's Centre. Of these 97 members of the public, 21 objected only to the reduction in opening hours at Birchington.</p> <p>15% of the members of the public objecting to the proposed reduction in opening hours at Birchington indicate that they will not use Children's Centres at all as a result (which is similar to the average across all objectors).</p> <p>A total of 60 users of Birchington Children's Centre (and just 16 sole users) responded to the consultation, representing around 8% of all users of the Centre. The overwhelming majority (90%) disagree to some extent with this proposal. Of the sole users of Birchington responding to the consultation, 27% (4 individuals) indicated that they 'will not use Children's Centres at all' as a result of the proposed reduction in opening hours.</p>
Conclusions from consultation evidence by protected characteristic	In comparison with all those objecting to proposal 3 to reduce hours at some Children's Centres, those objecting to the reduction in opening hours at Birchington are more likely to be lone parents.
	Age: A significantly higher percentage of respondents* were aged 26-30 from Birchington than the county average. No responses were received from services users aged under 20. This supports the initial screening assumptions that lower numbers of teenage parents might be affected as a result of the centre becoming part time.
	Disability: Six responses were received to the consultation from users identifying themselves as having some limiting form of disability. This is slightly higher than previous data in the initial screening suggested.
	Gender: A higher number of responses were received from females to the consultation for Birchington than the county average.
	Gender identity: One respondent identified themselves as having a gender different to that at their birth.
	Race: A higher number of responses were received from White British service users than the county average. This is in line with the expectations in the original initial assessment and in line with the population profile of Thanet District itself. Numbers that have identified themselves as having English as an additional language in the Birchington consultation return is lower than the county average but remains an Equality and Diversity priority.
	Religion or belief: The religious belief of service users responding to the consultation are broadly comparable to those responding to the consultation countywide. However a slightly higher number of respondents classified themselves as having an "other" religion.

*All respondent numbers refer to users of Birchington Children's Centre unless otherwise stated

	<p>Sexual orientation: A higher percentage of respondents using Birchington classified themselves as heterosexual than the county average. Less than 5 responses were received from services users of any other sexual orientation.</p> <p>Pregnancy and maternity: 206 pregnant women responded to the consultation, of which 96% disagreed with proposals to reduce the number of Children's Centres. Of these 26% stated that they would not use any other Children's Centre were their local Centre to close. Seven respondents to the consultation that stated they were going to be a parent soon objected to the reduction of hours at Beaches CC. However, these prospective parents were not necessarily users of Birchington CC.</p> <p>Marriage and Civil Partnerships: A higher proportion of respondents from Birchington were married, cohabiting or in a civil partnership than the county average. As such a lower proportion of single parents responded to the consultation than the county average. This seems to confirm the presumption in the initial screening that lone parents are underrepresented amongst Birchington services users.</p> <p>Carers responsibilities: Carer data was not gathered as part of the consultation activity</p>
Actions required	<ul style="list-style-type: none"> • Ensure users with a disability are engaged and services are planned and delivered at venues with sufficient access for adults and children with a disability • Investigate feasibility of gathering more accurate records of the gender identity of service users and ensure services are planned and considered to be inclusive to this target group. • Ensure any BME groups and specifically those with English as an additional language, are engaged and services are planned to ensure group are not negatively affected by changes to service delivery • Engage service users from other religions to ensure any changes made as a result of the consultation are understood and services are planned as appropriate. Investigate wider religious beliefs held by service users to ensure all beliefs are being inclusively incorporated in to CC practice.
Previous judgement (02.07.13)	Medium impact
Revised judgement (25.10.13)	Medium impact

*All respondent numbers refer to users of Birchington Children's Centre unless otherwise stated

Appendix A: Birchington full profile of respondents

*All respondent numbers refer to users of Birchington Children’s Centre unless otherwise stated

Profiles:

	User of...Birchington - Thanet			
	Use this Centre only		All users of this Centre	
Public				
Age: Under 20	0	0%	0	0%
Age: 20-25	1	6%	6	10%
Age: 36-30	4	25%	19	32%
Age: 31-35	6	38%	15	25%
Age: 36-40	1	6%	9	15%
Age: 41-45	3	19%	5	8%
Age: 46-50	1	6%	2	3%
Age: Over 50	3	19%	3	5%

Gender: Male	0	0%	4	7%
Gender: Female	16	100%	56	93%

EAL: No	12	75%	54	90%
EAL: Yes	2	13%	2	3%

Ethnicity: White British	13	81%	53	88%
Ethnicity: White Irish	0	0%	0	0%
Ethnicity: White Gypsy/Roma	0	0%	0	0%
Ethnicity: White Irish Traveller	0	0%	0	0%
Ethnicity: White Other	1	6%	1	2%
Ethnicity: Mixed White & Black Caribbean	0	0%	2	3%
Ethnicity: Mixed White & Black African	0	0%	0	0%
Ethnicity: Mixed White & Asian	0	0%	0	0%
Ethnicity: Mixed Other	0	0%	0	0%
Ethnicity: Arab	0	0%	0	0%
Ethnicity: Asian or Asian British Indian	0	0%	0	0%
Ethnicity: Asian or Asian British Pakistani	0	0%	0	0%
Ethnicity: Asian or Asian British Bangladeshi	0	0%	0	0%
Ethnicity: Asian Other	0	0%	1	2%
Ethnicity: Chinese	0	0%	0	0%
Ethnicity: Black or Black British Caribbean	0	0%	0	0%
Ethnicity: Black or Black British African	0	0%	0	0%
Ethnicity: Black Other	0	0%	0	0%
Ethnicity: Other	0	0%	0	0%

Religion: Christian	8	50%	29	48%
Religion: Buddhist	0	0%	0	0%
Religion: Hindu	0	0%	0	0%
Religion: Jewish	0	0%	0	0%
Religion: Muslim	0	0%	0	0%
Religion: Sikh	0	0%	0	0%
Religion: Other	2	13%	3	5%
Religion: None	4	25%	23	38%

Married/Civil Part/Cohabiting	11	69%	49	82%
Separated/Divorced/Widowed	1	6%	2	3%
Single	3	19%	6	10%

	User of...Birchington - Thanet			
	Use this Centre only		All users of this Centre	
Disability: Limited a lot	1	6%	1	2%
Disability: Limited a little	2	13%	5	8%
Disability: No	10	63%	50	83%

Sexuality: Bi/Bisexual	0	0%	0	0%
Sexuality: Heterosexual/Straight	14	88%	57	95%
Sexuality: Gay woman/Lesbian	0	0%	0	0%
Sexuality: Gay man	0	0%	0	0%
Sexuality: Other	0	0%	0	0%
Gender not the same as at birth	0	0%	1	2%

Base: Public - Use this Centre only (16), All users of this Centre (60)

**Equality Impact Assessment Initial Screening post-consultation update
Children's Centre: Briary**

Location	Herne Bay, Canterbury
Proposal	Closure
Rationale for proposal	<ul style="list-style-type: none"> • Located in an area of low need (population). • 78% (439) of users also attend another Children's Centre. The majority of these attended The Poppy Children's Centre (393)
Consultation Feedback Summary (questionnaires)	<p>A total of 161 members of the public and 32 professionals objected to the closure of Briary Children's Centre. Of these 161 members of the public, 80 objected only to the closure of Briary.</p> <p>Around a quarter (26%) of the members of the public objecting to the proposed closure of Briary indicate that they will not use Children's Centres at all as a result (which is the same as the average across all objectors). The most popular comments amongst those indicating that they 'will not use Children's Centres at all' as a result of the proposed closure of Briary are:</p> <ul style="list-style-type: none"> • Will make travel to centres more difficult / alternative centres too distant' – 24% • 'Children's centres form a local community hub / chance to meet people' – 19% • 'Very happy with my local centre / prefer it to others / we enjoy going there / only use this one' – 16% • 'Centre is close by / easily accessible' – 16% • 'No alternative to these facilities / less services will be available' – 14% <p>A total of 201 users of Briary Children's Centre (and 72 sole users) responded to the consultation, representing as many as 37% of all users of the Centre. The overwhelming majority (95%) disagree to some extent with this proposal. Around half (48%) of the sole users of Briary objecting to the proposal (33 individuals) indicated that they would no longer use Children's Centres as a result of the proposed closure.</p>
Conclusions from consultation evidence by protected characteristic	<p>In comparison with all those responding to proposal one, those objecting to the closure of Briary are more likely to be lone parents and/or younger parents (aged 25 or under).</p> <p>Age: A significantly higher percentage of respondents* were aged 20-25 than the county average. Other age profiles were broadly comparable. Less than 5 teenage parents or pregnant teenagers who used the Centre objected to the closure of Briary CC. This supports the initial screening assumptions that lower numbers of teenage parents might be affected as a result of the centre closing.</p> <p>Disability: Twelve responses were received to the consultation from users identifying themselves as having some limiting form of disability. This is slightly higher than data used in the previous impact assessment suggests.</p> <p>Gender: A broadly comparable number of responses were received from males and females compared to the county</p>

*All respondent numbers refer to users of Briary Children's Centre unless otherwise stated

	responses.
	Gender identity: No respondents identified themselves as having a gender different to that at their birth.
	Race: A higher number of responses were received from White British service users than the county average. This supports the rationale in the initial screening of an underrepresentation of BME families in the area serviced by Briary CC. It would appear that few BME service users were engaged during the consultation period.
	Religion or belief: The stated religions of users responding to the consultation regarding Briary CC were broadly comparable to county figures.
	Sexual orientation: The stated religions of users responding to the consultation regarding Briary CC were broadly comparable to county figures. However, less than 5 responses were received from services users of any other sexual orientation. This is broadly comparable to service user data for the Canterbury District gathered in the initial screening.
	Pregnancy and maternity: 206 pregnant women responded to the consultation, of which 96% disagreed with proposals to reduce the number of Children's Centres. Of these 26% stated that they would not use any other Children's Centre were their local Centre to close. Engagement activities were undertaken at groups linked with Briary attended by pregnant mothers and those with new babies to ensure their views were gathered. (see Appendix B)
	Marriage and Civil Partnerships: The stated marital status of users responding to the consultation regarding Briary CC were broadly comparable to county figures. The initial screening identified a potential impact on married or cohabiting couples. The consultation responses confirm this assumption, 75% of users of Briary responding were married, cohabiting or in a civil partnership.
	Carers responsibilities: Carer data was not gathered as part of the consultation activity
Actions required	<ul style="list-style-type: none"> • Ensure any BME groups are engaged and services are planned to ensure minority group are not negatively affected by changes to service delivery • Ensure users with a disability are engaged and services are planned and delivered at venues with sufficient access for adults and children with a disability • Ensure services for pregnant women are planned and delivered in areas of need so this target group continue to receive services required. • Ensure married and cohabiting couples continue to access services
Previous judgement (01.07.13)	Medium impact
Revised judgement (24.10.13)	Medium impact

*All respondent numbers refer to users of Briary Children's Centre unless otherwise stated

Appendix A: Briary full profile of respondents

*All respondent numbers refer to users of Briary Children’s Centre unless otherwise stated

Profiles:

	User of...Briary - Canterbury			
	Use this Centre only		All users of this Centre	
Public				
Age: Under 20	1	1%	5	2%
Age: 20-25	13	18%	44	22%
Age: 36-30	12	17%	38	19%
Age: 31-35	18	25%	53	26%
Age: 36-40	13	18%	32	16%
Age: 41-45	1	1%	9	4%
Age: 46-50	4	6%	4	2%
Age: Over 50	9	13%	9	4%

Gender: Male	6	8%	12	6%
Gender: Female	61	85%	181	90%

EAL: No	66	92%	188	94%
EAL: Yes	1	1%	4	2%

Ethnicity: White British	64	89%	180	90%
Ethnicity: White Irish	0	0%	1	0%
Ethnicity: White Gypsy/Roma	1	1%	2	1%
Ethnicity: White Irish Traveller	0	0%	0	0%
Ethnicity: White Other	1	1%	4	2%
Ethnicity: Mixed White & Black Caribbean	0	0%	0	0%
Ethnicity: Mixed White & Black African	0	0%	0	0%
Ethnicity: Mixed White & Asian	0	0%	0	0%
Ethnicity: Mixed Other	0	0%	1	0%
Ethnicity: Arab	0	0%	0	0%
Ethnicity: Asian or Asian British Indian	1	1%	1	0%
Ethnicity: Asian or Asian British Pakistani	0	0%	0	0%
Ethnicity: Asian or Asian British Bangladeshi	0	0%	0	0%
Ethnicity: Asian Other	0	0%	1	0%
Ethnicity: Chinese	0	0%	0	0%
Ethnicity: Black or Black British Caribbean	0	0%	0	0%
Ethnicity: Black or Black British African	0	0%	2	1%
Ethnicity: Black Other	0	0%	0	0%
Ethnicity: Other	0	0%	0	0%

Religion: Christian	26	36%	85	42%
Religion: Buddhist	1	1%	1	0%
Religion: Hindu	1	1%	1	0%
Religion: Jewish	0	0%	0	0%
Religion: Muslim	0	0%	1	0%
Religion: Sikh	0	0%	0	0%
Religion: Other	3	4%	4	2%
Religion: None	31	43%	92	46%

Married/Civil Part/Cohabiting	58	81%	151	75%
Separated/Divorced/Widowed	2	3%	8	4%
Single	7	10%	31	15%

	User of...Briary - Canterbury			
	Use this Centre only		All users of this Centre	
Disability: Limited a lot	3	4%	4	2%
Disability: Limited a little	4	6%	8	4%
Disability: No	58	81%	175	87%

Sexuality: Bi/Bisexual	1	1%	1	0%
Sexuality: Heterosexual/Straight	61	85%	181	90%
Sexuality: Gay woman/Lesbian	0	0%	1	0%
Sexuality: Gay man	0	0%	0	0%
Sexuality: Other	1	1%	1	0%
Gender not the same as at birth	0	0%	0	0%

Base: Public - Use this Centre only (72), All users of this Centre (201)

**Equality Impact Assessment Initial Screening post-consultation update
Children's Centre: Callis Grange**

Location	Broadstairs, Thanet
Proposal	Part Time
Rationale for proposal	<ul style="list-style-type: none"> Local Solution 60% (304) of users also attended another Children's Centre in Kent.
Consultation Feedback Summary (questionnaires)	<p>A total of 86 members of the public and 26 professionals objected to the reduction in opening hours at Callis Grange Children's Centre. Of these 86 members of the public, 32 objected only to the reduction in opening hours at Callis Grange.</p> <p>Around 1 in 6 (17%) of the members of the public objecting to the proposed reduction in opening hours at Callis Grange indicate that they will not use Children's Centres at all as a result (which is similar to the average across all objectors).</p> <p>A total of 49 users of Callis Grange Children's Centre (and 25 sole users) responded to the consultation, representing around 9% of all users of the Centre. The overwhelming majority (94%) disagree to some extent with this proposal. Of the sole users of Callis Grange responding to the consultation, 36% (9 individuals) indicated that they 'will not use Children's Centres at all' as a result of the proposed reduction in opening hours.</p>
Conclusions from consultation evidence by protected characteristic	In comparison with all those objecting to proposal 3, those objecting to the reduction in opening hours at Callis Grange are more likely to be lone parents.
	Age: A significantly higher percentage of respondents were aged 26-30 from Callis Grange than the county average and a lower percentage of respondents were aged 36-45 from Callis Grange than the county average. No responses were received from services users aged under 20. This supports the initial screening assumptions that lower numbers of teenage parents might be affected as a result of the centre reducing to part-time hours.
	Disability: Less than five responses were received to the consultation from users identifying themselves as having some limiting form of disability. This is broadly in line with assumptions from the initial screening
	Gender: The overwhelming majority of responses from users of Callis Grange were received by females. Less than five responses were received by males. A higher number of responses were received from females to the consultation for Callis Grange than the county average.
	Gender identity: No respondents identified themselves as having a gender different to that at their birth.
	Race: All responses were received from White British service users and no respondents identified themselves as having English as an additional language. The initial screening identified a 95% White British population in Thanet but 10% use of Children's Centres by BME groups. As such the responses indicate an underrepresentation from BME CC users even though information events were run at activities in the Centre attended by BME groups.
Religion or belief: The stated religious beliefs of respondents using Callis Grange were broadly comparable with the county	

Page 15

*All respondent numbers refer to users of Callis Grange Children's Centre unless otherwise stated

	<p>average although there was a significant underrepresentation of religions other than Christians amongst respondents.</p> <p>Sexual orientation: The stated sexual orientation of respondents using Callis Grange were broadly comparable with the county average.</p> <p>Pregnancy and maternity: 206 pregnant women responded to the consultation, of which 96% disagreed with proposals to reduce the number of Children’s Centres. Of these 26% stated that they would not use any other Children’s Centre were their local Centre to close.</p> <p>Marriage and Civil Partnerships The marital status of respondents using Callis Grange were broadly comparable with the county average. The initial screening indicated that lone parents are underrepresented amongst Callis Grange services users which is not reflected in the responses. However, engagement activities indicate that a wide range of service users were engaged during the consultation period via large summer activities.</p> <p>Carers responsibilities: Carer data was not gathered as part of the consultation activity</p>
Actions required	<ul style="list-style-type: none"> • Monitor registrations by service users identifying themselves as having a form of disability or limiting illness. Ensure users with a disability are engaged and services are planned and delivered at venues with sufficient access for adults and children with a disability. • Ensure men, and fathers in particular, are engaged in service planning to ensure participation in a wide variety of activities. • Ensure any BME groups are engaged and services are planned to ensure group are not negatively affected by possible changes to service delivery • Engage service users from religions other than Christianity to ensure any changes made as a result of the consultation are understood and services are planned as appropriate. • Ensure services for pregnant women are planned and delivered in areas of need so this target group continue to receive services required.
Previous judgement (insert date)	Medium impact
Revised judgement (insert date)	Medium impact (with particular reference to Race and Gender)

*All respondent numbers refer to users of Callis Grange Children’s Centre unless otherwise stated

Appendix A: Callis Grange full profile of respondents

*All respondent numbers refer to users of Callis Grange Children’s Centre unless otherwise stated

Profiles:

	User of...Callis Grange - Thanet			
	Use this Centre only		All users of this Centre	
Public				
Age: Under 20	0	0%	0	0%
Age: 20-25	1	4%	7	14%
Age: 36-30	13	52%	19	39%
Age: 31-35	7	28%	14	29%
Age: 36-40	3	12%	6	12%
Age: 41-45	1	4%	2	4%
Age: 46-50	0	0%	0	0%
Age: Over 50	0	0%	0	0%

Gender: Male	0	0%	1	2%
Gender: Female	24	96%	46	94%

EAL: No	21	84%	42	86%
EAL: Yes	3	12%	3	6%

Ethnicity: White British	21	84%	41	84%
Ethnicity: White Irish	0	0%	0	0%
Ethnicity: White Gypsy/Roma	0	0%	0	0%
Ethnicity: White Irish Traveller	0	0%	0	0%
Ethnicity: White Other	1	4%	1	2%
Ethnicity: Mixed White & Black Caribbean	0	0%	0	0%
Ethnicity: Mixed White & Black African	0	0%	1	2%
Ethnicity: Mixed White & Asian	0	0%	0	0%
Ethnicity: Mixed Other	0	0%	0	0%
Ethnicity: Arab	0	0%	0	0%
Ethnicity: Asian or Asian British Indian	1	4%	1	2%
Ethnicity: Asian or Asian British Pakistani	0	0%	0	0%
Ethnicity: Asian or Asian British Bangladeshi	0	0%	0	0%
Ethnicity: Asian Other	1	4%	1	2%
Ethnicity: Chinese	0	0%	0	0%
Ethnicity: Black or Black British Caribbean	0	0%	0	0%
Ethnicity: Black or Black British African	0	0%	0	0%
Ethnicity: Black Other	0	0%	0	0%
Ethnicity: Other	0	0%	0	0%

Religion: Christian	14	56%	24	49%
Religion: Buddhist	0	0%	0	0%
Religion: Hindu	1	4%	1	2%
Religion: Jewish	0	0%	0	0%
Religion: Muslim	0	0%	0	0%
Religion: Sikh	0	0%	0	0%
Religion: Other	1	4%	1	2%
Religion: None	8	32%	19	39%

Married/Civil Part/Cohabiting	21	84%	40	82%
Separated/Divorced/Widowed	0	0%	1	2%
Single	3	12%	5	10%

	User of...Callis Grange - Thanet			
	Use this Centre only		All users of this Centre	
Disability: Limited a lot	0	0%	0	0%
Disability: Limited a little	1	4%	3	6%
Disability: No	21	84%	41	84%

Sexuality: Bi/Bisexual	0	0%	1	2%
Sexuality: Heterosexual/Straight	23	92%	42	86%
Sexuality: Gay woman/Lesbian	0	0%	1	2%
Sexuality: Gay man	0	0%	0	0%
Sexuality: Other	0	0%	0	0%
Gender not the same as at birth	0	0%	0	0%

Base: Public - Use this Centre only (25), All users of this Centre (49)

**Equality Impact Assessment Initial Screening post-consultation update
Children's Centre: Cherry Blossom**

Location	Wye, Ashford	
Proposal	Closure	
Rationale for proposal	<ul style="list-style-type: none"> Identified as a local solution. Located in an area of low need (population). 77% (139) of users also attend another Children's Centre. The majority of these attended Suresteps and Bluebells. 	
Consultation Feedback Summary (questionnaires)	<p>A total of 88 members of the public and 8 professionals objected to the closure of Cherry Blossom Children's Centre. Of these 88 members of the public, just 7 objected <u>only</u> to the closure of Cherry Blossom, with the majority objecting to other Centre closures as well (and particularly other proposed closures in Ashford and Dover).</p> <p>Amongst this group, 16% (14 individuals) indicate that they will not use Children's Centres at all as a result of the proposed closure.</p> <p>Just 7 users of Cherry Blossom responded to the consultation, with 6 of the 7 disagreeing to some extent with the proposal. Just 1 of these users indicated that they would no longer use Children's Centres as a result of the proposed closure.</p>	
Conclusions from consultation evidence by protected characteristic	Those members of the public who objected to the closure of Cherry Blossom appear to be more likely to be lone parents and/or disabled.	
	Age:	<p>Due to the low level of responses received from Cherry Blossom users, meaningful analysis by protected characteristic cannot be made. Low response levels by CC users may, in itself, indicate a low level of impact on service users, but such an assumption is understandably speculative.</p> <p>The consultation was promoted at outreach activities serving Cherry Blossom families in Wye (see Appendix 2)</p>
	Disability:	
	Gender:	
	Gender identity:	
	Race:	
	Religion or belief:	
	Sexual orientation:	
	Pregnancy and maternity:	
Marriage and Civil Partnerships:		
Carers responsibilities:		
Actions required	<ul style="list-style-type: none"> Ensure any changes to service delivery as a result of the closure of Cherry Blossom are communicated effectively to sole users of this Centre. 	
Previous judgement	Medium impact	

Page 33

*All respondent numbers refer to users of Cherry Blossom Children's Centre unless otherwise stated

(01.07.13)	
Revised judgement (28.10.13)	Low impact

Appendix A: Cherry Blossom full profile of respondents

*All respondent numbers refer to users of Cherry Blossom Children’s Centre unless otherwise stated

Profiles:

User of...Cherry Blossom - Ashford				
	Use this Centre only		All users of this Centre	
Age: Under 20	0	####	0	0%
Age: 20-25	0	####	0	0%
Age: 36-30	0	####	0	0%
Age: 31-35	0	####	4	57%
Age: 36-40	0	####	3	43%
Age: 41-45	0	####	0	0%
Age: 46-50	0	####	0	0%
Age: Over 50	0	####	0	0%

Public

Gender: Male	0	####	0	0%
Gender: Female	0	####	7	100%

EAL: No	0	####	7	100%
EAL: Yes	0	####	0	0%

Ethnicity: White British	0	####	7	100%
Ethnicity: White Irish	0	####	0	0%
Ethnicity: White Gypsy/Roma	0	####	0	0%
Ethnicity: White Irish Traveller	0	####	0	0%
Ethnicity: White Other	0	####	0	0%
Ethnicity: Mixed White & Black Caribbean	0	####	0	0%
Ethnicity: Mixed White & Black African	0	####	0	0%
Ethnicity: Mixed White & Asian	0	####	0	0%
Ethnicity: Mixed Other	0	####	0	0%
Ethnicity: Arab	0	####	0	0%
Ethnicity: Asian or Asian British Indian	0	####	0	0%
Ethnicity: Asian or Asian British Pakistani	0	####	0	0%
Ethnicity: Asian or Asian British Bangladeshi	0	####	0	0%
Ethnicity: Asian Other	0	####	0	0%
Ethnicity: Chinese	0	####	0	0%
Ethnicity: Black or Black British Caribbean	0	####	0	0%
Ethnicity: Black or Black British African	0	####	0	0%
Ethnicity: Black Other	0	####	0	0%
Ethnicity: Other	0	####	0	0%

Religion: Christian	0	####	3	43%
Religion: Buddhist	0	####	0	0%
Religion: Hindu	0	####	0	0%
Religion: Jewish	0	####	0	0%
Religion: Muslim	0	####	0	0%
Religion: Sikh	0	####	0	0%
Religion: Other	0	####	0	0%
Religion: None	0	####	4	57%

Married/Civil Part/Cohabiting	0	####	5	71%
Separated/Divorced/Widowed	0	####	1	14%
Single	0	####	1	14%

User of...Cherry Blossom - Ashford				
	Use this Centre only		All users of this Centre	
Disability: Limited a lot	0	####	1	14%
Disability: Limited a little	0	####	0	0%
Disability: No	0	####	6	86%

Sexuality: Bi/Bisexual	0	####	0	0%
Sexuality: Heterosexual/Straight	0	####	6	86%
Sexuality: Gay woman/Lesbian	0	####	0	0%
Sexuality: Gay man	0	####	0	0%
Sexuality: Other	0	####	0	0%
Gender not the same as at birth	0	####	0	0%

Base: Public - Use this Centre only (0), All users of this Centre (7)

**Equality Impact Assessment Initial Screening post-consultation update
Children's Centre: Daisy Chains**

Location	Meopham, Gravesend
Proposal	Closure
Rationale for proposal	<ul style="list-style-type: none"> • Identified as a local solution. • Located in an area of low need (population). • 46% (168) of users also attend another Children's Centre. The majority of these attended Kings Farm, Little Gems, Bright Futures and Riverside.
Consultation Feedback Summary (questionnaires)	<p>A total of 194 members of the public and 24 professionals objected to the closure of Daisy Chains Children's Centre. Of these 194 members of the public, 87 objected only to the closure of Daisy Chains.</p> <p>A third (33%) of the members of the public objecting to the proposed closure of Daisy Chains indicate that they will not use Children's Centres at all as a result (which is higher than the average across all objectors, of 26%). The most popular comments amongst those indicating that they 'will not use Children's Centres at all' as a result of the proposed closure of Daisy Chains are:</p> <ul style="list-style-type: none"> • 'Will make travel to centres more difficult / alternative centres too distant' – 30% • 'No alternative to these facilities / less services will be available' – 26% • 'Children's centres form a local community hub / chance to meet people' – 25% • 'Will have a financial impact on me / make it too expensive - travel / parking, etc.' – 18% • 'Children's centres are necessary / important resources / a lifeline' – 16% <p>A total of 103 users of Daisy Chains Children's Centre (and 80 sole users) responded to the consultation, representing around 26% of all users of the Centre. The overwhelming majority (96%) disagree to some extent with this proposal. Of the sole users of Daisy Chains objecting to the proposal, 57% indicated that they 'will not use Children's Centres at all' as a result of the proposed closure.</p>
Conclusions from consultation evidence by protected characteristic	<p>In comparison with all those responding to proposal one, those objecting to the closure of Daisy Chains are very similar in terms of their profile.</p> <p>Age: The stated ages of respondents* using Daisy Chains were broadly comparable with the county average. The initial screening stated that lower numbers of teenage parents might be affected as a result of the centre closing. Less than 5 responses were received from centre users aged under 20, however details do suggest the consultation was promoted to a wide number of Daisy Chains service users.</p> <p>Disability: Less than five responses were received to the consultation from users identifying themselves as having some limiting form of disability. This is lower than the county average and is in line with the previous initial screening than indicated</p>

*All respondent numbers refer to users of Daisy Chains Children's Centre unless otherwise stated

	<p>the catchment for this Centre has a lower level of need than the Kent average in terms of working aged permanently sick/ disabled (by volume).</p> <p>Gender: A lower number of responses were received from females to the consultation for Daisy Chains than the county average. As such a higher percentage of responses were received from males.</p> <p>Gender identity: No respondents identified themselves as having a gender different to that at their birth.</p> <p>Race: A higher number of responses were received from White British service users than the county average. Less than five respondents identified themselves as anything other than White British. This is not in line with District figures or CC usage figures, which both identify a higher proportion of service users as being from BME backgrounds.</p> <p>Religion or belief: The stated religious beliefs of respondents using Daisy Chains were broadly comparable with the county average. No religious belief data was gathered for the initial screening.</p> <p>Sexual orientation: The stated sexual orientation of respondents using Daisy Chains were broadly comparable with the county average. Less than 5 responses were received from service users of any other sexual orientation.</p> <p>Pregnancy and maternity: 206 pregnant women responded to the consultation, of which 96% disagreed with proposals to reduce the number of Children's Centres. Of these 26% stated that they would not use any other Children's Centre were their local Centre to close. A Daisy Chains service user baby talk activity group was attended to promote the consultation activity to parents of children under one year old (see Appendix B).</p> <p>Marriage and Civil Partnerships: A significantly higher proportion of respondents from Daisy Chains were married, cohabiting or in a civil partnership than the county average. As such a lower proportion of single parents responded to the consultation than the county average. This confirms the presumption in the initial screening that lone parents are underrepresented amongst Daisy Chains service users.</p> <p>Carers responsibilities: Carer data was not gathered as part of the consultation activity</p>
Actions required	<ul style="list-style-type: none"> • Ensure BME service users are engaged and any changes made to services as a result of the Centre closure are planned with and communicated to this target group. • Ensure fathers are engaged and services are planned and delivered to ensure high levels of participation from fathers • Engage service users from all religions to ensure any changes made as a result of the consultation are understood and services are planned as appropriate. • Ensure services for pregnant women are planned and delivered in areas of need so this target group continue to receive services required. • Ensure local lone parents are engaged with service redesign and are able to access services if they are relocated as a result of the consultation.
Previous judgement (02.07.13)	Medium impact
Revised judgement (28.10.13)	Medium impact

*All respondent numbers refer to users of Daisy Chains Children's Centre unless otherwise stated

Appendix A: Daisy Chains full profile of respondents

*All respondent numbers refer to users of Daisy Chains Children’s Centre unless otherwise stated

Profiles:

		User of...Daisy Chains - Gravesham			
		Use this Centre only		All users of this Centre	
Public					
Age: Under 20		0	0%	1	1%
Age: 20-25		5	6%	6	6%
Age: 36-30		9	11%	14	14%
Age: 31-35		25	31%	35	34%
Age: 36-40		18	23%	22	21%
Age: 41-45		9	11%	10	10%
Age: 46-50		3	4%	3	3%
Age: Over 50		10	13%	10	10%

Gender: Male		7	9%	9	9%
Gender: Female		69	86%	89	86%

EAL: No		71	89%	93	90%
EAL: Yes		3	4%	3	3%

Ethnicity: White British		72	90%	93	90%
Ethnicity: White Irish		0	0%	0	0%
Ethnicity: White Gypsy/Roma		0	0%	0	0%
Ethnicity: White Irish Traveller		0	0%	0	0%
Ethnicity: White Other		3	4%	3	3%
Ethnicity: Mixed White & Black Caribbean		0	0%	0	0%
Ethnicity: Mixed White & Black African		0	0%	0	0%
Ethnicity: Mixed White & Asian		0	0%	0	0%
Ethnicity: Mixed Other		0	0%	0	0%
Ethnicity: Arab		0	0%	0	0%
Ethnicity: Asian or Asian British Indian		2	3%	3	3%
Ethnicity: Asian or Asian British Pakistani		0	0%	0	0%
Ethnicity: Asian or Asian British Bangladeshi		0	0%	0	0%
Ethnicity: Asian Other		0	0%	0	0%
Ethnicity: Chinese		0	0%	0	0%
Ethnicity: Black or Black British Caribbean		0	0%	0	0%
Ethnicity: Black or Black British African		0	0%	0	0%
Ethnicity: Black Other		0	0%	0	0%
Ethnicity: Other		0	0%	0	0%

Religion: Christian		48	60%	54	52%
Religion: Buddhist		1	1%	1	1%
Religion: Hindu		1	1%	2	2%
Religion: Jewish		0	0%	0	0%
Religion: Muslim		0	0%	0	0%
Religion: Sikh		1	1%	1	1%
Religion: Other		1	1%	2	2%
Religion: None		24	30%	38	37%

Married/Civil Part/Cohabiting		72	90%	91	88%
Separated/Divorced/Widowed		2	3%	2	2%
Single		3	4%	6	6%

		User of...Daisy Chains - Gravesham			
		Use this Centre only		All users of this Centre	
Disability: Limited a lot		0	0%	0	0%
Disability: Limited a little		1	1%	2	2%
Disability: No		72	90%	93	90%

Sexuality: Bi/Bisexual		0	0%	0	0%
Sexuality: Heterosexual/Straight		72	90%	93	90%
Sexuality: Gay woman/Lesbian		0	0%	0	0%
Sexuality: Gay man		0	0%	0	0%
Sexuality: Other		2	3%	2	2%
Gender not the same as at birth		0	0%	0	0%

Base: Public - Use this Centre only (80), All users of this Centre (103)

**Equality Impact Assessment Initial Screening post-consultation update
Children's Centre:**

Location	Dunton Green, Sevenoaks
Proposal	Closure
Rationale for proposal	<ul style="list-style-type: none"> • Located in an area of low need (population). • 60% (329) of users also attend another Children's Centre. The majority of these attended Spring House (303).
Consultation Feedback Summary (questionnaires)	<p>A total of 194 members of the public and 24 professionals objected to the closure of Daisy Chains Children's Centre. Of these 194 members of the public, 87 objected only to the closure of Daisy Chains.</p> <p>A third (33%) of the members of the public objecting to the proposed closure of Daisy Chains (64 individuals) indicate that they will not use Children's Centres at all as a result (which is higher than the average across all objectors, of 26%). The most popular comments amongst those indicating that they 'will not use Children's Centres at all' as a result of the proposed closure of Daisy Chains are:</p> <ul style="list-style-type: none"> • 'Will make travel to centres more difficult / alternative centres too distant' – 30% • 'No alternative to these facilities / less services will be available' – 26% • 'Children's centres form a local community hub / chance to meet people' – 25% • 'Will have a financial impact on me / make it too expensive - travel / parking, etc.' – 18% • 'Children's centres are necessary / important resources / a lifeline' – 16% <p>A total of 103 users of Daisy Chains Children's Centre (and 80 sole users) responded to the consultation, representing around 26% of all users of the Centre. The overwhelming majority (96%) disagree to some extent with this proposal. Of the sole users of Daisy Chains objecting to the proposal, 57% indicated that they 'will not use Children's Centres at all' as a result of the proposed closure (44 individuals).</p>
Conclusions from consultation evidence by protected characteristic	<p>In comparison with all those responding to the public consultation questionnaire, those objecting to the closure of Daisy Chains are very similar in terms of their profile.</p> <p>Age: A lower percentage of respondents* were aged 31-35 from Dunton Green than the county average and a significantly higher percentage of respondents were aged 36-40 from Dunton Green than the county average. A higher proportion of respondents were aged 41-45 at Dunton Green than the county average but no responses were received at either end of the age range, from either respondents aged under 20 or over 50. As such the age profile of respondents to Dunton Green was older than the county averages. This seems to support the initial screening assumptions that lower numbers of teenage parents</p>

*All respondent numbers refer to users of Dunton Green Children's Centre unless otherwise stated

	might be affected as a result of the centre closing.
	Disability: Less than five responses were received to the consultation from users identifying themselves as having some limiting form of disability. This is in line with the initial screening findings that suggest that the Dunton Green catchment has a lower level of need than the Kent average in terms of working aged permanently sick/ disabled (by volume).
	Gender: A higher number of responses were received from females to the consultation for Dunton Green than the county average. No responses were received from males.
	Gender identity: No respondents identified themselves as having a gender different to that at their birth.
	Race: The stated ethnicity of respondents using Dunton Green were broadly comparable with the county average.
	Religion or belief: A lower percentage of respondents using Dunton Green considered themselves Christian than the county average and, conversely, a higher proportion considered themselves as having no religion at all.
	Sexual orientation: A significantly higher proportion of respondents using Dunton Green classified themselves as heterosexual than the county average. Less than 5 responses were received from services users of any other sexual orientation.
	Pregnancy and maternity: 206 pregnant women responded to the consultation, of which 96% disagreed with proposals to reduce the number of Children's Centres. Of these 26% stated that they would not use any other Children's Centre were their local Centre to close.
	Marriage and Civil Partnerships: A significantly higher proportion of respondents from Dunton Green were married, cohabiting or in a civil partnership than the county average. Less than five respondents stated their marital status as single. This confirms the presumption in the initial screening that lone parents are underrepresented amongst Dunton Green services users.
	Carers responsibilities: Carer data was not gathered as part of the consultation activity
Actions required	<ul style="list-style-type: none"> • Investigate age profiles of users of Dunton Green CC and engage users of all ages to ensure services are planned and delivered as appropriate to all. • Engage service users of all religious backgrounds to ensure any changes made as a result of the consultation are understood and services are planned as appropriate. • Ensure services for pregnant women are planned and delivered in areas of need so this target group continue to receive services required. • Ensure local lone parents are engaged with service redesign and are able to access services if they are relocated as a result of the consultation.
Previous judgement (02.07.13)	Medium impact
Revised judgement (28.10.13)	Medium impact

*All respondent numbers refer to users of Dunton Green Children's Centre unless otherwise stated

Appendix A: Dunton Green full profile of respondents

*All respondent numbers refer to users of Dunton Green Children’s Centre unless otherwise stated

Profiles:

User of...Dunton Green - Sevenoaks & Swanley				
	Use this Centre only		All users of this Centre	
Age: Under 20	0	0%	0	0%
Age: 20-25	1	6%	1	2%
Age: 36-30	4	25%	8	20%
Age: 31-35	4	25%	10	24%
Age: 36-40	4	25%	14	34%
Age: 41-45	2	13%	6	15%
Age: 46-50	1	6%	1	2%
Age: Over 50	0	0%	0	0%

Public

Gender: Male	0	0%	0	0%
Gender: Female	16	100%	40	98%

EAL: No	15	94%	38	93%
EAL: Yes	0	0%	1	2%

Ethnicity: White British	12	75%	33	80%
Ethnicity: White Irish	0	0%	0	0%
Ethnicity: White Gypsy/Roma	0	0%	0	0%
Ethnicity: White Irish Traveller	0	0%	0	0%
Ethnicity: White Other	0	0%	2	5%
Ethnicity: Mixed White & Black Caribbean	0	0%	0	0%
Ethnicity: Mixed White & Black African	0	0%	0	0%
Ethnicity: Mixed White & Asian	0	0%	0	0%
Ethnicity: Mixed Other	0	0%	1	2%
Ethnicity: Arab	0	0%	0	0%
Ethnicity: Asian or Asian British Indian	0	0%	0	0%
Ethnicity: Asian or Asian British Pakistani	0	0%	0	0%
Ethnicity: Asian or Asian British Bangladeshi	0	0%	0	0%
Ethnicity: Asian Other	0	0%	0	0%
Ethnicity: Chinese	0	0%	0	0%
Ethnicity: Black or Black British Caribbean	0	0%	0	0%
Ethnicity: Black or Black British African	0	0%	0	0%
Ethnicity: Black Other	0	0%	0	0%
Ethnicity: Other	0	0%	0	0%

Religion: Christian	6	38%	16	39%
Religion: Buddhist	0	0%	0	0%
Religion: Hindu	0	0%	0	0%
Religion: Jewish	0	0%	0	0%
Religion: Muslim	0	0%	0	0%
Religion: Sikh	0	0%	0	0%
Religion: Other	0	0%	1	2%
Religion: None	7	44%	20	49%

Married/Civil Part/Cohabiting	14	88%	37	90%
Separated/Divorced/Widowed	0	0%	1	2%
Single	0	0%	0	0%

User of...Dunton Green - Sevenoaks & Swanley				
	Use this Centre only		All users of this Centre	
Disability: Limited a lot	0	0%	0	0%
Disability: Limited a little	1	6%	2	5%
Disability: No	14	88%	37	90%

Sexuality: Bi/Bisexual	0	0%	0	0%
Sexuality: Heterosexual/Straight	14	88%	38	93%
Sexuality: Gay woman/Lesbian	0	0%	0	0%
Sexuality: Gay man	0	0%	0	0%
Sexuality: Other	0	0%	0	0%
Gender not the same as at birth	0	0%	0	0%

Base: Public - Use this Centre only (16), All users of this Centre (41)

**Equality Impact Assessment Initial Screening post-consultation update
Children's Centre: Dymchurch**

Location	Dymchurch, Shepway
Proposal	Part Time
Rationale for proposal	<ul style="list-style-type: none"> • Located in an area of low need (population)
Consultation Feedback Summary (questionnaires)	<p>A total of 144 members of the public and 13 professionals objected to the reduction in opening hours at Dymchurch Children's Centre. Of these 144 members of the public, 37 objected only to the reduction in opening hours at Dymchurch.</p> <p>In comparison with all those objecting to proposal 3, those objecting to the reduction in opening hours at Dymchurch are less likely to be parents of under 5's, and particularly parents with children from low incomes.</p> <p>A quarter (25%) of the members of the public objecting to the proposed reduction in opening hours at Dymchurch indicate that they will not use Children's Centres at all as a result (which is much higher than the average across all objectors, of 15%). The key issue appears to be transport.</p> <p>A total of 68 users of Dymchurch Children's Centre (and just 18 sole users) responded to the consultation, representing around 19% of all users of the Centre. The vast majority (89%) disagree to some extent with this proposal. Of the sole users of Dymchurch responding to the consultation, just 1 individual indicated that they 'will not use Children's Centres at all' as a result of the proposed reduction in opening hours.</p>
Conclusions from consultation evidence by protected characteristic	In comparison with all those objecting to proposal 3, those objecting to the reduction in opening hours at Dymchurch are less likely to be parents of under 5's, and particularly parents with children from low incomes.
	Age: A lower percentage of respondents* were aged 20-25 from Dymchurch than the county average and a higher percentage of respondents were aged 36-40 from Dymchurch than the county average. No responses were received from service users aged under 20. This supports the initial screening assumptions that lower numbers of teenage parents might be affected as a result of the centre closing.
	Disability: Five responses were received to the consultation from users identifying themselves as having some limiting form of disability. A lower percentage of service users for Dymchurch identified themselves as having some limiting form of illness than the county average.
	Gender: The stated gender of respondents using Dymchurch were broadly comparable with the county average responses.
	Gender identity: No respondents identified themselves as having a gender different to that at their birth.
	Race: A significantly higher number of responses were received from White British service users than the county average. This is broadly in line with findings given in the initial screening that indicated an underrepresentation of ethnically diverse neighbourhoods in the Dymchurch CC catchment area.
Religion or belief: A lower percentage of respondents using Dymchurch classified themselves as having no religion than the	

Page 14

*All respondent numbers refer to users of Dymchurch Children's Centre unless otherwise stated

	<p>county average.</p> <p>Sexual orientation: The stated sexual orientation of respondents using Dymchurch were broadly comparable with the county average responses. Less than 5 responses were received from services users of any other sexual orientation than heterosexual.</p> <p>Pregnancy and maternity: 206 pregnant women responded to the consultation, of which 96% disagreed with proposals to reduce the number of Children’s Centres. Of these 26% stated that they would not use any other Children’s Centre were their local Centre to close. Engagement activities were undertaken at groups linked with Dymchurch attended by pregnant mothers and those with new babies to ensure their views were gathered. (see Appendix B)</p> <p>Marriage and Civil Partnerships: A higher proportion of respondents from Dymchurch were married, cohabiting or in a civil partnership that the county average. As such a significantly lower proportion of single parents responded to the consultation than the county average. This is contrary to the findings in the initial screening stated that lone parents are overrepresented amongst Dymchurch services users.</p> <p>Carers responsibilities: Carer data was not gathered as part of the consultation activity</p>
<p>Actions required</p>	<ul style="list-style-type: none"> • Ensure any BME groups are engaged and services are planned to ensure group are not negatively affected by changes to service delivery • Engage service users from other religions to ensure any changes made as a result of the consultation are understood and services are planned as appropriate. • Ensure services for pregnant women are planned and delivered in areas of need so this target group continue to receive services required. • Ensure local lone parents are engaged with service redesign and are able to access services if they are relocated as a result of the consultation.
<p>Previous judgement (02.07.13)</p>	<p>Medium impact</p>
<p>Revised judgement (28.10.13)</p>	<p>Medium impact (with regards to Race and Marriage and Civil Partnerships)</p>

*All respondent numbers refer to users of Dymchurch Children’s Centre unless otherwise stated

Appendix A: Dymchurch full profile of respondents

*All respondent numbers refer to users of Dymchurch Children’s Centre unless otherwise stated

Profiles:

	User of...Dymchurch - Shepway			
	Use this Centre only		All users of this Centre	
Public				
Age: Under 20	0	0%	0	0%
Age: 20-25	3	17%	4	6%
Age: 36-30	6	33%	16	24%
Age: 31-35	4	22%	18	26%
Age: 36-40	1	6%	17	25%
Age: 41-45	1	6%	6	9%
Age: 46-50	1	6%	2	3%
Age: Over 50	4	22%	4	6%

Gender: Male	1	6%	6	9%
Gender: Female	17	94%	62	91%

EAL: No	17	94%	61	90%
EAL: Yes	0	0%	0	0%

Ethnicity: White British	15	83%	57	84%
Ethnicity: White Irish	1	6%	2	3%
Ethnicity: White Gypsy/Roma	0	0%	0	0%
Ethnicity: White Irish Traveller	0	0%	0	0%
Ethnicity: White Other	0	0%	0	0%
Ethnicity: Mixed White & Black Caribbean	0	0%	0	0%
Ethnicity: Mixed White & Black African	0	0%	0	0%
Ethnicity: Mixed White & Asian	0	0%	0	0%
Ethnicity: Mixed Other	0	0%	0	0%
Ethnicity: Arab	0	0%	0	0%
Ethnicity: Asian or Asian British Indian	0	0%	0	0%
Ethnicity: Asian or Asian British Pakistani	0	0%	0	0%
Ethnicity: Asian or Asian British Bangladeshi	0	0%	0	0%
Ethnicity: Asian Other	0	0%	0	0%
Ethnicity: Chinese	0	0%	0	0%
Ethnicity: Black or Black British Caribbean	0	0%	0	0%
Ethnicity: Black or Black British African	0	0%	0	0%
Ethnicity: Black Other	0	0%	0	0%
Ethnicity: Other	0	0%	0	0%

Religion: Christian	11	61%	30	44%
Religion: Buddhist	0	0%	0	0%
Religion: Hindu	0	0%	0	0%
Religion: Jewish	0	0%	0	0%
Religion: Muslim	0	0%	0	0%
Religion: Sikh	0	0%	0	0%
Religion: Other	1	6%	2	3%
Religion: None	4	22%	21	31%

Married/Civil Part/Cohabiting	15	83%	56	82%
Separated/Divorced/Widowed	0	0%	1	1%
Single	1	6%	2	3%

	User of...Dymchurch - Shepway			
	Use this Centre only		All users of this Centre	
Disability: Limited a lot	0	0%	2	3%
Disability: Limited a little	0	0%	3	4%
Disability: No	17	94%	53	78%

Sexuality: Bi/Bisexual	1	6%	1	1%
Sexuality: Heterosexual/Straight	15	83%	55	81%
Sexuality: Gay woman/Lesbian	0	0%	0	0%
Sexuality: Gay man	0	0%	0	0%
Sexuality: Other	0	0%	0	0%
Gender not the same as at birth	0	0%	0	0%

Base: Public - Use this Centre only (18), All users of this Centre (68)

**Equality Impact Assessment Initial Screening post-consultation update
Children's Centre: Folkestone Early Years Centre**

Location	Folkestone, Shepway
Proposal	Closure of 1 Centre either FEY OR The Village
Rationale for proposal	<ul style="list-style-type: none"> Local solution – Centres are located 950m apart. Folkestone Early Years has a higher level of need than The Village Children's Centre in terms of total volume of need. Folkestone Early Years and The Village have similar levels of usage. Folkestone Early Years has slightly higher levels of sole usage. Folkestone Early Years offers better accommodation space, better value for money in relation to accommodation (Corporate landlord at The Village is £52,102 vs £6,308 at FEY).
Consultation Feedback Summary (questionnaires)	<p><u>FEY</u> A total of 358 members of the public and 50 professionals objected to the closure of Folkestone Early Years Children's Centre. Of these 358 members of the public, 159 objected only to the closure of Folkestone Early Years (with an additional 89 only objecting to the closure of The Village and Folkestone Early Years Centre).</p> <p>More than a third (36%) of the members of the public objecting to the proposed closure of Folkestone Early Years indicate that they will not use Children's Centres at all as a result (which is higher than the average across all objectors, of 26%). The most popular comments amongst those indicating that they 'will not use Children's Centres at all' as a result of the proposed closure of Folkestone Early Years are:</p> <ul style="list-style-type: none"> 'Very happy with my local centre / prefer it to others' – 25% 'Will make travel to centres more difficult / alternative centres too distant' –24% 'Children's centres form a local community hub / chance to meet people' – 13% 'Bad for people without cars / non-drivers' – 12% 'Children's centres are necessary / important resources / a lifeline' – 12% <p>A total of 224 users of Folkestone Early Years Children's Centre (and 153 sole users) responded to the consultation, representing around 29% of all users of the Centre. The overwhelming majority (94%) disagree to some extent with this proposal. Of the sole users of Folkestone Early Years objecting to the proposal, well over half (58%) indicated that they 'will not use Children's Centres at all' as a result of the proposed closure.</p>
Conclusions from consultation evidence by protected characteristic	<p>In comparison with all those responding to proposal one, those objecting to the closure of Folkestone Early Years are more likely to be lone parents and/or younger parents (aged 25 or under).</p> <p>Age: A significantly higher percentage of respondents were aged 20-25 from Folkestone Early Years than the county average and a significantly lower percentage of respondents were aged 31-35 from Folkestone Early Years than the county average.</p>

	<p>This supports the initial screening assumptions that significantly higher numbers of teenage and young parents might be affected as a result of the centre closing.</p> <p>Disability: 34 responses were received to the consultation from users identifying themselves as having some limiting form of disability. A higher proportion of service users suggest that they have a disability that limits them a lot then the county average and significantly lower numbers of service users stating they do not have a disability at all. This is in line with the initial screening findings that suggest that the Folkestone catchment has a <u>higher level</u> of need than the Kent average in terms of working aged permanently sick/ disabled (volume).</p> <p>Gender: A higher number of responses were received from males to the consultation for Folkestone Early Years than the county average.</p> <p>Gender identity: As small number of service users (less than five) identified themselves as having a gender different to that at their birth.</p> <p>Race: A lower number of responses were received from White British service users than the county average. Other responses were broadly in line with county averages for responses.</p> <p>Religion or belief: A lower percentage of respondents using Folkestone Early Years identified themselves as having no religion than the county average.</p> <p>Sexual orientation: The sexual orientation of service users responding to the consultation are broadly comparable to those responding to the consultation countywide.</p> <p>Pregnancy and maternity: 206 pregnant women responded to the consultation, of which 96% disagreed with proposals to reduce the number of Children’s Centres. Of these 26% stated that they would not use any other Children’s Centre were their local Centre to close. Engagement activities were undertaken at groups linked with Folkestone Early Years attended by pregnant mothers and those with new babies to ensure their views were gathered. (see Appendix B)</p> <p>Marriage and Civil Partnerships: A significantly lower proportion of respondents from Folkestone Early Years were married, cohabiting or in a civil partnership that the county average. A significantly higher proportion of single parents responded to the consultation than the county average. This supports the presumption in the initial screening that lone parents are overrepresented amongst Folkestone Early Years services users.</p> <p>Carers responsibilities: Carer data was not gathered as part of the consultation activity</p>
Actions required	<ul style="list-style-type: none"> • Ensure any BME groups are engaged and services are planned to ensure group are not negatively affected by changes to service delivery • Ensure users with a disability are engaged and services are planned and delivered at venues with sufficient access for adults and children with a disability • Engage service users from religious groups to ensure any changes made as a result of the consultation are understood and services are planned as appropriate. • Ensure services for pregnant women are planned and delivered in areas of need so this target group continue to receive services required.

	<ul style="list-style-type: none">• Ensure local lone parents are engaged with service redesign and are able to access services if they are relocated as a result of the consultation.
Previous judgement (02.07.13)	Medium impact
Revised judgement (04.11.13)	Medium/High impact (with regards to Disability)

Appendix A: Folkestone Early Years full profile of respondents

Profiles:

User of...Folkestone Early Years Centre - Shepway				
	Use this Centre only		All users of this Centre	
Age: Under 20	11	7%	12	5%
Age: 20-25	36	24%	49	22%
Age: 36-30	39	25%	53	24%
Age: 31-35	25	16%	39	17%
Age: 36-40	15	10%	30	13%
Age: 41-45	10	7%	14	6%
Age: 46-50	4	3%	7	3%
Age: Over 50	13	8%	13	6%

Public

Gender: Male	23	15%	28	13%
Gender: Female	125	82%	189	84%

EAL: No	132	86%	196	88%
EAL: Yes	15	10%	20	9%

Ethnicity: White British	119	78%	174	78%
Ethnicity: White Irish	3	2%	5	2%
Ethnicity: White Gypsy/Roma	1	1%	1	0%
Ethnicity: White Irish Traveller	0	0%	1	0%
Ethnicity: White Other	8	5%	12	5%
Ethnicity: Mixed White & Black Caribbean	0	0%	0	0%
Ethnicity: Mixed White & Black African	0	0%	0	0%
Ethnicity: Mixed White & Asian	3	2%	3	1%
Ethnicity: Mixed Other	0	0%	1	0%
Ethnicity: Arab	1	1%	1	0%
Ethnicity: Asian or Asian British Indian	3	2%	3	1%
Ethnicity: Asian or Asian British Pakistani	1	1%	1	0%
Ethnicity: Asian or Asian British Bangladeshi	0	0%	0	0%
Ethnicity: Asian Other	0	0%	0	0%
Ethnicity: Chinese	2	1%	2	1%
Ethnicity: Black or Black British Caribbean	1	1%	1	0%
Ethnicity: Black or Black British African	1	1%	1	0%
Ethnicity: Black Other	1	1%	1	0%
Ethnicity: Other	1	1%	1	0%

Religion: Christian	73	48%	105	47%
Religion: Buddhist	0	0%	0	0%
Religion: Hindu	1	1%	1	0%
Religion: Jewish	1	1%	2	1%
Religion: Muslim	7	5%	7	3%
Religion: Sikh	0	0%	0	0%
Religion: Other	2	1%	2	1%
Religion: None	50	33%	78	35%

Married/Civil Part/Cohabiting	87	57%	140	63%
Separated/Divorced/Widowed	12	8%	19	8%
Single	45	29%	52	23%

User of...Folkestone Early Years Centre - Shepway				
	Use this Centre only		All users of this Centre	
Disability: Limited a lot	13	8%	18	8%
Disability: Limited a little	12	8%	16	7%
Disability: No	109	71%	166	74%

Sexuality: Bi/Bisexual	3	2%	3	1%
Sexuality: Heterosexual/Straight	124	81%	187	83%
Sexuality: Gay woman/Lesbian	2	1%	2	1%
Sexuality: Gay man	3	2%	3	1%
Sexuality: Other	2	1%	2	1%
Gender not the same as at birth	3	2%	3	1%

Base: Public - Use this Centre only (153), All users of this Centre (224)

**Equality Impact Assessment Initial Screening post-consultation update
Children's Centre: Hadlow and East Peckham**

Location	Hadlow, Tonbridge and Malling	
Proposal	Closure	
Rationale for proposal	<ul style="list-style-type: none"> • Located in an area of low need (population). • 53% (49) of users also attend another Children's Centre. 	
Consultation Feedback Summary (questionnaires)	<p>Just 44 members of the public and 11 professionals objected to the closure of Hadlow/East Peckham Children's Centre. Of these 44 members of the public, 8 objected only to the closure of Hadlow/East Peckham.</p> <p>Just under a quarter (23%) of the members of the public objecting to the proposed closure of Hadlow/East Peckham indicate that they will not use Children's Centres at all as a result (which is similar to the average across all objectors, of 26%).</p> <p>Just 9 users of Hadlow/East Peckham Children's Centre (and 1 sole user) responded to the consultation, representing around 8% of all users of the Centre. All 9 of these users disagree to some extent with this proposal.</p>	
Conclusions from consultation evidence by protected characteristic	In comparison with all those responding to proposal one, those objecting to the closure of Hadlow/East Peckham are more likely to be parents from ethnic minority groups.	
	Age:	<p>Due to the low level of responses received from Hadlow users, meaningful analysis by protected characteristic cannot be made. Low response levels by CC users may, in itself, indicate a low level of impact on service users, but such an assumption is understandably speculative.</p> <p>The consultation was promoted at various outreach activities serving Hadlow families. (see Appendix 2)</p>
	Disability:	
	Gender:	
	Gender identity:	
	Race:	
	Religion or belief:	
	Sexual orientation:	
	Pregnancy and maternity:	
	Marriage and Civil Partnerships:	
Carers responsibilities:		
Actions required	<ul style="list-style-type: none"> • Ensure any changes to service delivery as a result of the closure of Hadlow are communicated effectively to sole users of this Centre. 	
Previous judgement (02.07.13)	Medium impact	
Revised judgement (29.10.13)	Low/Medium impact	

Appendix A: Hadlow and East Peckham full profile of respondents

Profiles:

		User of...Hadlow/East Peckham - Tonbridge & Malling	
		Use this Centre only	All users of this Centre
Age: Under 20	0	0%	0 0%
Age: 20-25	0	0%	0 0%
Age: 36-30	0	0%	3 33%
Age: 31-35	0	0%	4 44%
Age: 36-40	0	0%	1 11%
Age: 41-45	0	0%	0 0%
Age: 46-50	0	0%	0 0%
Age: Over 50	1	100%	1 11%

Public

Gender: Male	0	0%	0 0%
Gender: Female	1	100%	9 100%

EAL: No	1	100%	9 100%
EAL: Yes	0	0%	0 0%

Ethnicity: White British	1	100%	8 89%
Ethnicity: White Irish	0	0%	0 0%
Ethnicity: White Gypsy/Roma	0	0%	0 0%
Ethnicity: White Irish Traveller	0	0%	0 0%
Ethnicity: White Other	0	0%	1 11%
Ethnicity: Mixed White & Black Caribbean	0	0%	0 0%
Ethnicity: Mixed White & Black African	0	0%	0 0%
Ethnicity: Mixed White & Asian	0	0%	0 0%
Ethnicity: Mixed Other	0	0%	0 0%
Ethnicity: Arab	0	0%	0 0%
Ethnicity: Asian or Asian British Indian	0	0%	0 0%
Ethnicity: Asian or Asian British Pakistani	0	0%	0 0%
Ethnicity: Asian or Asian British Bangladeshi	0	0%	0 0%
Ethnicity: Asian Other	0	0%	0 0%
Ethnicity: Chinese	0	0%	0 0%
Ethnicity: Black or Black British Caribbean	0	0%	0 0%
Ethnicity: Black or Black British African	0	0%	0 0%
Ethnicity: Black Other	0	0%	0 0%
Ethnicity: Other	0	0%	0 0%

Religion: Christian	1	100%	5 56%
Religion: Buddhist	0	0%	0 0%
Religion: Hindu	0	0%	0 0%
Religion: Jewish	0	0%	0 0%
Religion: Muslim	0	0%	0 0%
Religion: Sikh	0	0%	0 0%
Religion: Other	0	0%	0 0%
Religion: None	0	0%	3 33%

Married/Civil Part/Cohabiting	1	100%	9 100%
Separated/Divorced/Widowed	0	0%	0 0%
Single	0	0%	0 0%

		User of...Hadlow/East Peckham - Tonbridge & Malling	
		Use this Centre only	All users of this Centre
Disability: Limited a lot	0	0%	0 0%
Disability: Limited a little	0	0%	0 0%
Disability: No	1	100%	8 89%

Sexuality: Bi/Bisexual	0	0%	0 0%
Sexuality: Heterosexual/Straight	1	100%	9 100%
Sexuality: Gay woman/Lesbian	0	0%	0 0%
Sexuality: Gay man	0	0%	0 0%
Sexuality: Other	0	0%	0 0%
Gender not the same as at birth	0	0%	0 0%

Base: Public - Use this Centre only (1), All users of this Centre (9)

**Equality Impact Assessment Initial Screening post-consultation update
Children's Centre: Garlinge**

Location	Garlinge, Margate, Thanet
Proposal	Part Time
Rationale for proposal	<ul style="list-style-type: none"> • Local Solution • 64% (345) of users also attended another Children's Centre in Kent.
Consultation Feedback Summary (questionnaires)	<p>A total of 88 members of the public and 29 professionals objected to the reduction in opening hours at Garlinge Children's Centre. Of these 88 members of the public, 14 objected only to the reduction in opening hours at Garlinge.</p> <p>Around 1 in 7 (14%) of the members of the public objecting to the proposed reduction in opening hours at Garlinge indicate that they will not use Children's Centres at all as a result (which is similar to the average across all objectors).</p> <p>A total of 56 users of Garlinge Children's Centre (and just 17 sole users) responded to the consultation, representing around 9% of all users of the Centre. The vast majority (85%) disagree to some extent with this proposal. Of the sole users of Garlinge responding to the consultation, 17% (2 individuals) indicated that they 'will not use Children's Centres at all' as a result of the proposed reduction in opening hours.</p>
Conclusions from consultation evidence by protected characteristic	In comparison with all those objecting to proposal 3, those objecting to the reduction in opening hours at Garlinge are more likely to be lone parents.
	Age: A higher percentage of respondents* were aged 36-40 from Garlinge than the county average whilst responses from other age groups were broadly in line with county responses. No responses were received from services users aged under 20. Needs analysis for the initial screening assumes that lower numbers of teenage parents might be affected as a result of the centre becoming part-time. However this target group remain a priority for Children's Centre services.
	Disability: Eleven responses were received to the consultation from users identifying themselves as having some limiting form of disability. As a percentage of respondents this is broadly in line with the county respondent's profiles. The initial screening indicated that for Garlinge CC there is lower level of need than the Kent average in terms of working aged permanently sick/ disabled (by volume).
	Gender: The gender of service users responding to the consultation from Garlinge are broadly comparable to those responding to the consultation countywide.
	Gender identity: Less than five respondents from Garlinge identified themselves as having a gender different to that at their birth. This information is not currently collected at the point of registration at a Children's Centre in Kent so no comparable figures exist.
	Race: A significantly higher number of responses were received from White British service users than the county average. This is in line with the ethnicity profile for Thanet and supports assumptions in the initial screening that higher numbers of users are

Page 15

*All respondent numbers refer to users of Garlinge Children's Centre unless otherwise stated

	<p>of White British origin.</p> <p>Religion or belief: A significantly higher percentage of respondents using Garlinge classified themselves as having no religion than the county average. Less than five responses were received from services users with any stated religion other than Christian.</p> <p>Sexual orientation: A higher percentage of respondents using Garlinge classified themselves as heterosexual than the county average. Less than 5 responses were received from services users of any other sexual orientation.</p> <p>Pregnancy and maternity: 206 pregnant women responded to the consultation, of which 96% disagreed with proposals to reduce the number of Children’s Centres. Of these 26% stated that they would not use any other Children’s Centre were their local Centre to close. Engagement activities were undertaken at groups linked with Garlinge attended by a wide range of parents to ensure their views were gathered. (see Appendix B)</p> <p>Marriage and Civil Partnerships: A higher proportion of respondents from Garlinge were married, cohabiting or in a civil partnership than the county average. However, in comparison to those responding to proposal three (to reduce centres to part-time) a higher number of respondents were lone parents. Conversely the needs analysis in the initial screening of families attending Garlinge Children’s records a lower than Kent average of Lone Parents.</p> <p>Carers responsibilities: Carer data was not gathered as part of the consultation activity</p>
<p>Page 158</p> <p>Actions required</p>	<ul style="list-style-type: none"> • Ensure teenage parents and pregnant teenagers are engaged with service planning should the Centre begin operating part-time. • Ensure users with a disability are engaged and services are planned and delivered at venues with sufficient access for adults and children with a disability • Investigate appropriate ways to gather data on gender identity from service users. Ensure all service users are engaged with any planning and scheduling of services should the Centre become part-time. • Ensure services for pregnant women are planned and delivered in areas of need so this target group continue to receive services required. • Ensure local lone parents are engaged with service redesign and are able to access services if they are relocated as a result of the consultation.
Previous judgement (02.07.13)	Medium impact
Revised judgement (29.10.13)	Medium impact

*All respondent numbers refer to users of Garlinge Children’s Centre unless otherwise stated

Appendix A: Garlinge full profile of respondents

*All respondent numbers refer to users of Garlinge Children’s Centre unless otherwise stated

Profiles:

User of...Garlinge - Thanet

User of...Garlinge - Thanet

Public

	Use this Centre only		All users of this Centre	
Age: Under 20	0	0%	0	0%
Age: 20-25	2	12%	5	9%
Age: 36-30	2	12%	13	23%
Age: 31-35	5	29%	15	27%
Age: 36-40	4	24%	13	23%
Age: 41-45	2	12%	4	7%
Age: 46-50	0	0%	1	2%
Age: Over 50	4	24%	4	7%

Gender: Male	0	0%	4	7%
Gender: Female	16	94%	51	91%

EAL: No	16	94%	53	95%
EAL: Yes	0	0%	0	0%

Ethnicity: White British	16	94%	52	93%
Ethnicity: White Irish	0	0%	0	0%
Ethnicity: White Gypsy/Roma	0	0%	0	0%
Ethnicity: White Irish Traveller	0	0%	0	0%
Ethnicity: White Other	0	0%	0	0%
Ethnicity: Mixed White & Black Caribbean	0	0%	2	4%
Ethnicity: Mixed White & Black African	0	0%	0	0%
Ethnicity: Mixed White & Asian	0	0%	0	0%
Ethnicity: Mixed Other	0	0%	0	0%
Ethnicity: Arab	0	0%	0	0%
Ethnicity: Asian or Asian British Indian	0	0%	0	0%
Ethnicity: Asian or Asian British Pakistani	0	0%	0	0%
Ethnicity: Asian or Asian British Bangladeshi	0	0%	0	0%
Ethnicity: Asian Other	0	0%	1	2%
Ethnicity: Chinese	0	0%	0	0%
Ethnicity: Black or Black British Caribbean	0	0%	0	0%
Ethnicity: Black or Black British African	0	0%	0	0%
Ethnicity: Black Other	0	0%	0	0%
Ethnicity: Other	0	0%	0	0%

Religion: Christian	8	47%	25	45%
Religion: Buddhist	0	0%	0	0%
Religion: Hindu	0	0%	0	0%
Religion: Jewish	0	0%	0	0%
Religion: Muslim	0	0%	0	0%
Religion: Sikh	0	0%	0	0%
Religion: Other	0	0%	1	2%
Religion: None	8	47%	28	50%

Married/Civil Part/Cohabiting	13	76%	46	82%
Separated/Divorced/Widowed	1	6%	2	4%
Single	2	12%	5	9%

	Use this Centre only		All users of this Centre	
Disability: Limited a lot	0	0%	0	0%
Disability: Limited a little	2	12%	6	11%
Disability: No	13	76%	47	84%

Sexuality: Bi/Bisexual	0	0%	1	2%
Sexuality: Heterosexual/Straight	16	94%	53	95%
Sexuality: Gay woman/Lesbian	0	0%	0	0%
Sexuality: Gay man	0	0%	0	0%
Sexuality: Other	0	0%	0	0%
Gender not the same as at birth	0	0%	1	2%

Base: Public - Use this Centre only (17), All users of this Centre (56)

**Equality Impact Assessment Initial Screening post-consultation update
Children's Centre: Harmony**

Location	Rusthall, Tunbridge Wells
Proposal	Part Time
Rationale for proposal	<ul style="list-style-type: none"> • Local Solution • Located in an area of low need (population)
Consultation Feedback Summary (questionnaires)	<p>A total of 92 members of the public and 14 professionals objected to the reduction in opening hours at Harmony Children's Centre. Of these 92 members of the public, the vast majority (86) objected only to the reduction in opening hours at Harmony, potentially reflecting the fact that it is the only proposed reduction in opening hours in the Area.</p> <p>18% of the members of the public objecting to the proposed reduction in opening hours at Harmony indicate that they will not use Children's Centres at all as a result (which is similar to the average across all objectors). The key issue appears to be transport.</p> <p>A total of 92 users of Harmony Children's Centre (and 60 sole users) responded to the consultation, representing around 15% of all users of the Centre. The vast majority (83%) disagree to some extent with this proposal. Of the sole users of Temple Hill responding to the consultation, 20% (10 individuals) indicated that they 'will not use Children's Centres at all' as a result of the proposed reduction in opening hours.</p>
Conclusions from consultation evidence by protected characteristic	In comparison with all those objecting to proposal 3, those objecting to the reduction in opening hours at Harmony are more likely to be parents of under 5's and/or users of Children's Centres.
	Age: A higher percentage of respondents* were aged 36-40 from Harmony than the county average. The remaining age profile of respondents was broadly in line with the county averages.
	Disability: Six responses were received to the consultation from users identifying themselves as having some limiting form of disability. This is higher than the initial screening which suggested that no users of Harmony has declared themselves as having any form of disability
	Gender: The gender of service users responding to the consultation are broadly comparable to those responding to the consultation countywide.
	Gender identity: Less than five respondents from Harmony identified themselves as having a gender different to that at their birth. This information is not currently collected at the point of registration at a Children's Centre in Kent so no comparable figures exist.
Race: A higher number of responses were received from White British service users than the county average. This is in line with the initial screening which recorded Harmony as only having White British service users. However 22% of service users had not recorded their ethnicity at this point.	

Page 16

*All respondent numbers refer to users of Harmony Children's Centre unless otherwise stated

	<p>Religion or belief: A higher percentage of respondents using Harmony classified themselves as Christian than the county average. Other responses were broadly in line with the county averages for respondents.</p> <p>Sexual orientation: A higher percentage of respondents using Harmony classified themselves as heterosexual than the county average. Less than 5 responses were received from services users of any other sexual orientation.</p> <p>Pregnancy and maternity: 206 pregnant women responded to the consultation, of which 96% disagreed with proposals to reduce the number of Children’s Centres. Of these 26% stated that they would not use any other Children’s Centre were their local Centre to close. Engagement activities were undertaken at a wide variety of groups linked with Harmony such as ante-natal clinics and child health clinics to ensure the views of pregnant women and new mothers were captured. (see Appendix B)</p> <p>Marriage and Civil Partnerships: The gender of service users responding to the consultation are broadly comparable to those responding to the consultation countywide. 12% identified themselves as single, a higher proportion of users that suggested in the initial screening (although this data relates to lone parents, which should not be interpreted as the same as single).</p> <p>Carers responsibilities: Carer data was not gathered as part of the consultation activity</p>
Actions required	<ul style="list-style-type: none"> • Ensure users with a disability are engaged and services are planned and delivered at venues with sufficient access for adults and children with a disability • Ensure any BME groups are engaged and services are planned to ensure group are not negatively affected by changes to service delivery. Work to improve data capture at point of Children’s Centre registration. • Engage service users from a wide variety of religions to ensure any changes made as a result of the consultation are understood and services are planned as appropriate. • Engage service users of all sexual orientations in planning and delivery of services and work to improve data capture at point of Children’s Centre consultation. • Ensure services for pregnant women are planned and delivered in areas of need so this target group continue to receive services required. •
Previous judgement (02.07.13)	Medium impact
Revised judgement (29.10.13)	Medium impact

*All respondent numbers refer to users of Harmony Children’s Centre unless otherwise stated

Appendix A: Harmony full profile of respondents

*All respondent numbers refer to users of Harmony Children’s Centre unless otherwise stated

Profiles:

	User of...Harmony - Tunbridge Wells			
	Use this Centre only		All users of this Centre	
Public				
Age: Under 20	1	2%	2	2%
Age: 20-25	6	10%	7	8%
Age: 36-30	10	17%	16	17%
Age: 31-35	17	28%	30	33%
Age: 36-40	18	30%	25	27%
Age: 41-45	2	3%	4	4%
Age: 46-50	1	2%	1	1%
Age: Over 50	3	5%	3	3%

Gender: Male	7	12%	9	10%
Gender: Female	51	85%	79	86%

EAL: No	56	93%	84	91%
EAL: Yes	4	7%	5	5%

Ethnicity: White British	52	87%	81	88%
Ethnicity: White Irish	1	2%	1	1%
Ethnicity: White Gypsy/Roma	0	0%	0	0%
Ethnicity: White Irish Traveller	0	0%	0	0%
Ethnicity: White Other	2	3%	4	4%
Ethnicity: Mixed White & Black Caribbean	1	2%	1	1%
Ethnicity: Mixed White & Black African	0	0%	0	0%
Ethnicity: Mixed White & Asian	1	2%	1	1%
Ethnicity: Mixed Other	0	0%	0	0%
Ethnicity: Arab	0	0%	0	0%
Ethnicity: Asian or Asian British Indian	0	0%	0	0%
Ethnicity: Asian or Asian British Pakistani	0	0%	0	0%
Ethnicity: Asian or Asian British Bangladeshi	0	0%	0	0%
Ethnicity: Asian Other	0	0%	0	0%
Ethnicity: Chinese	0	0%	0	0%
Ethnicity: Black or Black British Caribbean	0	0%	0	0%
Ethnicity: Black or Black British African	1	2%	1	1%
Ethnicity: Black Other	0	0%	0	0%
Ethnicity: Other	1	2%	1	1%

Religion: Christian	31	52%	50	54%
Religion: Buddhist	0	0%	0	0%
Religion: Hindu	0	0%	0	0%
Religion: Jewish	0	0%	1	1%
Religion: Muslim	2	3%	2	2%
Religion: Sikh	0	0%	0	0%
Religion: Other	1	2%	1	1%
Religion: None	22	37%	33	36%

Married/Civil Part/Cohabiting	45	75%	73	79%
Separated/Divorced/Widowed	5	8%	6	7%
Single	9	15%	11	12%

	User of...Harmony - Tunbridge Wells			
	Use this Centre only		All users of this Centre	
Disability: Limited a lot	2	3%	2	2%
Disability: Limited a little	4	7%	4	4%
Disability: No	54	90%	85	92%

Sexuality: Bi/Bisexual	0	0%	0	0%
Sexuality: Heterosexual/Straight	56	93%	85	92%
Sexuality: Gay woman/Lesbian	0	0%	0	0%
Sexuality: Gay man	0	0%	0	0%
Sexuality: Other	0	0%	0	0%
Gender not the same as at birth	0	0%	1	1%

Base: Public - Use this Centre only (60), All users of this Centre (92)

**Equality Impact Assessment Initial Screening post-consultation update
Children's Centre: Hawkinge**

Location	Hawkinge, Shepway
Proposal	Part Time
Rationale for proposal	<ul style="list-style-type: none"> Local solution. The Children's Centre already use Hawkinge Community Centre to deliver the majority of services.
Consultation Feedback Summary (questionnaires)	<p>A total of 167 members of the public and 24 professionals objected to the reduction in opening hours at Hawkinge and Rural Children's Centre. Of these 167 members of the public, 98 objected only to the reduction in opening hours at Hawkinge and Rural.</p> <p>1 in 6 (17%) of the members of the public objecting to the proposed reduction in opening hours at Hawkinge and Rural indicate that they will not use Children's Centres at all as a result (which is similar to the average across all objectors). The key issue appears to be transport.</p> <p>A total of 137 users of Hawkinge and Rural Children's Centre (and 92 sole users) responded to the consultation, representing as many as 22% of all users of the Centre. The overwhelming majority (90%) disagree to some extent with this proposal. Of the sole users of Hawkinge and Rural responding to the consultation, 18% (15 individuals) indicated that they 'will not use Children's Centres at all' as a result of the proposed reduction in opening hours.</p>
Conclusions from consultation evidence by protected characteristic	In comparison with all those objecting to proposal 3, those objecting to the reduction in opening hours at Hawkinge and Rural are much less likely to be parents of children from low incomes.
	Age: A higher percentage of respondents* were aged 36-40 from Hawkinge than the county average. Responses from all other age groups are broadly comparable to those responding to the consultation countywide.
	Disability: Nine responses were received to the consultation from users identifying themselves as having some limiting form of disability. A significantly lower percentage of respondents stated that they had no disability than the county average. This is contrary to the previous initial screening that suggests the Hawkinge catchment has a lower level of need than the Kent average in terms of working aged permanently sick/ disabled (by volume).
	Gender: The gender of service users responding to the consultation are broadly comparable to those responding to the consultation countywide
	Gender identity: No respondents identified themselves as having a gender different to that at their birth.
	Race: A significantly lower number of responses were received from White British service users than the county average. Responses were received from service users with a wide range of ethnic backgrounds.
	Religion or belief: The religious beliefs of service users responding to the consultation are broadly comparable to those responding to the consultation countywide, with the exception that a lower number of respondents using Hawkinge stated they had no religion than countywide figures.

Page 16

*All respondent numbers refer to users of Hawkinge Children's Centre unless otherwise stated

	<p>Sexual orientation: A lower percentage of respondents using Hawkinge classified themselves as heterosexual than the county average. Less than 5 responses were received from services users of any other sexual orientation. However Hawkinge has a comparatively low response rate regarding the question of sexual orientation. Of all Hawkinge service users responding, 25% chose not to state their sexual orientation.</p> <p>Pregnancy and maternity: 206 pregnant women responded to the consultation, of which 96% disagreed with proposals to reduce the number of Children's Centres. Of these 26% stated that they would not use any other Children's Centre were their local Centre to close.</p> <p>Marriage and Civil Partnerships: A lower proportion of respondents from Hawkinge were single than the county average. This confirms the presumption in the initial screening that lone parents are underrepresented amongst Hawkinge services users. However lone parents remain an Ofsted target group for Children's Centres.</p> <p>Carers responsibilities: Carer data was not gathered as part of the consultation activity</p>
Actions required	<ul style="list-style-type: none"> • Ensure users with a disability are engaged and services are planned and delivered at venues with sufficient access for adults and children with a disability • Ensure any BME groups are engaged and services are planned to ensure group are not negatively affected by changes to service delivery • Engage service users from other religions to ensure any changes made as a result of the consultation are understood and services are planned as appropriate. • Investigate ways to improve data collection for sexual orientation • Ensure services for pregnant women are planned and delivered in areas of need so this target group continue to receive services required. • Ensure local lone parents are engaged with service redesign and are able to access services if they are relocated as a result of the consultation.
Previous judgement (02.07.13)	Medium impact
Revised judgement (31.10.13)	Medium impact (with reference to disability and sexual orientation)

*All respondent numbers refer to users of Hawkinge Children's Centre unless otherwise stated

Appendix A: Hawkinge full profile of respondents

*All respondent numbers refer to users of Hawkinge Children’s Centre unless otherwise stated

Profiles:

User of...Hawkinge & Rural - Shepway				
	Use this Centre only		All users of this Centre	
Age: Under 20	1	1%	2	1%
Age: 20-25	10	11%	16	12%
Age: 36-30	19	21%	27	20%
Age: 31-35	32	35%	41	30%
Age: 36-40	18	20%	32	23%
Age: 41-45	6	7%	9	7%
Age: 46-50	1	1%	3	2%
Age: Over 50	3	3%	3	2%

Public

Gender: Male	5	5%	9	7%
Gender: Female	84	91%	123	90%

EAL: No	70	76%	112	82%
EAL: Yes	5	5%	6	4%

Ethnicity: White British	65	71%	99	72%
Ethnicity: White Irish	0	0%	2	1%
Ethnicity: White Gypsy/Roma	0	0%	2	1%
Ethnicity: White Irish Traveller	0	0%	0	0%
Ethnicity: White Other	3	3%	3	2%
Ethnicity: Mixed White & Black Caribbean	0	0%	0	0%
Ethnicity: Mixed White & Black African	0	0%	0	0%
Ethnicity: Mixed White & Asian	0	0%	0	0%
Ethnicity: Mixed Other	1	1%	2	1%
Ethnicity: Arab	0	0%	0	0%
Ethnicity: Asian or Asian British Indian	0	0%	0	0%
Ethnicity: Asian or Asian British Pakistani	0	0%	0	0%
Ethnicity: Asian or Asian British Bangladeshi	0	0%	0	0%
Ethnicity: Asian Other	0	0%	0	0%
Ethnicity: Chinese	1	1%	1	1%
Ethnicity: Black or Black British Caribbean	0	0%	0	0%
Ethnicity: Black or Black British African	1	1%	1	1%
Ethnicity: Black Other	0	0%	0	0%
Ethnicity: Other	2	2%	3	2%

Religion: Christian	33	36%	57	42%
Religion: Buddhist	1	1%	1	1%
Religion: Hindu	0	0%	0	0%
Religion: Jewish	0	0%	0	0%
Religion: Muslim	0	0%	2	1%
Religion: Sikh	0	0%	0	0%
Religion: Other	1	1%	2	1%
Religion: None	34	37%	44	32%

Married/Civil Part/Cohabiting	66	72%	103	75%
Separated/Divorced/Widowed	2	2%	5	4%
Single	6	7%	8	6%

User of...Hawkinge & Rural - Shepway				
	Use this Centre only		All users of this Centre	
Disability: Limited a lot	4	4%	6	4%
Disability: Limited a little	2	2%	3	2%
Disability: No	64	70%	101	74%

Sexuality: Bi/Bisexual	0	0%	0	0%
Sexuality: Heterosexual/Straight	65	71%	101	74%
Sexuality: Gay woman/Lesbian	0	0%	0	0%
Sexuality: Gay man	0	0%	0	0%
Sexuality: Other	1	1%	2	1%
Gender not the same as at birth	0	0%	0	0%

Base: Public - Use this Centre only (92), All users of this Centre (137)

**Equality Impact Assessment Initial Screening post-consultation update
Children's Centre: Hythe Bay**

Location	Hythe, Shepway
Proposal	Part-time
Rationale for proposal	<ul style="list-style-type: none"> • Located in an area of low need (population). • There is another KCC facility (a library) within 800m.
Consultation Feedback Summary (questionnaires)	<p>OBJECTORS - A total of 141 members of the public and 17 professionals objected to the reduction in opening hours at Hythe Bay Children's Centre. Of these 141 members of the public, 58 objected only to the reduction in opening hours at Hythe Bay. The volume of objections to the reduction in opening hours at Hythe Bay is fairly high in the context of all of the proposed reductions in opening hours.</p> <p>USERS - A total of 105 users of Hythe Bay Children's Centre (and just 52 sole users) responded to the consultation, representing as many as 23% of all users of the Centre.</p> <p>OBJECTORS – 16% of the members of the public objecting to the proposed reduction in opening hours at Hythe Bay (22 individuals) indicate that they will not use Children's Centres at all as a result (which is similar to the average proportion across all objectors (15%).</p> <p>USERS – The overwhelming majority (92%) disagree to some extent with this proposal. Of the sole users of Hythe Bay objecting to the proposal, 13% (6 individuals) indicated that they 'will not use Children's Centres at all' as a result of the proposed reduction in opening hours.</p>
Conclusions from consultation evidence by protected characteristic	<p>In comparison with all those objecting to proposal 3, those objecting to the reduction in opening hours at Hythe Bay are much less likely to be parents of children from low incomes.</p> <p>Age: A lower percentage of respondents were aged 20-25 and aged 26-30 from Hythe Bay than the county average and a higher percentage of respondents were aged 31-35 and from Hythe Bay than the county average. No responses were received from service users aged under 20. This supports the initial screening assumptions that lower numbers of teenage parents might be affected as a result of the centre becoming part-time.</p> <p>Disability: Eight responses were received to the consultation from users identifying themselves as having some limiting form of disability. The percentage of Hythe Bay service users responding to the consultation stating they have a disability is broadly comparable to those responding to the consultation countywide.</p> <p>Gender: The gender of service users responding to the consultation are broadly comparable to those responding to the</p>

*All respondent numbers refer to users of Hythe Bay Children's Centre unless otherwise stated

	consultation countywide.
	Gender identity: No respondents identified themselves as having a gender different to that at their birth.
	Race: The ethnicity of service users responding to the consultation are broadly comparable to those responding to the consultation countywide.
	Religion or belief: A higher percentage of respondents using Hythe Bay classified themselves as Christian than the county average, conversely a lower number of respondents classified themselves as have no religion than the county average.
	Sexual orientation: The sexual orientation of service users responding to the consultation are broadly comparable to those responding to the consultation countywide. Less than 5 responses were received from services users of any other sexual orientation.
	Pregnancy and maternity: 206 pregnant women responded to the consultation, of which 96% disagreed with proposals to reduce the number of Children's Centres. Of these 26% stated that they would not use any other Children's Centre were their local Centre to close.
	Marriage and Civil Partnerships: A significantly higher proportion of respondents from Hythe Bay were married, cohabiting or in a civil partnership than the county average. As such a lower proportion of single parents responded to the consultation than the county average. This confirms the presumption in the initial screening that lone parents are underrepresented amongst Hythe Bay services users.
	Carers responsibilities: Carer data was not gathered as part of the consultation activity
Actions required	<ul style="list-style-type: none"> • Ensure young and teenage parents are engaged and services are planned to ensure group are not negatively affected by changes to service delivery • Engage service users from other religions to ensure any changes made as a result of the consultation are understood and services are planned as appropriate. • Ensure services for pregnant women are planned and delivered in areas of need so this target group continue to receive services required. • Ensure local lone parents are engaged with service redesign and are able to access services if they are relocated as a result of the consultation.
Previous judgement (02.07.13)	Medium impact
Revised judgement (31.07.13)	Medium impact

*All respondent numbers refer to users of Hythe Bay Children's Centre unless otherwise stated

Appendix A: Hythe Bay full profile of respondents

*All respondent numbers refer to users of Hythe Bay Children’s Centre unless otherwise stated

Profiles:

	User of...Hythe Bay - Shepway			
	Use this Centre only		All users of this Centre	
Public				
Age: Under 20	0	0%	0	0%
Age: 20-25	5	10%	5	5%
Age: 36-30	6	12%	16	15%
Age: 31-35	23	44%	40	38%
Age: 36-40	7	13%	24	23%
Age: 41-45	6	12%	11	10%
Age: 46-50	1	2%	3	3%
Age: Over 50	5	10%	5	5%

Gender: Male	4	8%	6	6%
Gender: Female	47	90%	97	92%

EAL: No	50	96%	96	91%
EAL: Yes	2	4%	5	5%

Ethnicity: White British	44	85%	86	82%
Ethnicity: White Irish	0	0%	2	2%
Ethnicity: White Gypsy/Roma	1	2%	1	1%
Ethnicity: White Irish Traveller	0	0%	0	0%
Ethnicity: White Other	1	2%	2	2%
Ethnicity: Mixed White & Black Caribbean	0	0%	0	0%
Ethnicity: Mixed White & Black African	0	0%	0	0%
Ethnicity: Mixed White & Asian	0	0%	0	0%
Ethnicity: Mixed Other	1	2%	1	1%
Ethnicity: Arab	0	0%	0	0%
Ethnicity: Asian or Asian British Indian	1	2%	1	1%
Ethnicity: Asian or Asian British Pakistani	0	0%	0	0%
Ethnicity: Asian or Asian British Bangladeshi	0	0%	0	0%
Ethnicity: Asian Other	0	0%	0	0%
Ethnicity: Chinese	1	2%	1	1%
Ethnicity: Black or Black British Caribbean	0	0%	0	0%
Ethnicity: Black or Black British African	0	0%	2	2%
Ethnicity: Black Other	0	0%	0	0%
Ethnicity: Other	0	0%	2	2%

Religion: Christian	26	50%	55	52%
Religion: Buddhist	0	0%	0	0%
Religion: Hindu	0	0%	0	0%
Religion: Jewish	0	0%	0	0%
Religion: Muslim	1	2%	2	2%
Religion: Sikh	0	0%	0	0%
Religion: Other	0	0%	2	2%
Religion: None	21	40%	33	31%

Married/Civil Part/Cohabiting	48	92%	93	89%
Separated/Divorced/Widowed	0	0%	3	3%
Single	3	6%	4	4%

	User of...Hythe Bay - Shepway			
	Use this Centre only		All users of this Centre	
Disability: Limited a lot	0	0%	2	2%
Disability: Limited a little	2	4%	3	3%
Disability: No	44	85%	90	86%

Sexuality: Bi/Bisexual	0	0%	0	0%
Sexuality: Heterosexual/Straight	45	87%	91	87%
Sexuality: Gay woman/Lesbian	0	0%	0	0%
Sexuality: Gay man	0	0%	0	0%
Sexuality: Other	1	2%	2	2%
Gender not the same as at birth	0	0%	0	0%

Base: Public - Use this Centre only (52), All users of this Centre (105)

**Equality Impact Assessment Initial Screening post-consultation update
Children's Centre: Larkfield**

Location	Larkfield, Tonbridge and Malling
Proposal	Closure
Rationale for proposal	<ul style="list-style-type: none"> Identified as a local solution. Located in an area of low need (population). 78% (112) of users also attend another Children's Centre. The majority of these attended Woodlands and Burham.
Consultation Feedback Summary (questionnaires)	<p>A total of 64 members of the public and just 9 professionals objected to the closure of Larkfield Children's Centre. Of these 64 members of the public, 23 objected only to the closure of Larkfield.</p> <p>Less than a fifth (19%) of the members of the public objecting to the proposed closure of Larkfield indicate that they will not use Children's Centres at all as a result (which is lower than the average across all objectors, of 26%).</p> <p>Just 22 users of Larkfield Children's Centre (and 4 sole users) responded to the consultation, representing around 10% of all users of the Centre. The overwhelming majority (95%) disagree to some extent with this proposal. Of the 4 sole users of Larkfield objecting to the proposal, 3 indicated that they 'will not use Children's Centres at all' as a result of the proposed closure.</p>
Conclusions from consultation evidence by protected characteristic	In comparison with all those responding to proposal one, those objecting to the closure of Larkfield are very similar in terms of their profile.
	Age: A significantly higher percentage of respondents were aged 26-30 and 31-35 from Larkfield than the county average and a significantly lower percentage of respondents were aged over 20-25, 41-45 and over 50 from Larkfield than the county average. No responses were received from services users aged under 20. This supports the initial screening assumptions that lower numbers of teenage parents might be affected as a result of the centre closing.
	Disability: Five responses were received to the consultation from users identifying themselves as having some limiting form of disability. This is slightly higher than previous records suggest.
	Gender: A significantly higher number of responses were received from females to the consultation for Larkfield than the county average.
	Gender identity: No respondents identified themselves as having a gender different to that at their birth.
	Race: The responses were in line with the county average for race, this is also in line with the initial EqlA screening.
	Religion or belief: A higher percentage of respondents using Larkfield classified themselves as no religion than the county average. Other responses were in line with the county average.
Sexual orientation: A higher percentage of respondents using Larkfield classified themselves as heterosexual than the county	

Page 7

*All respondent numbers refer to users of Larkfield Children's Centre unless otherwise stated

	<p>average.</p> <p>Pregnancy and maternity: 206 pregnant women responded to the consultation, of which 96% disagreed with proposals to reduce the number of Children’s Centres. Of these 26% stated that they would not use any other Children’s Centre were their local Centre to close.</p> <p>Marriage and Civil Partnerships: A significantly higher proportion of respondents from Larkfield were married, cohabiting or in a civil partnership that the county average. As such a lower proportion of single parents responded to the consultation than the county average. This confirms the presumption in the initial screening that lone parents are underrepresented amongst Larkfield services users.</p> <p>Carers responsibilities: Carer data was not gathered as part of the consultation activity</p>
Actions required	<ul style="list-style-type: none"> • Ensure any BME groups are engaged and services are planned to ensure group are not negatively affected by changes to service delivery • Ensure users with a disability are engaged and services are planned and delivered at venues with sufficient access for adults and children with a disability • Engage service users from other religions to ensure any changes made as a result of the consultation are understood and services are planned as appropriate. • Ensure services for pregnant women are planned and delivered in areas of need so this target group continue to receive services required. • Ensure local lone parents are engaged with service redesign and are able to access services if they are relocated as a result of the consultation. • Engage males in service planning, and engage males through “Dad’s groups” about any changes to services. • Encourage reporting on sexual orientation information at Larkfield Children’s Centre, and engage all service users regardless of sexual orientation in service planning and developments.
Previous judgement 2.7.2013	Medium Impact
Revised judgement 29.10.2013	Medium Impact - Respondents are broadly similar to those in the initial EqIA.

*All respondent numbers refer to users of Larkfield Children’s Centre unless otherwise stated

Appendix A: Larkfield full profile of respondents

*All respondent numbers refer to users of Larkfield Children’s Centre unless otherwise stated

Profiles:

User of...Larkfield - Tonbridge & Malling				
	Use this Centre only		All users of this Centre	
Age: Under 20	0	0%	0	0%
Age: 20-25	0	0%	0	0%
Age: 36-30	4	100%	9	41%
Age: 31-35	0	0%	9	41%
Age: 36-40	0	0%	4	18%
Age: 41-45	0	0%	0	0%
Age: 46-50	0	0%	0	0%
Age: Over 50	0	0%	0	0%

Public

Gender: Male	0	0%	0	0%
Gender: Female	4	100%	22	100%

EAL: No	4	100%	21	95%
EAL: Yes	0	0%	1	5%

Ethnicity: White British	3	75%	19	86%
Ethnicity: White Irish	0	0%	0	0%
Ethnicity: White Gypsy/Roma	0	0%	0	0%
Ethnicity: White Irish Traveller	0	0%	0	0%
Ethnicity: White Other	0	0%	1	5%
Ethnicity: Mixed White & Black Caribbean	0	0%	0	0%
Ethnicity: Mixed White & Black African	0	0%	0	0%
Ethnicity: Mixed White & Asian	0	0%	0	0%
Ethnicity: Mixed Other	0	0%	0	0%
Ethnicity: Arab	0	0%	0	0%
Ethnicity: Asian or Asian British Indian	0	0%	0	0%
Ethnicity: Asian or Asian British Pakistani	0	0%	0	0%
Ethnicity: Asian or Asian British Bangladeshi	0	0%	0	0%
Ethnicity: Asian Other	0	0%	0	0%
Ethnicity: Chinese	0	0%	0	0%
Ethnicity: Black or Black British Caribbean	0	0%	0	0%
Ethnicity: Black or Black British African	0	0%	0	0%
Ethnicity: Black Other	0	0%	0	0%
Ethnicity: Other	0	0%	1	5%

Religion: Christian	2	50%	10	45%
Religion: Buddhist	0	0%	0	0%
Religion: Hindu	0	0%	0	0%
Religion: Jewish	0	0%	0	0%
Religion: Muslim	0	0%	0	0%
Religion: Sikh	0	0%	0	0%
Religion: Other	0	0%	1	5%
Religion: None	2	50%	10	45%

Married/Civil Part/Cohabiting	4	100%	21	95%
Separated/Divorced/Widowed	0	0%	0	0%
Single	0	0%	1	5%

User of...Larkfield - Tonbridge & Malling				
	Use this Centre only		All users of this Centre	
Disability: Limited a lot	0	0%	1	5%
Disability: Limited a little	1	25%	4	18%
Disability: No	3	75%	17	77%

Sexuality: Bi/Bisexual	0	0%	0	0%
Sexuality: Heterosexual/Straight	4	100%	21	95%
Sexuality: Gay woman/Lesbian	0	0%	0	0%
Sexuality: Gay man	0	0%	0	0%
Sexuality: Other	0	0%	0	0%
Gender not the same as at birth	0	0%	0	0%

Base: Public - Use this Centre only (4), All users of this Centre (22)

**Equality Impact Assessment Initial Screening post-consultation update
Children's Centre: Lilypad**

Location	Minster, Swale
Proposal	Part Time
Rationale for proposal	<ul style="list-style-type: none"> Local Solution 59% (333) of users also attended another Children's Centre in Kent.
Consultation Feedback Summary (questionnaires)	<p>A total of 79 members of the public and 15 professionals objected to the reduction in opening hours at Lilypad Children's Centre. Of these 79 members of the public, 16 objected only to the reduction in opening hours at Lilypad.</p> <p>In comparison with all those objecting to proposal 3, those objecting to the reduction in opening hours at Lilypad are more likely to be lone parents and/or parents of children from low incomes.</p> <p>Around 1 in 7 (14%) of the members of the public objecting to the proposed reduction in opening hours at Lilypad indicate that they will not use Children's Centres at all as a result (which is similar to the average across all objectors).</p> <p>A total of 32 users of Lilypad Children's Centre (and just 3 sole users) responded to the consultation, representing around 7% of all users of the Centre. The vast majority (80%) disagree to some extent with this proposal. None of the 3 sole users of Lilypad responding to the consultation indicated that they 'will not use Children's Centres at all' as a result of the proposed reduction in opening hours.</p>
Conclusions from consultation evidence by protected characteristic	In comparison with all those objecting to proposal 3, those objecting to the reduction in opening hours at Lilypad are more likely to be lone parents and/or parents of children from low incomes.
	Age: A significantly higher percentage of respondents* were aged 26-30 from Lilypad than the county average and a lower percentage of respondents were aged 20-25 and 41-45 from Lilypad than the county average. No responses were received from services users aged under 20. This supports the initial screening assumptions that lower numbers of teenage parents might be affected as a result of the centre closing.
	Disability: Less than 5 responses were received to the consultation from users identifying themselves as having some limiting form of disability. This is aligned with the initial EqIA screening.
	Gender: The responses were in line with the county average for gender.
	Gender identity: No respondents identified themselves as having a gender different to that at their birth.
	Race: The responses were in line with the county average for race. There were less than 5 responses received from those with EAL needs, and also less than 5 responses from non White British service users, although in line with the county average this is slightly higher than the initial EqIA indicated.
Religion or belief: A higher percentage of respondents using Lilypad classified themselves as no religion than the county average. Other responses were in line with the county average.	

Page 17

*All respondent numbers refer to users of Lilypad Children's Centre unless otherwise stated

	<p>Sexual orientation: A higher percentage of respondents using Lilypad classified themselves as heterosexual than the county average. Less than 5 responses were received from services users of any other sexual orientation.</p> <p>Pregnancy and maternity: 206 pregnant women responded to the consultation, of which 96% disagreed with proposals to reduce the number of Children’s Centres. Of these 26% stated that they would not use any other Children’s Centre were their local Centre to close. Engagement activities</p> <p>Marriage and Civil Partnerships: A higher proportion of respondents from Lilypad were married, cohabiting or in a civil partnership than the county average.</p> <p>Carers responsibilities: Carer data was not gathered as part of the consultation activity</p>
Actions required	<ul style="list-style-type: none"> • Ensure any BME groups are engaged and services are planned to ensure group are not negatively affected by changes to service delivery • Ensure users with a disability are engaged and services are planned and delivered at venues with sufficient access for adults and children with a disability • Engage service users from other religions to ensure any changes made as a result of the consultation are understood and services are planned as appropriate. • Ensure services for pregnant women are planned and delivered in areas of need so this target group continue to receive services required. • Ensure local lone parents are engaged with service redesign and are able to access services if they are relocated as a result of the consultation.
Previous judgement 2.7.2013	Medium Impact
Revised judgement 30.10.2013	Medium Impact – Respondents are not significantly different from the county average or initial EqlA carried out.

*All respondent numbers refer to users of Lilypad Children’s Centre unless otherwise stated

Appendix A: Lilypad full profile of respondents

*All respondent numbers refer to users of Lilypad Children’s Centre unless otherwise stated

Profiles:

User of...Lilypad - Swale				
	Use this Centre only		All users of this Centre	

Public

Age: Under 20	0	0%	0	0%
Age: 20-25	0	0%	1	3%
Age: 36-30	1	33%	15	47%
Age: 31-35	1	33%	8	25%
Age: 36-40	0	0%	5	16%
Age: 41-45	1	33%	1	3%
Age: 46-50	0	0%	0	0%
Age: Over 50	1	33%	1	3%

Gender: Male	0	0%	2	6%
Gender: Female	3	100%	29	91%

EAL: No	3	100%	26	81%
EAL: Yes	0	0%	4	13%

Ethnicity: White British	3	100%	27	84%
Ethnicity: White Irish	0	0%	0	0%
Ethnicity: White Gypsy/Roma	0	0%	0	0%
Ethnicity: White Irish Traveller	0	0%	0	0%
Ethnicity: White Other	0	0%	2	6%
Ethnicity: Mixed White & Black Caribbean	0	0%	0	0%
Ethnicity: Mixed White & Black African	0	0%	0	0%
Ethnicity: Mixed White & Asian	0	0%	0	0%
Ethnicity: Mixed Other	0	0%	0	0%
Ethnicity: Arab	0	0%	0	0%
Ethnicity: Asian or Asian British Indian	0	0%	0	0%
Ethnicity: Asian or Asian British Pakistani	0	0%	0	0%
Ethnicity: Asian or Asian British Bangladeshi	0	0%	0	0%
Ethnicity: Asian Other	0	0%	1	3%
Ethnicity: Chinese	0	0%	0	0%
Ethnicity: Black or Black British Caribbean	0	0%	0	0%
Ethnicity: Black or Black British African	0	0%	0	0%
Ethnicity: Black Other	0	0%	0	0%
Ethnicity: Other	0	0%	0	0%

Religion: Christian	0	0%	14	44%
Religion: Buddhist	0	0%	0	0%
Religion: Hindu	0	0%	1	3%
Religion: Jewish	0	0%	0	0%
Religion: Muslim	0	0%	0	0%
Religion: Sikh	0	0%	0	0%
Religion: Other	0	0%	0	0%
Religion: None	3	100%	15	47%

Married/Civil Part/Cohabiting	3	100%	26	81%
Separated/Divorced/Widowed	0	0%	1	3%
Single	0	0%	4	13%

User of...Lilypad - Swale				
	Use this Centre only		All users of this Centre	

Disability: Limited a lot	0	0%	0	0%
Disability: Limited a little	0	0%	1	3%
Disability: No	3	100%	29	91%

Sexuality: Bi/Bisexual	0	0%	1	3%
Sexuality: Heterosexual/Straight	1	33%	26	81%
Sexuality: Gay woman/Lesbian	1	33%	1	3%
Sexuality: Gay man	0	0%	0	0%
Sexuality: Other	0	0%	0	0%
Gender not the same as at birth	0	0%	0	0%

Base: Public - Use this Centre only (3), All users of this Centre (32)

**Equality Impact Assessment Initial Screening post-consultation update
Children's Centre: Little Bees**

Location	Littlebourne, Canterbury
Proposal	Closure
Rationale for proposal	<ul style="list-style-type: none"> • Identified as a local solution (reduced hours). • Located in an area of low need (population). • 59% (204) of users also attend another Children's Centre in Kent. The majority of these attended Riverside, Little Hands and Snowdrop.
Consultation Feedback Summary (questionnaires)	<p>A total of 119 members of the public and just 11 professionals objected to the closure of Little Bees Children's Centre. Of these 119 members of the public, 34 objected only to the closure of Little Bees.</p> <p>More than a quarter (29%) of the members of the public objecting to the proposed closure of Little Bees indicate that they will not use Children's Centres at all as a result (which is similar to the average across all objectors, of 26%). The most popular comments amongst those indicating that they 'will not use Children's Centres at all' as a result of the proposed closure of Little Bees are:</p> <ul style="list-style-type: none"> • 'Will make travel to centres more difficult / alternative centres too distant' – 28% • 'Children's centres form a local community hub / chance to meet people' – 24% • 'Centres supply help / counselling / advice / support / information' – 17% <p>A total of 55 users of Little Bees Children's Centre (and 23 sole users) responded to the consultation, representing around 22% of all users of the Centre. The overwhelming majority (96%) disagree to some extent with this proposal. Of the sole users of Little Bees objecting to the proposal, 59% (13 individuals) indicated that they 'will not use Children's Centres at all' as a result of the proposed closure.</p>
Conclusions from consultation evidence by protected characteristic	<p>In comparison with all those responding to proposal one, those objecting to the closure of Little Bees are more likely to be lone parents.</p> <p>Age: A significantly higher percentage of respondents were aged 26-30 from Little Bees than the county average, there were also a higher percentage of respondents in the 31-35 age group compared to the county average. No responses were received from services users aged under 20. This supports the initial screening assumptions that lower numbers of teenage parents might be affected as a result of the centre closing.</p> <p>Disability: Six responses were received to the consultation from users identifying themselves as having some limiting form of disability. This is slightly higher than previous records suggest.</p>

*All respondent numbers refer to users of Little Bees Children's Centre unless otherwise stated

	<p>Gender: A significantly higher number of responses were received from females to the consultation for Little Bees than the county average.</p> <p>Gender identity: No respondents identified themselves as having a gender different to that at their birth.</p> <p>Race: A higher number of responses were received from White British service users than the county average. This is higher than suggested might be the case in the initial screening.</p> <p>Religion or belief: The Little Bees responses for all religions were in line with the county average.</p> <p>Sexual orientation: A higher percentage of respondents using Little Bees classified themselves as heterosexual than the county average. Less than 5 responses were received from service users of any other sexual orientation. This is broadly comparable to service user data for the Canterbury District gathered in the initial screening.</p> <p>Pregnancy and maternity: 206 pregnant women responded to the consultation, of which 96% disagreed with proposals to reduce the number of Children's Centres. Of these 26% stated that they would not use any other Children's Centre were their local Centre to close.</p> <p>Marriage and Civil Partnerships: The Little Bees responses were in line with the county average for all types.</p> <p>Carers responsibilities: Carer data was not gathered as part of the consultation activity</p>
<p>Actions required</p>	<ul style="list-style-type: none"> • Ensure any BME groups are engaged and services are planned to ensure group are not negatively affected by changes to service delivery • Ensure users with a disability are engaged and services are planned and delivered at venues with sufficient access for adults and children with a disability. • Engage service users from other religions to ensure any changes made as a result of the consultation are understood and services are planned as appropriate. • Ensure services for pregnant women are planned and delivered in areas of need so this target group continue to receive services required. • Ensure local lone parents are engaged with service redesign and are able to access services if they are relocated as a result of the consultation.
<p>Previous judgement (02.07.13)</p>	<p>Medium Impact</p>
<p>Revised judgement (29.10.13)</p>	<p>Medium Impact</p>

*All respondent numbers refer to users of Little Bees Children's Centre unless otherwise stated

Appendix A: Little Bees full profile of respondents

*All respondent numbers refer to users of Little Bees Children’s Centre unless otherwise stated

Profiles:

	User of...Little Bees - Canterbury			
	Use this Centre only		All users of this Centre	
Public				
Age: Under 20	0	0%	0	0%
Age: 20-25	2	9%	5	9%
Age: 36-30	8	35%	17	31%
Age: 31-35	8	35%	19	35%
Age: 36-40	2	9%	9	16%
Age: 41-45	1	4%	2	4%
Age: 46-50	0	0%	1	2%
Age: Over 50	2	9%	2	4%

Gender: Male	1	4%	1	2%
Gender: Female	22	96%	54	98%

EAL: No	21	91%	52	95%
EAL: Yes	1	4%	2	4%

Ethnicity: White British	21	91%	50	91%
Ethnicity: White Irish	0	0%	1	2%
Ethnicity: White Gypsy/Roma	0	0%	0	0%
Ethnicity: White Irish Traveller	0	0%	0	0%
Ethnicity: White Other	1	4%	1	2%
Ethnicity: Mixed White & Black Caribbean	0	0%	0	0%
Ethnicity: Mixed White & Black African	0	0%	0	0%
Ethnicity: Mixed White & Asian	0	0%	1	2%
Ethnicity: Mixed Other	0	0%	0	0%
Ethnicity: Arab	0	0%	0	0%
Ethnicity: Asian or Asian British Indian	0	0%	0	0%
Ethnicity: Asian or Asian British Pakistani	0	0%	0	0%
Ethnicity: Asian or Asian British Bangladeshi	0	0%	0	0%
Ethnicity: Asian Other	0	0%	0	0%
Ethnicity: Chinese	0	0%	0	0%
Ethnicity: Black or Black British Caribbean	0	0%	0	0%
Ethnicity: Black or Black British African	0	0%	0	0%
Ethnicity: Black Other	0	0%	0	0%
Ethnicity: Other	0	0%	0	0%

Religion: Christian	11	48%	27	49%
Religion: Buddhist	0	0%	0	0%
Religion: Hindu	0	0%	0	0%
Religion: Jewish	0	0%	0	0%
Religion: Muslim	0	0%	0	0%
Religion: Sikh	0	0%	0	0%
Religion: Other	1	4%	1	2%
Religion: None	8	35%	23	42%

Married/Civil Part/Cohabiting	12	52%	40	73%
Separated/Divorced/Widowed	3	13%	3	5%
Single	6	26%	9	16%

	User of...Little Bees - Canterbury			
	Use this Centre only		All users of this Centre	
Disability: Limited a lot	1	4%	2	4%
Disability: Limited a little	1	4%	2	4%
Disability: No	19	83%	49	89%

Sexuality: Bi/Bisexual	1	4%	1	2%
Sexuality: Heterosexual/Straight	21	91%	52	95%
Sexuality: Gay woman/Lesbian	0	0%	0	0%
Sexuality: Gay man	0	0%	0	0%
Sexuality: Other	0	0%	0	0%
Gender not the same as at birth	0	0%	0	0%

Base: Public - Use this Centre only (23), All users of this Centre (55)

**Equality Impact Assessment Initial Screening post-consultation update
Children's Centre: Little Painters**

Location	Painters Ash, Gravesham
Proposal	Closure
Rationale for proposal	<ul style="list-style-type: none"> • Identified as a local solution (reduced hours). • Located in an area of low need (population). • 77% (315) also used another Children's Centre in Kent.
Consultation Feedback Summary (questionnaires)	<p>A total of 143 members of the public and 10 professionals objected to the closure of Little Painters Children's Centre. Of these 143 members of the public, 34 objected only to the closure of Little Painters.</p> <p>Just 12% of the members of the public objecting to the proposed closure of Little Painters indicate that they will not use Children's Centres at all as a result (which is much lower than the average across all objectors, of 26%).</p> <p>A total of 30 users of Little Painters Children's Centre (and just 5 sole users) responded to the consultation, representing around 9% of all users of the Centre. The vast majority (86%) disagree to some extent with this proposal. Of the 2 sole users of Little Painters responding to the consultation and objecting to the proposal, 1 indicated that they 'will not use Children's Centres at all' as a result of the proposed closure.</p>
Conclusions from consultation evidence by protected characteristic	General: In comparison with all those responding to proposal one, those objecting to the closure of Little Painters are more likely to be parents of children from low incomes, parents from minority ethnic groups and/or parents with English as an additional language.
	Age: A higher percentage of respondents were aged 20 – 25 and a significantly higher percentage of respondents were aged 31 - 35 from Little Painters than the county average. A lower percentage of respondents were aged 41 – 45 from Little Painters than the county average. No responses were received from services users aged 46 and above. Less than five respondents were below 20. 124 teenage parents were registered at Little Painters at the time of the initial screening. Some of these would be attending a Young Active Parents Group at Little Pebbles Centre and would have attended one of the three consultation activities at Little Pebbles. More generally, parents attended two consultation activities at Little Painters. It is expected that parents attending these events would come from a mixed age range.
	Disability: Less than five responses were received to the consultation from users identifying themselves as having a form of disability. Less than 5 users at Little Painters are recorded as having a disability at the time of the initial screening.
	Gender: A higher number of responses were received from females to the consultation for Little Painters than the county average.
	Gender identity: No respondents identified themselves as having a gender different to that at their birth.
	Race: A higher number of responses were received from White Other and Asian or Asian British Indian service users of Little Painters than the county average. A significantly lower number of responses were received from White British services users

Page 20

*All respondent numbers refer to users of Little Painters Children's Centre unless otherwise stated

	<p>of Little Painters than the county average. The data for White Other and White British service users at Little Painters suggests that a higher proportion of these groups responded to the consultation although the data on registrations at the time of the initial screening includes 23% of users who chose not to record their ethnicity; this may make a difference to the comparisons.</p> <p>Religion or belief: A higher percentage of respondents using Little Painters classified themselves as Christian and Sikh than the county average. A lower percentage of respondents using Little Painters classified themselves as having no religion. Less than five service users classified themselves as Muslim or having another religion. The Gravesham 2011 census data suggests that a lower proportion of service users at Little Painters classified themselves as being Christian.</p> <p>Sexual orientation: No respondents identified themselves as being bisexual, lesbian or gay.</p> <p>Pregnancy and maternity: 206 pregnant women responded to the consultation, of which 96% disagreed with proposals to reduce the number of Children's Centres. Of these 26% stated that they would not use any other Children's Centre were their local Centre to close. Two engagement activities were undertaken at Little Painters. These activities were attended by pregnant mothers and those with new babies.</p> <p>Marriage and Civil Partnerships: A significantly higher proportion of respondents from Little Painters were married, cohabiting or in a civil partnership than the county average. As such a lower proportion of single parents responded to the consultation than the county average. The original screening identified (from available information) that single and lone parents were in alignment with the County average. It is expected that some single/lone parents would have attended engagement activities at Little Painters.</p> <p>Carers responsibilities: Carer data was not gathered as part of the consultation activity.</p>
Actions required	<ul style="list-style-type: none"> • Improve data collection for Race, Religion and Sexuality. • Ensure all ethnic groups are engaged and services are planned to ensure groups are not negatively affected by changes to service delivery. • Ensure users with a disability are engaged and services are planned and delivered at venues with sufficient access for adults and children with a disability. • Engage service users from other religions to ensure any changes made as a result of the consultation are understood and services are planned as appropriate. • Ensure services for pregnant women are planned and delivered in areas of need so this target group continue to receive services required. • Ensure young and lone parents are engaged with service redesign and are able to access services if they are relocated as a result of the consultation.
Previous judgement (02.07.13)	Medium impact
Revised judgement (29.10.13)	Medium impact

*All respondent numbers refer to users of Little Painters Children's Centre unless otherwise stated

Appendix A: Little Painters full profile of respondents

*All respondent numbers refer to users of Little Painters Children’s Centre unless otherwise stated

Profiles:

User of...Little Painters - Gravesham				
	Use this Centre only		All users of this Centre	
Age: Under 20	0	0%	1	3%
Age: 20-25	3	60%	5	17%
Age: 36-30	0	0%	6	20%
Age: 31-35	1	20%	11	37%
Age: 36-40	1	20%	6	20%
Age: 41-45	0	0%	1	3%
Age: 46-50	0	0%	0	0%
Age: Over 50	0	0%	0	0%

Public

Gender: Male	1	20%	2	7%
Gender: Female	4	80%	28	93%

EAL: No	5	100%	23	77%
EAL: Yes	0	0%	6	20%

Ethnicity: White British	4	80%	20	67%
Ethnicity: White Irish	0	0%	0	0%
Ethnicity: White Gypsy/Roma	0	0%	0	0%
Ethnicity: White Irish Traveller	0	0%	0	0%
Ethnicity: White Other	1	20%	3	10%
Ethnicity: Mixed White & Black Caribbean	0	0%	0	0%
Ethnicity: Mixed White & Black African	0	0%	0	0%
Ethnicity: Mixed White & Asian	0	0%	0	0%
Ethnicity: Mixed Other	0	0%	0	0%
Ethnicity: Arab	0	0%	0	0%
Ethnicity: Asian or Asian British Indian	0	0%	2	7%
Ethnicity: Asian or Asian British Pakistani	0	0%	1	3%
Ethnicity: Asian or Asian British Bangladeshi	0	0%	0	0%
Ethnicity: Asian Other	0	0%	0	0%
Ethnicity: Chinese	0	0%	0	0%
Ethnicity: Black or Black British Caribbean	0	0%	0	0%
Ethnicity: Black or Black British African	0	0%	1	3%
Ethnicity: Black Other	0	0%	0	0%
Ethnicity: Other	0	0%	1	3%

Religion: Christian	3	60%	16	53%
Religion: Buddhist	0	0%	0	0%
Religion: Hindu	0	0%	0	0%
Religion: Jewish	0	0%	0	0%
Religion: Muslim	0	0%	1	3%
Religion: Sikh	0	0%	2	7%
Religion: Other	0	0%	1	3%
Religion: None	1	20%	7	23%

Married/Civil Part/Cohabiting	4	80%	26	87%
Separated/Divorced/Widowed	0	0%	1	3%
Single	1	20%	2	7%

User of...Little Painters - Gravesham				
	Use this Centre only		All users of this Centre	
Disability: Limited a lot	0	0%	1	3%
Disability: Limited a little	1	20%	1	3%
Disability: No	4	80%	26	87%

Sexuality: Bi/Bisexual	0	0%	0	0%
Sexuality: Heterosexual/Straight	4	80%	25	83%
Sexuality: Gay woman/Lesbian	0	0%	0	0%
Sexuality: Gay man	0	0%	0	0%
Sexuality: Other	0	0%	0	0%
Gender not the same as at birth	0	0%	0	0%

Base: Public - Use this Centre only (5), All users of this Centre (30)

**Equality Impact Assessment Initial Screening post-consultation update
Children's Centre: Loose**

Location	Loose, Maidstone
Proposal	Closure
Rationale for proposal	<ul style="list-style-type: none"> • Located in an area of low need (population) • Identified as a local solution by Operational Managers • More than 50% of users also attend another Centre
Consultation Feedback Summary (questionnaires)	<p>A total of 111 members of the public and just 7 professionals objected to the closure of Loose Children's Centre. Of these 111 members of the public, 30 objected only to the closure of Loose.</p> <p>In comparison with all those responding to proposal one, those objecting to the closure of Loose are less likely to be lone parents.</p> <p>Just a fifth (20%) of the members of the public objecting to the proposed closure of Loose indicate that they will not use Children's Centres at all as a result (which is lower than the average across all objectors, of 26%).</p> <p>A total of 43 users of Loose Children's Centre (and just 8 sole users) responded to the consultation, representing around 11% of all users of the Centre. The majority (74%) disagree to some extent with this proposal, although this is a lower level of disagreement than for most of the other proposed closures. Of the 8 sole users of Loose objecting to the proposal, 5 indicated that they 'will not use Children's Centres at all' as a result of the proposed closure.</p>
Conclusions from consultation evidence by protected characteristic	<p>General: In comparison with all those responding to proposal one, those objecting to the closure of Loose are less likely to be lone parents.</p> <p>Age: A significantly higher percentage of respondents* were aged 26 – 30 and 36 – 40 from Loose than the county average. No responses were received from services users aged 25 and under. The needs analysis for Loose Centre (as set out in the initial screening) identified that there is a lower level of need than the Kent average in terms of teenage pregnancy. Two consultation events were held at the centre with 25 families/parents attending and there were also 3 consultation events with over 35 families/parents attending at the centre's outreach facility at Coxheath. It is expected that those attending would be from different age groups.</p> <p>Disability: Six responses were received to the consultation from users identifying themselves as having some limiting form of disability. This is higher than previous records suggest.</p> <p>Gender: A higher number of responses were received from females to the consultation for Loose than the county average.</p> <p>Gender identity: No respondents identified themselves as having a gender different to that at their birth.</p> <p>Race: A significantly higher number of responses were received from White British service users than the county average. The data in the initial screening seems to suggest that there is a lower proportion of BME groups responding to the consultation but this data does include a high proportion of service users who chose not to record their ethnicity. Consultation took place with a</p>

*All respondent numbers refer to users of Loose Children's Centre unless otherwise stated

	<p>family for whom English is an additional language at the Coxheath outreach facility.</p> <p>Religion or belief: A slightly higher percentage of respondents using Loose classified themselves as having no religion than the county average. Less than five responses were received from service users who classified themselves as Buddhist. No responses were received from services users who identified themselves as being Hindu, Jewish, Muslim or Sikh.</p> <p>Sexual orientation: A higher percentage of respondents using Loose classified themselves as heterosexual than the county average. Less than 5 responses were received from services users of any other sexual orientation.</p> <p>Pregnancy and maternity: 206 pregnant women responded to the consultation, of which 96% disagreed with proposals to reduce the number of Children's Centres. Of these 26% stated that they would not use any other Children's Centre were their local Centre to close. Two consultation events were held at the centre with 25 families/parents attending and there were also 3 consultation events with over 35 families/parents attending at the centre's outreach facility at Coxheath. 13 families with young babies were recorded as having attended one of the events.</p> <p>Marriage and Civil Partnerships: A significantly higher proportion of respondents from Loose were married, cohabiting or in a civil partnership than the county average. As such there was a significantly lower proportion of single parents responding to the consultation than the county average. Information (from the initial screening) identified an under representation of some groups of single and lone parents attending the centre but there was an over representation of service users who were lone parents with young children in high crime areas on large social housing estates. However, 3 consultation events were held at the centre's outreach facility at Coxheath which is an area with higher levels of deprivation so it is expected that some lone/single parents would have attended these events.</p> <p>Carers responsibilities: Carer data was not gathered as part of the consultation activity</p>
Actions required	<ul style="list-style-type: none"> • Improve data collection for disability, race, religion and sexuality. • Ensure any BME groups are engaged and services are planned to ensure group are not negatively affected by changes to service delivery • Ensure users with a disability are engaged and services are planned and delivered at venues with sufficient access for adults and children with a disability • Engage service users from other religions to ensure any changes made as a result of the consultation are understood and services are planned as appropriate. • Ensure services for pregnant women are planned and delivered in areas of need so this target group continue to receive services required. • Ensure young and lone parents are engaged with service redesign and are able to access services if they are relocated as a result of the consultation.
Previous judgement 02/07/13()	Medium impact
Revised judgement (30/10/13)	Medium impact

*All respondent numbers refer to users of Loose Children's Centre unless otherwise stated

Appendix A: Loose full profile of respondents

*All respondent numbers refer to users of Loose Children’s Centre unless otherwise stated

Profiles:

	User of...Loose - Maidstone			
	Use this Centre only		All users of this Centre	
Public				
Age: Under 20	0	0%	0	0%
Age: 20-25	0	0%	0	0%
Age: 36-30	2	25%	13	30%
Age: 31-35	1	13%	11	26%
Age: 36-40	1	13%	12	28%
Age: 41-45	1	13%	2	5%
Age: 46-50	0	0%	1	2%
Age: Over 50	3	38%	3	7%

Gender: Male	0	0%	2	5%
Gender: Female	7	88%	40	93%

EAL: No	8	100%	42	98%
EAL: Yes	0	0%	1	2%

Ethnicity: White British	8	100%	41	95%
Ethnicity: White Irish	0	0%	0	0%
Ethnicity: White Gypsy/Roma	0	0%	1	2%
Ethnicity: White Irish Traveller	0	0%	0	0%
Ethnicity: White Other	0	0%	1	2%
Ethnicity: Mixed White & Black Caribbean	0	0%	0	0%
Ethnicity: Mixed White & Black African	0	0%	0	0%
Ethnicity: Mixed White & Asian	0	0%	0	0%
Ethnicity: Mixed Other	0	0%	0	0%
Ethnicity: Arab	0	0%	0	0%
Ethnicity: Asian or Asian British Indian	0	0%	0	0%
Ethnicity: Asian or Asian British Pakistani	0	0%	0	0%
Ethnicity: Asian or Asian British Bangladeshi	0	0%	0	0%
Ethnicity: Asian Other	0	0%	0	0%
Ethnicity: Chinese	0	0%	0	0%
Ethnicity: Black or Black British Caribbean	0	0%	0	0%
Ethnicity: Black or Black British African	0	0%	0	0%
Ethnicity: Black Other	0	0%	0	0%
Ethnicity: Other	0	0%	0	0%

Religion: Christian	6	75%	19	44%
Religion: Buddhist	0	0%	1	2%
Religion: Hindu	0	0%	0	0%
Religion: Jewish	0	0%	0	0%
Religion: Muslim	0	0%	0	0%
Religion: Sikh	0	0%	0	0%
Religion: Other	0	0%	2	5%
Religion: None	2	25%	19	44%

Married/Civil Part/Cohabiting	8	100%	41	95%
Separated/Divorced/Widowed	0	0%	0	0%
Single	0	0%	1	2%

	User of...Loose - Maidstone			
	Use this Centre only		All users of this Centre	
Disability: Limited a lot	1	13%	1	2%
Disability: Limited a little	0	0%	5	12%
Disability: No	7	88%	37	86%

Sexuality: Bi/Bisexual	0	0%	1	2%
Sexuality: Heterosexual/Straight	8	100%	39	91%
Sexuality: Gay woman/Lesbian	0	0%	2	5%
Sexuality: Gay man	0	0%	0	0%
Sexuality: Other	0	0%	0	0%
Gender not the same as at birth	0	0%	0	0%

Base: Public - Use this Centre only (8), All users of this Centre (43)

**Equality Impact Assessment Initial Screening post-consultation update
Children's Centre: Lydd'le Stars**

Location	Lydd, Shepway
Proposal	Part Time
Rationale for proposal	<ul style="list-style-type: none"> Local solution.
Consultation Feedback Summary (questionnaires)	<p>A total of 141 members of the public and 17 professionals objected to the reduction in opening hours at Lydd'le Stars Children's Centre. Of these 141 members of the public, 58 objected only to the reduction in opening hours at Lydd'le Stars.</p> <p>16% of the members of the public objecting to the proposed reduction in opening hours at Lydd'le Stars indicate that they will not use Children's Centres at all as a result (which is similar to the average across all objectors). The most popular comments amongst those indicating that they 'will not use Children's Centres at all' as a result of the proposed reduction in opening hours at Lydd'le Stars are:</p> <ul style="list-style-type: none"> 'Unable to travel to another centre / cannot afford to travel' – 29% 'Opening times are not suitable / do not reduce them / not open long enough / restrictive' – 26% 'Will be to busier when open' – 16% 'Happy with the local centre / great service / better than others / would not use another' – 13% <p>A total of 105 users of Lydd'le Stars Children's Centre (and just 52 sole users) responded to the consultation, representing as many as 23% of all users of the Centre. The overwhelming majority (92%) disagree to some extent with this proposal. Of the sole users of Lydd'le Stars responding to the consultation, 13% (6 individuals) indicated that they 'will not use Children's Centres at all' as a result of the proposed reduction in opening hours.</p>
Conclusions from consultation evidence by protected characteristic	<p>General: In comparison with all those objecting to proposal 3, those objecting to the reduction in opening hours at Lydd'le Stars are <u>much</u> less likely to be a parent/carer of children aged under 5.</p> <p>Age: A higher percentage of respondents were aged 20-25 from Lydd'le Stars than the county average and a lower percentage of respondents were aged 36 – 40 from Lydd'le Stars than the county average. The proportion of parents aged under 20 was in line with the county average. The initial screening identified that there was a slightly higher than average proportion of teenage parents. An engagement event for Lydd/New Romney and Folkestone involving 250 families was held. It is expected that attendees would come from different age groups.</p> <p>Disability: Ten responses were received to the consultation from users identifying themselves as having some limiting form of disability. This is higher than previous records suggest.</p> <p>Gender: The number of responses received from females to the consultation for Lydd'le Stars were in line with the county average.</p>

*All respondent numbers refer to users of Lydd'le Stars Children's Centre unless otherwise stated

	<p>Gender identity: No respondents identified themselves as having a gender different to that at their birth.</p> <p>Race: A significantly higher number of responses were received from White British service users than the county average. The data in the initial screening seems to suggest that there is a lower proportion from BME groups responding to the consultation but this data does include a high proportion of service users who chose not to record their ethnicity.</p> <p>Religion or belief: A higher percentage of respondents using Lydd'le Stars classified themselves as having no religion than the county average. Less than five service users classified themselves as having another religion. There were no service users responding to the consultation who identified themselves as Buddhist, Hindu, Jewish, Muslim or Sikh. The 2011 census identifies the Shepway* district as an area having a slightly higher Hindu faith than the county average. <i>Lydd is situated in the south eastern part of Shepway.</i></p> <p>Sexual orientation: A higher percentage of respondents using Lydd'le Stars classified themselves as heterosexual than the county average. Less than five respondents identified themselves as having another sexual orientation.</p> <p>Pregnancy and maternity: 206 pregnant women responded to the consultation, of which 96% disagreed with proposals to reduce the number of Children's Centres. Of these 26% stated that they would not use any other Children's Centre were their local Centre to close. Needs analysis for the centre (as set out in the interim collection) identified that there is a slightly lower level of teenage pregnancy. An engagement event for Lydd/New Romney and Folkestone involving 250 families was held. It is expected that attendees would include pregnant and nursing mothers.</p> <p>Marriage and Civil Partnerships: The proportion of respondents to the consultation was in line with the county average for: married/civil partner/cohabiting; separated/divorced/widowed; and single. An engagement event for Lydd/New Romney and Folkestone involving 250 families was held. It is expected that attendees would include service users from these groups.</p> <p>Carers responsibilities: Carer data was not gathered as part of the consultation activity</p>
Actions required	<ul style="list-style-type: none"> • Improve data collection for disability, race, religion and sexuality. • Ensure all BME groups are engaged and services are planned to ensure group are not negatively affected by changes to service delivery • Ensure users with a disability are engaged and services are planned and delivered at venues with sufficient access for adults and children with a disability • Engage service users from other religions to ensure any changes made as a result of the consultation are understood and services are planned as appropriate. • Ensure services for pregnant women are planned and delivered in areas of need so this target group continue to receive services required. • Ensure young and lone parents are engaged with service redesign and are able to access services if they are relocated as a result of the consultation.
Previous judgement (07/07/13)	Medium impact

*All respondent numbers refer to users of Lydd'le Stars Children's Centre unless otherwise stated

Revised judgement (29/10/13)	Medium impact
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Profiles:

	User of...Lydd'le Stars - Shepway			
	Use this Centre only		All users of this Centre	
Public				
Age: Under 20	1	2%	2	2%
Age: 20-25	10	20%	24	19%
Age: 36-30	11	22%	27	22%
Age: 31-35	18	35%	39	31%
Age: 36-40	8	16%	16	13%
Age: 41-45	0	0%	7	6%
Age: 46-50	0	0%	0	0%
Age: Over 50	7	14%	7	6%

Gender: Male	2	4%	12	10%
Gender: Female	46	90%	109	88%

EAL: No	50	98%	122	98%
EAL: Yes	1	2%	1	1%

Ethnicity: White British	46	90%	115	93%
Ethnicity: White Irish	1	2%	2	2%
Ethnicity: White Gypsy/Roma	0	0%	0	0%
Ethnicity: White Irish Traveller	0	0%	0	0%
Ethnicity: White Other	1	2%	1	1%
Ethnicity: Mixed White & Black Caribbean	0	0%	0	0%
Ethnicity: Mixed White & Black African	1	2%	1	1%
Ethnicity: Mixed White & Asian	0	0%	0	0%
Ethnicity: Mixed Other	0	0%	0	0%
Ethnicity: Arab	0	0%	0	0%
Ethnicity: Asian or Asian British Indian	0	0%	1	1%
Ethnicity: Asian or Asian British Pakistani	0	0%	0	0%
Ethnicity: Asian or Asian British Bangladeshi	0	0%	0	0%
Ethnicity: Asian Other	0	0%	0	0%
Ethnicity: Chinese	0	0%	0	0%
Ethnicity: Black or Black British Caribbean	0	0%	0	0%
Ethnicity: Black or Black British African	0	0%	0	0%
Ethnicity: Black Other	0	0%	0	0%
Ethnicity: Other	2	4%	2	2%

Religion: Christian	21	41%	59	48%
Religion: Buddhist	0	0%	0	0%
Religion: Hindu	0	0%	0	0%
Religion: Jewish	0	0%	0	0%
Religion: Muslim	0	0%	0	0%
Religion: Sikh	0	0%	0	0%
Religion: Other	1	2%	2	2%
Religion: None	28	55%	56	45%

Married/Civil Part/Cohabiting	37	73%	93	75%
Separated/Divorced/Widowed	3	6%	8	6%
Single	8	16%	18	15%

	User of...Lydd'le Stars - Shepway			
	Use this Centre only		All users of this Centre	
Disability: Limited a lot	1	2%	4	3%
Disability: Limited a little	3	6%	6	5%
Disability: No	45	88%	108	87%

Sexuality: Bi/Bisexual	0	0%	0	0%
Sexuality: Heterosexual/Straight	44	86%	112	90%
Sexuality: Gay woman/Lesbian	1	2%	1	1%
Sexuality: Gay man	0	0%	0	0%
Sexuality: Other	0	0%	0	0%
Gender not the same as at birth	0	0%	0	0%

Base: Public - Use this Centre only (51), All users of this Centre (124)

**Equality Impact Assessment Initial Screening post-consultation update
Children's Centre: Marden**

Location	Marden, Maidstone
Proposal	Closure
Rationale for proposal	<ul style="list-style-type: none"> • Located in an area of low need (population). • 65% (202) of users also used another Children's Centre in Kent.
Consultation Feedback Summary (questionnaires)	<p>A total of 142 members of the public and 16 professionals objected to the closure of Marden Children's Centre. Of these 142 members of the public, 64 objected only to the closure of Marden.</p> <p>More than a quarter (29%) of the members of the public objecting to the proposed closure of Marden indicate that they will not use Children's Centres at all as a result (which is similar to the average across all objectors, of 26%). The key issue for Marden appears to be transport and accessibility, particularly for those reliant on public transport. The most popular comments amongst those indicating that they 'will not use Children's Centres at all' as a result of the proposed closure of Marden are:</p> <ul style="list-style-type: none"> • 'Will make travel to centres more difficult / alternative centres too distant' – 41% • 'Bad for people without cars / non-drivers – 26% • 'Children's centres form a local community hub / chance to meet people' – 18% • 'Centres supply help / counselling / advice / support / information' – 15% • 'My area has poor public transport' – 12% <p>A total of 69 users of Marden Children's Centre (and 31 sole users) responded to the consultation, representing around 17% of all users of the Centre. The overwhelming majority (96%) disagree to some extent with this proposal. Of the sole users of Marden objecting to the proposal, 62% (18 individuals) indicated that they 'will not use Children's Centres at all' as a result of the proposed closure.</p>
Conclusions from consultation evidence by protected characteristic	<p>In comparison with all those responding to proposal one, those objecting to the closure of Marden are very similar in terms of their profile.</p> <p>Age: A lower percentage of respondents were aged 26-30 from Marden than the county average and a higher percentage of respondents were aged 31-40 from Marden than the county average. No responses were received from services users aged 46 or over.</p> <p>Disability: Six responses were received to the consultation from users identifying themselves as having some limiting form of disability. As a percentage of respondents this is broadly in line with the county average for respondents. The initial screening suggested the Marden catchment has a lower level of need than the Kent average in terms of working aged permanently sick/ disabled (by volume).</p>

*All respondent numbers refer to users of Marden Children's Centre unless otherwise stated

	Gender: A lower number of responses were received from males to the consultation for Marden than the county average.
	Gender identity: No respondents identified themselves as having a gender different to that at their birth.
	Race: The ethnicity of service users responding to the consultation are broadly comparable to those responding to the consultation countywide, with the majority of respondents identifying themselves as White British. This is comparable to Maidstone population statistics but shows slightly less levels of BME respondents compared to ethnicity data on registered users at Marden. However, it should also be noted that 25% of service users at Marden have declined to give their ethnic background.
	Religion or belief: A significantly higher percentage of respondents using Marden classified themselves as Christian than the county average. As such a significantly lower percentage of respondents classified themselves as having no religion. Less than five responses were received from services users with any other stated religion.
	Sexual orientation: The sexual orientation of service users responding to the consultation are broadly comparable to those responding to the consultation countywide, with the majority of respondents identifying themselves as heterosexual. Less than five responses were received from services users of any other sexual orientation.
	Pregnancy and maternity: 206 pregnant women responded to the consultation, of which 96% disagreed with proposals to reduce the number of Children's Centres. Of these 26% stated that they would not use any other Children's Centre were their local Centre to close. A wide variety of engagement activities were undertaken at groups linked with Marden with at least five aimed at pregnant mothers and those with new babies to ensure their views were gathered. (see Appendix B)
	Marriage and Civil Partnerships: A higher proportion of respondents from Marden were married, cohabiting or in a civil partnership than the county average. As such a lower proportion of single parents responded to the consultation than the county average. This confirms the presumption in the initial screening that lone parents are underrepresented amongst Marden services users.
	Carers responsibilities: Carer data was not gathered as part of the consultation activity
Actions required	<ul style="list-style-type: none"> • Ensure male service users are engaged and services such as Dad's groups are planned to ensure the group are not negatively affected by any changes to service delivery. • Ensure any BME groups are engaged and services are planned to ensure group are not negatively affected by changes to service delivery • Ensure users with a disability are engaged and services are planned and delivered at venues with sufficient access for adults and children with a disability • Engage service users of all religious beliefs to ensure any changes made as a result of the consultation are understood and services are planned as appropriate. • Ensure services for pregnant women are planned and delivered in areas of need so this target group continue to receive services required. • Ensure local lone parents are engaged with service redesign and are able to access services if they are relocated as a result of the consultation.

*All respondent numbers refer to users of Marden Children's Centre unless otherwise stated

Previous judgement (02.07.13)	Medium impact
Revised judgement (31.10.13)	Medium impact (with a focus on Ethnicity and Religion and Belief)

Appendix A: Marden full profile of respondents

*All respondent numbers refer to users of Marden Children’s Centre unless otherwise stated

Profiles:

	User of...Marden - Maidstone			
	Use this Centre only		All users of this Centre	
Public				
Age: Under 20	1	3%	1	1%
Age: 20-25	3	10%	7	10%
Age: 36-30	1	3%	11	16%
Age: 31-35	12	39%	26	38%
Age: 36-40	8	26%	16	23%
Age: 41-45	4	13%	5	7%
Age: 46-50	0	0%	0	0%
Age: Over 50	0	0%	0	0%

Gender: Male	1	3%	2	3%
Gender: Female	27	87%	61	88%

EAL: No	25	81%	60	87%
EAL: Yes	1	3%	2	3%

Ethnicity: White British	23	74%	57	83%
Ethnicity: White Irish	1	3%	1	1%
Ethnicity: White Gypsy/Roma	1	3%	2	3%
Ethnicity: White Irish Traveller	0	0%	0	0%
Ethnicity: White Other	1	3%	1	1%
Ethnicity: Mixed White & Black Caribbean	0	0%	0	0%
Ethnicity: Mixed White & Black African	0	0%	0	0%
Ethnicity: Mixed White & Asian	0	0%	0	0%
Ethnicity: Mixed Other	0	0%	0	0%
Ethnicity: Arab	0	0%	0	0%
Ethnicity: Asian or Asian British Indian	0	0%	0	0%
Ethnicity: Asian or Asian British Pakistani	0	0%	0	0%
Ethnicity: Asian or Asian British Bangladeshi	0	0%	0	0%
Ethnicity: Asian Other	0	0%	1	1%
Ethnicity: Chinese	0	0%	0	0%
Ethnicity: Black or Black British Caribbean	0	0%	0	0%
Ethnicity: Black or Black British African	0	0%	0	0%
Ethnicity: Black Other	0	0%	0	0%
Ethnicity: Other	0	0%	0	0%

Religion: Christian	17	55%	41	59%
Religion: Buddhist	0	0%	0	0%
Religion: Hindu	0	0%	0	0%
Religion: Jewish	0	0%	0	0%
Religion: Muslim	0	0%	0	0%
Religion: Sikh	0	0%	0	0%
Religion: Other	1	3%	1	1%
Religion: None	8	26%	19	28%

Married/Civil Part/Cohabiting	24	77%	57	83%
Separated/Divorced/Widowed	0	0%	1	1%
Single	2	6%	4	6%

	User of...Marden - Maidstone			
	Use this Centre only		All users of this Centre	
Disability: Limited a lot	3	10%	3	4%
Disability: Limited a little	2	6%	3	4%
Disability: No	21	68%	55	80%

Sexuality: Bi/Bisexual	0	0%	0	0%
Sexuality: Heterosexual/Straight	24	77%	58	84%
Sexuality: Gay woman/Lesbian	0	0%	2	3%
Sexuality: Gay man	0	0%	0	0%
Sexuality: Other	0	0%	0	0%
Gender not the same as at birth	0	0%	0	0%

Base: Public - Use this Centre only (31), All users of this Centre (69)

**Equality Impact Assessment Initial Screening post-consultation update
Children's Centre: Maypole**

Location	Franklin Road, Dartford
Proposal	Closure
Rationale for proposal	<ul style="list-style-type: none"> • Selected as local solution • Located in an area of AVERAGE need (population) but second lowest level of need in Dartford District. • Second lowest level of usage in the Dartford District
Consultation Feedback Summary (questionnaires)	<p>Children's Centre. Of these 214 members of the public, 139 objected only to the closure of Maypole, with the proportion (at 65%) a lot higher than for the majority of the proposed closures.</p> <p>Around a third (34%) of the members of the public objecting to the proposed closure of Maypole indicate that they will not use Children's Centres at all as a result (which is much higher than the average across all objectors, of 26%). The most popular comments amongst those indicating that they 'will not use Children's Centres at all' as a result of the proposed closure of Maypole are:</p> <ul style="list-style-type: none"> • 'Centre is close by / easily accessible' – 28% • 'Very happy with my local centre / prefer it to others' – 27% • 'Will make travel to centres more difficult / alternative centres too distant' – 22% <p>A total of 126 users of Maypole Children's Centre (and 101 sole users) responded to the consultation, representing as many as 34% of all users of the Centre. The overwhelming majority (94%) disagree to some extent with this proposal. Of the sole users of Maypole objecting to the proposal, as many as 64% indicated that they 'will not use Children's Centres at all' as a result of the proposed closure.</p>
Conclusions from consultation evidence by protected characteristic	<p>In comparison with all those responding to proposal one, those objecting to the closure of Maypole are slightly less likely to be lone parents and/or parents of children from low incomes.</p> <p>Age: A significantly higher percentage of respondents* were aged 31-35 from Maypole than the county average and a lower percentage of respondents were aged 20-25 from Maypole than the county average. No responses were received from services users aged under 20. This supports the initial screening assumptions that lower numbers of teenage parents might be affected as a result of the centre closing.</p> <p>Disability: Seven responses were received to the consultation from users identifying themselves as having some limiting form of disability. This is slightly higher than previous records suggest.</p> <p>Gender: The responses for gender were aligned with the county averages.</p>

*All respondent numbers refer to users of Maypole Children's Centre unless otherwise stated

	<p>Gender identity: No respondents identified themselves as having a gender different to that at their birth.</p> <p>Race: The responses for race were aligned with the county average. The initial EqIA showed higher rates of BME than the consultation responses.</p> <p>Religion or belief: A higher percentage of respondents using Maypole classified themselves as Christian than the county average. A significantly lower percentage of respondents using Maypole classified themselves as no religion compared with the county average.</p> <p>Sexual orientation: The percentage of respondents using Maypole classified themselves as heterosexual this was in line the county average. Less than 5 responses were received from services users of any other sexual orientation.</p> <p>Pregnancy and maternity: 206 pregnant women responded to the consultation, of which 96% disagreed with proposals to reduce the number of Children’s Centres. Of these 26% stated that they would not use any other Children’s Centre were their local Centre to close.</p> <p>Marriage and Civil Partnerships: A significantly higher proportion of respondents from Maypole were married, cohabiting or in a civil partnership than the county average. As such a lower proportion of single parents responded to the consultation than the county average. This confirms the presumption in the initial screening that lone parents are underrepresented amongst Maypole services users.</p> <p>Carers responsibilities: Carer data was not gathered as part of the consultation activity</p>
Actions required	<ul style="list-style-type: none"> • Ensure any BME groups are engaged and services are planned to ensure group are not negatively affected by changes to service delivery as lower responses were received on the consultation than indicated by the initial EqIA • Ensure users with a disability are engaged and services are planned and delivered at venues with sufficient access for adults and children with a disability • Engage service users from other religions to ensure any changes made as a result of the consultation are understood and services are planned as appropriate. • Ensure services for pregnant women are planned and delivered in areas of need so this target group continue to receive services required. • Ensure local lone parents are engaged with service redesign and are able to access services if they are relocated as a result of the consultation.
Previous judgement 02.07.2013	Medium Impact
Revised judgement 29.10.2013	Medium Impact – respondents were not overall significantly different from that anticipated from the original EqIA.

*All respondent numbers refer to users of Maypole Children’s Centre unless otherwise stated

Appendix A: Maypole full profile of respondents

*All respondent numbers refer to users of Maypole Children’s Centre unless otherwise stated

Profiles:

	User of...Maypole - Dartford			
	Use this Centre only		All users of this Centre	
Public				
Age: Under 20	0	0%	0	0%
Age: 20-25	6	6%	7	6%
Age: 36-30	14	14%	22	17%
Age: 31-35	41	41%	51	40%
Age: 36-40	17	17%	20	16%
Age: 41-45	12	12%	13	10%
Age: 46-50	2	2%	2	2%
Age: Over 50	6	6%	6	5%

Gender: Male	12	12%	13	10%
Gender: Female	85	84%	108	86%

EAL: No	85	84%	109	87%
EAL: Yes	6	6%	6	5%

Ethnicity: White British	78	77%	99	79%
Ethnicity: White Irish	1	1%	1	1%
Ethnicity: White Gypsy/Roma	0	0%	0	0%
Ethnicity: White Irish Traveller	0	0%	0	0%
Ethnicity: White Other	3	3%	4	3%
Ethnicity: Mixed White & Black Caribbean	0	0%	0	0%
Ethnicity: Mixed White & Black African	0	0%	0	0%
Ethnicity: Mixed White & Asian	0	0%	0	0%
Ethnicity: Mixed Other	0	0%	0	0%
Ethnicity: Arab	0	0%	0	0%
Ethnicity: Asian or Asian British Indian	4	4%	5	4%
Ethnicity: Asian or Asian British Pakistani	0	0%	0	0%
Ethnicity: Asian or Asian British Bangladeshi	0	0%	0	0%
Ethnicity: Asian Other	0	0%	0	0%
Ethnicity: Chinese	2	2%	2	2%
Ethnicity: Black or Black British Caribbean	1	1%	1	1%
Ethnicity: Black or Black British African	1	1%	1	1%
Ethnicity: Black Other	0	0%	0	0%
Ethnicity: Other	2	2%	2	2%

Religion: Christian	55	54%	64	51%
Religion: Buddhist	0	0%	0	0%
Religion: Hindu	0	0%	0	0%
Religion: Jewish	0	0%	0	0%
Religion: Muslim	0	0%	0	0%
Religion: Sikh	3	3%	4	3%
Religion: Other	3	3%	4	3%
Religion: None	24	24%	34	27%

Married/Civil Part/Cohabiting	88	87%	111	88%
Separated/Divorced/Widowed	3	3%	4	3%
Single	2	2%	2	2%

	User of...Maypole - Dartford			
	Use this Centre only		All users of this Centre	
Disability: Limited a lot	3	3%	3	2%
Disability: Limited a little	3	3%	4	3%
Disability: No	84	83%	107	85%

Sexuality: Bi/Bisexual	2	2%	2	2%
Sexuality: Heterosexual/Straight	87	86%	111	88%
Sexuality: Gay woman/Lesbian	0	0%	0	0%
Sexuality: Gay man	0	0%	0	0%
Sexuality: Other	0	0%	0	0%
Gender not the same as at birth	0	0%	0	0%

Base: Public - Use this Centre only (101), All users of this Centre (126)

**Equality Impact Assessment Initial Screening post-consultation update
Children's Centre: Merry-Go-Round**

Location	Westerham, Sevenoaks
Proposal	Closure
Rationale for proposal	<ul style="list-style-type: none"> • Located in an area of low need (population) • 52% (190) of users attended another Children's Centre in Kent. Mainly Spring House, Edenbridge and Dunton Green.
Consultation Feedback Summary (questionnaires)	<p>A total of 51 members of the public and just 12 professionals objected to the closure of Merry-Go Round Children's Centre. Of these 51 members of the public, 20 objected only to the closure of Merry-Go Round.</p> <p>Almost a third (31%) of the members of the public objecting to the proposed closure of Merry-Go Round indicate that they will not use Children's Centres at all as a result (which is higher than the average across all objectors, of 26%).</p> <p>Only 22 users of Merry-Go Round Children's Centre (and 13 sole users) responded to the consultation, representing around 6% of all users of the Centre. The overwhelming majority (95%) disagree to some extent with this proposal. Of the 13 sole users of Merry-Go Round objecting to the proposal, 11 indicated that they 'will not use Children's Centres at all' as a result of the proposed closure.</p>
Conclusions from consultation evidence by protected characteristic	In comparison with all those responding to proposal one, those objecting to the closure of Merry-Go Round are more likely to be lone parents and/or parents from ethnic minority groups.
	Age: A significantly lower percentage of respondents* were aged 20-25 from Merry-Go-Round than the county average and a lower percentage of respondents were aged 26-30 from Merry-Go-Round than the county average. No responses were received from services users aged under 20. A significantly higher percentage of respondents were aged 31-40 than the county average. This supports the initial screening assumptions that lower numbers of teenage parents might be affected as a result of the centre closing.
	Disability: Less than five responses were received to the consultation from users identifying themselves as having some limiting form of disability. As a percentage this is broadly in line with county responses but in terms of actual numbers seems to support the initial screening that identified that the Merry-Go-Round catchment has a lower level of need than the Kent average in terms of working aged permanently sick/ disabled (volume).
	Gender: A higher number of responses were received from females to the consultation for Merry-Go-Round than the county average.
	Gender identity: No respondents identified themselves as having a gender different to that at their birth.
	Race: A higher proportion of responses were received from White Other service users than the county average. This seems to support the initial screening assumption that White service users could be more affected by changes than other BME groups.
	Religion or belief: A significantly higher percentage of respondents using Merry-Go-Round classified themselves as Christian

Page 205

*All respondent numbers refer to users of Merry-Go-Round Children's Centre unless otherwise stated

	<p>than the county average. A lower percentage stated they had no religion and no responses were received from services users with any other stated religion.</p> <p>Sexual orientation: A higher percentage of respondents using Merry-Go-Round classified themselves as heterosexual than the county average. No responses were received from services users of any other sexual orientation.</p> <p>Pregnancy and maternity: 206 pregnant women responded to the consultation, of which 96% disagreed with proposals to reduce the number of Children's Centres. Of these 26% stated that they would not use any other Children's Centre were their local Centre to close.</p> <p>Marriage and Civil Partnerships: A higher proportion of respondents from Merry-Go-Round were married, cohabiting or in a civil partnership than the county average. As such a lower proportion of single parents responded to the consultation than the county average. This confirms the presumption in the initial screening that lone parents are underrepresented amongst Merry-Go-Round services users.</p> <p>Carers responsibilities: Carer data was not gathered as part of the consultation activity</p>
<p>Actions required</p>	<ul style="list-style-type: none"> • Ensure Young Parents are engaged with services and are not negatively affected by changes to service delivery. • Ensure any other White groups are engaged and services are planned to ensure group are not negatively affected by changes to service delivery • Engage service users from other religions to ensure any changes made as a result of the consultation are understood and services are planned as appropriate. Ensure Christian service users are not adversely affected by any proposed changes. • Ensure services for pregnant women are planned and delivered in areas of need so this target group continue to receive services required. • Ensure local lone parents are engaged with service redesign and are able to access services if they are relocated as a result of the consultation.
<p>Previous judgement (02.07.13)</p>	<p>Medium impact</p>
<p>Revised judgement (04.11.13)</p>	<p>Medium impact</p>

*All respondent numbers refer to users of Merry-Go-Round Children's Centre unless otherwise stated

Appendix A: Merry-Go-Round full profile of respondents

*All respondent numbers refer to users of Merry-Go-Round Children’s Centre unless otherwise stated

Profiles:

User of...Merry-Go-Round - Sevenoaks & Swanley				
	Use this Centre only		All users of this Centre	
Age: Under 20	0	0%	0	0%
Age: 20-25	0	0%	0	0%
Age: 36-30	1	8%	3	14%
Age: 31-35	8	62%	9	41%
Age: 36-40	4	31%	8	36%
Age: 41-45	0	0%	2	9%
Age: 46-50	0	0%	0	0%
Age: Over 50	0	0%	0	0%

Public

Gender: Male	0	0%	1	5%
Gender: Female	13	100%	21	95%

EAL: No	11	85%	20	91%
EAL: Yes	1	8%	1	5%

Ethnicity: White British	11	85%	19	86%
Ethnicity: White Irish	0	0%	0	0%
Ethnicity: White Gypsy/Roma	0	0%	0	0%
Ethnicity: White Irish Traveller	0	0%	0	0%
Ethnicity: White Other	1	8%	2	9%
Ethnicity: Mixed White & Black Caribbean	0	0%	0	0%
Ethnicity: Mixed White & Black African	0	0%	0	0%
Ethnicity: Mixed White & Asian	0	0%	0	0%
Ethnicity: Mixed Other	0	0%	0	0%
Ethnicity: Arab	0	0%	0	0%
Ethnicity: Asian or Asian British Indian	0	0%	0	0%
Ethnicity: Asian or Asian British Pakistani	0	0%	0	0%
Ethnicity: Asian or Asian British Bangladeshi	0	0%	0	0%
Ethnicity: Asian Other	0	0%	0	0%
Ethnicity: Chinese	0	0%	0	0%
Ethnicity: Black or Black British Caribbean	0	0%	0	0%
Ethnicity: Black or Black British African	0	0%	0	0%
Ethnicity: Black Other	0	0%	0	0%
Ethnicity: Other	0	0%	0	0%

Religion: Christian	6	46%	13	59%
Religion: Buddhist	0	0%	0	0%
Religion: Hindu	0	0%	0	0%
Religion: Jewish	0	0%	0	0%
Religion: Muslim	0	0%	0	0%
Religion: Sikh	0	0%	0	0%
Religion: Other	0	0%	0	0%
Religion: None	5	38%	7	32%

Married/Civil Part/Cohabiting	11	85%	18	82%
Separated/Divorced/Widowed	0	0%	2	9%
Single	1	8%	1	5%

User of...Merry-Go-Round - Sevenoaks & Swanley				
	Use this Centre only		All users of this Centre	
Disability: Limited a lot	0	0%	0	0%
Disability: Limited a little	1	8%	2	9%
Disability: No	11	85%	19	86%

Sexuality: Bi/Bisexual	0	0%	0	0%
Sexuality: Heterosexual/Straight	11	85%	20	91%
Sexuality: Gay woman/Lesbian	0	0%	0	0%
Sexuality: Gay man	0	0%	0	0%
Sexuality: Other	0	0%	0	0%
Gender not the same as at birth	0	0%	0	0%

Base: Public - Use this Centre only (13), All users of this Centre (22)

**Equality Impact Assessment Initial Screening post-consultation update
Children's Centre: Pembury**

Location	Pembury, Tunbridge Wells
Proposal	Closure
Rationale for proposal	<ul style="list-style-type: none"> • Selected as local solution • Located in an area of low need (population) • 52% (95) of users also attended another Children's Centre in Kent.
Consultation Feedback Summary (questionnaires)	<p>A total of 82 members of the public and just 8 professionals objected to the closure of Pembury Children's Centre. Of these 82 members of the public, 42 objected only to the closure of Pembury.</p> <p>Just 17% of the members of the public objecting to the proposed closure of Pembury indicate that they will not use Children's Centres at all as a result (which is much lower than the average across all objectors, of 26%).</p> <p>A total of 33 users of Pembury Children's Centre (and 21 sole users) responded to the consultation, representing around 19% of all users of the Centre. The overwhelming majority (94%) disagree to some extent with this proposal. Of the 20 sole users of Pembury objecting to the proposal, 8 indicated that they 'will not use Children's Centres at all' as a result of the proposed closure.</p>
Conclusions from consultation evidence by protected characteristic	<p>General: In comparison with all those responding to proposal one, those objecting to the closure of Pembury are more likely to be lone parents and/or parents from ethnic minority groups, but less likely to be parents of children from low incomes.</p> <p>Age: A higher percentage of respondents were aged 31- 35 and over 50 from Pembury than the county average. A lower percentage of respondents were aged 20 - 25 from Pembury than the county average. No responses were received from services users aged under 20 and between 46 - 50. Need analysis (as set out in the initial screening) identified that the Pembury catchment area has a lower level of need in terms of teenage pregnancy. 17 consultation events were held at the centre or at other locations in Pembury, with other 200 parents/families attending. It is expected that parents would come from a broad and mixed age range.</p> <p>Disability: Less than five responses were received to the consultation from users identifying themselves as having some limiting form of disability. Centre records for September 2012 showed that no users were recorded as having a disability.</p> <p>Gender: A significantly higher number of responses were received from females to the consultation for Pembury than the county average. There was local consultation with fathers at the Dads group during the consultation.</p> <p>Gender identity: No respondents identified themselves as having a gender different to that at their birth.</p> <p>Race: Less than five responses were received from BME groups. Information from the initial screening indicates 8% of users at Pembury were BME although the data also identifies that 25% chose not to record their ethnicity. This tends to suggest that there was a lower level of responses from users of the centre were from BME groups. However, 17 consultation events were</p>

*All respondent numbers refer to users of Pembury Children's Centre unless otherwise stated

	<p>held at the centre or at other locations in Pembury, with over 200 parents/families attending. It is expected that some parents/families attending were from different ethnic groups.</p> <p>Religion or belief: A significantly higher percentage of respondents using Pembury classified themselves as Christian than the county average. A lower percentage of respondents using Pembury classified themselves as having no religion. No responses were received from services users who were Buddhist, Hindu, Jewish, Muslim or Sikh.</p> <p>Sexual orientation: No responses were received from services users who were bisexual, lesbian or gay.</p> <p>Pregnancy and maternity: 206 pregnant women responded to the consultation, of which 96% disagreed with proposals to reduce the number of Children's Centres. Of these 26% stated that they would not use any other Children's Centre were their local Centre to close. Three consultation events were held at the centre with new parents.</p> <p>Marriage and Civil Partnerships: A significantly higher proportion of respondents from Pembury were separated, divorced or widowed than the county average. 17 consultation events were held at the centre or at other locations in Pembury, with over 200 parents/families attending. It is expected that parents attending the events would cover a broad and mixed range in terms of marital status.</p> <p>Carers responsibilities: Carer data was not gathered as part of the consultation activity</p>
<p>Actions required</p> <p>Page 211</p>	<ul style="list-style-type: none"> • Improved data collection for disability, race, religion and sexuality. • Ensure any BME groups are engaged and services are planned to ensure group are not negatively affected by changes to service delivery • Ensure users with a disability are engaged and services are planned and delivered at venues with sufficient access for adults and children with a disability • Engage service users from other religions to ensure any changes made as a result of the consultation are understood and services are planned as appropriate. • Ensure services for pregnant women are planned and delivered in areas of need so this target group continue to receive services required. • Ensure young and lone parents are engaged with service redesign and are able to access services if they are relocated as a result of the consultation.
<p>Previous judgement (02/07/13)</p>	<p>Medium impact</p>
<p>Revised judgement (30/10/13)</p>	<p>Medium impact</p>

*All respondent numbers refer to users of Pembury Children's Centre unless otherwise stated

Appendix A: Pembury full profile of respondents

*All respondent numbers refer to users of Pembury Children’s Centre unless otherwise stated

Profiles:

	User of...Pembury - Tunbridge Wells			
	Use this Centre only		All users of this Centre	
Public				
Age: Under 20	0	0%	0	0%
Age: 20-25	2	10%	2	6%
Age: 36-30	4	19%	6	18%
Age: 31-35	6	29%	12	36%
Age: 36-40	3	14%	5	15%
Age: 41-45	2	10%	2	6%
Age: 46-50	0	0%	0	0%
Age: Over 50	4	19%	4	12%

Gender: Male	1	5%	1	3%
Gender: Female	20	95%	32	97%

EAL: No	21	100%	33	100%
EAL: Yes	0	0%	0	0%

Ethnicity: White British	17	81%	28	85%
Ethnicity: White Irish	0	0%	0	0%
Ethnicity: White Gypsy/Roma	0	0%	0	0%
Ethnicity: White Irish Traveller	0	0%	0	0%
Ethnicity: White Other	2	10%	2	6%
Ethnicity: Mixed White & Black Caribbean	0	0%	0	0%
Ethnicity: Mixed White & Black African	0	0%	0	0%
Ethnicity: Mixed White & Asian	1	5%	1	3%
Ethnicity: Mixed Other	0	0%	0	0%
Ethnicity: Arab	0	0%	0	0%
Ethnicity: Asian or Asian British Indian	0	0%	0	0%
Ethnicity: Asian or Asian British Pakistani	1	5%	1	3%
Ethnicity: Asian or Asian British Bangladeshi	0	0%	0	0%
Ethnicity: Asian Other	0	0%	0	0%
Ethnicity: Chinese	0	0%	0	0%
Ethnicity: Black or Black British Caribbean	0	0%	0	0%
Ethnicity: Black or Black British African	0	0%	0	0%
Ethnicity: Black Other	0	0%	0	0%
Ethnicity: Other	0	0%	0	0%

Religion: Christian	11	52%	18	55%
Religion: Buddhist	0	0%	0	0%
Religion: Hindu	0	0%	0	0%
Religion: Jewish	0	0%	0	0%
Religion: Muslim	0	0%	0	0%
Religion: Sikh	0	0%	0	0%
Religion: Other	0	0%	0	0%
Religion: None	8	38%	11	33%

Married/Civil Part/Cohabiting	15	71%	25	76%
Separated/Divorced/Widowed	3	14%	4	12%
Single	3	14%	3	9%

	User of...Pembury - Tunbridge Wells			
	Use this Centre only		All users of this Centre	
Disability: Limited a lot	0	0%	0	0%
Disability: Limited a little	0	0%	1	3%
Disability: No	18	86%	28	85%

Sexuality: Bi/Bisexual	0	0%	0	0%
Sexuality: Heterosexual/Straight	20	95%	29	88%
Sexuality: Gay woman/Lesbian	0	0%	0	0%
Sexuality: Gay man	0	0%	0	0%
Sexuality: Other	0	0%	0	0%
Gender not the same as at birth	0	0%	0	0%

Base: Public - Use this Centre only (21), All users of this Centre (33)

**Equality Impact Assessment Initial Screening post-consultation update
Children's Centre: Samphire**

Location	Aycliffe, Dover
Proposal	Part Time
Rationale for proposal	<ul style="list-style-type: none"> Local solution. 62% (449 users) also attended another Children's Centre in Kent.
Consultation Feedback Summary (questionnaires)	<p>A total of 139 members of the public and 15 professionals objected to the reduction in opening hours at Samphire Children's Centre. Of these 139 members of the public, 94 objected only to the reduction in opening hours at Samphire.</p> <p>Around 1 in 8 (12%) of the members of the public objecting to the proposed reduction in opening hours at Samphire indicate that they will not use Children's Centres at all as a result (which is similar to the average across all objectors).</p> <p>A total of 64 users of Samphire Children's Centre (and 31 sole users) responded to the consultation, representing around 10% of all users of the Centre. The vast majority (85%) disagree to some extent with this proposal. Of the sole users of Samphire responding to the consultation, 25% (7 individuals) indicated that they 'will not use Children's Centres at all' as a result of the proposed reduction in opening hours.</p>
Conclusions from consultation evidence by protected characteristic	General: In comparison with all those objecting to proposal 3, those objecting to the reduction in opening hours at Samphire are more likely to be lone parents and/or parents with children from low incomes.
	Age: A significantly higher percentage of respondents* were aged 25 – 35 from Samphire than the county average. There was a significantly lower percentage of respondents aged 36 – 40 from Samphire than the county average. No responses were received from services users aged under 20. Needs analysis for the centre (as set out in the initial screening) indicate that there is a higher level of need in terms of teenage pregnancy than the county average. However, there were two consultation events for Young Active Parents at a nearby centre where this provision is held. Two consultation events took place at Samphire. It is expected that parents attending the events would represent a broad and mixed age range.
	Disability: Less than five responses were received to the consultation from users identifying themselves as having some limiting form of disability. Registration data for the centre for September 2012 showed that less than 5 service users had a disability..
	Gender: The proportion of responses received from both females and males to the consultation for Samphire was in line with the county average.
	Gender identity: No respondents identified themselves as having a gender different to that at their birth.
	Race: A lower number of responses were received from White British service users than the county average. Less than 5 responses were received from other White groups and less than five responses were received from BME groups. This appears to be in line with registration data at the centre although ethnicity is not recorded for 25% of service users at Samphire. Consultation activity included a meeting with professionals from the Migrant Helpline.

*All respondent numbers refer to users of Samphire Children's Centre unless otherwise stated

	<p>Religion or belief: A lower percentage of respondents using Samphire classified themselves as Christian than the county average. Five responses were received from service users who were Muslim or who classified themselves as having another religion. No responses were received from services users who were Buddhist, Hindu or Jewish.</p>
	<p>Sexual orientation: A lower percentage of respondents using Samphire classified themselves as heterosexual than the county average. Less than 5 responses were received from services users who classified themselves as having another sexual orientation.</p>
	<p>Pregnancy and maternity: 206 pregnant women responded to the consultation, of which 96% disagreed with proposals to reduce the number of Children's Centres. Of these 26% stated that they would not use any other Children's Centre were their local Centre to close. Two consultation events took place at Samphire. It is expected that some parents attending the events would be pregnant or nursing mothers.</p>
	<p>Marriage and Civil Partnerships: A lower proportion of respondents from Samphire were married, cohabiting or in a civil partnership that the county average. Information on service users at Samphire (as set out in the initial screening) identified that 24% are lone parents on low income and 19% are lone parents living in high crime areas on large social housing estates. Two consultation events took place at Samphire. It is likely that parents attending the events would reflect a broad and mixed range relating to marital status.</p>
<p>Actions required</p>	<p>Carers responsibilities: Carer data was not gathered as part of the consultation activity</p> <ul style="list-style-type: none"> • Improve data collection for race, religion and sexuality. • Ensure any BME groups are engaged and services are planned to ensure group are not negatively affected by changes to service delivery • Ensure users with a disability are engaged and services are planned and delivered at venues with sufficient access for adults and children with a disability • Engage service users from other religions to ensure any changes made as a result of the consultation are understood and services are planned as appropriate. • Ensure services for pregnant women are planned and delivered in areas of need so this target group continue to receive services required. • Ensure young and lone parents are engaged with service redesign and are able to access services if they are relocated as a result of the consultation.
<p>Previous judgement (02/07/13)</p>	<p>Medium impact</p>
<p>Revised judgement (30/10/13)</p>	<p>Medium impact</p>

*All respondent numbers refer to users of Samphire Children's Centre unless otherwise stated

Appendix A: Samphire full profile of respondents

*All respondent numbers refer to users of Samphire Children’s Centre unless otherwise stated

Profiles:

User of...Sapphire - Dover				
	Use this Centre only		All users of this Centre	

Public

Age: Under 20	0	0%	0	0%
Age: 20-25	3	10%	10	16%
Age: 36-30	16	52%	25	39%
Age: 31-35	7	23%	15	23%
Age: 36-40	0	0%	4	6%
Age: 41-45	1	3%	3	5%
Age: 46-50	0	0%	1	2%
Age: Over 50	4	13%	4	6%

Gender: Male	3	10%	6	9%
Gender: Female	27	87%	56	88%

EAL: No	23	74%	52	81%
EAL: Yes	4	13%	6	9%

Ethnicity: White British	22	71%	50	78%
Ethnicity: White Irish	1	3%	1	2%
Ethnicity: White Gypsy/Roma	1	3%	1	2%
Ethnicity: White Irish Traveller	0	0%	0	0%
Ethnicity: White Other	1	3%	2	3%
Ethnicity: Mixed White & Black Caribbean	0	0%	0	0%
Ethnicity: Mixed White & Black African	0	0%	0	0%
Ethnicity: Mixed White & Asian	0	0%	0	0%
Ethnicity: Mixed Other	0	0%	0	0%
Ethnicity: Arab	1	3%	1	2%
Ethnicity: Asian or Asian British Indian	1	3%	1	2%
Ethnicity: Asian or Asian British Pakistani	0	0%	0	0%
Ethnicity: Asian or Asian British Bangladeshi	0	0%	0	0%
Ethnicity: Asian Other	0	0%	0	0%
Ethnicity: Chinese	0	0%	0	0%
Ethnicity: Black or Black British Caribbean	0	0%	0	0%
Ethnicity: Black or Black British African	0	0%	0	0%
Ethnicity: Black Other	0	0%	0	0%
Ethnicity: Other	0	0%	1	2%

Religion: Christian	10	32%	24	38%
Religion: Buddhist	0	0%	0	0%
Religion: Hindu	0	0%	0	0%
Religion: Jewish	0	0%	0	0%
Religion: Muslim	1	3%	3	5%
Religion: Sikh	0	0%	0	0%
Religion: Other	2	6%	2	3%
Religion: None	13	42%	27	42%

Married/Civil Part/Cohabiting	19	61%	44	69%
Separated/Divorced/Widowed	3	10%	5	8%
Single	5	16%	9	14%

User of...Sapphire - Dover				
	Use this Centre only		All users of this Centre	

Disability: Limited a lot	1	3%	2	3%
Disability: Limited a little	1	3%	1	2%
Disability: No	20	65%	50	78%

Sexuality: Bi/Bisexual	0	0%	0	0%
Sexuality: Heterosexual/Straight	25	81%	52	81%
Sexuality: Gay woman/Lesbian	0	0%	0	0%
Sexuality: Gay man	0	0%	0	0%
Sexuality: Other	1	3%	1	2%
Gender not the same as at birth	0	0%	0	0%

Base: Public - Use this Centre only (31), All users of this Centre (64)

**Equality Impact Assessment Initial Screening post-consultation update
Children's Centre: Squirrel Lodge**

Location	Furley Park, Ashford
Proposal	Closure
Rationale for proposal	<ul style="list-style-type: none"> • Located in an area of low need (population) • 70% (303) of users also attended another Children's Centre in Kent.
Consultation Feedback Summary (questionnaires)	<p>A total of 126 members of the public and 16 professionals objected to the closure of Squirrel Lodge Children's Centre. Of these 126 members of the public, 47 objected only to the closure of Squirrel Lodge, with the majority objecting to other Centre closures as well.</p> <p>Those members of the public who did object to the closure of Squirrel Lodge appear to be very similar in terms of their profile to all those responding to the public consultation questionnaire.</p> <p>Amongst this group, 17% (21 individuals) indicate that they will not use Children's Centres at all as a result of the proposed closure. A number of the open-ended comments are in praise of this particular Centre, but the key issue appears to be transport and accessibility.</p> <p>A total of 37 users of Squirrel Lodge (and 12 sole users) responded to the consultation, representing around 9% of all users of the Centre. The overwhelming majority (95%) disagree to some extent with this proposal. Of the 12 sole users of Squirrel Lodge responding to the consultation, 8 indicated that they 'will not use Children's Centres at all' as a result of the proposed closure.</p>
Conclusions from consultation evidence by protected characteristic	<p>Those members of the public who did object to the closure of Squirrel Lodge appear to be very similar in terms of their profile to all those responding to the public consultation questionnaire.</p> <p>Age: A significantly higher percentage of respondents were aged 36-40 from Squirrel Lodge than the county average and a higher percentage of respondents were aged 41-45 from Squirrel Lodge than the county average. No responses were received from services users aged under 25. This supports the initial screening assumptions that lower numbers of teenage parents might be affected as a result of the centre closing.</p> <p>Disability: Less than five responses were received to the consultation from users identifying themselves as having some limiting form of disability. This is broadly in line with information gathered in the initial screening.</p> <p>Gender: A significantly higher number of responses were received from males to the consultation for Squirrel Lodge than the county average and as such a lower number of responses were received from females.</p> <p>Gender identity: No respondents identified themselves as having a gender different to that at their birth.</p> <p>Race: The ethnicity of service users responding to the consultation are broadly comparable to those responding to the consultation countywide and are comparative to District figures</p>

*All respondent numbers refer to users of Squirrel Lodge Children's Centre unless otherwise stated

	<p>Religion or belief: A significantly higher percentage of respondents using Squirrel Lodge classified themselves as Christian than the county average and a lower percentage of respondents stated they had no religion than the county average. Less than five responses were received from service users from other religions.</p>
	<p>Sexual orientation: A significantly higher percentage of respondents using Squirrel Lodge classified themselves as heterosexual than the county average. No responses were received from services users of any other sexual orientation.</p>
	<p>Pregnancy and maternity: 206 pregnant women responded to the consultation, of which 96% disagreed with proposals to reduce the number of Children’s Centres. Of these 26% stated that they would not use any other Children’s Centre were their local Centre to close. Engagement activities were undertaken at groups linked with Squirrel Lodges attended by pregnant mothers and those with new babies to ensure their views were gathered. (see Appendix B)</p>
	<p>Marriage and Civil Partnerships: A significantly higher proportion of respondents from Squirrel Lodge were married, cohabiting or in a civil partnership that the county average. As such a lower proportion of single parents responded to the consultation than the county average.</p>
	<p>Carers responsibilities: Carer data was not gathered as part of the consultation activity</p>
<p>Actions required</p>	<ul style="list-style-type: none"> • Ensure young parents and teenage parents are engaged and services are planned to ensure group are not negatively affected by changes to service delivery • Engage service users from other religions to ensure any changes made as a result of the consultation are understood and services are planned as appropriate. • Engage service users of all sexual orientations to ensure any changes made as a result of the consultation are understood. • Ensure services for pregnant women are planned and delivered in areas of need so this target group continue to receive services required. • Ensure local lone parents are engaged with service redesign and are able to access services if they are relocated as a result of the consultation.
<p>Previous judgement (01.07.13)</p>	<p>Medium impact</p>
<p>Revised judgement (31.10.13)</p>	<p>Medium impact (with regard to religion or belief, sexual orientation and lone parents)</p>

*All respondent numbers refer to users of Squirrel Lodge Children’s Centre unless otherwise stated

Appendix A: Squirrel Lodge full profile of respondents

*All respondent numbers refer to users of Squirrel Lodge Children’s Centre unless otherwise stated

Profiles:

User of...Squirrel Lodge - Ashford				
	Use this Centre only		All users of this Centre	
Age: Under 20	0	0%	0	0%
Age: 20-25	0	0%	0	0%
Age: 36-30	2	17%	7	18%
Age: 31-35	5	42%	16	41%
Age: 36-40	3	25%	8	21%
Age: 41-45	2	17%	6	15%
Age: 46-50	0	0%	1	3%
Age: Over 50	1	8%	1	3%

Public

Gender: Male	3	25%	7	18%
Gender: Female	8	67%	31	79%

EAL: No	10	83%	35	90%
EAL: Yes	1	8%	3	8%

Ethnicity: White British	9	75%	32	82%
Ethnicity: White Irish	0	0%	0	0%
Ethnicity: White Gypsy/Roma	0	0%	1	3%
Ethnicity: White Irish Traveller	0	0%	0	0%
Ethnicity: White Other	1	8%	3	8%
Ethnicity: Mixed White & Black Caribbean	0	0%	0	0%
Ethnicity: Mixed White & Black African	0	0%	0	0%
Ethnicity: Mixed White & Asian	0	0%	0	0%
Ethnicity: Mixed Other	0	0%	0	0%
Ethnicity: Arab	0	0%	1	3%
Ethnicity: Asian or Asian British Indian	1	8%	1	3%
Ethnicity: Asian or Asian British Pakistani	0	0%	0	0%
Ethnicity: Asian or Asian British Bangladeshi	0	0%	0	0%
Ethnicity: Asian Other	0	0%	0	0%
Ethnicity: Chinese	1	8%	1	3%
Ethnicity: Black or Black British Caribbean	0	0%	0	0%
Ethnicity: Black or Black British African	0	0%	0	0%
Ethnicity: Black Other	0	0%	0	0%
Ethnicity: Other	0	0%	0	0%

Religion: Christian	7	58%	23	59%
Religion: Buddhist	0	0%	0	0%
Religion: Hindu	0	0%	0	0%
Religion: Jewish	0	0%	0	0%
Religion: Muslim	0	0%	1	3%
Religion: Sikh	0	0%	0	0%
Religion: Other	0	0%	0	0%
Religion: None	4	33%	13	33%

Married/Civil Part/Cohabiting	12	100%	35	90%
Separated/Divorced/Widowed	0	0%	3	8%
Single	0	0%	1	3%

User of...Squirrel Lodge - Ashford				
	Use this Centre only		All users of this Centre	
Disability: Limited a lot	0	0%	1	3%
Disability: Limited a little	0	0%	3	8%
Disability: No	12	100%	32	82%

Sexuality: Bi/Bisexual	0	0%	0	0%
Sexuality: Heterosexual/Straight	12	100%	38	97%
Sexuality: Gay woman/Lesbian	0	0%	0	0%
Sexuality: Gay man	0	0%	0	0%
Sexuality: Other	0	0%	0	0%
Gender not the same as at birth	0	0%	0	0%

Base: Public - Use this Centre only (12), All users of this Centre (39)

**Equality Impact Assessment Initial Screening post-consultation update
Children's Centre: St. Mary's**

Location	Faversham, Swale
Proposal	Closure
Rationale for proposal	<ul style="list-style-type: none"> • 51% (459) of users also attended another Children's Centre in Kent. Mainly Bysing Wood. • There is another KCC facility (a library) within 800m. The library already registers child births and has an area that could be used to deliver some other Children's Centre services.
Consultation Feedback Summary (questionnaires)	<p>A total of 459 members of the public and 48 professionals objected to the closure of St Mary's Children's Centre. Of these 459 members of the public, 376 objected only to the closure of St Mary's, with the proportion (at 82%) far higher than for the majority of the proposed closures.</p> <p>A third (33%) of the members of the public objecting to the proposed closure of St Mary's indicate that they will not use Children's Centres at all as a result (which is higher than the average across all objectors, of 26%). The most popular comments amongst those indicating that they 'will not use Children's Centres at all' as a result of the proposed closure of St Mary's are very much dominated by the issue of travel/accessibility:</p> <ul style="list-style-type: none"> • 'Will make travel to centres more difficult / alternative centres too distant' – 46% • 'Centre is close by / easily accessible' – 29% • 'Bad for people without cars / non-drivers' – 18% • 'Children's centres form a local community hub / chance to meet people' – 13% <p>A total of 393 users of St Mary's Children's Centre (and 226 sole users) responded to the consultation, representing as many as 38% of all users of the Centre. The overwhelming majority (98%) disagree to some extent with this proposal. Of the sole users of St Mary's objecting to the proposal, just over half (54%) indicated that they 'will not use Children's Centres at all' as a result of the proposed closure.</p>
Conclusions from consultation evidence by protected characteristic	<p>In comparison with all those responding to proposal one, those objecting to the closure of St Mary's are more likely to be parents of children from low incomes. In comparison with all those responding in a professional capacity, those objecting to the closure of St Mary's are <u>much</u> more likely to be categorised as 'other Health' (i.e. health excluding Health Visitors and midwives).</p> <p>Age: The age profile of service users responding to the consultation are broadly comparable to those responding to the consultation countywide.</p> <p>Disability: Twenty responses were received to the consultation from users identifying themselves as having some limiting form of disability. Responses from St Mary's service users regarding disability were broadly in line with county figures.</p> <p>Gender: The gender of service users responding to the consultation are broadly comparable to those responding to the</p>

Page 222

*All respondent numbers refer to users of St Mary's Children's Centre unless otherwise stated

	consultation countywide.
	Gender identity: No respondents identified themselves as having a gender different to that at their birth.
	Race: The race of service users responding to the consultation are broadly comparable to those responding to the consultation countywide.
	Religion or belief: A lower percentage of respondents using St Mary's classified themselves as Christian than the county average. Other responses received were broadly in line with county averages.
	Sexual orientation: The sexual orientation of service users responding to the consultation are broadly comparable to those responding to the consultation countywide.
	Pregnancy and maternity: 206 pregnant women responded to the consultation, of which 96% disagreed with proposals to reduce the number of Children's Centres. Of these 26% stated that they would not use any other Children's Centre were their local Centre to close. Engagement activities were undertaken at groups linked with St Mary's attended by pregnant mothers and those with new babies to ensure their views were gathered. (see Appendix B)
	Marriage and Civil Partnerships: The marital status of service users responding to the consultation are broadly comparable to those responding to the consultation countywide. Engagement activities indicate that lone parents were engaged during the consultation period (Appendix B).
	Carers responsibilities: Carer data was not gathered as part of the consultation activity
Page 223 Actions required	<ul style="list-style-type: none"> • Ensure users with a disability are engaged and services are planned and delivered at venues with sufficient access for adults and children with a disability • Engage service users from all religions to ensure any changes made as a result of the consultation are understood and services are planned as appropriate. • Ensure services for pregnant women are planned and delivered in areas of need so this target group continue to receive services required.
Previous judgement (02.07.13)	Medium impact
Revised judgement (04.11.13)	Medium impact

*All respondent numbers refer to users of St Mary's Children's Centre unless otherwise stated

Appendix A: St Mary's full profile of respondents

*All respondent numbers refer to users of St Mary's Children's Centre unless otherwise stated

Profiles:

User of...St. Mary's - Swale

User of...St. Mary's - Swale

Public

	Use this Centre only		All users of this Centre	
Age: Under 20	12	5%	16	4%
Age: 20-25	28	12%	44	11%
Age: 36-30	50	22%	95	24%
Age: 31-35	61	27%	123	31%
Age: 36-40	41	18%	63	16%
Age: 41-45	13	6%	25	6%
Age: 46-50	9	4%	10	3%
Age: Over 50	10	4%	10	3%

Gender: Male	18	8%	36	9%
Gender: Female	203	90%	349	89%

EAL: No	191	85%	344	88%
EAL: Yes	19	8%	23	6%

Ethnicity: White British	183	81%	331	84%
Ethnicity: White Irish	1	0%	2	1%
Ethnicity: White Gypsy/Roma	1	0%	1	0%
Ethnicity: White Irish Traveller	0	0%	0	0%
Ethnicity: White Other	16	7%	20	5%
Ethnicity: Mixed White & Black Caribbean	1	0%	1	0%
Ethnicity: Mixed White & Black African	1	0%	1	0%
Ethnicity: Mixed White & Asian	2	1%	3	1%
Ethnicity: Mixed Other	1	0%	3	1%
Ethnicity: Arab	0	0%	0	0%
Ethnicity: Asian or Asian British Indian	1	0%	1	0%
Ethnicity: Asian or Asian British Pakistani	0	0%	0	0%
Ethnicity: Asian or Asian British Bangladeshi	0	0%	0	0%
Ethnicity: Asian Other	0	0%	1	0%
Ethnicity: Chinese	0	0%	0	0%
Ethnicity: Black or Black British Caribbean	0	0%	0	0%
Ethnicity: Black or Black British African	1	0%	1	0%
Ethnicity: Black Other	0	0%	1	0%
Ethnicity: Other	0	0%	1	0%

Religion: Christian	90	40%	159	40%
Religion: Buddhist	2	1%	2	1%
Religion: Hindu	1	0%	2	1%
Religion: Jewish	1	0%	2	1%
Religion: Muslim	0	0%	0	0%
Religion: Sikh	0	0%	0	0%
Religion: Other	3	1%	4	1%
Religion: None	95	42%	170	43%

Married/Civil Part/Cohabiting	160	71%	285	73%
Separated/Divorced/Widowed	16	7%	21	5%
Single	32	14%	61	16%

	Use this Centre only		All users of this Centre	
Disability: Limited a lot	2	1%	4	1%
Disability: Limited a little	8	4%	16	4%
Disability: No	192	85%	340	87%

Sexuality: Bi/Bisexual	2	1%	4	1%
Sexuality: Heterosexual/Straight	192	85%	342	87%
Sexuality: Gay woman/Lesbian	1	0%	2	1%
Sexuality: Gay man	0	0%	0	0%
Sexuality: Other	3	1%	3	1%
Gender not the same as at birth	0	0%	0	0%

Base: Public - Use this Centre only (226), All users of this Centre (393)

**Equality Impact Assessment Initial Screening post-consultation update
Children's Centre: Swalecliffe**

Location	Faversham, Swale
Proposal	Closure
Rationale for proposal	<ul style="list-style-type: none"> Selected as local solution Located in an area of low need (population) 78% (317) of users also attended another Children's Centre in Kent.
Consultation Feedback Summary (questionnaires)	<p>A total of 232 members of the public and 29 professionals objected to the closure of Swalecliffe Children's Centre. Of these 118 members of the public, 63 objected only to the closure of Swalecliffe.</p> <p>Around a quarter (26%) of the members of the public objecting to the proposed closure of Swalecliffe indicate that they will not use Children's Centres at all as a result (which is the same as the average across all objectors). The most popular comments amongst those indicating that they 'will not use Children's Centres at all' as a result of the proposed closure of Swalecliffe are:</p> <ul style="list-style-type: none"> 'Will make travel to centres more difficult / alternative centres too distant' – 34% 'Bad for people without cars / non-drivers' – 14% 'Children's centres are necessary / important resources / a lifeline' – 14% <p>A total of 153 users of Swalecliffe Children's Centre (and 59 sole users) responded to the consultation, representing around 36% of all users of the Centre. The overwhelming majority (98%) disagree to some extent with this proposal. Of the sole users of Swalecliffe objecting to the proposal, 68% (40 individuals) indicated that they 'will not use Children's Centres at all' as a result of the proposed closure.</p>
Conclusions from consultation evidence by protected characteristic	In comparison with all those responding to proposal one, those objecting to the closure of Swalecliffe are more likely to be parents aged over 35, and less likely to be parents with children from low incomes.
	Age: A higher percentage of respondents were aged 36-40 from Swalecliffe than the county average. All other responses by age were broadly in line with the overall county average responses. No responses were received from services users aged under 20. This supports the initial screening assumptions that lower numbers of teenage parents might be affected as a result of the centre closing.
	Disability: Five responses were received to the consultation from users identifying themselves as having some limiting form of disability. This is comparable with the overall county responses.
	Gender: The gender of service users responding to the consultation are broadly comparable to those responding to the consultation countywide.
	Gender identity: No respondents identified themselves as having a gender different to that at their birth.

*All respondent numbers refer to users of Swalecliffe Children's Centre unless otherwise stated

	<p>Race: The ethnicity of service users responding to the consultation are broadly comparable to those responding to the consultation countywide. 11% of responses were received from non-White British respondents, which is line with District data gathered for the initial screening.</p> <p>Religion or belief: A higher percentage of respondents using Swalecliffe classified themselves as Christian than the county average and conversely a lower percentage of respondents stated they had no religion than the county average.</p> <p>Sexual orientation: The gender of service users responding to the consultation are broadly comparable to those responding to the consultation countywide. Less than 5 responses were received from services users of any other sexual orientation.</p> <p>Pregnancy and maternity: 206 pregnant women responded to the consultation, of which 96% disagreed with proposals to reduce the number of Children's Centres. Of these 26% stated that they would not use any other Children's Centre were their local Centre to close. Engagement activities were undertaken at groups linked with Swalecliffe attended by pregnant mothers and those with new babies to ensure their views were gathered. (see Appendix B)</p> <p>Marriage and Civil Partnerships: A higher proportion of respondents from Swalecliffe were married, cohabiting or in a civil partnership than the county average. As such a lower proportion of single parents responded to the consultation than the county average. This confirms the presumption in the initial screening that lone parents are underrepresented amongst Swalecliffe services users. However, engagement activities indicate that a broad range of vulnerable families were engaged during the consultation period (Appendix B).</p> <p>Carers responsibilities: Carer data was not gathered as part of the consultation activity</p>
Actions required	<ul style="list-style-type: none"> Engage service users from other religions to ensure any changes made as a result of the consultation are understood and services are planned as appropriate.
Previous judgement (02.07.13)	Medium impact
Revised judgement (01.11.13)	Low/Medium impact

Appendix A: Swalecliffe full profile of respondents

*All respondent numbers refer to users of Swalecliffe Children’s Centre unless otherwise stated

Profiles:

	User of...Swalecliffe - Canterbury			
	Use this Centre only		All users of this Centre	
Public				
Age: Under 20	0	0%	0	0%
Age: 20-25	7	12%	12	8%
Age: 36-30	6	10%	29	19%
Age: 31-35	15	25%	42	27%
Age: 36-40	11	19%	35	23%
Age: 41-45	10	17%	19	12%
Age: 46-50	0	0%	0	0%
Age: Over 50	10	17%	10	7%

Gender: Male	6	10%	9	6%
Gender: Female	49	83%	138	90%

EAL: No	53	90%	139	91%
EAL: Yes	0	0%	3	2%

Ethnicity: White British	49	83%	125	82%
Ethnicity: White Irish	2	3%	3	2%
Ethnicity: White Gypsy/Roma	0	0%	1	1%
Ethnicity: White Irish Traveller	0	0%	0	0%
Ethnicity: White Other	1	2%	4	3%
Ethnicity: Mixed White & Black Caribbean	0	0%	0	0%
Ethnicity: Mixed White & Black African	0	0%	1	1%
Ethnicity: Mixed White & Asian	0	0%	0	0%
Ethnicity: Mixed Other	0	0%	3	2%
Ethnicity: Arab	0	0%	0	0%
Ethnicity: Asian or Asian British Indian	0	0%	1	1%
Ethnicity: Asian or Asian British Pakistani	0	0%	0	0%
Ethnicity: Asian or Asian British Bangladeshi	0	0%	0	0%
Ethnicity: Asian Other	0	0%	0	0%
Ethnicity: Chinese	0	0%	0	0%
Ethnicity: Black or Black British Caribbean	0	0%	0	0%
Ethnicity: Black or Black British African	1	2%	1	1%
Ethnicity: Black Other	0	0%	0	0%
Ethnicity: Other	0	0%	0	0%

Religion: Christian	24	41%	60	39%
Religion: Buddhist	0	0%	0	0%
Religion: Hindu	0	0%	0	0%
Religion: Jewish	0	0%	1	1%
Religion: Muslim	1	2%	1	1%
Religion: Sikh	0	0%	0	0%
Religion: Other	3	5%	5	3%
Religion: None	22	37%	69	45%

Married/Civil Part/Cohabiting	44	75%	124	81%
Separated/Divorced/Widowed	2	3%	5	3%
Single	5	8%	9	6%

	User of...Swalecliffe - Canterbury			
	Use this Centre only		All users of this Centre	
Disability: Limited a lot	1	2%	3	2%
Disability: Limited a little	4	7%	5	3%
Disability: No	45	76%	129	84%

Sexuality: Bi/Bisexual	0	0%	1	1%
Sexuality: Heterosexual/Straight	48	81%	132	86%
Sexuality: Gay woman/Lesbian	0	0%	1	1%
Sexuality: Gay man	0	0%	0	0%
Sexuality: Other	2	3%	2	1%
Gender not the same as at birth	0	0%	0	0%

Base: Public - Use this Centre only (59), All users of this Centre (153)

**Equality Impact Assessment Initial Screening post-consultation update
Children's Centre: Temple Hill**

Location	Temple Hill, Dartford
Proposal	Part Time
Rationale for proposal	<ul style="list-style-type: none"> Local Solution – It is believed that the Children's Centre at Temple Hill is not in the best place to encourage families to attend. A reduction in hours at the Centre will enable an increase in the number of hours services are delivered off site in the community.
Consultation Feedback Summary (questionnaires)	<p>A total of 139 members of the public and 15 professionals objected to the reduction in opening hours at Temple Hill Children's Centre. Of these 139 members of the public, 97 objected only to the reduction in opening hours at Temple Hill.</p> <p>11% of the members of the public objecting to the proposed reduction in opening hours at Temple Hill indicate that they will not use Children's Centres at all as a result (which is slightly lower than the average across all objectors).</p> <p>A total of 79 users of Temple Hill Children's Centre (and 49 sole users) responded to the consultation, representing around 10% of all users of the Centre. The majority (78%) disagree to some extent with this proposal (which is lower than for the other 12 Centres affected by this proposal). Of the sole users of Temple Hill responding to the consultation, 19% (7 individuals) indicated that they 'will not use Children's Centres at all' as a result of the proposed reduction in opening hours.</p>
Conclusions from consultation evidence by protected characteristic	In comparison with all those objecting to proposal 3, those objecting to the reduction in opening hours at Temple Hill are more likely to be parents from ethnic minority groups and/or parents with English as an additional language, but less likely to be Children's Centre users.
	Age: A higher percentage of respondents were aged 20-25 and 31-35 from Temple Hill than the county average and a lower percentage of respondents were aged 26-30 and over 50 from Temple Hill than the county average. No responses were received from services users aged under 20. This is contrary to the initial screening that indicated that higher numbers of teenage parents might be affected as a result of changes to the operating hours of Temple Hill.
	Disability: Six responses were received to the consultation from users identifying themselves as having some limiting form of disability. A higher percentage of responses were received from respondents stating they had no form of disability than the county average. This is contrary to the initial screening that indicated that higher numbers of disabled service users might be affected as a result of changes to the operating hours of Temple Hill.
	Gender: The gender of service users responding to the consultation are broadly comparable to those responding to the consultation countywide.
	Gender identity: No respondents identified themselves as having a gender different to that at their birth.
	Race: A significantly lower number of responses were received from White British service users than the county average. As such a higher number of responses were received from White Other and Black British African respondents. 30% of responses

	<p>were received from BME groups to the consultation. This is a higher proportion than the 24% BME service users of Temple Hill as identified in the initial screening.</p> <p>Religion or belief: A lower percentage of respondents using Temple Hill classified themselves as having no religion than the county average. 12% of respondents stated a religion other than Christian, higher than the 3% county average.</p> <p>Sexual orientation: A higher percentage of respondents using Temple Hill classified themselves as heterosexual than the county average. Less than 5 responses were received from services users of any other sexual orientation.</p> <p>Pregnancy and maternity: 206 pregnant women responded to the consultation, of which 96% disagreed with proposals to reduce the number of Children's Centres. Of these 26% stated that they would not use any other Children's Centre were their local Centre to close.</p> <p>Marriage and Civil Partnerships: The sexual orientation of service users responding to the consultation are broadly comparable to those responding to the consultation countywide. The presumption in the initial screening is that lone parents are significantly overrepresented amongst Temple Hill services users.</p> <p>Carers responsibilities: Carer data was not gathered as part of the consultation activity</p>
Actions required	<ul style="list-style-type: none"> • Ensure users with a disability are engaged and services are planned and delivered at venues with sufficient access for adults and children with a disability • Engage service users from other religions to ensure any changes made as a result of the consultation are understood and services are planned as appropriate. • Ensure service users of all sexual orientations are engaged in service planning as a result of any changes to opening hours and services. • Ensure services for pregnant women are planned and delivered in areas of need so this target group continue to receive services required. • Ensure local lone parents are engaged with service redesign and are able to access services if they are relocated as a result of the consultation.
Previous judgement (02.07.13)	Medium impact
Revised judgement (01.11.13)	Medium impact (with respect to disability, religion and lone parents)

Appendix A: Temple Hill full profile of respondents

Profiles:

	User of...Temple Hill - Dartford			
	Use this Centre only		All users of this Centre	
Public				
Age: Under 20	0	0%	0	0%
Age: 20-25	9	18%	16	20%
Age: 36-30	10	20%	13	16%
Age: 31-35	15	31%	28	35%
Age: 36-40	8	16%	12	15%
Age: 41-45	3	6%	5	6%
Age: 46-50	2	4%	2	3%
Age: Over 50	1	2%	1	1%

Gender: Male	9	18%	9	11%
Gender: Female	40	82%	70	89%

EAL: No	38	78%	66	84%
EAL: Yes	10	20%	12	15%

Ethnicity: White British	29	59%	53	67%
Ethnicity: White Irish	0	0%	0	0%
Ethnicity: White Gypsy/Roma	0	0%	0	0%
Ethnicity: White Irish Traveller	0	0%	0	0%
Ethnicity: White Other	8	16%	9	11%
Ethnicity: Mixed White & Black Caribbean	1	2%	1	1%
Ethnicity: Mixed White & Black African	0	0%	0	0%
Ethnicity: Mixed White & Asian	0	0%	0	0%
Ethnicity: Mixed Other	1	2%	1	1%
Ethnicity: Arab	0	0%	0	0%
Ethnicity: Asian or Asian British Indian	0	0%	3	4%
Ethnicity: Asian or Asian British Pakistani	0	0%	0	0%
Ethnicity: Asian or Asian British Bangladeshi	0	0%	0	0%
Ethnicity: Asian Other	1	2%	1	1%
Ethnicity: Chinese	0	0%	0	0%
Ethnicity: Black or Black British Caribbean	2	4%	2	3%
Ethnicity: Black or Black British African	5	10%	5	6%
Ethnicity: Black Other	0	0%	0	0%
Ethnicity: Other	1	2%	2	3%

Religion: Christian	26	53%	39	49%
Religion: Buddhist	0	0%	0	0%
Religion: Hindu	0	0%	1	1%
Religion: Jewish	0	0%	0	0%
Religion: Muslim	2	4%	3	4%
Religion: Sikh	0	0%	2	3%
Religion: Other	2	4%	3	4%
Religion: None	15	31%	25	32%

Married/Civil Part/Cohabiting	37	76%	62	78%
Separated/Divorced/Widowed	3	6%	4	5%
Single	8	16%	11	14%

	User of...Temple Hill - Dartford			
	Use this Centre only		All users of this Centre	
Disability: Limited a lot	1	2%	1	1%
Disability: Limited a little	5	10%	5	6%
Disability: No	41	84%	71	90%

Sexuality: Bi/Bisexual	0	0%	1	1%
Sexuality: Heterosexual/Straight	45	92%	73	92%
Sexuality: Gay woman/Lesbian	0	0%	0	0%
Sexuality: Gay man	1	2%	1	1%
Sexuality: Other	0	0%	0	0%
Gender not the same as at birth	0	0%	0	0%

Base: Public - Use this Centre only (49), All users of this Centre (79)

**Equality Impact Assessment Initial Screening post-consultation update
Children's Centre: The Village**

Location	Folkestone, Shepway
Proposal	Closure of 1 Centre either Folkestone Early Years OR The Village
Rationale for proposal	<ul style="list-style-type: none"> Local solution – Centres are located 950m apart. Folkestone Early Years has a higher level of need than The Village Children's Centre in terms of total volume of need. Folkestone Early Years and The Village have similar levels of usage. Folkestone Early Years has slightly higher levels of sole usage. Folkestone Early Years offers better accommodation space, better value for money in relation to accommodation (Corporate landlord at The Village is £52,102 vs £6,308 at FEY).
Consultation Feedback Summary (questionnaires)	<p><u>The Village</u> A total of 258 members of the public and 41 professionals objected to the closure of The Village Children's Centre. Of these 258 members of the public, 86 objected only to the closure of The Village (although an additional 89 only objected to the closure of The Village and Folkestone Early Years Centre).</p> <p>Around a third (33%) of the members of the public objecting to the proposed closure of The Village indicate that they will not use Children's Centres at all as a result (which is slightly higher than the average across all objectors, of 26%). The most popular comments amongst those indicating that they 'will not use Children's Centres at all' as a result of the proposed closure of The Village are:</p> <ul style="list-style-type: none"> 'Will make travel to centres more difficult / alternative centres too distant' –20% 'Centres supplies help / counselling / advice / support / information' – 16% 'Children's centres form a local community hub / chance to meet people' – 14% 'Bad for people without cars / non-drivers' – 14% 'Very happy with my local centre / prefer it to others / we enjoy going there / only use this one' – 13% 'Centre is close by / easily accessible' – 13% 'Children's centres are necessary / important resources / a lifeline' – 13% <p>A total of 162 users of The Village Children's Centre (and 97 sole users) responded to the consultation, representing around 27% of all users of the Centre. The overwhelming majority (95%) disagree to some extent with this proposal. Of the sole users of The Village objecting to the proposal, 54% indicated that they 'will not use Children's Centres at all' as a result of the proposed closure.</p>
Conclusions from consultation evidence	In comparison with all those responding* to proposal one, those objecting to the closure of The Village are <u>much</u> more likely to be parents of children from low incomes (32% vs 24% of all members of the public responding to the consultation).

*All respondent numbers refer to users of The Village Children's Centre unless otherwise stated

by protected characteristic	Age: The age of service users responding to the consultation are broadly comparable to those responding to the consultation countywide. However, a higher number of respondents were aged 20-25 from The Village than the county average. These figures seem to support the initial screening assumptions that The Village has a higher level of need in terms of teenage pregnancy and young parents than the county average.
	Disability: 17 responses were received to the consultation from users identifying themselves as having some limiting form of disability. As a percentage of all responses received from The Village service users these figures are broadly in line with county averages.
	Gender: A higher number of responses were received from males to the consultation for The Village than the county average.
	Gender identity: No respondents identified themselves as having a gender different to that at their birth.
	Race: The ethnicity of service users responding to the consultation are broadly comparable to those responding to the consultation countywide. This is higher than suggested might be the case in the initial screening.
	Religion or belief: A higher percentage of respondents using The Village classified themselves as having no religion than the county average. Other responses were broadly in line with county averages.
	Sexual orientation: A higher percentage of respondents using The Village classified themselves as bisexual than the county average. Other responses were broadly in line with county averages.
	Pregnancy and maternity: 206 pregnant women responded to the consultation, of which 96% disagreed with proposals to reduce the number of Children's Centres. Of these 26% stated that they would not use any other Children's Centre were their local Centre to close.
	Marriage and Civil Partnerships: A lower proportion of respondents from The Village were married, cohabiting or in a civil partnership than the county average. A higher proportion of separated, divorced or widowed service users responded to the consultation than the county average and a higher proportion of single service users responded to the consultation than the county average. This confirms the presumption in the initial screening that lone parents are overrepresented amongst The Village services users.
Carers responsibilities: Carer data was not gathered as part of the consultation activity	
Actions required	<ul style="list-style-type: none"> • Ensure services for teenage parents and young parents are planned and delivered at venues with sufficient access for this target group. • Ensure users with a disability are engaged and services are planned and delivered at venues with sufficient access for adults and children with a disability • Ensure service remain accessible for service users irrespective of sexual orientation. • Ensure services for pregnant women are planned and delivered in areas of need so this target group continue to receive services required. • Ensure local lone parents are engaged with service redesign and are able to access services if they are relocated as a result of the consultation.
Previous judgement	Medium impact

*All respondent numbers refer to users of The Village Children's Centre unless otherwise stated

(02.07.13)	
Revised judgement (04.11.13)	Medium impact (with regards to Age, Disability and Marriage and Civil Partnerships)

Appendix A: The Village full profile of respondents

*All respondent numbers refer to users of The Village Children’s Centre unless otherwise stated

Profiles:

	User of...The Village - Shepway			
	Use this Centre only		All users of this Centre	
Public				
Age: Under 20	7	7%	9	6%
Age: 20-25	21	22%	30	19%
Age: 36-30	13	13%	29	18%
Age: 31-35	29	30%	46	28%
Age: 36-40	14	14%	24	15%
Age: 41-45	5	5%	8	5%
Age: 46-50	2	2%	5	3%
Age: Over 50	10	10%	10	6%

Gender: Male	19	20%	23	14%
Gender: Female	76	78%	136	84%

EAL: No	93	96%	150	93%
EAL: Yes	3	3%	8	5%

Ethnicity: White British	89	92%	137	85%
Ethnicity: White Irish	1	1%	2	1%
Ethnicity: White Gypsy/Roma	0	0%	2	1%
Ethnicity: White Irish Traveller	0	0%	1	1%
Ethnicity: White Other	3	3%	8	5%
Ethnicity: Mixed White & Black Caribbean	1	1%	1	1%
Ethnicity: Mixed White & Black African	0	0%	0	0%
Ethnicity: Mixed White & Asian	0	0%	0	0%
Ethnicity: Mixed Other	0	0%	1	1%
Ethnicity: Arab	0	0%	0	0%
Ethnicity: Asian or Asian British Indian	0	0%	0	0%
Ethnicity: Asian or Asian British Pakistani	0	0%	0	0%
Ethnicity: Asian or Asian British Bangladeshi	0	0%	0	0%
Ethnicity: Asian Other	0	0%	0	0%
Ethnicity: Chinese	0	0%	0	0%
Ethnicity: Black or Black British Caribbean	0	0%	0	0%
Ethnicity: Black or Black British African	0	0%	0	0%
Ethnicity: Black Other	0	0%	0	0%
Ethnicity: Other	1	1%	1	1%

Religion: Christian	41	42%	70	43%
Religion: Buddhist	0	0%	0	0%
Religion: Hindu	0	0%	0	0%
Religion: Jewish	0	0%	1	1%
Religion: Muslim	0	0%	1	1%
Religion: Sikh	0	0%	0	0%
Religion: Other	2	2%	3	2%
Religion: None	50	52%	76	47%

Married/Civil Part/Cohabiting	65	67%	112	69%
Separated/Divorced/Widowed	10	10%	16	10%
Single	21	22%	29	18%

	User of...The Village - Shepway			
	Use this Centre only		All users of this Centre	
Disability: Limited a lot	3	3%	6	4%
Disability: Limited a little	8	8%	11	7%
Disability: No	83	86%	136	84%

Sexuality: Bi/Bisexual	6	6%	6	4%
Sexuality: Heterosexual/Straight	86	89%	142	88%
Sexuality: Gay woman/Lesbian	1	1%	1	1%
Sexuality: Gay man	0	0%	0	0%
Sexuality: Other	0	0%	0	0%
Gender not the same as at birth	0	0%	0	0%

Base: Public - Use this Centre only (97), All users of this Centre (162)

**Equality Impact Assessment Initial Screening post-consultation update
Children's Centre: Tina Rintoul**

Location	Hersden, Canterbury
Proposal	Closure
Rationale for proposal	<ul style="list-style-type: none"> Selected as local solution - Creating a new catchment area split between Riverside Centre (Canterbury City) and The Poppy Children's Centre (Canterbury Coastal, Herne Bay) would enable greater emphasis on services rather than buildings and enable outreach to be increased equitably. Located in an area of low need (population) 49% (103) of users also attended another Children's Centre in Kent. Mainly Riverside and Little Hands.
Consultation Feedback Summary (questionnaires)	<p>A total of 89 members of the public and 23 professionals objected to the closure of Tina Rintoul Children's Centre. Of these 89 members of the public, 21 objected only to the closure of Tina Rintoul.</p> <p>Around a quarter (27%) of the members of the public objecting to the proposed closure of Tina Rintoul indicate that they will not use Children's Centres at all as a result (which is similar to the average across all objectors, of 26%). Travel/accessibility for those without cars are a key concern for this group.</p> <p>A total of 39 users of Tina Rintoul Children's Centre (and 21 sole users) responded to the consultation, representing around 12% of all users of the Centre. The overwhelming majority (95%) disagree to some extent with this proposal. Of the sole users of Tina Rintoul objecting to the proposal, around two-fifths (8 individuals) indicated that they 'will not use Children's Centres at all' as a result of the proposed closure.</p>
Conclusions from consultation evidence by protected characteristic	<p>In comparison with all those responding to proposal one, those objecting to the closure of Tina Rintoul are more likely to be lone parents and/or younger parents (aged 25 or under).</p> <p>Age: A higher percentage of respondents were aged 20-25 from Tina Rintoul than the county average and a significantly higher percentage of respondents were aged 31-35 from Tina Rintoul than the county average. No responses were received from services users aged under 20.</p> <p>Disability: Less than five responses were received to the consultation from users identifying themselves as having some limiting form of disability. A significantly higher percentage of respondents stated that they had no disability than the county average. This is in line with the previous initial screening that suggests the Tina Rintoul catchment has a lower level of need than the Kent average in terms of working aged permanently sick/ disabled (by volume).</p> <p>Gender: A higher number of responses were received from females to the consultation for Tina Rintoul than the county average. As such a lower no of response were received from males than the county average.</p> <p>Gender identity: No respondents identified themselves as having a gender different to that at their birth.</p> <p>Race: A higher number of responses were received from White British service users than the county average. This is higher</p>

*All respondent numbers refer to users of Tina Rintoul Children's Centre unless otherwise stated

	<p>than suggested might be the case in the initial screening.</p> <p>Religion or belief: A significantly higher percentage of respondents using Tina Rintoul classified themselves as Christian than the county average and a lower percentage stated they had no religion. This is comparable to the census data for the Canterbury District gathered in the initial screening.</p> <p>Sexual orientation: A higher percentage of respondents using Tina Rintoul classified themselves as heterosexual than the county average. No responses were received from services users of any other stated sexual orientation.</p> <p>Pregnancy and maternity: 206 pregnant women responded to the consultation, of which 96% disagreed with proposals to reduce the number of Children's Centres. Of these 26% stated that they would not use any other Children's Centre were their local Centre to close.</p> <p>Marriage and Civil Partnerships: A higher proportion of respondents from Tina Rintoul were single than the county average. As such a lower proportion of single parents responded to the consultation than the county average. This confirms the presumption in the initial screening that there is a higher proportion of lone parents amongst Tina Rintoul services users. Engagement activities also indicate that lone parents were engaged during the consultation period (Appendix B).</p> <p>Carers responsibilities: Carer data was not gathered as part of the consultation activity</p>
<p>Actions required</p>	<ul style="list-style-type: none"> • Ensure teenage parents are engaged and services are planned to guarantee this target group are not adversely affected should the proposal to close the Centre go ahead. • Ensure any BME groups are engaged and services are planned to ensure group are not negatively affected by changes to service delivery • Engage service users from other religions to ensure any changes made as a result of the consultation are understood and services are planned as appropriate. • Ensure services for pregnant women are planned and delivered in areas of need so this target group continue to receive services required. • Ensure local lone parents are engaged with service redesign and are able to access services if they are relocated as a result of the consultation.
<p>Previous judgement (01.07.13)</p>	<p>Medium impact</p>
<p>Revised judgement (01.11.13)</p>	<p>Medium impact</p>

Appendix A: Tina Rintoul full profile of respondents

*All respondent numbers refer to users of Tina Rintoul Children’s Centre unless otherwise stated

Profiles:

	User of...Tina Rintoul - Canterbury			
	Use this Centre only		All users of this Centre	
Public				
Age: Under 20	0	0%	0	0%
Age: 20-25	6	29%	8	21%
Age: 36-30	2	10%	7	18%
Age: 31-35	8	38%	17	44%
Age: 36-40	3	14%	4	10%
Age: 41-45	2	10%	2	5%
Age: 46-50	0	0%	0	0%
Age: Over 50	1	5%	1	3%

Gender: Male	0	0%	1	3%
Gender: Female	21	100%	38	97%

EAL: No	19	90%	37	95%
EAL: Yes	1	5%	1	3%

Ethnicity: White British	18	86%	36	92%
Ethnicity: White Irish	0	0%	0	0%
Ethnicity: White Gypsy/Roma	0	0%	0	0%
Ethnicity: White Irish Traveller	0	0%	0	0%
Ethnicity: White Other	1	5%	1	3%
Ethnicity: Mixed White & Black Caribbean	0	0%	0	0%
Ethnicity: Mixed White & Black African	0	0%	0	0%
Ethnicity: Mixed White & Asian	0	0%	0	0%
Ethnicity: Mixed Other	0	0%	0	0%
Ethnicity: Arab	0	0%	0	0%
Ethnicity: Asian or Asian British Indian	0	0%	0	0%
Ethnicity: Asian or Asian British Pakistani	0	0%	0	0%
Ethnicity: Asian or Asian British Bangladeshi	0	0%	0	0%
Ethnicity: Asian Other	0	0%	0	0%
Ethnicity: Chinese	0	0%	0	0%
Ethnicity: Black or Black British Caribbean	0	0%	0	0%
Ethnicity: Black or Black British African	0	0%	0	0%
Ethnicity: Black Other	0	0%	0	0%
Ethnicity: Other	1	5%	1	3%

Religion: Christian	14	67%	23	59%
Religion: Buddhist	0	0%	0	0%
Religion: Hindu	0	0%	0	0%
Religion: Jewish	0	0%	0	0%
Religion: Muslim	0	0%	0	0%
Religion: Sikh	0	0%	0	0%
Religion: Other	2	10%	2	5%
Religion: None	5	24%	13	33%

Married/Civil Part/Cohabiting	17	81%	31	79%
Separated/Divorced/Widowed	0	0%	1	3%
Single	4	19%	7	18%

	User of...Tina Rintoul - Canterbury			
	Use this Centre only		All users of this Centre	
Disability: Limited a lot	0	0%	0	0%
Disability: Limited a little	0	0%	1	3%
Disability: No	21	100%	38	97%

Sexuality: Bi/Bisexual	0	0%	0	0%
Sexuality: Heterosexual/Straight	19	90%	37	95%
Sexuality: Gay woman/Lesbian	0	0%	0	0%
Sexuality: Gay man	0	0%	0	0%
Sexuality: Other	0	0%	0	0%
Gender not the same as at birth	0	0%	0	0%

Base: Public - Use this Centre only (21), All users of this Centre (39)

**Equality Impact Assessment Initial Screening post-consultation update
Children's Centre: West Kingsdown**

Location	West Kingsdown, Sevenoaks and Swanley
Proposal	Part Time
Rationale for proposal	<ul style="list-style-type: none"> • Located in an area of low need (population)
Consultation Feedback Summary (questionnaires)	<p>A total of 56 members of the public and 15 professionals objected to the reduction in opening hours at West Kingsdown Children's Centre. Of these 56 members of the public, 16 objected only to the reduction in opening hours at West Kingsdown.</p> <p>Around a fifth (21%) of the members of the public objecting to the proposed reduction in opening hours at West Kingsdown indicate that they will not use Children's Centres at all as a result (which is higher than the average across all objectors).</p> <p>A total of 14 users of West Kingsdown Children's Centre (and just 8 sole users) responded to the consultation, representing around 6% of all users of the Centre. The vast majority (86%) disagree to some extent with this proposal. Of the 7 sole users of West Kingsdown responding to the consultation, 4 individuals indicated that they 'will not use Children's Centres at all' as a result of the proposed reduction in opening hours.</p>
Conclusions from consultation evidence by protected characteristic	In comparison with all those objecting to proposal 3, those objecting to the reduction in opening hours at West Kingsdown are more likely to be parents from ethnic minority groups and/or parents with English as an additional language.
	Age: A higher percentage of respondents* were aged 20-25 from West Kingsdown than the county average and a lower percentage of respondents were aged over 41-45 from West Kingsdown than the county average. No responses were received from services users aged under 20. This supports the initial screening assumptions that lower numbers of teenage parents might be affected as a result of the centre closing.
	Disability: Less than five responses were received to the consultation from users identifying themselves as having some limiting form of disability. This is in line with the findings of the initial screening that suggest the West Kingsdown catchment has a lower level of need than the Kent average in terms of working aged permanently sick/ disabled (volume) and a lower number of recorded service users with a limiting form of disability.
	Gender: A higher number of responses were received from females to the consultation for West Kingsdown than the county average. No responses were received from male users of West Kingsdown Children's Centre.
	Gender identity: No respondents identified themselves as having a gender different to that at their birth.
	Race: A significantly higher number of responses were received from White British service users than the county average. No responses were received from services users from any other ethnic background than White British. However, engagement activities were undertaken at groups linked with West Kingsdown attended by ethnic minority families to ensure their views were gathered. (see Appendix B)
	Religion or belief: A higher percentage of respondents using West Kingsdown classified themselves as Christian than the

*All respondent numbers refer to users of West Kingsdown Children's Centre unless otherwise stated

	<p>county average. No responses were received from services users with any other stated religion.</p> <p>Sexual orientation: A higher percentage of respondents using West Kingsdown classified themselves as heterosexual than the county average. No responses were received from services users of any other sexual orientation.</p> <p>Pregnancy and maternity: 206 pregnant women responded to the consultation, of which 96% disagreed with proposals to reduce the number of Children's Centres. Of these 26% stated that they would not use any other Children's Centre were their local Centre to close.</p> <p>Marriage and Civil Partnerships: A significantly higher proportion of respondents from West Kingsdown were married, cohabiting or in a civil partnership that the county average. No responses were received from services users that were separated, divorced or widowed.</p> <p>Carers responsibilities: Carer data was not gathered as part of the consultation activity</p>
Actions required	<ul style="list-style-type: none"> • Ensure young parents are engaged and services are planned to ensure this group are not negatively affected by any changes to service delivery as a result of the consultation outcomes. • Engage fathers to ensure their views are gathered and services are planned that are appropriate for their needs. • Ensure any BME groups are engaged and services are planned to ensure group are not negatively affected by changes to service delivery. • Engage service users from other religions to ensure any changes made as a result of the consultation are understood and services are planned as appropriate. • Ensure services for pregnant women are planned and delivered in areas of need so this target group continue to receive services required. • Ensure local lone parents are engaged with service redesign and are able to access services if they are relocated as a result of the consultation.
Previous judgement (02.07.13)	Medium impact
Revised judgement (04.11.13)	Medium impact (with regards to gender, religion or belief, sexual orientation)

*All respondent numbers refer to users of West Kingsdown Children's Centre unless otherwise stated

Appendix A: West Kingsdown full profile of respondents

*All respondent numbers refer to users of West Kingsdown Children’s Centre unless otherwise stated

Profiles:

User of...West Kingsdown - Sevenoaks & Swanley				
	Use this Centre only		All users of this Centre	
Age: Under 20	0	0%	0	0%
Age: 20-25	2	25%	3	21%
Age: 36-30	1	13%	3	21%
Age: 31-35	2	25%	4	29%
Age: 36-40	2	25%	3	21%
Age: 41-45	0	0%	0	0%
Age: 46-50	0	0%	0	0%
Age: Over 50	1	13%	1	7%

Public

Gender: Male	0	0%	0	0%
Gender: Female	8	100%	14	100%

EAL: No	8	100%	14	100%
EAL: Yes	0	0%	0	0%

Ethnicity: White British	8	100%	14	100%
Ethnicity: White Irish	0	0%	0	0%
Ethnicity: White Gypsy/Roma	0	0%	0	0%
Ethnicity: White Irish Traveller	0	0%	0	0%
Ethnicity: White Other	0	0%	0	0%
Ethnicity: Mixed White & Black Caribbean	0	0%	0	0%
Ethnicity: Mixed White & Black African	0	0%	0	0%
Ethnicity: Mixed White & Asian	0	0%	0	0%
Ethnicity: Mixed Other	0	0%	0	0%
Ethnicity: Arab	0	0%	0	0%
Ethnicity: Asian or Asian British Indian	0	0%	0	0%
Ethnicity: Asian or Asian British Pakistani	0	0%	0	0%
Ethnicity: Asian or Asian British Bangladeshi	0	0%	0	0%
Ethnicity: Asian Other	0	0%	0	0%
Ethnicity: Chinese	0	0%	0	0%
Ethnicity: Black or Black British Caribbean	0	0%	0	0%
Ethnicity: Black or Black British African	0	0%	0	0%
Ethnicity: Black Other	0	0%	0	0%
Ethnicity: Other	0	0%	0	0%

Religion: Christian	7	88%	8	57%
Religion: Buddhist	0	0%	0	0%
Religion: Hindu	0	0%	0	0%
Religion: Jewish	0	0%	0	0%
Religion: Muslim	0	0%	0	0%
Religion: Sikh	0	0%	0	0%
Religion: Other	0	0%	0	0%
Religion: None	1	13%	6	43%

Married/Civil Part/Cohabiting	7	88%	12	86%
Separated/Divorced/Widowed	0	0%	0	0%
Single	1	13%	2	14%

User of...West Kingsdown - Sevenoaks & Swanley				
	Use this Centre only		All users of this Centre	
Disability: Limited a lot	0	0%	0	0%
Disability: Limited a little	1	13%	1	7%
Disability: No	7	88%	13	93%

Sexuality: Bi/Bisexual	0	0%	0	0%
Sexuality: Heterosexual/Straight	8	100%	13	93%
Sexuality: Gay woman/Lesbian	0	0%	0	0%
Sexuality: Gay man	0	0%	0	0%
Sexuality: Other	0	0%	0	0%
Gender not the same as at birth	0	0%	0	0%

Base: Public - Use this Centre only (8), All users of this Centre (14)

**Equality Impact Assessment Initial Screening post-consultation update
Children's Centre: Woodgrove**

Location	Sittingbourne, Swale
Proposal	Closure
Rationale for proposal	<ul style="list-style-type: none"> 68% (410 users) also attended another Children's Centre in Kent, including Grove Park, Milton Court, Murston and Bysing Wood. There is another KCC facility (a library) within 800m. The library already registers child births and there may be opportunity to deliver or signpost to some other Children's Centre services.
Consultation Feedback Summary (questionnaires)	<p>A total of 378 members of the public and 34 professionals objected to the closure of Woodgrove Children's Centre. Of these 378 members of the public, 306 objected only to the closure of Woodgrove, with the proportion (at 81%) far higher than for the majority of the proposed closures.</p> <p>A quarter (25%) of the members of the public objecting to the proposed closure of Woodgrove indicate that they will not use Children's Centres at all as a result (which is very similar to the average across all objectors, of 26%). The most popular comments amongst those indicating that they 'will not use Children's Centres at all' as a result of the proposed closure of Woodgrove are:</p> <ul style="list-style-type: none"> 'Very happy with my local centre / prefer it to others' – 26% 'Will make travel to centres more difficult / alternative centres too distant' – 24% 'Centre is close by / easily accessible' – 27% 'Bad for people without cars / non-drivers' – 21% 'Children's centres form a local community hub / chance to meet people' – 14% <p>A total of 318 users of Woodgrove Children's Centre (and 144 sole users) responded to the consultation, representing as many as 36% of all users of the Centre. The overwhelming majority (96%) disagree to some extent with this proposal. Of the sole users of Woodgrove objecting to the proposal, 44% indicated that they 'will not use Children's Centres at all' as a result of the proposed closure.</p>
Conclusions from consultation evidence by protected characteristic	This analysis suggests that, in comparison with all those responding to proposal one, those objecting to the closure of Woodgrove are more likely to be parents of children from low incomes and/or parents who are married, cohabiting or in civil partnerships. In comparison with all those responding in a professional capacity, those objecting to the closure of Woodgrove are slightly more likely to be Health Visitors, midwives or providers of Children's Centre services.
	Age: The age profile of service users responding* to the consultation are broadly comparable to those responding to the consultation countywide
	Disability: The disability of service users responding to the consultation are broadly comparable to those responding to the consultation countywide. Previous analysis identified that the Woodgrove catchment has a lower level of need than the Kent

Page 247

*All respondent numbers refer to users of Woodgrove Children's Centre unless otherwise stated

	average in terms of working aged permanently sick/ disabled (volume).
	Gender: The gender of service users responding to the consultation are broadly comparable to those responding to the consultation countywide.
	Gender identity: Less than five respondents identified themselves as having a gender different to that at their birth.
	Race: A higher number of responses were received from White British service users than the county average. Responses received were broadly in line with the county ethnic profile and service users profile detailed in the initial screening.
	Religion or belief: The religious belief of service users responding to the consultation are broadly comparable to those responding to the consultation countywide.
	Sexual orientation: A higher percentage of respondents using Woodgrove classified themselves as heterosexual than the county average. Less than 5 responses were received from services users of any other sexual orientation. This is broadly comparable to service user data for the Canterbury District gathered in the initial screening.
	Pregnancy and maternity: 206 pregnant women responded to the consultation, of which 96% disagreed with proposals to reduce the number of Children's Centres. Of these 26% stated that they would not use any other Children's Centre were their local Centre to close. Engagement activities were undertaken at groups linked with Woodgrove attended by pregnant mothers and those with new babies to ensure their views were gathered. (see Appendix B)
	Marriage and Civil Partnerships: A significantly higher proportion of respondents from Woodgrove were married, cohabiting or in a civil partnership that the county average. As such a lower proportion of single parents responded to the consultation than the county average. This confirms the presumption in the initial screening that lone parents are underrepresented amongst Woodgrove services users. However, engagement activities indicate that lone parents were engaged during the consultation period (Appendix B).
	Carers responsibilities: Carer data was not gathered as part of the consultation activity
Actions required	<ul style="list-style-type: none"> • Engage BME groups as a priority to understand impact, plan services and ensure group are not negatively affected by potential changes to service delivery times or locations. • Engage service users of all sexual orientations to ensure any changes made as a result of the consultation are understood and services are planned as appropriate. • Ensure services for pregnant women are planned and delivered in areas of need so this target group continue to receive services required. • Ensure local lone parents are engaged with service redesign and are able to access services if they are relocated as a result of the consultation.
Previous judgement (02.07.13)	Medium impact
Revised judgement (04.11.13)	Medium impact

*All respondent numbers refer to users of Woodgrove Children's Centre unless otherwise stated

Appendix A: Woodgrove full profile of respondents

*All respondent numbers refer to users of Woodgrove Children’s Centre unless otherwise stated

Profiles:

	User of...Woodgrove - Swale			
	Use this Centre only		All users of this Centre	
Public				
Age: Under 20	5	3%	6	2%
Age: 20-25	20	14%	39	12%
Age: 36-30	30	21%	73	23%
Age: 31-35	39	27%	98	31%
Age: 36-40	24	17%	58	18%
Age: 41-45	13	9%	20	6%
Age: 46-50	1	1%	2	1%
Age: Over 50	14	10%	14	4%

Gender: Male	21	15%	33	10%
Gender: Female	121	84%	277	87%

EAL: No	138	96%	298	94%
EAL: Yes	3	2%	10	3%

Ethnicity: White British	130	90%	285	90%
Ethnicity: White Irish	0	0%	2	1%
Ethnicity: White Gypsy/Roma	0	0%	1	0%
Ethnicity: White Irish Traveller	0	0%	0	0%
Ethnicity: White Other	4	3%	12	4%
Ethnicity: Mixed White & Black Caribbean	1	1%	2	1%
Ethnicity: Mixed White & Black African	0	0%	0	0%
Ethnicity: Mixed White & Asian	0	0%	0	0%
Ethnicity: Mixed Other	1	1%	1	0%
Ethnicity: Arab	0	0%	0	0%
Ethnicity: Asian or Asian British Indian	1	1%	2	1%
Ethnicity: Asian or Asian British Pakistani	0	0%	0	0%
Ethnicity: Asian or Asian British Bangladeshi	0	0%	0	0%
Ethnicity: Asian Other	1	1%	1	0%
Ethnicity: Chinese	0	0%	0	0%
Ethnicity: Black or Black British Caribbean	0	0%	0	0%
Ethnicity: Black or Black British African	0	0%	0	0%
Ethnicity: Black Other	0	0%	0	0%
Ethnicity: Other	1	1%	2	1%

Religion: Christian	64	44%	159	50%
Religion: Buddhist	0	0%	0	0%
Religion: Hindu	0	0%	1	0%
Religion: Jewish	0	0%	0	0%
Religion: Muslim	0	0%	0	0%
Religion: Sikh	1	1%	1	0%
Religion: Other	2	1%	4	1%
Religion: None	63	44%	129	41%

Married/Civil Part/Cohabiting	115	80%	271	85%
Separated/Divorced/Widowed	7	5%	8	3%
Single	17	12%	28	9%

	User of...Woodgrove - Swale			
	Use this Centre only		All users of this Centre	
Disability: Limited a lot	1	1%	2	1%
Disability: Limited a little	7	5%	11	3%
Disability: No	124	86%	286	90%

Sexuality: Bi/Bisexual	0	0%	1	0%
Sexuality: Heterosexual/Straight	131	91%	289	91%
Sexuality: Gay woman/Lesbian	1	1%	3	1%
Sexuality: Gay man	0	0%	0	0%
Sexuality: Other	0	0%	0	0%
Gender not the same as at birth	1	1%	1	0%

Base: Public - Use this Centre only (144), All users of this Centre (318)

KENT COUNTY COUNCIL EQUALITY ANALYSIS / IMPACT ASSESSMENT (EqIA)

This document is available in other formats, Please contact cc.commissioning@kent.gov.uk or telephone on 01622 696678

Directorate: Families and Social Care

Name of policy, procedure, project or service

Children's Centre Future Service Options Programme – Consultation Proposal

(This EqIA builds on the EqIA undertaken in January 2012 on the Review of Kent's Children's Centres)

This EqIA is supported by 37 Centre level EQIAs for proposed closures and reduction to part time hours (see below).

What is being assessed?

Changes to Children's Centres Programme in Kent to operate as a Hub (Children's Centre Plus) and Link Centre model including a reconfiguration of services leading to a reduction of 24 centres (2 merge and relocate to one site. 7 are currently part time).

In addition;

- 13 centres reduce from full time to part time.
- 5 centres remain part time.
- 7 centres that are currently provided by third parties are managed by KCC.

Rationale for Centre closures and part times hours varies by Centre. Further information is provided in the Consultation Document at www.kent.gov.uk/childrenscentres.

In summary these Centres generally:

- Serve an area where smaller numbers of children and families need early support services
- The majority of Centre users also attend another Children's Centre

Some are also;

- Identified as largely signposting only and/or having little impact on user numbers in the surrounding area and/ or library is viewed as an essential community resource more so than the Children's Centre.
- Located within close proximity of another Centre.

Existing catchment areas of potential Centre closures would be reconfigured and merged to enable greater emphasis on services rather than buildings and enable outreach to be increased equitably.

October 2013

The proposal presents 16 Hubs across the County, 40 Link centres, and 18 part time link centres. This proposal has been aligned to CCG areas but CCG area boundaries have not been the basis for any decision making.

This proposal creates savings from administration, management and accommodation. Any changes to staffing structures will be subject to consultation with staff. Such consultation cannot take place until a decision has been made in relation to the reconfiguration of the Children's Centre Programme in Kent (anticipated December 2013). A separate EqIA will be undertaken for any restructuring of Children's Centre staffing, as required, and will be shared with staff through any subsequent consultation. (Some initial staffing data is provided in Appendix C).

Responsible Owner/ Senior Officer

Mairead MacNeil/ Karen Mills

Date of Initial Screening

2nd July 2013

Date of Full EqIA :

August – November 2013

Version	Author	Date	Comment
1.0	Amy Watson	24.04.2013	To support Options appraisal as submitted to Corporate Board 13.05.13
2.0	Clive Lever	May 2013	Reviewed and comments provided.
3.0	Amy Watson	24.06.2013	Wording updated to 'proposal' instead of 'option'. Minor amendments to incorporate corporate team's comments.
4.0	Equality and Diversity Team	01.07.13	Comments on version 3
5.0	Chris Barker	02.07.13	Updated to reflect Equality and Diversity Team comments
6.0	Matthew Mallett	21.11.13	Full EqIA using consultation responses
7.0	Matthew Mallett / Alister McClure	27.11.13	Updated with comments from Equality and Diversity team

Screening Grid

Characteristic	Could this policy, procedure, project or service affect this group less favourably than others in Kent? YES/NO If yes how?	Assessment of potential impact HIGH/MEDIUM LOW/NONE UNKNOWN		Provide details: a) Is internal action required? If yes what? b) Is further assessment required? If yes, why?	Could this policy, procedure, project or service promote equal opportunities for this group? YES/NO - Explain how good practice can promote equal opportunities
		Positive	Negative	Internal action must be included in Action Plan	If yes you must provide detail
Age Page 253	<p>Yes. Children’s Centres core purpose is to improve outcomes for young children and their families through reducing inequalities. Young children are classified as pre-birth to age 5.</p> <p>In 2011 there were 1,466,500 residents in the KCC area, 89,300 of these were 0-4 years old (6.1%)¹.</p> <p>In Kent, 42,480² children have been recorded as using a centre at least once between October 2011 and September 2012. 21 % were less than a year old, 24% were 1 year old, 21% were 2 years old, 16% were 3 years old, 12% were 4 years old and 5% were 5 years old.</p>	High	High	<p>a) Yes – Sustain current outreach services and invest in outreach provision to ensure all districts increase registrations and therefore families needs are assessed.</p> <p>Ensure measures are in place to enable vulnerable families (identified via CAF) to access services at alternative locations.</p> <p>Support current Children’s Centres users to understand how changes will affect them and to identify support available within hub and link model. (All children under 5 will remain entitled to access all Children’s Centres in the County).</p> <p>Children’s Centres will continue to signpost to age appropriate provision for children over 5.</p> <p>Due to a reduced number of centres work must be undertaken to ensure that hub and link centres are targeting those</p>	<p>Yes - Provision will be reduced at 37centres (13 proposed reduction to part time and 24 proposed closures). Reduced centres are generally in areas of low levels of need. A reduction in investment at these centres will enable higher level of investment in more needy areas and therefore reduce inequalities in outcomes for children under 5. Outreach services will remain in these areas.</p> <p>This proposal will enable greater emphasis on services rather than buildings and enable outreach to be increased equitably. By working as a hub and link centre model (with one catchment area) centres will be able to increase the proportion of under 5s registered at Children’s Centres. This will support the identification of families’ needs and enable services to be targeted at under 5s who are most in need.</p> <p>Through operating a hub and link model all families will continue to be offered a</p>

¹ Mid year population estimates, KCC

² E-start activity data

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 254</p>	<p>Teenage Parents are a key target group that access support through Children's Centres. In 2012, there were 4048 attendances at a service for teenage parents. This represents 1% of all Children's Centre attendances. (Not individuals)</p> <p>Between 2011 and 2031 it is estimated that the 0-4 population in the KCC area will reduce by 2.3%, to 87,200.</p>			<p>with the highest need across the merged catchment.</p> <p>b) Yes - Full Public Consultation on reduction of centres and reduced hours including identifying impacts of transport access for teenage parents.</p>	<p>service. Services will address locally identified need.</p> <p>It is likely that Children's Centres will continue to support slightly more 1 and 2 year olds than 3, 4 and 5 year olds in order to deliver successful early intervention and prevention.</p> <p>Teenage Parent Service are currently generally delivered at one or two Children's Centres within a district. Through the hub and link centre model (management) signposting to specialist services should increase e.g. Young Active Parents groups. A hub and link model may also increase the likelihood of teenage parents meeting and building peer support networks. A greater emphasis on services rather than buildings should support an increase in Teenage Parent registrations.</p>
<p>Disability</p>	<p>Yes - 7.6% of the population in the KCC area are claiming a disability benefit (3.6% aged 15 and under.)³</p> <p>0.7% of registered users at Children's Centres in 2011 stated they had a disability, a significantly lower proportion than the Kent figure.⁴</p> <p>Between October 2011 and</p>	<p>Medium</p>	<p>Medium</p>	<p>a) Yes – Ensure that parents and carers can access required information if they have print impairments, learning disabilities, are Deaf or hard-of-hearing, or would struggle to access standard print/standard English information in any other way because of their protected characteristics.</p> <p>Ensure measures are in place to enable vulnerable families (identified</p>	<p>Yes – Services will continue to address identified needs on an individual basis. Through a hub and link model centres will be able to share resources including best practice and specialist knowledge. Given the minimal numbers registered, a hub and link model may also increase the likelihood of disabled children and/ or disabled carers meeting and building peer support networks.</p> <p>Through the hub and link centre model</p>

³ KCC District Profiles; http://kent.gov.uk/your_council/kent_facts_and_figures/area_profiles.aspx

⁴ Source: eStart registrations November 2011

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 255</p>	<p>September 2012 0.26% of users (115 children) were recorded as having a disability. However, 99.7% of users do not have this information recorded.⁵</p> <p>Some Centres delivered targeted service for children with disabilities/ SEN. Details are incorporated within Centre level assessments.</p>			<p>via CAF) to access services (transport) at alternative locations. Ensure that disabled children and carers can continue to access services. See individual Centre EqIAs.</p> <p>Ensure that parents and carers are asked about disabilities at registration. Amend database to include a 'do not wish to answer' category and a 'no' category for disability.</p> <p>b) Yes - Full Public Consultation on reduction of centres and reduced hours - Targeted , a large number of disability records have either not been completed or users have not wished to disclose information and therefore it is difficult to measure impact.</p>	<p>(management) signposting to specialist services should increase.</p> <p>A greater emphasis on services rather than buildings will enable outreach to be increased equitably and therefore disabled children's registrations should increase. Through increased targeted work and shared specialist knowledge potential disability related needs should be identified earlier.</p> <p>Children's Centres will not discriminate directly or indirectly against any person because of their disability.</p>
<p>Gender</p>	<p>Yes - In Kent (all ages) 51% of the population are female and 49% are male. In 2012 94% of attendances at Children's Centres were made by a female parent or carer. 6% were made by a male parent or carer. Therefore, this will impact less favourably on females.</p> <p>51% of children who used a</p>	<p>Medium</p>	<p>High</p>	<p>a) Yes – service will address need identified regardless of gender.</p> <p>Continue to deliver 'dad's groups' and interventions targeted at male carers to increase engagement.</p> <p>b) Yes - Full Public Consultation on reduction of centres and reduced hours.</p>	<p>No - It is likely that Children's Centres will continue to support slightly more male under 5s. It is also likely that Children's Centres will continue to support more female carers than males.</p> <p>Yes - Currently some centres run targeted interventions for male carers and some do not. Through the hub and link centre model (management) signposting to these service should increase.</p>

⁵ Source: eStart Activity Data October 2011 – September 2012

	<p>Children's Centre between October 2011 and September 2012 were male and 49% were female. This is in line with the County population for this age group.</p> <p>There is also generally a disproportionately low number of men in part time work; therefore a reduction in operating hours could have a negative impact to gender equality</p>				<p>Children's Centres will not discriminate directly or indirectly against any person because of their gender.</p>
<p>Gender identity Page 256</p>	<p>Unknown - No impact has been identified at this stage due to a lack of information.</p>	<p>Unknown</p>	<p>Unknown</p>	<p>a) Yes – In line with KCC's Equality Strategy, KCC will seek to identify gender identity of Kent's residents. b) Yes - Full Public Consultation on reduction of centres and reduced hours. Genders identify questions incorporated. This impact assessment will be updated when such information is available.</p>	<p>Yes - There is an opportunity to promote good practice. Children's Centres will not discriminate directly or indirectly against any person because of their gender identity.</p>
<p>Race</p>	<p>This could impact Black or Minority Ethnic (BME) less favourably as a larger proportion of registered Children's Centres users are BME compared to County populations.</p> <p>In Kent 89% of the population are White British, 6.3% are BME.</p>	<p>Medium</p>	<p>Medium</p>	<p>a) Yes – Ensure language information and ethnicity information is obtained for all families at registration.</p> <p>Ensure that parents and carers can access required information if English is a second language, or they would struggle to access standard print/ standard English information in any other way because of their protected characteristics.</p> <p>Ensure that high levels of BME parents in</p>	<p>Yes – Services will continue to address identified needs on an individual basis. Through a hub and link model centres will be able to share resources including best practice and specialist knowledge e.g. English as an additional language. Given the minimal numbers registered, a hub and link model may also increase the likelihood of families with English as an additional language meeting and building peer support networks.</p>

Of the children who attended a Children’s Centre between October 2011 and September 2012, 64% were White British, 13% were BME and 23% chose not to record their ethnicity.

Language information has not been obtained for 90% of families using Children’s Centres in Kent.⁶ Where information is available, English has been recorded as the first language for 9.32% of users. Polish has been recorded as the second largest proportion at 0.15% (63 users).

The majority of Families with English as an additional language and families from ethnic minority communities (including Gypsy/Roma communities in Canterbury) have been identified in previous Equality Impact Assessments as being particularly vulnerable and hard-to-reach with Children’s Centre services.

MOSAIC classifications of families attending Children’s Centres in Kent between June 2011 and June 2012

certain areas are able to access the consultation and respond.

b) Yes - Full Public Consultation on reduction of centres and reduced hours. Race identification question incorporated. This impact assessment will be updated when language information is available.

Through the hub and link centre model (management) signposting to specialist services should increase.

A greater emphasis on services rather than buildings will enable outreach to be increased equitably including to Gypsy/ Roma communities, families with English as an additional language and White British to reflect local populations.

Children’s Centres will not discriminate directly or indirectly against any person because of their race.

⁶ As at 1st October 2012

	identified an overrepresentation amongst young professionals with children, many living in ethnically diverse neighbourhoods.				
<p>Religion or belief</p> <p>Page 258</p>	In Kent in the 2011 census 62.5% of the population have recorded their religion as Christian, 0.5% as Buddhist, 0.8% as Hindu, 0.12% as Jewish, 1% as Muslim, 0.72% as Sikh and 0.4% as other religion. 26.8% have stated no religion and 7.3% have not stated if a religion or not. Religion of Children's Centre users is unknown.	Unknown	Unknown	<p>a) Yes – Ensure religion or belief information is obtained for all families at registration.</p> <p>b) Yes - Full Public Consultation on reduction of centres and reduced hours. Religion or belief question incorporated. This impact assessment will be updated when language information is available.</p>	<p>Children's Centres will not discriminate directly or indirectly against any person because of their religion or belief.</p> <p>Targeted services have previously been run in some communities to increase knowledge of all religions. This work will continue.</p>
<p>Sexual orientation</p>	<p>Sexual Orientation data is collected for parents and carers but due to the low number of responses is not valid.</p> <p>Sexual orientation is not a relevant consideration for under 5s</p>	Unknown	Unknown	<p>a) Yes – Continue to collect sexual orientation information</p> <p>b) Yes - Full Public Consultation on reduction of centres and reduced hours. Sexual Orientation question incorporated. This impact assessment will be updated when sexual orientation information is available.</p>	<p>Children's Centres will not discriminate directly or indirectly against any person because of their sexual orientation.</p>
<p>Pregnancy and maternity</p>	Children's Centres core purpose is to improve outcomes for young children and their families through	Low	High	<p>a) Work with Health partners to ensure provision continues at proposed part time link centres, link centres and Hubs. Continued information sharing to identify</p>	<p>Provision will be reduced at 24 centres and provision will be increased accordingly at hub and link centres. This will not affect universal access to Health services or</p>

	<p>reducing inequalities. Young children are classified as pre-birth to age 5 and therefore this group will be impacted less favourably.</p> <p>Children’s Centres offer a range of pre-birth and maternity services. This proposal does not plan to make any changes to current health visitor services and maternity services delivered at the majority of Children’s Centres in Kent. There will potentially be an impact on services at;</p> <ul style="list-style-type: none"> • Little Painters • Squirrel Lodge, • Apple Tree, • Briary, • St. Mary’s, • New Romney, • Woodgrove • Maypole, • Tina Rintoul, • The Buttercup, • The Daisy, • The Village <p>There will be no change to health services delivered in other community buildings i.e. as outreach,</p>			<p>families most in need of support.</p> <p>b) Yes – See Centre level EqIAs. Further engagement with Health colleagues required. EqIA to be updated accordingly.</p>	<p>Health Visitor home visits.</p> <p>It is not expected that Health services will reduce at Part Time centres. As opening hours will be determined locally to reflect need.</p>
<p>Marriage and Civil Partnerships</p>	<p>This is not applicable for under 5 age group. In Kent 48.8% of the</p>	<p>Low (based on</p>	<p>Medium (based on</p>	<p>a) Yes – Investigate feasibility of collecting marriage and civil partnership information at registration.</p>	<p>Yes – Services will continue to address identified needs on an individual basis. Lone Parent will remain a target group for</p>

	<p>population 16 years and over are married, 0.2% are in same sex civil partnerships, 31.3% are single, 2.8% are separated, 9.6% are divorced, 7.3% are widowed.</p> <p>This information is not available for Children's Centre users but MOSAIC classifications of families attending Children's Centres in Kent between June 2011 and June 2012 identified an overrepresentation amongst users for the following groups;</p> <ul style="list-style-type: none"> • Lone parents with young children, living in high crime areas on large social housing estates • Singles and lone parents on low incomes, renting terraces in town centres • Young singles and couples in small privately rented flats and terraces on moderate incomes. <p>It is therefore possible that this could impact singles less favourably.</p> <p>As lone parents are an Ofsted target group, there is the potential that couples,</p>	<p>information available)</p>	<p>information available)</p>	<p>b) Yes - Full Public Consultation on reduction of centres and reduced hours. Marriage and Civil Partnership question incorporated. This impact assessment will be updated when sexual orientation information is available.</p>	<p>Children's Centres in line with Ofsted requirements and will therefore seek to reduce inequalities in outcomes for lone parents and their children.</p>
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	<p>those married, civil partnerships or co-habiting may be negatively impacted. However, this is justifiable if services are delivered on the basis of need.</p>				
<p>Carer's responsibilities</p> <p style="text-align: center;">Page 261</p>	<p>Those children with a disability or families who have a caring responsibility may be impacted by the reconfiguration of approach.</p> <p>This section takes into account those who carry out a caring responsibility other than the parent/carer role. For information on the parent carer relationship please see the above sections.</p> <p>In Kent, 89.6% of the population do not provide unpaid care. 6.7% provide no unpaid care, 1.3% provide 20-49 hours of care, and 2.5% provide more than 50 hours.</p> <p>2.5% of those providing unpaid care are aged under 18 years. Of these, 0.1% are aged 5-7, 0.1% are aged 8-9, 0.3% are aged 10-11, 0.7% are aged 12-14, 0.3% are 15, and 0.8% are aged 16-17.</p>	<p>Low (based on information available)</p>	<p>Medium (based on information available)</p>	<p>a)- Yes- Investigate feasibility of gathering district level data on the number of those with an unpaid caring responsibility accessing children's centre services. b)- This impact assessment will be updated when carer's responsibilities information is available.</p>	<p>Yes- Children's Centres will continue to address needs on an individual basis. As a new protected characteristic, Children's Centres will look to ensure that the needs of carer's are identified.</p> <p>Disabled Children and Children with a Disabled parent are a target group for Children's Centres. Addressing the additional needs of carers will ensure that the best possible service provision is offered.</p>

October 2013

	There is no children-centre specific data available for the number of carers accessing services at children's centres				
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INITIAL SCREENING

Proportionality - Based on the answers in the above screening grid what weighting would you ascribe to this function – see Risk Matrix

Low	Medium	High
Low relevance or Insufficient information/evidence to make a judgement.	Medium relevance or Insufficient information/evidence to make a Judgement.	High relevance to equality, /likely to have adverse impact on protected groups

Proportionality

High – This proposal is likely to have an adverse impact on age, disability, gender and pregnancy and maternity protected characteristics. There is also likely to be an adverse impact on single (lone) parents.

Context

Kent’s Children’s Centre programme has been rolled out across the county over the last seven years in three phases, each within tight timescales and different financial constraints. Kent currently have 97 Children’s Centres in operation. All centres are slightly different depending on local need, their level of funding and the range of services they provide. Parents play a key role in influencing services that are provided. They operate from a range of buildings – from new purpose built centres, to refurbished spaces within existing buildings such as schools and from a range of delivery points in local communities. Currently we have 7 agreements in place with voluntary, community and statutory organisations to manage and deliver Children’s Centre services across eight centres. All the other centres are managed by KCC.

Children’s Centres are places where all children under five years old and their families can receive services and information. These services vary according to centre but may include:

- Integrated early education and childcare
- Support for families – including advice on parenting, local childcare options and access to specialist services for families
- Child and family health services – including health screening, health promotion, health visitor and midwifery services, and the healthy child programme.
- Helping parents into work – with links to Jobcentre Plus and training.

There have been recent reductions in government funding for children’s centres as well as changes to government policies about how Children’s Centres should work. This proposal seeks to align with;

- A revised core offer for Children’s centre
- Revised Children’s Centre Statutory Guidance (draft)
- Revised Ofsted Inspection Framework (April 2013)
- Reductions in Early Intervention Grant Funding

October 2013

- Health Visitor Implementation Plan

Aims and Objectives

In line with KCC's medium-term plan, Bold Steps for Kent, we need to change the way we work so we can continue to meet the needs of our children and their families with reduced budgets. Kent aims to achieve this by;

- Delivering savings of at least £1.5 million;
- Protecting services which improve health, education and social care;
- Continuing to offer parents and prospective parents a choice about which Centre they use;
- Ensuring we give support to those children and families who need it most;
- Improving co-ordination and access to a range of services for families with children aged 0-11 where at least one child in the family is under 5.

This proposal aims to save **at least** £1.5m by 2014/15.

Beneficiaries

The main beneficiary is the community of Kent, in particular those families with children between 0 – 5 years, including those families and young children who are the most vulnerable.

For example:

- Lone parents, young parents and mothers with post-natal depression.
- Parents with a learning difficulty or disability, or parents who have a child with a learning difficulty or disability.
- Migrant families or families where English is an additional language.
- Families with complex needs or where there is mental illness.
- Families who suffer from domestic violence or where there is substance or alcohol abuse.
- Families living in poverty and poor housing.

The Local Authority (LA) will benefit. Schools, Health Services, childcare providers and voluntary sector providers could benefit.

ASSESSMENT

Involvement and Engagement

(Information on Pre-consultation activity can be found at Appendix 1)

Consultation: Shaping the future of Children's Centres in Kent

The consultation "Shaping the future of Children's Centres in Kent" began on Thursday 4th July and ended on Friday 4th October. Information on the consultation was shared with County Councillors and notification of the consultation launch was sent to approximately 35,000 stakeholder email

addresses (including Borough/District and Parish Councillors, service delivery partners and registered Children's Centre users. Articles were posted on Knet, Kent.gov.uk and in Kmail and a promotional tab advertising the consultation remained on the front page of Kent.gov.uk throughout the duration of the consultation. The KCC Twitter account was also used to publicise the consultation on 4th July. Leaflets and posters were produced and distributed to advertise and promote the consultation.

A paper version of the consultation document was produced outlining the proposal for Kent Children's Centres and providing information on the Children's Centres proposed for closure or reduced operating hours as well as proposed future operating arrangements. The document contained a hard copy response form to the consultation for those unable to access the internet and Children's Centre staff assisted vulnerable users in completing the questionnaire.

The consultation questionnaire was made available online along with other background information including the consultation document, frequently asked questions, legal requirements, equality impact assessments (screening documents) and maps. The web home page for the consultation was viewed 15,403 times by 12,605 individual computers during the period of the live consultation.

Translations of the consultation document were made available on request. The consultation document has been translated into Russian, Polish and Nepali.

Throughout the consultation District Children's Centre Managers promoted the consultation to service users and professionals. Community Engagement Officers raised awareness at the local level and engaged with specific target groups and stakeholders to participate in the consultation. Focus groups were held with centres proposed for closure where the interim analysis of the consultation responses identified the need for further completion of questionnaires relating to those centres. In total, 1,032 events/activities were held across the county, highlighting the consultation to at least 26,034 attendees. Engagement activities included: Children's Centre drop-in events; Q&A sessions; facilitated discussions at existing groups; parental support to fill in consultation forms (online or hard copy) and attendance at community events to raise awareness⁷.

The authority was particularly interested to hear the views of people whom Children's Centre services are targeted at, including those who were under-represented amongst users, and those who were very high volume users.

This was to help identify the impact of our proposals. Target groups for the consultation included;

- Lone Parents

⁷ Further details can be found in the Children's Centre Post-consultation report appendices at www.kent.gov.uk/childrenscentres

October 2013

- Fathers⁸
- Teenage mothers⁹
- Teenage fathers
- Pregnant teenagers
- Parents aged 25 or under
- Parents aged over 35
- Parents of children from low income backgrounds
- Parents from minority ethnic groups
- White parents from low income backgrounds
- Gypsy, Roma and Traveller parents
- Parents with English as an additional language
- Lesbian, Gay and Transgender parents
- Disabled¹⁰ parents

Information was also collected relating to; religion, sexual orientation, gender and marital status to support the identification of equality impacts.

Consultation findings

6,008 consultation questionnaires were completed, 5,229 from members of the public and 779 from professionals (Four responses were received in Russian and these were translated.).

Appendix G of the Post Consultation report provides a detailed analysis of the consultation responses by proposal and affected Centre. In summary;

The vast majority of those electing to respond to the consultation disagree to some extent with reducing the number of Children's Centres (87%, 5,098 individuals/professionals.) Around 1 in 7 of the professionals responding support the proposals (including 23% of the nursery/pre-school staff responding to the consultation).

Amongst those members of the public who disagree with reducing the number of Children's Centres, 26% (1,174 individuals) indicate that they will not use Children's Centres at all as a result. Amongst those objecting to the proposal who feel that they will not use Children's Centres at all, travel is clearly a key concern. Other key concerns include the feeling that Centres form a local community hub and/or a chance to meet people.

⁸ For the purposes of the consultation "fathers" always refers to men with children aged 0-4 years old

⁹ For the purposes of the consultation "mothers" always refers to women with children aged 0-4 years old

¹⁰ For the purposes of the consultation "disabled" or "disability" always refers to respondents who indicated that "their day-to-day activities are limited a lot because of a health problem or disability which has lasted, or is expected to last, at least 12 months"

October 2013

64% (3,625 individuals/professionals) disagree with reducing hours at some Children's Centres; this is significantly lower than the level of disagreement to reduce the number of Children's Centres.

Amongst those members of the public who disagree with reducing hours at some Children's Centres, 15% (474 individuals) indicate that they will not use Children's Centres at all as a result.

Opinions are more divided with respect to linking Children's Centres to reduce administrative and management costs. Whilst 47% disagree (or disagree strongly) with the proposal, 25% support it. Around two-fifths (39%) of the professionals responding disagree with the proposals (rising to 53% of the Children's Centre staff responding to the consultation).

Amongst members of the public objecting to linking Children's Centres, a number are concerned over the proximity of services and the ability to travel. Other key concerns include the potential impact on quality and a perception that the proposals will lead to less help and support being available for parents, that services will be oversubscribed and that staff will be overstretched.

Consultation responses categorised by protected characteristic indicated that those under the Age (teenagers), Gender (fathers), Religion (Buddhist, Sikh and Other Religious parents), Pregnancy and maternity (respondents who will be a parent soon) and Marriage and Civil Partnerships (lone parents) categories were more likely to disagree with proposals to reduce the number of centres and reduce the opening hours at some centres than county average responses.

Responses from other protected characteristic groups, such as those with a Disability, Gender Identity, Race and Sexual Orientation were broadly the same as the county average.

Information and Data

Data used in Initial Screening can be found at Appendix 2

Data for Full Impact Assessment see Appendix 3 and 4

See also: post-consultation report for further details

Potential Impact

Adverse Impact:

Updated 27/11/2013

The initial screening identified the potential for there to be an adverse impact on the following groups;

- Under 5 year olds
- Teenage parents
- Lone parents
- Disabled children and children with SEN
- Female parents/ carers
- BME
- Pregnancy and Maternity

Impact was unknown for gender identity, religion or belief, sexual orientation and carer's responsibilities.

Post-consultation

The results of the consultation support the findings that proposals in question have the potential to adversely impact:

- Teenage mothers and teenage parents (age),
- Lone parents (marriage and civil partnerships)
- Expectant parents (pregnancy and maternity).

It did not identify a differential impact on disabled parents or BME groups and although responses were slightly higher from Sikh and Buddhist parents than county averages, response rates were very low from these particular target groups.

In addition consultation findings identified the potential for fathers to be adversely impacted. 8% of consultation responses were from males and 88% were from females. In comparison the initial screening identifies 6% males using Children's Centres and 94% females. When responding to the consultation a higher number of fathers objected to both the proposals to close and reduce the opening hours of Children's Centres than average responses across the county. The reasons for these fathers objecting are comparable to those stated in the judgement section below, namely that:

- Will make travel to centres more difficult / alternative centres too distant
- Children's centres form a local community hub / chance to meet people
- Very happy with my local centre / prefer it to others / we enjoy going there / only use this one
- Centre is close by / easily accessible

Positive Impact:

The initial screening identified the potential for there to be a positive impact on some vulnerable groups using the centres, particularly children under 5 years old, male parents/ carers, white British, disabled children, teenage parents and lone parents.

For example through:

- Increased targeting of provision to those most in need.
- Reinvesting resources from areas of less need to areas of high need
- An increase in outreach services and therefore increase in registrations and need assessments – identifying a family's needs earlier.
- Building on strong local partnerships and integrated working approaches currently in place.
- Improved signposting across hub and Link
- Shared knowledge, expertise and best practice across hub and link
- Increased likelihood of targeted group e.g. teenage parents building peer support networks.
- Improving access by under-represented groups
- Improving data collection for categories of data related to gender identity, religion and sexual orientation.

Impact is unknown for gender identity, religion or belief, sexual orientation or carer's responsibilities.

Post-consultation

The consultation did not identify that any protected characteristic grouping would be more positively impacted than another. The proportion of responses received agreeing with the consultation were from professionals from whom the highest group of responses agreeing with the proposals were received.

JUDGEMENT

Initial Screening

Option 1 – Screening Sufficient YES/**NO**

Justification: Further action is required. Full Impact Assessment to be undertaken following full Public Consultation.

Option 2 – Internal Action Required **YES**/NO

There is potential for adverse impact on particular groups and we have found scope to improve the proposal. Please see action plan.

Option 3 – Full Impact Assessment **YES**/NO

Post-consultation

The results of the consultation find that the proposals in question have the potential to adversely impact:

October 2013

- Teenage mothers and teenage parents (age),
- Lone parents (marriage and civil partnerships)
- Expectant parents (pregnancy and maternity).
- Fathers (gender)

Across all characteristics there are concerns about continued accessibility of services, the costs and difficulties of travelling to alternative locations and the reduction in opening hours and possible unsuitable hours. The response from families on a low income (as classified by MOSAIC analysis) show a similar level of objection to county responses. However, in this group, those respondents stating that they will use Children's Centre less often or will no longer use a Children's Centre because of the proposals the most popular reasons cited were:

- Will make travel to centres more difficult / alternative centres too distant
- Children's centres form a local community hub / chance to meet people
- Very happy with my local centre / prefer it to others / we enjoy going there / only use this one
- Centre is close by / easily accessible

Low income in Kent, is not restricted to one particular equality group. Similar reasons for no longer using centres are cited across characteristics with respondents stating they value universal services that are local and provide access to a range of services from different providers.

There are also 'known unknowns' that could impact either positively or negatively on different protected characteristic groups and the development of the hub and link model. These include:

- Budget allocations for 2014/2015.
- Service plans for 2014/2015
- Staffing levels
- Availability and costs of accessible venues to run services from.
- Impacts of proposed changes on partnership working
- Services to be commissioned

Generally, from the consultation there are clear messages about the value centre users place on centres in terms of the services provided and support received from core and other services. They are seen as community hubs, serving a wide range of parent/carer and children's needs. Centre users are concerned about the loss of these services locally, and the implications for easy access in terms of transport, costs and time.

As a result of the consultation responses this full Equality Impact Assessment recommends that centre closures should not go ahead unless alternative venues in the local community can be found at which to run services for the four groups of service users listed above.

In addition to the equality implications stated here the Council has re-evaluated its original proposals by:

- Reconsidering need (population based) and re-analysing usage patterns
- Identifying the impact on users (as identified by consultation respondents), and particularly sole users.
- Assessing suitable alternative venues within 1 mile of a proposed closure to enable services to continue to be delivered within the community.
- Identifying property implications including potential future (community) usage of accommodation and the likelihood of DfE clawback of capital monies.

It has therefore recommended the following changes to services:

Based on the re-evaluation of each of the original proposals, as described in Section 5 it is recommended that;

Recommendation	Rationale	Children's Centres
Five Centres are retained in their current form and continue to be Ofsted designated Children's Centres	Based on the largest numbers of sole users impacted by the proposal and the lack of suitable alternative venues	St. Marys, New Romney Folkestone Early Years Woodgrove
	Based on highest need (by volume) and the highest sole usage (by volume)	Temple Hill
Six Children's Centre buildings are retained to offer access to early childhood services ^[1] (with <u>at least</u> part-time hours).	Based on the number of sole users impacted by the proposals and the lack of suitable alternative venues	Maypole, The Village, Swalecliffe, Briary,
	Based on the number of sole users impacted by the proposals and purpose 'built' accommodation	Apple Tree Marden
One Centre is retained as a Part Time Centre	Based on the proportion of sole users (increase of 8%) and purpose 'built' accommodation	Tina Rintoul
One additional hub is	Based on the suggested retention	Joy Lane

^[1] 12 Children's Centres are merged into 6 but all 12 Children's Centre buildings are retained to continue to offer access to early childhood services on behalf of a Children's Centre - linked site/ outreach centre.

created in the Canterbury CCG area	of St. Mary's, Briary, Swalecliffe, Apple Tree and Tina Rintoul	
An alternative Centre becomes the hub in Gravesham and Maidstone	Based on the accommodation space and facilities available	Riverside (instead of Little Pebbles) Meadows (instead of Sunshine)
Merge The Daisy with The Buttercup. Retain Children's Centre services in Tower Hamlets (The Daisy). (New EqIA available at Appendix C – impact assessed a medium.)	Based on lack of suitable alternative accommodation in Dover Town Centre.	The Buttercup The Daisy
Hub and link arrangements are changed so catchments are co-terminus with CCG and district boundaries in most cases.	Based on feedback from key partners.	Little Foxes, South Tonbridge and Borough Green are linked to Woodlands. Greenlands at Darenth is linked to Brent. Westborough is linked to Sunshine.

In line with the recommendations above, the impact on the overall Children's Centre Programme would be;

Consultation Proposal	Proposed Decision
Closing 22 Children's Centres (including either Folkestone Early Years or the Village)	Close 12 Children's Centres BUT retain services within the local community Retain 4 Centres in current form (plus Folkestone Early Years) Retain 6 Children's Centre buildings are retained to offer access to early childhood services (with at least part-time hours). Retain 1 Centre as part time
Closing and merging 2 Children's Centres and relocating them to an existing building in Dover Town Centre	Close the Daisy and merge with The Buttercup. Retain Children's Centre services in Tower Hamlets (The Daisy).
Reducing the hours to part-time at 13 Centres	Reducing the hours to part-time at 12 Centres (retaining Temple Hill as full time.) All KCC services to be delivered within part time hours, some health

	services may be delivered outside of these hours.
Linking 16 hubs with 40 full time Centres and 18 part time Centres	Linking 17 hubs with 43 full time Centres, 18 part time Centre and 7 'outreach centres/ linked sites'.

This will have the following impact on services;

- 39 (KCC) activities and 12 (health) services which are currently delivered at Children's Centres that are recommended for closure will relocate to suitable alternative venues. This includes services currently delivered at; Cherry Blossom, Squirrel Lodge, Little Bees, Daisy Chains, Little Painters, Loose, Dunton Green, Merry-Go-Round, Hadlow, Larkfield, Pembury and Primrose Children's Centres.
- 119 (KCC) activities and 50 (health) services which are currently delivered in Children's Centre buildings (that were proposed for closure) will be retained within the existing Children's Centre accommodation. This includes services currently delivered at; The Village, Marden, Apple Tree, Briary, Woodgrove Swalecliffe and Maypole Children's Centres.

Given the finding of the Impact Assessment it is particularly important to note that the recommendation is that all outreach services remain unaffected including service delivery at Merry- Go Round (Westerham) and Daisy Chains (Meopham) and that the feasibility of retaining some Children's Centre accommodation at Loose, Dunton Green and Hadlow to support the delivery of outreach services is investigated further.

Action Plan

It is proposed that the following actions are taken:

- Undertake the actions in Table 2 and 3 by April 1st 2014.
- Implement service relocation to identified suitable local venues from which to run services that are accessible and appropriate for teenage parents, expectant parents, lone parents and fathers.
- Update the budget allocation formula from which Children's Centre are allocated funding. This new model will ensure area with the highest levels of deprivation are allocated funding appropriately
- Data collection on all protected characteristics at the time of registration with centres

Further detail can be found in the action plan at page 26

Monitoring and Review

It is recommended the following review actions are undertaken on a quarterly basis from April 2014:

October 2013

- Monitor registration levels at Centres
- Monitor attendance levels to ensure numbers of services users with protected characteristics accessing services are maintained and improved
- Monitor and quality assure equality data capture on Children's Centre database

Equality and Diversity Team Comments

Whilst the individual proposals evidence medium or low impact and proportionality as a result of individual proposals, the county-wide assessment, at the screening stage identified that there may be wider patterns of impact on some protected characteristics. In particular, age, gender and pregnancy and maternity are impacted both negatively and positively, due to nature of the service. Additionally, the county-wide assessment (at screening stage) indicated that the uptake of services by disabled children and their families was generally low, whilst there was a higher proportion of use by Black and Minority Ethnic people. These patterns needed to be understood and were analysed through the full impact assessment. The service sought consultation feedback to test out some of the service assumptions about impact and to identify any gaps/issues. The full impact assessment four groups who would be potentially impacted negatively by the original proposal (see judgement section above), and have made recommendations to change the proposal as a result of understanding these issues.

Sign Off

I have noted the content of the equality impact assessment and agree the actions to mitigate the adverse impact(s) that have been identified.

Senior Officer



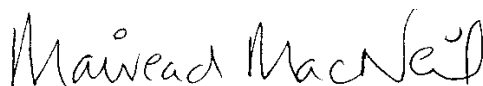
Signed:

Name: Karen Mills

Job Title: Commissioning Manager (Children's)

Date: November 2013

DMT Member



Signed:

October 2013

Name: Mairead MacNeil

Job Title: Director of Specialist Children's Services Date: November 2013

Equality Impact Assessment Action Plan

Protected Characteristic	Issues identified	Action to be taken	Expected outcomes	Owner	Timescale	Cost implications
All	Monitor equality information	Ensure that data is collected from those registering at centres on all protected characteristics (in particular disability, sexual orientation, gender identity, religion or belief, to provide improved information for targeting services.	Improved data on those	Strategic Commissioning / operational managers / eStart user group	January 2014 onwards	TBC
All	Impact on high numbers of sole users	Implement changes in Table 2 to ensure impact is reduced.	Service users remain able to access services within their local communities	Strategic Commissioning	January 2014 – June 2014	TBC
All	Impact on users on lower incomes	Reallocate budget model based on deprivation	Budget distributed more proportionately to those areas most deprived	Strategic Commissioning	October 2013 – March 2014	TBC
All	Inability to access services due to transportation difficulties if Centres close	Sustain and invest in development of outreach services and locate suitable alternative venues in the local community from which to deliver	Continued access to services in local communities and increased level of outreach services targeted at those in greatest need.	Strategic commissioning / Operational Managers	March 2014	TBC

		services should a centre be closed.				
Teenage Mothers / teenage parents (Age)	Impacts of closures/reduced opening hours.	Reducing or changing the opening hours of centres being considered for closure as an alternative to complete closure or locate suitable alternative venues in the local community from which to deliver services	Continued and increased level of service provision.	Strategic commissioning / operational managers	October 2013 – March 2014	TBC based on proposals
Lone parents (Marriage & Civil Partnerships)	Reduced access to services	Work with partners to identify needs and enable development and continuation of universal services and ensure wide provision of signposting users to other services and facilities.	Maintained access to services and increased partnership working	Strategic commissioning / operational managers	October 2013 – March 2014	TBC
Expectant parents (Pregnancy and maternity)	Reduced access to services	Continue to develop partnership working with health services to ensure universal provision at appropriate accessible locations	Maintained or increased support during pregnancy and maternity.	Strategic Commissioning / Operational Managers / Health partner organisations	October 2013 – June 2014	TBC
Fathers	Centre locations and opening hours	Consider venues and opening times specific	Increased accessibility of	Strategic commissioning /	October 2013 – March 2014	TBC

(Gender)		to the need of male parents/ carers.	services to male parent/ carers.	operational managers		
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Appendix 1

Pre-consultation engagement activity

On the 14th January 2013 a Strategic engagement workshop was held. Generally, participants supported a policy and planning approach (further analysis is available at Appendix D) which:

- Gave emphasis to a consistent approach to service delivery and planning across Kent;
- Supported a shift to more focus on neediest children and families by developing a “Core Purpose Plus” methodology and policy focus;
- Harnessed Children’s Centres to add value to existing services and extend functional role and brief to support siblings of Under 5s up to age 11;
- Ensured the continued provision of Children’s Centres in every community;
- Ensured consolidation of service provision and embedding of integrated working;
- Encouraged service delivery alignment and integration.

During February a series of District engagement workshops, The 12 workshops were well attended with over 360 stakeholders with strong representation from all sectors including Children’s Lead GPs, Public health and KCHT.

The views from the District engagement events broadly reflect the views from the strategic workshop and views gathered to date. In addition, there is general acceptance that by ‘enhancing the offer’, we could add value to the Children’s Centres core offer.

Across the county;

- 72% supported more effective commissioning
- 70% supported opportunities to make better use of existing community facilities e.g. libraries, gateways, school and adult education facilities (particularly for outreach services).
- 68% of attendees at District engagement events supported a standardised management arrangement, such as hub and spoke or clustering.
- 66% supported a review of existing catchment areas and
- 58% supported a move towards district wide or area budgets (currently 108 budgets).
- 55% supported a greater emphasis on services rather than buildings (55%).

Lower proportions supported the regularisation of staffing structures (48%) and the development of more virtual centres (48%).

Appendix 2

Kent Population Data

Population by gender, 2011 - Kent

Source: 2011 Mid-year population estimates, Office for National Statistics

	Total Persons		Males		Females	
	No.	% of total population	No.	%	No.	%
All Ages	1,466,500	100.0%	717,200	48.9%	749,200	51.1%
0-4	89,300	6.1%	45,800	51.3%	43,500	48.7%
5-9	84,500	5.8%	43,500	51.5%	41,000	48.5%
10-14	90,900	6.2%	46,300	50.9%	44,600	49.1%
15-19	96,100	6.6%	49,300	51.3%	46,800	48.7%
20-24	87,800	6.0%	44,000	50.2%	43,700	49.8%
25-29	83,400	5.7%	41,100	49.3%	42,300	50.7%
30-34	83,000	5.7%	40,500	48.8%	42,400	51.2%
35-39	90,800	6.2%	44,300	48.8%	46,500	51.2%
40-44	108,100	7.4%	53,200	49.2%	55,000	50.8%
45-49	110,200	7.5%	54,800	49.8%	55,300	50.2%
50-54	96,000	6.5%	47,700	49.6%	48,400	50.4%
55-59	85,600	5.8%	42,200	49.3%	43,400	50.7%
60-64	95,800	6.5%	46,800	48.8%	49,100	51.2%
65-69	78,800	5.4%	38,200	48.5%	40,600	51.5%
70-74	60,400	4.1%	28,800	47.6%	31,700	52.4%
75-79	49,800	3.4%	22,700	45.5%	27,100	54.5%
80-84	38,700	2.6%	16,000	41.5%	22,600	58.5%
85-89	23,700	1.6%	8,300	34.9%	15,400	65.1%
90+	13,500	0.9%	3,700	27.3%	9,800	72.7%

Clinical Commissioning Group	2014 Population Projections
NHS Ashford CCG	8,800
NHS Canterbury and Coastal CCG	11,200
NHS Dartford, Gravesham and Swanley CCG	17,100
NHS South Kent Coast CCG	12,000
NHS Swale CCG	7,000
NHS Thanet CCG	8,600
NHS West Kent CCG	29,500
KCC Area	94,200

Disability benefit claimants (Disability Living Allowance or Attendance Allowance)

Kent - May 2012

Source: DWP Longitudinal Study

	All People		Males		Females	
	Number	%	Number	%	Number	%
Total	111,380	7.6%	50,360	7.0%	61,020	4.2%
0-15	10,160	3.6%	7,300	5.0%	2,860	2.1%
16-64	44,920	4.9%	22,350	4.9%	22,560	4.9%
65+	56,300	21.3%	21,640	18.4%	34,660	23.5%
Young people (24 and under)	16,500	3.7%	11,360	5.0%	5,130	2.3%

Population by ethnicity, 2011 - Kent

Source: 2011 Census - Table KS201EW

	Kent		England	
	Number	%	Number	%
All people	1,463,740	100%	53,012,456	100%
White	1,371,102	93.7%	45,281,142	85.4%
BME	92,638	6.3%	7,731,314	15%
English / Welsh / Scottish / Northern Irish / British	1,303,558	89.1%	42,279,236	79.8%
Irish	10,239	0.7%	517,001	1.0%
Gypsy or Irish Traveller	4,685	0.3%	54,895	0.1%
Other White	52,620	3.6%	2,430,010	4.6%
White and Black Caribbean	6,266	0.4%	415,616	0.8%
White and Black African	2,997	0.2%	161,550	0.3%
White and Asian	7,520	0.5%	332,708	0.6%
Other Mixed	5,324	0.4%	283,005	0.5%
Indian	18,136	1.2%	1,395,702	2.6%
Pakistani	2,406	0.2%	1,112,282	2.1%
Bangladeshi	3,381	0.2%	436,514	0.8%
Chinese	5,978	0.4%	379,503	0.7%
Other Asian	17,713	1.2%	819,402	1.5%
African	11,523	0.8%	977,741	1.8%
Caribbean	3,293	0.2%	591,016	1.1%
Other Black	1,400	0.1%	277,857	0.5%
Arab	1,535	0.1%	220,985	0.4%
Any other ethnic group	5,166	0.4%	327,433	0.6%

Population by religion, 2011 - Kent

Source: 2011 Census - Table KS209EW

	Kent		England	
	Number	%	Number	%
ALL PEOPLE	1,463,740	100%	53,012,456	100%
Christian	915,200	62.5%	31,479,876	59.4%
Buddhist	6,802	0.5%	238,626	0.5%
Hindu	10,943	0.7%	806,199	1.5%
Jewish	1,777	0.1%	261,282	0.5%
Muslim	13,932	1.0%	2,660,116	5.0%
Sikh	10,545	0.7%	420,196	0.8%
All other religions	6,145	0.4%	227,825	0.4%
No religion	391,591	26.8%	13,114,232	24.7%
Religion not stated	106,805	7.3%	3,804,104	7.2%

Marital & Civil Partnership Status

Source: 2011 Census Table KS103EW

	Kent		England	
	Number	% of all people 16+	Number	% of all people 16+
All people aged 16 and over	1,180,186	100%	42,989,620	100%
Single (never married or never registered a same-sex civil partnership)	369,334	31.3%	14,889,928	34.6%
Married	576,067	48.8%	20,029,369	46.6%
In a registered same-sex civil partnership	2,388	0.2%	100,288	0.2%
Separated (but still legally married or still legally in a same-sex civil partnership)	32,802	2.8%	1,141,196	2.7%
Divorced or formerly in a same-sex civil partnership which is now legally dissolved	112,916	9.6%	3,857,137	9.0%
Widowed or surviving partner from a same-sex civil partnership	86,679	7.3%	2,971,702	6.9%

People providing unpaid care

Source: 2011 Census Table KS301EW

People providing unpaid care	Kent		England	
	Number	%	Number	%
All People	1,463,740	100.0%	53,012,456	100.0%
Provides no unpaid care	1,311,963	89.6%	47,582,440	89.8%
Provides 1 to 19 hours unpaid care a week	97,464	6.7%	3,452,636	6.5%
Provides 20 to 49 hours unpaid care a week	18,432	1.3%	721,143	1.4%
Provides 50 or more hours unpaid care a week	35,881	2.5%	1,256,237	2.4%

Young people providing unpaid care - 2001

Source: 2001 Census

People providing unpaid care	Kent		Kent		England	
	Number	% of age group	Number	% of age group	Number	% of age group
5-7	156	0.1%	156	0.1%	5,465	0.1%
8-9	182	0.1%	182	0.1%	7,834	0.2%
10 & 11	390	0.3%	390	0.3%	16,267	0.3%
12-14	957	0.7%	957	0.7%	46,394	0.9%
15	422	0.3%	422	0.3%	21,402	0.4%
16-17	1,086	0.8%	1,086	0.8%	52,580	1.0%
All people under 18	3,193	2.5%	3,193	2.5%	149,942	2.9%
All People	127,838	100%	127,838	100%	5,194,568	100%

Household Composition

Source: 2011 Census - Table
KS105EW

2011	Kent	Kent	England
Total Households	605,638	605,638	22,063,368
One person Households	174,331	158,620	5,451,192
<i>Aged 65 and over</i>	79,310	79,310	2,725,596
<i>Other</i>	95,021	79,310	2,725,596
One Family Only	391,641	391,641	13,631,182
<i>All aged 65 and over</i>	56,575	56,575	1,789,465
<i>Married or same-sex civil partnership couple: No children</i>	80,185	80,185	2,719,210
<i>Married or same-sex civil partnership couple: Dependent children</i>	97,024	97,024	3,375,890
<i>Married or same-sex civil partnership couple: All children non-dependent</i>	34,233	34,233	1,234,355
<i>Cohabiting couple: No children</i>	32,221	32,221	1,173,172
<i>Cohabiting couple: Dependent children</i>	27,561	27,561	890,780
<i>Cohabiting couple: All children non-dependent</i>	3,197	3,197	108,486
<i>Lone parent: Dependent children</i>	41,068	41,068	1,573,255
<i>Lone parent: All children non-dependent</i>	19,577	19,577	766,569
Other Household Types	39,666	39,666	1,765,693
<i>With dependent children</i>	13,880	13,880	584,016
<i>All full-time students</i>	2,483	2,483	124,285
<i>All aged 65 and over</i>	1,949	1,949	61,715
<i>Other</i>	21,354	21,354	995,677

MOSAIC classification for Children's Centre Users June 2011 – June 2012

	Group Description	Count of Households in the KCC	Percentage of Households	Families Attending Children's
		Source: MMG3 2010 HH estimates		June 2011 - June 2012
				Households
A	Extremely affluent, well educated owner occupiers living in more rural areas	72,764	11.96%	Low 1918 / 33043
B	Well off families with older children, working in managerial and professional careers	46,151	7.59%	Low 1675 / 33043
C	Retired people living comfortably in large bungalows and houses, often close to the sea	67,625	11.12%	Low 995 / 33043
D	Middle aged couples living in well maintained semi detached houses that they own	51,412	8.45%	Average 2666 / 33043
E	Cusp of retirement owner occupiers with some health issues	32,550	5.35%	Low 1106 / 33043
F	Singles and divorcees approaching retirement, living in privately rented flats and bungalows	40,347	6.63%	Low 1141 / 33043
G	Young professionals with children, many living in ethnically diverse neighbourhoods	74,007	12.17%	High 7371 / 33043
H	Young singles and couples in small privately rented flats and terraces on moderate incomes	21,180	3.48%	High 2919 / 33043
I	Transient young singles on benefits and students, renting terraces in areas of high ethnic diversity	24,162	3.97%	Average 1377 / 33043
J	Middle aged parents receiving benefits, living in social housing in areas of high unemployment	75,113	12.35%	Average 4625 / 33043
K	Singles and lone parents on low incomes, renting terraces in town centres	25,345	4.17%	High 2492 / 33043
L	Lone parents with young children, living in high crime areas on large social housing estates	40,702	6.69%	High 4125 / 33043
M	Elderly pensioners in poor health, living in social housing on very low incomes	36,789	6.05%	Low 633 / 33043

October 2013

Children's Centre Staffing Figures¹¹

Gender

Female	328	92.4%
Male	27	7.6%

Age Band

Age Band		
15-19	<10	
20-24	24	6.8%
25-29	31	8.7%
30-34	45	12.7%
35-39	48	13.5%
40-44	45	12.7%
45-49	63	17.7%
50-54	38	10.7%
55-59	40	11.3%
60-64	11	3.1%
65-69	<10	
70-74	<10	
75-79	<10	
80-84	0	
85-89	0	

Ethnicity

Ethnic Minorities	16	4.5%
White	301	84.8%
Undeclared/Unknown	38	10.7%

Religious Belief

Buddhist	<10	
Christian	186	52.4%
Hindu	0	
Jewish	0	
Muslim	<10	
None	95	26.8%
Other	<10	
Sikh	<10	
Undeclared/Unknown	63	17.7%

Considered Disabled

¹¹ Data taken from Oracle, 2nd April 2013

October 2013

No	317	89.3%
Undeclared/Unknown	33	9.3%
Yes	<10	

Sexual Orientation

Bisexual	<10	
Gay	0	
Gay/Lesbian	0	
Heterosexual	288	81.1%
Lesbian	0	
Undeclared/Unknown	64	18.0%

Marital Status

Civil Partner	0	
Divorced	<10	
Domestic Partner	0	
Legally Separated	<10	
Living Together	<10	
Married	91	25.6%
Single	24	6.8%
Undeclared/Unknown	220	62.0%
Widowed	<10	
Widowed With Surviving Pension	0	

Strategic Engagement Workshop Analysis



Strategic Workshop
Feedback AW.docx

District Workshop Response Analysis



County Analysis.xls

Appendix 3 – Consultation response analysis

Page 288

<p>Conclusions from consultation evidence by protected characteristic</p>	<p>General: The vast majority of those electing to respond to the consultation disagree to some extent with reducing the number of Children’s Centres (87%, 5,098 individuals/professionals.). 6% agree with these proposals. Amongst those members of the public who disagree with reducing the number of Children’s Centres, 26% (1,174 individuals) indicate that they will not use Children’s Centres at all as a result. 64% (3,625 individuals/professionals) disagree with reducing hours at some Children’s Centres; this is significantly lower than the level of disagreement to reduce the number of Children’s Centres. 12% agree with reducing hours at some centres. Amongst those members of the public who disagree with reducing hours at some Children’s Centres, 15% (474 individuals) indicate that they will not use Children’s Centres at all as a result.</p>
	<p>Age: <u>Parents 0-4</u> 88% disagree with reducing the number of children’s centre and 6% agree. This is comparable to the county average responses. 64% disagree with reducing the hours at some Children’s Centre and 11% agree. This is line with the county average responses. <u>Parents aged 25 or under</u> 89% disagree with reducing the number of children’s centre and 4% agree. This is comparable to average county responses. 69% disagree with reducing the hours at some Children’s Centre and 8% agree. This is a higher number of objectors than the county average responses. <u>Teenage mothers</u> 91% disagree with reducing the number of children’s centre and 6% agree. This is slightly higher number of objectors than average county responses. 72% disagree with reducing the hours at some Children’s Centre and 4% agree. This is higher number of objectors than the county average responses. <u>Pregnant teenagers</u> 94% (17 out of 18 respondents) disagree with reducing the number of children’s centres, all of them strongly. This is higher number of objectors than the county average. The remaining respondent did not know whether they agreed or disagreed.</p>
	<p>Disability: <u>Disabled parents</u></p>

	<p>88% disagree with reducing the number of children’s centre and 6% agree. This is in line with the average county responses. 66% disagree with reducing the hours at some Children’s Centre and 10% agree. This is comparable with county average responses.</p>
	<p>Gender: Of responses to the consultation from the public 88% were from females and 8% were from males</p> <p><u>Mothers and Fathers</u> 76% of those that disagreed with reducing the number of Children’s Centres were mothers of children aged under 5. 76% of those agreeing with reducing the number of Children’s Centres were mothers of children aged under 5. 7% of those that disagreed with reducing the hours at some Children’s Centres were fathers of children aged under 5. 4% of those agreeing with reducing the hours at some Children’s Centres were fathers of children aged under 5.</p> <p><u>Fathers</u> 93% disagree with reducing the number of children’s centre and 3% agree. This is a higher number of respondents disagreeing than the county average and a slightly lower number agreeing than the county respondents. 69% disagree with reducing the hours at some Children’s Centre and 8% agree. This is higher number of respondents disagreeing than the county average.</p>
	<p>Gender identity: 16 responses were received from people identifying themselves as parents having a gender different that of their birth. Of these:</p> <ul style="list-style-type: none"> • 69% (11) disagree with reducing the number of children’s centre and 13% (2) agree. This is lower number of respondents agreeing than the county average • 69% (11) disagree with reducing the hours at some children’s centres and none agree. This is a significantly lower number of respondents agreeing than the county average but is a statistically small cohort of respondents.
	<p>Race: <u>Parents from minority ethnic groups</u> 87% disagree with reducing the number of children’s centre and 3% agree. This is slightly lower number of respondents agreeing than the county average. 67% disagree with reducing the hours at some Children’s Centre and 9% agree. This is slightly lower number of respondents agreeing than the county average.</p> <p><u>Gypsy, Roma and traveller parents</u></p>

	<p>83% (19 out of 23 respondents) disagree with reducing the number of children’s centre and 8% agree. This is a slightly lower number of objectors than average county responses and a lower number of those agreeing.</p> <p>65% (15 out of 23 respondents) disagree with reducing the hours at some Children’s Centre and 9% agree. This is slightly lower number of respondents agreeing than the county average.</p> <p><u>Parents with English as an additional language</u></p> <p>86% disagree with reducing the number of children’s centre and 3% agree. This is slightly lower number of respondents agreeing than the county average.</p> <p>71% disagree with reducing the hours at some Children’s Centre and 6% agree. This is a higher number of objectors than the county average responses and a lower number of respondents agreeing than the county average.</p>
	<p>Religion or belief</p> <p><u>Christian parents</u></p> <p>88% disagree with reducing the number of children’s centre and 5% agree. This is line with the county average responses.</p> <p>65% disagree with reducing the hours at some Children’s Centre and 10% agree. This is line with the county average responses.</p> <p><u>Buddist parents</u></p> <p>97% (14 out of 15 respondents) disagree with reducing the number of children’s centre and one neither agreed nor disagreed. This is a significantly higher number of objectors that county responses.</p> <p>86% disagree with reducing the hours at some Children’s Centres and 7% agree. This is a significantly higher number of objectors that county responses.</p> <p><u>Hindu parents</u></p> <p>72% (13 out of 18 respondents) disagree with reducing the number of children’s centre with 28% neither agreeing nor disagreeing. This is a significantly lower number of objectors than the county average.</p> <p>57% disagree with reducing the hours at some Children’s Centre and 12% agree. This is a lower number of objectors than county responses.</p> <p><u>Jewish parents</u></p> <p>All respondents (6) disagree with reducing the number of children’s centre. This is significantly higher that the county average but represents a statistically small number of responses received countywide.</p> <p>60% (3 out of 5 respondents) disagree with reducing the hours at some Children’s Centre and 20% agree. This represents a higher proportion of respondents agreeing than the county average but is a statistically small cohort of respondents.</p> <p><u>Muslim parents</u></p> <p>88% disagree with reducing the number of children’s centre. The remaining respondents in this category neither agree nor</p>

	<p>disagree or do not know. This represents a lower number of respondents agreeing than the county average. 75% disagree with reducing the hours at some Children’s Centre and 9% agree. This is a significantly higher number of objectors that county responses.</p> <p><u>Sikh parents</u> 94% (15 out of 16 respondents) disagree with reducing the number of children’s centre. The remaining respondent neither agreed nor disagreed. This is a higher number of objectors that county responses. 65% disagree with reducing the hours at some Children’s Centre. The remaining respondents neither agreed nor disagreed. This represents a lower number of respondents agreeing to the proposal than the county average.</p> <p><u>Parents of any other religion</u> 94% disagree with reducing the number of children’s centre and 1% agree. This is a higher number of objectors that county responses and represents a significantly lower number of those agreeing. 68% disagree with reducing the hours at some Children’s Centre and 7% agree. This represents a lower number of respondents agreeing than the county average.</p> <p><u>Parents of no stated religion</u> 87% disagree with reducing the number of children’s centre and 6% agree. This is line with the county average responses. 65% disagree with reducing the hours at some Children’s Centre and 11% agree. This is line with the county average responses.</p>
	<p>Sexual orientation: <u>Lesbian, Gay and transgender parents</u> 88% disagree with reducing the number of children’s centre and 9% agree. This is comparable with county average responses. 82% disagree with reducing the hours at some Children’s Centre. This is a significantly higher number of objectors than the county average responses. No respondents agreed with the proposal.</p>
	<p>Pregnancy and maternity: <u>Will be a parent soon</u> 96% disagree with reducing the number of children’s centre and 1% agree. This is a higher number of objectors that county responses and represents a significantly lower number of those agreeing. 76% disagree with reducing the hours at some Children’s Centre and 8% agree. This is a significantly higher number of objectors that county responses and represents a slightly lower number of those agreeing.</p>
	<p>Marriage and Civil Partnerships:</p>

	<p>Of responses to the consultation from the public 76% were married, 12% were single and 5% were separated, divorced or widowed.</p> <p><u>Lone parents</u> 91% disagree with reducing the number of children’s centre and 5% agree. This is a slightly higher number of objectors than county responses. 71% disagree with reducing the hours at some Children’s Centre and 6% agree. This is a higher number of objectors that county responses and represents a lower number of those agreeing.</p> <p><u>Parents in a civil partnership</u> All respondents (15) disagree with reducing the number of children’s centre. This is a significantly higher number of objectors than county responses but is a statistically small cohort of respondents. 84% (10 out of 12 respondents) disagree with reducing the hours at some Children’s Centre. Of the two remaining respondents, one neither agreed nor disagreed and the other did not know. This is a significantly higher number of objectors that county responses and represents a lower number of those agreeing but is a statistically small cohort of respondents</p> <p>Carers responsibilities: Carer data was not gathered as part of the consultation activity</p>
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Appendix 4

Table 1 General profile of public respondents to consultation

Protected characteristic	Data (relates to those who responded to the questions)
Age	Half of the public respondents to the consultation indicated that they were aged between 26 and 35 with a further 18% in the 36-40 age group; 16% were aged 41 or over, 12 % were aged 20-25 and 2% were under 20 years old.
Disability	The majority (84%) of those responding to the question did not consider themselves to have a disability; just 3% considered themselves to have a disability.
Gender	The majority of respondents indicated that they were female with less than 10% of responses from males.
Gender identity	A small number (<0.5%) of respondent's gender identity was not the same as at birth.
Marriage and civil partnerships	Around three-quarters of respondents indicated that they were either married, in a civil partnership or cohabiting and 12% of responses were from lone parents.
Pregnancy and maternity	4% of respondents indicated that they were to be a parent soon.
Race	The ethnicity indicated by most (83%) respondents was White British with the second largest (4%) group of respondents being White Other. Around 5% of respondents had English as an additional language.
Religion or belief	Most respondents indicated that they were either Christian (46%) or had no religion (40%). Less than 0.5% were Buddhist, less than 0.5% were Hindu, less than 0.5% were Jewish, 1% were Muslim, less than 0.5% were Sikh and 2% were of other religions.
Sexual orientation	Most of those responding to the question (86%) indicated that they were heterosexual.
Carer's responsibilities	Covered by other parent categories.

Table 2 Overview of responses

General response of all respondents
<ul style="list-style-type: none"> • The public represented approximately 87% of respondents. • The majority of public respondents (88%) disagreed with the proposals to close children's centres (Proposal 1). • Half of those who agreed with the proposal (Proposal 1) said that it would have no impact on them, however this represents just 3% of all public respondents • 13% of those who disagreed with the proposal (Proposal 1) said that it would have no impact on them (this represents 12% of all public respondents). • A greater proportion of those who disagreed with the proposal said that they would use a children's centre less often or would not use a children's centre at all compared to those who agreed with the proposal; the main reasons given were that travel to centres would be more difficult and that alternative centres were too distant. • A high proportion of people responding to the consultation were users of children's centres: 90% of respondents to Proposal 1 and 94% of respondents to

- Proposal 3 were users of children’s centres.
- A large proportion of these users were objectors: of the 4704 users who responded to Proposal 1, 4172 (89%) objected to proposed closures; and of the 4538 users who responded to Proposal 3, 2981 (66%) objected to reduce opening times.
 - 288 public objections to Proposal 1 and 192 to public objections to Proposal 3 were received from non-users.

Table 3 Public responses to the consultation by protected characteristic

Age	
Groups	Interpretation of data from the Children’s Centre Consultation
Teenage mothers	<p>Teenage mothers of under 5’s represented 2% of the consultation responses. Over 90% reported that they use centres once or more times a week. Half of these teenage mothers were lone parents and over a third were on low incomes.</p> <p>The overwhelming majority of teenage mothers objected to the closure of children’s centres (Proposal 1) (91%). Three of the five teenage mothers who agreed with the proposal said that they would attend an alternative centre. Half of the teenage mothers who objected to the proposal said that they would not use a Children’s Centre at all and nearly a quarter said that they would use a centre less often; the main reasons cited were the difficulty of travel with alternative centres being too far away and difficulties for people without cars or non-drivers.</p> <p>Of teenage mothers who responded to Proposal 3 on reducing the opening hours of centres, 72% objected. Nearly a third of those objecting said that they would use centres less and over a quarter of this group said that they would not use centres at all. The main reasons given were that opening times would not be suitable or not long enough and that they would be unable to travel or afford to travel to another centre, also working parents would be most affected.</p>
Parents of children aged under 4	<p>Parents of children aged under 5 represented 85% of the public responses.</p> <p>Approximately 88% objected to the closure of children’s centres (Proposal 1). Objectors to the proposal used centres more frequently than supporters; over 80% of objectors compared to 60% of supporters used centres once a week or more. Over a quarter of the parents objecting to proposal 1 were aged over 35 and over a quarter were from low incomes; 15% were lone parents. About half of those who supported the proposal said that it would have no impact on them. Over a third of those who objected said that they would use children’s centres less often and over a quarter said that they would not use centres at all; the main reasons cited for this were due to difficulties with travel and alternative centres being too far away.</p> <p>While half of those who supported the proposal indicated that</p>

	<p>closing centres would have no impact on them, some said that they would use centres less often (15%) or would not use them at all (9%).</p> <p>Of parents of children aged 4 or under who responded to Proposal 3 on reducing the opening hours of centres, 65% objected. Over 40% of objectors said that they would use centres less. The main reasons for this were that opening times would not be suitable. In addition to this reason, of the 15% of objectors who said that they would not use centres, a popular reason given was that they would be unable to travel or afford to travel to another centre.</p>
Disability	
Groups	Interpretation of data from the Children's Centre Consultation
Disabled parents	<p>Disabled parents of children aged under 5 represented just 2% of the responses from members of the public.</p> <p>Around 88% of disabled parents objected to the proposed closure of Children's Centres (Proposal 1). Over 79% of objectors used centres once a week or more. Nearly half of these parents were aged over 35, nearly half were from low incomes and over a quarter were lone parents. Over a quarter of those who objected said that they would use children's centres less often and over a third said that they would not use centres at all; the main reasons for this were due to difficulties with travel and alternative centres being too far away and difficulties for people without cars or non-drivers.</p> <p>Of those disabled parents who responded to Proposal 3, 66% objected to reduce the opening hours of some centres. A third of the objectors said that they would use centres less often and a quarter said that they would not use centres at all. The main reason given for this were that opening times would not be suitable or not long enough and that they would be unable to travel or afford to travel to another centre.</p>
Gender	
Groups	Interpretation of data from the Children's Centre Consultation
Fathers	<p>Males represented 8% of responses from members of the public and 6% were fathers of under 5's. Nearly half of these fathers were aged over 35, a third were from low incomes and around 16% were lone parents. Around three-quarters used centres once a week or more.</p> <p>The overwhelming majority of fathers (93%) objected to the proposed closure of Children's Centres (Proposal 1). A third of those who objected said that they would use children's centres less often and over a third said that they would not use centres at all; the main reasons for this were due to difficulties with travel and alternative centres being too far away.</p> <p>Of those fathers who responded to Proposal 3, 69% objected to reduce the opening hours of some centres. Well over a third of the objectors said that they would use centres less often and a quarter said that they would not use centres at all. The main reasons given</p>

	for this were that opening times would not be suitable or not long enough and that they would be unable to travel or afford to travel to another centre.
Gender identity	
	See sexual orientation.
Marriage and civil partnerships	
Groups	Interpretation of data from the Children's Centre Consultation
Lone parents	<p>Lone parents represented 13% of responses from members of the public. Approaching half of lone parents were aged 25 or under and over a third were from low incomes.</p> <p>The overwhelming majority of lone parents (91%) objected to the proposal to close centres (Proposal 1). Objectors to the proposal used centres more frequently than supporters; over 86% of objectors compared to 53% of supporters used centres once a week or more. Just over a third of those who objected said that they would use children's centres less often and just under a third said that they would not use centres at all; the main reasons for this were due to difficulties with travel and alternative centres being too far away, and difficulties for those without cars or non-drivers.</p> <p>Of those lone parents who responded to the Proposal 3, 71% objected to reduce the opening hours of some centres. Well over a third of the objectors said that they would use centres less often and just less than a quarter said that they would not use centres at all. The main reasons given for this were that opening times would not be suitable or not long enough and that they would be unable to travel or afford to travel to another centre.</p>
Pregnancy and maternity	
Groups	Interpretation of data from the Children's Centre Consultation
Those who would be a parent soon	<p>Those who said that they would be a parent soon represented 4% of responses from members of the public. Around half said that they used centres once a week or more and a further 31% responded that they used centres once a month.</p> <p>Virtually all (96%) objected to the proposal to close centres (Proposal 1). Over two-thirds of those who objected to the proposed closures said that would use centres less often or would not use them at all. The reasons for this were mainly due to difficulties with travel and alternative centres being too far away, as well as difficulties for those without cars or for those who are non-drivers.</p> <p>Of those who said that they would be a parent soon and who responded to Proposal 3, 76% objected to reducing the opening hours of some centres. Nearly a half of the objectors said that they would use centres less often and a 1 in 6 felt that they would not use centres at all. The main reasons given for this were that opening times would not be suitable or not long enough and that they would be unable to travel or afford to travel to another centre. A number mentioned that working parents would be most affected.</p>

<p>Pregnant teenagers</p>	<p>Pregnant teenagers represented less than 0.5% of responses from members of the public (18 responses in total).</p> <p>The overwhelming majority (17 out of 18) pregnant teenagers objected to the proposal to close centres (Proposal 1). Over three quarters of the objectors said either that they would use children’s centres less often or that they would not use centres at all; the majority of these (over half) said that they would not use centres at all. The main reasons for this were due to difficulties with travel and alternative centres being too far away, difficulties for those without cars or non-drivers and due to financial impacts of travel. Pregnant teenagers also commented that: Children’s Centres form a local community hub and a chance to meet others; they were happy with their local centre and enjoyed going there; there were no alternatives to these facilities and less services would be available; the centres provided a wide range of facilities; and that they had a good relationship with staff.</p> <p>Of pregnant teenagers who responded to the Proposal 3, 72% objected to reduce the opening hours of some centres. Well over a third of the objectors said that they would use centres less often and nearly a quarter said that they would not use centres at all.</p>
<p>Parents of children under the age of 5</p>	<p>Parents of children under the age of 5 have been covered under the protected characteristic of age.</p>
<p>Race</p>	
<p>Groups</p>	<p>Interpretation of data from the Children’s Centre Consultation</p>
<p>Parents from minority ethnic groups</p>	<p>Parents of under 5’s from minority ethnic groups (those from all groups except White British) represented 9% of responses from members of the public.</p> <p>About 87% of these minority ethnic parents objected to the proposed closure of centres (Proposal 1). Half of the objectors used centres two or more times a week and over a third used centres about once a week. Just under a third of these parents were from low incomes and nearly half had English as an additional language. Over a third of those who objected said that they would use children’s centres less often and over a quarter said that they would not use centres at all; The main reasons were due to difficulties with travel and alternative centres being too far away.</p> <p>Of parents from a minority ethnic group who responded to Proposal 3, two-thirds objected to reduce the opening hours of some centres. 44% of the objectors said that they would use centres less often and 16% that they would not use centres at all. The main reasons given for this were that opening times would not be suitable or not long enough and that they would be unable to travel or afford to travel to another centre.</p>
<p>White parents from low incomes</p>	<p>White parents of under 5’s from low incomes represented 20% of responses from members of the public.</p>

	<p>Most (89%) of this group objected to the proposed closure of centres (Proposal 1). The majority of this group (whether objectors or supporters) used centres once a week or more with half of the objectors using the centres two or more times a week and a further third using the centres once a week. Just under a quarter of these parents (objectors) were aged 25 or under and nearly a quarter (22%) were lone parents. Over a third said that they would use centres less often and a quarter said that they would not use centres at all. The main reasons for this response were difficulties of travelling to centres and centres being too far away.</p> <p>Of White parents from low incomes who responded to Proposal 3, two-thirds objected to reduce the opening hours of some centres. Over 40% of the objectors said that they would use centres less often and around 1 in 6 that they would not use centres at all. The main reasons given for this were that opening times would not be suitable or not long enough and that they would be unable to travel or afford to travel to another centre.</p>
<p>Gypsy, Roma Traveller parents</p>	<p>Gypsy, Roma Traveller parents represented less than 0.5% of responses from members of the public.</p> <p>Most of this group (19 out of the 23) objected to the proposed closure of centres (Proposal 1). All 19 of those objecting used centres once a week or more. Seven were parents aged 25 or under and 5 had English as an additional language. Fourteen of the 19 objectors said that they would use centres less often or would not use them at all. The main reasons for this were difficulties of travelling to centres and centres being too far away as well as difficulties for people without cars or who were non-drivers.</p> <p>Fifteen of the 23 Gypsy, Roma and Traveller parents who responded to Proposal 3 objected to reduce the opening hours of some centres. Seven of these objectors said that they would use centres less often and 1 that they would not use centres at all.</p>
<p>Parents with English as an additional language</p>	<p>Parents with English as an additional language represented 5% of responses from members of the public.</p> <p>Most (86%) of this group objected to the proposal to close centres (Proposal 1). Nearly all objectors used centres at least once a week. Over a third of objectors said that they would use centres less often and around a quarter said that they would not use centres at all. The main reasons given were difficulties of travelling to centres and centres being too far away.</p> <p>Of parents with English as an additional language who responded to Proposal 3, 70% objected to reduce the opening hours of some centres. 44% of the objectors said that they would use centres less often. The main reasons given for this were that opening times would not be suitable or not long enough. In addition to this reason, a number of the 17% of objectors who said that they would not use centres at all also gave the reason that they would be unable to travel or afford to travel to another centre and/or that they were</p>

	happy with their local centre.
Religion or belief	
Groups	Interpretation of data from the Children's Centre Consultation
Christian parents	<p>Christian parents represented 38% of responses from members of the public.</p> <p>About 88% of Christian parents objected to the proposal to close centres (Proposal 1). Objectors to the proposal used centres more frequently than supporters; 81% of objectors compared to 68% of supporters used centres once a week or more. Around half of those who agreed with the proposals said that the changes would have no impact on them. Over a third of objectors said that they would use children's centres less often and a quarter said that they would not use centres at all; the main reasons for this were due to difficulties with travel and alternative centres being too far away.</p> <p>Of Christian parents who responded to Proposal 3, almost two-thirds objected to reduce the opening hours of some centres. Over 40% of the objectors said that they would use centres less often and 14% that they would not use centres at all. The main reasons given for this were that opening times would not be suitable or not long enough and that they would be unable to travel or afford to travel to another centre.</p>
Parents with no religion	<p>Parents with no religion represented 35% of responses from members of the public.</p> <p>About 88% of parents with no religion objected to the proposal to close centres (Proposal 1). Objectors to the proposal used centres more frequently than supporters; 81% of objectors compared to 50% of supporters used centres once a week or more. Nearly half of those who agreed with the proposals said that the changes would have no impact on them. Over a third of objectors said that they would use children's centres less often and just over a quarter said that they would not use centres at all; the main reasons for this were due to difficulties with travel and alternative centres being too far away.</p> <p>Of parents with no religion who responded to Proposal 3, 65% objected to reducing the opening hours of some centres. Over 40% of the objectors said that they would use centres less often and 16% that they would not use centres at all. Of those who cited that they would not use centres at all the main reasons given were that opening times would not be suitable or not long enough and that they would be unable to travel or afford to travel to another centre.</p>
Sexual orientation	
Groups	Interpretation of data from the Children's Centre Consultation
Lesbian, Gay, Bisexual and Transgender (LGBT)	<p>LGBT respondents with children under the age of 5 represented 1% of responses from members of the public. All used centres once a week or more. Around a quarter of LGBT parents were aged over 35, around a quarter were from low incomes and around a quarter were lone parents.</p>

<p>parents</p>	<p>Around 88% of LGBT parents objected to the proposed closure of children’s centres (Proposal 1). A third of those who objected said that they would use children’s centres less often, 21% said that they would not use centres at all. Although further responses from objectors were low (18 respondents), the main reasons for this were due to difficulties with travel and alternative centres being too far away.</p> <p>Of LGBT parents who responded to Proposal 3, 82% objected to reduce the opening hours of some centres. Nearly half of the objectors said that they would use centres less often and nearly a quarter said that they would not use centres at all. Of the five respondents giving further reasons for this, the main reasons given were that: working parents would be most affected; it would depend on the opening times of the centre; they would be unable to get the support that they needed if opening hours changed; and that mothers feel isolated.</p>
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Table 4 Professional’s responses to the consultation

<p>Professional’s responses to the consultation</p>
<ul style="list-style-type: none"> • Professionals represented approximately 13% of respondents. • About a third of all responses were from Children’s Centre staff. • Most professionals (79%) disagreed with the proposal to close centres (Proposal 1). • The main reasons given for disagreeing with Proposal 1 were that: children and families would miss out; people who needed to be supported would be the most disadvantaged; there would be reduced access to children’s services; children’s centres are necessary/important resources and it would make travel to centres more difficult or alternative centres would be too distant.
<p>Example verbatim comments</p>
<p><i>Children's Centres are an invaluable source of support for the families I work with in my job as a social worker. Without them, there will be a number of children in need without opportunities that other children have. At the moment, all families have a Children's Centre close to where they live. Most of these families do not have cars and would not be able to travel further afield for groups and advice they would normally get from the centres. The children and their families will be more isolated and have less support to make the changes necessary for the care of their children without a local children's centre and the workers who lead them.</i></p> <p><i>We carry out child health clinics in these children centres. The children in these areas will be very disadvantaged and will find it difficult to access health checks/health review. This will definitely affect the health and development of these children.</i></p> <p><i>Closing Children's Centres would discourage families to access support as they have further to travel or could potentially overcrowd other centres which do not have resource.</i></p> <p><i>Many families have English as an additional language and without the help that the children's centre provides to them with services such as the play group they will find it difficult to fit in with the community.</i></p>

October 2013

**KENT COUNTY COUNCIL
EQUALITY ANALYSIS / IMPACT ASSESSMENT (EqIA)**

**This document is available in other formats, Please contact
cc.commissioning@kent.gov.uk or telephone on 01622 696678**

Directorate: Families and Social Care

Name of policy, procedure, project or service

Children's Centre Future Service Options Programme – Consultation Proposal

What is being assessed?

Merging of The Buttercup and The Daisy Children's Centres in Dover and relocation to Dover Town Centre.

Responsible Owner/ Senior Officer

Mairead MacNeil/ Karen Mills

Date of Initial Screening

2nd July 2013

Date of Full EqIA :

15th August – November 2013

Version	Author	Date	Comment
1.0	Karen Roberts	Apr 2013	
2.0	Chris Barker	26.06.13	Update to reflect The Buttercup and The Daisy Children's Centres only
3.0	Equality and Diversity Teams	01.07.13	Comments on version 2
4.0	Chris Barker	02.07.13	Updated to reflect Equality and Diversity changes
5.0	Matthew Mallett	25.11.13	Full EqIA using consultation responses
6.0	Chris Barker/ Alister McClure	27.11.13	Revised Full EqIA incorporating Equality and Diversity Comments

Screening Grid

Characteristic	Could this policy, procedure, project or service affect this group less favourably than others in Kent? YES/NO If yes how?	Assessment of potential impact HIGH/MEDIUM LOW/NONE UNKNOWN		Provide details: a) Is internal action required? If yes what? b) Is further assessment required? If yes, why?	Could this policy, procedure, project or service promote equal opportunities for this group? YES/NO - Explain how good practice can promote equal opportunities
		Positive	Negative	Internal action must be included in Action Plan	If yes you must provide detail
Age Page 303	<p>Yes. Children’s Centres core purpose is to improve outcomes for young children and their families through reducing inequalities. Young children are classified as pre-birth to age 5.</p> <p>In 2011 there were 111,700 residents in the Dover district¹, 6,200 of these (5.55%) were 0 to 5 years old².</p> <p>In the Dover district 4,358 children have been recorded as using a centre at least once between October 2011 and September 2012. This represents 70.3% of the 0-5 population. 15% were less than a year old, 17% were 1 years old, 17% were 2 years</p>	High	High	<p>a) Yes –sustain current outreach services and promote the hub and link model. Better link children’s centre services provided. Maximise the use of resources including staffing to continue to improve outcomes for children and their families.</p> <p>Ensure measures are in place to enable vulnerable families (identified via CAF) to access current services.</p> <p>Provide information to current children’s centre users to promote understanding of how the changes could affect them and how to identify any support available within the hub and link model. (All children 0-5 will remain entitled to access all Children’s Centres in the County).</p> <p>Children’s Centres will continue to signpost to age appropriate provision for children over 5.</p>	<p>Using Dover Town Centre as a Hub centre. This option could enable greater emphasis on services rather than buildings and enable outreach to be increased equitably. By working as a hub and link centre model (with one catchment area) centres may be able to increase the proportion of 0-5 registered at Children’s Centres. This could support the identification of families’ needs and enable services to be more targeted at 0-5 year olds who are most in need of intervention.</p> <p>Through operating a hub and link model all families should continue to be offered appropriate services. Services will address locally identified need.</p> <p>It is likely that there will be an increase in the numbers of children attending Blossom Children’s</p>

¹ 2011 Kent Census Date, ONS

² Mid year population estimates, KCC

old, 21% were 3 years old, 20% were 4 years old and 10% were 5 years old.

Of the 4,358 Children using a centre in Dover at least once between October 2011 and September 2012, 16.5% (720 children) attended The Buttercup Children’s Centre. 13% were less than a year old, 20% were 1 year olds, 17% 2 years old, 16% were 3 years old, 19% were 4 years old and 7% were 5 years old. This represents a larger than average proportion (Kent Children’s Centre average) of 3, 4 and 5 year olds. The proportion of 0-1, 1 and 2 year olds accessing services is far less than the county average.

Of these 720 children, 477 also attended another Children’s Centre in Dover and 244 only attended The Buttercup. Others centres accessed included The Daisy, Buckland and Whitfield, Samphire, Blossom, The Sunflower and North Deal Primrose.

Needs analysis (volume) for

Close partnership working with the commissioned centre to ensure that services are planned appropriately across the district.

b) Yes - Full Public Consultation to be held.

Identify any mitigating actions that can be put in place to ensure number of 3, 4 and 5 year old users does not decrease, and actions to attempt to address the lower levels of 0-1, 1 and 2 year olds attending centres in the locality.

Ensure that any moves to CCG operating models do not disadvantage any age groups within the South Kent Coast CCG area. Teenage Parent Services which are currently delivered across the locality must continue to be promoted and signposted across CCG boundaries. Both The Daisy and The Buttercup have been listed as high need in terms of Teenage Pregnancy. Services currently delivered must continue.

Centres, particularly in the 1 and 2 year old age brackets. In order to prioritise early intervention and prevention especially as many 3 and 4 year olds access early Years settings than 1 and two year olds. Even with the increase in 2 year old funding through free for two to almost 50% this is still far greater than the approximate 94% of children aged 3 and 4 years in funded places.

Based on local knowledge, teenage parent services are currently delivered at two centres in Dover district. The hub and link model should increase signposting to teenage parent services i.e. Young Active Parents groups. The hub and link model may also increase the likelihood of teenage parents meeting and building peer support networks. A greater emphasis on services rather than buildings should support an increase in Teenage Parent registrations.

Merging and relocation of services should offer a more coordinated and better managed method of service delivery. This proposal has emerged from local proposals and responds to local need, and therefore any changes should have a potentially high positive impact on this protected characteristic.

The Buttercup Children’s Centre identifies that the The Buttercup catchment has a higher level of need than the Kent average in terms of teenage pregnancy.

Of the 4,358 Children using a centre in Dover at least once between October 2011 and September 2012, 28.5% (1,243 children) attended The Daisy Children’s Centre. 12% were less than a year old, 17% were 1 year olds, 19% 2 years old, 20% were 3 years old, 20% were 4 years old and 12% were 5 years old. This represents a larger than average proportion (Kent Children’s Centre average) of 3, 4 and 5 year olds. The proportion of 0-1, 1 and 2 year olds accessing services is far less than the county average.

Of these 1,243 children, 720 also attended another Children’s Centre in Dover and 523 only attended The Daisy. Others centres accessed included Buckland and Whitfield, Samphire, The Buttercup, The Sunflower,

	<p>Blossom, North Deal Primrose and Snowdrop.</p> <p>Needs analysis (volume) for The Daisy Children’s Centre identifies that The Daisy catchment has a higher level of need than the Kent average in terms of teenage pregnancy.</p>				
<p>Disability</p> <p>Page 306</p>	<p>9.3% of the population in the Dover district are claiming a disability benefit.³</p> <p>Between October 2011 and September 2012 no users at The Buttercup were recorded as having a disability.</p> <p>Needs analysis for The Buttercup Children’s Centre identifies that The Buttercup catchment has a lower level of need than the Kent average in terms of working aged permanently sick/ disabled (volume).</p> <p>Between October 2011 and September 2012 no users at The Daisy were recorded as</p>	Medium	Low	<p>a) Yes - Ensure that disabled children and carers are offered the opportunity to access services, including prospective disabled children and prospective carers.</p> <p>Ensure that parents and carers are asked about disabilities at registration. Work closely with HVs and Early Years settings to share information gained from developmental assessments.</p> <p>Offer parents the opportunity to amend database to include a ‘do not wish to answer’ category and a ‘no’ category for disability</p> <p>Ensure that parents and carers can access required information if they have print impairments, learning disabilities, are Deaf or hard-of-</p>	<p>Yes – Services will continue to address identified needs on an individual basis. Through a hub and link model centres will continue be able to share resources including best practice and specialist knowledge.</p> <p>Through the hub and link centre model (management) signposting to specialist services may increase.</p> <p>A greater emphasis on local services rather than buildings will enable outreach to be increased appropriately and equitably and therefore disabled children’s registrations should increase. Through increased targeted work obtained through better data collection, services could be more targeted. Sharing information may lead to speedier intervention by specialist services.</p>

³ Kent Business Intelligence Statistics

having a disability.

Needs analysis for The Daisy Children’s Centre identifies that The Daisy catchment has a higher level of need than the Kent average in terms of working aged permanently sick/ disabled (volume).

hearing, or would struggle to access standard print/ standard English information in any other way because of their protected characteristics.

b) Yes - Targeted consultation - A large number of disability records have either not been completed or users have not wished to disclose information and therefore it is difficult to measure impact. However a child’s disability may not be apparent at registration so work closely with HVs and Early Years settings to share information gained from developmental assessments. Offer parents the opportunity to amend database to include a ‘do not wish to answer’ category and a ‘no’ category for disability.
Consider an annual re-registration system across the County.

Close partnership working with the commissioned centre to ensure that services are planned appropriately across the district.

Ensure that alterations in district boundaries do not directly impact on the services disabled families and children are able to access.

Ensure that relocation of services does not directly impact upon the high levels of working aged

Children’s Centres will not discriminate directly or indirectly against any person because of their disability. We will ensure that front-line staff are diversity aware.

With the comparatively high levels of disability in Dover district, Children’s Centres will continue to be a key community venue as required by Sure Start Children’s Centre statutory guidance. Centres will promote equality regardless of disabilities and promote access to services.

				<p>permanently sick/disabled people currently attending The Daisy Children’s Centre.</p>	
<p>Gender</p>	<p>Yes – In the Dover district 49% of the population are male and 51% are female.</p> <p>In 2012, 94% of attendances at Children’s Centres in Dover were made by a female parent or carer. Therefore, any changes are likely to have a greater negative impact on females.</p> <p>50% of children who used The Buttercup between October 2011 and September 2012 were male and 50% were female. This is broadly consistent with the County population for this age group, and in line with the district demographic.</p> <p>52% of children who used The Daisy between October 2011 and September 2012 were male and 48% were female. This is broadly consistent with the County population for this age group, and in line with the district demographic.</p>	<p>Low</p>	<p>Medium</p>	<p>a) Yes – services will continue to address need identified regardless of gender. Continue to deliver ‘dad’s groups’ and interventions targeted at male carers to increase engagement.</p> <p>b) No</p>	<p>No - It is likely that Children’s Centres will continue to support slightly more male 0-5 year olds. It is also likely that Children’s Centres will continue to support more female carers than males.</p> <p>Yes - Currently some centres run targeted interventions for male carers on behalf of the centres in their area. Through the hub and link centre model (management) signposting to these services would continue.</p> <p>Children’s Centres will not discriminate directly or indirectly against any person because of their gender. We will ensure that front-line staff are diversity aware.</p>

<p>Gender identity</p>	<p>Unknown - No impact has been identified at this stage due to a lack of information.</p>	<p>Unknown</p>	<p>Unknown</p>	<p>a) Yes – In line with KCC’s Equality Strategy, KCC will seek to identify gender identity of Kent’s residents. b) This impact assessment will be updated when such information is available.</p>	<p>Yes - There may be an opportunity to promote and provide more diverse services using a hub and link centre model.</p> <p>The hub and link centres could provide increased opportunity for specific services if needed.</p> <p>Children’s Centres will not discriminate directly or indirectly against any person because of their gender identity. We will ensure that front-line staff are diversity aware.</p>
<p>Race Page 309</p>	<p>This could impact Black or Minority Ethnic (BME) less favourably as a larger proportion of registered Children’s Centres users are BME compared to County populations.</p> <p>In the Dover district 96.7% of the population are White British, 3.3% are BME.</p> <p>Of the children who attended a Dover Children’s Centre between October 2011 and September 2012, 71% were White British, 2% were White-Gypsy Roma, 3% were White-Any Other White, 1% were Asian or Asian British-</p>	<p>Medium</p>	<p>Medium</p>	<p>a) Yes –Encourage disclosure of language and ethnicity information for all families at registration. Provide information on the benefits of disclosing this information.</p> <p>Ensure that parents and carers can access required information if English is a second language, or they would struggle to access standard print/ standard English information in any other way because of their protected characteristics.</p> <p>b) Yes - Targeted consultation - A large number of language records have either not been completed or users have not wished to disclose information and therefore it is difficult to measure impact.</p> <p>Promote greater awareness and understanding of diversity within the</p>	<p>Yes – Services will continue to address identified needs on an individual basis. Through a hub and link model centres will be able to share resources including best practice and specialist knowledge e.g. opportunity to access courses such as English as an additional language.</p> <p>Given the minimal numbers registered, a hub and link model may also increase the likelihood of families with English as an additional language meeting and building peer support networks.</p> <p>Through the hub and link centre model (management) signposting to specialist services should increase.</p> <p>A greater emphasis on services rather</p>

Indian, 1% were Asian or Asian British- Any other Asian, 1% were Mixed Dual-White and Asian, 1 % were Mixed/Dual- Any other Mixed, 1 % were Any other Ethnic Group, and 19% choose not to record their ethnicity.

Language information has not been obtained for 81% of families using Children’s Centres in Kent.⁴ Where information is available, English has been recorded as the first language for 18% of users. Polish has been recorded as the second largest proportion with less than 1%.

71% of users at The Buttercup were recorded as White British, 2% were Any Other White, 2% were Mixed/Dual- Any other mixed, 1% were Any Other Ethnic Group, and 22% choose not to record their ethnicity. There is therefore likely to be a greater impact on the white population, with a potential impact also likely on specific BME groups.

communities.

Statistics illustrate that although comparatively low, there is an extremely diverse community accessing all Dover Children’s Centres. There are also extremely high levels of White British currently accessing services. All races should be encouraged to participate in the targeted consultation. The high levels of those unrecorded also leaves open the potential for there to be much higher levels of BME groups.

Children’s Centres must ensure that during a public consultation those who have recorded their first language as not English are able to participate in the consultation.

than buildings will enable outreach to be increased equitably including to Gypsy/ Roma communities, families with English as an additional language and White British to reflect local populations. Services provided will also ensure that they are accessible to all racial groupings.

Children’s Centres will not discriminate directly or indirectly against any person because of their race. We will ensure that front-line staff are diversity aware.

Hub and linked centres can work together to further develop opportunities for social cohesion, understanding and tolerance of difference.

The hub and link centres could provide increased opportunity for specific services if needed.

Ensure that Dover Children’s Centres continue to work with young parents in ethnically diverse neighbourhoods, especially those from White British Backgrounds.

⁴ As at 1st October 2012

Language information is not recorded for 72% of users at The Buttercup Children’s Centre. 28% are recorded as English.

MOSAIC classifications of families attending **The Buttercup Children’s Centre** between June 2011 and June 2012 **DOES NOT** identify an overrepresentation amongst young professionals with children, many living in ethnically diverse neighbourhoods.

64% of users at The Daisy were recorded as White British, 3% were White-Gypsy Roma, 4% were White-Any other White, 2% were Asian or Asian British- Any other Asia, 1% were Mixed/Dual- Any other Mixed, 1% were Any other Ethnic Group, and 23% choose not to record their ethnicity. There is therefore likely to be a greater impact on the white population, with a potential impact also likely on specific BME groups, in particular the Any Other White

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 312</p>	<p>classification.</p> <p>Language information is not recorded for 73% of users at The Daisy Children’s Centre. 26% are recorded as English, and 2% recorded another non-English language.</p> <p>MOSAIC classifications of families attending The Buttercup Children’s Centre between June 2011 and June 2012 DOES NOT identify an overrepresentation amongst young professionals with children, many living in ethnically diverse neighbourhoods.</p>				
<p>Religion or belief</p>	<p>In the Dover 2011 census 64.1% of the population have recorded their religion as Christian, 0.5% as Buddhist, 0.6% as Hindu, 0.1% as Jewish, 0.5% as Muslim, 0% as Sikh and 0.5% as other religion. 26% have stated no religion and 7.6% have not stated if a religion or not. Religion of Children’s Centre users is unknown.</p>	<p>Unknown</p>	<p>Unknown</p>	<p>a) Yes –Encourage religion or belief information is obtained for all families at registration. Provide information on the benefits of disclosing this information b) This impact assessment will be updated when such information is available.</p>	<p>Children’s Centres will not discriminate directly or indirectly against any person because of their religion or belief. We will ensure that front-line staff are diversity aware.</p> <p>Targeted services have previously been run in some communities to increase knowledge of all religions. This work will continue.</p> <p>The hub and link centres could provide increased opportunity for specific services if needed.</p>
<p>Sexual</p>	<p>Sexual Orientation data is</p>	<p>Unknown</p>	<p>Unknown</p>	<p>a) Yes – Continue to encourage parents to</p>	<p>Children’s Centres will not discriminate</p>

<p>orientation</p>	<p>collected for parents and carers.</p> <p>Sexual orientation is deemed not applicable for under 5 age group.</p>			<p>provide information on sexual orientation and discuss individual needs. Provide information on the benefits of disclosing this information</p> <p>b) This impact assessment will be updated when sexual orientation information is available.</p>	<p>directly or indirectly against any person because of their sexual orientation. We will ensure that front-line staff are diversity aware.</p> <p>The hub and link centres could provide increased opportunity for specific services if needed.</p>
<p>Pregnancy and maternity</p>	<p>Children’s Centres core purpose is to improve outcomes for young children and their families through reducing inequalities. Children’s Centres offer a range of pre-birth and maternity services.</p> <p>The Buttercup Children’s Centre provide a number of services, including breastfeeding peer support, a weekly child health clinic, baby massage and antenatal advice.</p> <p>The Daisy Children’s Centre provide a number of services, including breastfeeding peer support training, a weekly child health clinic, Makaton baby signing, baby massage and antenatal advice.</p>	<p>High</p>	<p>High</p>	<p>a) Review current services to ensure they are in the right location. Work with Health partners to ensure provision continues at proposed part time link centres, link centres and Hubs.</p> <p>b) Yes – Further engagement with Health colleagues required to identify changes to services and associated impact. EqIA to be updated accordingly.</p> <p>Ensure all those who attend a pregnancy and maternity course at both The Buttercup and The Daisy Children’s Centre are encouraged to participate in the targeted consultation.</p>	<p>Level of provision will not be affected and provision will be increased accordingly at hub and link centres. This will not affect universal access to Health services or Health Visitor home visits. Moving to a hub and link model will also promote health services across a joined up catchment area.</p> <p>The changes in the catchment area may better suit health teams in the Dover District.</p> <p>This proposal plans to merge and relocate both Children’s Centres. By doing this there is the potential to ensure that services being delivered for those in this protected characteristic are delivered in a more coordinated manner and potentially at more convenient locations.</p>
	<p>In the Dover area 48.3% of</p>	<p>Medium</p>	<p>Medium</p>	<p>a) Yes – Investigate feasibility of collecting</p>	<p>Yes – Services will continue to address</p>

<p>Marriage and Civil Partnerships</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 314</p>	<p>the population 16 years and over are married, 0.3% are in same sex civil partnerships, 29.5% are single, 3% are separated, 10.7% are divorced, 8.3% are widowed.</p> <p>This information is not available for Children's Centre users but MOSAIC classifications of families attending The Buttercup and The Daisy Children's Centres between June 2011 and June 2012 identified an underrepresentation amongst users for the following group;</p> <ul style="list-style-type: none"> • Young singles and couples in small privately rented flats and terraces on moderate incomes <p>MOSAIC classifications also identified an overrepresentation amongst users for the following groups at both The Buttercup and The Daisy Children's Centres;</p> <ul style="list-style-type: none"> • Lone parents with young children, living in high crime areas on large social housing estates • Singles and lone parents on low incomes, renting terraces in town centres 			<p>marriage and civil partnership information at registration.</p> <p>b) This impact assessment will be updated when marriage and civil partnership information is available.</p> <p>Ensure that the levels of singles currently accessing services at both Children's Centres does not decline, and that they are actively engaged in a targeted consultation.</p>	<p>identified needs on an individual basis. Lone Parent will remain a target group for Children's Centres in line with Ofsted requirements and will therefore seek to reduce inequalities in outcomes for lone parents and their children.</p> <p>Through the hub and link model we may be able to offer increased Adult Education and other education or training opportunities (due to increased participants)</p> <p>Through the hub and link we may be able to offer longer opportunities to access information on benefits, debt reduction and housing.</p> <p>Children's Centres in the Dover area must continue to work with families who require help, and to assist in providing early intervention and preventative services, limiting the number of families requiring specialist services in the district and locality.</p>
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	<p>Therefore there is the potential for there to be an adverse impact on singles.</p> <p>If services become more targeted and focus on lone parents, couples and those married may be negatively impacted. However, this will be justified if based on need.</p>				
<p>Carer's responsibilities</p>	<p>88.7% of the population in Dover district provide no unpaid care a week. 7.1% provide up to 19 hours, 1.4% provide between 20 and 49 hours, 2.85% provide over 50 hours. This is in line with the county average of 10.4%.</p>	Unknown	Unknown	<p>a) Yes - increased awareness of carer's responsibilities and support for families most in need of intervention.</p> <p>b) No</p>	<p>Yes – increased awareness of carer's responsibilities and support for families most in need of intervention.</p>

INITIAL SCREENING

Proportionality - Based on the answers in the above screening grid what weighting would you ascribe to this function

Low	Medium	High
Low relevance or Insufficient information/evidence to make a judgement.	Medium relevance or Insufficient information/evidence to make a Judgement.	High relevance to equality, /likely to have adverse impact on protected groups

High – This proposal has been rated as potentially having a high impact in terms of proportionality. There is likely to be a high impact on the following characteristics; Age, Disability, and Pregnancy and Maternity. There is likely to be a medium impact on Gender and Marriage and Civil Partnership protected characteristics. Impact on Gender Identity, Race, Religion or Belief, Sexual Orientation and Carer’s Responsibility are unknown.

Context

Kent’s Children’s Centre programme has been rolled out across the county over the last seven years in three phases, each within tight timescales and different financial constraints. Kent currently has 97 Children’s Centres in operation. All centres are slightly different depending on local need, their level of funding and the range of services they provide.

The Buttercup Children’s Centre is a Sure Start Local Programme Children’s Centre, operating out of the Triangle Community Centre. The Buttercup is currently managed alongside The Daisy, Buckland and Whitfield and Samphire Children’s Centres. Users currently accessing Buttercup also access The Daisy, Buckland and Whitfield, Samphire, Blossom, Sunflower and North Deal Primrose.

The Daisy Children’s Centre is a Phase 1 Children’s Centre, operating out of The Ark Christian Centre. The Daisy is currently managed alongside The Buttercup, Buckland and Whitfield and Samphire Children’s Centres. Users currently accessing The Daisy also access Buckland and Whitfield, Samphire, The Buttercup, The Sunflower, Blossom, North Deal Primrose and Snowdrop.

Parents play a key role in influencing services that are provided.

Children’s Centres are places where all children under five years old and their families can receive services and information. These services vary according to centre but may include:

- Integrated early education and childcare
- Support for families – including advice on parenting, local childcare options and access to specialist services for families

October 2013

- Child and family health services – including health screening, health promotion, health visitor and midwifery services, and the healthy child programme.
- Helping parents into work – with links to Jobcentre Plus and training.

There have been recent reductions in government funding for children's centres as well as changes to government policies about how Children's Centres should work. This proposal seeks to align with;

- A revised core offer for Children's centre
- Revised Children's Centre Statutory Guidance
- Revised Ofsted Inspection Framework (April 2013)
- Reductions in Early Intervention Grant Funding
- Health Visitor Implementation Plan

Aims and Objectives

In line with KCC's medium-term plan, Bold Steps for Kent, we need to change the way we work so we can continue to meet the needs of our children and their families with reduced budgets. Kent aims to achieve this by;

- ensuring we deliver better, earlier support to those children and families who need it
- ensuring we continue to provide Children's Centre services to improve health, education and social care outcomes
- strengthening the working relationship between Children's Centres, early years settings, schools and health services

Beneficiaries

The community of Kent but in particular families with children between 0 – 5 years, including those families and young children who are the most vulnerable.

For example:

- Lone parents, young parents and pregnant teenagers and mothers with post-natal depression.
- Children in need or with a child protection plan
- Children of offenders and/or those in custody
- Fathers particularly those with any other identified need, for example teenage fathers and those in custody
- Those with protected characteristics as defined by the Equality Act 2010
- Looked after children
- Children who are being cared for by members of their extended family such as a grandparent, aunt or older sibling
- Families identified by the LA as 'troubled families' who have children under five; any other vulnerable groups identified as at risk of harm by other services
- Families who move in and out of the area relatively quickly (transient families), such as those seeking employment or seasonal work

October 2013

- Parents with a learning difficulty or disability, or parents who have a child with a learning difficulty or disability
- Migrant families or families where English is an additional language
- Families with complex needs or where there is mental illness
- Families who suffer from domestic violence or where there is substance or alcohol abuse
- Families living in poverty and poor housing

The Local Authority (LA) will benefit. Schools, Health Services, childcare providers and voluntary sector providers could benefit.

ASSESSMENT

Involvement and Engagement

Countywide Consultation: Shaping the future of Children's Centres in Kent

The consultation "Shaping the future of Children's Centres in Kent" began on Thursday 4th July and ended on Friday 4th October. Information on the consultation was shared with County Councillors and notification of the consultation launch was sent to approximately 35,000 stakeholder email addresses (including Borough/District and Parish Councillors, service delivery partners and registered Children's Centre users. Articles were posted on Knet, Kent.gov.uk and in Kmail and a promotional tab advertising the consultation remained on the front page of Kent.gov.uk throughout the duration of the consultation. The KCC Twitter account was also used to publicise the consultation on 4th July. Leaflets and posters were produced and distributed to advertise and promote the consultation.

A paper version of the consultation document was produced outlining the proposal for Kent Children's Centres and providing information on the Children's Centres proposed for closure or reduced operating hours as well as proposed future operating arrangements. The document contained a hard copy response form to the consultation for those unable to access the internet and Children's Centre staff assisted vulnerable users in completing the questionnaire.

The Buttercup

A total of 169 members of the public and 14 professionals objected to the closure of The Buttercup Children's Centre. Of these 169 members of the public, 30 objected only to the closure of The Buttercup (although an additional 50 only objected to the closure of The Buttercup and The Daisy).

In comparison with all those objecting to Proposal 1, those objecting to the closure of The Buttercup are much more likely to be parents of children from low incomes.

Around 1 in 8 (13%,) of the members of the public objecting to the proposed closure of The Buttercup (22 individuals) indicate that they will not use

Children's Centres at all as a result (which is far lower than the average across all objectors, of 26%). Approaching half indicated that they 'will use Children's Centres less often' as a result of the proposed closure, with concerns surrounding travel/accessibility prominent amongst this group.

A total of 79 users of The Buttercup Children's Centre (and 28 sole users) responded to the consultation, representing around 11% of all users of the Centre. The vast majority (84%) disagree to some extent with this proposal, although interestingly 12% agree. Just 4 of the 23 sole users of The Buttercup responding to the consultation who object to the proposal indicated that they 'will not use Children's Centres at all' as a result of the proposed closure.

It may also be worth bearing in mind here that the views being analysed here are those of the users who have elected to submit a response to the consultation proposals. It may well be the case that this is skewed towards those who disagree with the proposals.

Of the users disagreeing with the proposal:

- 66% objected to the closure of The Buttercup (19 of the 23 sole users), and 44% to the closure of The Daisy.
- Nearly a fifth (19%) indicated that their objection didn't relate to any particular Centre.

Consultation responses categorised by protected characteristic indicated that those under the Age (Parents aged 25 or under) and Marriage and Civil Partnerships (Lone parents) were more likely to disagree with proposals to reduce the number of centres and reduce the opening hours at some centres than county average responses.

Responses categorised by protected characteristic indicated that those under the Age (Parents of 0-4's) and Gender (Mothers⁵) were more likely to disagree with proposals to reduce the number of centres and reduce the opening hours at some centres than county average responses.

Responses from other protected characteristic groups, such as those with a Disability⁶, Gender Identity, Race, Religion, Sexual Orientation, Pregnancy and Maternity were broadly the same as the county average.

The Daisy

A total of 161 members of the public and 11 professionals objected to the closure of The Daisy Children's Centre. Of these 161 members of the public, 28 objected only to the closure of The Daisy (although an additional 50 only objected to the closure of The Buttercup and The Daisy).

⁵ Mothers: For the purposes of the consultation "mother" always refers to women with children aged 0-4 years old

⁶ Disabled/disability: For the purposes of the consultation "disabled" or "disability" always refers to respondents who indicated that "their day-to-day activities are limited a lot because of a health problem or disability which has lasted, or is expected to last, at least 12 months

In comparison with all those objecting to Proposal 1, those objecting to the closure of The Daisy are much more likely to be parents of children from low incomes.

Less than 1 in 8 (13%) of the members of the public objecting to the proposed closure of The Daisy (21 individuals) indicate that they will not use Children's Centres at all as a result (which is far lower than the average across all objectors, of 26%). Nearly half (45%) indicated that they 'will use Children's Centres less often' as a result of the proposed closure, with concerns surrounding travel/accessibility prominent amongst this group.

A total of 63 users of The Daisy Children's Centre (and 24 sole users) responded to the consultation, representing around 6% of all users of the Centre. The majority (79%) disagree to some extent with this proposal. Just 3 of the 20 sole users of The Daisy responding to the consultation who object to the proposal indicated that they 'will not use Children's Centres at all' as a result of the proposed closure.

Of the users disagreeing with the proposal:

- 83% objected to the closure of The Daisy (17 of the 20 sole users), and 44% to the closure of The Buttercup.
- A tenth (10%) indicated that their objection didn't relate to any particular Centre.

Consultation responses categorised by protected characteristic indicated that those under the Age (Parents aged 25 or under), Race (Gypsy, Roma and traveller parents) and Marriage and Civil Partnerships (Lone parents) were more likely to disagree with proposals to reduce the number of centres and reduce the opening hours at some centres than county average responses.

Responses categorised by protected characteristic indicated that those under the Gender (Mothers) and Religion or belief (Christian parents) were more likely to disagree with proposals to reduce the number of centres and reduce the opening hours at some centres than county average responses.

Responses from other protected characteristic groups, such as those with a Disability, Gender Identity, Sexual Orientation, Pregnancy and Maternity were broadly the same as the county average.

Information and Data

Data used in Initial Screening can be found at Appendix 1

Data for Full Impact Assessment see Appendix 2 and 3

See also: post-consultation report for further details

Potential Impact

Adverse Impacts

The initial screening identified a potential for there to be some adverse impacts on the following group;

- 0 – 5 year olds
- Teenage parents
- A number of racial groupings
- Married Couples
- Female parents/ carers
- Pregnancy and Maternity
- Those with a disability
- Impact is unknown for gender identity, carer's responsibilities religion or belief and sexual orientation.

Post-consultation

The results of the consultation find that the proposals in question have the potential to adversely impact:

- Parents aged under 25 years old
- Lone parents

At both The Buttercup and The Daisy a higher proportion of those objecting to the proposals came from these two groups. It did not identify a differential impact on the other groups listed above but did find there might be a slight impact on Gypsy, Roma, Traveller parents at The Daisy than those from other racial groupings.

Positive Impact:

The initial screening identified a potential for there to be a positive impact on some vulnerable groups using the centres, particularly 0-5 year olds, male parents/ carers, white British, disabled children, teenage parents and lone parents.

For example through:

- Hub centre be closer and more accessible to families,
- Increased targeting of provision to those most in need.
- Reinvesting resources from areas of less need to areas of high need
- Possible increase in outreach services and therefore in registrations and need assessments – identifying a family's needs earlier.
- Building on strong local partnerships and integrated working approaches currently in place. Better information sharing.
- Improved signposting across hub and Link
- Continued shared knowledge, expertise and best practice across hub and link
- Improving access by underrepresented groups

October 2013

- Improving data collection for categories of data related to gender identity, religion and sexual orientation. However this is not dependant on a model more on staffing model and training.
- Alignment with CCG areas to provide health services in a more coordinated way

Impact is unknown for gender identity, religion or belief and sexual orientation.

Post-consultation

The consultation did not identify that any protected characteristic grouping would be more positively impacted than another. The proportion of responses received agreeing with the consultation were from professionals from whom the highest group of responses agreeing with the proposals were received.

JUDGEMENT

Option 1 – Screening Sufficient **No**

Justification: There is the potential for there to be an adverse impact on a large number of racial groups and pregnancy and maternity protected characteristics.

Option 2 – Internal Action Required **Yes**

There is potential for adverse impact on particular groups and we have found scope to improve the proposal. Please see action plan.

Option 3 – Full Impact Assessment **Yes-** A full impact assessment to be conducted on the overall programme during and after consultation on individual proposals

Post-consultation

The results of the consultation find that the proposals in question have the potential to adversely impact:

- Parents aged under 25 years old
- Lone parents
- Gypsy, Roma, Traveller parents (to a lesser degree than parents aged under 25 years old and Lone parents)

Across all characteristics there are concerns about continued accessibility of services, the costs and difficulties of travelling to alternative locations and the reduction in opening hours and possible unsuitable hours. The centres are located in wards with high deprivation (St Radigunds and Tower Hamlets) and a significantly higher proportion of respondents objecting to the proposal were from low income families (as classified by MOSAIC analysis) than the county average.

In this group, those respondents stating that they will use Children's Centre less often or will no longer use a Children's Centre because of the proposals the most popular reasons cited were:

- Will make travel to centres more difficult / alternative centres too distant
- Children's centres form a local community hub / chance to meet people
- Centre is close by / easily accessible
- Centres supply help / counselling / advice / support / information

Low income in Kent, is not restricted to one particular equality group. Similar reasons for no longer using centres are cited across characteristics with respondents stating they value universal services that are local and provide access to a range of services from different providers.

There are also 'known unknowns' that could impact either positively or negatively on different protected characteristic groups and the development of the hub and link model. These include:

- Budget allocations for 2014/2015.
- Service plans for 2014/2015
- Staffing levels
- Availability and costs of accessible venues to run services from.
- Impacts of proposed changes on partnership working
- Services to be commissioned

Generally, from the consultation there are clear messages about the value centre users place on centres in terms of the services provided and support received from core and other services. They are seen as community hubs, serving a wide range of parent/carer and children's needs. Centre users are concerned about the loss of these services locally, and the implications for easy access in terms of transport, costs and time.

As a result of the consultation responses this full Equality Impact Assessment recommends that the centre merger and relocations should only go ahead if alternative venues in the local community can be found at which to run services for the groups of service users listed above.

In addition to the equality implications stated here the Council has re-evaluated its original proposals by:

- Reconsidering need (population based) and re-analysing usage patterns
- Identifying the impact on users (as identified by consultation respondents), and particularly sole users.
- Assessing suitable alternative venues within 1 mile of a proposed closure to enable services to continue to be delivered within the community.

- Identifying property implications including potential future (community) usage of accommodation and the likelihood of DfE clawback of capital monies.

It has therefore recommended the following changes to services:

Table 2

Recommendation	Rationale	Children's Centres
Close The Daisy and merge with The Buttercup. This will require the renegotiation of the existing Buttercup lease to improve service delivery AND the sourcing of additional alternative outreach accommodation at Tower Hamlets – The Daisy	Based on lack of suitable alternative accommodation in Dover Town Centre.	The Buttercup The Daisy

In line with the recommendations above, the impact on the these Children's Centres would be;

Table 3

Consultation Proposal	Proposed Decision
Closing and merging 2 Children's Centres and relocating them to an existing building in Dover Town Centre	Close the Daisy and merge with The Buttercup. This will require the renegotiation of the existing Buttercup lease to improve service delivery AND the sourcing of additional alternative accommodation for outreach at Tower Hamlets (The Daisy).

As a result of this proposed decision a further Equality Impact Assessment screening will be undertaken to ensure there are no additional impacts on service users.

Given the finding of the Impact Assessment it is particularly important to note that the recommendation is that all outreach services remain unaffected.

Action Plan

It is proposed that the following actions are taken:

- Undertake a further screening to assess the impact of the recommendation in Table 2 and 3.
- Data collection on all protected characteristics at the time of registration with centres

October 2013

Further detail can be found in the action plan at page 25

Monitoring and Review

It is recommended the following review actions are undertaken on a quarterly basis from April 2014:

- Review further EqIA screening. Undertake and monitor actions as required.
- Monitor attendance levels at Centres in Dover to ensure numbers of services users with protected characteristics accessing services are maintained and improved
- Monitor and quality assure equality data capture on Children's Centre database

Equality and Diversity Team Comments

Several potential impacts, both positive and negative were identified at the screening stage; the service sought consultation feedback to test out the service assumptions about impact and to identify any gaps/issues that may need to be addressed and a full impact assessment was conducted. As a result of the findings (set out in the judgement section above), the service has modified the recommendation to address potential negative impacts.

Sign Off

I have noted the content of the equality impact assessment and agree the actions to mitigate the adverse impact(s) that have been identified.

Senior Officer



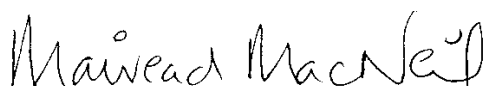
Signed:

Name: Karen Mills

Job Title: Commissioning Manager

Date: November 2013

DMT Member



Signed:

Name: Mairead MacNeil

Job Title: Director of Specialist Children's Services Date: November 2013

Updated 27/11/2013

24

Page 325

KCC/EqIA2013/October

Equality Impact Assessment Action Plan

Protected Characteristic	Issues identified	Action to be taken	Expected outcomes	Owner	Timescale	Cost implications
All	No suitable venue in Dover town Centre from which to deliver services	Close The Daisy and merge with The Buttercup, ensuring services continued to be delivered in the local community serviced currently by The Daisy	Service users remain able to access services within their local communities	Strategic Commissioning	January 2014 – March 2014	TBC
All	No suitable venue in Dover town Centre from which to deliver services	Undertake Equality Impact Assessment Initial Screening on proposals	Unknown	Strategic Commissioning	November 2013	Officer time
All	Monitor equality information	Ensure that data is collected from those registering at centres on all protected characteristics (in particular disability, sexual orientation, gender identity, religion or belief, to provide improved information for targeting services.	Improved data on those	Strategic Commissioning / operational managers / eStart user group	January 2014 onwards	TBC
All	Impact on high numbers of sole users	Implement changes in Table 2 to ensure impact is reduced.	Service users remain able to access services within their local	Strategic Commissioning	January 2014 – June 2014	TBC

			communities			
All	Impact on users on lower incomes	Reallocate budget model based on deprivation	Budget distributed more proportionately to those areas most deprived	Strategic Commissioning	October 2013 – March 2014	TBC

Appendix 1

See following sheets

The Buttercup Children's Centre (Dover)

Note: Data for appendices A & B is based on e-start usage between 1.10.11 to 30.9.12

Appendix A – Centre Profile

Gender

Male		Female		Total	
Number	%	Number	%	Number	%
362	50%	358	50%	720	100%

Page 328

Age

0		1		2		3		4		5		Total	
Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
96	13%	146	20%	123	17%	164	23%	140	19%	51	7%	720	100%

Ethnicity

WBRI White - British		WIRI White - Irish		WIRT White - Traveller of Irish Heritage		WROM White - Gypsy / Roma		WOTH White - Any Other White	
Number	%	Number	%	Number	%	Number	%	Number	%
510	71%	<5			0%	<5		17	2%

The Buttercup Children's Centre (Dover)

ABAN Asian or Asian British - Bangladeshi		AIND Asian or Asian British - Indian		APKN Asian or Asian British - Pakistani		AOTH Asian or Asian British - Any Other Asian		BAFR Black or Black British - African		BCRB Black or Black British - Caribbean		BOTH Black or Black British - Any Other Black	
Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
<5		<5			0%	<5			0%		0%		0%

CHNE Chinese		MWAS Mixed / Dual - White and Asian		MWBA Mixed / Dual - White and Black African		MWBC Mixed / Dual - White and Black Caribbean		MOTH Mixed / Dual - Any Other Mixed		OOTH Any Other Ethnic Group	
Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
<5		<5		<5		<5		11	2%	6	1%

NOBT Information Not Yet Obtained		REFU Refused		Record blank		Total	
Number	%	Number	%	Number	%	Number	%
	0%		0%	157	22%	720	100%

Language

English		Other (non-English) language		Record blank		Total	
Number	%	Number	%	Number	%	Number	%
204	28%	<5		515	72%		

The Buttercup Children's Centre (Dover)

Disability

Yes		(Blank)		Total	
Number	%	Number	%	Number	%
	0%	720	100%	720	100%

Mosaic (K & M Group)

A		B		C		D		E		F		G		H	
Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
18	3%	26	4%	30	4%	70	10%	26	4%	26	4%	66	9%	29	4%

I		J		K		L		M		Unknown		Total	
Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
12	2%	78	11%	111	15%	202	28%	18	3%	8	1%	720	100%

The Buttercup Children's Centre (Dover)

Appendix B – District Profile

Gender

Male		Female		Total	
Number	%	Number	%	Number	%
2183	50%	2174	50%	4358	100%

Age

0		1		2		3		4		5		Total	
Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
653	15%	723	17%	759	17%	896	21%	885	20%	442	10%	4358	100%

Page 331

Ethnicity

WBRI White - British		WIRI White - Irish		WIRT White - Traveller of Irish Heritage		WROM White - Gypsy / Roma		WOTH White - Any Other White	
Number	%	Number	%	Number	%	Number	%	Number	%
3109	71%	<5		<5		72	2%	135	3%

ABAN Asian or Asian British - Bangladeshi		AIND Asian or Asian British - Indian		APKN Asian or Asian British - Pakistani		AOTH Asian or Asian British - Any Other Asian		BAFR Black or Black British - African		BCRB Black or Black British - Caribbean		BOTH Black or Black British - Any Other Black	
Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
7	0%	23	1%	<5		36	1%	<5			0%		0%

The Buttercup Children's Centre (Dover)

CHNE Chinese		MWAS Mixed / Dual - White and Asian		MWBA Mixed / Dual - White and Black African		MWBC Mixed / Dual - White and Black Caribbean		MOTH Mixed / Dual - Any Other Mixed		OOTH Any Other Ethnic Group	
Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
9	0%	24	1%	11	0%	12	0%	45	1%	31	1%

NOBT Information Not Yet Obtained		REFU Refused		Record blank		Total	
Number	%	Number	%	Number	%	Number	%
9	0%	7	0%	819	19%	4358	100%

Page 332

Language

English		Other (non-English) language		Record blank		Total	
Number	%	Number	%	Number	%	Number	%
1170	27%	36	1%	3152	72%	4358	100%

Disability

Yes		(Blank)		Total	
Number	%	Number	%	Number	%
<5		4355	100%		

The Buttercup Children's Centre (Dover)

Mosaic (K & M Group)

A		B		C		D		E		F		G		H	
Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
134	3%	93	2%	186	4%	462	11%	262	6%	208	5%	414	9%	182	4%

I		J		K		L		M		Unknown		Total	
Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
116	3%	802	18%	539	12%	763	18%	167	4%	30	1%	4358	100%

Appendix C – District Profile (2011 Census)

Appendix C – 2011 Census Data

Gender

Table 1: 2011 Census Total Population for Kent Local Authorities

Local Authority	Total Persons	Males		Females		Area of local authority (Hectares)	Density (persons per hectare)
		No.	%	No.	%		
Ashford	117,958	57,232	48.5%	60,724	51.5%	58,062	2.03
Canterbury	151,145	72,838	48.1%	78,507	51.9%	30,885	4.89
Dartford	97,385	48,061	49.4%	49,304	50.6%	7,277	13.38
Dover	111,674	54,765	49.0%	56,909	51.0%	31,484	3.55
Gravesham	101,720	50,139	49.3%	51,581	50.7%	9,902	10.27
Maidstone	155,143	76,492	49.3%	78,651	50.7%	39,333	3.94
Sevenoaks	114,893	55,743	48.5%	59,150	51.5%	37,034	3.10
Shepway	107,969	53,135	49.2%	54,834	50.8%	35,670	3.03
Swale	135,835	67,152	49.4%	68,683	50.6%	37,341	3.64
Thanet	134,186	64,555	48.1%	69,631	51.9%	10,330	12.99
Tonbridge & Malling	120,805	59,207	49.0%	61,598	51.0%	24,014	5.03
Tunbridge Wells	115,049	56,494	49.1%	58,555	50.9%	33,133	3.47
KCC Area	1,463,740	715,613	48.9%	748,127	51.1%	354,464	4.13
Medway	263,925	130,825	49.6%	133,100	50.4%	19,203	13.74
Kent	1,727,665	846,438	49.0%	881,227	51.0%	373,667	4.62

Source: 2011 Census Table PP04 (unrounded data) released 24 September 2012. Office for National Statistics (ONS), © Crown Copyright

Age

Standard 5-year age group profile - Total persons			
	All ages	0-4	5-9
KCC area	1,466,500	89,300	84,500
Ashford Borough	118,400	7,700	7,400
Canterbury City	150,600	7,500	7,600
Dartford Borough	97,600	6,800	6,000
Dover District	111,700	6,200	5,900
Gravesham Borough	101,800	6,700	6,300
Maidstone Borough	155,800	9,700	8,800
Sevenoaks District	115,400	7,000	6,900
Shepway District	108,200	6,000	5,600
Swale Borough	136,300	8,800	8,000
Thanet District	134,400	8,100	7,300
Tonbridge & Malling Borough	121,100	7,500	7,700
Tunbridge Wells Borough	115,200	7,300	7,000
Medway Unitary Authority	264,900	17,300	16,100
Kent (KCC + Medway)	1,731,400	106,600	100,600
South East Region	8,652,800	536,000	490,800
England	53,107,200	3,328,700	2,990,100

Ethnicity

Table 2: 2011 Census: Population by broad ethnic group in Kent districts, the South East and England

	All usual residents	White		Mixed/ multiple ethnic groups:		Asian/ Asian British:		Black/ African/ Caribbean/ Black British		Other ethnic group:	
		Number	%	Number	%	Number	%	Number	%	Number	%
England	53,012,456	45,281,142	85.4%	1,192,879	2.3%	4,143,403	7.8%	1,846,614	3.5%	548,418	1.0%
South East	8,634,750	7,827,820	90.7%	167,764	1.9%	452,042	5.2%	136,013	1.6%	51,111	0.6%
Kent	1,463,740	1,371,102	93.7%	22,107	1.5%	47,614	3.3%	16,216	1.1%	6,701	0.5%
Ashford	117,956	110,520	93.7%	1,682	1.4%	3,991	3.4%	1,375	1.2%	388	0.3%
Canterbury	151,145	140,620	93.0%	2,551	1.7%	5,135	3.4%	1,937	1.3%	902	0.6%
Dartford	97,365	85,070	87.4%	2,161	2.2%	5,799	6.0%	3,578	3.7%	757	0.8%
Dover	111,674	107,966	96.7%	1,029	0.9%	2,031	1.8%	386	0.3%	262	0.2%
Gravesham	101,720	84,226	82.8%	2,066	2.0%	10,604	10.4%	2,885	2.8%	1,939	1.9%
Maidstone	155,143	145,996	94.1%	2,345	1.5%	4,943	3.2%	1,380	0.9%	479	0.3%
Sevenoaks	114,893	110,029	95.8%	1,675	1.5%	2,085	1.8%	853	0.7%	251	0.2%
Shepway	107,969	102,215	94.7%	1,267	1.2%	3,699	3.4%	458	0.4%	330	0.3%
Swale	135,835	131,155	96.6%	1,575	1.2%	1,489	1.1%	1,395	1.0%	221	0.2%
Thanet	134,186	128,194	95.5%	2,186	1.6%	2,504	1.9%	910	0.7%	392	0.3%
Tonbridge & Malling	120,805	115,872	95.9%	1,677	1.4%	2,431	2.0%	421	0.3%	404	0.3%
Tunbridge Wells	115,049	109,239	94.9%	1,893	1.6%	2,903	2.5%	638	0.6%	376	0.3%
Medway Unitary Authority	263,925	236,579	89.6%	5,176	2.0%	13,615	5.2%	6,663	2.5%	1,892	0.7%
Kent & Medway	1,727,665	1,607,681	93.1%	27,283	1.6%	61,229	3.5%	22,879	1.3%	8,593	0.5%

Source: 2011 Census: Key Statistics Table 201, Office for National Statistics (ONS) © Crown Copyright
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Table 8: Religion in Kent districts, the South East and England in 2011

Table population : All usual residents

	All People	Christian		Buddhist		Hindu		Jewish		Muslim		Sikh		Other religion		No religion		Religion not dated	
		Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
England	53,012,456	31,479,876	60.4%	238,626	0.6%	806,199	1.6%	261,282	0.6%	2,660,116	6.0%	420,196	0.8%	227,825	0.4%	13,114,232	24.7%	3,804,104	7.2%
South East	8,634,750	5,160,128	60.0%	43,946	0.6%	92,499	1.1%	17,761	0.2%	201,651	2.3%	54,941	0.6%	39,672	0.6%	2,388,286	27.7%	635,866	7.4%
Kent	1,463,740	915,200	62.6%	6,802	0.6%	10,943	0.7%	1,777	0.1%	13,932	1.0%	10,545	0.7%	6,145	0.4%	391,591	26.8%	106,805	7.3%
Ashford	117,956	74,253	62.9%	803	0.7%	1,282	1.1%	116	0.1%	1,019	0.9%	95	0.1%	432	0.4%	30,984	26.3%	8,972	7.6%
Canterbury	151,145	91,122	60.3%	880	0.6%	1,055	0.7%	267	0.2%	1,838	1.2%	245	0.2%	760	0.6%	43,117	28.6%	11,861	7.8%
Dartford	97,365	59,045	60.6%	382	0.4%	1,547	1.6%	86	0.1%	1,566	1.6%	1,543	1.6%	319	0.3%	26,486	27.2%	6,391	6.6%
Dover	111,674	71,541	64.1%	523	0.6%	682	0.6%	97	0.1%	521	0.6%	50	0.0%	525	0.6%	29,047	26.0%	8,688	7.8%
Gravesham	101,720	61,891	60.8%	333	0.3%	942	0.9%	54	0.1%	1,894	1.9%	7,743	7.6%	606	0.6%	21,862	21.6%	6,395	6.3%
Maldstone	155,143	97,578	62.9%	901	0.6%	1,492	1.0%	163	0.1%	1,685	1.1%	176	0.1%	612	0.4%	41,493	26.7%	11,043	7.1%
Sevenoaks	114,893	75,169	66.4%	367	0.3%	385	0.3%	196	0.2%	600	0.6%	180	0.2%	348	0.3%	28,939	26.2%	8,709	7.6%
Shepway	107,969	67,296	62.3%	962	0.9%	1,551	1.4%	78	0.1%	796	0.7%	34	0.0%	506	0.6%	28,575	26.6%	8,171	7.6%
Swale	135,835	85,535	63.0%	275	0.2%	368	0.3%	93	0.1%	792	0.6%	158	0.1%	499	0.4%	39,087	28.8%	9,028	6.6%
Thanet	134,186	82,447	61.4%	491	0.4%	639	0.6%	273	0.2%	1,230	0.9%	94	0.1%	690	0.6%	38,383	28.6%	9,939	7.4%
Tonbridge & Malling	120,805	76,920	63.7%	441	0.4%	539	0.4%	122	0.1%	750	0.6%	169	0.1%	412	0.3%	32,996	27.3%	8,456	7.0%
Tunbridge Wells	115,049	72,403	62.9%	444	0.4%	461	0.4%	232	0.2%	1,241	1.1%	58	0.1%	436	0.4%	30,622	26.6%	9,152	8.0%
Medway	263,925	152,637	57.8%	937	0.4%	2,756	1.0%	208	0.1%	5,169	2.0%	3,846	1.6%	1,392	0.6%	78,995	29.9%	17,985	6.8%
Kent & Medway	1,727,665	1,067,837	61.8%	7,739	0.4%	13,699	0.8%	1,985	0.1%	19,101	1.1%	14,391	0.8%	7,537	0.4%	470,586	27.2%	124,790	7.2%

Source: 2011 Census: Key Statistics Table 209, Office for National Statistics (ONS) © Crown Copyright

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Disability and Carer's Responsibilities

All usual residents

	Kent	Ashford	Canterbury	Dartford	Dover	Gravesham	Maidstone	Sevenoaks	Shepway	Swale	Thanet	Tonbridge & Malling	Tunbridge Wells
All people	1,463,740	117,956	151,145	97,365	111,674	101,720	155,143	114,893	107,969	135,835	134,186	120,805	115,049
Day-to-day activities limited a lot	116,407	8,416	12,427	6,621	10,853	7,796	10,660	7,219	10,753	11,742	15,369	7,579	6,972
Day-to-day activities limited a little	140,631	10,669	14,891	8,114	12,404	9,546	13,845	9,872	11,965	13,580	15,979	10,367	9,399
Day-to-day activities not limited	1,206,702	98,871	123,827	82,630	88,417	84,378	130,638	97,802	85,251	110,513	102,838	102,859	98,678
Very good health	683,205	56,128	70,764	47,273	48,433	47,298	74,636	58,796	45,577	60,198	54,640	60,306	59,156
Good health	510,399	41,385	52,338	33,941	39,477	35,572	54,384	38,344	38,999	48,719	47,109	41,475	38,656
Fair health	194,931	15,027	20,211	11,837	16,745	13,629	19,291	13,180	16,465	19,118	22,377	14,263	12,788
Poor health	58,536	4,163	6,133	3,314	5,538	4,104	5,323	3,569	5,321	6,008	7,785	3,728	3,550
Very bad health	16,669	1,253	1,699	1,000	1,481	1,117	1,509	1,004	1,607	1,792	2,275	1,033	899
Provides no unpaid care	1,311,963	106,137	135,562	88,146	99,020	91,410	139,582	102,948	95,663	121,577	118,684	108,724	104,510
Provides 1 to 19 hours unpaid care a week	97,464	7,686	10,089	5,927	7,892	6,371	10,472	8,501	7,465	8,351	8,925	8,258	7,527
Provides 20 to 49 hours unpaid care a week	18,432	1,428	1,815	1,126	1,579	1,383	1,728	1,190	1,663	1,897	2,190	1,321	1,112
Provides 50 or more hours unpaid care a week	35,881	2,705	3,679	2,166	3,183	2,556	3,361	2,254	3,178	4,010	4,387	2,502	1,900

	Kent	Ashford	Canterbury	Dartford	Dover	Gravesham	Maidstone	Sevenoaks	Shepway	Swale	Thanet	Tonbridge & Malling	Tunbridge Wells
All people aged 16 to 64*	917,880	73,443	97,526	63,390	68,865	64,674	98,962	70,814	66,345	85,916	80,143	75,394	72,408
Day-to-day activities limited a lot: Age 16 to 64	47,613	3,489	4,762	2,718	4,473	3,418	4,182	2,564	4,517	5,357	6,459	2,948	2,726
Day-to-day activities limited a little: Age 16 to 64	65,065	5,107	6,612	3,955	5,815	4,521	6,457	4,182	5,458	6,728	7,325	4,607	4,298
Day-to-day activities not limited: Age 16 to 64	805,202	64,847	86,152	56,717	58,577	56,735	88,323	64,068	56,370	73,831	66,359	67,839	65,384

2011 Census Table KS301: Health and provision of unpaid care

Source: 2001 Census: Office for National Statistics (ONS) © Crown Copyright

Presented by Business Intelligence, Research & Evaluation,
Kent County Council

Table population: All usual residents
(PERCENTAGES)

All usual residents

	Kent	Ashford	Canterbury	Dartford	Dover	Gravesham	Maidstone	Sevenoaks	Shepway	Swale	Thanet	Tonbridge & Malling	Tunbridge Wells	Medway	Kent & Medway
All people	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Day-to-day activities limited a lot	8.0%	7.1%	8.2%	6.8%	9.7%	7.7%	6.9%	6.3%	10.0%	8.6%	11.5%	6.3%	6.1%	7.5%	7.9%
Day-to-day activities limited a little	9.6%	9.0%	9.9%	8.3%	11.1%	9.4%	8.9%	8.6%	11.1%	10.0%	11.9%	8.6%	8.2%	8.9%	9.5%
Day-to-day activities not limited	82.4%	83.8%	81.9%	84.9%	79.2%	83.0%	84.2%	85.1%	79.0%	81.4%	76.6%	85.1%	85.8%	83.6%	82.6%
Very good health	46.7%	47.6%	46.8%	48.6%	43.4%	46.5%	48.1%	51.2%	42.2%	44.3%	40.7%	49.9%	51.4%	45.7%	46.5%
Good health	34.9%	35.1%	34.6%	34.9%	35.4%	35.0%	35.1%	33.4%	36.1%	35.9%	35.1%	34.3%	33.6%	36.3%	35.1%
Fair health	13.3%	12.7%	13.4%	12.2%	15.0%	13.4%	12.4%	11.5%	15.2%	14.1%	16.7%	11.8%	11.1%	13.0%	13.3%
Bad health	4.0%	3.5%	4.1%	3.4%	5.0%	4.0%	3.4%	3.1%	4.9%	4.4%	5.8%	3.1%	3.1%	3.9%	4.0%
Very bad health	1.1%	1.1%	1.1%	1.0%	1.3%	1.1%	1.0%	0.9%	1.5%	1.3%	1.7%	0.9%	0.8%	1.1%	1.1%
Provides no unpaid care	89.6%	90.0%	89.7%	90.5%	88.7%	89.9%	90.0%	89.6%	88.6%	89.5%	88.4%	90.0%	90.8%	90.5%	89.8%
Provides 1 to 19 hours unpaid care a week	6.7%	6.5%	6.7%	6.1%	7.1%	6.3%	6.7%	7.4%	6.9%	6.1%	6.7%	6.8%	6.5%	5.7%	6.5%
Provides 20 to 49 hours unpaid care a week	1.3%	1.2%	1.2%	1.2%	1.4%	1.4%	1.1%	1.0%	1.5%	1.4%	1.6%	1.1%	1.0%	1.3%	1.3%
Provides 50 or more hours unpaid care a week	2.5%	2.3%	2.4%	2.2%	2.9%	2.5%	2.2%	2.0%	2.9%	3.0%	3.3%	2.1%	1.7%	2.5%	2.5%

* Total for all people aged 16 to 64 taken from table KS102 - Age structure

	Kent	Ashford	Canterbury	Dartford	Dover	Gravesham	Maidstone	Sevenoaks	Shepway	Swale	Thanet	Tonbridge & Malling	Tunbridge Wells	Medway	Kent & Medway
All people aged 16 to 64*	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Day-to-day activities limited a lot: Age 16 to 64	5.2%	4.8%	4.9%	4.3%	6.5%	5.3%	4.2%	3.6%	6.8%	6.2%	8.1%	3.9%	3.8%	5.3%	5.2%
Day-to-day activities limited a little: Age 16 to 64	7.1%	7.0%	6.8%	6.2%	8.4%	7.0%	6.5%	5.9%	8.2%	7.8%	9.1%	6.1%	5.9%	7.1%	7.1%
Day-to-day activities not limited: Age 16 to 64	87.7%	88.3%	88.3%	89.5%	85.1%	87.7%	89.2%	90.5%	85.0%	85.9%	82.8%	90.0%	90.3%	87.5%	87.7%

Marriage and Civil Partnerships

2011 Census Key Statistics Table 103: Marital and civil partnership status

Presented by Business Intelligence, Research & Evaluation, Kent County Council

Table population: All usual residents aged 16 and over

	All people aged 16 and over	Single (never married or never registered a same-sex civil partnership)		Married		In a registered same-sex civil partnership		Separated (but still legally married or still legally in a same-sex civil partnership)		Divorced or formerly in a same-sex civil partnership which is now legally dissolved		Widowed or surviving partner from a same-sex civil partnership	
		Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Kent	1,180,186	369,334	31.3%	576,067	48.8%	2,388	0.2%	32,802	2.8%	112,916	9.6%	86,679	7.3%
Ashford	93,411	27,080	29.0%	48,288	51.7%	199	0.2%	2,611	2.8%	8,853	9.5%	6,380	6.8%
Canterbury	125,971	48,662	38.6%	54,131	43.0%	310	0.2%	2,863	2.3%	10,602	8.4%	9,403	7.5%
Dartford	77,342	26,741	34.6%	36,439	47.1%	140	0.2%	2,248	2.9%	6,785	8.8%	4,989	6.5%
Dover	91,382	26,924	29.5%	44,096	48.3%	242	0.3%	2,710	3.0%	9,820	10.7%	7,590	8.3%
Gravesham	80,964	26,202	32.4%	39,473	48.8%	111	0.1%	2,345	2.9%	7,008	8.7%	5,825	7.2%
Maidstone	125,476	37,567	29.9%	64,344	51.3%	206	0.2%	3,367	2.7%	11,458	9.1%	8,534	6.8%
Sevenoaks	92,481	25,276	27.3%	50,388	54.5%	175	0.2%	2,082	2.3%	7,773	8.4%	6,787	7.3%
Shepway	88,760	27,300	30.8%	41,591	46.9%	240	0.3%	2,713	3.1%	9,673	10.9%	7,243	8.2%
Swale	108,539	33,978	31.3%	52,439	48.3%	197	0.2%	3,500	3.2%	10,835	10.0%	7,590	7.0%
Thanet	108,556	34,051	31.4%	47,911	44.1%	270	0.2%	3,591	3.3%	12,873	11.9%	9,860	9.1%
Tonbridge & Malling	95,821	26,932	28.1%	51,132	53.4%	166	0.2%	2,408	2.5%	8,869	9.3%	6,314	6.6%
Tunbridge Wells	91,483	28,621	31.3%	45,835	50.1%	132	0.1%	2,364	2.6%	8,367	9.1%	6,164	6.7%

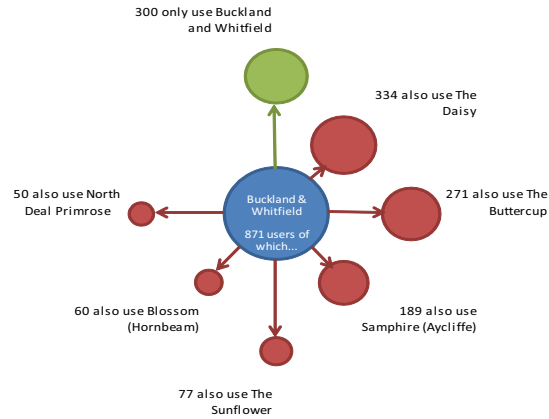
Appendix D – Centre Usage & Needs Analysis

Children's Centre Review - Summary Evidence (Dover)

Centre Usage

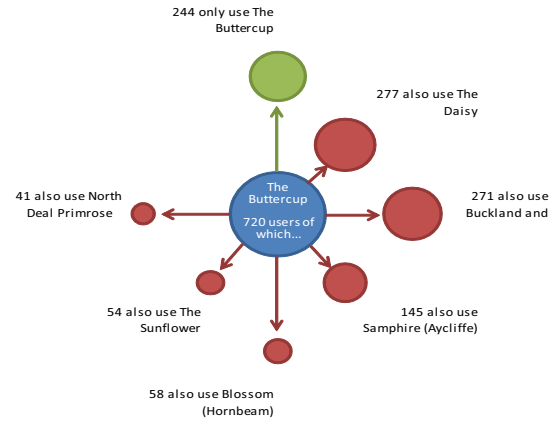
Buckland and Whitfield Children's Centre

Round: R1



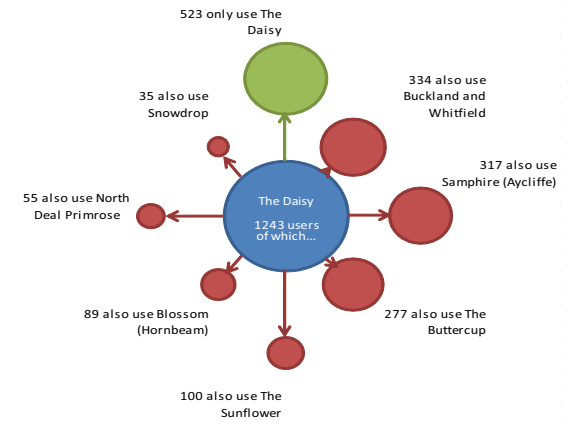
The Buttercup Children's Centre

Round: Ex SSLP



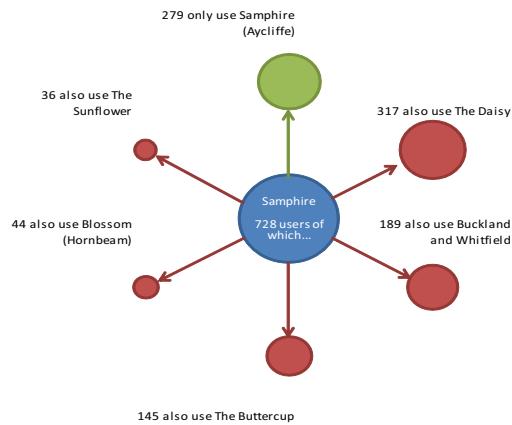
The Daisy Children's Centre

Round: R1



Samphire Children's Centre (Aycliffe)

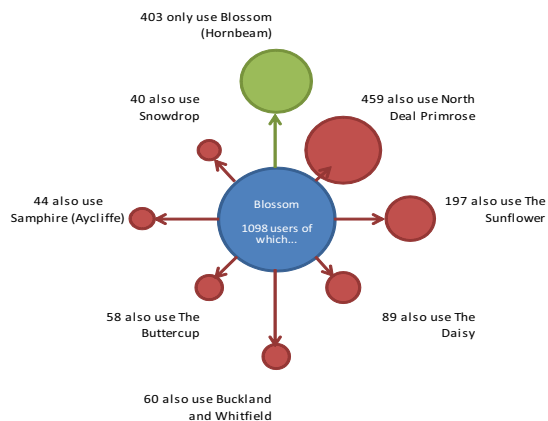
Round: R2



Centre Usage - Continued

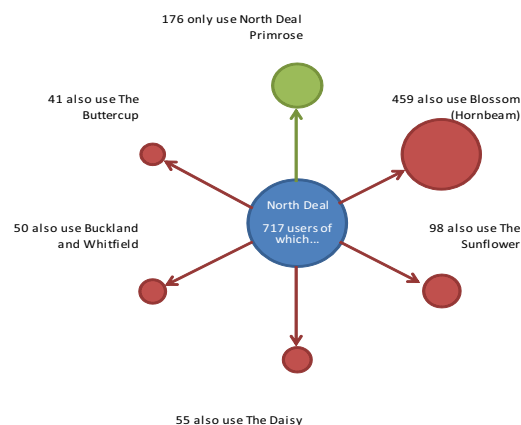
Blossom Children's Centre (Hornbeam)

Round: R2



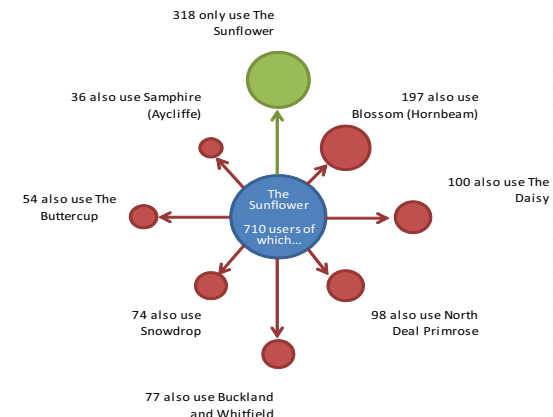
North Deal Primrose Children's Centre

Round: R3



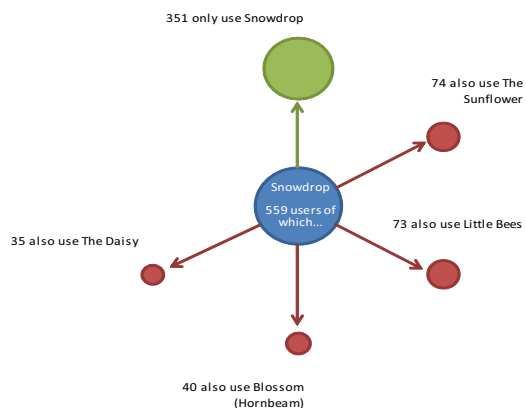
The Sunflower Children's Centre

Round: R2



Snowdrop Children's Centre

Round: R1



Technical Notes:

Based on an analysis of activity data taken from Estart, covering 1st October 2011 to 30th September 2012

Usage bubble chart shows other centres used. In most cases, other centres used by >30 children are shown, up to a maximum of 7 other centres

This analysis is child-based (counting each child only once against each centre they have attended, regardless of frequency), and covers attendees from both within and outside of the registered area (although anonymous attendees are not included).

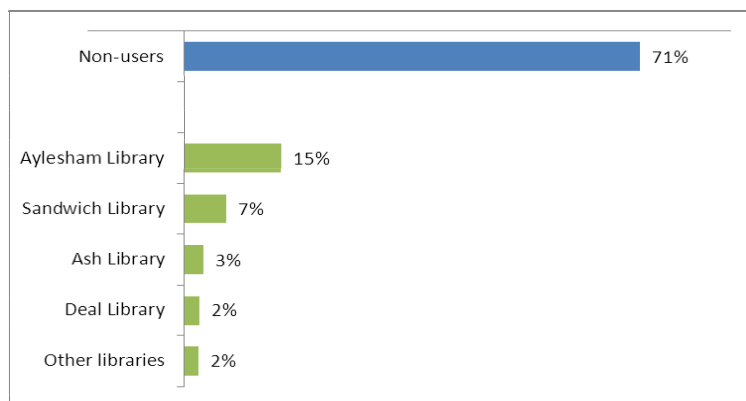


Library Usage Amongst Children's Centre Users

Snowdrop Children's Centre

Round: R1

Library Usage Amongst Families Using Snowdrop Children's Centre



This analysis has not been conducted for any other centres in Dover

Library data relates to users either borrowing or renewing an item between April 2011 and March 2012

Children's centre data based on activity data taken from Estart, covering 1st October 2011 to 30th September 2012

Analysis has been conducted for a list of libraries identified by the library service.

Usage Summary

	Buckland and Whitfield	The Buttercup	The Daisy	Samphire (Aycliffe)	Blossom (Horn-beam)	North Deal Primrose	The Sunflower	Snowdrop	Kent Average
Total number of children seen (reach)	871	720	1243	728	1098	717	710	559	615
% of children who <u>only</u> went to this Centre over the period	34%	34%	42%	38%	37%	25%	45%	63%	49%
Attendance frequency									
<i>Just once</i>	28%	30%	25%	46%	26%	40%	25%	29%	35%
<i>Less than once a month (2-11 times)</i>	40%	36%	45%	33%	37%	35%	34%	56%	47%
<i>1-2 times a month (12-24 times)</i>	7%	8%	15%	7%	9%	12%	16%	10%	10%
<i>At least fortnightly (25-49 times)</i>	22%	25%	14%	13%	25%	11%	20%	4%	6%
<i>At least weekly (50+ times)</i>	2%	1%	1%	1%	2%	1%	5%	1%	2%
Frequent users	35%	36%	31%	23%	40%	27%	43%	22%	24%
Average visits per child	12.7	12.0	9.7	8.0	14.8	8.7	13.8	6.3	8.3
Age (at 1st Oct 2012)									
Under 1	16%	13%	12%	16%	14%	13%	13%	20%	21%
1	21%	20%	17%	15%	17%	19%	17%	20%	26%
2	19%	17%	19%	18%	17%	18%	20%	18%	21%
3	20%	23%	20%	23%	21%	19%	22%	19%	16%
4	18%	19%	20%	20%	22%	21%	20%	17%	11%
5	6%	7%	12%	9%	9%	9%	6%	7%	4%

Catchment Analysis

Need level - based on volume (Numbers)	Average	Average	Average	Average	Average	Low	Average	Average	
Need level - based on penetration (%)	High	High	High	Average	Low	Average	High	Average	
Population projection for 0-5s (provisional)	Up	Up	Up	Up	Similar	Up	Up	Up	Similar

Technical Notes:

Usage statistics based on an analysis of activity data taken from Estart, covering 1st October 2011 to 30th September 2012

Frequent users: Are defined as children recorded as having used the centre 12+ times over the year, with an adjustment made for under 1's

Catchments: Needs are assessed based on the population (with 0-11 year olds) living within the calculated 'actual/natural' catchment for each centre. In this analysis catchments are built at LSOA-level, with each LSOA in Kent allocated to a centre on the basis of the centre that has the most current users living in that LSOA area.

Need Statistics: Levels of need are calculated both in terms of the total volume of need (i.e. numbers of children/households of a range of 11 need types) and in terms of the penetration of the need (i.e. the % of children/households of each of a range of 11 need types)

Population projections: Based on Ward-level projections for 2026, produced by Research & Intelligence, Kent County Council.

Green font indicates the centre is upper quartile on this measure

Red font indicates the centre is lower quartile on this measure

Appendix E – District Workshop (4th Feb 2013) Feedback Report

Kent Children's Centre Programme - 'Local Solutions' District Workshops

Select a District: **Dover**

This document provides an analysis of the feedback forms completed by attendees to the 'Local Solutions' District workshops, held during February 2013. A total of 331 completed forms were received and analysed across all 12 Districts, although it should be noted that at District levels totals are fairly small.

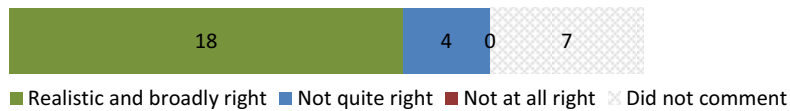
1. The Future Service Options Review aims to look at:

WHAT services are delivered,

WHERE they are accessed or delivered from, and

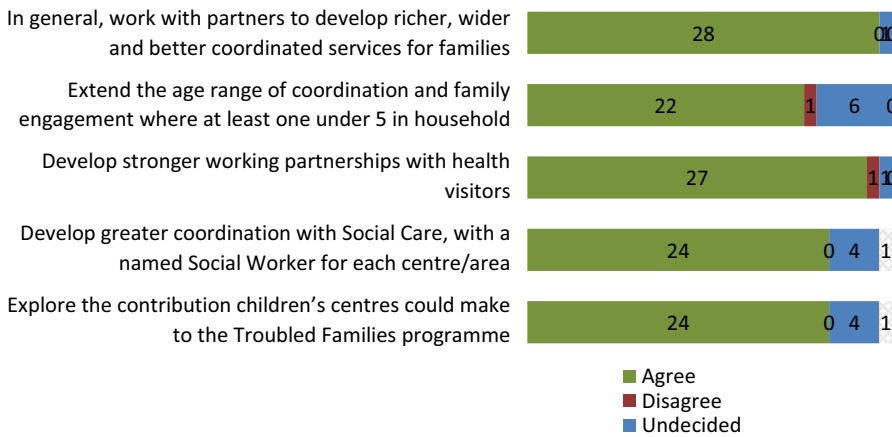
HOW the service is structured to plan and deliver within its financial constraints?

Do you think these aims are the right ones?



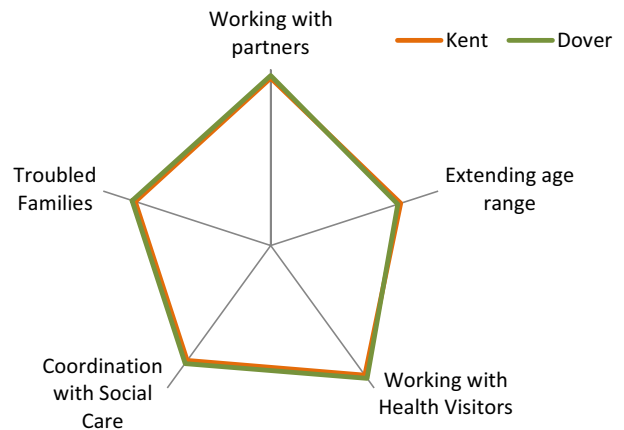
The majority of the attendees to the Dover workshop who responded feel that the Review aims are realistic and broadly right.

2. Service Development: Exercise 1a - No Wrong Front Door



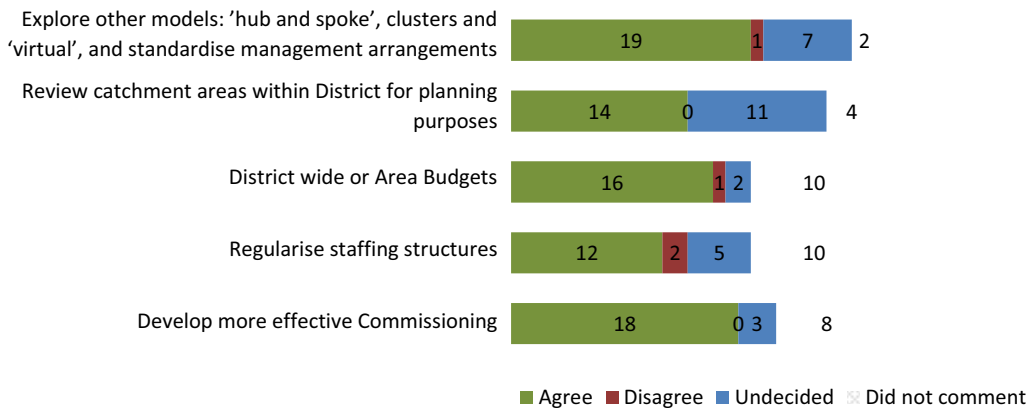
There are high levels of agreement with all areas. However, there is particularly strong agreement that we should, in general, seek to work with partners to develop richer, wider and better coordinated services for families, and that we should seek to develop stronger working relationships with health visitors.

Agreement Levels - Comparison With County Average



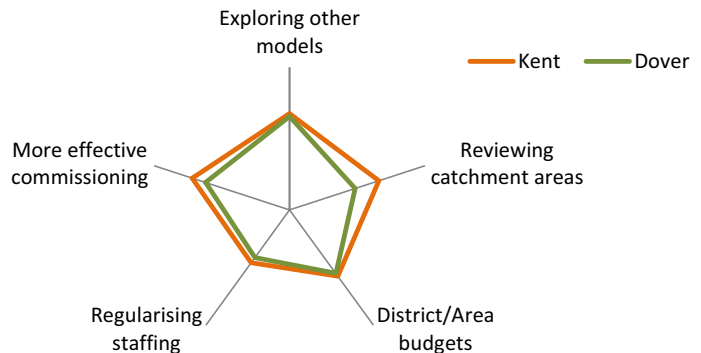
The pattern of responses in Dover is very similar to that for the County overall, with levels of support highest for working with partners, and for developing stronger working relationships with health visitors.

2. Service Development: Exercise 1b - District Planning



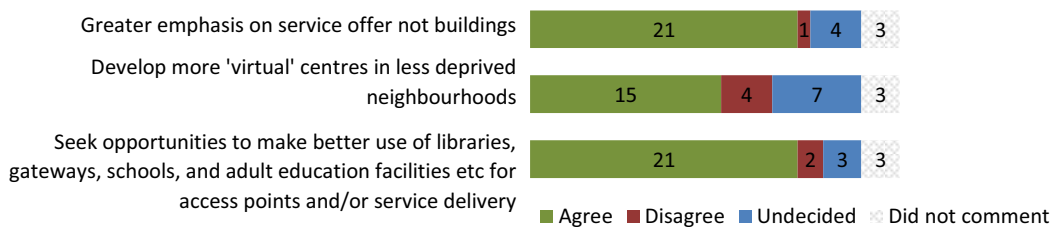
Exploring other models and developing effective commissioning have the highest levels of support in Dover. Less than half of participants agree with reviewing the catchment areas, or regularising staff structures.

Agreement Levels - Comparison With County Average



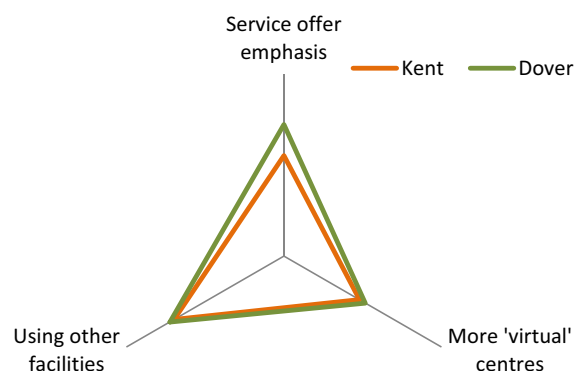
The pattern of responses in Dover is similar to that for the County overall, with the exception of reviewing of the catchment areas. There appears to be less support for this in Dover, although it should be borne in mind that this result is based on the opinions of 29 individuals.

2. Service Development: Exercise 2 - Scoping Service Delivery and Access Points



Placing a greater emphasis on the service offer and not buildings, and seeking opportunities to make better use of existing facilities have the most support in Dover. Only around half agree with the development of more 'virtual' centres (although the majority of the remainder either indicated being undecided or did not provide an opinion).

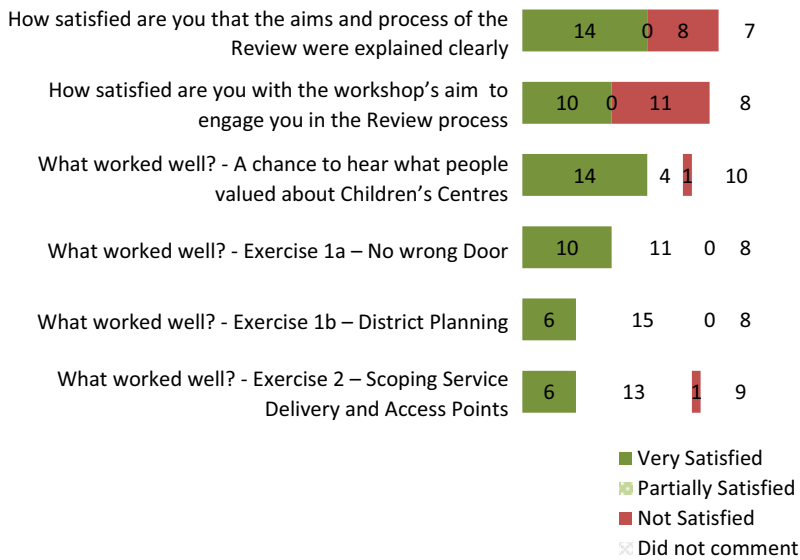
Agreement Levels - Comparison With County Average



The pattern of responses in Dover is similar to that for the County overall, with the exception of placing a greater emphasis on the service offer and not buildings. There appears to be more support for this in Dover, although this does not seem to translate into greater support for more 'virtual' centres, or for the use of other community facilities. (It should also be borne in mind that this result is based on the opinions of 29 individuals.)

3. This workshop was part of the process to engage you in the Future Service Options Review

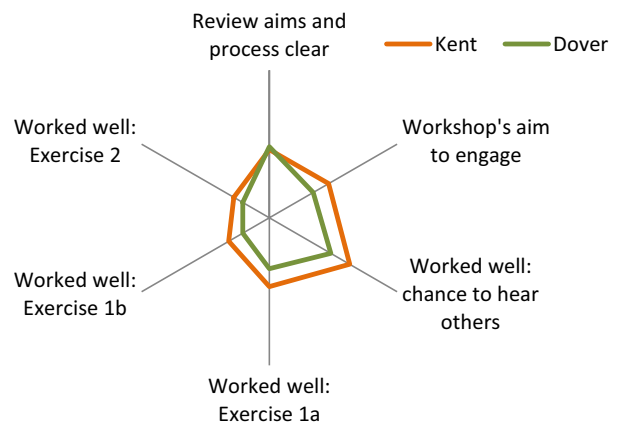
4. What worked particularly well in the workshop?



Opinions were divided in Dover in respect of the aims and process of the Review having been explained clearly, and with the workshop's aim to engage them in the Review process, with a significant number of participants expressing dissatisfaction. There is evidence to suggest that satisfaction with the exercises decreased slightly as the workshop went on, so that by Exercise 2 only 6 participants indicated that they were very satisfied, compared with 10 at Exercise 1a.

Satisfaction Levels ('Very Satisfied') - Comparison With County Average

The pattern of responses in Dover is not dissimilar to that for the County overall, with satisfaction levels with the exercises dropping as the workshop went on. There is some evidence to suggest that levels of participants feeling 'very satisfied' are generally slightly lower in Dover than for the County overall, with the exception of satisfaction that the aims and process of the Review having been explained clearly.



Summary

In terms of levels of agreement, the following garnered the support of more than 80% of participants at the Dover workshop:

- In general, work with partners to develop richer, wider and better coordinated services for families
- Develop stronger working partnerships with health visitors
- Develop greater coordination with Social Care, with a named Social Worker for each centre/area
- Explore the contribution children's centres could make to the Troubled Families programme

Appendix F – District Workshop (4th Feb 2013) Independent Report

CHILDREN'S CENTRES FUTURE SERVICE OPTIONS REVIEW WORKSHOP: DOVER

The Dover workshop was one of a series of workshops held in every Kent District, engaging children's centre leaders, partners and other stakeholders, in a Future Service Options Review of the children's centres programme in Kent. The Review aims to explore:

- **What** services were delivered, in particular looking at the effectiveness of partnerships and the targeting of resources to those who could benefit most;
- **Where** the services are delivered from, and the scope for changes to delivery and access points could improve access and cost effectiveness;
- **How** the services are structured, and whether changes could deliver more consistency where appropriate, better targeting of expenditure, and cost savings;

A summary of contributions is given below, and detailed records of all the written contributions follow.

Aims of the Future Service Options Review

In individual feedback forms, there was consensus that "what, where and how" were the right areas for the review. Individual comments suggested building on the current methods of service delivery and to undertake further analysis of community needs. Participants have indicated a range of options about children's centre models and catchments areas, all of which require further assessment. The focus is on supporting the specific needs of the migrant community whilst also considering services available in rural areas.

Icebreaker

The ice breaker established the qualities of Dover's children's centres and their staff, and their place in the lives of families and communities. They are valued because of their welcoming environment and professional staff. They are recognised as being an important community resource and a place to deliver both universal and targeted services.

"No Wrong Door" – improving partnership effectiveness

In general, there is recognition that closer partnership working with education, health and social care colleagues is essential to achieving a successful early intervention service. Employability services offered by JCP, Adult Education and others could be further developed, new methods of supporting the employability agenda have been identified via Gateway Taktix, G4S and Avanta. To develop the role of parents in the delivery of services to enable professional staff to focus more on those most in need by expanding the current volunteering and buddying schemes.

The voluntary sector have much to offer – local knowledge and experience, and a number of existing groups where further links can be developed to support families in need.

The Buttercup Children's Centre (Dover)

The partnership with health is dependent on developing links and commissioning arrangements with health visitors (0-4 years), school nurses (school age), midwifery clinics, CAMHS and SALT. It was suggested that there is increased potential for children's centres to support the delivery of the Child Health Programme via health professionals being based in children's centres, receiving new birth data, joint records, shared data bases, links with school nurses, the delivery of drop in clinics and joint groups. District level planning would continue to help drive this agenda forward.

The links between Dover's schools and children's centres varied enormously. There are a number of references to the challenges that arise when engaging with academies and primary schools which are not co-located with children's centres.

Dover's children's centres already receive referrals from primary schools, recognise the sibling agenda and are keen to continue to develop partnership working which includes a seamless transition. Support for the 0-11 agenda to be achieved by a multi-agency joined up approach with shared outcomes and targets. A shared approach to family support might better co-ordinate the support to identified families, and make better use of the overall resources.

Though current arrangement between Dover's children's centres and social care worked well for some families, it was suggested confidence building, early help and identification would improve partnership working. More children's centre engagement and sharing of knowledge re clients with social care will lead to greater consistency, and better co-ordinated service to families in high levels of need. The District highlighted issues about the role of CAF/ pre CAF processes, joint data bases and to share information to support the needs of targeted families.

Participants were keen to involve children's centres and their partners in the Troubled Families Initiative; this programme is at an early stage with information on the families and lead professionals to be clarified.

In individual feedback forms, the "no wrong door" principle was overwhelmingly supported.

District Level Planning

Participants supported district level resourcing (which is currently in place), and saw opportunities there to plan and deliver more responsive services by building on the existing model (working well), unrestricted by outdated catchment areas, and potentially pool or share resources with other partners and generate income. Staffing structures need to recognise the value of experienced staff and role of outreach workers, more peripatetic staff and admin functions could be centralised.

Participants listed a range of buildings and catchment areas that could be reviewed based on further analysis these included; - bring Snowdrop into a district offer (services), North Deal could be 'reduced', consider one centre in Dover, North and South divide is a potential for two areas and relocate to larger centres in town at a central location for ease of access and rural hubs with local satellites.

New methods of service delivery were suggested these included ; - 'One front desk' creating a single standard for Kent residents by whichever way families choose to contact Kent,

The Buttercup Children's Centre (Dover)

partnerships with other community delivery agents, building partnership working based on need and a centralised reception 'Hot Line'.

In individual feedback forms, more district level planning is supported as long as it planned sensitively in line with local knowledge and community need.

Service and Access Points

Key services point's opportunities to be investigated in Dover include the Gateways, the Discovery Centre, health/NHS premises and co-location of services and the hiring and cost of community facilities. The children's centre buildings could be used by other organisations.

In individual feedback forms, the majority of participants supported the principle of a premises review. Comments stressed the emphasis in Dover District has always been on service delivery not buildings.

Bob Allen & David Wallis

The Daisy Children's Centre (Dover)

Note: Data for appendices A & B is based on e-start usage between 1.10.11 to 30.9.12

Appendix A – Centre Profile

Gender

Male		Female		Total	
Number	%	Number	%	Number	%
647	52%	596	48%	1243	100%

Age

0	1	2	3	4	5	Total							
Number	%	Number	%	Number	%	Number	%						
154	12%	214	17%	233	19%	251	20%	244	20%	147	12%	1243	100%

Ethnicity

WBRI White - British		WIRI White - Irish		WIRT White - Traveller of Irish Heritage		WROM White - Gypsy / Roma		WOTH White - Any Other White	
Number	%	Number	%	Number	%	Number	%	Number	%
796	64%		0%		0%	34	3%	54	4%

The Daisy Children's Centre (Dover)

ABAN Asian or Asian British - Bangladeshi		AIND Asian or Asian British - Indian		APKN Asian or Asian British - Pakistani		AOTH Asian or Asian British - Any Other Asian		BAFR Black or Black British - African		BCRB Black or Black British - Caribbean		BOTH Black or Black British - Any Other Black	
Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
<5		6	0%	<5		30	2%		0%		0%		0%

CHNE Chinese		MWAS Mixed / Dual - White and Asian		MWBA Mixed / Dual - White and Black African		MWBC Mixed / Dual - White and Black Caribbean		MOTH Mixed / Dual - Any Other Mixed		OOTH Any Other Ethnic Group	
Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
<5		<5			0%	<5		14	1%	14	1%

NOBT Information Not Yet Obtained		REFU Refused		Record blank		Total	
Number	%	Number	%	Number	%	Number	%
<5			0%	281	23%	1243	100%

Language

English		Other (non-English) language		Record blank		Total	
Number	%	Number	%	Number	%	Number	%
318	26%	22	2%	903	73%	1243	100%

The Daisy Children's Centre (Dover)

Disability

Yes		(Blank)		Total	
Number	%	Number	%	Number	%
	0%	1243	100%	1243	100%

Mosaic (K & M Group)

A		B		C		D		E		F		G		H	
Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
15	1%	18	1%	33	3%	65	5%	50	4%	45	4%	174	14%	62	5%

Page 356

I		J		K		L		M		Unknown		Total	
Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
68	5%	162	13%	284	23%	221	18%	38	3%	8	1%	1243	100%

The Daisy Children's Centre (Dover)

Appendix B – District Profile

Gender

Male		Female		Total	
Number	%	Number	%	Number	%
2183	50%	2174	50%	4358	100%

Age

0		1		2		3		4		5		Total	
Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
653	15%	723	17%	759	17%	896	21%	885	20%	442	10%	4358	100%

Page 357

Ethnicity

WBRI White - British		WIRI White - Irish		WIRT White - Traveller of Irish Heritage		WROM White - Gypsy / Roma		WOTH White - Any Other White	
Number	%	Number	%	Number	%	Number	%	Number	%
3109	71%	<5		<5		72	2%	135	3%

ABAN Asian or Asian British - Bangladeshi		AIND Asian or Asian British - Indian		APKN Asian or Asian British - Pakistani		AOTH Asian or Asian British - Any Other Asian		BAFR Black or Black British - African		BCRB Black or Black British - Caribbean		BOTH Black or Black British - Any Other Black	
Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
7	0%	23	1%	<5		36	1%	<5			0%		0%

The Daisy Children's Centre (Dover)

CHNE Chinese		MWAS Mixed / Dual - White and Asian		MWBA Mixed / Dual - White and Black African		MWBC Mixed / Dual - White and Black Caribbean		MOTH Mixed / Dual - Any Other Mixed		OOTH Any Other Ethnic Group	
Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
9	0%	24	1%	11	0%	12	0%	45	1%	31	1%

NOBT Information Not Yet Obtained		REFU Refused		Record blank		Total	
Number	%	Number	%	Number	%	Number	%
9	0%	7	0%	819	19%	4358	100%

Page 358

Language

English		Other (non-English) language		Record blank		Total	
Number	%	Number	%	Number	%	Number	%
1170	27%	36	1%	3152	72%	4358	100%

Disability

Yes		(Blank)		Total	
Number	%	Number	%	Number	%
<5		4355	100%		

The Daisy Children’s Centre (Dover)

Mosaic (K & M Group)

A		B		C		D		E		F		G		H	
Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
134	3%	93	2%	186	4%	462	11%	262	6%	208	5%	414	9%	182	4%

I		J		K		L		M		Unknown		Total	
Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
116	3%	802	18%	539	12%	763	18%	167	4%	30	1%	4358	100%

Appendix C – District Profile (2011 Census)

Appendix C – 2011 Census Data

Gender

Table 1: 2011 Census Total Population for Kent Local Authorities

Local Authority	Total Persons	Males		Females		Area of local authority (Hectares)	Density (persons per hectare)
		No.	%	No.	%		
Ashford	117,958	57,232	48.5%	60,724	51.5%	58,062	2.03
Canterbury	151,145	72,838	48.1%	78,507	51.9%	30,885	4.89
Dartford	97,385	48,061	49.4%	49,304	50.6%	7,277	13.38
Dover	111,674	54,765	49.0%	56,909	51.0%	31,484	3.55
Gravesham	101,720	50,139	49.3%	51,581	50.7%	9,902	10.27
Maidstone	155,143	76,492	49.3%	78,651	50.7%	39,333	3.94
Sevenoaks	114,893	55,743	48.5%	59,150	51.5%	37,034	3.10
Shepway	107,969	53,135	49.2%	54,834	50.8%	35,670	3.03
Swale	135,835	67,152	49.4%	68,683	50.6%	37,341	3.64
Thanet	134,186	64,555	48.1%	69,631	51.9%	10,330	12.99
Tonbridge & Malling	120,805	59,207	49.0%	61,598	51.0%	24,014	5.03
Tunbridge Wells	115,049	56,494	49.1%	58,555	50.9%	33,133	3.47
KCC Area	1,463,740	715,613	48.9%	748,127	51.1%	354,464	4.13
Medway	263,925	130,825	49.6%	133,100	50.4%	19,203	13.74
Kent	1,727,665	846,438	49.0%	881,227	51.0%	373,667	4.62

Source: 2011 Census Table PP04 (unrounded data) released 24 September 2012. Office for National Statistics (ONS), © Crown Copyright

Age

Standard 5-year age group profile - Total persons			
	All ages	0-4	5-9
KCC area	1,466,500	89,300	84,500
Ashford Borough	118,400	7,700	7,400
Canterbury City	150,600	7,500	7,600
Dartford Borough	97,600	6,800	6,000
Dover District	111,700	6,200	5,900
Gravesham Borough	101,800	6,700	6,300
Maidstone Borough	155,800	9,700	8,800
Sevenoaks District	115,400	7,000	6,900
Shepway District	108,200	6,000	5,600
Swale Borough	136,300	8,800	8,000
Thanet District	134,400	8,100	7,300
Tonbridge & Malling Borough	121,100	7,500	7,700
Tunbridge Wells Borough	115,200	7,300	7,000
Medway Unitary Authority	264,900	17,300	16,100
Kent (KCC + Medway)	1,731,400	106,600	100,600
South East Region	8,652,800	536,000	490,800
England	53,107,200	3,328,700	2,990,100

Ethnicity

Table 2: 2011 Census: Population by broad ethnic group in Kent districts, the South East and England

	All usual residents	White		Mixed/ multiple ethnic groups:		Asian/ Asian British:		Black/ African/ Caribbean/ Black British		Other ethnic group:	
		Number	%	Number	%	Number	%	Number	%	Number	%
England	53,012,456	45,281,142	85.4%	1,192,879	2.3%	4,143,403	7.8%	1,846,614	3.5%	548,418	1.0%
South East	8,634,750	7,827,820	90.7%	167,764	1.9%	452,042	5.2%	136,013	1.6%	51,111	0.6%
Kent	1,463,740	1,371,102	93.7%	22,107	1.5%	47,614	3.3%	16,216	1.1%	6,701	0.5%
Ashford	117,956	110,520	93.7%	1,682	1.4%	3,991	3.4%	1,375	1.2%	388	0.3%
Canterbury	151,145	140,620	93.0%	2,551	1.7%	5,135	3.4%	1,937	1.3%	902	0.6%
Dartford	97,365	85,070	87.4%	2,161	2.2%	5,799	6.0%	3,578	3.7%	757	0.8%
Dover	111,674	107,966	96.7%	1,029	0.9%	2,031	1.8%	386	0.3%	262	0.2%
Gravesham	101,720	84,226	82.8%	2,066	2.0%	10,604	10.4%	2,885	2.8%	1,939	1.9%
Maidstone	155,143	145,996	94.1%	2,345	1.5%	4,943	3.2%	1,380	0.9%	479	0.3%
Sevenoaks	114,893	110,029	95.8%	1,675	1.5%	2,085	1.8%	853	0.7%	251	0.2%
Shepway	107,969	102,215	94.7%	1,267	1.2%	3,699	3.4%	458	0.4%	330	0.3%
Swale	135,835	131,155	96.6%	1,575	1.2%	1,489	1.1%	1,395	1.0%	221	0.2%
Thanet	134,186	128,194	95.5%	2,186	1.6%	2,504	1.9%	910	0.7%	392	0.3%
Tonbridge & Malling	120,805	115,872	95.9%	1,677	1.4%	2,431	2.0%	421	0.3%	404	0.3%
Tunbridge Wells	115,049	109,239	94.9%	1,893	1.6%	2,903	2.5%	638	0.6%	376	0.3%
Medway Unitary Authority	263,925	236,579	89.6%	5,176	2.0%	13,615	5.2%	6,663	2.5%	1,892	0.7%
Kent & Medway	1,727,665	1,607,681	93.1%	27,283	1.6%	61,229	3.5%	22,879	1.3%	8,593	0.5%

Source: 2011 Census: Key Statistics Table 201, Office for National Statistics (ONS) © Crown Copyright
Presented by Business Intelligence, Research & Evaluation, Kent County Council

Table 8: Religion in Kent districts, the South East and England in 2011

Table population : All usual residents

	All People	Christian		Buddhist		Hindu		Jewish		Muslim		Sikh		Other religion		No religion		Religion not dated	
		Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
England	53,012,456	31,479,876	60.4%	238,626	0.6%	806,199	1.6%	261,282	0.6%	2,660,116	6.0%	420,196	0.8%	227,825	0.4%	13,114,232	24.7%	3,804,104	7.2%
South East	8,634,750	5,160,128	60.0%	43,946	0.6%	92,499	1.1%	17,761	0.2%	201,651	2.3%	54,941	0.6%	39,672	0.6%	2,388,286	27.7%	635,866	7.4%
Kent	1,463,740	915,200	62.6%	6,802	0.6%	10,943	0.7%	1,777	0.1%	13,932	1.0%	10,545	0.7%	6,145	0.4%	391,591	26.8%	106,805	7.3%
Ashford	117,956	74,253	62.9%	803	0.7%	1,282	1.1%	116	0.1%	1,019	0.9%	95	0.1%	432	0.4%	30,984	26.3%	8,972	7.6%
Canterbury	151,145	91,122	60.3%	880	0.6%	1,055	0.7%	267	0.2%	1,838	1.2%	245	0.2%	760	0.6%	43,117	28.6%	11,861	7.8%
Dartford	97,365	59,045	60.6%	382	0.4%	1,547	1.6%	86	0.1%	1,566	1.6%	1,543	1.6%	319	0.3%	26,486	27.2%	6,391	6.6%
Dover	111,674	71,541	64.1%	523	0.6%	682	0.6%	97	0.1%	521	0.6%	50	0.0%	525	0.6%	29,047	26.0%	8,688	7.8%
Gravesham	101,720	61,891	60.8%	333	0.3%	942	0.9%	54	0.1%	1,894	1.9%	7,743	7.6%	606	0.6%	21,862	21.6%	6,395	6.3%
Maldstone	155,143	97,578	62.9%	901	0.6%	1,492	1.0%	163	0.1%	1,685	1.1%	176	0.1%	612	0.4%	41,493	26.7%	11,043	7.1%
Sevenoaks	114,893	75,169	66.4%	367	0.3%	385	0.3%	196	0.2%	600	0.6%	180	0.2%	348	0.3%	28,939	26.2%	8,709	7.6%
Shepway	107,969	67,296	62.3%	962	0.9%	1,551	1.4%	78	0.1%	796	0.7%	34	0.0%	506	0.6%	28,575	26.6%	8,171	7.6%
Swale	135,835	85,535	63.0%	275	0.2%	368	0.3%	93	0.1%	792	0.6%	158	0.1%	499	0.4%	39,087	28.8%	9,028	6.6%
Thanet	134,186	82,447	61.4%	491	0.4%	639	0.6%	273	0.2%	1,230	0.9%	94	0.1%	690	0.6%	38,383	28.6%	9,939	7.4%
Tonbridge & Malling	120,805	76,920	63.7%	441	0.4%	539	0.4%	122	0.1%	750	0.6%	169	0.1%	412	0.3%	32,996	27.3%	8,456	7.0%
Tunbridge Wells	115,049	72,403	62.9%	444	0.4%	461	0.4%	232	0.2%	1,241	1.1%	58	0.1%	436	0.4%	30,622	26.6%	9,152	8.0%
Medway	263,925	152,637	57.8%	937	0.4%	2,756	1.0%	208	0.1%	5,169	2.0%	3,846	1.6%	1,392	0.6%	78,995	29.9%	17,985	6.8%
Kent & Medway	1,727,665	1,067,837	61.8%	7,739	0.4%	13,699	0.8%	1,985	0.1%	19,101	1.1%	14,391	0.8%	7,537	0.4%	470,586	27.2%	124,790	7.2%

Source: 2011 Census: Key Statistics Table 209, Office for National Statistics (ONS) © Crown Copyright

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Disability and Carer's Responsibilities

All usual residents

	Kent	Ashford	Canterbury	Dartford	Dover	Gravesham	Maidstone	Sevenoaks	Shepway	Swale	Thanet	Tonbridge & Malling	Tunbridge Wells
All people	1,463,740	117,956	151,145	97,365	111,674	101,720	155,143	114,893	107,969	135,835	134,186	120,805	115,049
Day-to-day activities limited a lot	116,407	8,416	12,427	6,621	10,853	7,796	10,660	7,219	10,753	11,742	15,369	7,579	6,972
Day-to-day activities limited a little	140,631	10,669	14,891	8,114	12,404	9,546	13,845	9,872	11,965	13,580	15,979	10,367	9,399
Day-to-day activities not limited	1,206,702	98,871	123,827	82,630	88,417	84,378	130,638	97,802	85,251	110,513	102,838	102,859	98,678
Very good health	683,205	56,128	70,764	47,273	48,433	47,298	74,636	58,796	45,577	60,198	54,640	60,306	59,156
Good health	510,399	41,385	52,338	33,941	39,477	35,572	54,384	38,344	38,999	48,719	47,109	41,475	38,656
Fair health	194,931	15,027	20,211	11,837	16,745	13,629	19,291	13,180	16,465	19,118	22,377	14,263	12,788
Poor health	58,536	4,163	6,133	3,314	5,538	4,104	5,323	3,569	5,321	6,008	7,785	3,728	3,550
Very bad health	16,669	1,253	1,699	1,000	1,481	1,117	1,509	1,004	1,607	1,792	2,275	1,033	899
Provides no unpaid care	1,311,963	106,137	135,562	88,146	99,020	91,410	139,582	102,948	95,663	121,577	118,684	108,724	104,510
Provides 1 to 19 hours unpaid care a week	97,464	7,686	10,089	5,927	7,892	6,371	10,472	8,501	7,465	8,351	8,925	8,258	7,527
Provides 20 to 49 hours unpaid care a week	18,432	1,428	1,815	1,126	1,579	1,383	1,728	1,190	1,663	1,897	2,190	1,321	1,112
Provides 50 or more hours unpaid care a week	35,881	2,705	3,679	2,166	3,183	2,556	3,361	2,254	3,178	4,010	4,387	2,502	1,900

	Kent	Ashford	Canterbury	Dartford	Dover	Gravesham	Maidstone	Sevenoaks	Shepway	Swale	Thanet	Tonbridge & Malling	Tunbridge Wells
All people aged 16 to 64*	917,880	73,443	97,526	63,390	68,865	64,674	98,962	70,814	66,345	85,916	80,143	75,394	72,408
Day-to-day activities limited a lot: Age 16 to 64	47,613	3,489	4,762	2,718	4,473	3,418	4,182	2,564	4,517	5,357	6,459	2,948	2,726
Day-to-day activities limited a little: Age 16 to 64	65,065	5,107	6,612	3,955	5,815	4,521	6,457	4,182	5,458	6,728	7,325	4,607	4,298
Day-to-day activities not limited: Age 16 to 64	805,202	64,847	86,152	56,717	58,577	56,735	88,323	64,068	56,370	73,831	66,359	67,839	65,384

2011 Census Table KS301: Health and provision of unpaid care

Source: 2001 Census: Office for National Statistics (ONS) © Crown Copyright

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Kent County Council

Table population: All usual residents
(PERCENTAGES)

All usual residents

	Kent	Ashford	Canterbury	Dartford	Dover	Gravesham	Maidstone	Sevenoaks	Shepway	Swale	Thanet	Tonbridge & Malling	Tunbridge Wells	Medway	Kent & Medway
All people	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Day-to-day activities limited a lot	8.0%	7.1%	8.2%	6.8%	9.7%	7.7%	6.9%	6.3%	10.0%	8.6%	11.5%	6.3%	6.1%	7.5%	7.9%
Day-to-day activities limited a little	9.6%	9.0%	9.9%	8.3%	11.1%	9.4%	8.9%	8.6%	11.1%	10.0%	11.9%	8.6%	8.2%	8.9%	9.5%
Day-to-day activities not limited	82.4%	83.8%	81.9%	84.9%	79.2%	83.0%	84.2%	85.1%	79.0%	81.4%	76.6%	85.1%	85.8%	83.6%	82.6%
Very good health	46.7%	47.6%	46.8%	48.6%	43.4%	46.5%	48.1%	51.2%	42.2%	44.3%	40.7%	49.9%	51.4%	45.7%	46.5%
Good health	34.9%	35.1%	34.6%	34.9%	35.4%	35.0%	35.1%	33.4%	36.1%	35.9%	35.1%	34.3%	33.6%	36.3%	35.1%
Fair health	13.3%	12.7%	13.4%	12.2%	15.0%	13.4%	12.4%	11.5%	15.2%	14.1%	16.7%	11.8%	11.1%	13.0%	13.3%
Bad health	4.0%	3.5%	4.1%	3.4%	5.0%	4.0%	3.4%	3.1%	4.9%	4.4%	5.8%	3.1%	3.1%	3.9%	4.0%
Very bad health	1.1%	1.1%	1.1%	1.0%	1.3%	1.1%	1.0%	0.9%	1.5%	1.3%	1.7%	0.9%	0.8%	1.1%	1.1%
Provides no unpaid care	89.6%	90.0%	89.7%	90.5%	88.7%	89.9%	90.0%	89.6%	88.6%	89.5%	88.4%	90.0%	90.8%	90.5%	89.8%
Provides 1 to 19 hours unpaid care a week	6.7%	6.5%	6.7%	6.1%	7.1%	6.3%	6.7%	7.4%	6.9%	6.1%	6.7%	6.8%	6.5%	5.7%	6.5%
Provides 20 to 49 hours unpaid care a week	1.3%	1.2%	1.2%	1.2%	1.4%	1.4%	1.1%	1.0%	1.5%	1.4%	1.6%	1.1%	1.0%	1.3%	1.3%
Provides 50 or more hours unpaid care a week	2.5%	2.3%	2.4%	2.2%	2.9%	2.5%	2.2%	2.0%	2.9%	3.0%	3.3%	2.1%	1.7%	2.5%	2.5%

* Total for all people aged 16 to 64 taken from table KS102 - Age structure

	Kent	Ashford	Canterbury	Dartford	Dover	Gravesham	Maidstone	Sevenoaks	Shepway	Swale	Thanet	Tonbridge & Malling	Tunbridge Wells	Medway	Kent & Medway
All people aged 16 to 64*	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Day-to-day activities limited a lot: Age 16 to 64	5.2%	4.8%	4.9%	4.3%	6.5%	5.3%	4.2%	3.6%	6.8%	6.2%	8.1%	3.9%	3.8%	5.3%	5.2%
Day-to-day activities limited a little: Age 16 to 64	7.1%	7.0%	6.8%	6.2%	8.4%	7.0%	6.5%	5.9%	8.2%	7.8%	9.1%	6.1%	5.9%	7.1%	7.1%
Day-to-day activities not limited: Age 16 to 64	87.7%	88.3%	88.3%	89.5%	85.1%	87.7%	89.2%	90.5%	85.0%	85.9%	82.8%	90.0%	90.3%	87.5%	87.7%

Marriage and Civil Partnerships

2011 Census Key Statistics Table 103: Marital and civil partnership status

Presented by Business Intelligence, Research & Evaluation, Kent County Council

Table population: All usual residents aged 16 and over

	All people aged 16 and over	Single (never married or never registered a same-sex civil partnership)		Married		In a registered same-sex civil partnership		Separated (but still legally married or still legally in a same-sex civil partnership)		Divorced or formerly in a same-sex civil partnership which is now legally dissolved		Widowed or surviving partner from a same-sex civil partnership	
		Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Kent	1,180,186	369,334	31.3%	576,067	48.8%	2,388	0.2%	32,802	2.8%	112,916	9.6%	86,679	7.3%
Ashford	93,411	27,080	29.0%	48,288	51.7%	199	0.2%	2,611	2.8%	8,853	9.5%	6,380	6.8%
Canterbury	125,971	48,662	38.6%	54,131	43.0%	310	0.2%	2,863	2.3%	10,602	8.4%	9,403	7.5%
Dartford	77,342	26,741	34.6%	36,439	47.1%	140	0.2%	2,248	2.9%	6,785	8.8%	4,989	6.5%
Dover	91,382	26,924	29.5%	44,096	48.3%	242	0.3%	2,710	3.0%	9,820	10.7%	7,590	8.3%
Gravesham	80,964	26,202	32.4%	39,473	48.8%	111	0.1%	2,345	2.9%	7,008	8.7%	5,825	7.2%
Maidstone	125,476	37,567	29.9%	64,344	51.3%	206	0.2%	3,367	2.7%	11,458	9.1%	8,534	6.8%
Sevenoaks	92,481	25,276	27.3%	50,388	54.5%	175	0.2%	2,082	2.3%	7,773	8.4%	6,787	7.3%
Shepway	88,760	27,300	30.8%	41,591	46.9%	240	0.3%	2,713	3.1%	9,673	10.9%	7,243	8.2%
Swale	108,539	33,978	31.3%	52,439	48.3%	197	0.2%	3,500	3.2%	10,835	10.0%	7,590	7.0%
Thanet	108,556	34,051	31.4%	47,911	44.1%	270	0.2%	3,591	3.3%	12,873	11.9%	9,860	9.1%
Tonbridge & Malling	95,821	26,932	28.1%	51,132	53.4%	166	0.2%	2,408	2.5%	8,869	9.3%	6,314	6.6%
Tunbridge Wells	91,483	28,621	31.3%	45,835	50.1%	132	0.1%	2,364	2.6%	8,367	9.1%	6,164	6.7%

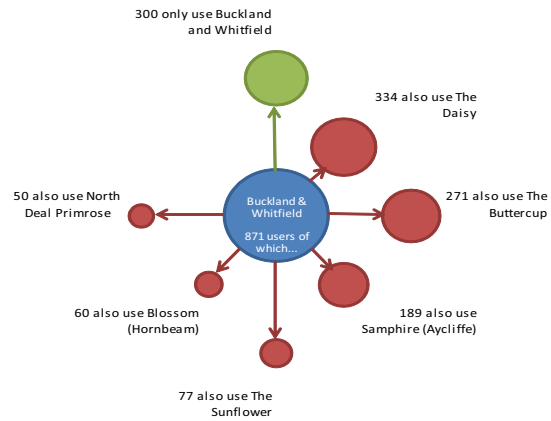
Appendix D – Centre Usage & Needs Analysis

Children's Centre Review - Summary Evidence (Dover)

Centre Usage

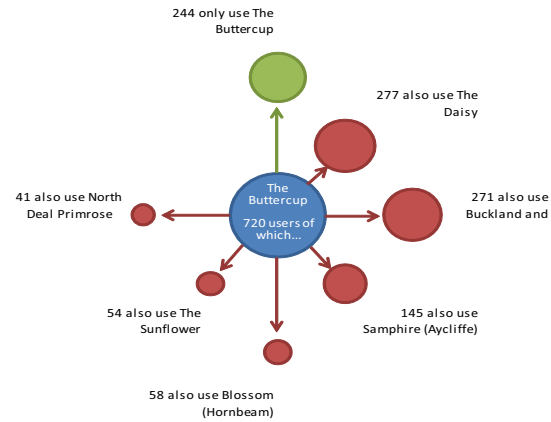
Buckland and Whitfield Children's Centre

Round: R1



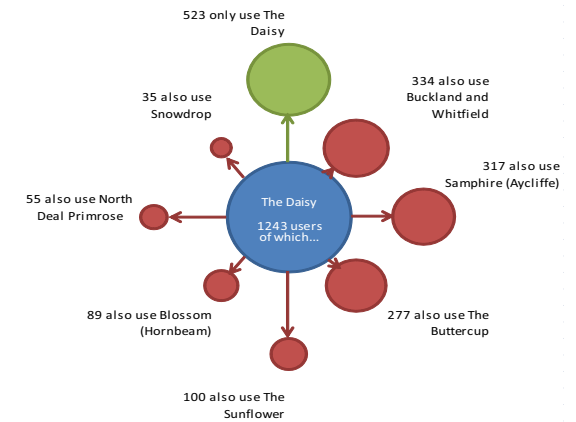
The Buttercup Children's Centre

Round: Ex SSLP



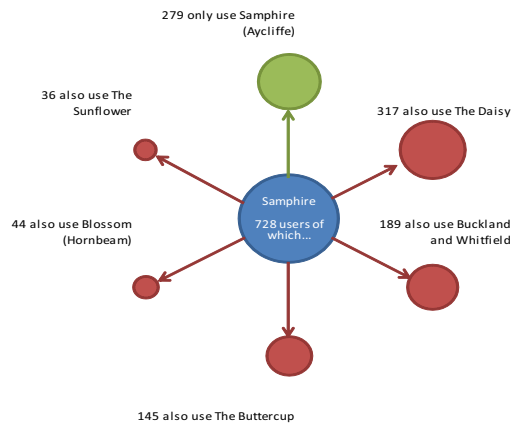
The Daisy Children's Centre

Round: R1



Samphire Children's Centre (Aycliffe)

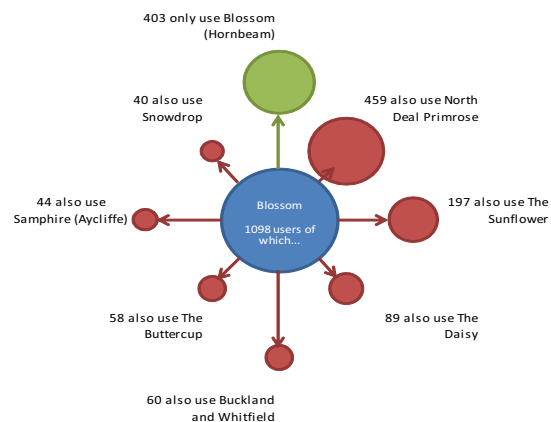
Round: R2



Centre Usage - Continued

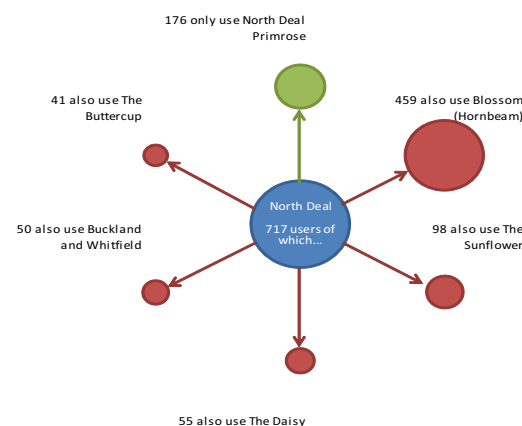
Blossom Children's Centre (Hornbeam)

Round: R2



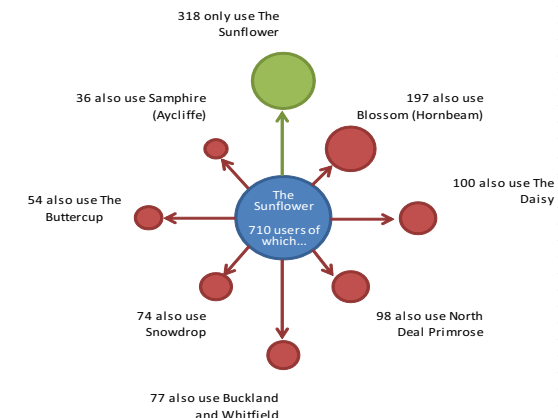
North Deal Primrose Children's Centre

Round: R3



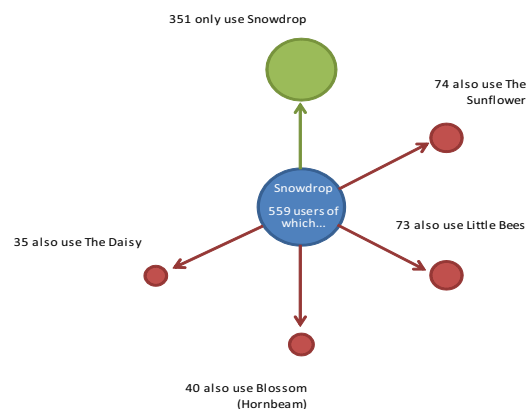
The Sunflower Children's Centre

Round: R2



Snowdrop Children's Centre

Round: R1



Technical Notes:

Based on an analysis of activity data taken from Estart, covering 1st October 2011 to 30th September 2012

Usage bubble chart shows other centres used. In most cases, other centres used by >30 children are shown, up to a maximum of 7 other centres

This analysis is child-based (counting each child only once against each centre they have attended, regardless of frequency), and covers attendees from both within and outside of the registered area (although anonymous attendees are not included).

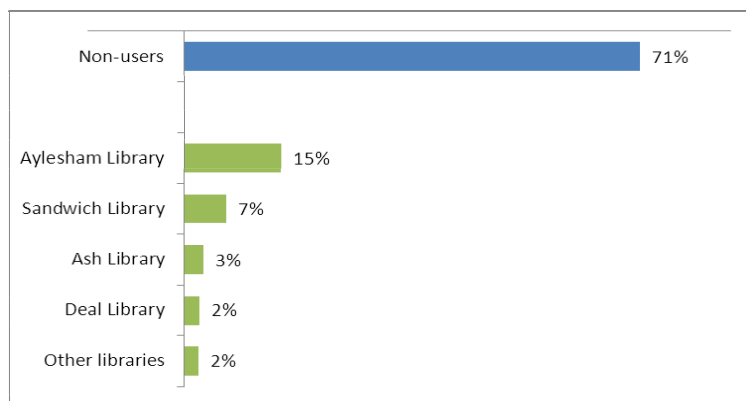


Library Usage Amongst Children's Centre Users

Snowdrop Children's Centre

Round: R1

Library Usage Amongst Families Using Snowdrop Children's Centre



This analysis has not been conducted for any other centres in Dover

Library data relates to users either borrowing or renewing an item between April 2011 and March 2012

Children's centre data based on activity data taken from Estart, covering 1st October 2011 to 30th September 2012

Analysis has been conducted for a list of libraries identified by the library service.

Usage Summary

	Buckland and Whitfield	The Buttercup	The Daisy	Samphire (Aycliffe)	Blossom (Horn-beam)	North Deal Primrose	The Sunflower	Snowdrop	Kent Average
Total number of children seen (reach)	871	720	1243	728	1098	717	710	559	615
% of children who <u>only</u> went to this Centre over the period	34%	34%	42%	38%	37%	25%	45%	63%	49%
Attendance frequency									
<i>Just once</i>	28%	30%	25%	46%	26%	40%	25%	29%	35%
<i>Less than once a month (2-11 times)</i>	40%	36%	45%	33%	37%	35%	34%	56%	47%
<i>1-2 times a month (12-24 times)</i>	7%	8%	15%	7%	9%	12%	16%	10%	10%
<i>At least fortnightly (25-49 times)</i>	22%	25%	14%	13%	25%	11%	20%	4%	6%
<i>At least weekly (50+ times)</i>	2%	1%	1%	1%	2%	1%	5%	1%	2%
Frequent users	35%	36%	31%	23%	40%	27%	43%	22%	24%
Average visits per child	12.7	12.0	9.7	8.0	14.8	8.7	13.8	6.3	8.3
Age (at 1st Oct 2012)									
Under 1	16%	13%	12%	16%	14%	13%	13%	20%	21%
1	21%	20%	17%	15%	17%	19%	17%	20%	26%
2	19%	17%	19%	18%	17%	18%	20%	18%	21%
3	20%	23%	20%	23%	21%	19%	22%	19%	16%
4	18%	19%	20%	20%	22%	21%	20%	17%	11%
5	6%	7%	12%	9%	9%	9%	6%	7%	4%

Catchment Analysis

Need level - based on volume (Numbers)	Average	Average	Average	Average	Average	Low	Average	Average	
Need level - based on penetration (%)	High	High	High	Average	Low	Average	High	Average	
Population projection for 0-5s (provisional)	Up	Up	Up	Up	Similar	Up	Up	Up	Similar

Technical Notes:

Usage statistics based on an analysis of activity data taken from Estart, covering 1st October 2011 to 30th September 2012

Frequent users: Are defined as children recorded as having used the centre 12+ times over the year, with an adjustment made for under 1's

Catchments: Needs are assessed based on the population (with 0-11 year olds) living within the calculated 'actual/natural' catchment for each centre. In this analysis catchments are built at LSOA-level, with each LSOA in Kent allocated to a centre on the basis of the centre that has the most current users living in that LSOA area.

Need Statistics: Levels of need are calculated both in terms of the total volume of need (i.e. numbers of children/households of a range of 11 need types) and in terms of the penetration of the need (i.e. the % of children/households of each of a range of 11 need types)

Population projections: Based on Ward-level projections for 2026, produced by Research & Intelligence, Kent County Council.

Green font indicates the centre is upper quartile on this measure

Red font indicates the centre is lower quartile on this measure

Appendix E – District Workshop (4th Feb 2013) Feedback Report

Kent Children's Centre Programme - 'Local Solutions' District Workshops

Select a District: Dover

This document provides an analysis of the feedback forms completed by attendees to the 'Local Solutions' District workshops, held during February 2013. A total of 331 completed forms were received and analysed across all 12 Districts, although it should be noted that at District levels totals are fairly small.

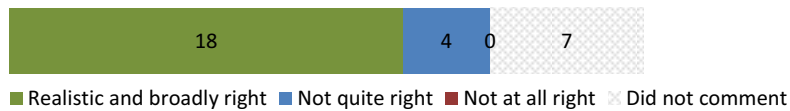
1. The Future Service Options Review aims to look at:

WHAT services are delivered,

WHERE they are accessed or delivered from, and

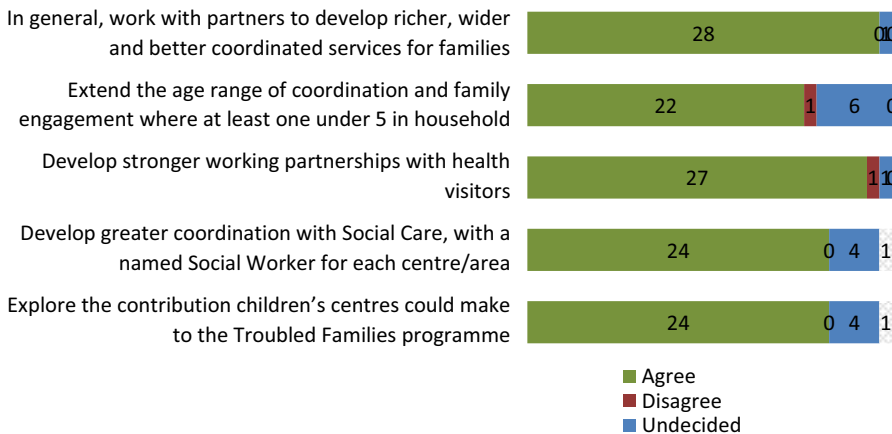
HOW the service is structured to plan and deliver within its financial constraints?

Do you think these aims are the right ones?



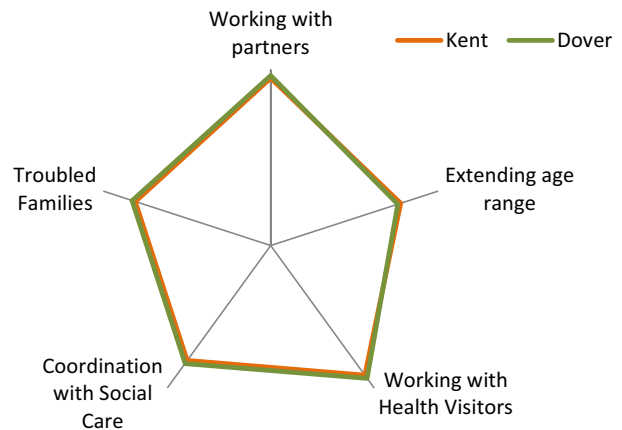
The majority of the attendees to the Dover workshop who responded feel that the Review aims are realistic and broadly right.

2. Service Development: Exercise 1a - No Wrong Front Door



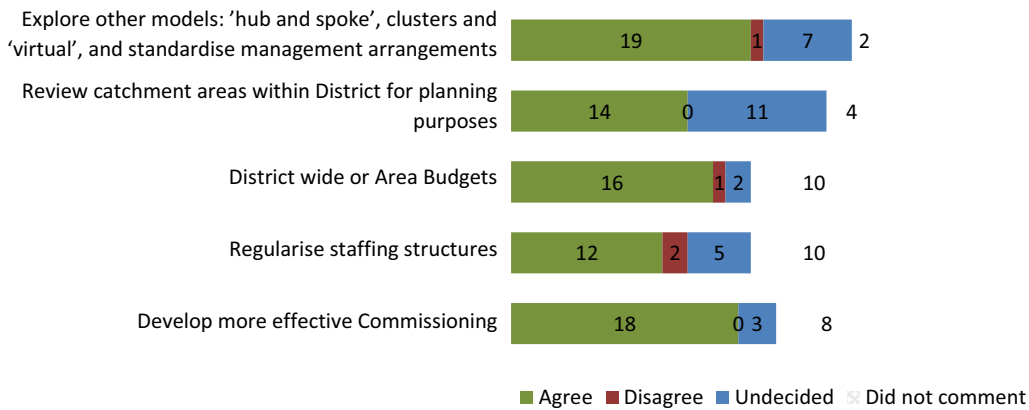
There are high levels of agreement with all areas. However, there is particularly strong agreement that we should, in general, seek to work with partners to develop richer, wider and better coordinated services for families, and that we should seek to develop stronger working relationships with health visitors.

Agreement Levels - Comparison With County Average



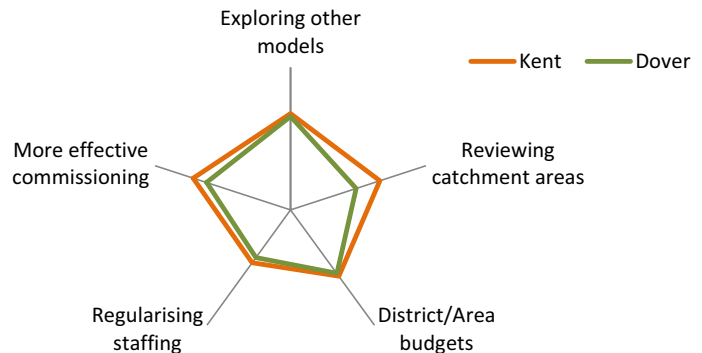
The pattern of responses in Dover is very similar to that for the County overall, with levels of support highest for working with partners, and for developing stronger working relationships with health visitors.

2. Service Development: Exercise 1b - District Planning



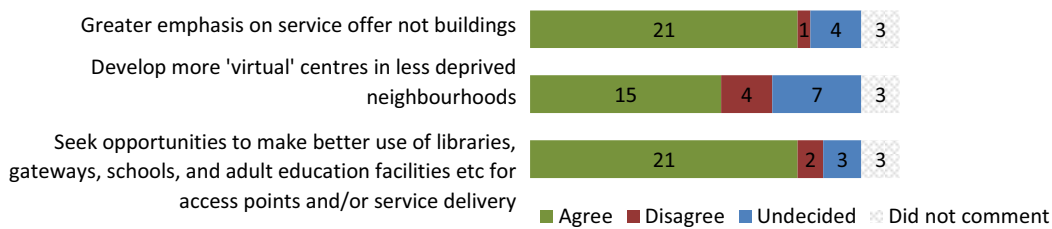
Exploring other models and developing effective commissioning have the highest levels of support in Dover. Less than half of participants agree with reviewing the catchment areas, or regularising staff structures.

Agreement Levels - Comparison With County Average



The pattern of responses in Dover is similar to that for the County overall, with the exception of reviewing of the catchment areas. There appears to be less support for this in Dover, although it should be borne in mind that this result is based on the opinions of 29 individuals.

2. Service Development: Exercise 2 - Scoping Service Delivery and Access Points



Placing a greater emphasis on the service offer and not buildings, and seeking opportunities to make better use of existing facilities have the most support in Dover. Only around half agree with the development of more 'virtual' centres (although the majority of the remainder either indicated being undecided or did not provide an opinion).

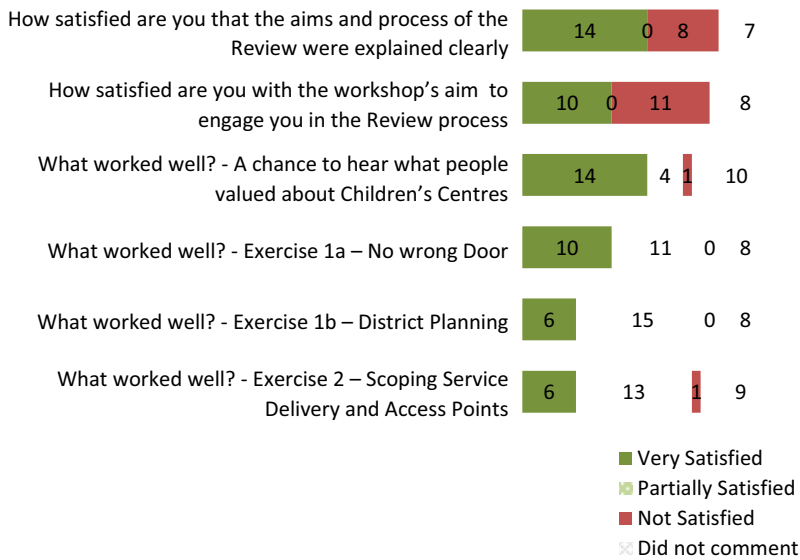
Agreement Levels - Comparison With County Average



The pattern of responses in Dover is similar to that for the County overall, with the exception of placing a greater emphasis on the service offer and not buildings. There appears to be more support for this in Dover, although this does not seem to translate into greater support for more 'virtual' centres, or for the use of other community facilities. (It should also be borne in mind that this result is based on the opinions of 29 individuals.)

3. This workshop was part of the process to engage you in the Future Service Options Review

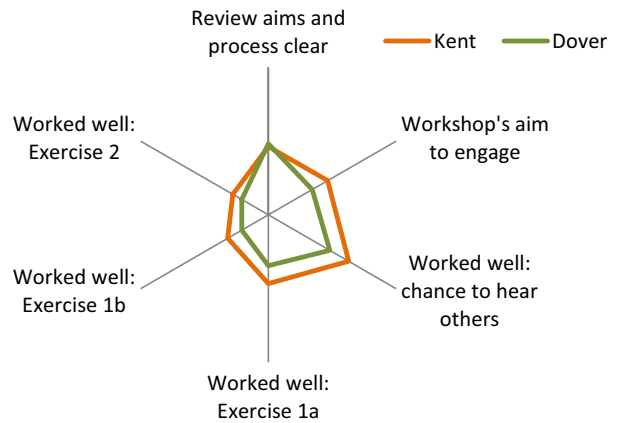
4. What worked particularly well in the workshop?



Opinions were divided in Dover in respect of the aims and process of the Review having been explained clearly, and with the workshop's aim to engage them in the Review process, with a significant number of participants expressing dissatisfaction. There is evidence to suggest that satisfaction with the exercises decreased slightly as the workshop went on, so that by Exercise 2 only 6 participants indicated that they were very satisfied, compared with 10 at Exercise 1a.

Satisfaction Levels ('Very Satisfied') - Comparison With County Average

The pattern of responses in Dover is not dissimilar to that for the County overall, with satisfaction levels with the exercises dropping as the workshop went on. There is some evidence to suggest that levels of participants feeling 'very satisfied' are generally slightly lower in Dover than for the County overall, with the exception of satisfaction that the aims and process of the Review having been explained clearly.



Summary

In terms of levels of agreement, the following garnered the support of more than 80% of participants at the Dover workshop:

- In general, work with partners to develop richer, wider and better coordinated services for families
- Develop stronger working partnerships with health visitors
- Develop greater coordination with Social Care, with a named Social Worker for each centre/area
- Explore the contribution children's centres could make to the Troubled Families programme

Appendix F – District Workshop (4th Feb 2013) Independent Report

CHILDREN'S CENTRES FUTURE SERVICE OPTIONS REVIEW WORKSHOP: DOVER

The Dover workshop was one of a series of workshops held in every Kent District, engaging children's centre leaders, partners and other stakeholders, in a Future Service Options Review of the children's centres programme in Kent. The Review aims to explore:

- **What** services were delivered, in particular looking at the effectiveness of partnerships and the targeting of resources to those who could benefit most;
- **Where** the services are delivered from, and the scope for changes to delivery and access points could improve access and cost effectiveness;
- **How** the services are structured, and whether changes could deliver more consistency where appropriate, better targeting of expenditure, and cost savings;

A summary of contributions is given below, and detailed records of all the written contributions follow.

Aims of the Future Service Options Review

In individual feedback forms, there was consensus that "what, where and how" were the right areas for the review. Individual comments suggested building on the current methods of service delivery and to undertake further analysis of community needs. Participants have indicated a range of options about children's centre models and catchments areas, all of which require further assessment. The focus is on supporting the specific needs of the migrant community whilst also considering services available in rural areas.

Icebreaker

The ice breaker established the qualities of Dover's children's centres and their staff, and their place in the lives of families and communities. They are valued because of their welcoming environment and professional staff. They are recognised as being an important community resource and a place to deliver both universal and targeted services.

"No Wrong Door" – improving partnership effectiveness

In general, there is recognition that closer partnership working with education, health and social care colleagues is essential to achieving a successful early intervention service. Employability services offered by JCP, Adult Education and others could be further developed, new methods of supporting the employability agenda have been identified via Gateway Taktix, G4S and Avanta. To develop the role of parents in the delivery of services to enable professional staff to focus more on those most in need by expanding the current volunteering and buddying schemes.

The voluntary sector have much to offer – local knowledge and experience, and a number of existing groups where further links can be developed to support families in need.

The Daisy Children's Centre (Dover)

The partnership with health is dependent on developing links and commissioning arrangements with health visitors (0-4 years), school nurses (school age), midwifery clinics, CAMHS and SALT. It was suggested that there is increased potential for children's centres to support the delivery of the Child Health Programme via health professionals being based in children's centres, receiving new birth data, joint records, shared data bases, links with school nurses, the delivery of drop in clinics and joint groups. District level planning would continue to help drive this agenda forward.

The links between Dover's schools and children's centres varied enormously. There are a number of references to the challenges that arise when engaging with academies and primary schools which are not co-located with children's centres.

Dover's children's centres already receive referrals from primary schools, recognise the sibling agenda and are keen to continue to develop partnership working which includes a seamless transition. Support for the 0-11 agenda to be achieved by a multi-agency joined up approach with shared outcomes and targets. A shared approach to family support might better co-ordinate the support to identified families, and make better use of the overall resources.

Though current arrangement between Dover's children's centres and social care worked well for some families, it was suggested confidence building, early help and identification would improve partnership working. More children's centre engagement and sharing of knowledge re clients with social care will lead to greater consistency, and better co-ordinated service to families in high levels of need. The District highlighted issues about the role of CAF/ pre CAF processes, joint data bases and to share information to support the needs of targeted families.

Participants were keen to involve children's centres and their partners in the Troubled Families Initiative; this programme is at an early stage with information on the families and lead professionals to be clarified.

In individual feedback forms, the "no wrong door" principle was overwhelmingly supported.

District Level Planning

Participants supported district level resourcing (which is currently in place), and saw opportunities there to plan and deliver more responsive services by building on the existing model (working well), unrestricted by outdated catchment areas, and potentially pool or share resources with other partners and generate income. Staffing structures need to recognise the value of experienced staff and role of outreach workers, more peripatetic staff and admin functions could be centralised.

Participants listed a range of buildings and catchment areas that could be reviewed based on further analysis these included; - bring Snowdrop into a district offer (services), North Deal could be 'reduced', consider one centre in Dover, North and South divide is a potential for two areas and relocate to larger centres in town at a central location for ease of access and rural hubs with local satellites.

New methods of service delivery were suggested these included ; - 'One front desk' creating a single standard for Kent residents by whichever way families choose to contact Kent,

The Daisy Children's Centre (Dover)

partnerships with other community delivery agents, building partnership working based on need and a centralised reception 'Hot Line'.

In individual feedback forms, more district level planning is supported as long as it planned sensitively in line with local knowledge and community need.

Service and Access Points

Key services point's opportunities to be investigated in Dover include the Gateways, the Discovery Centre, health/NHS premises and co-location of services and the hiring and cost of community facilities. The children's centre buildings could be used by other organisations.

In individual feedback forms, the majority of participants supported the principle of a premises review. Comments stressed the emphasis in Dover District has always been on service delivery not buildings.

Bob Allen & David Wallis

Appendix 2 - The Buttercup consultation analysis

<p>Conclusions from consultation evidence by protected characteristic</p>	<p>General: The vast majority of those electing to respond to the consultation disagree to some extent with reducing the number of Children’s Centres (87%, 5,098 individuals/professionals.). Of these 5,098 individuals/professionals, 183 indicated that their objection related to the proposed closure of The Buttercup (with 152 of these 183 objecting to the proposed closures of other named Centres <u>as well as</u> The Buttercup).</p> <p>84% of the users of The Buttercup responding to the consultation disagree with reducing the number of children’s centres and 12% agree. This compares with 89% and 5% respectively of all responses to the consultation countywide from users of Children’s Centres, and so represents a <u>higher</u> level of agreement with the proposal.</p> <p>Amongst those members of the public who objected to the closure of The Buttercup, 13% (22 individuals) indicate that they will not use Children’s Centres at all as a result (which is a <u>much lower</u> proportion than the 26% of all members of the public objecting to the proposed closures countywide).</p>
	<p>Age:</p> <p><u>Parents 0-4</u> 80% of those objecting to the proposed closure of The Buttercup are parents of 0-4s, which is <u>lower</u> than the 85% of all those members of the public objecting to the proposed closures countywide.</p> <p><u>Parents aged 25 or under</u> 18% of those objecting to the proposed closure of The Buttercup are parents of 0-4s aged 25 or under, which is <u>higher</u> than the 13% of all those members of the public objecting to the proposed closures countywide.</p> <p><u>Teenage mothers</u> 2% of those objecting to the proposed closure of The Buttercup are teenage mothers (with 0-4s), which is the same as the 2% of all those members of the public objecting to the proposed closures countywide.</p> <p><u>Pregnant teenagers</u> Less than 0.5% of those objecting to the proposed closure of The Buttercup are pregnant teenagers, which is the same as the proportion observed across all those members of the public objecting to the proposed closures countywide.</p>
	<p>Disability:</p> <p><u>Disabled parents</u> 3% of those objecting to the proposed closure of The Buttercup are disabled parents of 0-4s, which is similar to the 2% of all those members of the public objecting to the proposed closures countywide.</p>

	<p>Gender: 85% of those objecting to the proposed closure of The Buttercup are female, which is similar to the 88% of all those members of the public objecting to the proposed closures countywide.</p> <p><u>Mothers</u> 67% of those objecting to the proposed closure of The Buttercup are mothers of 0-4's, which is <u>lower</u> than the 76% of all those members of the public objecting to the proposed closures countywide.</p> <p><u>Fathers</u>⁷ 9% of those objecting to the proposed closure of The Buttercup are fathers of 0-4's, which is similar to the 7% of all those members of the public objecting to the proposed closures countywide.</p>
	<p>Gender identity: None of those objecting to the proposed closure of The Buttercup identified themselves as being parents of 0-4's having a gender different to that of their birth, which is which is in line with the <0.5% of all members of the public objecting to the proposed closures countywide.</p>
	<p>Race: <u>Parents from minority ethnic groups</u> 5% of those objecting to the proposed closure of The Buttercup are parents of 0-4s from ethnic minority groups, which is similar to the 9% of all those members of the public objecting to the proposed closures countywide.</p> <p><u>Gypsy, Roma and traveller parents</u> 1% of those objecting to the proposed closure of The Buttercup are Gypsy/Roma and traveller parents of 0-4's, which is in line with the <0.5% of all members of the public objecting to the proposed closures countywide.</p> <p><u>Parents with English as an additional language</u> 2% of those objecting to the proposed closure of The Buttercup are parents of 0-4s with English as an additional language, which is similar to the 5% of all those members of the public objecting to the proposed closures countywide.</p>
	<p>Religion or belief <u>Christian parents</u> 36% of those objecting to the proposed closure of The Buttercup are Christian parents of 0-4's, which is similar to the 39% of all</p>

⁷ Fathers: For the purposes of the consultation "fathers" always refers to men with children aged 0-4 years old

	<p>those members of the public objecting to the proposed closures countywide.</p> <p><u>Buddist parents</u> None of those objecting to the proposed closure of The Buttercup are Buddhist parents of 0-4's, which is in line with the <0.5% of all those members of the public objecting to the proposed closures countywide.</p> <p><u>Hindu parents</u> None of those objecting to the proposed closure of The Buttercup are Hindu parents of 0-4's, which is in line with the <0.5% of all those members of the public objecting to the proposed closures countywide.</p> <p><u>Jewish parents</u> None of those objecting to the proposed closure of The Buttercup are Jewish parents of 0-4's, which is in line with the <0.5% of all those members of the public objecting to the proposed closures countywide.</p> <p><u>Muslim parents</u> 1% of those objecting to the proposed closure of The Buttercup are Muslim parents of 0-4's, which is the same as the 1% of all those members of the public objecting to the proposed closures countywide.</p> <p><u>Sikh parents</u> None of those objecting to the proposed closure of The Buttercup are Sikh parents of 0-4's, which is in line with the <0.5% of all those members of the public objecting to the proposed closures countywide.</p> <p><u>Parents of any other religion</u> 2% of those objecting to the proposed closure of The Buttercup are parents of 0-4's with an 'other' religion, which is the same as the 2% of all those members of the public objecting to the proposed closures countywide.</p> <p><u>Parents of no stated religion</u> 31% of those objecting to the proposed closure of The Buttercup are parents of 0-4's indicated that they have no religion, which is similar to the 35% of all those members of the public objecting to the proposed closures countywide.</p>
	<p>Sexual orientation: <u>Lesbian, Gay and transgender parents</u> None of those objecting to the proposed closure of The Buttercup are Lesbian, Gay or transgender parents of 0-4's, which is in line with the <0.5% of all those members of the public objecting to the proposed closures countywide.</p>
	<p>Pregnancy and maternity: <u>Will be a parent soon</u> 4% of those objecting to the proposed closure of The Buttercup indicated that they would be a 'parent/carer soon', which is the same as the 4% of all those members of the public objecting to the proposed closures countywide.</p>

	<p>Marriage and Civil Partnerships:</p> <p><u>Lone parents</u> 20% of those objecting to the proposed closure of The Buttercup are lone parents of 0-4's, which is <i>higher</i> than the 13% of all those members of the public objecting to the proposed closures countywide.</p> <p><u>Parents in a civil partnership</u> None of those objecting to the proposed closure of The Buttercup are parents of 0-4's in a civil partnership, which is in line with the <0.5% of all those members of the public objecting to the proposed closures countywide.</p>
	<p>Carers responsibilities: Carer data was not gathered as part of the consultation activity</p>

<p>Conclusions from consultation evidence by protected characteristic</p>	<p>General: The vast majority of those electing to respond to the consultation disagree to some extent with reducing the number of Children’s Centres (87%, 5,098 individuals/professionals.). Of these 5,098 individuals/professionals, 172 indicated that their objection related to the proposed closure of The Daisy (with 144 of these 172 objecting to the proposed closures of other named Centres <u>as well as</u> The Daisy).</p> <p>79% of the users of The Daisy responding to the consultation disagree with reducing the number of children’s centres and 7% agree. This compares with 89% and 5% respectively of all responses to the consultation countywide from users of Children’s Centres, and so represents a <u>lower</u> level of disagreement with the proposal.</p> <p>Amongst those members of the public who objected to the closure of The Daisy, 13% (21 individuals) indicate that they will not use Children’s Centres at all as a result (which is a <u>much lower</u> proportion than the 26% of all members of the public objecting to the proposed closures countywide).</p>
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The Daisy Consultation analysis

	<p>Age: <u>Parents 0-4</u> 81% of those objecting to the proposed closure of The Daisy are parents of 0-4s, which is similar to the 85% of all those members of the public objecting to the proposed closures countywide. <u>Parents aged 25 or under</u> 22% of those objecting to the proposed closure of The Daisy are parents of 0-4s aged 25 or under, which is <i>higher</i> than the 13% of all those members of the public objecting to the proposed closures countywide. <u>Teenage mothers</u> 2% of those objecting to the proposed closure of The Daisy are teenage mothers (with 0-4s), which is the same as the 2% of all those members of the public objecting to the proposed closures countywide. <u>Pregnant teenagers</u> Less than 0.5% of those objecting to the proposed closure of The Daisy are pregnant teenagers, which is the same as the proportion observed across all those members of the public objecting to the proposed closures countywide.</p>
	<p>Disability: <u>Disabled parents</u> 4% of those objecting to the proposed closure of The Daisy are disabled parents of 0-4s, which is similar to the 2% of all those members of the public objecting to the proposed closures countywide.</p>
	<p>Gender: 86% of those objecting to the proposed closure of The Daisy are female, which is similar to the 88% of all those members of the public objecting to the proposed closures countywide. <u>Mothers</u> 69% of those objecting to the proposed closure of The Daisy are mothers of 0-4's, which is <i>lower</i> than the 76% of all those members of the public objecting to the proposed closures countywide. <u>Fathers</u> 9% of those objecting to the proposed closure of The Daisy are fathers of 0-4's, which is similar to the 7% of all those members of the public objecting to the proposed closures countywide.</p>
	<p>Gender identity: None of those objecting to the proposed closure of The Daisy identified themselves as being parents of 0-4's having a gender different to that of their birth, which is which is in line with the <0.5% of all members of the public objecting to the proposed</p>

	<p>closures countywide.</p>
	<p>Race: <u>Parents from minority ethnic groups</u> 6% of those objecting to the proposed closure of The Daisy are parents of 0-4s from ethnic minority groups, which is similar to the 9% of all those members of the public objecting to the proposed closures countywide. <u>Gypsy, Roma and traveller parents</u> 3% of those objecting to the proposed closure of The Daisy are Gypsy/Roma and traveller parents of 0-4's, which appears to be <i>slightly higher</i> than the <0.5% of all members of the public objecting to the proposed closures countywide. <u>Parents with English as an additional language</u> 5% of those objecting to the proposed closure of The Daisy are parents of 0-4s with English as an additional language, which is the same as the 5% of all those members of the public objecting to the proposed closures countywide.</p>
	<p>Religion or belief <u>Christian parents</u> 32% of those objecting to the proposed closure of The Daisy are Christian parents of 0-4's, which is <i>lower</i> than the 39% of all those members of the public objecting to the proposed closures countywide. <u>Buddist parents</u> None of those objecting to the proposed closure of The Daisy are Buddhist parents of 0-4's, which is in line with the <0.5% of all those members of the public objecting to the proposed closures countywide. <u>Hindu parents</u> None of those objecting to the proposed closure of The Daisy are Hindu parents of 0-4's, which is in line with the <0.5% of all those members of the public objecting to the proposed closures countywide. <u>Jewish parents</u> None of those objecting to the proposed closure of The Daisy are Jewish parents of 0-4's, which is in line with the <0.5% of all those members of the public objecting to the proposed closures countywide. <u>Muslim parents</u> 1% of those objecting to the proposed closure of The Daisy are Muslim parents of 0-4's, which is the same as the 1% of all those members of the public objecting to the proposed closures countywide. <u>Sikh parents</u> None of those objecting to the proposed closure of The Daisy are Sikh parents of 0-4's, which is in line with the <0.5% of all those members of the public objecting to the proposed closures countywide.</p>

	<p><u>Parents of any other religion</u> 3% of those objecting to the proposed closure of The Daisy are parents of 0-4's with an 'other' religion, which is similar to the 2% of all those members of the public objecting to the proposed closures countywide.</p> <p><u>Parents of no stated religion</u> 34% of those objecting to the proposed closure of The Daisy are parents of 0-4's indicated that they have no religion, which is similar to the 35% of all those members of the public objecting to the proposed closures countywide.</p>
	<p>Sexual orientation: <u>Lesbian, Gay and transgender parents</u> None of those objecting to the proposed closure of The Daisy are Lesbian, Gay or transgender parents of 0-4's, which is in line with the <0.5% of all those members of the public objecting to the proposed closures countywide.</p>
	<p>Pregnancy and maternity: <u>Will be a parent soon</u> 5% of those objecting to the proposed closure of The Daisy indicated that they would be a 'parent/carer soon', which is similar to the 4% of all those members of the public objecting to the proposed closures countywide.</p>
	<p>Marriage and Civil Partnerships: <u>Lone parents</u> 22% of those objecting to the proposed closure of The Daisy are lone parents of 0-4's, which is <i>higher</i> than the 13% of all those members of the public objecting to the proposed closures countywide.</p> <p><u>Parents in a civil partnership</u> None of those objecting to the proposed closure of The Daisy are parents of 0-4's in a civil partnership, which is in line with the <0.5% of all those members of the public objecting to the proposed closures countywide.</p>
	<p>Carers responsibilities: Carer data was not gathered as part of the consultation activity</p>

Appendix 3

Table 1 General profile of public objectors to the closure of The Buttercup

Protected characteristic	Objectors to the closure of The Buttercup (percentages relate to all objectors)
Age	Over half (52%) of objectors were aged between 26 and 35. A further 17% were aged 20-25 and 11% were aged 36-40. Teenage mothers comprised 2% of objectors.
Disability	The majority (80%) of objectors did not consider themselves to have a disability; just 4% considered that their day-to-day activities were 'limited a lot' because of a health problem or disability. Parents with a disability made up 3% of objectors.
Gender	The majority (85%) of objectors were female with around two-thirds of the objections from mothers of children under 5 years. Fathers of children aged 5 or under made up 9% of objectors.
Gender identity	No objector's gender identity was different to that at birth.
Marriage and civil partnerships	Over two-thirds (70%) of objectors were either married, in a civil partnership or cohabiting and 20% of objections were from lone parents (of children aged under 5).
Pregnancy and maternity	Those who would be a parent soon made up 4% of objectors. Most (80%) objectors were parents / carers of children under age 5; around one-third were parents / carers of children aged 5-11; and 11% were parents / carers of children aged 12-18.
Race	Most objectors (86%) were White British, 7% were from minority ethnic groups and 4% had English as an additional language.
Religion or belief	Objectors who were Christian comprised 49% of objectors and those who had no religion 34%. Muslims made up 2% of objectors and those of other religions made up a further 3%. The remainder of objectors did not respond to the question.
Sexual orientation	Most objectors (86%) were heterosexual (with 13% not responding to the question).
Carer's responsibilities	Covered by other parent categories.

Table 2 Responses to the consultation relating to The Buttercup

General responses of objectors	
Data on objectors	
<ul style="list-style-type: none"> • There were 183 objections to the closure of Buttercup which represented approximately 4% of all objections (including objections from professionals) • Of the 183 that objected to the changes with respect to Buttercup CC, 83% strongly disagreed and 17% disagreed • Of the 183 objections to closure of centres including Buttercup, 31 only objected to changes to Buttercup • Of the 183 objections, 169 were from the public and 14 were from professionals • Of the 169 objections to closure of centres including Buttercup from the public, 30 only objected to the changes with respect to Buttercup • There were 79 users of Buttercup that responded to the consultation and of these 84% objected • There were 42 objections to the closure of The Buttercup specifically from all users of Buttercup and of these 19 were from users who only accessed Buttercup 	

<ul style="list-style-type: none"> • Of the 14 objections to closure of centres including Buttercup from the professionals, 1 only objected to the changes with respect to Buttercup • Just 1 of the 14 objections from professionals was from Children's Centre staff
<p>Impact on the public</p> <ul style="list-style-type: none"> • A small number of respondents whose objection included changes to The Buttercup (12%), said that the proposals would have no impact; by implication there would be an impact on the majority of respondents • Just under half of objectors (45%) said that they would use children's centres less often • 13% said they would not use a centre at all • 12% said they would attend a different children's centre • The most popular reason given for using centres less often or not at all were because it would make travel to centres more difficult or alternative centres were too distant • 53% of all users and 9 of the 23 sole users of Buttercup Children's Centre said that if the centre closed they would use a centre less often • 16% of all users and 4 of the 23 sole users said if the centre closed they would not use a centre at all • 16% of all users and 4 of the 23 sole users said that if the centre closed they would attend an alternative (non-children's centre) facilities • 16% of all users and 3 of the 23 sole users of Buttercup Children's Centre said that if the centre closed they would attend a different children's centre
<p>Example verbatim comments from the public</p> <p><i>Need local ones. Don't drive</i></p>
<p>Professionals view of impacts</p> <p>Of the 12 professionals who responded with comments on their objections including to changes to Buttercup:</p> <ul style="list-style-type: none"> • Over half (7) considered that children and families will miss out • A third (4) felt that it would reduce access to children's services
<p>Example verbatim comments from professionals</p> <p><i>Many families in deprived areas will not be able to access centres that are further away.</i></p> <p><i>Some of the most deprived and needy families will not travel out of their areas to attend groups and receive the support they need. Leaving them vulnerable.</i></p> <p><i>Having to use public transport is off putting to parents with more than one child and children in buggies or prams. The transport service is poor in many rural areas</i></p>

Table 3 General profile of public objectors to the closure of The Daisy

Protected characteristic	Objectors to the closure of Daisy (percentages relate to all objectors)
Age	Most (67%) of objectors were aged between 20 and 35. A further 10% were aged 36-40. Teenage mothers comprised 2% of objectors.
Disability	The majority (79%) of those objectors responding to the question did not consider themselves to have a disability. Parents with a disability made up 4% of objectors.
Gender	The majority (86%) of objectors were female with over two-thirds of the objections from mothers of children under 5 years. Fathers of children aged 5 or under made up 9% of objectors.
Gender identity	No objector's gender identity was different to that at birth.
Marriage and civil partnerships	Around two-thirds (66%) of objectors were either married, in a civil partnership or cohabiting and 22% of objections were from lone parents of under 5's.
Pregnancy and maternity	Those who would be a parent soon made up 5% of objectors. Most (81%) objectors were parents / carers of children under age 5; around one-third were parents / carers of children aged 5-11; and 11% were parents / carers of children aged 12-18.
Race	Most objectors (84%) were White British, 8% were from other ethnic groups (with 3% being White Gypsy/Roma) and 6% had English as an additional language.
Religion or belief	Objectors who were Christian comprised 43% of objectors and those who had no religion 38%. Muslim parents made up 2% of objectors and those of other religions made up a further 4%. The remainder of objectors did not respond to the question.
Sexual orientation	Most objectors (86%) were heterosexual (with 14% not responding to the question).
Carer's responsibilities	Covered by other parent categories.

Table 4 Responses to the consultation relating to The Daisy

General responses of objectors	
Data on objectors	<ul style="list-style-type: none"> • There were 172 objections to the closure of The Daisy which represented approximately 3% of all objections (including objections from professionals) • Of the 172 that objected to the changes with respect to Daisy CC, 80% strongly disagreed and 20% disagreed • Of the 172 objections to closure of centres including Daisy, 28 only objected to changes to Daisy • Of the 172 objections, 161 were from the public and 11 were from professionals • Of the 161 objections to closure of centres including Daisy from the public, 28 only objected to the changes with respect to Daisy • There were 63 users of Daisy that responded to the consultation and of these 79% objected • There were 40 objections to the closure of The Daisy specifically from all users of Daisy and of these 17 were from users who only accessed Daisy • Of the 11 objections to closure of centres including Daisy from the professionals, there were no objections that only related to Daisy • There were no objections from professionals from Children's Centre staff

Impact on the public
<ul style="list-style-type: none"> • A small number of respondents whose objection included changes to Daisy (13%), said that the proposals would have no impact; by implication there would be an impact on the majority of respondents • Just under half of objectors (45%) said that they would use children's centres less often • 13% said they would not use a centre at all • 16% said they would attend an alternative (non-children's centre) facility • 11% said they would attend a different children's centre • The most popular reason given for using centres less often or not at all were because it would make travel to centres more difficult or alternative centres were too distant • 48% of all users and 9 of the 20 sole users of Daisy Children's Centre said that if the centre closed they would use a centre less often • 17% of all users and 3 of the 20 sole users of Daisy Children's Centre said that if the centre closed they would no longer attend a Children's Centre • 15% of all users and 6 of the 20 sole users of Daisy Children's Centre said that if the centre closed they would attend an alternative (non-children's centre) facility • 8% of all users, but none of the sole users, said that they would attend a different children's centre
Example verbatim comments from the public
<p><i>I am looking to do some courses and it may affect if I can attend my local centre. The Ark (Daisy) is only a few minutes away from where I live and I don't drive. It's harder for me to get to town.</i></p> <p><i>Some parents can't get into town very easily and will feel more alone if their local centre closes.</i></p> <p><i>It's about ease of getting to and from the centres. Don't want to always use my car, I can walk to and from the Daisy Centre. It's good for me and my child.</i></p>
Professionals view of impacts
<p>Of the 10 professionals who responded with comments on their objections including to changes to Daisy:</p> <ul style="list-style-type: none"> • Over two thirds (7) considered that children and families will miss out • Four felt that it would reduce access to children's services
Example verbatim comments from professionals
<p><i>Currently Health Visiting and Midwifery services hold baby clinics and joint delivery of health promotion sessions with CC staff, the closure may mean loss of local availability for some families to be able to access these services.</i></p>

KENT COUNTY COUNCIL EQUALITY ANALYSIS / IMPACT ASSESSMENT (EqIA)

This document is available in other formats. Please contact cc.commissioning@kent.gov.uk or telephone on 01622 696678.

Directorate: Families and Social Care

Name of policy, procedure, project or service

Shepway District Children's Centres Future Service Options Programme – Consultation Proposal

What is being assessed?

Closure of the New Romney Children's Centre in Shepway.

The catchment area for the centre would merge with Lydd and Dymchurch Children's Centres. This will enable greater emphasis on services rather than buildings and enable outreach to be increased equitably.

Responsible Owner/ Senior Officer

Mairead MacNeil / Karen Mills

Date of Initial Screening

21st June, reviewed 2nd July 2013

Date of Full EqIA :

August 2013 – November 2013

Version	Author	Date	Comment
1.0	Chris Barker	21.06.13	Initial Draft
2.0	Equality and Diversity Team	01.07.13	Comments on version 1
3.0	Chris Barker	02.07.13	Updated to reflect Equality and Diversity comments
4.0	Chris Barker	14.08.13	Overall proportionality (pg 12) amended from medium to high potential impact. Also Pregnancy and maternity (pg 9) amended from medium to high for both positive & negative.
5.0	Amy Noake	21.11.2013	Full EqIA using consultation responses
6.0	Matthew Mallett/Alister McClure	27.11.2013	Revised Full EqIA incorporating Equality and Diversity Comments

Screening Grid

Characteristic	Could this policy, procedure, project or service affect this group less favourably than others in Kent? YES/NO If yes how?	Assessment of potential impact HIGH/MEDIUM LOW/NONE UNKNOWN		Provide details: a) Is internal action required? If yes what? b) Is further assessment required? If yes, why?	Could this policy, procedure, project or service promote equal opportunities for this group? YES/NO - Explain how good practice can promote equal opportunities
		Positive	Negative	Internal action must be included in Action Plan	If yes you must provide detail
Age	<p>Yes. Children's Centres core purpose is to improve outcomes for young children and their families through reducing inequalities. Young children are classified as pre-birth to age 5.</p> <p>In 2011 there were 108,200 residents in the Shepway district, of these 6,000 (5.5%) were 0 to 5 years old¹.</p> <p>In the Shepway district 2,987 children have been recorded as using a centre at least once between October 2011 and September 2012. This represents 49.8% of the 0-5 population. 19% were less than a year old, 25% were 1 years old, 20% were 2 years old, 16% were 3 years old, 14% were 4 years old and 6% were 5 years old.</p>	Medium	Medium	<p>a) Yes –sustain current outreach services and promote the hub and link model. Better link children's centre services provided. Maximise the use of resources including staffing to continue to improve outcomes for children and their families.</p> <p>Ensure measures are in place to enable vulnerable families (identified via CAF) to access current services.</p> <p>Provide information to current children's centre users to promote understanding of how the changes could affect them and how to identify any support available within the hub and link model. (All children 0-5 will remain entitled to access all Children's Centres in the County).</p> <p>Children's Centres will continue to signpost to age appropriate provision for children over 5.</p> <p>Close partnership working with the commissioned centre to ensure that</p>	<p>Using Folkestone as a Hub centre. This option could enable greater emphasis on services rather than buildings and enable outreach to be increased equitably. By working as a hub and link centre model (with one catchment area) centres may be able to increase the proportion of 0-5 registered at Children's Centres. This could support the identification of families' needs and enable services to be more targeted at 0-5 year olds who are most in need of intervention.</p> <p>Through operating a hub and link model all families should continue to be offered appropriate services. Services will address locally identified need.</p> <p>It is likely that there will be an increase in the numbers of children attending Lydd and Dymchurch Children's Centres, particularly in 1-5 age brackets. In order to prioritise early intervention and prevention</p>

Page 394

¹ Mid year population estimates, KCC

Of the 2,987 Children using a centre in Shepway at least once between October 2011 and September 2012, 5.6% (167 children) attended New Romney Children's Centre. 13% were less than a year old, 25% were 1 year olds, 23% 2 years old, 18% were 3 years old, 14% were 4 years old and 7% were 5 years old. These figures are broadly comparable to the Kent average (Kent Children's Centre average) for 1, 2, 3, 4 and 5 year olds. The proportion of under 1 year olds accessing services is significantly less than the county average.

Of these 167 children, 96 also attended another Children's Centre in Shepway and 96 only attended New Romney. Others centres accessed included Lydd and Dymchurch.

Needs analysis (volume) for the New Romney Children's Centre identifies that the New Romney catchment has a lower level of need

services are planned appropriately across the district.

b) Yes - Full Public Consultation to be held.

Identify any mitigating actions that can be put in place to ensure numbers 1-5 year old users does not decrease, and actions to attempt to address the lower levels of under 1 year olds attending centres in the locality.

Ensure that any moves to CCG operating models do not disadvantage the South Kent Coastal CCG area. Teenage Parent Services which are currently delivered across the locality must continue to be promoted and signposted across CCG boundaries.

especially as many 3 and 4 year olds access early Years settings than 1 and two year olds. Even with the increase in 2 year old funding through free for two to almost 50% this is still far greater than the approximate 94% of children aged 3 and 4 years in funded places.

Local solutions also identified that a greater emphasis on services rather than buildings should support an increase in Teenage Parent registrations at Children's Centres in Shepway.

	than the Kent average in terms of teenage pregnancy.				
Page 396	<p>9.9% of the population in the Shepway district are claiming a disability benefit.²</p> <p>Between October 2011 and September 2012 no users at New Romney were recorded as having a disability.</p> <p>Needs analysis for the New Romney Children’s Centre identifies that the New Romney catchment has a lower level of need than the Kent average in terms of working aged permanently sick/ disabled (volume).</p>	Low	Low	<p>a) Yes - Ensure that disabled children and carers are offered the opportunity to access services.</p> <p>Ensure that parents and carers are asked about disabilities at registration. Work closely with HVs and Early Years settings to share information gained from developmental assessments.</p> <p>Offer parents the opportunity to amend database to include a ‘do not wish to answer’ category and a ‘no’ category for disability</p> <p>Ensure that parents and carers can access required information if they have print impairments, learning disabilities, are Deaf or hard-of-hearing, or would struggle to access standard print/ standard English information in any other way because of their protected characteristics.</p> <p>b) Yes - Targeted consultation - A large number of disability records have either not been completed or users have not wished to disclose</p>	<p>Yes – Services will continue to address identified needs on an individual basis. Through a hub and link model centres will continue be able to share resources including best practice and specialist knowledge.</p> <p>Through the hub and link centre model (management) signposting to specialist services may increase.</p> <p>A greater emphasis on local services rather than buildings will enable outreach to be increased appropriately and equitably and therefore disabled children’s registrations should increase. Through increased targeted work obtained through better data collection, services could be more targeted. Sharing information may lead to speedier intervention by specialist services.</p> <p>Children’s Centres will not discriminate directly or indirectly against any person because of their disability. We will ensure that front-line staff are diversity aware.</p>

² Kent Business Intelligence Statistics

				<p>information and therefore it is difficult to measure impact. However a child's disability may not be apparent at registration so work closely with HVs and Early Years settings to share information gained from developmental assessments. Offer parents the opportunity to amend database to include a 'do not wish to answer' category and a 'no' category for disability.</p> <p>Consider an annual re-registration system across the County.</p> <p>Close partnership working with the commissioned centre to ensure that services are planned appropriately across the district.</p> <p>Ensure that alterations in district boundaries do not directly impact on the services disabled families and children are able to access.</p>	
<p>Gender</p>	<p>Yes – In the Shepway district 49.2% of the population are male and 50.8% are female. In 2012 94% of attendances at Shepway Children's Centres were made by a female parent or carer. 6% were made by a male parent or carer. Therefore this will impact less favourably on females.</p>	<p>Low</p>	<p>Low</p>	<p>a) Yes – services will continue to address need identified regardless of gender. Continue to deliver 'dad's groups' and interventions targeted at male carers to increase engagement.</p> <p>b) No</p>	<p>No - It is likely that Children's Centres will continue to support slightly more male 0-5 year olds. It is also likely that Children's Centres will continue to support more female carers than males.</p> <p>Yes - Currently some centres run targeted interventions for male carers on behalf of the centres in their area. Through the hub and link centre model (management) signposting to these</p>

	54% of children who used New Romney between October 2011 and September 2012 were male and 46% were female. This is broadly consistent with the County population for this age group, and in line with the district demographic.				<p>services would continue.</p> <p>Children's Centres will not discriminate directly or indirectly against any person because of their gender. We will ensure that front-line staff are diversity aware.</p>	
Page 398	Gender identity	Unknown - No impact has been identified at this stage due to a lack of information.	Unknown	Unknown	<p>a) Yes – In line with KCC's Equality Strategy, KCC will seek to identify gender identity of Kent's residents.</p> <p>b) This impact assessment will be updated when such information is available.</p>	<p>Yes - There may be an opportunity to promote and provide more diverse services using a hub and link centre model.</p> <p>The hub and link centres could provide increased opportunity for specific services if needed.</p> <p>Children's Centres will not discriminate directly or indirectly against any person because of their gender identity. We will ensure that front-line staff are diversity aware.</p>
	Race	<p>This could impact Black or Minority Ethnic (BME) less favourably as a larger proportion of registered Children's Centres users are BME compared to County populations.</p> <p>In the Shepway district 94.7% of the population are White</p>	Low	Medium	<p>a) Yes –Encourage disclosure of language and ethnicity information for all families at registration. Provide information on the benefits of disclosing this information.</p> <p>Ensure that parents and carers can access required information if English is a second language, or they would struggle to access standard print/ standard English information in any other way because of</p>	<p>Yes – Services will continue to address identified needs on an individual basis. Through a hub and link model centres will be able to share resources including best practice and specialist knowledge e.g. opportunity to access courses such as English as an additional language.</p> <p>Given the minimal numbers registered, a hub and link model may also</p>

	<p>British, 5.3% are BME.</p> <p>Of the children who attended a Shepway Children’s Centre between October 2011 and September 2012, 58% were White British, 3% were Asian or Asian British- Any Other Asian, 1% were Mixed/Dual-White and Asian, 1% were Mixed/Dual- White and Black Caribbean, 1% were Mixed/Dual- Any Other Mixed, 1% were Any other ethnic group, and 33% choose not to record their ethnicity.</p> <p>57% of users at New Romney and 35% choose not to record their ethnicity. There were less than 5 responses in a number of other categories.</p> <p>Language information has not been obtained for 81% of families using Children’s Centres in Kent.³ Where information is available, English has been recorded as the first language for 18% of users. Polish has been recorded as the second largest proportion with less</p>			<p>their protected characteristics.</p> <p>b) Yes - Targeted consultation - A large number of language records have either not been completed or users have not wished to disclose information and therefore it is difficult to measure impact.</p> <p>Promote greater awareness and understanding of diversity within the communities.</p> <p>Ensure that all racial groups within the community are encouraged to partake in the targeted consultation process. This is especially relevant for White British as it is the biggest grouping.</p> <p>Consultation responses from BME groups and white groups needs to be monitored to ensure targeting of services is right in the future.</p>	<p>increase the likelihood of families with English as an additional language meeting and building peer support networks.</p> <p>Through the hub and link centre model (management) signposting to specialist services should increase.</p> <p>A greater emphasis on services rather than buildings will enable outreach to be increased equitably including to Gypsy/ Roma communities, families with English as an additional language and White British to reflect local populations.</p> <p>Children’s Centres will not discriminate directly or indirectly against any person because of their race. We will ensure that front-line staff are diversity aware.</p> <p>Hub and linked centres can work together to further develop opportunities for social cohesion, understanding and tolerance of difference.</p> <p>The hub and link centres could provide increased opportunity for specific services if needed.</p> <p>Ensure that Shepway Children’s Centres continue to work with young parents in ethnically diverse</p>
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³ As at 1st October 2012

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 400</p>	<p>than 1%.</p> <p>Language information is not recorded for 73% of users at the New Romney Children’s Centre. 27% record English as their first language, with no other specific languages identified.</p> <p>MOSAIC classifications of families attending New Romney between June 2011 and June 2012 DOES NOT identify an overrepresentation amongst young professionals with children, many living in ethnically diverse neighbourhoods.</p>				<p>neighbourhoods.</p>
<p>Religion or belief</p>	<p>In the Shepway 2011 census 62.3% of the population have recorded their religion as Christian, 0.9% as Buddhist, 1.4% as Hindu, 0.1% as Jewish, 0.7% as Muslim, 0.5% as Sikh and 0.5% as other religion. 26.5% have stated no religion and 7.6% have not stated if a religion or not.</p> <p>Religion of Children’s Centre users is unknown.</p>	<p>Unknown</p>	<p>Unknown</p>	<p>a) Yes –Encourage religion or belief information is obtained for all families at registration. Provide information on the benefits of disclosing this information b) This impact assessment will be updated when such information is available.</p>	<p>Children’s Centres will not discriminate directly or indirectly against any person because of their religion or belief. We will ensure that front-line staff are diversity aware.</p> <p>Targeted services have previously been run in some communities to increase knowledge of all religions. This work will continue.</p> <p>The hub and link centres could provide increased opportunity for specific services if needed.</p>
	<p>Sexual Orientation data is</p>	<p>Unknown</p>	<p>Unknown</p>	<p>a) Yes – Continue to encourage parents to</p>	<p>Children’s Centres will not discriminate</p>

<p>Sexual orientation</p>	<p>collected for parents and carers.</p> <p>Sexual orientation is deemed not applicable for under 5 age group.</p>			<p>provide information on sexual orientation and discuss individual needs. Provide information on the benefits of disclosing this information</p> <p>b) This impact assessment will be updated when sexual orientation information is available.</p>	<p>directly or indirectly against any person because of their sexual orientation. We will ensure that front-line staff are diversity aware.</p> <p>The hub and link centres could provide increased opportunity for specific services if needed.</p>
<p>Pregnancy and maternity</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 401</p>	<p>Children’s Centres core purpose is to improve outcomes for young children and their families through reducing inequalities. Children’s Centres offer a range of pre-birth and maternity services.</p> <p>New Romney Children’s Centre currently provides a number of services to those associated with this protected characteristic. Weekly antenatal services are delivered at the centre. There are also other programmes run by external providers at the centre, focussing on breastfeeding, midwifery services and other targeted health services.</p> <p>This proposal does not plan to stop these services, but would alter the delivery</p>	<p>High</p>	<p>High</p>	<p>a) Review current services to ensure they are in the right location. Work with Health partners to ensure provision continues at proposed part time link centres, link centres and Hubs.</p> <p>b) Yes – Further engagement with Health colleagues required to identify changes to services and associated impact. EqIA to be updated accordingly.</p> <p>Yes- Ensure that health services provided remain at appropriate and convenient locations for service users.</p>	<p>Level of provision will not be affected and provision will be increased accordingly at hub and link centres. This will not affect universal access to Health services or Health Visitor home visits. Moving to a hub and link model will also promote health services across a joined up catchment area.</p> <p>The changes in the catchment area may better suit health teams in the Shepway District.</p>

	location and potentially times of delivery. There may be an impact in terms of service users currently accessing these services at this centre.				
Page 402	<p>This is not applicable for under 5 age group.</p> <p>In the Shepway area 46.9% of the population 16 years and over are married, 0.3% are in same sex civil partnerships, 30.8% are single, 3.1% are separated, 10.9% are divorced, 8.2% are widowed.</p> <p>This information is not available for Children's Centre users but MOSAIC classifications of families attending New Romney Children's Centre between June 2011 and June 2012 identified an underrepresentation amongst users for the following group;</p> <ul style="list-style-type: none"> • Lone parents with young children, living in high crime areas on large social housing estates • Singles and lone parents on low 	Medium	Medium	<p>a) Yes – Investigate feasibility of collecting marriage and civil partnership information at registration.</p> <p>b) This impact assessment will be updated when marriage and civil partnership information is available.</p>	<p>Yes – Services will continue to address identified needs on an individual basis. Lone Parent will remain a target group for Children's Centres in line with Ofsted requirements and will therefore seek to reduce inequalities in outcomes for lone parents and their children.</p> <p>Through the hub and link model we may be able to offer increased Adult Education and other education or training opportunities (due to increased participants)</p> <p>Through the hub and link we may be able to offer longer opportunities to access information on benefits, debt reduction and housing.</p> <p>Children's Centres in the Shepway area must continue to work with families who require help, and to assist in providing early intervention and preventative services, limiting the number of families requiring specialist services in the district and locality.</p>

	<p>incomes, renting terraces in town centres</p> <ul style="list-style-type: none"> • Young singles and couples in small privately rented flats and terraces on moderate incomes <p>Therefore there is the potential for there to be an adverse impact on married couples, especially as lone parents are a target group. However, this negative impact may be appropriate if based on need.</p>				
<p>Carer's responsibilities</p> <p>page 403</p>	<p>89.5% of the population in Shepway district provide no unpaid care a week. 6.1% provide up to 19 hours, 1.4% provide between 20 and 49 hours, 3% provide over 50 hours. This is in line with the county average of 10.4%.</p> <p>2.8% of children aged under 18 provide unpaid care.</p>	Unknown	Unknown	<p>a) Yes - increased awareness of carers responsibilities and support for families most in need of intervention.</p> <p>b) No</p>	<p>Yes – increased awareness of carers responsibilities and support for families most in need of intervention.</p>

Proportionality - Based on the answers in the above screening grid what weighting would you ascribe to this function

Low	Medium	High
Low relevance or Insufficient information/evidence to make a judgement.	Medium relevance or Insufficient information/evidence to make a Judgement.	High relevance to equality, /likely to have adverse impact on protected groups

High - This proposal may have some minimal adverse impact on age, disability and gender. There is the potential for medium impact on race and marriage and civil partnerships. There is the potential for there to be a high impact on the pregnancy and maternity protected characteristic.

Context

Kent’s Children’s Centre programme has been rolled out across the county over the last seven years in three phases, each within tight timescales and different financial constraints. Kent currently has 97 Children’s Centres in operation. All centres are slightly different depending on local need, their level of funding and the range of services they provide.

New Romney is a Round 2 Centre that is a purpose built centre located within the New Romney area of Shepway. New Romney is currently managed alongside Lydd Children’s Centre. Users currently accessing New Romney also access Lydd and Dymchurch Children’s Centres.

Parents play a key role in influencing services that are provided.

Children’s Centres are places where all children under five years old and their families can receive services and information. These services vary according to centre but may include:

- Integrated early education and childcare
- Support for families – including advice on parenting, local childcare options and access to specialist services for families
- Child and family health services – including health screening, health promotion, health visitor and midwifery services, and the healthy child programme.
- Helping parents into work – with links to Jobcentre Plus and training.

There have been recent reductions in government funding for children’s centres as well as changes to government policies about how Children’s Centres should work. This proposal seeks to align with;

- A revised core offer for Children’s centre
- Revised Children’s Centre Statutory Guidance
- Revised Ofsted Inspection Framework (April 2013)
- Reductions in Early Intervention Grant Funding
- Health Visitor Implementation Plan

Aims and Objectives

In line with KCC's medium-term plan, Bold Steps for Kent, we need to change the way we work so we can continue to meet the needs of our children and their families with reduced budgets. Kent aims to achieve this by;

- ensuring we deliver better, earlier support to those children and families who need it
- ensuring we continue to provide Children's Centre services to improve health, education and social care outcomes
- strengthening the working relationship between Children's Centres, early years settings, schools and health services

Beneficiaries

The community of Kent but in particular families with children between 0 – 5 years, including those families and young children who are the most vulnerable.

For example:

- Lone parents, young parents and pregnant teenagers and mothers with post-natal depression.
- Children in need or with a child protection plan
- Children of offenders and/or those in custody
- Fathers particularly those with any other identified need, for example teenage fathers and those in custody
- Those with protected characteristics as defined by the Equality Act 2010
- Looked after children
- Children who are being cared for by members of their extended family such as a grandparent, aunt or older sibling
- Families identified by the LA as 'troubled families' who have children under five; any other vulnerable groups identified as at risk of harm by other services
- Families who move in and out of the area relatively quickly (transient families), such as those seeking employment or seasonal work
- Parents with a learning difficulty or disability, or parents who have a child with a learning difficulty or disability
- Migrant families or families where English is an additional language
- Families with complex needs or where there is mental illness
- Families who suffer from domestic violence or where there is substance or alcohol abuse
- Families living in poverty and poor housing

The Local Authority (LA) will benefit. Schools, Health Services, childcare providers and voluntary sector providers could benefit.

ASSESSMENT

Involvement and Engagement

(Information and data relating to Pre-consultation activity can be found at Appendix 1.)

Consultation: Shaping the future of Children's Centres in Kent

The consultation "Shaping the future of Children's Centres in Kent" began on Thursday 4th July and ended on Friday 4th October. Information on the consultation was shared with County Councillors and notification of the consultation launch was sent to approximately 35,000 stakeholder email addresses (including Borough/District and Parish Councillors, service delivery partners and registered Children's Centre users. Articles were posted on Knet, Kent.gov.uk and in Kmail and a promotional tab advertising the consultation remained on the front page of Kent.gov.uk throughout the duration of the consultation. The KCC Twitter account was also used to publicise the consultation on 4th July. Leaflets and posters were produced and distributed to advertise and promote the consultation.

A paper version of the consultation document was produced outlining the proposal for Kent Children's Centres and providing information on the Children's Centres proposed for closure or reduced operating hours as well as proposed future operating arrangements. The document contained a hard copy response form to the consultation for those unable to access the internet and Children's Centre staff assisted vulnerable users in completing the questionnaire.

The consultation questionnaire was made available online along with other background information including the consultation document, frequently asked questions, legal requirements, equality impact assessments (screening documents) and maps. The web home page for the consultation was viewed 15,403 times by 12,605 individual computers during the period of the live consultation.

Translations of the consultation document were made available on request. The consultation document has been translated into Russian, Polish and Nepali.

Throughout the consultation District Children's Centre Managers promoted the consultation to service users and professionals. Community Engagement Officers raised awareness at the local level and engaged with specific target groups and stakeholders to participate in the consultation. Focus groups were held with centres proposed for closure where the interim analysis of the consultation responses identified the need for further completion of questionnaires relating to those centres. In total, 1,032 events/activities were held across the county, highlighting the consultation to at least 26,034 attendees. Engagement activities included: Children's Centre drop-in events; Q&A sessions; facilitated discussions at existing groups; parental support to

October 2013

fill in consultation forms (online or hard copy) and attendance at community events to raise awareness⁴.

The authority was particularly interested to hear the views of people whom Children's Centre services are targeted at. This was to help identify the impact of our proposals. Target groups for the consultation included;

- Lone Parents
- Fathers⁵
- Teenage mothers⁶
- Teenage fathers
- Pregnant teenagers
- Parents aged 25 or under
- Parents aged over 35
- Parents of children from low income backgrounds
- Parents from minority ethnic groups
- White parents from low income backgrounds
- Gypsy, Roma and Traveller parents
- Parents with English as an additional language
- Lesbian, Gay and Transgender parents
- Disabled parents⁷

Information was also collected relating to; religion, sexual orientation, gender and marital status to support the identification of equality impacts.

Consultation findings

6,008 consultation questionnaires were completed across the County, 5,229 from members of the public and 779 from professionals (Four responses were received in Russian and these were translated.).

Appendix G of the Post Consultation report provides a detailed analysis of the consultation responses by proposal and affected Centre. Details regarding responses for New Romney are as follows:

⁴ Further details can be found in the Children's Centre Post-consultation report appendices at www.kent.gov.uk/childrenscentres

⁵ Fathers: For the purposes of the consultation "fathers" always refers to men with children aged 0-4 years old

⁶ Mothers: For the purposes of the consultation "mothers" always refers to women with children aged 0-4 years old

⁷ Disabled/disability: For the purposes of the consultation "disabled" or "disability" always refers to respondents who indicated that "their day-to-day activities are limited a lot because of a health problem or disability which has lasted, or is expected to last, at least 12 months

All Objecting to the Closure of New Romney Children's Centre:

A total of 408 members of the public and 54 professionals objected to the closure of New Romney Children's Centre. Of these 408 members of the public, 295 objected only to the closure of New Romney, with the proportion (at 72%) amongst the highest of all the proposed closures. The volume of objections to the closure of New Romney is high in the context of all of the proposed closures.

in comparison with all those objecting to Proposal 1, those objecting to the closure of New Romney are much less likely to be a parent/carer of children aged under 5 (67% vs 85% of all those objecting to Proposal 1).

Nearly two-fifths (38%) of the members of the public objecting to the proposed closure of New Romney indicate that they will not use Children's Centres at all as a result (which is far higher than the average across all objectors, of 26%). The most popular comments amongst those indicating that they 'will not use Children's Centres at all' as a result of the proposed closure of New Romney are:

- 'Will make travel to centres more difficult / alternative centres too distant' – 35%
- 'Children's centres form a local community hub / chance to meet people' – 20%
- 'Bad for people without cars / non-drivers' – 15%
- 'Will have a financial impact on me / make it too expensive - travel / parking' – 15%
- 'Adult education classes / courses / chance to gain new qualifications' – 15%

Professionals also raised concerns with respect to travelling, but the key concern amongst this group is children and families missing out.

A total of 263 users of New Romney Children's Centre (and 162 sole users) responded to the consultation, representing a very high proportion of all users of the Centre (72%). The overwhelming majority (98%) disagree to some extent with this proposal. As many as 59% of the sole users of New Romney objecting to the proposal indicated that they would no longer use Children's Centres as a result of the proposed closure. This equates to 92 individuals, which is one of the highest levels across the proposed closures.

Users of New Romney

A total of 263 users of New Romney Children's Centre (and 162 sole users) responded to the consultation, representing a very high proportion of all users of the Centre (72%)⁸. The chart below shows the extent to which these New Romney users agree or disagree with the proposal to reduce the number of Children's Centres in Kent.

⁸ Based on activity-based usage figures for the period October 2012 – September 2013.

October 2013

The overwhelming majority (98%) disagree to some extent with this proposal, with 87% indicating that they strongly disagree.

Of the users disagreeing with the proposal:

- 95% objected to the closure of New Romney (96% of sole users)
- Just 4% indicated that their objection didn't relate to any particular Centre

Amongst those members of the public who objected to the closure of New Romney, 38% (157 individuals) indicate that they will not use Children's Centres at all as a result (which is a much higher proportion than the 26% of all members of the public objecting to the proposed closures countywide).

Of the sole users of New Romney responding to the consultation and objecting to the proposal, 59% indicated that they 'will not use Children's Centres at all' as a result of the proposed closure.

Consultation responses categorised by protected characteristic indicated that those under the Pregnancy and Maternity characteristic (respondents who will be a parent soon) were more likely to disagree with proposals to reduce the number of centres and reduce the opening hours at some centres than the county average responses.

Those under the Age (parents of 0-4's), Gender (Mothers), Race (Parents from minority ethnic groups, and Parents with English as an additional language), Religion or belief (Christian Parents, and Parents of no stated religion) were more likely to agree with proposals to reduce the number of centres and reduce the opening hours at some centres than the county average.

Responses from other protected characteristic groups, such as those with a Disability, Gender Identity, Sexual Orientation and Marriage and Civil Partnerships were broadly the same as the county average.

Information and data

See Appendices 2 and 3.

See post-consultation report.

Potential Impact

Adverse Impact:

The initial screening identified the potential for there to be some adverse impacts on the following groups;

- 0 – 5 year olds
- Teenage parents
- Lone parents
- Female parents/ carers
- White British and BME groups
- Pregnancy and Maternity
- Marriage and Civil Partnerships
- Impact is unknown for gender identity, carer's responsibilities religion or belief and sexual orientation
- Those with a recognised disability

Post-consultation

Please note 67% of those objecting to the proposed closure of New Romney are parents of 0-4s, which is *much lower* than the 85% of all those members of the public objecting to the proposed closures countywide.

The results of the consultation support the findings that the proposal in question has the potential to adversely impact:

- Pregnancy and Maternity (particularly expectant parents)
- Impact is unknown for carer's responsibilities

It did not identify an adverse impact on;

- Parents of 0- 4 year olds
- Teenage mothers and pregnant teens
- Lone parents
- Female parents/ carers
- White British and BME groups (parents)
- Marriage and Civil Partnerships (parents)
- Gender identity (parents)
- Religion or belief (parents)
- Sexual orientation (parents)
- Those with a recognised disability (disabled parents)

In addition consultation findings identified the potential for fathers/ males to be adversely impacted. 84% of consultation responses were females. In comparison the initial screening identified that 94% of attendances at Shepway Children's Centres were made by a female parent or carer.

Positive Impact:

The initial screening identified the potential for there to be a positive impact on some vulnerable groups using the centres, particularly 0-5 year olds, male parents/ carers, white British, disabled children, teenage parents and lone parents.

For example through:

- Hub centre be closer and more accessible to families,
- Increased targeting of provision to those most in need.
- Reinvesting resources from areas of less need to areas of high need
- Possible increase in outreach services and therefore in registrations and need assessments – identifying a families needs earlier.
- Building on strong local partnerships and integrated working approaches currently in place. Better information sharing.
- Improved signposting across hub and Link
- Continued shared knowledge, expertise and best practice across hub and link
- Improving access by under represented groups
- Improving data collection for categories of data related to gender identity, religion and sexual orientation. However this is not dependant on a model more on staffing model and training.
- Alignment with CCG areas to provide health services in a more coordinated way
- Extensive Pregnancy and Maternity services delivered in a more coordinated way through hub and link approach

Impact is unknown for gender identity, religion or belief and sexual orientation.

Post-consultation

The consultation did not identify that any protected characteristic grouping would be more positively impacted than another. The proportion of responses received agreeing with the consultation were from professionals from whom the highest group of responses agreeing with the proposals were received.

JUDGEMENT

Option 1 – Screening Sufficient No

Justification: Due to the high numbers of services currently provided at New Romney Children’s Centres to those in the pregnancy and maternity characteristic, further investigation of the impact is required.

Option 2 – Internal Action Required Yes

There is potential for adverse impact on particular groups and we have found scope to improve the proposal. Please see action plan.

Option 3 – Full Impact Assessment Yes

A full impact assessment to be conducted on the overall programme during and after consultation on individual proposals

Post-consultation

The results of the consultation find that the proposals in question have the potential to adversely impact:

- Pregnancy and Maternity (particularly expectant parents)
- Impact is unknown for carer's responsibilities

Across all characteristics there are concerns about continued accessibility of services, the costs and difficulties of travelling to alternative locations and the reduction in opening hours and possible unsuitable hours. The response from families on a low income (as classified by MOSAIC analysis) show a similar level of objection to county responses. However, in this group, those respondents stating that they will use Children's Centre less often or will no longer use a Children's Centre because of the proposals the most popular reasons cited were:

- Will make travel to centres more difficult / alternative centres too distant
- Children's centres form a local community hub / chance to meet people
- Very happy with my local centre / prefer it to others / we enjoy going there / only use this one
- Centre is close by / easily accessible

Low income in Kent is not restricted to one particular equality group. Similar reasons for no longer using centres are cited across characteristics with respondents stating they value universal services that are local and provide access to a range of services from different providers.

There are also 'known unknowns' that could impact either positively or negatively on different protected characteristic groups and the development of the hub and link model. These include:

- Budget allocations for 2014/2015.
- Service plans for 2014/2015
- Staffing levels
- Availability and costs of accessible venues to run services from.
- Impacts of proposed changes on partnership working
- Services to be commissioned

Generally, from the consultation there are clear messages about the value centre users place on centres in terms of the services provided and support received from core and other services. They are seen as community hubs, serving a wide range of parent/carer and children's needs. Centre users are concerned about the loss of these services locally, and the implications for easy access in terms of transport, costs and time.

As a result of the consultation responses this full Equality Impact Assessment recommends that centre closures should not go ahead unless alternative venues in the local community can be found at which to run services for the group of service users listed above.

In addition to the equality implications stated here the Council has re-evaluated its original proposals by:

- Reconsidering need (population based) and re-analysing usage patterns
- Identifying the impact on users (as identified by consultation respondents), and particularly sole users.
- Assessing suitable alternative venues within 1 mile of a proposed closure to enable services to continue to be delivered within the community.
- Identifying property implications including potential future (community) usage of accommodation and the likelihood of DfE clawback of capital monies.

It has been recommended that New Romney Children's Centre is retained as a full time Children's Centre based on the number of sole users impacted by the proposal and the lack of suitable alternative venues.

In line with this recommendation, New Romney's Children's Centre would become a full time link Centre assigned to Folkestone Town Centre hub.

Action Plan

It is proposed that the following actions are taken:

- Undertake the actions in Table 2 and 3 by April 1st 2014.
- Update the budget allocation formula from which Children's Centre are allocated funding. This new model will ensure areas with the highest levels of deprivation are allocated funding appropriately.
- Collect data on all protected characteristics at the time of registration at Centres.

Further detail can be found in the action plan at page 23

Monitoring and Review

It is recommended the following review actions are undertaken on a quarterly basis from April 2014:

- Monitor registration levels at Centre.

October 2013

- Monitor attendance levels to ensure numbers of services users with protected characteristics accessing services are maintained and improved.
- Monitor and quality assure equality data capture on Children's Centre database.

Equality and Diversity Team Comments

Several potential impacts, both positive and negative were identified at the screening stage; the service sought consultation feedback to test out the service assumptions about impact and to identify any gaps/issues that may need to be addressed. A full impact assessment was conducted and the findings (set out in the judgement section above) have led to changes in the proposals.

Sign Off

I have noted the content of the equality impact assessment and agree the actions to mitigate the adverse impact(s) that have been identified.

Senior Officer

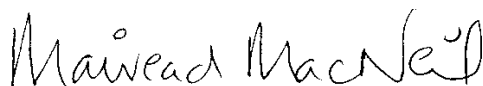


Signed:

Name: Karen Mills

Job Title: Commissioning Manager Date: November 2013

DMT Member



Signed:

Name: Mairead MacNeil

Job Title: Director of Specialist Children's Services Date: November 2013

Equality Impact Assessment Action Plan

Protected Characteristic	Issues identified	Action to be taken	Expected outcomes	Owner	Timescale	Cost implications
All	Monitor equality information	Ensure that data is collected from those registering at centres on all protected characteristics (in particular disability, sexual orientation, gender identity, religion or belief, to provide improved information for targeting services.	Improved data on those	Strategic Commissioning / operational managers / eStart user group	January 2014 onwards	TBC
All	Impact on high numbers of sole users	Implement changes in Table 2 to ensure impact is reduced.	Service users remain able to access services within their local communities	Strategic Commissioning	January 2014 – June 2014	TBC
All	Impact on users on lower incomes	Reallocate budget model based on deprivation	Budget distributed more proportionately to those areas most deprived	Strategic Commissioning	October 2013 – March 2014	TBC
All	Inability to access services due to transportation difficulties if Centres close	Sustain and invest in development of outreach services and locate suitable alternative venues in the local community from which to deliver	Continued access to services in local communities and increased level of outreach services targeted at those in greatest need.	Strategic commissioning / Operational Managers	March 2014	TBC

		services should a centre be closed.				
Expectant parents (Pregnancy and maternity)	Reduced access to services	Continue to develop partnership working with health services to ensure universal provision at appropriate accessible locations	Maintained or increased support during pregnancy and maternity.	Strategic Commissioning / Operational Managers / Health partner organisations	October 2013 – June 2014	TBC

Appendix 1

Pre-consultation activity

See following page

New Romney Children's Centre (Shepway)

Note: Data for appendices A & B is based on e-start usage between 1.10.11 to 30.9.12

Appendix A – Centre Profile

Gender

Male		Female		Total	
Number	%	Number	%	Number	%
90	54%	77	46%	167	100%

Age

0	1	2	3	4	5	Total							
Number	%	Number	%	Number	%	Number	%						
21	13%	42	25%	38	23%	30	18%	24	14%	12	7%	167	100%

Ethnicity

WBRI White - British		WIRI White - Irish		WIRT White - Traveller of Irish Heritage		WROM White - Gypsy / Roma		WOTH White - Any Other White	
Number	%	Number	%	Number	%	Number	%	Number	%
96	57%		0%		0%		0%	<5	

New Romney Children's Centre (Shepway)

ABAN Asian or Asian British - Bangladeshi		AIND Asian or Asian British - Indian		APKN Asian or Asian British - Pakistani		AOTH Asian or Asian British - Any Other Asian		BAFR Black or Black British - African		BCRB Black or Black British - Caribbean		BOTH Black or Black British - Any Other Black	
Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
	0%		0%		0%		0%	<5			0%		0%

CHNE Chinese		MWAS Mixed / Dual - White and Asian		MWBA Mixed / Dual - White and Black African		MWBC Mixed / Dual - White and Black Caribbean		MOTH Mixed / Dual - Any Other Mixed		OOTH Any Other Ethnic Group	
Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
<5		<5		<5		<5			0%	<5	

NOBT Information Not Yet Obtained		REFU Refused		Record blank		Total	
Number	%	Number	%	Number	%	Number	%
	0%		0%	59	35%	167	100%

Language

English		Other (non-English) language		Record blank		Total	
Number	%	Number	%	Number	%	Number	%
45	27%	<5		122	73%		

New Romney Children's Centre (Shepway)

Disability

Yes		(Blank)		Total	
Number	%	Number	%	Number	%
	0%	167	100%	167	100%

Mosaic (K & M Group)

A		B		C		D		E		F		G		H	
Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
8	5%	<5		13	8%	14	8%	43	26%	15	9%	15	9%	12	7%

I		J		K		L		M		Unknown		Total	
Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
	0%	30	18%	<5		13	8%	<5			0%	167	100%

New Romney Children's Centre (Shepway)

Appendix B – District Profile

Gender

Male		Female		Total	
Number	%	Number	%	Number	%
1516	51%	1471	49%	2987	100%

Age

0		1		2		3		4		5		Total	
Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
571	19%	747	25%	598	20%	491	16%	413	14%	167	6%	2987	100%

Page 420

Ethnicity

WBRI White - British		WIRI White - Irish		WIRT White - Traveller of Irish Heritage		WROM White - Gypsy / Roma		WOTH White - Any Other White	
Number	%	Number	%	Number	%	Number	%	Number	%
1732	58%	<5			0%		0%	63	2%

ABAN Asian or Asian British - Bangladeshi		AIND Asian or Asian British - Indian		APKN Asian or Asian British - Pakistani		AOTH Asian or Asian British - Any Other Asian		BAFR Black or Black British - African		BCRB Black or Black British - Caribbean		BOTH Black or Black British - Any Other Black	
Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
<5		11	0%	<5		90	3%	<5		<5			0%

New Romney Children's Centre (Shepway)

CHNE Chinese		MWAS Mixed / Dual - White and Asian		MWBA Mixed / Dual - White and Black African		MWBC Mixed / Dual - White and Black Caribbean		MOTH Mixed / Dual - Any Other Mixed	
Number	%	Number	%	Number	%	Number	%	Number	%
<5		19	1%	13	0%	17	1%	23	1%

OOTH Any Other Ethnic Group		NOBT Information Not Yet Obtained		REFU Refused		Record blank		Total	
Number	%	Number	%	Number	%	Number	%	Number	%
25	1%	<5		<5		972	33%	2987	100%

Language

English		Other (non-English) language		Record blank		Total	
Number	%	Number	%	Number	%	Number	%
284	10%	11	0%	2692	90%	2987	100%

Disability

Yes		(Blank)		Total	
Number	%	Number	%	Number	%
<5		2983	100%		

New Romney Children's Centre (Shepway)

Mosaic (K & M Group)

A		B		C		D		E		F		G		H	
Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
113	4%	119	4%	99	3%	185	6%	242	8%	162	5%	447	15%	235	8%

I		J		K		L		M		Unknown		Total	
Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
250	8%	426	14%	309	10%	330	11%	61	2%	9	0%	2987	100%

New Romney Children's Centre (Shepway)

Appendix C – District Profile (2011 Census)

Appendix C – 2011 Census Data

Gender

Table 1: 2011 Census Total Population for Kent Local Authorities

Local Authority	Total Persons	Males		Females		Area of local authority (Hectares)	Density (persons per hectare)
		No.	%	No.	%		
Ashford	117,958	57,232	48.5%	60,724	51.5%	58,062	2.03
Canterbury	151,145	72,838	48.1%	78,507	51.9%	30,885	4.89
Dartford	97,385	48,061	49.4%	49,304	50.6%	7,277	13.38
Dover	111,674	54,765	49.0%	56,909	51.0%	31,484	3.55
Gravesham	101,720	50,139	49.3%	51,581	50.7%	9,902	10.27
Maidstone	155,143	76,492	49.3%	78,651	50.7%	39,333	3.94
Sevenoaks	114,893	55,743	48.5%	59,150	51.5%	37,034	3.10
Shepway	107,969	53,135	49.2%	54,834	50.8%	35,670	3.03
Swale	135,835	67,152	49.4%	68,683	50.6%	37,341	3.64
Thanet	134,186	64,555	48.1%	69,631	51.9%	10,330	12.99
Tonbridge & Malling	120,805	59,207	49.0%	61,598	51.0%	24,014	5.03
Tunbridge Wells	115,049	56,494	49.1%	58,555	50.9%	33,133	3.47
KCC Area	1,463,740	715,613	48.9%	748,127	51.1%	354,464	4.13
Medway	263,925	130,825	49.6%	133,100	50.4%	19,203	13.74
Kent	1,727,665	846,438	49.0%	881,227	51.0%	373,667	4.62

Source: 2011 Census Table PP04 (unrounded data) released 24 September 2012. Office for National Statistics (ONS), © Crown Copyright

Age

Standard 5-year age group profile - Total persons			
	All ages	0-4	5-9
KCC area	1,466,500	89,300	84,500
Ashford Borough	118,400	7,700	7,400
Canterbury City	150,600	7,500	7,600
Dartford Borough	97,600	6,800	6,000
Dover District	111,700	6,200	5,900
Gravesham Borough	101,800	6,700	6,300
Maidstone Borough	155,800	9,700	8,800
Sevenoaks District	115,400	7,000	6,900
Shepway District	108,200	6,000	5,600
Swale Borough	136,300	8,800	8,000
Thanet District	134,400	8,100	7,300
Tonbridge & Malling Borough	121,100	7,500	7,700
Tunbridge Wells Borough	115,200	7,300	7,000
Medway Unitary Authority	264,900	17,300	16,100
Kent (KCC + Medway)	1,731,400	106,600	100,600
South East Region	8,652,800	536,000	490,800
England	53,107,200	3,328,700	2,990,100

Ethnicity

Table 2: 2011 Census: Population by broad ethnic group in Kent districts, the South East and England

	All usual residents	White		Mixed/ multiple ethnic groups:		Asian/ Asian British:		Black/ African/ Caribbean/ Black British		Other ethnic group:	
		Number	%	Number	%	Number	%	Number	%	Number	%
England	53,012,456	45,281,142	85.4%	1,192,879	2.3%	4,143,403	7.8%	1,846,614	3.5%	548,418	1.0%
South East	8,634,750	7,827,820	90.7%	167,764	1.9%	452,042	5.2%	136,013	1.6%	51,111	0.6%
Kent	1,463,740	1,371,102	93.7%	22,107	1.5%	47,614	3.3%	16,216	1.1%	6,701	0.5%
Ashford	117,956	110,520	93.7%	1,682	1.4%	3,991	3.4%	1,375	1.2%	388	0.3%
Canterbury	151,145	140,620	93.0%	2,551	1.7%	5,135	3.4%	1,937	1.3%	902	0.6%
Dartford	97,365	85,070	87.4%	2,161	2.2%	5,799	6.0%	3,578	3.7%	757	0.8%
Dover	111,674	107,966	96.7%	1,029	0.9%	2,031	1.8%	386	0.3%	262	0.2%
Gravesham	101,720	84,226	82.8%	2,066	2.0%	10,604	10.4%	2,885	2.8%	1,939	1.9%
Maidstone	155,143	145,996	94.1%	2,345	1.5%	4,943	3.2%	1,380	0.9%	479	0.3%
Sevenoaks	114,893	110,029	95.8%	1,675	1.5%	2,085	1.8%	853	0.7%	251	0.2%
Shepway	107,969	102,215	94.7%	1,267	1.2%	3,699	3.4%	458	0.4%	330	0.3%
Swale	135,835	131,155	96.6%	1,575	1.2%	1,489	1.1%	1,395	1.0%	221	0.2%
Thanet	134,186	128,194	95.5%	2,186	1.6%	2,504	1.9%	910	0.7%	392	0.3%
Tonbridge & Malling	120,805	115,872	95.9%	1,677	1.4%	2,431	2.0%	421	0.3%	404	0.3%
Tunbridge Wells	115,049	109,239	94.9%	1,893	1.6%	2,903	2.5%	638	0.6%	376	0.3%
Medway Unitary Authority	263,925	236,579	89.6%	5,176	2.0%	13,615	5.2%	6,663	2.5%	1,892	0.7%
Kent & Medway	1,727,665	1,607,681	93.1%	27,283	1.6%	61,229	3.5%	22,879	1.3%	8,593	0.5%

Source: 2011 Census: Key Statistics Table 201, Office for National Statistics (ONS) © Crown Copyright
Presented by Business Intelligence, Research & Evaluation, Kent County Council

Table 8: Religion in Kent districts, the South East and England in 2011

Table population : All usual residents

	All People	Christian		Buddhist		Hindu		Jewish		Muslim		Sikh		Other religion		No religion		Religion not dated	
		Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
England	53,012,456	31,479,876	60.4%	238,626	0.6%	806,199	1.6%	261,282	0.6%	2,660,116	6.0%	420,196	0.8%	227,825	0.4%	13,114,232	24.7%	3,804,104	7.2%
South East	8,634,750	5,160,128	60.0%	43,946	0.6%	92,499	1.1%	17,761	0.2%	201,651	2.3%	54,941	0.6%	39,672	0.6%	2,388,286	27.7%	635,866	7.4%
Kent	1,463,740	915,200	62.6%	6,802	0.6%	10,943	0.7%	1,777	0.1%	13,932	1.0%	10,545	0.7%	6,145	0.4%	391,591	26.8%	106,805	7.3%
Ashford	117,956	74,253	62.9%	803	0.7%	1,282	1.1%	116	0.1%	1,019	0.9%	95	0.1%	432	0.4%	30,984	26.3%	8,972	7.6%
Canterbury	151,145	91,122	60.3%	880	0.6%	1,055	0.7%	267	0.2%	1,838	1.2%	245	0.2%	760	0.6%	43,117	28.6%	11,861	7.8%
Dartford	97,365	59,045	60.6%	382	0.4%	1,547	1.6%	86	0.1%	1,566	1.6%	1,543	1.6%	319	0.3%	26,486	27.2%	6,391	6.6%
Dover	111,674	71,541	64.1%	523	0.6%	682	0.6%	97	0.1%	521	0.6%	50	0.0%	525	0.6%	29,047	26.0%	8,688	7.8%
Gravesham	101,720	61,891	60.8%	333	0.3%	942	0.9%	54	0.1%	1,894	1.9%	7,743	7.6%	606	0.6%	21,862	21.6%	6,395	6.3%
Maldstone	155,143	97,578	62.9%	901	0.6%	1,492	1.0%	163	0.1%	1,685	1.1%	176	0.1%	612	0.4%	41,493	26.7%	11,043	7.1%
Sevenoaks	114,893	75,169	66.4%	367	0.3%	385	0.3%	196	0.2%	600	0.6%	180	0.2%	348	0.3%	28,939	26.2%	8,709	7.6%
Shepway	107,969	67,296	62.3%	962	0.9%	1,551	1.4%	78	0.1%	796	0.7%	34	0.0%	506	0.6%	28,575	26.6%	8,171	7.6%
Swale	135,835	85,535	63.0%	275	0.2%	368	0.3%	93	0.1%	792	0.6%	158	0.1%	499	0.4%	39,087	28.8%	9,028	6.6%
Thanet	134,186	82,447	61.4%	491	0.4%	639	0.6%	273	0.2%	1,230	0.9%	94	0.1%	690	0.6%	38,383	28.6%	9,939	7.4%
Tonbridge & Malling	120,805	76,920	63.7%	441	0.4%	539	0.4%	122	0.1%	750	0.6%	169	0.1%	412	0.3%	32,996	27.3%	8,456	7.0%
Tunbridge Wells	115,049	72,403	62.9%	444	0.4%	461	0.4%	232	0.2%	1,241	1.1%	58	0.1%	436	0.4%	30,622	26.6%	9,152	8.0%
Medway	263,925	152,637	57.8%	937	0.4%	2,756	1.0%	208	0.1%	5,169	2.0%	3,846	1.6%	1,392	0.6%	78,995	29.9%	17,985	6.8%
Kent & Medway	1,727,665	1,067,837	61.8%	7,739	0.4%	13,699	0.8%	1,985	0.1%	19,101	1.1%	14,391	0.8%	7,537	0.4%	470,586	27.2%	124,790	7.2%

Source: 2011 Census: Key Statistics Table 209, Office for National Statistics (ONS) © Crown Copyright

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Disability and Carer's Responsibilities

All usual residents

	Kent	Ashford	Canterbury	Dartford	Dover	Gravesham	Maidstone	Sevenoaks	Shepway	Swale	Thanet	Tonbridge & Malling	Tunbridge Wells
All people	1,463,740	117,956	151,145	97,365	111,674	101,720	155,143	114,893	107,969	135,835	134,186	120,805	115,049
Day-to-day activities limited a lot	116,407	8,416	12,427	6,621	10,853	7,796	10,660	7,219	10,753	11,742	15,369	7,579	6,972
Day-to-day activities limited a little	140,631	10,669	14,891	8,114	12,404	9,546	13,845	9,872	11,965	13,580	15,979	10,367	9,399
Day-to-day activities not limited	1,206,702	98,871	123,827	82,630	88,417	84,378	130,638	97,802	85,251	110,513	102,838	102,859	98,678
Very good health	683,205	56,128	70,764	47,273	48,433	47,298	74,636	58,796	45,577	60,198	54,640	60,306	59,156
Good health	510,399	41,385	52,338	33,941	39,477	35,572	54,384	38,344	38,999	48,719	47,109	41,475	38,656
Fair health	194,931	15,027	20,211	11,837	16,745	13,629	19,291	13,180	16,465	19,118	22,377	14,263	12,788
Bad health	58,536	4,163	6,133	3,314	5,538	4,104	5,323	3,569	5,321	6,008	7,785	3,728	3,550
Very bad health	16,669	1,253	1,699	1,000	1,481	1,117	1,509	1,004	1,607	1,792	2,275	1,033	899
Provides no unpaid care	1,311,963	106,137	135,562	88,146	99,020	91,410	139,582	102,948	95,663	121,577	118,684	108,724	104,510
Provides 1 to 19 hours unpaid care a week	97,464	7,686	10,089	5,927	7,892	6,371	10,472	8,501	7,465	8,351	8,925	8,258	7,527
Provides 20 to 49 hours unpaid care a week	18,432	1,428	1,815	1,126	1,579	1,383	1,728	1,190	1,663	1,897	2,190	1,321	1,112
Provides 50 or more hours unpaid care a week	35,881	2,705	3,679	2,166	3,183	2,556	3,361	2,254	3,178	4,010	4,387	2,502	1,900

	Kent	Ashford	Canterbury	Dartford	Dover	Gravesham	Maidstone	Sevenoaks	Shepway	Swale	Thanet	Tonbridge & Malling	Tunbridge Wells
All people aged 16 to 64*	917,880	73,443	97,526	63,390	68,865	64,674	98,962	70,814	66,345	85,916	80,143	75,394	72,408
Day-to-day activities limited a lot: Age 16 to 64	47,613	3,489	4,762	2,718	4,473	3,418	4,182	2,564	4,517	5,357	6,459	2,948	2,726
Day-to-day activities limited a little: Age 16 to 64	65,065	5,107	6,612	3,955	5,815	4,521	6,457	4,182	5,458	6,728	7,325	4,607	4,298
Day-to-day activities not limited: Age 16 to 64	805,202	64,847	86,152	56,717	58,577	56,735	88,323	64,068	56,370	73,831	66,359	67,839	65,384

2011 Census Table KS301: Health and provision of unpaid care

Source: 2001 Census: Office for National Statistics (ONS) © Crown Copyright

Presented by Business Intelligence, Research & Evaluation,
Kent County Council

Table population: All usual residents
(PERCENTAGES)

All usual residents

	Kent	Ashford	Canterbury	Dartford	Dover	Gravesham	Maidstone	Sevenoaks	Shepway	Swale	Thanet	Tonbridge & Malling	Tunbridge Wells	Medway	Kent & Medway
All people	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Day-to-day activities limited a lot	8.0%	7.1%	8.2%	6.8%	9.7%	7.7%	6.9%	6.3%	10.0%	8.6%	11.5%	6.3%	6.1%	7.5%	7.9%
Day-to-day activities limited a little	9.6%	9.0%	9.9%	8.3%	11.1%	9.4%	8.9%	8.6%	11.1%	10.0%	11.9%	8.6%	8.2%	8.9%	9.5%
Day-to-day activities not limited	82.4%	83.8%	81.9%	84.9%	79.2%	83.0%	84.2%	85.1%	79.0%	81.4%	76.6%	85.1%	85.8%	83.6%	82.6%
Very good health	46.7%	47.6%	46.8%	48.6%	43.4%	46.5%	48.1%	51.2%	42.2%	44.3%	40.7%	49.9%	51.4%	45.7%	46.5%
Good health	34.9%	35.1%	34.6%	34.9%	35.4%	35.0%	35.1%	33.4%	36.1%	35.9%	35.1%	34.3%	33.6%	36.3%	35.1%
Fair health	13.3%	12.7%	13.4%	12.2%	15.0%	13.4%	12.4%	11.5%	15.2%	14.1%	16.7%	11.8%	11.1%	13.0%	13.3%
Bad health	4.0%	3.5%	4.1%	3.4%	5.0%	4.0%	3.4%	3.1%	4.9%	4.4%	5.8%	3.1%	3.1%	3.9%	4.0%
Very bad health	1.1%	1.1%	1.1%	1.0%	1.3%	1.1%	1.0%	0.9%	1.5%	1.3%	1.7%	0.9%	0.8%	1.1%	1.1%
Provides no unpaid care	89.6%	90.0%	89.7%	90.5%	88.7%	89.9%	90.0%	89.6%	88.6%	89.5%	88.4%	90.0%	90.8%	90.5%	89.8%
Provides 1 to 19 hours unpaid care a week	6.7%	6.5%	6.7%	6.1%	7.1%	6.3%	6.7%	7.4%	6.9%	6.1%	6.7%	6.8%	6.5%	5.7%	6.5%
Provides 20 to 49 hours unpaid care a week	1.3%	1.2%	1.2%	1.2%	1.4%	1.4%	1.1%	1.0%	1.5%	1.4%	1.6%	1.1%	1.0%	1.3%	1.3%
Provides 50 or more hours unpaid care a week	2.5%	2.3%	2.4%	2.2%	2.9%	2.5%	2.2%	2.0%	2.9%	3.0%	3.3%	2.1%	1.7%	2.5%	2.5%

* Total for all people aged 16 to 64 taken from table KS102 - Age structure

	Kent	Ashford	Canterbury	Dartford	Dover	Gravesham	Maidstone	Sevenoaks	Shepway	Swale	Thanet	Tonbridge & Malling	Tunbridge Wells	Medway	Kent & Medway
All people aged 16 to 64*	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Day-to-day activities limited a lot: Age 16 to 64	5.2%	4.8%	4.9%	4.3%	6.5%	5.3%	4.2%	3.6%	6.8%	6.2%	8.1%	3.9%	3.8%	5.3%	5.2%
Day-to-day activities limited a little: Age 16 to 64	7.1%	7.0%	6.8%	6.2%	8.4%	7.0%	6.5%	5.9%	8.2%	7.8%	9.1%	6.1%	5.9%	7.1%	7.1%
Day-to-day activities not limited: Age 16 to 64	87.7%	88.3%	88.3%	89.5%	85.1%	87.7%	89.2%	90.5%	85.0%	85.9%	82.8%	90.0%	90.3%	87.5%	87.7%

Marriage and Civil Partnerships

2011 Census Key Statistics Table 103: Marital and civil partnership status

Presented by Business Intelligence, Research & Evaluation, Kent County Council

Table population: All usual residents aged 16 and over

	All people aged 16 and over	Single (never married or never registered a same-sex civil partnership)		Married		In a registered same-sex civil partnership		Separated (but still legally married or still legally in a same-sex civil partnership)		Divorced or formerly in a same-sex civil partnership which is now legally dissolved		Widowed or surviving partner from a same-sex civil partnership	
		Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Kent	1,180,186	369,334	31.3%	576,067	48.8%	2,388	0.2%	32,802	2.8%	112,916	9.6%	86,679	7.3%
Ashford	93,411	27,080	29.0%	48,288	51.7%	199	0.2%	2,611	2.8%	8,853	9.5%	6,380	6.8%
Canterbury	125,971	48,662	38.6%	54,131	43.0%	310	0.2%	2,863	2.3%	10,602	8.4%	9,403	7.5%
Dartford	77,342	26,741	34.6%	36,439	47.1%	140	0.2%	2,248	2.9%	6,785	8.8%	4,989	6.5%
Dover	91,382	26,924	29.5%	44,096	48.3%	242	0.3%	2,710	3.0%	9,820	10.7%	7,590	8.3%
Gravesham	80,964	26,202	32.4%	39,473	48.8%	111	0.1%	2,345	2.9%	7,008	8.7%	5,825	7.2%
Maidstone	125,476	37,567	29.9%	64,344	51.3%	206	0.2%	3,367	2.7%	11,458	9.1%	8,534	6.8%
Sevenoaks	92,481	25,276	27.3%	50,388	54.5%	175	0.2%	2,082	2.3%	7,773	8.4%	6,787	7.3%
Shepway	88,760	27,300	30.8%	41,591	46.9%	240	0.3%	2,713	3.1%	9,673	10.9%	7,243	8.2%
Swale	108,539	33,978	31.3%	52,439	48.3%	197	0.2%	3,500	3.2%	10,835	10.0%	7,590	7.0%
Thanet	108,556	34,051	31.4%	47,911	44.1%	270	0.2%	3,591	3.3%	12,873	11.9%	9,860	9.1%
Tonbridge & Malling	95,821	26,932	28.1%	51,132	53.4%	166	0.2%	2,408	2.5%	8,869	9.3%	6,314	6.6%
Tunbridge Wells	91,483	28,621	31.3%	45,835	50.1%	132	0.1%	2,364	2.6%	8,367	9.1%	6,164	6.7%

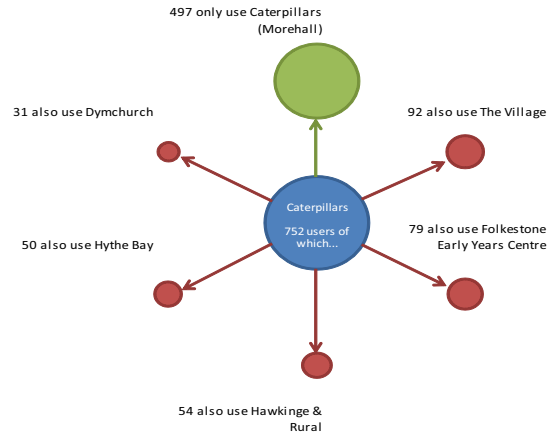
Appendix D – Centre Usage & Needs Analysis

Children's Centre Review - Summary Evidence (Shepway)

Centre Usage

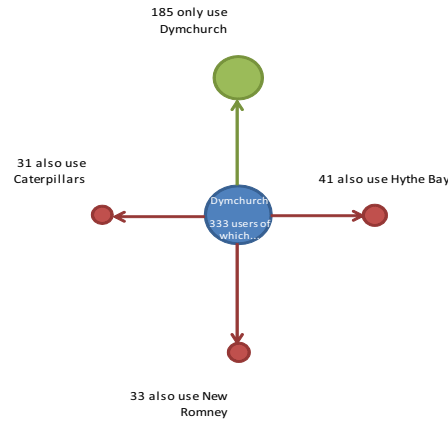
Caterpillars Children's Centre (Morehall)

Round: R2



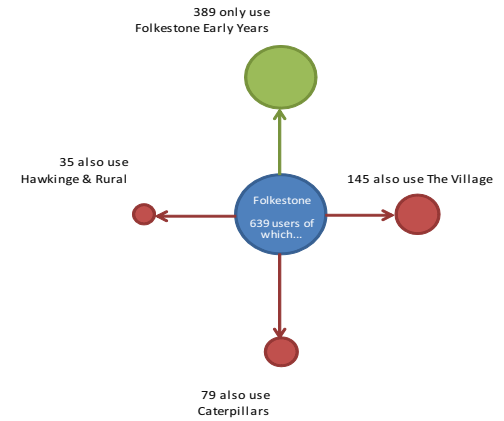
Dymchurch Children's Centre

Round: R2



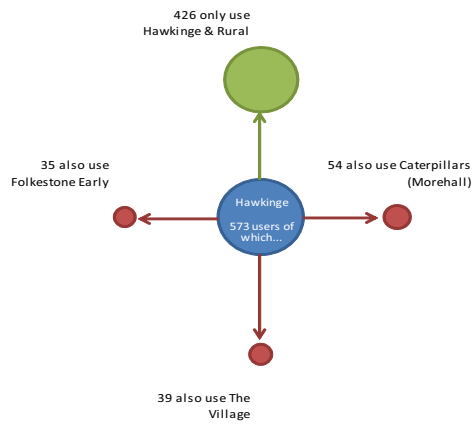
Folkestone Early Years Centre

Round: R2



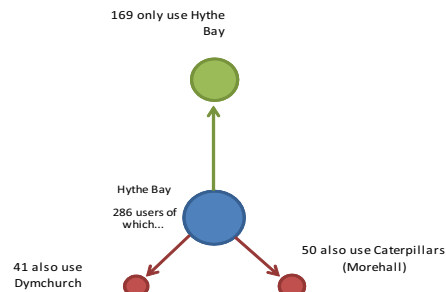
Hawkinge & Rural Children's Centre

Round: R1



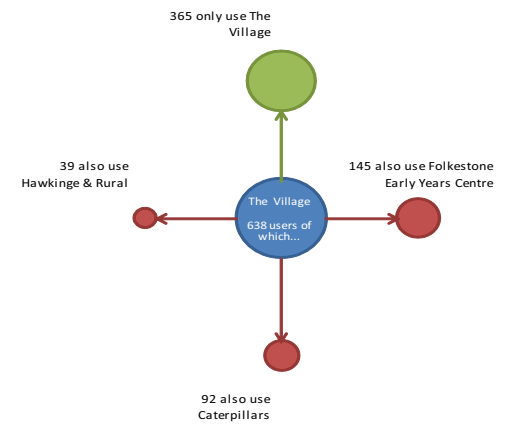
Hythe Bay Children's Centre

Round: R2



The Village Children's Centre

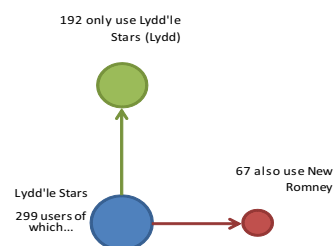
Round: Ex SSLP



Centre Usage - Continued

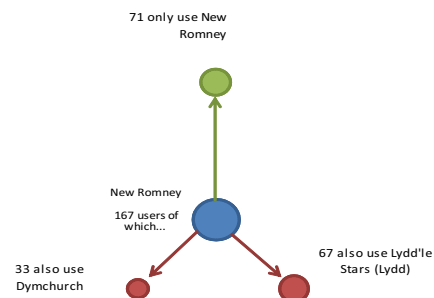
Lydd'le Stars Children's Centre (Lydd)

Round: R2



New Romney Children's Centre

Round: R2



Technical Notes:

Based on an analysis of activity data taken from Estart, covering 1st October 2011 to 30th September 2012

Usage bubble chart shows other centres used. In most cases, other centres used by >30 children are shown, up to a maximum of 7 other centres

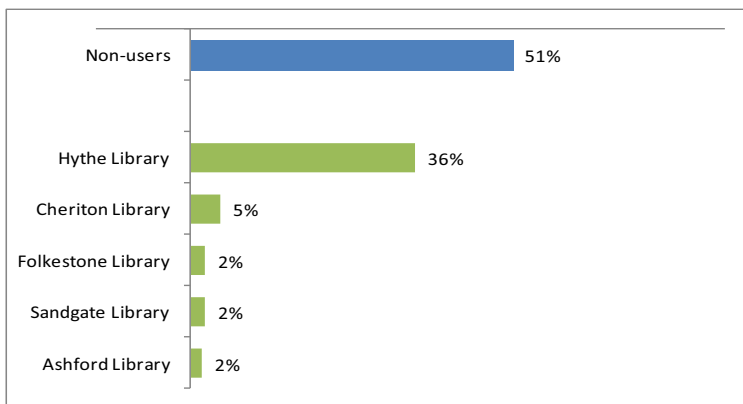
This analysis is child-based (counting each child only once against each centre they have attended, regardless of frequency), and covers attendees from both within and outside of the registered area (although anonymous attendees are not included).

Library Usage Amongst Children's Centre Users

Hythe Bay Children's Centre

Round: R2

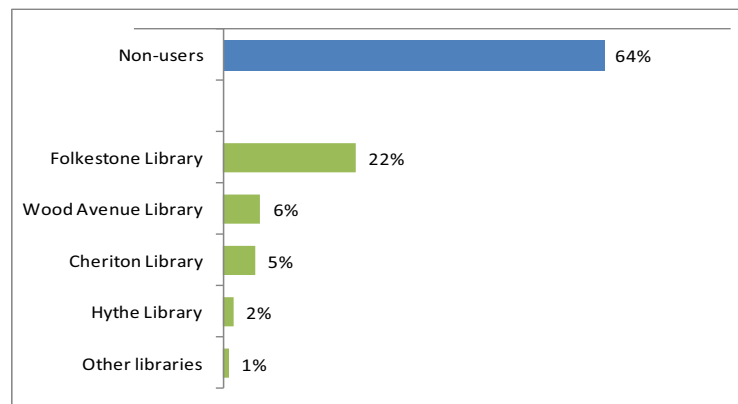
Library Usage Amongst Families Using Hythe Bay Children's Centre



The Village Children's Centre

Round: Ex SSLP

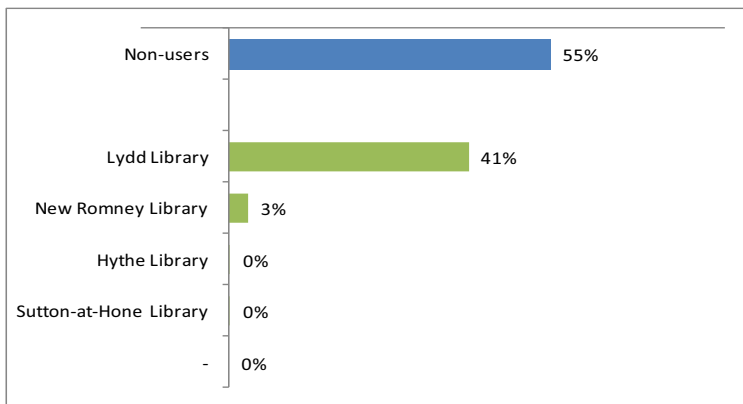
Library Usage Amongst Families Using The Village Children's Centre



Lydd'le Stars Children's Centre (Lydd)

Round: R2

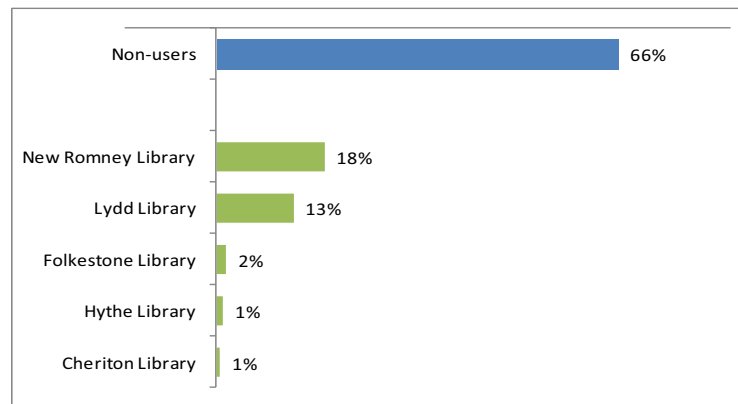
Library Usage Amongst Families Using Lydd'le Stars Children's Centre (Lydd)



New Romney Children's Centre

Round: R2

Library Usage Amongst Families Using New Romney Children's Centre



This analysis has not been conducted for any other centres in Shepway

Usage Summary

	Caterpillars (Morehall)	Dym- church	Folkestone Early Years Centre	Hawkinge & Rural	Hythe Bay	The Village	Lydd'le Stars (Lydd)	New Romney	Kent Average
Total number of children seen (reach)	752	334	639	573	286	638	299	167	615
% of children who <u>only</u> went to this Centre over the period	66%	55%	61%	74%	59%	57%	64%	43%	49%
Attendance frequency									
<i>Just once</i>	34%	39%	31%	29%	29%	30%	23%	37%	35%
<i>Less than once a month (2-11 times)</i>	50%	45%	41%	43%	51%	41%	50%	43%	47%
<i>1-2 times a month (12-24 times)</i>	11%	8%	11%	16%	15%	9%	15%	11%	10%
<i>At least fortnightly (25-49 times)</i>	6%	5%	5%	11%	5%	17%	8%	4%	6%
<i>At least weekly (50+ times)</i>	1%	3%	12%	2%	0%	3%	4%	5%	2%
Frequent users	24%	19%	32%	35%	28%	33%	35%	23%	24%
Average visits per child	7.0	6.8	20.9	9.5	6.9	11.8	10.6	8.7	8.3
Age (at 1st Oct 2012)									
Under 1	25%	9%	15%	22%	23%	19%	19%	13%	21%
1	30%	22%	25%	27%	35%	25%	23%	25%	26%
2	19%	25%	21%	20%	21%	19%	21%	23%	21%
3	12%	21%	18%	16%	10%	18%	13%	18%	16%
4	10%	16%	13%	11%	9%	15%	16%	14%	11%
5	5%	7%	7%	4%	2%	3%	8%	7%	4%

Catchment Analysis

Need level - based on volume (Numbers)	High	Low	High	Average	Low	High	Low	Low	
Need level - based on penetration (%)	Average	Low	High	Average	Average	High	Average	High	
Population projection for 0-5s (provisional)	Down	Similar	Similar	Down	Similar	Down	Down	Down	Similar

Technical Notes:

Usage statistics based on an analysis of activity data taken from Estart, covering 1st October 2011 to 30th September 2012

Frequent users: Are defined as children recorded as having used the centre 12+ times over the year, with an adjustment made for under 1's

Catchments: Needs are assessed based on the population (with 0-11 year olds) living within the calculated 'actual/natural' catchment for each centre. In this analysis catchments are built at LSOA-level, with each LSOA in Kent allocated to a centre on the basis of the centre that has the most current users living in that LSOA area.

Need Statistics: Levels of need are calculated both in terms of the total volume of need (i.e. numbers of children/households of a range of 11 need types) and in terms of the penetration of the need (i.e. the % of children/households of each of a range of 11 need types)

Population projections: Based on Ward-level projections for 2026, produced by Research & Intelligence, Kent County Council.

Green font indicates the centre is upper quartile on this measure

Red font indicates the centre is lower quartile on this measure

New Romney Children's Centre (Shepway)

Appendix E – District Workshop (11th Feb 2013) Feedback Report

Kent Children's Centre Programme - 'Local Solutions' District Workshops

Select a District: Shepway

This document provides an analysis of the feedback forms completed by attendees to the 'Local Solutions' District workshops, held during February 2013. A total of 331 completed forms were received and analysed across all 12 Districts, although it should be noted that at District levels totals are fairly small.

1. The Future Service Options Review aims to look at:

WHAT services are delivered,

WHERE they are accessed or delivered from, and

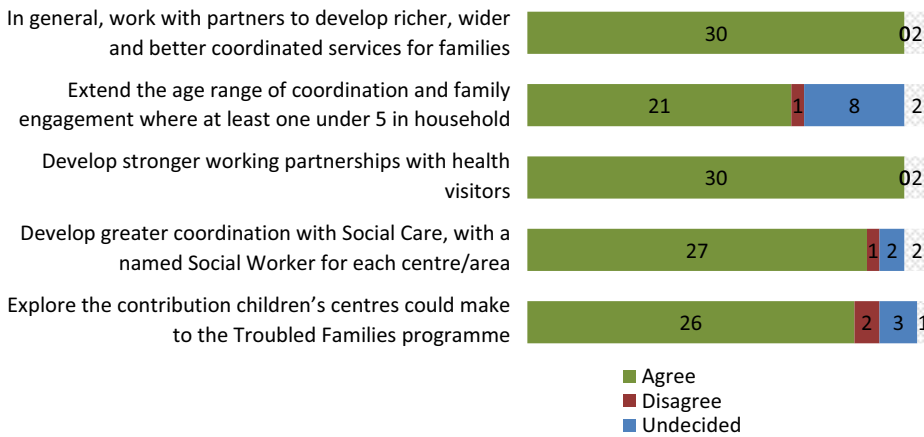
HOW the service is structured to plan and deliver within its financial constraints?

Do you think these aims are the right ones?



The majority of the attendees to the Shepway workshop who responded feel that the Review aims are realistic and broadly right.

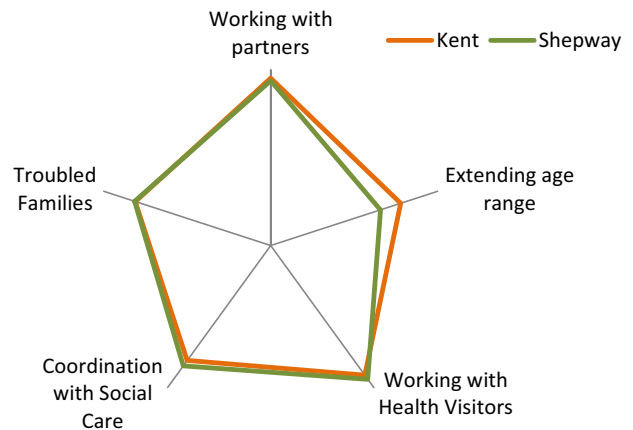
2. Service Development: Exercise 1a - No Wrong Front Door



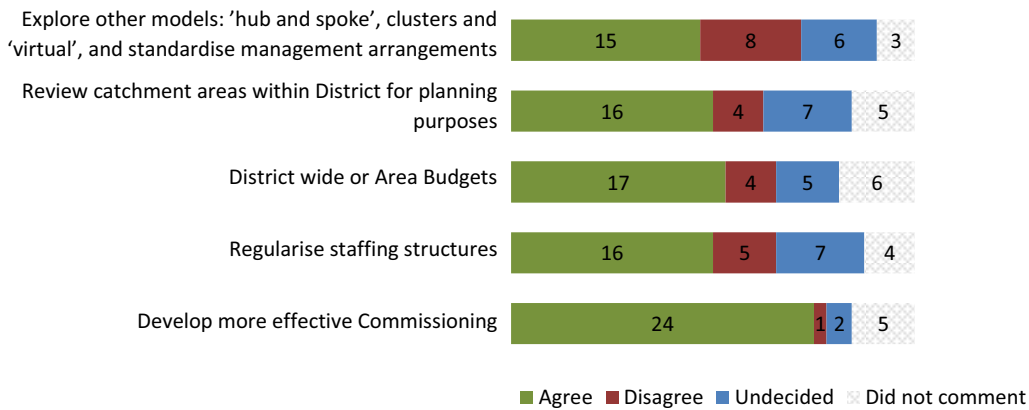
There are high levels of agreement with all areas. However, there is particularly strong agreement that we should, in general, seek to work with partners to develop richer, wider and better coordinated services for families, and that we should seek to develop stronger working relationships with health visitors.

Agreement Levels - Comparison With County Average

The pattern of responses in Shepway is broadly similar to that for the County overall, in that levels of support are highest for working with partners, and for developing stronger working relationships with health visitors. There is perhaps some evidence to suggest that support is lower for extending the age range than is the case for the County overall, but please note that this analysis for Shepway is based on just 32 forms, and so relatively small differences must be interpreted with caution.



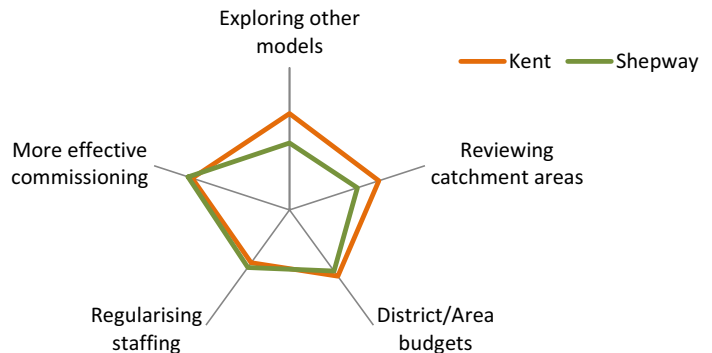
2. Service Development: Exercise 1b - District Planning



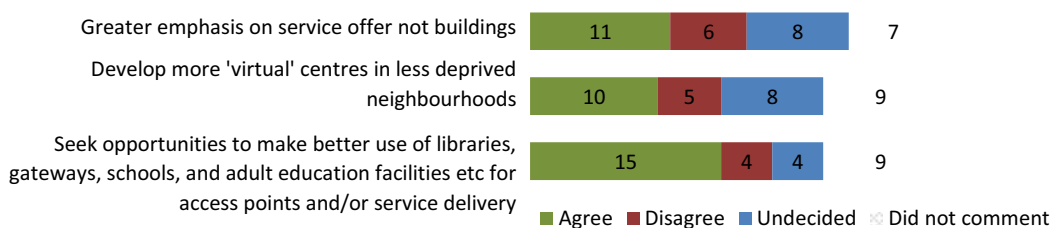
Developing effective commissioning has the highest levels of support. Support is relatively low (at around half of participants) for all other areas.

Agreement Levels - Comparison With County Average

The pattern of responses in Shepway does appear to differ to that for the County overall, with exploring other models and reviewing the catchment areas not particularly well supported.



2. Service Development: Exercise 2 - Scoping Service Delivery and Access Points



Of these three suggestions, seeking opportunities to make better use of existing facilities has the most support in Shepway, although perhaps the key conclusion is that levels of support are actually relatively low for all three.

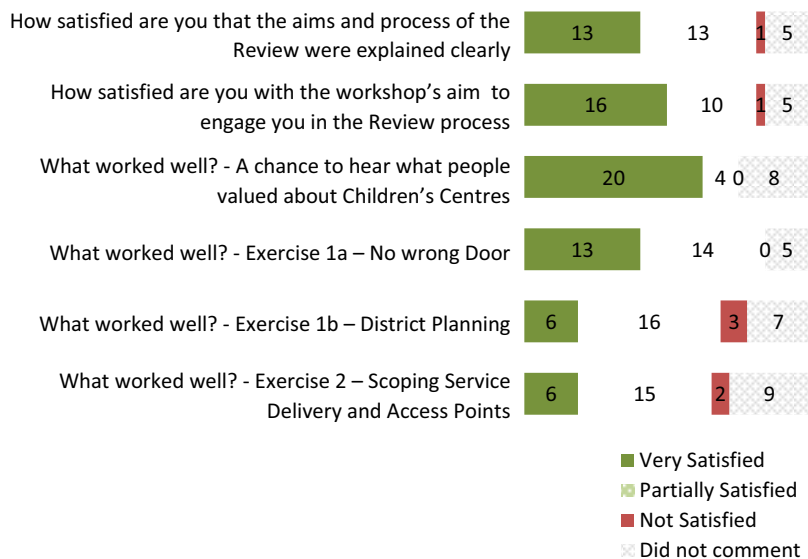
Agreement Levels - Comparison With County Average

The pattern of responses in Shepway is similar to that for the County overall, in that seeking opportunities to make better use of existing facilities has the most support of the three suggestions. However, the level of support is low in Shepway for all three, and lower than is the case for the County overall.



3. This workshop was part of the process to engage you in the Future Service Options Review

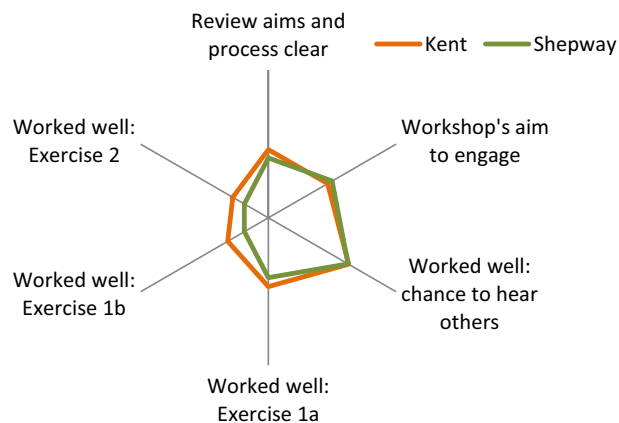
4. What worked particularly well in the workshop?



The majority of participants in Shepway indicated that they were at least partially satisfied that the aims and process of the Review had been explained clearly, and with the workshop's aim to engage them in the Review process. Of the exercises, satisfaction was highest (in terms of participants indicating that they were 'very satisfied') with Exercise 1a.

Satisfaction Levels ('Very Satisfied') - Comparison With County Average

In terms of levels of participants indicating that they were 'very satisfied', the pattern of responses in Shepway is similar to that for the County overall, although satisfaction levels dropped more dramatically in Shepway for Exercise 1b and (to a slightly lesser extent) Exercise 2.



Summary

In terms of levels of agreement, the following garnered the support of more than 80% of participants at the Shepway workshop:

- The aims of the Review are the right ones
- In general, work with partners to develop richer, wider and better coordinated services for families
- Develop stronger working partnerships with health visitors
- Develop greater coordination with Social Care, with a named Social Worker for each centre/area
- Explore the contribution children's centres could make to the Troubled Families programme

Appendix F – District Workshop (11th Feb 2013) Independent Report

**CHILDREN'S CENTRES FUTURE SERVICE OPTIONS REVIEW WORKSHOP:
SHEPWAY**

The Shepway workshop was one of a series of workshops held in every Kent District, engaging children's centre leaders, partners and other stakeholders, in a Future Service Options Review of the children's centres programme in Kent. The Review aims to explore:

- **What** services were delivered, in particular looking at the effective of partnerships and the targeting of resources to those who could benefit most;
- **Where** the services where delivered from , and the scope for changes to delivery and access points could improve access and cost effectiveness
- **How** the services are structured, and whether changes could deliver more consistency where appropriate, better targeting of expenditure, and cost savings.

A summary of contributions is given below. Detailed records of all the written contributions follow.

Aims of the Future Service Options Review

In individual feedback forms, there was good support that "what, where and how" were the right areas for the review. Individual comments suggested the review might also focus on usage and access patterns, who delivered services, and might take a more "whole family" approach. There was concern that a consistent approach should not result in a one-size-fits-all answer – services and engagement had to reflect local circumstances. The review might also consider where else funding for children's centres might be found, particularly if centres made a greater contribution to other agenda.

Icebreaker

Participants thought Shepway's children's centres were warm, friendly, and non-judgmental places, providing something for everyone but targeting support towards those who could benefit most. They were local champions, providing a space for families to come together, and playing a leading role in determining local needs and helping to shape direct and wider service delivery to meet those needs, often playing a broking role in bringing different agencies together. They identified problems early and respond quickly, often enabling a holistic response to family needs. They were clear in their ambition to support parenting and better outcomes for children.

"No Wrong Door" – improving partnership effectiveness

Participants considered the potential of parents and carers to break down barriers with harder to reach families, and debated the pros (creating pathways to families with problems and cons (confidentiality) of parent volunteers taking a more active role in family support.

Links with primary schools could be strengthened with more contact between head teachers and centre managers, enabling closer working between FLOs and CIWs to support "whole families", with that culture embedded in CAFs and TAF meetings. Better coordination around transition and more shared use of buildings could also deliver real benefits.

New Romney Children's Centre (Shepway)

Partnerships with health could benefit from better sharing of contact data and case information, including new birth contact data, and potentially obesity levels, A&E admissions and immunisations. It would also be helpful if children's centres knew more about the range of available health services across a district. Children's Centres could deliver more activities to promote healthy lifestyles with health partners.

The speech and language model developed in Lydd, which shows good outcomes, should be rolled out.

The value and potential of the voluntary sector was recognised. Participants considered that greater mutual understanding was needed – challenging given the diversity of the sector. Opening up KCC training to VCS partners might help, and there may be scope for sharing office and delivery spaces.

Children's centres could take a "whole family" learning approach, and bring together service delivery agencies to create a better coordinate range of basic skills/employment training/job search services. Volunteering opportunities could play a strong role.

Communication could be improved with colleagues from social care to improve CAFs, coordinate assessment work, improve the quality of referrals and support CP and CHIN meetings, which might be facilitated by a named social worker, who might be based at the centre. Dealing with a wider age range of children in a family supported by social care could present practical challenges, particularly for centres on a school site. It would be helpful for centres to know where families with new born children are already working with SCS.

In individual feedback forms, participants strongly supported the aims of improving partnerships, though several expressed uncertainty around the proposal to extend the age range. Individual comments noted some of the challenges around deeper integration with partners. Many raised concerns around the proposed extension of the age range. Other individual comments reflected those generated during group exercises.

District Level Planning

Participants considered that area budget could allow greater flexibility in delivery, improve consistency and reduce duplication. Peripatetic staffing offered potential efficiency gains, but local knowledge and a familiar face are important. Abandoning small catchments made sense, though some had concerns on how that would be inspected. It was suggested that Romney and South Ashford could jointly plan some services (being in close proximity but different districts); and Folkestone and The Village could become a paired cluster. But there was potential within a district model to use more community venues, and plan services to where they were needed more.

On cost savings: partners could contribute towards office/venue costs; opening hours could be tailored to the level of need, or opened longer for other community activities.

However, there is a danger of losing community presence and perspective, hot desking creates as well as solves problems, and charging partners might damage relations. Some staff should retain a local remit.

In individual feedback forms, the proposals to move towards greater district planning were supported, but with significant opposition too. Open discussions within the room indicated participants generally felt centres served their catchments well, that they were well placed, and that changes were likely to mean less and not better. That said, the benefits of centralised admin, some

New Romney Children's Centre (Shepway)

level of district planning, some peripatetic delivery staff and more strategic planning were all recognised and supported. Individual comments raised concerns of dilutions, confidentiality, and transport.

Service and Access Points

Participants identified a significant list of community venues already being used to deliver services, and identified a significant additional list, particularly libraries, where there was potential scope for service delivery or access to information. However, there was a concern that the parents we are trying to help the most do not often use libraries.

Issues around changing the approach to using community venues were discussed in the previous exercise, with a general view that district level planning allowed for a more strategic and systematic approach to targeting disadvantaged communities, planned on a much wider catchment area, which would determine where venues and services should be delivered.

In individual comments, which were extensive and detailed, it was noted that venues needed to be of appropriate quality, and availability was mixed. For information and access, a much wider range of venues could be considered – supermarkets etc.

Bob Allen & David Wallis

Appendix 2

<p>Conclusions from consultation evidence by protected characteristic</p>	<p>General: The vast majority of those electing to respond to the consultation disagree to some extent with reducing the number of Children’s Centres (87%, 5,098 individuals/professionals.). Of these 5,098 individuals/professionals, 462 indicated that their objection related to the proposed closure of New Romney (with 148 of these 462 objecting to the proposed closures of other named Centres <u>as well as</u> New Romney).</p> <p>98% of the users of New Romney responding to the consultation disagree with reducing the number of children’s centres and just 1% agree. This compares with 89% and 5% respectively of all responses to the consultation countywide from users of Children’s Centres, and so represents a <u>higher</u> level of disagreement with the proposal.</p> <p>Amongst those members of the public who objected to the closure of New Romney, 38% (157 individuals) indicate that they will not use Children’s Centres at all as a result (which is a <u>much higher</u> proportion than the 26% of all members of the public objecting to the proposed closures countywide).</p>
	<p>Age:</p> <p><u>Parents 0-4</u> 67% of those objecting to the proposed closure of New Romney are parents of 0-4s, which is <u>much lower</u> than the 85% of all those members of the public objecting to the proposed closures countywide.</p> <p><u>Parents aged 25 or under</u> 13% of those objecting to the proposed closure of New Romney are parents of 0-4s aged 25 or under, which is the same as the 13% of all those members of the public objecting to the proposed closures countywide.</p> <p><u>Teenage mothers</u> 1% of those objecting to the proposed closure of New Romney are teenage mothers (with 0-4s), which is similar to the 2% of all those members of the public objecting to the proposed closures countywide.</p> <p><u>Pregnant teenagers</u> Less than 0.5% of those objecting to the proposed closure of New Romney are pregnant teenagers, which is the same as the proportion observed across all those members of the public objecting to the proposed closures countywide.</p>
	<p>Disability:</p> <p><u>Disabled parents</u> 3% of those objecting to the proposed closure of New Romney are disabled parents of 0-4s, which is similar to the 2% of all</p>

	<p>those members of the public objecting to the proposed closures countywide.</p>
	<p>Gender: 84% of those objecting to the proposed closure of New Romney are female, which is similar to the 88% of all those members of the public objecting to the proposed closures countywide.</p> <p><u>Mothers</u> 58% of those objecting to the proposed closure of New Romney are mothers of 0-4's, which is <i>much lower</i> than the 76% of all those members of the public objecting to the proposed closures countywide.</p> <p><u>Fathers</u> 7% of those objecting to the proposed closure of New Romney are fathers of 0-4's, which is the same as the 7% of all those members of the public objecting to the proposed closures countywide.</p>
	<p>Gender identity: Less than 0.5% of those objecting to the proposed closure of New Romney identified themselves as being parents of 0-4's having a gender different to that of their birth, which is the same as the proportion observed across all those members of the public objecting to the proposed closures countywide.</p>
	<p>Race:</p> <p><u>Parents from minority ethnic groups</u> 4% of those objecting to the proposed closure of New Romney are parents of 0-4s from ethnic minority groups, which is <i>lower</i> than the 9% of all those members of the public objecting to the proposed closures countywide.</p> <p><u>Gypsy, Roma and traveller parents</u> Less than 0.5% of those objecting to the proposed closure of New Romney are Gypsy/Roma and traveller parents of 0-4's, which is the same as the proportion observed across all those members of the public objecting to the proposed closures countywide.</p> <p><u>Parents with English as an additional language</u> 1% of those objecting to the proposed closure of New Romney are parents of 0-4s with English as an additional language, which is <i>slightly lower</i> than the 5% of all those members of the public objecting to the proposed closures countywide.</p>
	<p>Religion or belief</p> <p><u>Christian parents</u> 29% of those objecting to the proposed closure of New Romney are Christian parents of 0-4's, which is <i>much lower</i> than the</p>

	<p>39% of all those members of the public objecting to the proposed closures countywide.</p> <p><u>Buddhist parents</u> None of those objecting to the proposed closure of New Romney are Buddhist parents of 0-4's, which is in line with the <0.5% of all those members of the public objecting to the proposed closures countywide.</p> <p><u>Hindu parents</u> None of those objecting to the proposed closure of New Romney are Hindu parents of 0-4's, which is in line with the <0.5% of all those members of the public objecting to the proposed closures countywide.</p> <p><u>Jewish parents</u> None of those objecting to the proposed closure of New Romney are Jewish parents of 0-4's, which is in line with the <0.5% of all those members of the public objecting to the proposed closures countywide.</p> <p><u>Muslim parents</u> Less than 0.5% of those objecting to the proposed closure of New Romney are Muslim parents of 0-4's, which is similar to the 1% observed across all those members of the public objecting to the proposed closures countywide.</p> <p><u>Sikh parents</u> None of those objecting to the proposed closure of New Romney are Sikh parents of 0-4's, which is in line with the <0.5% of all those members of the public objecting to the proposed closures countywide.</p> <p><u>Parents of any other religion</u> 2% of those objecting to the proposed closure of New Romney are parents of 0-4's with an 'other' religion, which the same as the 2% of all those members of the public objecting to the proposed closures countywide.</p> <p><u>Parents of no stated religion</u> 29% of those objecting to the proposed closure of New Romney are parents of 0-4's indicated that they have no religion, which is <u>lower</u> than the 35% of all those members of the public objecting to the proposed closures countywide.</p>
	<p>Sexual orientation: <u>Lesbian, Gay and transgender parents</u> Less than 0.5% of those objecting to the proposed closure of New Romney are Lesbian, Gay or transgender parents of 0-4's, which is similar to the 1% of all those members of the public objecting to the proposed closures countywide.</p>
	<p>Pregnancy and maternity: <u>Will be a parent soon</u> 10% of those objecting to the proposed closure of New Romney indicated that they would be a 'parent/carer soon', which is <u>higher</u> than the 4% of all those members of the public objecting to the proposed closures countywide.</p>

	<p>Marriage and Civil Partnerships:</p> <p><u>Lone parents</u> 11% of those objecting to the proposed closure of New Romney are lone parents of 0-4's, which is similar to the 13% of all those members of the public objecting to the proposed closures countywide.</p> <p><u>Parents in a civil partnership</u> None of those objecting to the proposed closure of New Romney are parents of 0-4's in a civil partnership, which is in line with the <0.5% of all those members of the public objecting to the proposed closures countywide.</p>
	<p>Carers responsibilities: Carer data was not gathered as part of the consultation activity</p>

Appendix 3

Table 1 General profile of public objectors to the closure of New Romney

Protected characteristic	Objectors to the closure of New Romney (percentages relate to all objectors)
Age	Nearly half (44%) of objectors were aged 26-35, 23% were aged 36-45 and 14% were aged 20-25. Teenage mothers and pregnant teenagers comprised 1% of objectors.
Disability	The majority (78%) of objectors did not consider themselves to have a disability; just 7% considered that their day-to-day activities were 'limited a lot' because of a health problem or disability. Parents with a disability made up 3% of objectors.
Gender	The majority (84%) of objectors were female with over half of the objections from mothers of children under 5 years. Fathers of children aged 5 or under made up 7% of objectors.
Gender identity	A small number (<0.5%) of objector's gender identity was not the same as at birth.
Marriage and civil partnerships	Most (71%) objectors were either married, in a civil partnership or cohabiting and 11% of objections were from lone parents of under 5's.
Pregnancy and maternity	Those who would be a parent soon made up 10% of objectors. Two-thirds (67%) of objectors were parents / carers of children under age 5; one-third were parents / carers of children aged 5-11; and 15% were parents / carers of children aged 12-18.
Race	Most objectors (89%) were White British. Other ethnic groups made up 5% of objectors and 2% had English as an additional language.
Religion or belief	Those who were Christian made up 45% of objectors and those who had no religion 39%. Those of other religions made up 4% of objectors. The remainder of objectors did not respond to the question.
Sexual orientation	Most objectors (84%) were heterosexual (with 15% not responding to the question).
Carer's responsibilities	Not collected.

Table 2 Responses to the consultation

General responses of objectors
Data on objectors
<ul style="list-style-type: none"> • There were 462 objections to the closure of New Romney which represented approximately 9% of all objections (including objections from professionals). • Of the 462 that objected to the changes with respect to New Romney Children's Centre, 87% strongly disagreed and 13% disagreed. • Of the 462 objections to the closure of centres including New Romney, 314 objected to changes to New Romney only. • Of the 462 objections, 408 were from the public and 54 were from professionals. • Of the 408 objections to closure of centres including New Romney from the public, 295 objected to the closure of New Romney Children's Centre only. • There were 263 users of New Romney that responded to the consultation and of these 98% objected. • There were 240 objections to the closure of New Romney specifically from all

<p>users of New Romney and of these 150 were from users who only accessed New Romney.</p> <ul style="list-style-type: none"> • Of the 54 objections to closure of centres including New Romney from the professionals, 19 only objected to the changes with respect to New Romney. • Nearly a third of all objections from professionals were from Children’s Centre staff.
<p>Impact on the public</p>
<ul style="list-style-type: none"> • A small proportion of respondents whose objection included changes to New Romney (6%), said that the proposals would have no impact on them; by implication there would be an impact on the majority of respondents. • About a third of objectors said that they would use Children’s Centres less often. • Over a third (38%) said they would not use a Children’s Centre at all. • The most popular reason given for using centres less often or not at all were because it would make travel to centres more difficult or alternative centres were too distant. • Objectors also commented that Children’s Centres were formed a local community hub with a chance to meet people. • 28% of users and 21% of sole users said that they would use children’s centres less often if New Romney closed. • 51% of users and 59% of sole users of New Romney Children’s Centre said that if the centre closed they would not use a centre at all. • Only 2% of all users and 2% of sole users said that they would attend a different children’s centre if New Romney closed.
<p>Example verbatim comments from the public</p>
<p><i>I use New Romney for the most amount of services on offer all in one place. The staff are amazing and very helpful, my daughter loves coming into the groups and I enjoy the courses and have studied an NVQ which has helped me to find employment.</i></p> <p><i>New Romney is easier for me to get too as I can share with my partner I'm not always guaranteed to have the car, also bus prices are too expensive.</i></p> <p><i>I have only just discovered these centres having only just had my baby but already find them invaluable and know the closures will affect those close to me.</i></p>
<p>Professionals view of impacts</p>
<p>Of the 48 professionals who responded with comments on their objections to centre closures including New Romney:</p> <ul style="list-style-type: none"> • A third considered that children and families will miss out. • A quarter felt that it would make travel to centres more difficult / alternative centres too distant. • Nearly a quarter (23%) said that people who needed to be supported would be the most disadvantaged. • 21% considered children’s centres to be a necessary and important resource. • 21% felt that it would reduce access to services <p>Of the 16 professionals who responded only with objections to the closure of New Romney (and leaving a comment):</p> <ul style="list-style-type: none"> • Half considered that children and families would miss out. • Five mentioned that it would make travel to centres more difficult or alternative centres were too distant.

Example verbatim comments from professionals

There is a large population in Greatstone, Littlestone and New Romney that need access to a Children's Centre. New Romney has the only secondary school on Romney Marsh and many parents drop children at school plus have younger children. Also with a lot of retired people many look after their grandchildren.

New Romney is a deprived area, to take away the Children's Centre would mean an increase of lonely parents, carers and children who are unable to attend a local place for guidance, support and child friendly groups. Our families cannot afford to spend £6 on a return bus ticket and would therefore not attend any centre. To take away this support to families is only creating a bigger problem for the future...

The number of families accessing services would significantly reduce. Services would have to be cut in New Romney as there are no other local venues equipped to deal with the 36 services running from the centre. We know that parents are reluctant to travel to other centres and public transport is limited and costly and the families needing the support most will not be able to afford this. The Marsh is a very rural area and transport is a real issue...

Closing New Romney would have a massive impact on the Romney Marsh area and would disengage local residents further. The users wouldn't travel to other facilities meaning less people would feel the benefit of the Children Centre.

**KENT COUNTY COUNCIL
EQUALITY ANALYSIS / IMPACT ASSESSMENT (EqIA)**

**This document is available in other formats, Please contact
cc.commissioning@Kent.gov.uk or telephone on 01622 696678**

Please read the EqIA GUIDANCE and the EqIA flow chart available on KNet.

Directorate: Families and Social Care

Name of policy, procedure, project or service

Dover District Children's Centres Future Service Options Programme – Option C

What is being assessed?

Closure of the North Deal Primrose Children's Centre in Dover.

The catchment area for the centre would merge with Blossom Children's Centre. This will enable greater emphasis on services rather than buildings and enable outreach to be increased equitably.

Responsible Owner/ Senior Officer

Mairead MacNeil/ Karen Mills

Date of Initial Screening

2nd July 2013

Date of Full EqIA :

August – November 2013

Version	Author	Date	Comment
1.0	Karen Roberts	Apr 2013	
2.0	Chris Barker	21.06.13	Update to reflect North Deal Primrose Children's Centre only
3.0	Equality and Diversity Team	01.07.13	Comments on version 2
4.0	Chris Barker	02.07.13	Updated to reflect comments raised in version 3
5.0	Chris Barker	13.08.13	Overall proportionality (pg 12) amended from medium to high potential impact.
6.0	Chris Barker	25.11.13	Full EqIA using consultation responses
7.0	Matthew Mallett/Alister	27.11.13	Revised Full EqIA incorporating Equality and Diversity Comments

October 2013

	McClure		
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Screening Grid

Characteristic	Could this policy, procedure, project or service, or any proposed changes to it, affect this group less favourably than others in Kent? YES/NO If yes how?	Assessment of potential impact HIGH/MEDIUM LOW/NONE UNKNOWN		Provide details: a) Is internal action required? If yes what? b) Is further assessment required? If yes, why?	Could this policy, procedure, project or service promote equal opportunities for this group? YES/NO - Explain how good practice can promote equal opportunities
		Positive	Negative	Internal action must be included in Action Plan	If yes you must provide detail
Age Page 452	<p>Yes. Children's Centres core purpose is to improve outcomes for young children and their families through reducing inequalities. Young children are classified as pre-birth to age 5.</p> <p>In 2011 there were 111,700 residents in the Dover district¹, 6,200 of these (5.55%) were 0 to 5 years old².</p> <p>In the Dover district 4,358 children have been recorded as using a centre at least once between October 2011 and September 2012. This represents 70.3% of the 0-5 population. 15% were less than a year old, 17% were 1 years old, 17% were 2 years old, 21% were 3 years old, 20% were 4 years old and</p>	Medium	Medium	<p>a) Yes –sustain current outreach services and promote the hub and link model. Better link children's centre services provided. Maximise the use of resources including staffing to continue to improve outcomes for children and their families.</p> <p>Ensure measures are in place to enable vulnerable families (identified via CAF) to access current services.</p> <p>Provide information to current children's centre users to promote understanding of how the changes could affect them and how to identify any support available within the hub and link model. (All children 0-5 will remain entitled to access all Children's Centres in the County).</p> <p>Children's Centres will continue to signpost to age appropriate provision for children over 5.</p> <p>Close partnership working with the</p>	<p>Using Dover Town Centre as a Hub centre. This option could enable greater emphasis on services rather than buildings and enable outreach to be increased equitably. By working as a hub and link centre model (with one catchment area) centres may be able to increase the proportion of 0-5 registered at Children's Centres. This could support the identification of families' needs and enable services to be more targeted at 0-5 year olds who are most in need of intervention.</p> <p>Through operating a hub and link model all families should continue to be offered appropriate services. Services will address locally identified need.</p> <p>It is likely that there will be an increase in the numbers of children attending Blossom Children's Centres, particularly in the 1 and 2 year old age brackets. In order to</p>

¹ 2011 Kent Census Date, ONS

² Mid year population estimates, KCC

	<p>10% were 5 years old.</p> <p>Of the 4,358 Children using a centre in Dover at least once between October 2011 and September 2012, 16.5% (717 children) attended the North Deal Primrose Children’s Centre. 13% were less than a year old, 19% were 1 year olds, 18% 2 years old, 19% were 3 years old, 21% were 4 years old and 9% were 5 years old. This represents a larger than average proportion (Kent Children’s Centre average) of 3, 4 and 5 year olds. The proportion of 0-1 and 1 year olds accessing services is far less than the county average.</p> <p>Of these 717 children, 541 also attended another Children’s Centre in Dover and 176 only attended North Deal Primrose. Others centres accessed included Blossom, The Sunflower, The Daisy, Buckland and Whitfield and Buttercup.</p> <p>Needs analysis (volume) for the North Deal Primrose Children’s Centre identifies</p>		<p>commissioned centre to ensure that services are planned appropriately across the district.</p> <p>b) Yes - Full Public Consultation to be held. Identify any mitigating actions that can be put in place to ensure number of 3, 4 and 5 year old users does not decrease, and actions to attempt to address the lower levels of 0-1 and 1 year olds attending centres in the locality.</p> <p>Ensure that any moves to CCG operating models do not disadvantage any age groups within the South Kent Coast CCG area. Teenage Parent Services which are currently delivered across the locality must continue to be promoted and signposted across CCG boundaries.</p>	<p>prioritise early intervention and prevention especially as many 3 and 4 year olds access early Years settings than 1 and two year olds. Even with the increase in 2 year old funding through free for two to almost 50% this is still far greater than the approximate 94% of children aged 3 and 4 years in funded places.</p> <p>Based on local knowledge, teenage parent services are currently delivered at two centres in Dover district. The hub and link model should increase signposting to teenage parent services i.e. Young Active Parents groups. The hub and link model may also increase the likelihood of teenage parents meeting and building peer support networks. A greater emphasis on services rather than buildings should support an increase in Teenage Parent registrations.</p>
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	that the North Deal Primrose catchment has a lower level of need than the Kent average in terms of teenage pregnancy.				
Page 454	<p>9.3% of the population in the Dover district are claiming a disability benefit.³</p> <p>Between October 2011 and September 2012 less than 5 users at North Deale Primrose were recorded as having a disability.</p> <p>Needs analysis for the North Deal Primrose Children’s Centre identifies that the North Deal Primrose catchment has a lower level of need than the Kent average in terms of working aged permanently sick/ disabled (volume).</p>	Low	Low	<p>a) Yes - Ensure that disabled children and carers are offered the opportunity to access services, including prospective disabled children and prospective carers.</p> <p>Ensure that parents and carers are asked about disabilities at registration. Work closely with HVs and Early Years settings to share information gained from developmental assessments.</p> <p>Offer parents the opportunity to amend database to include a ‘do not wish to answer’ category and a ‘no’ category for disability</p> <p>Ensure that parents and carers can access required information if they have print impairments, learning disabilities, are Deaf or hard-of-hearing, or would struggle to access standard print/ standard English information in any other way because of their protected characteristics.</p> <p>Although the risk is proportionately low due to small numbers of disabled</p>	<p>Yes – Services will continue to address identified needs on an individual basis. Through a hub and link model centres will continue be able to share resources including best practice and specialist knowledge.</p> <p>Through the hub and link centre model (management) signposting to specialist services may increase.</p> <p>A greater emphasis on local services rather than buildings will enable outreach to be increased appropriately and equitably and therefore disabled children’s registrations should increase. Through increased targeted work obtained through better data collection, services could be more targeted. Sharing information may lead to speedier intervention by specialist services.</p> <p>Children’s Centres will not discriminate directly or indirectly against any person because of their disability. We will ensure that front-line staff are diversity aware.</p>

³ Kent Business Intelligence Statistics

				<p>children, the impact on individuals could be significant unless there is a transition plan for these children. District Managers and Integrated Family Service Managers should be aware of these.</p> <p>b) Yes - Targeted consultation - A large number of disability records have either not been completed or users have not wished to disclose information and therefore it is difficult to measure impact. However a child's disability may not be apparent at registration so work closely with HVs and Early Years settings to share information gained from developmental assessments. Offer parents the opportunity to amend database to include a 'do not wish to answer' category and a 'no' category for disability. Consider an annual re-registration system across the County.</p> <p>Close partnership working with the commissioned centre to ensure that services are planned appropriately across the district.</p> <p>Ensure that alterations in district boundaries do not directly impact on the services disabled families and children are able to access.</p>	<p>With the comparatively high levels of disability in Dover district, Children's Centres will continue to be a key community venue as required by Sure Start Children's Centre statutory guidance. Centres will promote equality regardless of disabilities and promote access to services.</p>
Gender	Yes – In the Dover district 49% of the population are male and 51% are female.	Low	Medium	a) Yes – services will continue to address need identified regardless of gender. Continue to deliver 'dad's groups' and	No - It is likely that Children's Centres will continue to support slightly more male 0-5 year olds. It is also likely that

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 4</p>	<p>In 2012, 94% of attendances at Children’s Centres in Dover were made by a female parent or carer. Therefore, any changes are likely to have a greater negative impact on females.</p> <p>48% of children who used North Deal Primrose between October 2011 and September 2012 were male and 52% were female. This is broadly consistent with the County population for this age group, and in line with the district demographic.</p>			<p>interventions targeted at male carers to increase engagement.</p> <p>b) No</p>	<p>Children’s Centres will continue to support more female carers than males.</p> <p>Yes - Currently some centres run targeted interventions for male carers on behalf of the centres in their area. Through the hub and link centre model (management) signposting to these services would continue.</p> <p>Children’s Centres will not discriminate directly or indirectly against any person because of their gender. We will ensure that front-line staff are diversity aware.</p>
<p>Gender identity</p>	<p>Unknown - No impact has been identified at this stage due to a lack of information.</p>	<p>Unknown</p>	<p>Unknown</p>	<p>a) Yes – In line with KCC’s Equality Strategy, KCC will seek to identify gender identity of Kent’s residents. b) This impact assessment will be updated when such information is available.</p>	<p>Yes - There may be an opportunity to promote and provide more diverse services using a hub and link centre model.</p> <p>The hub and link centres could provide increased opportunity for specific services if needed.</p> <p>Children’s Centres will not discriminate directly or indirectly against any person because of their gender identity. We will ensure that front-line staff are diversity aware.</p>
	<p>This could impact Black or</p>	<p>Medium</p>	<p>Medium</p>	<p>a) Yes –Encourage disclosure of language and</p>	<p>Yes – Services will continue to address</p>

<p>Race</p>	<p>Minority Ethnic (BME) less favourably as a larger proportion of registered Children’s Centres users are BME compared to County populations.</p> <p>In the Dover district 96.7% of the population are White British, 3.3% are BME.</p> <p>Of the children who attended a Dover Children’s Centre between October 2011 and September 2012, 71% were White British, 2% were White-Gypsy Roma, 3% were White-Any Other White, 1% were Asian or Asian British-Indian, 1% were Asian or Asian British- Any other Asian, 1% were Mixed Dual-White and Asian, 1 % were Mixed/Dual- Any other Mixed, 1 % were Any other Ethnic Group, and 19% choose not to record their ethnicity.</p> <p>76% of users at North Deal Primrose were recorded as White British, 2% were Any Other White, 1% were Asian or Asian British- Indian, 1% were Mixed/Dual White and Asian, 1% were Mixed/Dual-Any other mixed, and 18% choose not to record their</p>			<p>ethnicity information for all families at registration. Provide information on the benefits of disclosing this information.</p> <p>Ensure that parents and carers can access required information if English is a second language, or they would struggle to access standard print/ standard English information in any other way because of their protected characteristics.</p> <p>b) Yes - Targeted consultation - A large number of language records have either not been completed or users have not wished to disclose information and therefore it is difficult to measure impact.</p> <p>Promote greater awareness and understanding of diversity within the communities.</p> <p>Statistics illustrate that although comparatively low, there is an extremely diverse community accessing services at North Deal Primrose Children’s Centre, and all other Dover Children’s Centres. There are also extremely high levels of White British currently accessing services. All races should be encouraged to participate in the targeted consultation.</p>	<p>identified needs on an individual basis. Through a hub and link model centres will be able to share resources including best practice and specialist knowledge e.g. opportunity to access courses such as English as an additional language.</p> <p>Given the minimal numbers registered, a hub and link model may also increase the likelihood of families with English as an additional language meeting and building peer support networks.</p> <p>Through the hub and link centre model (management) signposting to specialist services should increase.</p> <p>A greater emphasis on services rather than buildings will enable outreach to be increased equitably including to Gypsy/ Roma communities, families with English as an additional language and White British to reflect local populations. Services provided will also ensure that they are accessible to all racial groupings.</p> <p>Children’s Centres will not discriminate directly or indirectly against any person because of their race. We will ensure that front-line staff are diversity aware.</p> <p>Hub and linked centres can work together to further develop opportunities for social cohesion, understanding and tolerance of</p>
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<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 458</p>	<p>ethnicity. There is therefore likely to be a greater impact on the white population.</p> <p>Language information has not been obtained for 81% of families using Children’s Centres in Kent.⁴ Where information is available, English has been recorded as the first language for 18% of users. Polish has been recorded as the second largest proportion with less than 1%.</p> <p>Language information is not recorded for 72% of users at North Deal Primrose. 28% are recorded as English.</p> <p>MOSAIC classifications of families attending North Deal Primrose between June 2011 and June 2012 DOES NOT identify an overrepresentation amongst young professionals with children, many living in ethnically diverse neighbourhoods.</p>				<p>difference.</p> <p>The hub and link centres could provide increased opportunity for specific services if needed.</p> <p>Ensure that Dover Children’s Centres continue to work with young parents in ethnically diverse neighbourhoods, especially those from White British Backgrounds.</p>
<p>Religion or</p>	<p>In the Dover 2011 census 64.1% of the population have</p>	<p>Unknow n</p>	<p>Unknow n</p>	<p>a) Yes –Encourage religion or belief information is obtained for all families at registration.</p>	<p>Children’s Centres will not discriminate directly or indirectly against any person</p>

⁴ As at 1st October 2012

<p>belief</p>	<p>recorded their religion as Christian, 0.5% as Buddhist, 0.6% as Hindu, 0.1% as Jewish, 0.5% as Muslim, 0% as Sikh and 0.5% as other religion. 26% have stated no religion and 7.6% have not stated if a religion or not. Religion of Children's Centre users is unknown.</p>			<p>Provide information on the benefits of disclosing this information b) This impact assessment will be updated when such information is available.</p>	<p>because of their religion or belief. We will ensure that front-line staff are diversity aware.</p> <p>Targeted services have previously been run in some communities to increase knowledge of all religions. This work will continue.</p> <p>The hub and link centres could provide increased opportunity for specific services if needed.</p>
<p>Sexual orientation</p> <p>Page 459</p>	<p>Sexual Orientation data is collected for parents and carers.</p> <p>Sexual orientation is deemed not applicable for under 5 age group.</p>	<p>Unknown</p>	<p>Unknown</p>	<p>a) Yes – Continue to encourage parents to provide information on sexual orientation and discuss individual needs. Provide information on the benefits of disclosing this information b) This impact assessment will be updated when sexual orientation information is available.</p>	<p>Children's Centres will not discriminate directly or indirectly against any person because of their sexual orientation. We will ensure that front-line staff are diversity aware.</p> <p>The hub and link centres could provide increased opportunity for specific services if needed.</p>
<p>Pregnancy and maternity</p>	<p>Children's Centres core purpose is to improve outcomes for young children and their families through reducing inequalities. Children's Centres offer a range of pre-birth and maternity services.</p> <p>North Deal Primrose Children's Centre provide a number of services, including breastfeeding</p>	<p>Low</p>	<p>High</p>	<p>a) Review current services to ensure they are in the right location. Work with Health partners to ensure provision continues at proposed part time link centres, link centres and Hubs. b) Yes – Further engagement with Health colleagues required to identify changes to services and associated impact. EqIA to be updated accordingly.</p> <p>Ensure all those who attend a pregnancy and maternity course at North Deale Primrose Children's Centre are encouraged to</p>	<p>Level of provision will not be affected and provision will be increased accordingly at hub and link centres. This will not affect universal access to Health services or Health Visitor home visits. Moving to a hub and link model will also promote health services across a joined up catchment area.</p> <p>The changes in the catchment area may better suit health teams in the Dover District.</p>

	peer support, antenatal advice and other baby services. These services would be relocated to Blossom Children’s Centre.			participate in the targeted consultation.	
Page 460	<p>This is not applicable for under 5 age group.</p> <p>In the Dover area 48.3% of the population 16 years and over are married, 0.3% are in same sex civil partnerships, 29.5% are single, 3% are separated, 10.7% are divorced, 8.3% are widowed.</p> <p>This information is not available for Children’s Centre users but MOSAIC classifications of families attending North Deal Primrose Children’s Centre between June 2011 and June 2012 identified an underrepresentation amongst users for the following group;</p> <ul style="list-style-type: none"> • Lone parents with young children, living in high crime areas on large social housing estates • Singles and lone parents on low incomes, renting terraces in town centres • Young singles and couples in small privately 	Low	Medium	<p>a) Yes – Investigate feasibility of collecting marriage and civil partnership information at registration.</p> <p>b) This impact assessment will be updated when marriage and civil partnership information is available.</p>	<p>Yes – Services will continue to address identified needs on an individual basis. Lone Parent will remain a target group for Children’s Centres in line with Ofsted requirements and will therefore seek to reduce inequalities in outcomes for lone parents and their children.</p> <p>Through the hub and link model we may be able to offer increased Adult Education and other education or training opportunities (due to increased participants)</p> <p>Through the hub and link we may be able to offer longer opportunities to access information on benefits, debt reduction and housing.</p> <p>Children’s Centres in the Dover area must continue to work with families who require help, and to assist in providing early intervention and preventative services, limiting the number of families requiring specialist services in the district and locality.</p>

	<p>rented flats and terraces on moderate incomes</p> <p>Therefore there is the potential for there to be a minimal adverse impact on married couples. Impact may also be apparent as lone parents are a target group, and therefore couples and those married may be negatively impacted. However, this may be justified if based on need.</p>				
<p>Carer's responsibilities</p> <p>Page 461</p>	<p>88.7% of the population in Dover district provide no unpaid care a week. 7.1% provide up to 19 hours, 1.4% provide between 20 and 49 hours, 2.85% provide over 50 hours. This is in line with the county average of 10.4%.</p>	<p>Unknown</p>	<p>Unknown</p>	<p>a) Yes - increased awareness of carers responsibilities and support for families most in need of intervention. b) No</p>	<p>Yes – increased awareness of carers responsibilities and support for families most in need of intervention.</p>

INITIAL SCREENING

Proportionality - Based on the answers in the above screening grid what weighting would you ascribe to this function – see Risk Matrix

Low	Medium	High
Low relevance or Insufficient information/evidence to make a judgement.	Medium relevance or Insufficient information/evidence to make a Judgement.	High relevance to equality, /likely to have adverse impact on protected groups

High - This proposal has been rated as potentially having a high impact on racial and pregnancy and maternity protected characteristics. There are also likely to be impacts on gender, and marriage and civil partnership characteristics. There may be a minimal impact on age and those with a disability.

Context

Kent's Children's Centre programme has been rolled out across the county over the last seven years in three phases, each within tight timescales and different financial constraints. Kent currently has 97 Children's Centres in operation. All centres are slightly different depending on local need, their level of funding and the range of services they provide.

North Deal Primrose is a Round 3 Centre, operating from Sandown Primary School in the Deal area of Dover district. North Deal Primrose is currently managed alongside Blossom and The Sunflower Children's Centre. Users currently accessing North Deal Primrose also access Blossom, The Sunflower, The Daisy, Buckland and Whitfield and The Buttercup.

Parents play a key role in influencing services that are provided.

Children's Centres are places where all children under five years old and their families can receive services and information. These services vary according to centre but may include:

- Integrated early education and childcare
- Support for families – including advice on parenting, local childcare options and access to specialist services for families
- Child and family health services – including health screening, health promotion, health visitor and midwifery services, and the healthy child programme.
- Helping parents into work – with links to Jobcentre Plus and training.

There have been recent reductions in government funding for children's centres as well as changes to government policies about how Children's Centres should work. This proposal seeks to align with;

- A revised core offer for Children's centre
- Revised Children's Centre Statutory Guidance

- Revised Ofsted Inspection Framework (April 2013)
- Reductions in Early Intervention Grant

Aims and Objectives

In line with KCC's medium-term plan, Bold Steps for Kent, we need to change the way we work so we can continue to meet the needs of our children and their families with reduced budgets. Kent aims to achieve this by;

- ensuring we deliver better, earlier support to those children and families who need it
- ensuring we continue to provide Children's Centre services to improve health, education and social care outcomes
- strengthening the working relationship between Children's Centres, early years settings, schools and health services

Beneficiaries

The community of Kent but in particular families with children between 0 – 5 years, including those families and young children who are the most vulnerable.

For example:

- Lone parents, young parents and pregnant teenagers and mothers with post-natal depression.
- Children in need or with a child protection plan
- Children of offenders and/or those in custody
- Fathers particularly those with any other identified need, for example teenage fathers and those in custody
- Those with protected characteristics as defined by the Equality Act 2010
- Looked after children
- Children who are being cared for by members of their extended family such as a grandparent, aunt or older sibling
- Families identified by the LA as 'troubled families' who have children under five; any other vulnerable groups identified as at risk of harm by other services
- Families who move in and out of the area relatively quickly (transient families), such as those seeking employment or seasonal work
- Parents with a learning difficulty or disability, or parents who have a child with a learning difficulty or disability
- Migrant families or families where English is an additional language
- Families with complex needs or where there is mental illness
- Families who suffer from domestic violence or where there is substance or alcohol abuse
- Families living in poverty and poor housing

The Local Authority (LA) will benefit. Schools, Health Services, childcare providers and voluntary sector providers could benefit.

ASSESSMENT

Involvement and Engagement

Consultation: Shaping the future of Children's Centres in Kent

The consultation "Shaping the future of Children's Centres in Kent" began on Thursday 4th July and ended on Friday 4th October. Information on the consultation was shared with County Councillors and notification of the consultation launch was sent to approximately 35,000 stakeholder email addresses (including Borough/District and Parish Councillors, service delivery partners and registered Children's Centre users. Articles were posted on Knet, Kent.gov.uk and in Kmail and a promotional tab advertising the consultation remained on the front page of Kent.gov.uk throughout the duration of the consultation. The KCC Twitter account was also used to publicise the consultation on 4th July. Leaflets and posters were produced and distributed to advertise and promote the consultation.

A paper version of the consultation document was produced outlining the proposal for Kent Children's Centres and providing information on the Children's Centres proposed for closure or reduced operating hours as well as proposed future operating arrangements. The document contained a hard copy response form to the consultation for those unable to access the internet and Children's Centre staff assisted vulnerable users in completing the questionnaire.

Consultation findings related to Primrose Children's Centre

All Objecting to the Closure of...Primrose Children's Centre

A total of 121 members of the public and 13 professionals objected to the closure of Primrose Children's Centre. Of these 121 members of the public, 37 objected only to the closure of Primrose, with the majority objecting to other Centre closures as well.

Those members of the public who did object to the closure of Primrose appear to be more likely to be lone parents, parents of children from low incomes and/or younger parents (aged 25 or under).

Amongst this group, 16% (19 individuals) indicate that they will not use Children's Centres at all as a result of the proposed closure (which is far lower than the average across all objectors, of 26%).

A total of 36 users of Primrose (and 14 sole users) responded to the consultation, representing only around 5% of all users of the Centre. The overwhelming majority (94%) disagree to some extent with this proposal. Of the 13 sole users of Primrose objecting to the proposal, 6 indicated that they 'will not use Children's Centres at all' as a result of the proposed closure.

October 2013

Consultation responses categorised by protected characteristic indicated that those under the Age (Parents aged 25 or under) and Marriage and Civil Partnerships (Lone Parents) were more likely to disagree with proposals to reduce the number of centres and reduce the opening hours at some centres than county average responses.

Responses from other protected characteristic groups, such as those of Disability⁵, Gender, Gender Identity, Race, Religion or Belief, Sexual Orientation, Pregnancy and Maternity were broadly the same as the county average.

Users of Primrose

A total of 36 users of Primrose (and 14 sole users) responded to the consultation, representing only around 5% of all users of the Centre⁶. The chart below shows the extent to which these Primrose users agree or disagree with the proposal to reduce the number of Children's Centres in Kent.

The overwhelming majority (94%) disagree to some extent with this proposal, with 75% indicating that they strongly disagree.

Of the users disagreeing with the proposal:

- 85% objected to the closure of Primrose (all 13 of the sole users)
- 6% indicated that their objection didn't relate to any particular Centre

Of the 13 sole users of Primrose responding to the consultation, 6 indicated that they 'will not use Children's Centres at all' as a result of the proposed closure.

Information and Data

Data used in Initial Screening can be found at Appendix 1

Data for Full Impact Assessment see Appendix 2 and 3

See also: post-consultation report for further details

Potential Impact

Adverse Impact:

The initial screening identified the potential for there to be some adverse impacts on the following group;

⁵ Disabled/disability: For the purposes of the consultation "disabled" or "disability" always refers to respondents who indicated that "their day-to-day activities are limited a lot because of a health problem or disability which has lasted, or is expected to last, at least 12 months"

⁶ Based on activity-based usage figures for the period October 2012 – September 2013.

October 2013

- 0 – 5 year olds
- Teenage parents
- A number of racial groupings
- Married Couples
- Female parents/ carers
- Pregnancy and Maternity
- Those with a disability
- Impact is unknown for gender identity, carer's responsibilities religion or belief and sexual orientation.

Post-consultation

The result of the consultation identifies that the closure of Primrose Children's Centre could potentially adversely impact the following groups;

- Parents aged 25 or under
- Lone parents

It did not identify an adverse impact on the following groups;

- 0 – 5 year olds
- Teenage parents
- A number of racial groupings
- Married Couples
- Female parents/ carers
- Pregnancy and Maternity
- Those with a disability
- Impact is unknown for gender identity, carer's responsibilities religion or belief and sexual orientation

Positive Impact:

The initial screening identified the potential for there to be a positive impact on some vulnerable groups using the centres, particularly 0-5 year olds, male parents/ carers, white British, disabled children, teenage parents and lone parents.

For example through:

- Hub centre be closer and more accessible to families,
- Increased targeting of provision to those most in need.
- Reinvesting resources from areas of less need to areas of high need
- Possible increase in outreach services and therefore in registrations and need assessments – identifying a families needs earlier.
- Building on strong local partnerships and integrated working approaches currently in place. Better information sharing.
- Improved signposting across hub and Link
- Continued shared knowledge, expertise and best practice across hub and link
- Improving access by under represented groups

October 2013

- Improving data collection for categories of data related to gender identity, religion and sexual orientation. However this is not dependant on a model more on staffing model and training.
- Alignment with CCG areas to provide health services in a more coordinated way

Impact is unknown for gender identity, religion or belief and sexual orientation.

Post-consultation

The consultation did not identify that any protected characteristic grouping would be more positively impacted than another. The proportion of responses received agreeing with the consultation were from professionals from whom the highest group of responses agreeing with the proposals were received.

JUDGEMENT

Option 1 – Screening Sufficient No

Justification: There is the potential for there to be an adverse impact on a large number of racial groups and pregnancy and maternity protected characteristics.

Option 2 – Internal Action Required Yes

There is potential for adverse impact on particular groups and we have found scope to improve the proposal. Please see action plan.

Option 3 – Full Impact Assessment Yes

A full impact assessment to be conducted on the overall programme during and after consultation on individual proposals.

Post-consultation

The results of the consultation find that the proposal to close Primrose Children's Centre has the potential to adversely impact the following protected characteristics;

- Parents aged 25 or under
- Lone parents

Across all characteristics there are concerns about continued accessibility of services, the costs and difficulties of travelling to alternative locations and the reduction in opening hours and possible unsuitable hours. The response from families on a low income (as classified by MOSAIC analysis) show a similar level of objection to county responses. However, in this group, those respondents stating that they will use Children's Centre less often or will no longer use a Children's Centre because of the proposals the most popular reasons cited were;

- Will make travel to centres more difficult / alternative centres too distant
- Children's centres form a local community hub / chance to meet people
- Very happy with my local centre / prefer it to others / we enjoy going there / only use this one
- Centre is close by/accessible
- Bad for people without cars/non-drivers
- Closures will make remaining centres/our local centre busier/under more strain

Low income in Kent, is not restricted to one particular equality group. Similar reasons for no longer using centres are cited across characteristics with respondents stating they value universal services that are local and provide access to a range of services from different providers.

There are also 'known unknowns' that could impact either positively or negatively on different protected characteristic groups and the development of the hub and link model. These include:

- Budget allocations for 2014/2015.
- Service plans for 2014/2015
- Staffing levels
- Availability and costs of accessible venues to run services from.
- Impacts of proposed changes on partnership working
- Services to be commissioned

Generally, from the consultation there are clear messages about the value centre users place on centres in terms of the services provided and support received from core and other services. They are seen as community hubs, serving a wide range of parent/carer and children's needs. Centre users are concerned about the loss of these services locally, and the implications for easy access in terms of transport, costs and time.

As a result of the consultation responses this full Equality Impact Assessment recommends that the closure of Primrose Children's Centre goes ahead.

Based on engagement with local management and local workshops with stakeholders, a number of alternative venues have been sourced for services which are currently delivered at Primrose Children's Centre. There are currently 16 services delivered by Primrose Children's Centre. 6 of these services are delivered at the Children's Centre and 10 at community outreach locations. 3 health services are currently delivered at Primrose Children's Centre, 2 of which are delivered at the Centre.

The following community venues have been identified as future service delivery locations (all are subject to negotiations);

- North Deal Community Centre
- Sandown School

October 2013

- St George's Hall
- Deal Library
- Local area

It is anticipated that moving services to community venues will not negatively impact those groups who were identified as being adversely impacted by the proposals.

In addition to the equality implications stated here the Council has re-evaluated its original proposals by:

- Reconsidering need (population based) and re-analysing usage patterns
- Identifying the impact on users (as identified by consultation respondents), and particularly sole users.
- Assessing suitable alternative venues within 1 mile of a proposed closure to enable services to continue to be delivered within the community.
- Identifying property implications including potential future (community) usage of accommodation and the likelihood of DfE clawback of capital monies.

Action Plan

It is proposed that the following actions are taken:

- Relocate services to community venues by April 1st 2014.
- Update the budget allocation formula from which Children's Centre are allocated funding. This new model will ensure areas with the highest levels of deprivation are allocated funding appropriately.
- Collect data on all protected characteristics at the time of registration at Centres.

Further detail can be found in the action plan at page 22

Monitoring and Review

It is recommended the following review actions are undertaken on a quarterly basis from April 2014:

- Monitor registration levels at Centre.
- Monitor attendance levels to ensure numbers of services users with protected characteristics accessing services are maintained and improved.
- Monitor and quality assure equality data capture on Children's Centre database.

October 2013

- Monitor those groups with protected characteristics who were identified as being negatively affected following the consultation, and ensure that the levels of services accessed does not decline

Equality and Diversity Team Comments

Several potential impacts, both positive and negative were identified at the screening stage; the service sought consultation feedback to test out f the service assumptions about impact and to identify any gaps/issues that may need to be addressed and a full impact assessment was. The equality impact assessment did not identify any issues significant enough to change the proposal to close the centre and actions to minimise negative impacts have been identified.

Sign Off

I have noted the content of the equality impact assessment and agree the actions to mitigate the adverse impact(s) that have been identified.

Senior Officer



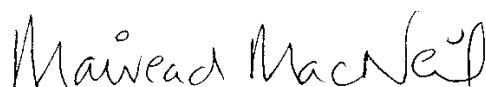
Signed:

Name: Karen Mills

Job Title: Commissioning Manager

Date: November 2013

DMT Member



Signed:

Name: Mairead MacNeil

Job Title: Director of Specialist Children's Services Date: November 2013

Equality Impact Assessment Action Plan

Protected Characteristic	Issues identified	Action to be taken	Expected outcomes	Owner	Timescale	Cost implications
All	Monitor equality information	Ensure that data is collected from those registering at centres on all protected characteristics (in particular disability, sexual orientation, gender identity, religion or belief, to provide improved information for targeting services.	Improved data on those	Strategic Commissioning / operational managers / eStart user group	January 2014 onwards	TBC
All	Impact on high numbers of sole users	Relocate services to appropriate and accessible community venues	Service users remain able to access services within their local communities	Strategic Commissioning	January 2014 – June 2014	TBC
All	Impact on users on lower incomes	Reallocate budget model based on deprivation	Budget distributed more proportionately to those areas most deprived	Strategic Commissioning	October 2013 – March 2014	TBC
All	Inability to access services due to transportation difficulties if Centres close	Sustain and invest in development of outreach services and locate suitable alternative venues in the local	Continued access to services in local communities and increased level of outreach services targeted at those in	Strategic commissioning / Operational Managers	March 2014	TBC

		community from which to deliver services should a centre be closed.	greatest need.			
Parents aged 25 and under	Reduced access to services and inability to access services	Ensure that locations from which services are delivered are accessible for young parents	Levels of service users from this protected characteristic does not decline	Strategic Commissioning / Operational Managers / Health partner organisations	October 2013 – June 2014	TBC
Lone parents	Reduced access to services and inability to access services	Ensure that locations from which services are delivered are accessible for lone parents	Levels of service users from this protected characteristic does not decline	Strategic Commissioning / Operational Managers / Health partner organisations	October 2013 – June 2014	TBC

Appendix 1- Initial screening Appendix

See following page

North Deal Primrose (Dover)

Note: Data for appendices A & B is based on e-start usage between 1.10.11 to 30.9.12

Appendix A – Centre Profile

Gender

Male		Female		Total	
Number	%	Number	%	Number	%
342	48%	374	52%	717	100%

Age

0		1		2		3		4		5		Total	
Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
94	13%	136	19%	132	18%	138	19%	149	21%	68	9%	717	100%

Page 473

Ethnicity

WBRI White - British		WIRI White - Irish		WIRT White - Traveller of Irish Heritage		WROM White - Gypsy / Roma		WOTH White - Any Other White	
Number	%	Number	%	Number	%	Number	%	Number	%
545	76%		0%		0%		0%	13	2%

ABAN Asian or Asian British - Bangladeshi		AIND Asian or Asian British - Indian		APKN Asian or Asian British - Pakistani		AOTH Asian or Asian British - Any Other Asian		BAFR Black or Black British - African		BCRB Black or Black British - Caribbean		BOTH Black or Black British - Any Other Black	
Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
<5		<5			0%		0%		0%		0%		0%

North Deal Primrose (Dover)

CHNE Chinese		MWAS Mixed / Dual - White and Asian		MWBA Mixed / Dual - White and Black African		MWBC Mixed / Dual - White and Black Caribbean		MOTH Mixed / Dual - Any Other Mixed		OOTH Any Other Ethnic Group	
Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
	0%	9	1%	<5		<5		8	1%	<5	

NOBT Information Not Yet Obtained		REFU Refused		Record blank		Total	
Number	%	Number	%	Number	%	Number	%
<5			0%	130	18%	717	100%

Language

English		Other (non-English) language		Record blank		Total	
Number	%	Number	%	Number	%	Number	%
198	28%	<5		517	72%	717	100%

Disability

Yes	(Blank)	Total
Number	Number	Number
%	%	%
<5	716	
	100%	

North Deal Primrose (Dover)

Mosaic (K & M Group)

A		B		C		D		E		F		G		H	
Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
30	4%	20	3%	46	6%	120	17%	59	8%	75	10%	84	12%	27	4%

I		J		K		L		M		Unknown		Total	
Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
<5		158	22%	30	4%	37	5%	24	3%	<5		717	100%

North Deal Primrose (Dover)

Appendix B – District Profile

Gender

Male		Female		Total	
Number	%	Number	%	Number	%
2183	50%	2174	50%	4358	100%

Age

0		1		2		3		4		5		Total	
Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
653	15%	723	17%	759	17%	896	21%	885	20%	442	10%	4358	100%

Page 476

Ethnicity

WBRI White - British		WIRI White - Irish		WIRT White - Traveller of Irish Heritage		WROM White - Gypsy / Roma		WOTH White - Any Other White	
Number	%	Number	%	Number	%	Number	%	Number	%
3109	71%	<5		1	0%	72	2%	135	3%

ABAN Asian or Asian British - Bangladeshi		AIND Asian or Asian British - Indian		APKN Asian or Asian British - Pakistani		AOTH Asian or Asian British - Any Other Asian		BAFR Black or Black British - African		BCRB Black or Black British - Caribbean		BOTH Black or Black British - Any Other Black	
Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
7	0%	23	1%	<5		36	1%	<5			0%		0%

North Deal Primrose (Dover)

CHNE Chinese		MWAS Mixed / Dual - White and Asian		MWBA Mixed / Dual - White and Black African		MWBC Mixed / Dual - White and Black Caribbean		MOTH Mixed / Dual - Any Other Mixed		OOTH Any Other Ethnic Group	
Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
9	0%	24	1%	11	0%	12	0%	45	1%	31	1%

NOBT Information Not Yet Obtained		REFU Refused		Record blank		Total	
Number	%	Number	%	Number	%	Number	%
9	0%	7	0%	819	19%	4358	100%

Page 477

Language

English		Other (non-English) language		Record blank		Total	
Number	%	Number	%	Number	%	Number	%
1170	27%	36	1%	3152	72%	4358	100%

Disability

Yes		(Blank)	Total		
Number	%	Number	%	Number	%
<5		4355	100%	4358	100%

North Deal Primrose (Dover)

Mosaic (K & M Group)

A		B		C		D		E		F		G		H	
Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
134	3%	93	2%	186	4%	462	11%	262	6%	208	5%	414	9%	182	4%

I		J		K		L		M		Unknown		Total	
Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
116	3%	802	18%	539	12%	763	18%	167	4%	30	1%	4358	100%

North Deal Primrose (Dover)

Appendix C – District Profile (2011 Census)

Appendix C – 2011 Census Data

Gender

Table 1: 2011 Census Total Population for Kent Local Authorities

Local Authority	Total Persons	Males		Females		Area of local authority (Hectares)	Density (persons per hectare)
		No.	%	No.	%		
Ashford	117,958	57,232	48.5%	60,724	51.5%	58,062	2.03
Canterbury	151,145	72,838	48.1%	78,507	51.9%	30,885	4.89
Dartford	97,385	48,061	49.4%	49,304	50.6%	7,277	13.38
Dover	111,674	54,765	49.0%	56,909	51.0%	31,484	3.55
Gravesham	101,720	50,139	49.3%	51,581	50.7%	9,902	10.27
Maidstone	155,143	76,492	49.3%	78,651	50.7%	39,333	3.94
Sevenoaks	114,893	55,743	48.5%	59,150	51.5%	37,034	3.10
Shepway	107,969	53,135	49.2%	54,834	50.8%	35,670	3.03
Swale	135,835	67,152	49.4%	68,683	50.6%	37,341	3.64
Thanet	134,186	64,555	48.1%	69,631	51.9%	10,330	12.99
Tonbridge & Malling	120,805	59,207	49.0%	61,598	51.0%	24,014	5.03
Tunbridge Wells	115,049	56,494	49.1%	58,555	50.9%	33,133	3.47
KCC Area	1,463,740	715,613	48.9%	748,127	51.1%	354,464	4.13
Medway	263,925	130,825	49.6%	133,100	50.4%	19,203	13.74
Kent	1,727,665	846,438	49.0%	881,227	51.0%	373,667	4.62

Source: 2011 Census Table PP04 (unrounded data) released 24 September 2012. Office for National Statistics (ONS), © Crown Copyright

Age

Standard 5-year age group profile - Total persons			
	All ages	0-4	5-9
KCC area	1,466,500	89,300	84,500
Ashford Borough	118,400	7,700	7,400
Canterbury City	150,600	7,500	7,600
Dartford Borough	97,600	6,800	6,000
Dover District	111,700	6,200	5,900
Gravesham Borough	101,800	6,700	6,300
Maidstone Borough	155,800	9,700	8,800
Sevenoaks District	115,400	7,000	6,900
Shepway District	108,200	6,000	5,600
Swale Borough	136,300	8,800	8,000
Thanet District	134,400	8,100	7,300
Tonbridge & Malling Borough	121,100	7,500	7,700
Tunbridge Wells Borough	115,200	7,300	7,000
Medway Unitary Authority	264,900	17,300	16,100
Kent (KCC + Medway)	1,731,400	106,600	100,600
South East Region	8,652,800	536,000	490,800
England	53,107,200	3,328,700	2,990,100

Ethnicity

Table 2: 2011 Census: Population by broad ethnic group in Kent districts, the South East and England

	All usual residents	White		Mixed/ multiple ethnic groups:		Asian/ Asian British:		Black/ African/ Caribbean/ Black British		Other ethnic group:	
		Number	%	Number	%	Number	%	Number	%	Number	%
England	53,012,456	45,281,142	85.4%	1,192,879	2.3%	4,143,403	7.8%	1,846,614	3.5%	548,418	1.0%
South East	8,634,750	7,827,820	90.7%	167,764	1.9%	452,042	5.2%	136,013	1.6%	51,111	0.6%
Kent	1,463,740	1,371,102	93.7%	22,107	1.5%	47,614	3.3%	16,216	1.1%	6,701	0.5%
Ashford	117,956	110,520	93.7%	1,682	1.4%	3,991	3.4%	1,375	1.2%	388	0.3%
Canterbury	151,145	140,620	93.0%	2,551	1.7%	5,135	3.4%	1,937	1.3%	902	0.6%
Dartford	97,365	85,070	87.4%	2,161	2.2%	5,799	6.0%	3,578	3.7%	757	0.8%
Dover	111,674	107,966	96.7%	1,029	0.9%	2,031	1.8%	386	0.3%	262	0.2%
Gravesham	101,720	84,226	82.8%	2,066	2.0%	10,604	10.4%	2,885	2.8%	1,939	1.9%
Maidstone	155,143	145,996	94.1%	2,345	1.5%	4,943	3.2%	1,380	0.9%	479	0.3%
Sevenoaks	114,893	110,029	95.8%	1,675	1.5%	2,085	1.8%	853	0.7%	251	0.2%
Shepway	107,969	102,215	94.7%	1,267	1.2%	3,699	3.4%	458	0.4%	330	0.3%
Swale	135,835	131,155	96.6%	1,575	1.2%	1,489	1.1%	1,395	1.0%	221	0.2%
Thanet	134,186	128,194	95.5%	2,186	1.6%	2,504	1.9%	910	0.7%	392	0.3%
Tonbridge & Malling	120,805	115,872	95.9%	1,677	1.4%	2,431	2.0%	421	0.3%	404	0.3%
Tunbridge Wells	115,049	109,239	94.9%	1,893	1.6%	2,903	2.5%	638	0.6%	376	0.3%
Medway Unitary Authority	263,925	236,579	89.6%	5,176	2.0%	13,615	5.2%	6,663	2.5%	1,892	0.7%
Kent & Medway	1,727,665	1,607,681	93.1%	27,283	1.6%	61,229	3.5%	22,879	1.3%	8,593	0.5%

Source: 2011 Census: Key Statistics Table 201, Office for National Statistics (ONS) © Crown Copyright
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Table 8: Religion in Kent districts, the South East and England in 2011

Table population : All usual residents

	All People	Christian		Buddhist		Hindu		Jewish		Muslim		Sikh		Other religion		No religion		Religion not dated	
		Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
England	53,012,456	31,479,876	60.4%	238,626	0.6%	806,199	1.6%	261,282	0.6%	2,660,116	6.0%	420,196	0.8%	227,825	0.4%	13,114,232	24.7%	3,804,104	7.2%
South East	8,634,750	5,160,128	60.0%	43,946	0.6%	92,499	1.1%	17,761	0.2%	201,651	2.3%	54,941	0.6%	39,672	0.6%	2,388,286	27.7%	635,866	7.4%
Kent	1,463,740	915,200	62.6%	6,802	0.6%	10,943	0.7%	1,777	0.1%	13,932	1.0%	10,545	0.7%	6,145	0.4%	391,591	26.8%	106,805	7.3%
Ashford	117,956	74,253	62.9%	803	0.7%	1,282	1.1%	116	0.1%	1,019	0.9%	95	0.1%	432	0.4%	30,984	26.3%	8,972	7.6%
Canterbury	151,145	91,122	60.3%	880	0.6%	1,055	0.7%	267	0.2%	1,838	1.2%	245	0.2%	760	0.6%	43,117	28.6%	11,861	7.8%
Dartford	97,365	59,045	60.6%	382	0.4%	1,547	1.6%	86	0.1%	1,566	1.6%	1,543	1.6%	319	0.3%	26,486	27.2%	6,391	6.6%
Dover	111,674	71,541	64.1%	523	0.6%	682	0.6%	97	0.1%	521	0.6%	50	0.0%	525	0.6%	29,047	26.0%	8,688	7.8%
Gravesham	101,720	61,891	60.8%	333	0.3%	942	0.9%	54	0.1%	1,894	1.9%	7,743	7.6%	606	0.6%	21,862	21.6%	6,395	6.3%
Maldstone	155,143	97,578	62.9%	901	0.6%	1,492	1.0%	163	0.1%	1,685	1.1%	176	0.1%	612	0.4%	41,493	26.7%	11,043	7.1%
Sevenoaks	114,893	75,169	66.4%	367	0.3%	385	0.3%	196	0.2%	600	0.6%	180	0.2%	348	0.3%	28,939	26.2%	8,709	7.6%
Shepway	107,969	67,296	62.3%	962	0.9%	1,551	1.4%	78	0.1%	796	0.7%	34	0.0%	506	0.6%	28,575	26.6%	8,171	7.6%
Swale	135,835	85,535	63.0%	275	0.2%	368	0.3%	93	0.1%	792	0.6%	158	0.1%	499	0.4%	39,087	28.8%	9,028	6.6%
Thanet	134,186	82,447	61.4%	491	0.4%	639	0.6%	273	0.2%	1,230	0.9%	94	0.1%	690	0.6%	38,383	28.6%	9,939	7.4%
Tonbridge & Malling	120,805	76,920	63.7%	441	0.4%	539	0.4%	122	0.1%	750	0.6%	169	0.1%	412	0.3%	32,996	27.3%	8,456	7.0%
Tunbridge Wells	115,049	72,403	62.9%	444	0.4%	461	0.4%	232	0.2%	1,241	1.1%	58	0.1%	436	0.4%	30,622	26.6%	9,152	8.0%
Medway	263,925	152,637	57.8%	937	0.4%	2,756	1.0%	208	0.1%	5,169	2.0%	3,846	1.6%	1,392	0.6%	78,995	29.9%	17,985	6.8%
Kent & Medway	1,727,665	1,067,837	61.8%	7,739	0.4%	13,699	0.8%	1,985	0.1%	19,101	1.1%	14,391	0.8%	7,537	0.4%	470,586	27.2%	124,790	7.2%

Source: 2011 Census: Key Statistics Table 209, Office for National Statistics (ONS) © Crown Copyright

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Disability and Carer's Responsibilities

All usual residents

	Kent	Ashford	Canterbury	Dartford	Dover	Gravesham	Maidstone	Sevenoaks	Shepway	Swale	Thanet	Tonbridge & Malling	Tunbridge Wells
All people	1,463,740	117,956	151,145	97,365	111,674	101,720	155,143	114,893	107,969	135,835	134,186	120,805	115,049
Day-to-day activities limited a lot	116,407	8,416	12,427	6,621	10,853	7,796	10,660	7,219	10,753	11,742	15,369	7,579	6,972
Day-to-day activities limited a little	140,631	10,669	14,891	8,114	12,404	9,546	13,845	9,872	11,965	13,580	15,979	10,367	9,399
Day-to-day activities not limited	1,206,702	98,871	123,827	82,630	88,417	84,378	130,638	97,802	85,251	110,513	102,838	102,859	98,678
Very good health	683,205	56,128	70,764	47,273	48,433	47,298	74,636	58,796	45,577	60,198	54,640	60,306	59,156
Good health	510,399	41,385	52,338	33,941	39,477	35,572	54,384	38,344	38,999	48,719	47,109	41,475	38,656
Fair health	194,931	15,027	20,211	11,837	16,745	13,629	19,291	13,180	16,465	19,118	22,377	14,263	12,788
Bad health	58,536	4,163	6,133	3,314	5,538	4,104	5,323	3,569	5,321	6,008	7,785	3,728	3,550
Very bad health	16,669	1,253	1,699	1,000	1,481	1,117	1,509	1,004	1,607	1,792	2,275	1,033	899
Provides no unpaid care	1,311,963	106,137	135,562	88,146	99,020	91,410	139,582	102,948	95,663	121,577	118,684	108,724	104,510
Provides 1 to 19 hours unpaid care a week	97,464	7,686	10,089	5,927	7,892	6,371	10,472	8,501	7,465	8,351	8,925	8,258	7,527
Provides 20 to 49 hours unpaid care a week	18,432	1,428	1,815	1,126	1,579	1,383	1,728	1,190	1,663	1,897	2,190	1,321	1,112
Provides 50 or more hours unpaid care a week	35,881	2,705	3,679	2,166	3,183	2,556	3,361	2,254	3,178	4,010	4,387	2,502	1,900

	Kent	Ashford	Canterbury	Dartford	Dover	Gravesham	Maidstone	Sevenoaks	Shepway	Swale	Thanet	Tonbridge & Malling	Tunbridge Wells
All people aged 16 to 64*	917,880	73,443	97,526	63,390	68,865	64,674	98,962	70,814	66,345	85,916	80,143	75,394	72,408
Day-to-day activities limited a lot: Age 16 to 64	47,613	3,489	4,762	2,718	4,473	3,418	4,182	2,564	4,517	5,357	6,459	2,948	2,726
Day-to-day activities limited a little: Age 16 to 64	65,065	5,107	6,612	3,955	5,815	4,521	6,457	4,182	5,458	6,728	7,325	4,607	4,298
Day-to-day activities not limited: Age 16 to 64	805,202	64,847	86,152	56,717	58,577	56,735	88,323	64,068	56,370	73,831	66,359	67,839	65,384

2011 Census Table KS301: Health and provision of unpaid care

Source: 2001 Census: Office for National Statistics (ONS) © Crown Copyright

Presented by Business Intelligence, Research & Evaluation,
Kent County Council

Table population: All usual residents
(PERCENTAGES)

All usual residents

	Kent	Ashford	Canterbury	Dartford	Dover	Gravesham	Maidstone	Sevenoaks	Shepway	Swale	Thanet	Tonbridge & Malling	Tunbridge Wells	Medway	Kent & Medway
All people	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Day-to-day activities limited a lot	8.0%	7.1%	8.2%	6.8%	9.7%	7.7%	6.9%	6.3%	10.0%	8.6%	11.5%	6.3%	6.1%	7.5%	7.9%
Day-to-day activities limited a little	9.6%	9.0%	9.9%	8.3%	11.1%	9.4%	8.9%	8.6%	11.1%	10.0%	11.9%	8.6%	8.2%	8.9%	9.5%
Day-to-day activities not limited	82.4%	83.8%	81.9%	84.9%	79.2%	83.0%	84.2%	85.1%	79.0%	81.4%	76.6%	85.1%	85.8%	83.6%	82.6%
Very good health	46.7%	47.6%	46.8%	48.6%	43.4%	46.5%	48.1%	51.2%	42.2%	44.3%	40.7%	49.9%	51.4%	45.7%	46.5%
Good health	34.9%	35.1%	34.6%	34.9%	35.4%	35.0%	35.1%	33.4%	36.1%	35.9%	35.1%	34.3%	33.6%	36.3%	35.1%
Fair health	13.3%	12.7%	13.4%	12.2%	15.0%	13.4%	12.4%	11.5%	15.2%	14.1%	16.7%	11.8%	11.1%	13.0%	13.3%
Bad health	4.0%	3.5%	4.1%	3.4%	5.0%	4.0%	3.4%	3.1%	4.9%	4.4%	5.8%	3.1%	3.1%	3.9%	4.0%
Very bad health	1.1%	1.1%	1.1%	1.0%	1.3%	1.1%	1.0%	0.9%	1.5%	1.3%	1.7%	0.9%	0.8%	1.1%	1.1%
Provides no unpaid care	89.6%	90.0%	89.7%	90.5%	88.7%	89.9%	90.0%	89.6%	88.6%	89.5%	88.4%	90.0%	90.8%	90.5%	89.8%
Provides 1 to 19 hours unpaid care a week	6.7%	6.5%	6.7%	6.1%	7.1%	6.3%	6.7%	7.4%	6.9%	6.1%	6.7%	6.8%	6.5%	5.7%	6.5%
Provides 20 to 49 hours unpaid care a week	1.3%	1.2%	1.2%	1.2%	1.4%	1.4%	1.1%	1.0%	1.5%	1.4%	1.6%	1.1%	1.0%	1.3%	1.3%
Provides 50 or more hours unpaid care a week	2.5%	2.3%	2.4%	2.2%	2.9%	2.5%	2.2%	2.0%	2.9%	3.0%	3.3%	2.1%	1.7%	2.5%	2.5%

* Total for all people aged 16 to 64 taken from table KS102 - Age structure

	Kent	Ashford	Canterbury	Dartford	Dover	Gravesham	Maidstone	Sevenoaks	Shepway	Swale	Thanet	Tonbridge & Malling	Tunbridge Wells	Medway	Kent & Medway
All people aged 16 to 64*	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Day-to-day activities limited a lot: Age 16 to 64	5.2%	4.8%	4.9%	4.3%	6.5%	5.3%	4.2%	3.6%	6.8%	6.2%	8.1%	3.9%	3.8%	5.3%	5.2%
Day-to-day activities limited a little: Age 16 to 64	7.1%	7.0%	6.8%	6.2%	8.4%	7.0%	6.5%	5.9%	8.2%	7.8%	9.1%	6.1%	5.9%	7.1%	7.1%
Day-to-day activities not limited: Age 16 to 64	87.7%	88.3%	88.3%	89.5%	85.1%	87.7%	89.2%	90.5%	85.0%	85.9%	82.8%	90.0%	90.3%	87.5%	87.7%

Marriage and Civil Partnerships

2011 Census Key Statistics Table 103: Marital and civil partnership status

Presented by Business Intelligence, Research & Evaluation, Kent County Council

Table population: All usual residents aged 16 and over

	All people aged 16 and over	Single (never married or never registered a same-sex civil partnership)		Married		In a registered same-sex civil partnership		Separated (but still legally married or still legally in a same-sex civil partnership)		Divorced or formerly in a same-sex civil partnership which is now legally dissolved		Widowed or surviving partner from a same-sex civil partnership	
		Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Kent	1,180,186	369,334	31.3%	576,067	48.8%	2,388	0.2%	32,802	2.8%	112,916	9.6%	86,679	7.3%
Ashford	93,411	27,080	29.0%	48,288	51.7%	199	0.2%	2,611	2.8%	8,853	9.5%	6,380	6.8%
Canterbury	125,971	48,662	38.6%	54,131	43.0%	310	0.2%	2,863	2.3%	10,602	8.4%	9,403	7.5%
Dartford	77,342	26,741	34.6%	36,439	47.1%	140	0.2%	2,248	2.9%	6,785	8.8%	4,989	6.5%
Dover	91,382	26,924	29.5%	44,096	48.3%	242	0.3%	2,710	3.0%	9,820	10.7%	7,590	8.3%
Gravesham	80,964	26,202	32.4%	39,473	48.8%	111	0.1%	2,345	2.9%	7,008	8.7%	5,825	7.2%
Maidstone	125,476	37,567	29.9%	64,344	51.3%	206	0.2%	3,367	2.7%	11,458	9.1%	8,534	6.8%
Sevenoaks	92,481	25,276	27.3%	50,388	54.5%	175	0.2%	2,082	2.3%	7,773	8.4%	6,787	7.3%
Shepway	88,760	27,300	30.8%	41,591	46.9%	240	0.3%	2,713	3.1%	9,673	10.9%	7,243	8.2%
Swale	108,539	33,978	31.3%	52,439	48.3%	197	0.2%	3,500	3.2%	10,835	10.0%	7,590	7.0%
Thanet	108,556	34,051	31.4%	47,911	44.1%	270	0.2%	3,591	3.3%	12,873	11.9%	9,860	9.1%
Tonbridge & Malling	95,821	26,932	28.1%	51,132	53.4%	166	0.2%	2,408	2.5%	8,869	9.3%	6,314	6.6%
Tunbridge Wells	91,483	28,621	31.3%	45,835	50.1%	132	0.1%	2,364	2.6%	8,367	9.1%	6,164	6.7%

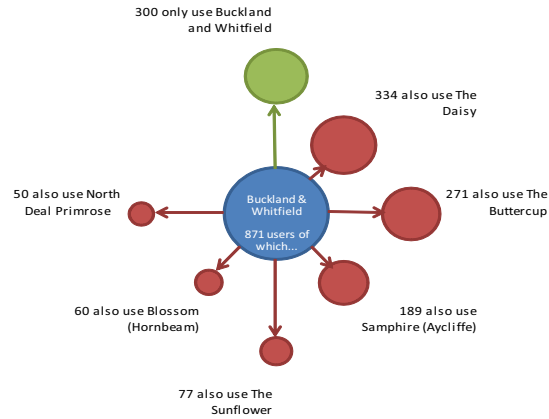
Appendix D – Centre Usage & Needs Analysis

Children's Centre Review - Summary Evidence (Dover)

Centre Usage

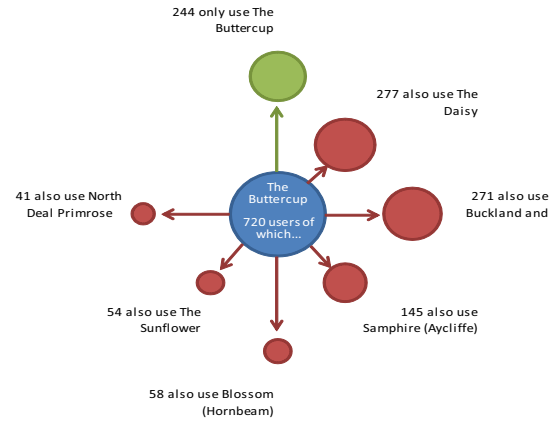
Buckland and Whitfield Children's Centre

Round: R1



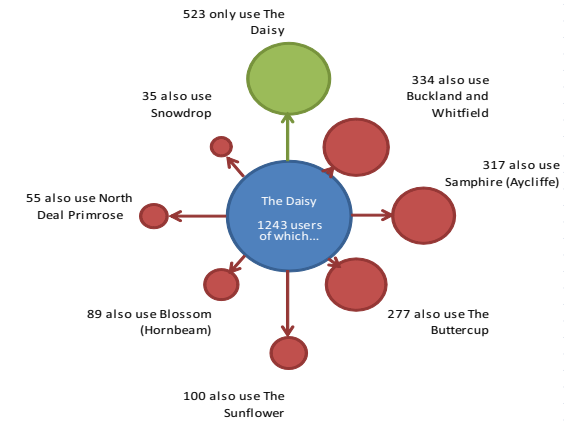
The Buttercup Children's Centre

Round: Ex SSLP



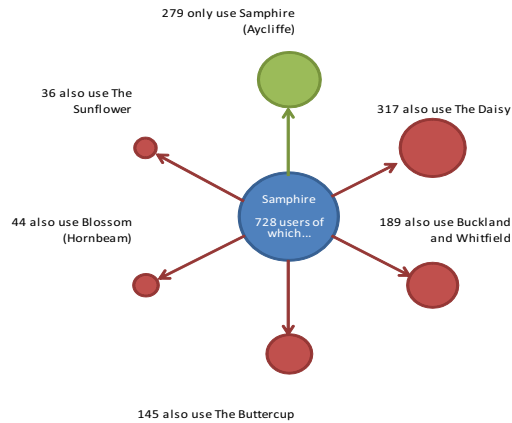
The Daisy Children's Centre

Round: R1



Samphire Children's Centre (Aycliffe)

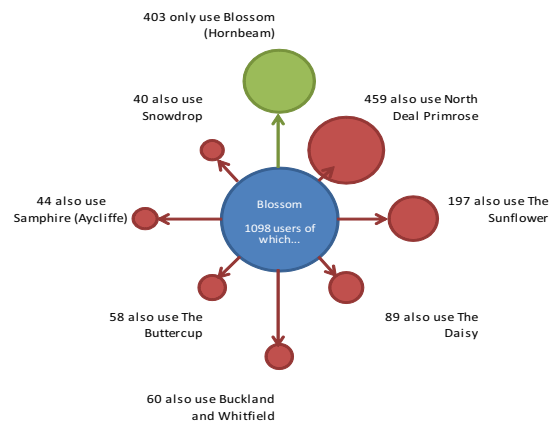
Round: R2



Centre Usage - Continued

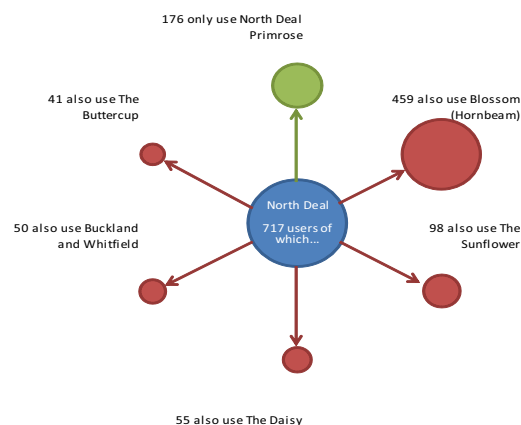
Blossom Children's Centre (Hornbeam)

Round: R2



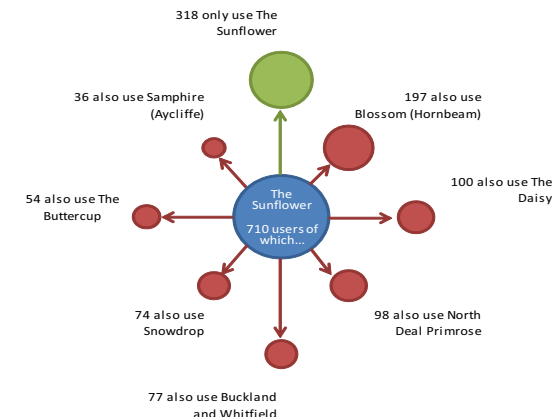
North Deal Primrose Children's Centre

Round: R3



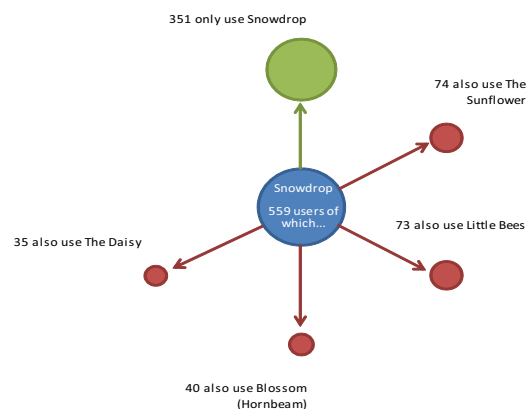
The Sunflower Children's Centre

Round: R2



Snowdrop Children's Centre

Round: R1



Technical Notes:

Based on an analysis of activity data taken from Estart, covering 1st October 2011 to 30th September 2012

Usage bubble chart shows other centres used. In most cases, other centres used by >30 children are shown, up to a maximum of 7 other centres

This analysis is child-based (counting each child only once against each centre they have attended, regardless of frequency), and covers attendees from both within and outside of the registered area (although anonymous attendees are not included).

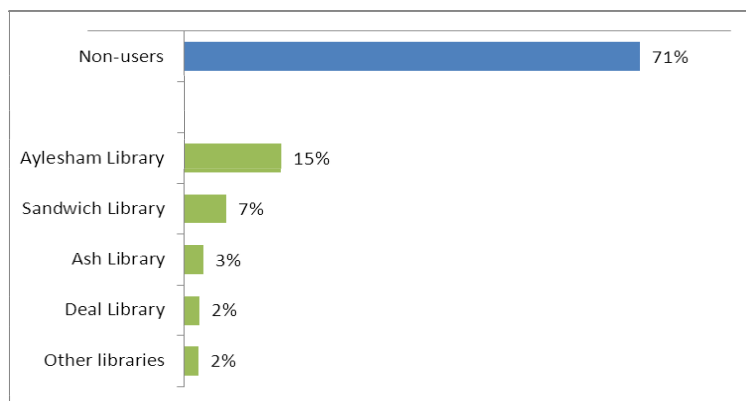


Library Usage Amongst Children's Centre Users

Snowdrop Children's Centre

Round: R1

Library Usage Amongst Families Using Snowdrop Children's Centre



This analysis has not been conducted for any other centres in Dover

Library data relates to users either borrowing or renewing an item between April 2011 and March 2012

Children's centre data based on activity data taken from Estart, covering 1st October 2011 to 30th September 2012

Analysis has been conducted for a list of libraries identified by the library service.

Usage Summary

	Buckland and Whitfield	The Buttercup	The Daisy	Samphire (Aycliffe)	Blossom (Horn-beam)	North Deal Primrose	The Sunflower	Snowdrop	Kent Average
Total number of children seen (reach)	871	720	1243	728	1098	717	710	559	615
% of children who <u>only</u> went to this Centre over the period	34%	34%	42%	38%	37%	25%	45%	63%	49%
Attendance frequency									
<i>Just once</i>	28%	30%	25%	46%	26%	40%	25%	29%	35%
<i>Less than once a month (2-11 times)</i>	40%	36%	45%	33%	37%	35%	34%	56%	47%
<i>1-2 times a month (12-24 times)</i>	7%	8%	15%	7%	9%	12%	16%	10%	10%
<i>At least fortnightly (25-49 times)</i>	22%	25%	14%	13%	25%	11%	20%	4%	6%
<i>At least weekly (50+ times)</i>	2%	1%	1%	1%	2%	1%	5%	1%	2%
Frequent users	35%	36%	31%	23%	40%	27%	43%	22%	24%
Average visits per child	12.7	12.0	9.7	8.0	14.8	8.7	13.8	6.3	8.3
Age (at 1st Oct 2012)									
Under 1	16%	13%	12%	16%	14%	13%	13%	20%	21%
1	21%	20%	17%	15%	17%	19%	17%	20%	26%
2	19%	17%	19%	18%	17%	18%	20%	18%	21%
3	20%	23%	20%	23%	21%	19%	22%	19%	16%
4	18%	19%	20%	20%	22%	21%	20%	17%	11%
5	6%	7%	12%	9%	9%	9%	6%	7%	4%

Catchment Analysis

Need level - based on volume (Numbers)	Average	Average	Average	Average	Average	Low	Average	Average	
Need level - based on penetration (%)	High	High	High	Average	Low	Average	High	Average	
Population projection for 0-5s (provisional)	Up	Up	Up	Up	Similar	Up	Up	Up	Similar

Technical Notes:

Usage statistics based on an analysis of activity data taken from Estart, covering 1st October 2011 to 30th September 2012

Frequent users: Are defined as children recorded as having used the centre 12+ times over the year, with an adjustment made for under 1's

Catchments: Needs are assessed based on the population (with 0-11 year olds) living within the calculated 'actual/natural' catchment for each centre. In this analysis catchments are built at LSOA-level, with each LSOA in Kent allocated to a centre on the basis of the centre that has the most current users living in that LSOA area.

Need Statistics: Levels of need are calculated both in terms of the total volume of need (i.e. numbers of children/households of a range of 11 need types) and in terms of the penetration of the need (i.e. the % of children/households of each of a range of 11 need types)

Population projections: Based on Ward-level projections for 2026, produced by Research & Intelligence, Kent County Council.

Green font indicates the centre is upper quartile on this measure

Red font indicates the centre is lower quartile on this measure

North Deal Primrose (Dover)

Appendix E – District Workshop (4th Feb 2013) Feedback Report

Kent Children's Centre Programme - 'Local Solutions' District Workshops

Select a District: **Dover**

This document provides an analysis of the feedback forms completed by attendees to the 'Local Solutions' District workshops, held during February 2013. A total of 331 completed forms were received and analysed across all 12 Districts, although it should be noted that at District levels totals are fairly small.

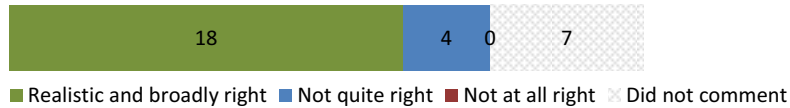
1. The Future Service Options Review aims to look at:

WHAT services are delivered,

WHERE they are accessed or delivered from, and

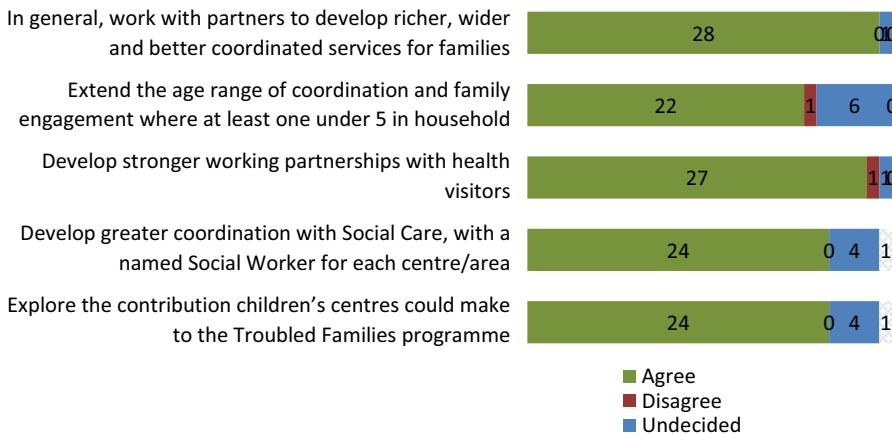
HOW the service is structured to plan and deliver within its financial constraints?

Do you think these aims are the right ones?



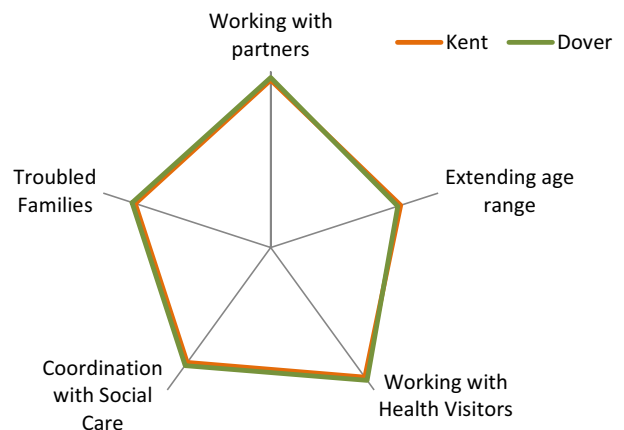
The majority of the attendees to the Dover workshop who responded feel that the Review aims are realistic and broadly right.

2. Service Development: Exercise 1a - No Wrong Front Door



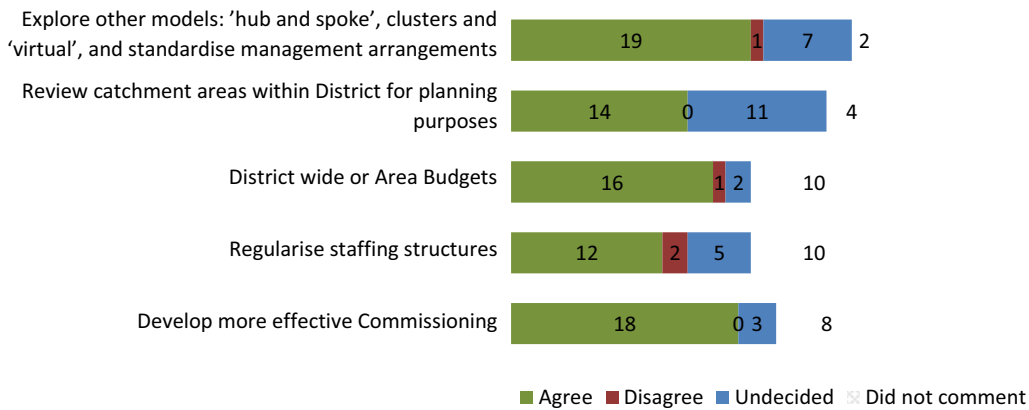
There are high levels of agreement with all areas. However, there is particularly strong agreement that we should, in general, seek to work with partners to develop richer, wider and better coordinated services for families, and that we should seek to develop stronger working relationships with health visitors.

Agreement Levels - Comparison With County Average



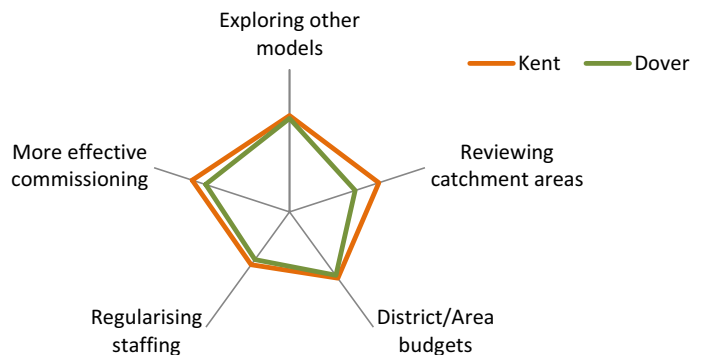
The pattern of responses in Dover is very similar to that for the County overall, with levels of support highest for working with partners, and for developing stronger working relationships with health visitors.

2. Service Development: Exercise 1b - District Planning



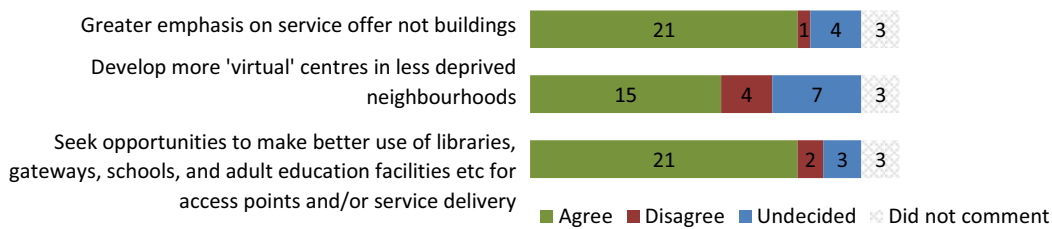
Exploring other models and developing effective commissioning have the highest levels of support in Dover. Less than half of participants agree with reviewing the catchment areas, or regularising staff structures.

Agreement Levels - Comparison With County Average



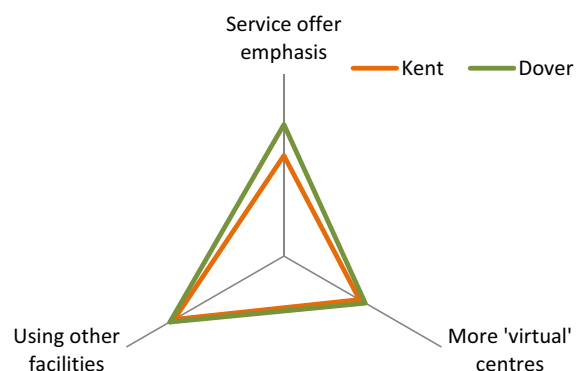
The pattern of responses in Dover is similar to that for the County overall, with the exception of reviewing of the catchment areas. There appears to be less support for this in Dover, although it should be borne in mind that this result is based on the opinions of 29 individuals.

2. Service Development: Exercise 2 - Scoping Service Delivery and Access Points



Placing a greater emphasis on the service offer and not buildings, and seeking opportunities to make better use of existing facilities have the most support in Dover. Only around half agree with the development of more 'virtual' centres (although the majority of the remainder either indicated being undecided or did not provide an opinion).

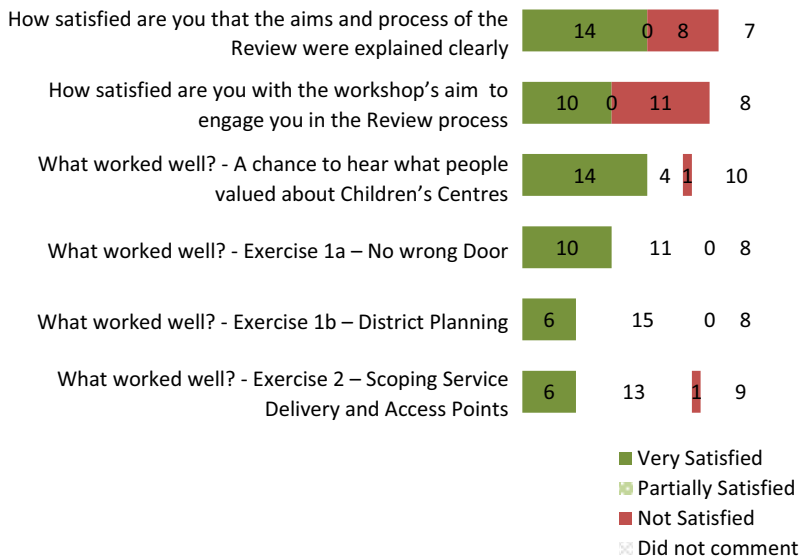
Agreement Levels - Comparison With County Average



The pattern of responses in Dover is similar to that for the County overall, with the exception of placing a greater emphasis on the service offer and not buildings. There appears to be more support for this in Dover, although this does not seem to translate into greater support for more 'virtual' centres, or for the use of other community facilities. (It should also be borne in mind that this result is based on the opinions of 29 individuals.)

3. This workshop was part of the process to engage you in the Future Service Options Review

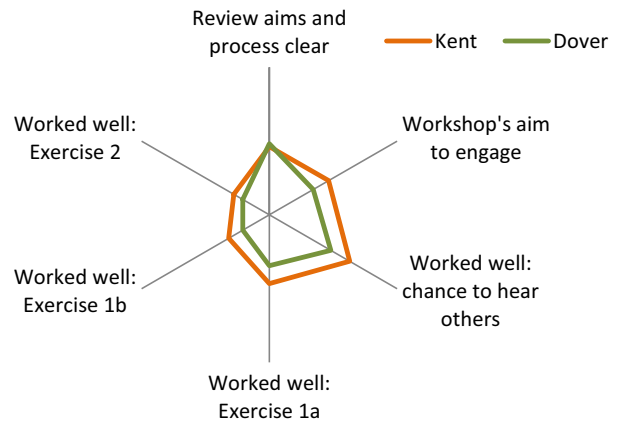
4. What worked particularly well in the workshop?



Opinions were divided in Dover in respect of the aims and process of the Review having been explained clearly, and with the workshop's aim to engage them in the Review process, with a significant number of participants expressing dissatisfaction. There is evidence to suggest that satisfaction with the exercises decreased slightly as the workshop went on, so that by Exercise 2 only 6 participants indicated that they were very satisfied, compared with 10 at Exercise 1a.

Satisfaction Levels ('Very Satisfied') - Comparison With County Average

The pattern of responses in Dover is not dissimilar to that for the County overall, with satisfaction levels with the exercises dropping as the workshop went on. There is some evidence to suggest that levels of participants feeling 'very satisfied' are generally slightly lower in Dover than for the County overall, with the exception of satisfaction that the aims and process of the Review having been explained clearly.



Summary

In terms of levels of agreement, the following garnered the support of more than 80% of participants at the Dover workshop:

- In general, work with partners to develop richer, wider and better coordinated services for families
- Develop stronger working partnerships with health visitors
- Develop greater coordination with Social Care, with a named Social Worker for each centre/area
- Explore the contribution children's centres could make to the Troubled Families programme

Appendix F – District Workshop (4th Feb 2013) Independent Report

CHILDREN'S CENTRES FUTURE SERVICE OPTIONS REVIEW WORKSHOP: DOVER

The Dover workshop was one of a series of workshops held in every Kent District, engaging children's centre leaders, partners and other stakeholders, in a Future Service Options Review of the children's centres programme in Kent. The Review aims to explore:

- **What** services were delivered, in particular looking at the effectiveness of partnerships and the targeting of resources to those who could benefit most;
- **Where** the services are delivered from, and the scope for changes to delivery and access points could improve access and cost effectiveness;
- **How** the services are structured, and whether changes could deliver more consistency where appropriate, better targeting of expenditure, and cost savings;

A summary of contributions is given below, and detailed records of all the written contributions follow.

Aims of the Future Service Options Review

In individual feedback forms, there was consensus that "what, where and how" were the right areas for the review. Individual comments suggested building on the current methods of service delivery and to undertake further analysis of community needs. Participants have indicated a range of options about children's centre models and catchments areas, all of which require further assessment. The focus is on supporting the specific needs of the migrant community whilst also considering services available in rural areas.

Icebreaker

The ice breaker established the qualities of Dover's children's centres and their staff, and their place in the lives of families and communities. They are valued because of their welcoming environment and professional staff. They are recognised as being an important community resource and a place to deliver both universal and targeted services.

"No Wrong Door" – improving partnership effectiveness

In general, there is recognition that closer partnership working with education, health and social care colleagues is essential to achieving a successful early intervention service. Employability services offered by JCP, Adult Education and others could be further developed, new methods of supporting the employability agenda have been identified via Gateway Taktix, G4S and Avanta. To develop the role of parents in the delivery of services to enable professional staff to focus more on those most in need by expanding the current volunteering and buddying schemes.

The voluntary sector have much to offer – local knowledge and experience, and a number of existing groups where further links can be developed to support families in need.

North Deal Primrose (Dover)

The partnership with health is dependent on developing links and commissioning arrangements with health visitors (0-4 years), school nurses (school age), midwifery clinics, CAMHS and SALT. It was suggested that there is increased potential for children's centres to support the delivery of the Child Health Programme via health professionals being based in children's centres, receiving new birth data, joint records, shared data bases, links with school nurses, the delivery of drop in clinics and joint groups. District level planning would continue to help drive this agenda forward.

The links between Dover's schools and children's centres varied enormously. There are a number of references to the challenges that arise when engaging with academies and primary schools which are not co-located with children's centres.

Dover's children's centres already receive referrals from primary schools, recognise the sibling agenda and are keen to continue to develop partnership working which includes a seamless transition. Support for the 0-11 agenda to be achieved a by multi-agency joined up approach with shared outcomes and targets. A shared approach to family support might better co-ordinate the support to identified families, and make better use of the overall resources.

Though current arrangement between Dover's children's centres and social care worked well for some families, it was suggested confidence building, early help and identification would improve partnership working. More children's centre engagement and sharing of knowledge re clients with social care will lead to greater consistency, and better co -ordinated service to families in high levels of need. The District highlighted issues about the role of CAF/ pre CAF processes, joint data bases and to share information to support the needs of targeted families.

Participants were keen to involve children's centres and their partners in the Troubled Families Initiative; this programme is at an early stage with information on the families and lead professionals to be clarified.

In individual feedback forms, the "no wrong door" principle was overwhelmingly supported.

District Level Planning

Participants supported district level resourcing (which is currently in place), and saw opportunities there to plan and deliver more responsive services by building on the existing model (working well), unrestricted by outdated catchment areas, and potentially pool or share resources with other partners and generate income. Staffing structures need to recognise the value of experienced staff and role of outreach workers, more peripatetic staff and admin functions could be centralised.

Participants listed a range of buildings and catchment areas that could be reviewed based on further analysis these included; - bring Snowdrop into a district offer (services), North Deal could be 'reduced', consider one centre in Dover, North and South divide is a potential for two areas and relocate to larger centres in town at a central location for ease of access and rural hubs with local satellites.

New methods of service delivery were suggested these included ; - 'One front desk' creating a single standard for Kent residents by whichever way families choose to contact Kent,

North Deal Primrose (Dover)

partnerships with other community delivery agents, building partnership working based on need and a centralised reception 'Hot Line'.

In individual feedback forms, more district level planning is supported as long as it planned sensitively in line with local knowledge and community need.

Service and Access Points

Key services point's opportunities to be investigated in Dover include the Gateways, the Discovery Centre, health/NHS premises and co-location of services and the hiring and cost of community facilities. The children's centre buildings could be used by other organisations.

In individual feedback forms, the majority of participants supported the principle of a premises review. Comments stressed the emphasis in Dover District has always been on service delivery not buildings.

Bob Allen & David Wallis

Appendix 2

<p>Conclusions from consultation evidence by protected characteristic</p>	<p>General: The vast majority of those electing to respond to the consultation disagree to some extent with reducing the number of Children’s Centres (87%, 5,098 individuals/professionals.). Of these 5,098 individuals/professionals, 134 indicated that their objection related to the proposed closure of Primrose (with 94 of these 134 objecting to the proposed closures of other named Centres <u>as well as</u> Primrose).</p> <p>94% of the users of Primrose responding to the consultation disagree with reducing the number of children’s centres and just 3% agree. This compares with 89% and 5% respectively of all responses to the consultation countywide from users of Children’s Centres, and so represents a <i>higher</i> level of disagreement with the proposal.</p> <p>Amongst those members of the public who objected to the closure of Primrose, 16% (19 individuals) indicate that they will not use Children’s Centres at all as a result (which is a <i>much lower</i> proportion than the 26% of all members of the public objecting to the proposed closures countywide).</p>
	<p>Age:</p> <p><u>Parents 0-4</u> 83% of those objecting to the proposed closure of Primrose are parents of 0-4s, which is similar to the 85% of all those members of the public objecting to the proposed closures countywide.</p> <p><u>Parents aged 25 or under</u> 20% of those objecting to the proposed closure of Primrose are parents of 0-4s aged 25 or under, which is <i>higher</i> than the 13% of all those members of the public objecting to the proposed closures countywide.</p> <p><u>Teenage mothers⁷</u> 2% of those objecting to the proposed closure of Primrose are teenage mothers (with 0-4s), which is the same as the 2% of all those members of the public objecting to the proposed closures countywide.</p> <p><u>Pregnant teenagers</u> Less than 0.5% of those objecting to the proposed closure of Primrose are pregnant teenagers, which is the same as the proportion observed across all those members of the public objecting to the proposed closures countywide.</p>
<p>Disability:</p>	

⁷ Mothers: For the purposes of the consultation “mothers” always refers to women with children aged 0-4 years old

	<p><u>Disabled parents</u> 3% of those objecting to the proposed closure of Primrose are disabled parents of 0-4s, which is similar to the 2% of all those members of the public objecting to the proposed closures countywide.</p>
	<p>Gender: 86% of those objecting to the proposed closure of Primrose are female, which is similar to the 88% of all those members of the public objecting to the proposed closures countywide.</p> <p><u>Mothers</u> 74% of those objecting to the proposed closure of Primrose are mothers of 0-4's, which is similar to the 76% of all those members of the public objecting to the proposed closures countywide.</p> <p><u>Fathers</u>⁸ 6% of those objecting to the proposed closure of Primrose are fathers of 0-4's, which is similar to the 7% of all those members of the public objecting to the proposed closures countywide.</p>
	<p>Gender identity: Less than 0.5% of those objecting to the proposed closure of Primrose identified themselves as being parents of 0-4's having a gender different to that of their birth, which is the same as the proportion observed across all those members of the public objecting to the proposed closures countywide.</p>
	<p>Race:</p> <p><u>Parents from minority ethnic groups</u> 7% of those objecting to the proposed closure of Primrose are parents of 0-4s from ethnic minority groups, which is similar to the 9% of all those members of the public objecting to the proposed closures countywide.</p> <p><u>Gypsy, Roma and traveller parents</u> 1% of those objecting to the proposed closure of Primrose are Gypsy/Roma and traveller parents of 0-4's, which is in line with the <0.5% of all members of the public objecting to the proposed closures countywide.</p> <p><u>Parents with English as an additional language</u> 3% of those objecting to the proposed closure of Primrose are parents of 0-4s with English as an additional language, which is similar to the 5% of all those members of the public objecting to the proposed closures countywide.</p>

⁸ Fathers: For the purposes of the consultation "fathers" always refers to men with children aged 0-4 years old

	<p>Religion or belief</p> <p><u>Christian parents</u> 36% of those objecting to the proposed closure of Primrose are Christian parents of 0-4's, which is similar to the 39% of all those members of the public objecting to the proposed closures countywide.</p> <p><u>Buddist parents</u> None of those objecting to the proposed closure of Primrose are Buddhist parents of 0-4's, which is in line with the <0.5% of all those members of the public objecting to the proposed closures countywide.</p> <p><u>Hindu parents</u> None of those objecting to the proposed closure of Primrose are Hindu parents of 0-4's, which is in line with the <0.5% of all those members of the public objecting to the proposed closures countywide.</p> <p><u>Jewish parents</u> None of those objecting to the proposed closure of Primrose are Jewish parents of 0-4's, which is in line with the <0.5% of all those members of the public objecting to the proposed closures countywide.</p> <p><u>Muslim parents</u> 1% of those objecting to the proposed closure of Primrose are Muslim parents of 0-4's, which is the same as the 1% of all those members of the public objecting to the proposed closures countywide.</p> <p><u>Sikh parents</u> None of those objecting to the proposed closure of Primrose are Sikh parents of 0-4's, which is in line with the <0.5% of all those members of the public objecting to the proposed closures countywide.</p> <p><u>Parents of any other religion</u> 2% of those objecting to the proposed closure of Primrose are parents of 0-4's with an 'other' religion, which is the same as the 2% of all those members of the public objecting to the proposed closures countywide.</p> <p><u>Parents of no stated religion</u> 38% of those objecting to the proposed closure of Primrose are parents of 0-4's indicated that they have no religion, which is similar to the 35% of all those members of the public objecting to the proposed closures countywide.</p> <hr/> <p>Sexual orientation:</p> <p><u>Lesbian, Gay and transgender parents</u> None of those objecting to the proposed closure of Primrose are Lesbian, Gay or transgender parents of 0-4's, which is in line with the <0.5% of all those members of the public objecting to the proposed closures countywide.</p>
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	<p>Pregnancy and maternity: <u>Will be a parent soon</u> 5% of those objecting to the proposed closure of Primrose indicated that they would be a 'parent/carer soon', which is similar to the 4% of all those members of the public objecting to the proposed closures countywide.</p>
	<p>Marriage and Civil Partnerships: <u>Lone parents</u> 19% of those objecting to the proposed closure of Primrose are lone parents of 0-4's, which is <i>higher</i> than the 13% of all those members of the public objecting to the proposed closures countywide. <u>Parents in a civil partnership</u> None of those objecting to the proposed closure of Primrose are parents of 0-4's in a civil partnership, which is in line with the <0.5% of all those members of the public objecting to the proposed closures countywide.</p>
	<p>Carers responsibilities: Carer data was not gathered as part of the consultation activity</p>

Appendix 3

Table 1 General profile of public objectors to the closure of Primrose

Protected characteristic	Objectors to the closure of Primrose (percentages relate to all objectors)
Age	Most (62%) of objectors were aged between 20 and 35. A further 16% were aged 36-40. Teenage mothers comprised 2% of objectors.
Disability	The majority (81%) of objectors did not consider themselves to have a disability; just 4% considered that their day-to-day activities were 'limited a lot' because of a health problem or disability. Parents with a disability made up 3% of objectors.
Gender	The majority (86%) of objectors were female with around three-quarters of the objections from mothers of children under 5 years. Fathers of children aged 5 or under made up 6% of objectors.
Gender identity	No objector's gender identity was different to that at birth.
Marriage and civil partnerships	Two-thirds (69%) of objectors were either married, in a civil partnership or cohabiting and 19% of objections were from lone parents of under 5's.
Pregnancy and maternity	Those who would be a parent soon made up 5% of objectors. Most (83%) objectors were parents / carers of children under age 5; just under one-quarter were parents / carers of children aged 5-11; and 8% were parents / carers of children aged 12-18.
Race	Most objectors (85%) were White British, with the second largest (2%) group of objectors being White Other, and 3% had English as an additional language.
Religion or belief	Objectors were fairly evenly split between those who were Christian and those who had no religion (45% and 42% respectively). Those of other religions made up 3% of objectors. The remainder of objectors did not respond to the question.
Sexual orientation	Most objectors (87%) were heterosexual (with 12% not responding to the question).
Carer's responsibilities	Covered by other parent categories.

Table 2 Responses to the consultation

General responses of objectors
Data on objectors
<ul style="list-style-type: none"> • There were 134 objections to the closure of Primrose which represented approximately 3% of all objections (including objections from professionals). • Of the 134 that objected to the changes with respect to Primrose CC, 84% strongly disagreed and 16% disagreed. • Of the 134 objections to closure of centres including Primrose, 40 only objected to changes to Primrose. • Of the 134 objections, 121 were from the public and 13 were from professionals. • Of the 121 objections to closure of centres including Primrose from the public, 37 only objected to the changes with respect to Primrose. • There were 36 users of Primrose that responded to the consultation and of these 94% objected. • There were 29 objections to the closure of Primrose specifically from all users of Primrose and of these 13 were from users who only accessed Primrose.

- Of the 13 objections to closure of centres including Primrose from the professionals, 3 only objected to the changes with respect to Primrose.
- Just 3 of the 13 objections from professionals were from Children's Centre staff, with 2 of these only objecting to the closure of Primrose.

Impact on the public

- A small number of respondents, whose objection included changes to Primrose (15%), said that the proposals would have no impact; by implication there would be an impact on the majority of respondents.
- 42% of objectors said that they would use children's centres less often
- 16% said they would not use a children's centre at all.
- The most popular reason given for using centres less often or not at all were because it would make travel to centres more difficult or alternative centres were too distant.
- Objectors also commented that children's centres formed a local community hub with a chance to meet people.
- 44% of all users and 5 of the 13 sole users of Primrose Children's Centre said that if the centre closed they would use a centre less often.
- 35% of all users and 6 of the 13 sole users of Primrose Children's Centre said that if the centre closed they would not use a centre at all.
- 26% of all users and 2 of the sole users of Primrose Children's Centre said that if the centre closed they would attend alternative (non-children's centre) facilities.

Example verbatim comments from the public

As a single mother reducing Children's Centres in this area will make it more difficult for me to get to.

The reason I will use the centre less or not at all is due to the distance of the next closest centre, which is an hour's walk.

Professionals view of impacts

Of the 10 professionals who responded with comments on their objections to centre closures including Primrose:

- 6 considered that children and families will miss out.

Example verbatim comments from professionals

For a town the size of Deal the total loss of the Children's Centre provision would be keenly felt - particularly by those families and carers of children on limited budgets.

If the Primrose centre closes, more families could come to Blossom instead, making it over crowded and families may not receive the support they need....

Appendix B - A summary of consultation responses provided by Councillors

A total of 20 responses were received from Councillors via the Children' Centre consultation questionnaire (16 submitted online, and 4 on paper). This is likely to include, but is not restricted to, KCC members¹. Fourteen of these Councillors disagreed with the proposal to close some Centres, with this figure dropping to 11 disagreeing with the proposal to reduce the opening hours at some Centres, and just 7 disagreeing with the proposal to link Centres. Five Councillors disagreed with all three proposals, but 4 agreed with all three.

Generally, Councillors' objections to the proposed closures were objections to the proposal in principle, rather than the closure of any particular, named Centre(s)². The key concern appears to be the impact on children and families, particularly those most in need of support and those who are not in a position to travel.

Similarly, Councillors' objections to the proposed reductions in opening hours were mostly objections to the proposal in principle, rather than the proposed reductions at any particular, named Centre³. The key concern appears to be the fear that reduced opening hours will mean a reduction in services that children and families are able to access.

A number of those agreeing with the proposals alluded to the need to make savings, with others feeling that the impact of the proposals would not be significant.

Written Responses from KCC Members

6 Members of KCC submitted written responses to the consultation. A summary of these responses is provided below.

- One member identified an alternative proposal.
- Universal service provided by Centres is of great value to mothers and families. They provide a network for new mothers it reaches out and effectively helps vulnerable families. I would therefore question why, in Canterbury District, it is proposed to close Briary, and Tina Rintoul Centres (Hersden).

It is, of course, not the case that all residential areas have Children's Centre, and this presents a challenge to a service like this one, especially in rural areas. Many villages certainly in the Canterbury District, have a number of families in the categories mentioned above and I know the outreach work that has been done from centres like those in Chartham and Littlebourne. If the latter are closed then careful thought will have to be given to how the new, urban hubs will provide outreach to those families who are unlikely to be able to travel far from their homes. I would hope to see energetic exploration of

¹ Each of the 20 respondents checked the 'Councillor' box at Q1b on the consultation questionnaire.

² With some exceptions

³ With some exceptions

the possibilities of using village and community halls and of using volunteers, either as coordinating committees of local residents, or through commissioning from well-established voluntary organisations.

- Closing the centre (Briary) will mean failing those clients most in need, effectively leaving them in a vacuum. Canterbury is too far away and Poppy will not be able to cope with extra demand. Outreach is not a satisfactory method when early intervention is clearly the overriding goal too to be achieved.
- There has been a history of difficulty with the Hadlow Children's Centre which has constrained the success of the Children's Centre and therefore the numbers attending. As ever, matters are complicated in that the financial support of the Children's Centre, by using the Youth Centre building, maintains the viability of the building and therefore allows the other uses, including the BEAT Project funded by KCC and the Youth Club.
- This particular centre (New Romney) is the one that is in the most populated area of the Marsh, opened most time and days of the three Sure Start Centre and that offers the widest range of services.
- If Children's Centres are to be closed, then Woodgrove is not the best option, as far as Sittingbourne is concerned. It is the only centre on the South side of Sittingbourne, but, as you heard on your visit, its central position makes it the best option in access terms for a large number of parents. I believe there has been a major increase in the number of users and the Centre has also reached out more successfully to families who are most in need of the support provided here. I would say that an alternative option cannot be to close Milton Court, which does serve an area of great deprivation too.

KCC Member Queries

Additionally, 8 Members of KCC contacted the Consultation Team with queries relating to the consultation. These were responded to and addressed as appropriate. In summary the queries included;

- An explanation regarding the launch of the consultation and the reasoning behind some Children's Centre staff being unaware.
- Reasoning as to as to why the Bysingwood centre will be linked to Canterbury for management purposes rather than Swale.
- Additional information relating to the reasoning for the proposed Centre closures.
- Reasoning as to why St. Mary's Children's Centre was proposed instead of Bysing Wood Children's Centre.
- Explanations relating to transport accessibility analysis – public transport and drive times.
- Request for usage information for Larkfield and Woodland Children's Centres.
- Request for usage information for the Briary Children's Centre.

- Explanation relating to the age of usage data used.
- Request for cost of building and equipment at the Briary Children's Centre.
- Explanation of the need indicators used.
- Request for staffing details, building usage plans and associated savings at Tina Rintoul, Briary and Swalecliffe Children's Centres.
- Request for need information (volume), targeted service delivery information and improvements in outcomes for the Centres it is proposed to close in the Canterbury District.
- Definition of natural catchment .
- Request for usage information for Apple Tree, Little Bees and Tina Rintoul Children's Centres.
- Outreach service provision in Canterbury.
- Taxi provision to Children's Centres provided by KCC.
- Use of space at Milton Court Children's Centre.
- Request for funding information for Hythe Bay Children's Centre.
- Possibilities of exploring funding from other sources.
- Request for consultation feedback, running costs, usage figures, attendance figures, and customer feedback for the Daisy Chains Children's Centre.

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April 2013

KENT COUNTY COUNCIL EQUALITY IMPACT ASSESSMENT

Please read the EqIA GUIDANCE and the EqIA flow chart available on KNet.

Directorate: Families and Social Care

Name of policy, procedure, project or service

Shaping the Future of Children's Centres in Kent

What is being assessed?

An alternative proposal in Dover to close The Daisy Children's Centre and merge with The Buttercup Children's Centre

Responsible Owner/ Senior Officer

Mairead MacNeil / Karen Mills

Date of Initial Screening

27th November 2013

Version	Author	Date	Comment
1.0	Matthew Mallett	12.11.13	Revised EqIA screening on updated proposal, incorporating information from original EqIA initial screening dated 02.07.13 and full EqIA dated Aug – Nov 2013
2.0	Matthew Mallett	27.11.13	Changes incorporating comments from Equality and Diversity team

Screening Grid

Characteristic	Could this policy, procedure, project or service affect this group less favourably than others in Kent? YES/NO If yes how?	Assessment of potential impact HIGH/MEDIUM LOW/NONE UNKNOWN		Provide details: a) Is internal action required? If yes what? b) Is further assessment required? If yes, why?	Could this policy, procedure, project or service promote equal opportunities for this group? YES/NO - Explain how good practice can promote equal opportunities
		Positive	Negative	Internal action must be included in Action Plan	If yes you must provide detail
Age Page 510	<p>Yes. Children’s Centres core purpose is to improve outcomes for young children and their families through reducing inequalities. Young children are classified as pre-birth to age 5.</p> <p>Between 1st October 2012 and 31st Sept 2013 732 0-5 year olds used The Buttercup Children’s Centre. Of this figure 283 (39%) only used The Buttercup Children’s Centre. Of the 732 users, 23% were less than a year old, 16% were 1 year old, 22% were 2 years old, 20% were 3 years old, 12% were 4 years old and 8% were 5 years old.</p> <p>This represents a larger than average proportion (Kent Children’s Centre average) of 3 year olds. The</p>	Medium	Medium	<p>a) Yes – Ensure that all mitigation is put in place to minimise adverse impacts on users before closing and relocating centres.</p> <p>Seek alternative venues in the vicinity of The Daisy to ensure the most needed services are maintained. A potential venue has been sourced at a Scout Hut, located 0.2 miles from the current accommodation and outreach currently also takes place at Priory Fields School 0.2 miles from the current location.</p> <p>Sustain current outreach services and promote the hub and link model.</p> <p>Maximise the use of resources including staffing to continue to improve outcomes for children and their families.</p> <p>Ensure measures are in place to enable vulnerable families (identified via CAF) to access current services.</p> <p>Provide information to current children’s</p>	<p>Using The Buttercup Children’s Centre as a Hub centre. This option could enable greater emphasis on services rather than buildings and enable outreach to be increased equitably. By working as a hub and link centre model centres may be able to increase the proportion of 0-5 registered at Children’s Centres. This could support the identification of families’ needs and enable services to be more targeted at 0-5 year olds who are most in need of intervention.</p> <p>Through operating a hub and link model all families should continue to be offered appropriate services. Services will address locally identified need.</p> <p>It is likely that there will be an increase in the numbers of children attending The Buttercup Children’s Centres.</p> <p>Based on local knowledge, teenage</p>

	<p>proportion of under one year olds accessing services is significantly less than the county average. Other age groups are broadly in line with county averages.</p> <p>Between 1st October 2012 and 31st Sept 2013 1042 0-5 year olds used The Daisy Children’s Centre. Of this figure 400 (38%) only used The Daisy Children’s Centre. Of the 1042 users, 24% were less than a year old, 20% were 1 year old, 23% were 2 years old, 17% were 3 years old, 11% were 4 years old and 4% were 5 years old.</p> <p>The proportion of under one year olds accessing services is significantly less than the county average. Other age groups are broadly in line with county averages.</p> <p>Needs analysis (volume) for The Buttercup Children’s Centre identifies that The Buttercup catchment has a higher level of need than the Kent average in terms of teenage pregnancy.</p>			<p>centre users to promote understanding of how the changes could affect them and how to identify any support available within the hub and link model. (All children 0-5 will remain entitled to access all Children’s Centres in the County).</p> <p>Children’s Centres will continue to signpost to age appropriate provision for children over 5.</p> <p>Target services to reach teenage mothers.</p> <p>Put measures in place to support teenage mothers and pregnant teenagers with costs of transport.</p> <p>Monitor levels of teenage mothers and pregnant teenagers accessing services pre and post any centre closure or changes to opening times to check whether services are being targeted appropriately.</p> <p>b) No</p> <p>Teenage Parent Services which are currently delivered across the locality must continue to be promoted and signposted across CCG boundaries. Both The Daisy and The Buttercup have been listed as high need in terms of Teenage Pregnancy. Services currently delivered must continue.</p>	<p>parent services are currently delivered at two centres in Dover district. The hub and link model should increase signposting to teenage parent services i.e. Young Active Parents groups. The hub and link model may also increase the likelihood of teenage parents meeting and building peer support networks. A greater emphasis on services rather than buildings should support an increase in Teenage Parent registrations.</p> <p>Merging and relocation of services should offer a more coordinated and better managed method of service delivery, from potentially more suitable local venues and therefore any changes should have a potentially high positive impact on this protected characteristic.</p>
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Needs analysis (volume) for The Daisy Children's Centre identifies that The Daisy catchment has a higher level of need than the Kent average in terms of teenage pregnancy.

Consultation analysis:
 The majority (90%) of responses on the proposal to close centres was from users, covering all age groups. Of the majority (89%) of users that objected to the proposal, 4% (151 public objectors) objected to the closure of Buttercup and 3% (144 public objectors) objected to the closure of Daisy Children's Centre.

80% of the objections to the closure of Buttercup and 81% to closure of Daisy were from parents of children aged under 5.

While teenage mothers comprised just 2% of objectors to the closure of Buttercup and 2% to the closure of Daisy, they continue to be an Ofsted target group (from 2013).

Difficulties with ability to travel

	or afford to travel to alternative centres were raised as issues for them.				
Page 513	<p>9.3% of the population in the Dover district are claiming a disability benefit.¹</p> <p>Between October 2011 and September 2012 no users at The Buttercup were recorded as having a disability.</p> <p>Needs analysis for The Buttercup Children’s Centre identifies that The Buttercup catchment has a lower level of need than the Kent average in terms of working aged permanently sick/ disabled (volume).</p> <p>Between October 2011 and September 2012 no users at The Daisy were recorded as having a disability.</p> <p>Needs analysis for The Daisy Children’s Centre identifies that The Daisy catchment has a higher level of need than the Kent average in terms of working</p>	Medium	Low	<p>a) Yes - Ensure that disabled children and carers are offered the opportunity to access services, including prospective disabled children and prospective carers.</p> <p>Seek alternative venues in the vicinity of The Daisy to ensure the most needed services are maintained. A potential venue has been sourced at a Scout Hut, located 0.2 miles from the current accommodation and outreach currently also takes place at Priory Fields School 0.2 miles from the current location.</p> <p>Ensure that parents and carers are asked about disabilities at registration. Work closely with HVs and Early Years settings to share information gained from developmental assessments.</p> <p>Offer parents the opportunity to amend database to include a ‘do not wish to answer’ category and a ‘no’ category for disability</p> <p>Ensure that parents and carers can</p>	<p>Yes – Services will continue to address identified needs on an individual basis. Through a hub and link model centres will continue be able to share resources including best practice and specialist knowledge.</p> <p>Through the hub and link centre model (management) signposting to specialist services may increase.</p> <p>A greater emphasis on local services rather than buildings will enable outreach to be increased appropriately and equitably and therefore disabled children’s registrations should increase. Through increased targeted work obtained through better data collection, services could be more targeted. Sharing information may lead to speedier intervention by specialist services.</p> <p>Children’s Centres will not discriminate directly or indirectly against any person because of their disability. We will ensure that front-line staff are diversity aware.</p> <p>With the comparatively high levels of</p>

¹ Kent Business Intelligence Statistics

	<p>aged permanently sick/ disabled (volume).</p> <p><u>Consultation analysis:</u> Those who considered themselves to have a disability comprised: 8% of objectors to Buttercup, 3% of whom were parents with a disability of children under age 5; and 7% of objectors to Daisy, 4% of whom were parents with a disability of children under age 5.</p> <p>Parents/carers with a disability or parents/carers of children with a disability often face particular difficulties with transport and access to centres. There appeared to be no specific comments relating to disability resulting from objectors to the closure of Buttercup and Daisy arising from the consultation. If users of The Daisy with disabilities or disabled children are not able to access the merged centre at The Buttercup, or no suitable alternative local venue is found then this group would be negatively affected.</p>			<p>access required information if they have print impairments, learning disabilities, are Deaf or hard-of-hearing, or would struggle to access standard print/ standard English information in any other way because of their protected characteristics.</p> <p>b) Yes – improve recording of data. A large number of disability records have either not been completed or users have not wished to disclose information and therefore it is difficult to measure impact. However a child’s disability may not be apparent at registration so work closely with HVs and Early Years settings to share information gained from developmental assessments. Offer parents the opportunity to amend database to include a ‘do not wish to answer’ category and a ‘no’ category for disability. Consider an annual re-registration system across the County.</p> <p>Ensure that relocation of services does not directly impact upon the high levels of working aged permanently sick/disabled people currently attending The Daisy Children’s Centre.</p>	<p>disability in Dover district, Children’s Centres will continue to be a key community venue as required by Sure Start Children’s Centre statutory guidance. Centres will promote equality regardless of disabilities and promote access to services.</p>
Gender	Yes – In the Dover district	Medium	Medium	a) Yes – services will continue to	No - It is likely that Children’s Centres

	<p>49% of the population are male and 51% are female.</p> <p>In 2012, 94% of attendances at Children’s Centres in Dover were made by a female parent or carer. Therefore, any changes are likely to have a greater negative impact on females.</p> <p>54% of children who used The Buttercup between October 2011 and September 2012 were male and 46% were female. This represents a slightly higher proportion of male service users than the County population for this age group.</p> <p>51% of children who used The Daisy between October 2011 and September 2012 were male and 49% were female. This is consistent with the County population for this age group.</p> <p><u>Consultation analysis:</u> Male parents/carers of children under the age of 5 made up 9% of objectors to Buttercup and 9% to Daisy</p>			<p>address need identified regardless of gender.</p> <p>Continue to deliver local ‘dad’s groups’ and interventions targeted at male carers to increase engagement.</p> <p>b) No</p>	<p>will continue to support slightly more male 0-5 year olds. It is also likely that Children’s Centres will continue to support more female carers than males.</p> <p>Yes - Currently some centres run targeted interventions for male carers on behalf of the centres in their area. Through the hub and link centre model (management) signposting to these services would continue.</p> <p>Children’s Centres will not discriminate directly or indirectly against any person because of their gender. We will ensure that front-line staff are diversity aware.</p>
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<p>Gender identity</p>	<p>Unknown - No impact has been identified at this stage due to a lack of information.</p> <p><u>Consultation analysis:</u> The results of the consultation show that none of the objectors have a gender identity that was not the same as at birth. Therefore this does not appear to be a current issue.</p>	<p>Unknown</p>	<p>No / Unknown</p>	<p>a) Yes</p> <p>In line with KCC's Equality Strategy, KCC will seek to identify gender identity of Kent's residents.</p> <p>Ensure that centres are alert to the needs of all including those whose gender is not the same as at birth.</p> <p>Monitor to ensure no discrimination against those whose gender is not the same as at birth and that where there a specific need is identified that it is addressed.</p> <p>b) This impact assessment will be updated when such information is available.</p>	<p>Yes - There may be an opportunity to promote and provide more diverse services using a hub and link centre model.</p> <p>The hub and link centres could provide increased opportunity for specific services if needed.</p> <p>Children's Centres will not discriminate directly or indirectly against any person because of their gender identity. We will ensure that front-line staff are diversity aware.</p>
<p>Race Page 516</p>	<p>This could impact Black or Minority Ethnic (BME) less favourably as a larger proportion of registered Children's Centres users are BME compared to County populations.</p> <p>In the Dover district 96.7% of the population are White British, 3.3% are BME.</p> <p>Of the children who attended a The Buttercup Children's Centre between October 2011 and September 2012, 74% were White British, 2% were from the White Other category, 20% chose not</p>	<p>Medium</p>	<p>Medium</p>	<p>a) Yes –Encourage disclosure of language and ethnicity information for all families at registration. Provide information on the benefits of disclosing this information.</p> <p>Ensure that parents and carers can access required information if English is a second language, or they would struggle to access standard print/ standard English information in any other way because of their protected characteristics.</p> <p>Ensure that hub and link centres target those from minority ethnic groups across the catchment.</p> <p>Target services to areas where there are high levels of ethnic minority groups.</p>	<p>Yes – Services will continue to address identified needs on an individual basis. Through a hub and link model centres will be able to share resources including best practice and specialist knowledge e.g. opportunity to access courses such as English as an additional language.</p> <p>Given the minimal numbers registered, a hub and link model may also increase the likelihood of families with English as an additional language meeting and building peer support networks.</p> <p>Through the hub and link centre model (management) signposting to specialist services should increase.</p>

	<p>record their ethnicity and the remaining 4% were from various other ethnic groups. There is therefore the potential to be a greater impact on the white population.</p> <p>Of the children who attended a The Daisy Children's Centre between October 2011 and September 2012, 63% were White British, 5% were from the White Other category, 3% were Asian or British Asian, 24% chose not record their ethnicity and the remaining 5% were from various other ethnic groups. There is therefore the potential to be a greater impact on the white population.</p> <p>MOSAIC classifications of families attending The Buttercup Children's Centre between October 2012 and September 2013 identifies a significant underrepresentation amongst young professionals with children, many living in ethnically diverse neighbourhoods.</p>			<p>Seek alternative venues in the vicinity of The Daisy to ensure the most needed services are maintained. A potential venue has been sourced at a Scout Hut, located 0.2 miles from the current accommodation and outreach currently also takes place at Priory Fields School 0.2 miles from the current location.</p> <p>b) No.</p> <p>Statistics illustrate that although comparatively low, there is an extremely diverse community accessing all Dover Children's Centres. There are also extremely high levels of White British currently accessing services. The high levels of those unrecorded also leaves open the potential for there to be much higher levels of BME groups.</p>	<p>A greater emphasis on services rather than buildings will enable outreach to be increased equitably including to Gypsy/ Roma communities, families with English as an additional language and White British to reflect local populations. Services provided will also ensure that they are accessible to all racial groupings.</p> <p>Children's Centres will not discriminate directly or indirectly against any person because of their race. We will ensure that front-line staff are diversity aware.</p> <p>Hub and linked centres can work together to further develop opportunities for social cohesion, understanding and tolerance of difference.</p> <p>The hub and link centres could provide increased opportunity for specific services if needed.</p> <p>Ensure that Dover Children's Centres continue to work with young parents in ethnically diverse neighbourhoods, especially those from White British Backgrounds.</p>
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MOSAIC classifications of families attending **The Daisy Children’s Centre** between October 2012 and September 2013 identifies an underrepresentation amongst young professionals with children, many living in ethnically diverse neighbourhoods.

Consultation analysis:
 Most objectors to Buttercup (86%) and Daisy (84%) were White British. Other ethnic groups made up 10% of objectors to Buttercup and 10% of objectors to Daisy. Those with English as an additional language made up 4% of objectors to Buttercup and 6% of objectors to Daisy.

Compared to other centres, a relatively high proportion of the objections were from ethnic groups other than White British probably reflecting the diverse ethnic groups living in the Dover area. There is also a relatively high proportion of objectors with English as an additional language, reflecting the needs of this group in the Dover area.

	<p>Ethnic minorities could be adversely affected by proposed closure of Buttercup and Daisy here as this is a hard-to-reach group.</p> <p>The resulting impact on all ethnic groups would be a reduced access to services.</p>				
<p>Religion or belief</p> <p>Page 519</p>	<p>In the Dover 2011 census 64.1% of the population have recorded their religion as Christian, 0.5% as Buddhist, 0.6% as Hindu, 0.1% as Jewish, 0.5% as Muslim, 0% as Sikh and 0.5% as other religion. 26% have stated no religion and 7.6% have not stated if a religion or not. Religion of Children's Centre users is unknown.</p> <p><u>Consultation analysis:</u> Most objectors were either Christian (49% and 43% for Buttercup) or had no religion (34% and 38% for Daisy). No specific issues in relation to religion or belief appear to have been raised through the consultation and so there are no known impacts.</p>	Low	Low	<p>a) Yes</p> <p>Ensure that data on protected characteristics, religion or belief, is collected from those registering at centres.</p> <p>Ensure that centres are alert to the needs of people of all religions and beliefs.</p> <p>Monitor to ensure that should an issue arise or a specific need be identified, it is addressed.</p> <p>b) This impact assessment will be updated when such information is available.</p>	<p>Children's Centres will not discriminate directly or indirectly against any person because of their religion or belief. We will ensure that front-line staff are diversity aware.</p> <p>Targeted services have previously been run in some communities to increase knowledge of all religions. This work will continue.</p> <p>The hub and link centres could provide increased opportunity for specific services if needed.</p>
Sexual orientation	Sexual Orientation data is collected for parents and carers but has not been	Unknown	None / Unknown	a) Yes – Continue to encourage parents to provide information on sexual orientation and discuss individual needs. Provide information	Children's Centres will not discriminate directly or indirectly against any person because of their sexual orientation. We

	<p>available for analysis in this screening.</p> <p><u>Consultation analysis:</u> The results of the consultation indicated that none of the objectors were LGBT parents. No specific issues in relation to sexual orientation appear to have been raised through the consultation. Therefore this does not appear to be a current issue.</p>			<p>on the benefits of disclosing this information</p> <p>b) This impact assessment will be updated when sexual orientation information is available.</p>	<p>will ensure that front-line staff are diversity aware.</p> <p>The hub and link centres could provide increased opportunity for specific services if needed.</p>
<p>Pregnancy and maternity</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 520</p>	<p>Children’s Centres core purpose is to improve outcomes for young children and their families through reducing inequalities. Children’s Centres offer a range of pre-birth and maternity services.</p> <p>The Buttercup Children’s Centre provide a number of services, including breastfeeding peer support, a weekly child health clinic, baby massage and antenatal advice.</p> <p>The Daisy Children’s Centre provide a number of services, including breastfeeding peer support</p>	<p>High</p>	<p>Medium</p>	<p>a) Review current outreach services to ensure they are in the right location.</p> <p>Seek alternative venues in the vicinity of The Daisy to ensure the most needed services are maintained. A potential venue has been sourced at a Scout Hut, located 0.2 miles from the current accommodation and outreach currently also takes place at Priory Fields School 0.2 miles from the current location.</p> <p>Make provision for signposting users to services from other venues or facilities.</p> <p>Ensure that hub and link centres target those with highest needs across the catchment.</p> <p>Work in partnership with health colleagues</p>	<p>Level of provision will not be affected and provision will be increased accordingly at hub and link centres. This will not affect universal access to Health services or Health Visitor home visits. Moving to a hub and link model will also promote health services across a joined up catchment area.</p> <p>The potential changes in catchment areas may better suit health teams in the Dover District.</p> <p>This proposal plans to close The Daisy and merge it with The Buttercup, which could become the Dover Hub. By doing this there is the potential to ensure that services being delivered for those in this protected characteristic are delivered in a more coordinated manner and potentially at more</p>

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 521</p>	<p>training, a weekly child health clinic, Makaton baby signing, baby massage and antenatal advice.</p> <p><u>Consultation analysis:</u> Those who said that they would be a parent soon represented 4% of objectors to Buttercup and 5% of objectors to Daisy. 80% of objectors to Buttercup and 81% of Daisy objectors were parents/carers of children aged under 5.</p> <p>A large proportion of objectors to the closure of Buttercup and Daisy were parents of children under the age of 5. There is therefore a potential adverse impact on those who are pregnant and with young children. However any negative impact can be mitigated by ensuring services continue from locations close to The Daisy and are maintained at The Buttercup.</p>			<p>to ensure that services are targeted to those who are pregnant, with babies or young children.</p> <p>b) Yes – Further engagement with Health colleagues required to identify changes to services and associated impact. EqIA to be updated accordingly.</p>	<p>convenient locations.</p>
<p>Marriage and Civil Partnerships</p>	<p>In the Dover area 48.3% of the population 16 years and over are married, 0.3% are in same sex civil partnerships, 29.5% are single, 3% are</p>	<p>Medium</p>	<p>Medium</p>	<p>a) Yes – Investigate feasibility of collecting marriage and civil partnership information at registration.</p> <p>Make provision for signposting users to</p>	<p>Yes – Services will continue to address identified needs on an individual basis. Lone Parent will remain a target group for Children’s Centres in line with Ofsted requirements and will therefore</p>

	<p>separated, 10.7% are divorced, 8.3% are widowed.</p> <p>This information is not available for Children's Centre users but MOSAIC classifications of families attending The Buttercup and The Daisy Children's Centres between October 2012 and September 2012 identified an underrepresentation amongst users for the following group;</p> <ul style="list-style-type: none"> • Young singles and couples in small privately rented flats and terraces on moderate incomes <p>MOSAIC classifications also identified a significant overrepresentation amongst users for the following group at both The Buttercup and The Daisy Children's Centres;</p> <ul style="list-style-type: none"> • Lone parents with young children, living in high crime areas on large social housing estates <p>MOSAIC classifications also identified an overrepresentation amongst users for the following group for The Buttercup and The Daisy:</p> <ul style="list-style-type: none"> • Singles and lone parents 			<p>services from other venues or facilities.</p> <p>Seek alternative venues in the vicinity of The Daisy to ensure the most needed services are maintained. A potential venue has been sourced at a Scout Hut, located 0.2 miles from the current accommodation and outreach currently also takes place at Priory Fields School 0.2 miles from the current location.</p> <p>b) This impact assessment will be updated when marriage and civil partnership information is available.</p>	<p>seek to reduce inequalities in outcomes for lone parents and their children.</p> <p>Through the hub and link model we may be able to offer increased Adult Education and other education or training opportunities (due to increased participants)</p> <p>Through the hub and link we may be able to offer longer opportunities to access information on benefits, debt reduction and housing.</p> <p>Children's Centres in the Dover area must continue to work with families who require help, and to assist in providing early intervention and preventative services, limiting the number of families requiring specialist services in the district and locality.</p>
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<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 523</p>	<p>on low incomes, renting terraces in town centres</p> <p>Therefore there is the potential for there to be an adverse impact on singles.</p> <p>If services become more targeted and focus on lone parents, couples and those married may be negatively impacted. However, this will be justified if based on need.</p> <p><u>Consultation Analysis:</u> Lone parents represented 20% of objectors to Buttercup and 22% to Daisy.</p> <p>Due to difficulties with accessing alternative centres lone parents could be adversely affected by closure of Daisy resulting in reduced access to services.</p> <p>However any negative impact can be mitigated by ensuring services continue from locations close to The Daisy and are maintained at The Buttercup.</p>				
<p>Carer's responsibilities</p>	<p>88.7% of the population in Dover district provide no unpaid care a week. 7.1%</p>	<p>Unknown</p>	<p>Unknown</p>	<p>a) Yes - increased awareness of carer's responsibilities and support for families most in need of intervention.</p>	<p>Yes – increased awareness of carer's responsibilities and support for families most in need of intervention.</p>

November 2013

	provide up to 19 hours, 1.4% provide between 20 and 49 hours, 2.85% provide over 50 hours. This is in line with the county average of 10.4%.			b) No	
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Part 1: INITIAL SCREENING

Proportionality - Based on the answers in the above screening grid what weighting would you ascribe to this function

Low	Medium	High
Low relevance or Insufficient information/evidence to make a judgement.	Medium relevance or Insufficient information/evidence to make a Judgement.	High relevance to equality, /likely to have adverse impact on protected groups

Medium – This proposal has been rated as potentially having a medium impact. There is likely to be a medium impact on the following characteristics; Age (children under 5 and teenage parents), Gender (male service users), Race (White British service users), Pregnancy and Maternity (pregnant women and parents with babies) and Marriage and Civil partnerships (lone parents). Carer’s Responsibility are unknown.

Context

Kent’s Children’s Centre programme has been rolled out across the county over the last seven years in three phases, each within tight timescales and different financial constraints. Kent currently has 97 Children’s Centres in operation. All centres are slightly different depending on local need, their level of funding and the range of services they provide.

The Buttercup Children’s Centre is a Sure Start Local Programme Children’s Centre, operating out of the Triangle Community Centre. The Buttercup is currently managed alongside The Daisy, Buckland and Whitfield and Samphire Children’s Centres. Users currently accessing Buttercup also access The Daisy, Buckland and Whitfield, Samphire, Blossom, Sunflower and North Deal Primrose.

The Daisy Children’s Centre is a Phase 1 Children’s Centre, operating out of The Ark Christian Centre. The Daisy is currently managed alongside The Buttercup, Buckland and Whitfield and Samphire Children’s Centres. Users currently accessing The Daisy also access Buckland and Whitfield, Samphire, The Buttercup, The Sunflower, Blossom, North Deal Primrose and Snowdrop.

This proposal replaces the original proposal to close both The Buttercup and the Daisy Children’s Centres and relocate them to a Dover town Centre location. Due to a lack of suitable alternative accommodation in Dover Town Centre it is proposed to close The Daisy and merge it with The Buttercup Children’s Centre.

Parents play a key role in influencing services that are provided.

Children’s Centres are places where all children under five years old and their families can receive services and information. These services vary according to centre but may include:

- Integrated early education and childcare
- Support for families – including advice on parenting, local childcare options and access to specialist services for families

November 2013

- Child and family health services – including health screening, health promotion, health visitor and midwifery services, and the healthy child programme.
- Helping parents into work – with links to Jobcentre Plus and training.

There have been recent reductions in government funding for children's centres as well as changes to government policies about how Children's Centres should work. This proposal seeks to align with;

- A revised core offer for Children's centre
- Revised Children's Centre Statutory Guidance
- Revised Ofsted Inspection Framework (April 2013)
- Reductions in Early Intervention Grant Funding
- Health Visitor Implementation Plan

Aims and Objectives

In line with KCC's medium-term plan, Bold Steps for Kent, we need to change the way we work so we can continue to meet the needs of our children and their families with reduced budgets. Kent aims to achieve this by;

- ensuring we deliver better, earlier support to those children and families who need it
- ensuring we continue to provide Children's Centre services to improve health, education and social care outcomes
- strengthening the working relationship between Children's Centres, early years settings, schools and health services

Beneficiaries

The community of Kent but in particular families with children between 0 – 5 years, including those families and young children who are the most vulnerable.

For example:

- Lone parents, young parents and pregnant teenagers and mothers with post-natal depression.
- Children in need or with a child protection plan
- Children of offenders and/or those in custody
- Fathers particularly those with any other identified need, for example teenage fathers and those in custody
- Those with protected characteristics as defined by the Equality Act 2010
- Looked after children
- Children who are being cared for by members of their extended family such as a grandparent, aunt or older sibling
- Families identified by the LA as 'troubled families' who have children under five; any other vulnerable groups identified as at risk of harm by other services
- Families who move in and out of the area relatively quickly (transient families), such as those seeking employment or seasonal work
- Parents with a learning difficulty or disability, or parents who have a child with a learning difficulty or disability
- Migrant families or families where English is an additional language
- Families with complex needs or where there is mental illness

November 2013

- Families who suffer from domestic violence or where there is substance or alcohol abuse
- Families living in poverty and poor housing

The Local Authority (LA) will benefit. Schools, Health Services, childcare providers and voluntary sector providers could benefit.

Consultation and data

See data appendices 1, 2 and 3

See consultation appendix 4

For further information also see:

- Full EqIA on The Buttercup and The Daisy available at www.kent.gov.uk/childrenscentres
- Shaping the Future of Children's Centres in Kent post consultation report available at www.kent.gov.uk/childrenscentres

Potential Impact

Adverse Impact:

There is potential for there to be some adverse impacts on the following group;

- 0 – 5 year olds
- Teenage parents
- White British service users
- Male parents/ carers
- Pregnancy and Maternity
- Lone parents
- Impact is unknown for gender identity, carer's responsibilities religion or belief and sexual orientation.

Positive Impact:

There is potential for there to be a positive impact on some vulnerable groups using the centres, particularly 0-5 year olds, teenage parents, service users of all ethnic groups, disabled children, lone parents.

For example through:

- Hub centre be closer and more accessible to families,
- Increased targeting of provision to those most in need.
- Reinvesting resources from areas of less need to areas of high need
- Possible increase in outreach services and therefore in registrations and need assessments – identifying a families needs earlier.
- Building on strong local partnerships and integrated working approaches currently in place. Better information sharing.
- Improved signposting across hub and Link

Updated 27/11/2013

19

Page 527

KCC/EqIA2012/

- Continued shared knowledge, expertise and best practice across hub and link
- Improving access by under represented groups
- Improving data collection for categories of data related to gender identity, religion and sexual orientation. However this is not dependant on a model more on staffing model and training.
- Alignment with CCG areas to provide health services in a more coordinated way

Impact is unknown for gender identity, religion or belief and sexual orientation.

JUDGEMENT

Option 1 – Screening Sufficient Yes

Justification: There is the potential for there to be an adverse impact on a large number of racial groups and pregnancy and maternity protected characteristics.

Option 2 – Internal Action Required Yes

There is potential for adverse impact on particular groups and we have found scope to improve the proposal. Please see action plan.

Option 3 – Full Impact Assessment No

The results of the full impact assessment undertaken between August and November 2013 found that the original proposal to close both The Buttercup and The Daisy had the potential to adversely impact:

- Parents aged under 25 years old
- Lone parents
- Gypsy, Roma, Traveller parents (to a lesser degree than parents aged under 25 years old and Lone parents)

Across all characteristics there were concerns about continued accessibility of services, the costs and difficulties of travelling to alternative locations and the reduction in opening hours and possible unsuitable hours. The centres are located in wards with high deprivation (St Radigunds and Tower Hamlets) and a significantly higher proportion of respondents objecting to the proposal were from low income families (as classified by MOSAIC analysis) than the county average.

Generally, from the consultation there were clear messages about the value centre users place on centres in terms of the services provided and support received from core and other services. They are seen as community hubs, serving a wide range of parent/carer and children's needs. Centre users are concerned about the loss of these services locally, and the implications for easy access in terms of transport, costs and time.

As a result of the consultation responses the full Equality Impact Assessment recommended that the centre merger and relocations should only go ahead if alternative venues in the local community can be found at which to run services for the groups of service users listed above.

November 2013

This secondary screening on the proposed changes to The Buttercup and The Daisy supports this judgement and the action plan on page 24, identifies actions to mitigate against any adverse impacts identified. It should be noted that the actions identified for the full EqIA will also be progressed to minimise impact on service users.

Equality and Diversity Team Comments

Several potential impacts, both positive and negative were identified at the screening stage of this proposal, which emerged through the consultation on a previous proposal and a full impact assessment was conducted on that proposal. As a result of the findings, the service has modified the recommendation to address potential negative impacts. As this proposal emerged through consultation, Option 2, in the judgement section above, is the suitable option for this proposal.

Sign Off

I have noted the content of the equality impact assessment and agree the actions to mitigate the adverse impact(s) that have been identified.

Senior Officer



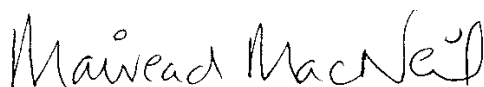
Signed:

Name: Karen Mills

Job Title: Commissioning Manager

Date: July 2013

DMT Member



Signed:

Name: Mairead MacNeil

Job Title: Director of Specialist Children's Services Date: November 2013

November 2013

Part 2: FULL IMPACT ASSESSMENT

Name

Responsible Owner/ Senior Officer:

Date of Full Equality Impact Assessment:

Scope of the Assessment

Information and Data

Involvement and Engagement

Judgement

Action Plan

Monitoring and Review

Equality and Diversity Team Comments

Sign Off

I have noted the content of the equality impact assessment and agree the actions to mitigate the adverse impact(s) that have been identified.

Senior Officer

Signed:

Name:

Job Title:

Date:

Updated 27/11/2013

22
Page 530

KCC/EqIA2012/

November 2013

DMT Member

Signed:

Name:

Job Title:

Date:

Equality Impact Assessment Action Plan

Protected Characteristic	Issues identified	Action to be taken	Expected outcomes	Owner	Timescale	Cost implications
Age	Core Purpose of Children's centre is to improve outcomes for young children and their families. Ability to continue to meet the needs of children and their families with reduced budgets	Sustain current outreach services and promote the hub and link model. Better link children's centre services provided Maximise the use of resources including staffing to continue to improve outcomes for children and their families.	Increased registrations. Further identification of families needs and offer more targeted services to identified vulnerable families to reduce inequalities.	Review Team and District Children's Centre Manager	Ongoing and by April 2014	To be established through the creation of draft staffing structures
		Provide information to current children's centre users to promote understanding of how the changes could affect them and how to identify any support available within the hub and link model. (All children 0-5 will remain entitled to access all Children's Centres in the County).	More targeted services delivered to vulnerable families to reduce inequalities.	Review Team and District Children's Centre Manager	Ongoing and by April 2014	To be established through the creation of draft staffing structures

Age		Ensure measures are in place to enable vulnerable families (identified via CAF/ SCS) to access services (transport) at alternative locations. – (see district EqIAs)	Targeted services delivered to vulnerable families to reduce inequalities.	District Children's Centre Managers	April 2014 onwards	To be established
Age		Support current Children's Centres users to understand how changes will affect them and to identify support available within hub and link model. (All children 0-5 will remain entitled to access all Children's Centres in the County).	More use of multiple centres by centre users to meet their diverse needs.	District Children's Centre Manager	January 2014 onwards	To be established
Age	Closure of The Daisy reducing accessibility to services by families with 0-5 year olds and Teenage Parents	Continue to signpost to age appropriate provision for children over 5.	More use of multiple centres by centre users to meet their diverse needs. Increase in targeted services and signposting to specialist services.	District Children's Centre Manager and Children's centre staff	Ongoing	To be established
Age	Closure of The Daisy reducing accessibility to services by families with 0-5 year olds and Teenage Parents	Seek alternative venues in the vicinity of The Daisy to ensure the most needed services are maintained	Services continue to be delivered at accessible locations in The Daisy catchment area. Maintained and increased levels of engagement with teenage parents within the Daisy	District Children's Centre Manager and Children's centre staff	Ongoing	To be established

			catchment area			
Disability	Limited/ unreliable data	Ensure that disabled children and carers can continue to access services.	Targeted services delivered to vulnerable families to reduce inequalities.	District Children's Centre Manager	Ongoing	To be established
Disability		Ensure that parents and carers are asked about disabilities at registration. Amend database to include a 'do not wish to answer' category and a 'no' category for disability	Increase in data collection and reliability of data and informing service planning. Increased use of services if appropriate	Performance Management Group and Children's Centre Staff	ASAP	To be established
Disability		Ensure measures are in place to enable vulnerable families (identified via CAF/ SCS) to access services (transport) at alternative locations. – (see district EqIAs)	Targeted services delivered to vulnerable families to reduce inequalities.	District Children's Centre Managers	April 2014 onwards	To be established
Disability	Access to information	Ensure that parents and carers can access required information if they have print impairments, learning disabilities, are Deaf or hard-of-hearing, or would struggle to access standard print/ standard English information in any other way because of their protected characteristics.	Parents can access the information they require	District Children's Centre Managers	Ongoing	To be established

Disability	Impact to services	Ensure that relocation of services through merging and relocation of centres does not directly impact upon the high levels of working aged permanently sick/disabled people currently attending The Daisy Children's Centre	Numbers of working aged permanently sick/disabled people currently accessing services does not decrease. Services continue to be delivered at accessible locations in The Daisy catchment area.	District Children's Centre Managers	Ongoing	To be established
Gender	A higher proportion that average of service users are male at The Buttercup.	Continue to deliver 'dad's groups' and interventions targeted at male carers to increase engagement.	Targeted services delivered to vulnerable families to reduce inequalities. Increased use of services if appropriate	District Children's Centre Managers	Ongoing	To be established
Race	Limited/ unreliable data	Ensure language information and ethnicity information is obtained for all families at registration.	Increase in data collection and reliability of data. Increased use of services if appropriate	Performance Management Group and Children's Centre Staff	ASAP	To be established
Race	Access to information	Ensure that parents and carers can access required information if English is a second language, or they would struggle to access standard print/ standard English information in any other way because of their protected characteristics.	Parents can access the information they require	District Children's Centre Managers	Ongoing	To be established
Race	High proportion of	Ensure that all racial	A representative	District	Ongoing	To be

	White British service users	groupings are encouraged to access services. Extremely high levels of White British service users are apparent.	sample of the Dover population are accessing services at The Buttercup and Daisy catchment areas	Children's Centre Managers		established
Religion or belief	Limited/ unreliable data	Ensure religion or belief information is obtained for all families at registration.	Increase in data collection and reliability of data.	Performance Management Group and Children's Centre Staff	ASAP	To be established
Pregnancy and Maternity	Children's Centres offer a number of pre-birth and maternity services.	Work with Health partners to identify full impact and to ensure provision continues. Continued sharing information to identify families most in need of support.	Continued partnership working with Health to provide universal services. Targeted services delivered to vulnerable families to reduce inequalities.	Review Team/ CCGs/ Public Health/ Health Commissioning	Ongoing	To be established
Pregnancy and Maternity	Uncertainty over the levels of maternity and post-natal services which are delivered	Work with Health partners to ensure that the extent of services is fully understood	Increased levels of data and information related to levels of services	DCCM's	ASAP	To be established
Pregnancy and Maternity	A high number of objections were received to the consultation from parents of 0-5 years olds who use The Daisy CC	Seek alternative venues in the vicinity of The Daisy to ensure the most needed services are maintained	Services continue to be delivered at accessible locations in The Daisy catchment area. Maintained and increased levels of engagement with expectant and new parents within the Daisy catchment area	DCCM's	April 2014	To be established
Marriage and Civil	Data unavailable	Investigate feasibility of collecting marriage and	Information collected	Performance Management	On going	To be established

Partnerships		civil partnership information. Increased engagement of lone parents.	Increased opportunities for parents to gain access to training and education courses. Increased opportunities for lone parents to get information on housing and finance.	Group		
Marriage and Civil Partnerships	High numbers of lone parents identified by demographic data and MOSAIC	Ensure that Outreach services are maintained, and that workings with health services and Early Intervention teams addresses lone parents to comparatively high numbers	Increased outreach, services for this demographic maintained. Seek alternative venues in the vicinity of The Daisy to ensure the most needed services are maintained.	District Children's Centre Managers	On going	To be established
Carers Responsibilities		Increased awareness of carers responsibilities and support for families most in need of intervention.	Increased number of carers accessing services			

Appendix 1

Services delivered by or operating out of The Buttercup and The Daisy Children's Centres

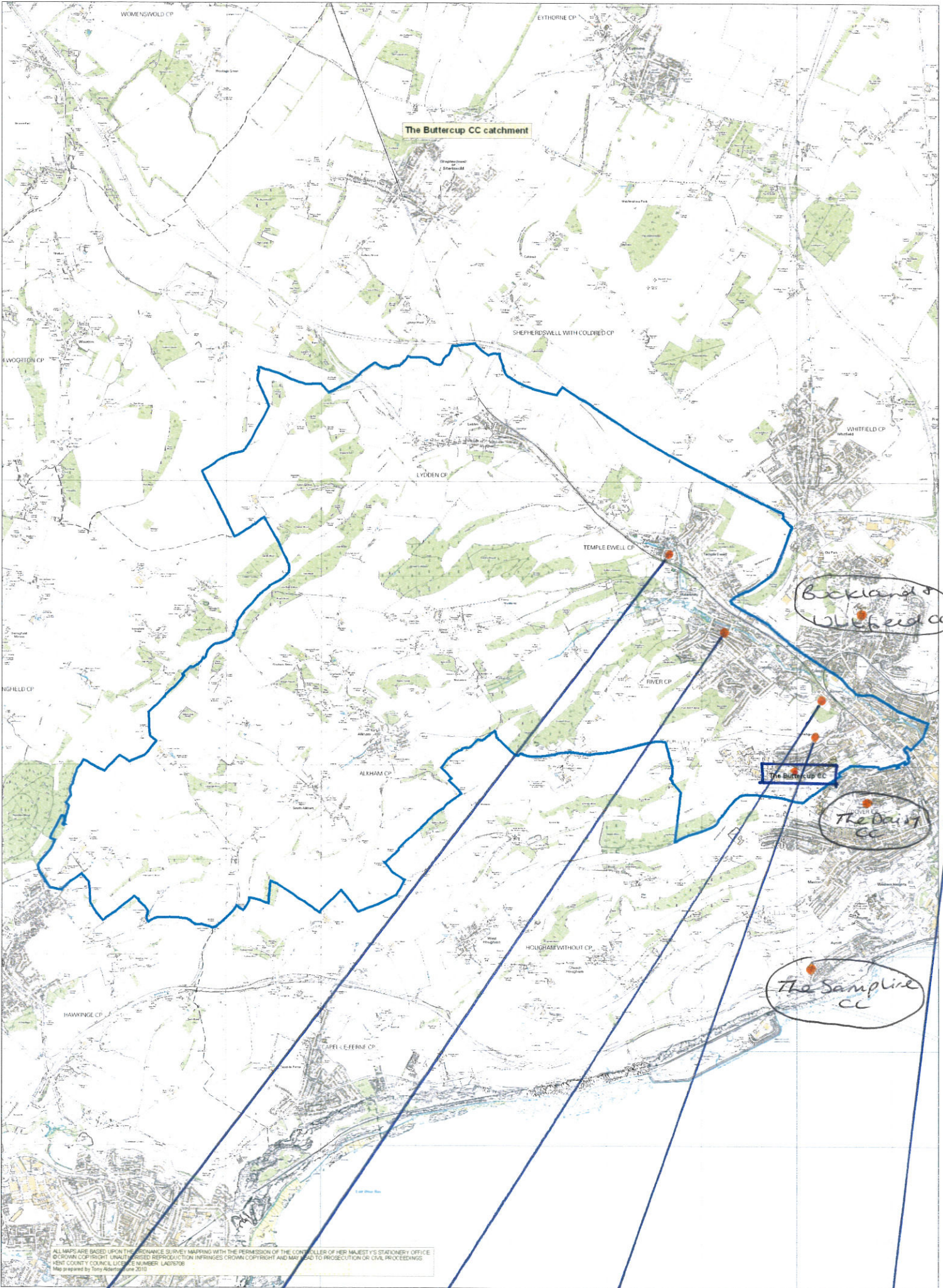
Children's Centre: The Buttercup and The Daisy	
Service Planning (KCC)	<p>The Buttercup Children's Centre currently runs 4 regular services;</p> <ul style="list-style-type: none"> • Early Days Group- Baby Clinic (weekly, 1.5 hours) • Daddy Cool Group (fortnightly, 2 hours) <p>2 regular services are delivered by The Daisy Children's Centre;</p> <ul style="list-style-type: none"> • Early Days Group- Baby Clinic (weekly, 1.5 hours) • Inbetweenies Group (weekly, 1.5 hours)
Service Planning (Health)	<p>2 health services are currently delivered by The Buttercup Children's Centre;</p> <ul style="list-style-type: none"> • Ante-Natal Classes (Ad Hoc, 6 hours) • Baby Clinic (weekly, 1.5 hours) <p>1 health service is delivered by The Daisy Children's Centre;</p> <ul style="list-style-type: none"> • Baby Clinic (weekly, 1.5 hours)

Appendix 2

Service delivery locations for The Buttercup and The Daisy Children's Centre (outreach locations)

See following page

The Buttercup CC.



Temple Ewell Primary school

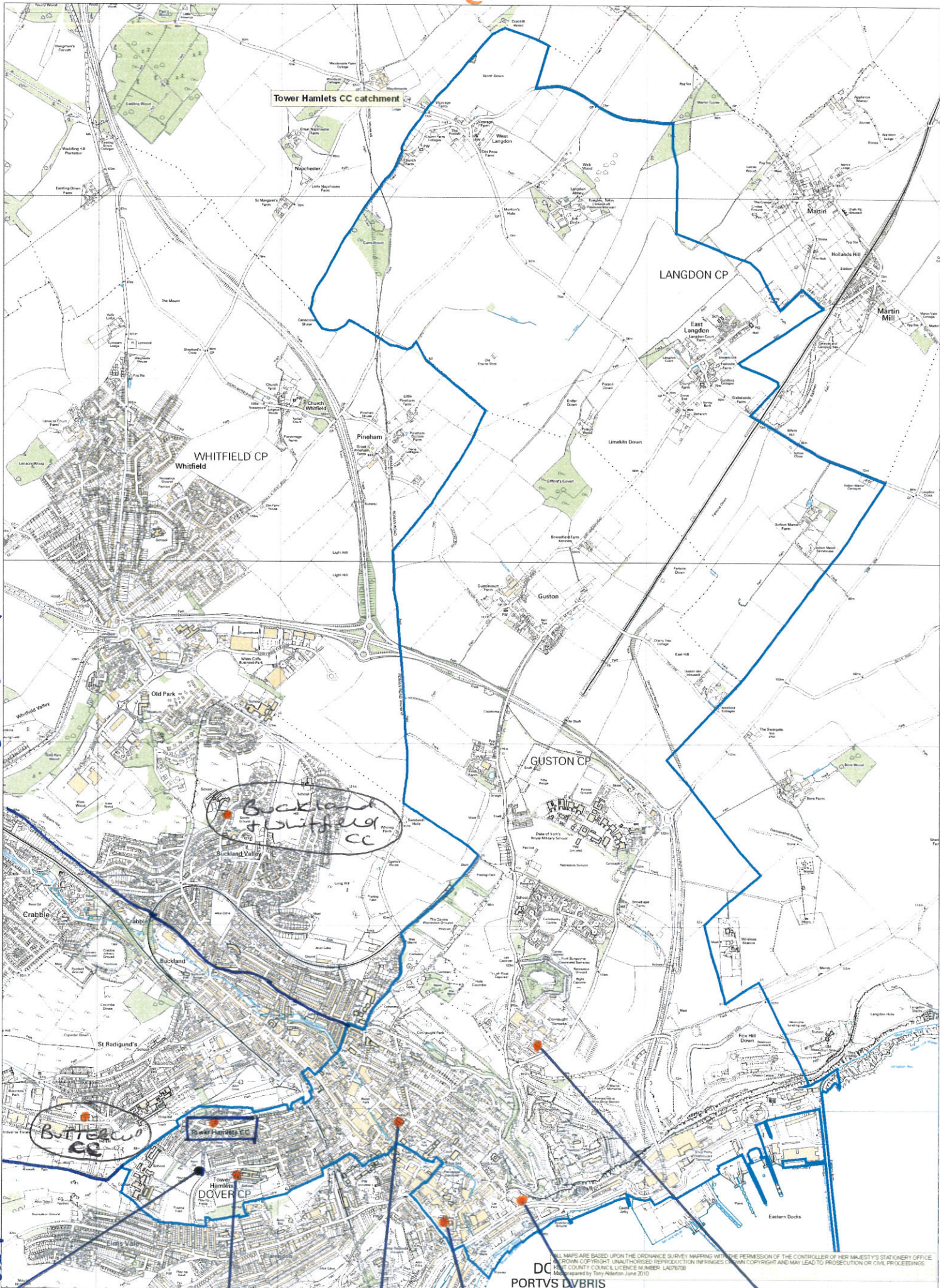
St Peter's Church, River

Page 539
Athletic Ground

White cliffs college

Library / Discovery Ctr.

The Daisy CC (Tower Hamlets)



Buckland

Scout Hut

- Scout Hut.
- Prioryfields School
- Baptist Church
- Library/ Discovering CW.
- Museum
- community Hall
- Burgoyne Heights

November 2013

Appendix 3

Data on Children's Centre service users from 1st October 2012 – 30th September 2013

The Buttercup & The Daisy Children's Centres (Dover)

Note: Data for appendices A & B is based on e-start usage between 1.10.12 to 30.9.13

Centre Profile

Gender

	Male		Female		Total	
	Number	%	Number	%	Number	%
The Buttercup	393	54%	339	46%	732	100%
The Daisy	534	51%	508	49%	1042	100%

Page 542

Age

	0		1		2		3		4		5		Total	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
The Buttercup	167	23%	114	16%	163	22%	147	20%	85	12%	55	8%	732	100%
The Daisy	255	24%	212	20%	241	23%	174	17%	115	11%	45	4%	1042	100%

The Buttercup & The Daisy Children's Centres (Dover)

Ethnicity

	WBRI White - British		WIRI White - Irish		WIRT White - Traveller of Irish Heritage		WROM White - Gypsy / Roma		WOTH White - Any Other White	
	Number	%	Number	%	Number	%	Number	%	Number	%
The Buttercup	540	74%	<5			0%	<5		16	2%
The Daisy	659	63%		0%		0%	<5		55	5%

	ABAN Asian or Asian British - Bangladeshi		AIND Asian or Asian British - Indian		APKN Asian or Asian British - Pakistani		AOTH Asian or Asian British - Any Other Asian		BAFR Black or Black British - African		BCRB Black or Black British - Caribbean	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
The Buttercup	<5		<5			0%	<5			0%		0%
The Daisy	<5		<5			0%	36	3%	<5	0%		0%

	BOTH Black or Black British - Any Other Black		CHNE Chinese		MWAS Mixed / Dual - White and Asian		MWBA Mixed / Dual - White and Black African		MWBC Mixed / Dual - White and Black Caribbean		MOTH Mixed / Dual - Any Other Mixed	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
The Buttercup	<5	0%		0%	<5	0%	<5	0%	<5	0%	7	1%
The Daisy		0%	<5	0%	<5	0%	<5	0%	<5	0%	10	1%

The Buttercup & The Daisy Children's Centres (Dover)

	OOTH Any Other Ethnic Group		NOBT Information Not Yet Obtained		REFU Refused		Record blank		Total	
	Number	%	Number	%	Number	%	Number	%	Number	%
The Buttercup	<5		148	20%		0%		0%	732	100%
The Daisy	9	1%	255	24%		0%		0%	1042	100%

Mosaic (K & M Group)

	A		B		C		D		E		F		G	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
The Buttercup	13	2%	27	4%	28	4%	53	7%	28	4%	32	4%	61	8%
The Daisy	10	1%	21	2%	18	2%	50	5%	34	3%	38	4%	165	16%

Page 544

	H		I		J		K		L		M	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
The Buttercup	29	4%	16	2%	96	13%	126	17%	197	27%	23	3%
The Daisy	49	5%	42	4%	150	14%	254	24%	164	16%	37	4%

	Unknown		Total	
	Number	%	Number	%
The Buttercup	<5		732	100%
The Daisy	10	1%	1042	100%

The Buttercup & The Daisy Children's Centres (Dover)

County Profile

Gender

	Male		Female		Total	
	Number	%	Number	%	Number	%
Kent	23381	51%	22398	49%	45783	100%

Age

	0		1		2		3		4		5		Total	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Kent	14661	32%	8637	19%	9928	22%	5829	13%	3614	8%	3097	7%	45783	100%

Page 545

Ethnicity

	WBRI White - British		WIRI White - Irish		WIRT White - Traveller of Irish Heritage		WROM White - Gypsy / Roma		WOTH White - Any Other White	
	Number	%	Number	%	Number	%	Number	%	Number	%
Kent	29817	65%	65	0%	13	0%	236	1%	1757	4%

The Buttercup & The Daisy Children's Centres (Dover)

	ABAN Asian or Asian British - Bangladeshi		AIND Asian or Asian British - Indian		APKN Asian or Asian British - Pakistani		AOTH Asian or Asian British - Any Other Asian			BAFR Black or Black British - African		BCRB Black or Black British - Caribbean	
	Number	%	Number	%	Number	%	Number	%		Number	%	Number	%
Kent	98	0%	557	1%	73	0%	421	1%		405	1%	25	0%

	BOTH Black or Black British - Any Other Black		CHNE Chinese			MWAS Mixed / Dual - White and Asian		MWBA Mixed / Dual - White and Black African		MWBC Mixed / Dual - White and Black Caribbean		MOTH Mixed / Dual - Any Other Mixed	
	Number	%	Number	%		Number	%	Number	%	Number	%	Number	%
Kent	50	0%	85	0%		427	1%	273	1%	312	1%	652	1%

Page 546

	OOth Any Other Ethnic Group		NOBT Information Not Yet Obtained		REFU Refused		Record blank			Total	
	Number	%	Number	%	Number	%	Number	%		Number	%
Kent	255	1%	10223	22%	39	0%		0%		45783	100%

The Buttercup & The Daisy Children's Centres (Dover)

Mosaic (K & M Group)

	A		B		C		D		E		F		G	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Kent	2807	6%	2302	5%	1448	3%	3611	8%	1786	4%	1542	3%	9593	21%

	H		I		J		K		L		M	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Kent	4139	9%	1797	4%	6176	13%	3357	7%	5794	13%	858	2%

	Unknown		Total	
	Number	%	Number	%
Kent	573	1%	45783	100%

Appendix 4**General profile of public objectors to the closure of The Daisy**

Protected characteristic	Objectors to the closure of Daisy (percentages relate to those who chose to respond to the question)
Age	Most (67%) of objectors were aged between 20 and 35. A further 10% were aged 36-40. Teenage mothers comprised 2% of objectors.
Disability	The majority (79%) of those objectors responding to the question did not consider themselves to have a disability; just 7% considered themselves to have a disability. Parents with a disability made up 4% of objectors.
Gender	The majority (86%) of respondents were female with over two-thirds of the objections from mothers of children under 5 years. Fathers of children aged 5 or under made up 9% of objectors.
Gender identity	No objector's gender identity was different to that at birth.
Marriage and civil partnerships	Two-thirds (66%) of objectors were either married, in a civil partnership or cohabiting and 22% of objections were from lone parents.
Pregnancy and maternity	Those who would be a parent soon made up 5% of objectors. Most (82%) objectors were parents / carers of children under age 5; around one-third were parents / carers of children aged 5-11; and 11% were parents / carers of children aged 12-18.
Race	Most objectors (84%) were White British, 10% were from other ethnic groups (3% of whom were White Gypsy/Roma) and 6% had English as an additional language.
Religion or belief	Objectors who were Christian comprised 43% of objectors and those who had no religion 38%. Muslim parents made up 2% of objectors and those of other religions made up a further 4%. The remainder of objectors did not respond to the question.
Sexual orientation	Most objectors who responded to the question (86%) were heterosexual.
Carer's responsibilities	Covered by other parent categories.

Responses to the consultation relating to The Daisy

General responses of objectors
Data on objectors
<ul style="list-style-type: none"> • There were 172 objections to the closure of Buttercup which represented approximately 3% of respondents • Of the 172 that objected to the changes with respect to Daisy CC, 80% strongly disagreed and 20% disagreed • Of the 172 objections to closure of centres including Daisy, 31 only objected to changes to Daisy • Of the 172 objections, 161 were from the public and 11 were from professionals • Of the 161 objections to closure of centres including Daisy from the public, 28 only objected to the changes with respect to Daisy • There were 61 users of Daisy that responded to the consultation and of these 79% objected • There were 40 objections from all users of Daisy and of these 17 were from users who only accessed Daisy • Of the 11 objections to closure of centres including Daisy from the professionals, there were no objections that only related to Daisy

<ul style="list-style-type: none"> • There were no objections from professionals from Children’s Centre staff
<p>Impact on the public</p> <ul style="list-style-type: none"> • A small number of respondents whose objection included changes to Daisy, said that the proposals would have no impact; by implication there would be an impact on the majority of respondents • Just under half of objectors said that they would use children’s centres less often • 13% said they would not use a centre at all • 16% said they would attend an alternative (non-children’s centre) facility • 11% said they would attend a different children’s centre • The main reasons given for using centres less often or not at all were because it would make travel to centres more difficult or alternative centres were too distant • 41% of all users and 38% of sole users of Daisy Children’s Centre said that if the centre closed they would not use a centre less often • 13% of all users and 13% of sole users of Daisy Children’s Centre said that if the centre closed they would attend a different children’s centre • 14% of all users and 29% of sole users of Daisy Children’s Centre said that if the centre closed they would attend an alternative (non-children’s centre) facility • 11% of all users and 7% of sole users said that they would attend a different children’s centre
<p>Example verbatim comments from the public</p> <p><i>I am looking to do some courses and it may affect if I can attend my local centre. The Ark (Daisy) is only a few minutes away from where I live and I don't drive. It's harder for me to get to town.</i></p> <p><i>Some parents can't get into town very easily and will feel more alone if their local centre closes.</i></p> <p><i>It's about ease of getting to and from the centres. Don't want to always use my car, I can walk to and from the Daisy Centre. It's good for me and my child.</i></p>
<p>Professionals view of impacts</p> <p>Of the professionals who responded with objections including to changes to Daisy:</p> <ul style="list-style-type: none"> • Over two thirds considered that children and families will miss out • 40% felt that it would reduce access to children’s services • A third felt that it would make travel to centres more difficult / alternative centres too distant for service users • 22% said that it would impact public health, social exclusion, isolation and mental issues
<p>Example verbatim comments from professionals</p> <p><i>Currently Health Visiting and Midwifery services hold baby clinics and joint delivery of health promotion sessions with CC staff, the closure may mean loss of local availability for some families to be able to access these services.</i></p>

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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:

Jenny Whittle, Cabinet Member for Specialist Children's Services

DECISION NO:

13/00067

For publication**Subject:**

Shaping the Future of Children's Centres

Decision:

As Cabinet Member for Specialist Children's Services, I propose to agree to;

- Close 12 Children's Centres but retain services in the local community from 1 April 2014 (Cherry Blossom, Squirrel Lodge, Little Bees, Daisy Chains, Little Painters, Loose, Dunton Green, Merry-Go-Round, Hadlow, Larkfield, Pembury and Primrose Children's Centres.)
- Reduce the hours at 13 Children's Centres to part-time from 1 April 2014 (Tina Rintoul, Samphire, West Kingsdown, Dymchurch, Hawkinge and Rural, Hythe Bay, Lydd'le Stars, Beaches, Lilypad, Birchington, Callis Grange, Garlinge and Harmony Children's Centres.)
- Merge 12 Children's Centres into 6 but retain current Children's Centre buildings to continue to offer access to early childhood services on behalf of a Children's Centre - linked site/ outreach centre. (Merge The Village with Folkestone Early Years from 1 April 2015, merge Marden with Headcorn from 1 April 2014, merge Apple Tree with Little Hands from 1 April 2014, merge the Briary with The Poppy from 1 April 2014, merge Swalecliffe with Joy Lane from 1 April 2014 and merge Maypole with Oakfield from 1 April 2014.)
- Merge 2 Children's Centres into 1 but continue to offer access to early childhood services in Tower Hamlets community (The Daisy) on behalf of a Children's Centre - linked site/ outreach centre (merge The Daisy with The Buttercup from 1 April 2014.)
- Link 17 hubs with 43 full-time Centres and 18 part-time Centres and 7 Outreach Centres/ linked sites.

Reason(s) for decision:

- To support the delivery of a reduction in public funding for Children's Centres,
- To make sure that the available resources are focused more on service delivery and less on running buildings and other overheads,
- To ensure that the needs of our children and their families, particularly those who need our support most, are met.

Cabinet Committee recommendations and other consultation:

To be entered after the meeting and considered by the Cabinet Member when taking the decision.

Any alternatives considered:

An additional 13 Centres were considered as closures and additional 1 Centre as part time. These were included in the public consultation. Following analysis of the consultation these Centres will be retained, as follows:-

- a) In their current form – Temple Hill, St. Mary's, Folkestone Early Years, New Romney,

Woodgrove and The Buttercup Children's Centres.

- b) As mergers with another Centre. The Children's Centre buildings will be retained to continue to offer access to early childhood services (linked site/ outreach centre) - The Village, Marden, Apple Tree, The Daisy, Briary, Swalecliffe and Maypole Children's Centres. New accommodation will be sought within the local community to continue to offer access to early childhood service (linked site/ outreach centre) – The Daisy
- c) As a part-time Centre – Tina Rintoul

A number of additional workstreams for delivering savings have also been identified during the consultation process. These would potentially offset the reduction in savings achieved by decreasing the number of Centre closures and include;

- a) Generating additional income from working with partners, both internal and external, and increasing rental income particularly at part-time Centres
- b) Effective joint commissioning
- c) Considering the formal co location of health visitors
- d) Increased efficiencies of a new working model

These alternatives will be investigated further and, where feasible, implemented through 2014/15.

Any interest declared when the decision was taken and any dispensation granted by the Proper Officer:

.....
signed

.....
date

By: Graham Gibbens, Cabinet Member Adult Social Care & Public Health

Meradin Peachey, Director of Public Health

To: Social Care and Public Health Cabinet Committee – 5 December 2013

Subject: 13/00075 - Provision of opportunistic BCG (Bacillus Calmette-Guerin or Tuberculosis) vaccination programme for 10 to 16 year olds by school nurses

Classification: Unrestricted

Summary

The commissioning of school nursing, as part of the health child programme 5-19, is now the responsibility of local authorities from April 1st 2013.

As part of this programme school nurses in Kent continue to provide an opportunistic tuberculosis (BCG) vaccination programme for 10 to 16yr olds.

The national routine universal identification and BCG vaccination of 14 year olds by school nurses (started in 1953) was stopped in most of the country in 2005 as it was not considered effective due to a massive decline in cases in the indigenous population of the UK.

In the 1960s, rates in migrant populations were shown to be much higher and a selective neonatal BCG immunisation programme was introduced to protect infants born in the UK to parents of high-prevalence countries by vaccinating them shortly after birth. This is the most effective opportunistic approach.

Kent has never had higher than average levels of TB, and thus the value of the teenage opportunistic vaccination programme has been questioned.

NHS England has the responsibility for all vaccination programmes, including BCG. The Kent and Medway Area Team commissions the infant BCG vaccination programme and has no plans to commission BCG vaccinations for 14 year olds through school nurses.

Public Health England provided the background evidence and supports this proposal.

Recommendation:

Members of the Social Care and Public Health Cabinet Committee are asked to comment on the proposed decision to end opportunistic BCG vaccination of at risk 14 year olds in Kent by school nursing service.

1. Introduction

The purpose of this paper is to give the background to BCG vaccinations and the current evidence for controlling the spread of TB.

2. Background

2.1 What is TB?

Human tuberculosis (TB) is caused by infection with bacteria of the *Mycobacterium tuberculosis* complex (*M. tuberculosis*, *M. bovis* or *M. africanum*) and may affect almost any part of the body. The most common form is pulmonary TB, which accounts for almost 60% of all cases in the UK. Non-respiratory forms of TB are more common in young children in communities with connections to areas of the world with high prevalence, and in those with impaired immunity.

TB is spread when a person with an active TB infection in their lungs cough or sneeze and someone else inhales the expelled droplets containing TB bacteria.

However, although it is spread in a similar way to colds or influenza, TB is not as contagious. Transmission usually occurs only after prolonged periods of close contact with an infected person. For example TB usually spread amongst members who live in the same household; it would be highly unlikely to become infected by sitting next to an infected person on a train or bus.

2.1.1 The BCG vaccination programme

The BCG immunisation programme was introduced in the UK in 1953 and has undergone several changes since, in response to changing trends in the epidemiology of TB. The programme was initially targeted at children of school-leaving age (then 14 years), as the peak incidence of TB was in young, working-age adults.

In the 1960s, when TB rates in the indigenous population were continuing to decline, rates were shown to be much higher in new immigrants from High-prevalence countries and their families. Recommendations were made, therefore, to protect the children of these new entrants, wherever they were born, at the earliest opportunity. As part of this, a selective neonatal BCG immunisation programme was introduced to protect infants born in the UK to parents from high-prevalence countries by vaccinating them shortly after birth. Vaccinating neonates also gives the best immunity.

By the 1990s, uptake of BCG in schoolchildren aged 10–14 years was around 70%; a further 8% were exempt from immunisation as they were already tuberculin-positive (Department of Health). In 2005, following a continued decline in TB rates in the indigenous UK population, the schools programme was stopped. The BCG immunisation programme is now a risk-based

programme, the key part being a neonatal programme targeted at protecting those children most at risk of exposure to TB, particularly from the more serious childhood forms of the disease.

The universal BCG vaccination programme was replaced with the targeted BCG programme. In areas with TB incident ≤ 40 per 100,000, a targeted approach was recommended to immunise infants at high risk, that is, if their parents or grandparents originated from a country with an incidence ≥ 40 per 100,000, if travelling to a high incidence country for 3 or more months or when in contact with a TB case. In addition it was recommended that children of any age at high risk of TB should be vaccinated at suitable opportunities.

2.1.2 How do rates in Kent Compare?

Area	Rate* per 100,000 population (2010-2012)
England	13.9
Kent	7.3
Medway	8.3
East Sussex	5.0
Surrey	7.8

* Rates based upon 2011 ONS population estimates

In Kent, Surrey and Sussex Public Health England Centre, the TB rate during the year ending 31st March 2013 was 7.0 per 100,000, similar to recent years. Rates continue to be highest in Gravesham in Kent at 18 per 100,000. Even though the rates in Gravesham are higher as compared to the rest of Kent they are much lower than the threshold of 40 per 100,000 required to implement the universal BCG vaccination programme.

2.1.3 The current service

In East and West Kent the school nursing service is provided by Kent Community Health Trust. The service in Swale is provided by Medway Hospital Foundation Trust.

Around 400 year 9 pupils are vaccinated per year from a population of around 16,000 pupils.

It is not possible to accurately identify the cost implications from removing this service as it is part of the school nursing service as is not commissioned separately. We estimate that the service utilises between 2-11 School nursing staff per year plus all the on costs of letters, clinics and administrative staff and consumes over 1,000 staff time hours per annum.

2.1.4 Proposed change to service delivery

At the moment the school nursing service send letters and a questionnaire to all parents of 14 year olds. This identifies those 14 year olds from specific at risk countries who are then invited for a BCG vaccination by the school nursing service. We propose to end this service, as indeed have our neighbouring areas, East Sussex and Surrey.

If we remove this service there still needs to be an opportunity for at risk 10 to 16 year olds to access BCG vaccination. The definition of at risk means family members recently arrived from a specified list of high risk countries or those who travel to high risk countries.

The opportunistic programme could be delivered through a range of NHS professionals in contact with teenagers such as at port entry, by GPs when they register new families, at appropriate school nurse health screening or at travellers' clinics.

NHS England is responsible for all vaccination programmes. They do this jointly with KCC and providers using a Kent Vaccination and Immunisation Board. This group will hold the responsibility for ensuring an alternative opportunistic vaccination pathway is in place.

The opportunistic neo natal BCG programme is provided widely in Kent and will not be affected by this change.

3. Implications

Ceasing the school based opportunistic BCG vaccination programme will not produce financial savings per se, however we will free up a significant amount of school nursing time (estimated at over 10000 hrs) to deliver core services in line with the Healthy Child programme.

It is not easy to recruit school nurses so this will enable school nurses to provide a more comprehensive service to schools, in particular special schools.

This change in service will be part of the full review of school nursing that is currently taking place.

4. Financial consequences

There are no financial implications.

5. Planned timeframe

Providers need 6 months notice which has already been given. Implementation is planned for April 2014; subject to a decision by the cabinet member by February 2014.

6. Recommendation

Members of the Social Care and Public Health Cabinet Committee are asked to comment on the proposed decision to end opportunistic BCG vaccination of at risk 14 year olds by the school nursing service.

It is proposed that an alternative pathway for at risk adolescents in Kent is agreed through the Kent Immunisation and Vaccination Board.

7. Contact Details

Dr Faiza Khan, Consultant in Public Health
faiza.khan@kent.gov.uk

8. References

Immunisation against Infectious Disease: The Green Book PHE 2013
Chapter 32

Tuberculosis in the UK: Annual Report on tuberculosis surveillance in the UK, 2013. London: Public Health England August 2013.

Appendix 1

Recommendations for the use of BCG vaccine

The aim of the UK BCG immunisation programme is to immunise those at increased risk of developing severe disease and/or of exposure to TB infection.

BCG immunisation should be offered to:

- All infants (aged 0 to 12 months) living in areas of the UK where the annual incidence of TB is 40/100,000 or greater*
- All infants (aged 0 to 12 months) with a parent or grandparent who was born in a country where the annual incidence of TB is 40/100,000 or greater[†]
- Previously unvaccinated children aged one to five years with a parent or grandparent who was born in a country where the annual incidence of TB is 40/100,000 or greater.[†] These children should be identified at suitable opportunities, and can normally be vaccinated without tuberculin testing
- Previously unvaccinated, tuberculin-negative children aged from six to under 16 years of age with a parent or grandparent who was born in a country where the annual incidence of TB is 40/100,000 or greater.[†] These children should be identified at suitable opportunities, tuberculin tested and vaccinated if negative (see section on tuberculin testing prior to BCG vaccination)
- Previously unvaccinated tuberculin-negative individuals under 16 years of age who are contacts of cases of respiratory TB (following recommended contact management advice – see National Institute for Health and Clinical Excellence (NICE), 2006)
- Previously unvaccinated, tuberculin-negative individuals under 16 years of age who were born in or who have lived for a prolonged period (at least three months) in a country with an annual TB incidence of 40/100,000 or greater.

From: Graham Gibbens, Cabinet Member for Adult Social Care and Public Health
 Jenny Whittle, Cabinet Member for Specialist Children’s Services
 Andrew Ireland, Corporate Director - Families and Social Care
 Meradin Peachey, Director – Public Health

To: Social Care and Public Health Cabinet Committee – 5th December 2013

Subject: Adult Social Care & Public Health Portfolio & Specialist Children’s Services
 Portfolio Financial Monitoring 2013/14

Classification: Unrestricted

Summary:

The Cabinet Committee is asked to note the second quarter’s full budget monitoring report for 2013/14 reported to Cabinet on 2nd December 2013.

Recommendation:

The Social Care and Public Health Cabinet Committee is asked to note the revenue and capital forecast variances from budget for 2013/14 for the Adult Social Care & Public Health Portfolio & Specialist Children’s Services Portfolio based on the first quarter’s full monitoring to Cabinet.

1. Introduction:

1.1 This is a regular report to this Committee on the forecast outturn for Adult Social Care & Public Health Portfolio and Specialist Children’s Services Portfolio.

2. Background:

2.1 A detailed quarterly monitoring report is presented to Cabinet, usually in September, December and March and a draft final outturn report in either June or July. These reports outline the full financial position for each portfolio together with key activity indicators and will be reported to Cabinet Committees after they have been considered by Cabinet. These quarterly reports also include financial health indicators, prudential indicators, the impact on revenue reserves of the current monitoring position and staffing numbers by directorate. In the intervening months a mini report is made to Cabinet outlining the financial position for each portfolio. The second quarter’s monitoring report for 2013/14 is attached.

2.2 The attached relevant annexes from the Cabinet report are presented in the pre-election portfolio structure. Given the inevitable changes that are coming from "Facing the Challenge", the Cabinet Member for Finance & Procurement has agreed that in terms of competing priorities, value added and risk, the work involved in mapping the pre-election portfolios to the post-election portfolio structure exceeds the benefits to be had, given the relatively short period that these new portfolios will be in existence before a further major change takes effect. Therefore, reporting for

the remainder of this financial year will continue in the pre-election portfolio structure.

3. Financial Forecast 2013/14 - Revenue

3.1 There are no exceptional revenue changes since the writing of the attached quarter 2 report.

3.2 The table below shows a summary of the overall forecast position for the FSC directorate at the end of the second quarter of 2013/14:

Portfolio	Forecast Variance £m
Specialist Children's Services	+3.916
Adult Social Care & Public Health	-0.380
Total	+3.536

3.3 The table below summarise the forecast variances for Specialist Children's Services.

	<u>Variance</u> £m
Looked After - Residential Care	+0.036
- Fostering	+0.818
- Legal Costs	+0.982
Adoption	-0.056
Children's Staffing	+0.597
Preventative Services	+0.719
Leaving Care	+1.262
Asylum	+0.383
Directorate Mgt & Support	-0.272
Children's Centres	-0.656
VSK	-0.016
Safeguarding	+0.119
Specialist Children's Service Total	+3.916

The detail and reasons of these variances can be found in the full monitoring report (Annex 2).

3.4 The table below summarises the forecast variance for Adult Social Care and Public Health.

	Variance £m
Older People	-1.391
Physical Disability	+0.202
Learning Disability	+1.764
Mental Health	+0.238
Assessment of Vulnerable Adults	-0.919
Safeguarding	-0.187
Directorate & Management Support	+0.278
Public Health	-0.365
Adult Social Care & Public Health Total	-0.380

The detail and reasons of these variances can be found in the full monitoring report (Annex 3 & Annex 6).

4. Financial Forecast 2013/14- Capital

4.1 There are no exceptional capital changes since the writing of the attached quarter 2 report.

4.2 The table below shows a summary of the overall forecast position for the FSC directorate at the end of the second quarter of 2013/14:

Portfolio	Forecast Variance £m
Specialist Children's Services	0.000
Adult Social Care	-6.942
Total	-6.942

5. Social Care Debt Monitoring

5.1 The latest position on social care debt can be seen in Annex 3.

6. Recommendation(s)

Recommendation(s):

The Social Care and Public Health Cabinet Committee is asked to note the revenue and capital forecast variances from budget for 2013/14 for the Adult Social Care & Public Health Portfolio & Specialist Children's Services Portfolio based on the first quarter's full monitoring to Cabinet.

6. Contact details

Report Authors:

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FAMILIES & SOCIAL CARE DIRECTORATE SUMMARY
CHILDREN'S SERVICES SUMMARY
SEPTEMBER 2013-14 MONITORING REPORT

1. **REVENUE**

1.1		Cash Limit	Variance Before Mgmt Action	Management Action	Net Variance after Mgmt Action
	Total excl Asylum (£k)	+152,688	+3,533	-1,035	+2,498
	Asylum (£k)	+280	+383	-	+383
	Total (£k)	+152,968	+3,916	-1,035	+2,881

1.2 **Table 1** below details the revenue position by A-Z budget:

Budget Book Heading	Cash Limit			Variance	Explanation	Management Action/ Impact on MTFP
	Gross	Income	Net	Net		
	£'000	£'000	£'000	£'000	£'000	
Specialist Children's Services portfolio						
Strategic Management & Directorate Support budgets	5,979.8	-175.0	5,804.8	-272	-344 underspend on Commissioning staffing budget +72 Other small minor variances	
Children's Services - Children in Care (Looked After)						
- Fostering	38,164.1	-336.0	37,828.1	+818	+102 In House: Forecast 267 weeks above affordable level +385 In House: Forecast unit cost £7.05 above affordable level -97 In House: management action to reduce pressure +21 In House: Other small minor variances +979 Independent Sector (IFA): Forecast 1,050 weeks above affordable level -68 Independent Sector (IFA): Forecast unit cost £6.36 below affordable level	Management action is in place to speed up and increase the number of adoptions therefore reducing the demand on in house fostering.

Budget Book Heading	Cash Limit			Variance	Explanation	Management Action/ Impact on MTFP
	Gross £'000	Income £'000	Net £'000	Net £'000		
					-336 Fostering: management action to reduce pressure -195 Small reduction in fostering related payments, and Kinship placements +27 Other small minor variances	The recent in-house fostering recruitment campaign is expected to result in more in-house and fewer independent sector placements, which will reduce costs. Also, new IFA placements will be purchased under a new framework contract which should result in lower cost placements. This will be reflected in the forecast activity shown in sections 2.2 & 2.3 once there is evidence that this management action is starting to take effect.
- Legal Charges	7,345.4	0.0	7,345.4	+982	+682 Increase in legal fees and court charges, due to an increase in number of proceedings. +300 Increase in court fee pricing	This pressure will need to be addressed in the 2014-17 MTFP
- Residential Children's Services	15,371.2	-1,799.9	13,571.3	+36	+66 Independent residential care for Disabled Children: Forecast 21 weeks above affordable level of 2,384 -220 Independent residential care for Disabled Children: Forecast unit cost - £92.44 below affordable level of £3,249.20 +130 Independent residential care for Disabled Children: reduction in income -38 Secure Accommodation: reduction in placements +98 Other small minor variances	
- Virtual School Kent	2,163.6	-718.9	1,444.7	-16		
	63,044.3	-2,854.8	60,189.5	+1,820		

Budget Book Heading	Cash Limit			Variance	Explanation		Management Action/ Impact on MTFP
	Gross	Income	Net	Net			
	£'000	£'000	£'000	£'000	£'000		
Children's Services - Children in Need							
- Children's Centres	15,957.4	-112.6	15,844.8	-656	-656	Minor variances spread across the 97 centres	
- Preventative Services	16,098.0	-1,559.0	14,539.0	+719	+583	Pressure on commissioned services	
					+116	Increase in direct payments	
					+109	Staffing pressure	
					-89	Other small minor variances	
	32,055.4	-1,671.6	30,383.8	+63			
Children's Services - Other Social Services							
- Adoption	11,088.7	-3,707.5	7,381.2	-56	-745	Underspend due to rebadging of eligible spend to the Adoption Reform Grant.	
					+305	Increase in number of adoption payments as a result of the management action, referred to in Fostering above, to speed up and increase the number of adoptions.	
					+384	Increase in number of guardianship payments partly due to a reduction in Kinship placements reported in Fostering above, together with a general increase in the number of guardianship payments.	
- Asylum Seekers	11,883.3	-11,603.3	280.0	+383	+1,207	Pressure relating to under 18 UASC due to costs exceeding grant payable	
					+169	Pressure relating to under 18 UASC due to ineligibility	
					+1,199	Pressure relating to over 18's due to ineligibility, of which £780k relates to All Rights Exhausted (ARE) clients	
					+1,191	Pressure relating to over 18's due to costs exceeding grant payable (see activity section 2.6 below), of which £296k relates to ARE clients	

Budget Book Heading	Cash Limit			Variance	Explanation	Management Action/ Impact on MTFP
	Gross	Income	Net	Net		
	£'000	£'000	£'000	£'000	£'000	
					-927	Gateway grant not required for infrastructure costs and therefore available to offset other pressures
					-2,456	Invoice to Home Office for net pressures outlined above, excluding costs for the first 25 care leavers, naturalised clients, care leavers age 21 and over not in education and care leavers age 24 and over (as these clients either fall within KCC's social care responsibilities or we should no longer be supporting them at all)
- Leaving Care (formerly 16+)	4,555.1	0.0	4,555.1	+1,262	+254	Pressure on staffing budgets
					+1,008	Additional young people requiring this service, in order to provide stability and continuity whilst they continue their education.
- Safeguarding	4,679.4	-495.5	4,183.9	+119	+115	Pressure on staffing
					+4	Other small minor variances
	32,206.5	-15,806.3	16,400.2	+1,708		
<u>Assessment Services</u>						
- Children's social care staffing	45,247.8	-5,058.5	40,189.3	+597	+597	Pressure on staffing budgets. Partly due to appointment of agency staff to bridge the gap until new cohort of social workers take up posts in October
Total SCS portfolio	178,533.8	-25,566.2	152,967.6	+3,916		

Budget Book Heading	Cash Limit			Variance	Explanation	Management Action/ Impact on MTFP
	Gross	Income	Net	Net		
	£'000	£'000	£'000	£'000	£'000	
Assumed Mgmt Action						
- SCS portfolio				-1,035		A management action plan was drawn up a few weeks ago, which is hoped will reduce expenditure on some non-essential expenditure, and reduce some agency staff costs for non-front line social work posts. Until further financial evidence is seen of the success of this, the balance of £1,035k is shown here as one figure. It is anticipated that within the next monitoring report this will be shown against the relevant budget lines.
Total Forecast <u>after</u> mgmt action	178,533.8	-25,566.2	152,967.6	+2,881		

2. KEY ACTIVITY INDICATORS AND BUDGET RISK ASSESSMENT MONITORING

2.1 Number of Looked After Children (LAC) :

		No. of Kent LAC placed in Kent	No. of Kent LAC placed in OLAs	TOTAL NO. OF KENT LAC (excluding Asylum)	No. of OLA LAC placed in Kent	TOTAL NUMBER OF LAC IN KENT
2011-12	30-Jun	1,371	141	1,512	1,330	2,842
	30-Sep	1,419	135	1,554	1,347	2,901
	31-Dec	1,446	131	1,577	1,337	2,914
	31-Mar	1,480	138	1,618	1,248	2,866
2012-13	30-Jun	1,478	149	1,627	1,221	2,848
	30-Sep	1,463	155	1,618	1,216	2,834
	31-Dec	1,455	165	1,620	1,144	2,764
	31-Mar	1,494	147	1,641	1,200	2,841
2013-14	30-Jun	1,485	155	1,640	1,197	2,837
	30-Sep	1,465	152	1,617	1,182	2,799
	31-Dec					
	31-Mar					

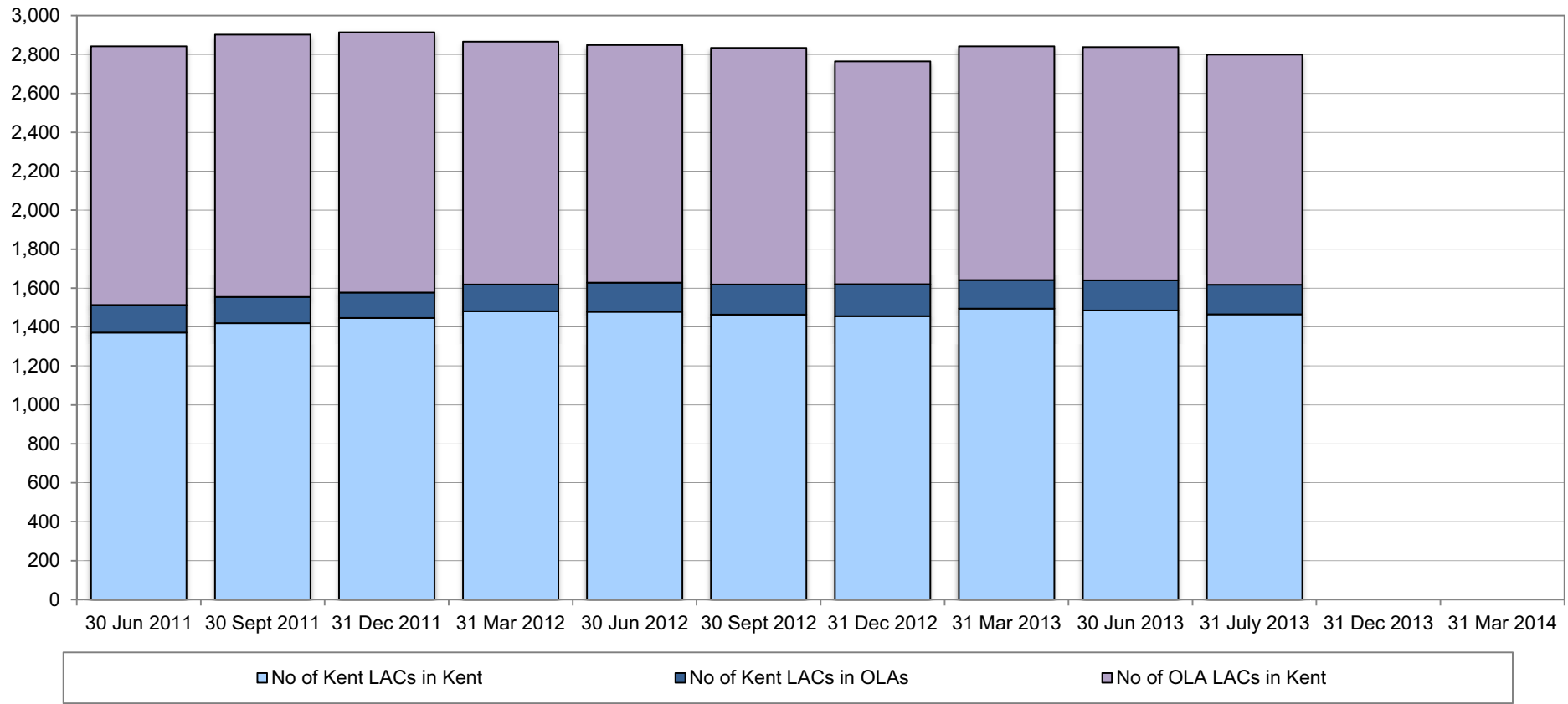
Page 568

Comments:

- Children Looked After by KCC may on occasion be placed out of the County, which is undertaken using practice protocols that ensure that all long-distance placements are justified and in the interests of the child. All Looked After Children are subject to regular statutory reviews (at least twice a year), which ensures that a regular review of the child's care plan is undertaken.
- The figures represent a snapshot of the number of children designated as looked after at the end of each quarter, it is not the total number of looked after children during the period. Therefore, although the number of Kent looked after children has reduced by 24 this financial year, there could have been more (or less) during the period. Although the overall snapshot number of looked after children has reduced since the last report, the numbers within each placement grouping have also changed, with a small increase in higher cost placements such as Independent Sector Fostering, but a reduction in lower cost placements such as Placed for Adoption, resulting in an overall increase in the pressure on the Specialist Children's Services budget.
- The generally higher number of looked after children since the 2013-14 budget was set (Q3 12/13) has placed additional pressure on the services for looked after children, including fostering and residential care. £1.5m of rolled forward underspending from 2012-13 was approved by Cabinet on 15 July to address this issue.

- The OLA LAC information has a confidence rating of 70% and is completely reliant on Other Local Authorities keeping KCC informed of which children are placed within Kent. The Management Information Unit (MIU) regularly contact these OLAs for up to date information, but replies are not always forthcoming. This confidence rating is based upon the percentage of children in this current cohort where the OLA has satisfactorily responded to recent MIU requests.
- This information on number of Looked After Children is provided by the Management Information Unit within FSC Directorate.

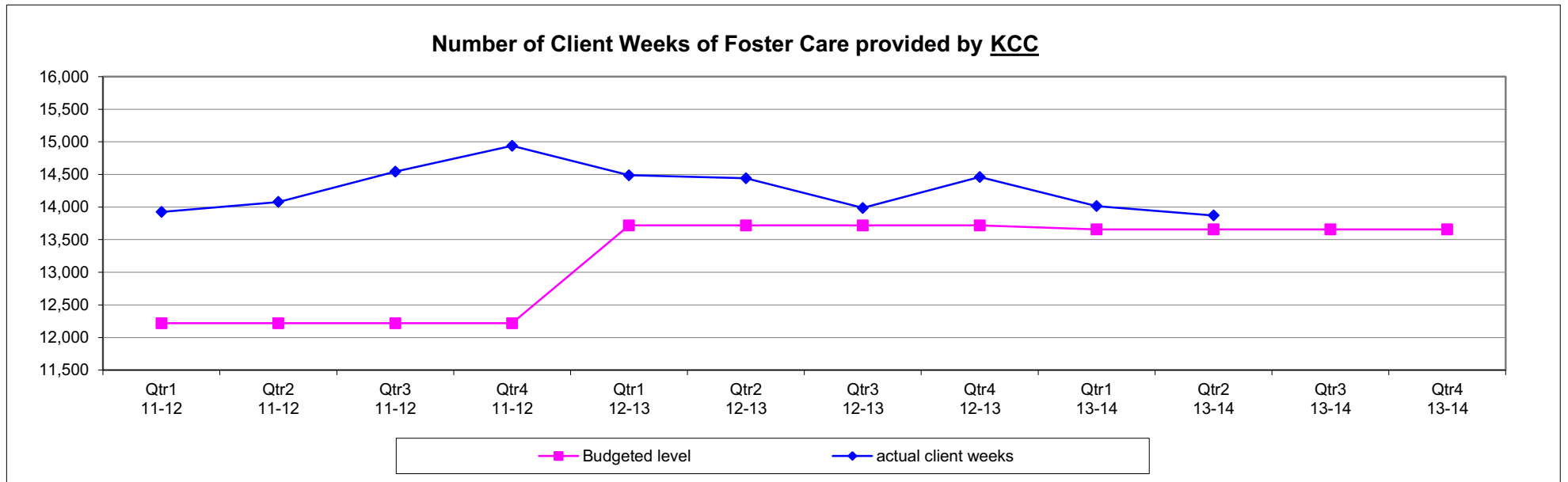
Number of Looked After Children

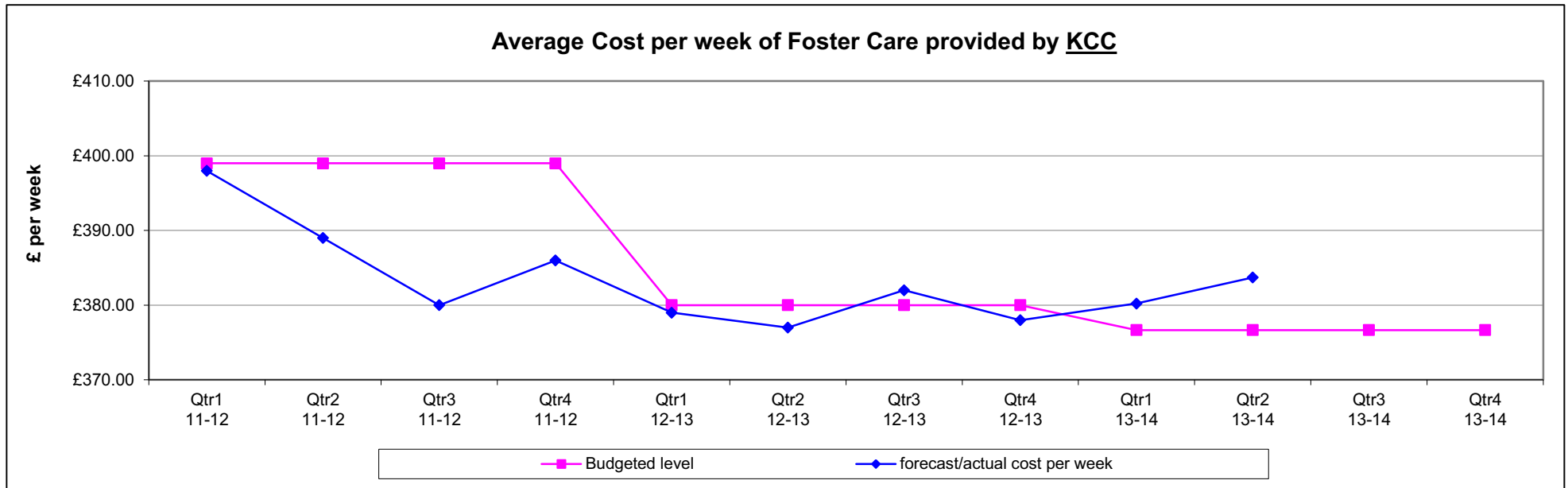


2.2 Number of Client Weeks & Average Cost per Client Week of Foster Care provided by KCC:

	2011-12				2012-13				2013-14			
	No of weeks		Average cost per client week		No of weeks		Average cost per client week		No of weeks		Average cost per client week	
	Budget level	actual	Budget level	forecast /actual	Budget level	actual	Budget level	forecast /actual	Budget level	actual	Budget level	forecast
Apr to Jun	12,219	13,926	£399	£398	13,718	14,487	£380	£379	13,659	14,014	£376.67	£380.22
Jul to Sep	12,219	14,078	£399	£389	13,718	14,440	£380	£377	13,658	13,871	£376.67	£383.72
Oct to Dec	12,219	14,542	£399	£380	13,718	13,986	£380	£382	13,658		£376.67	
Jan to Mar	12,219	14,938	£399	£386	13,718	14,462	£380	£378	13,658		£376.67	
	48,876	57,484	£399	£386	54,872	57,375	£380	£378	54,633	27,885	£376.67	£383.72

Page 570





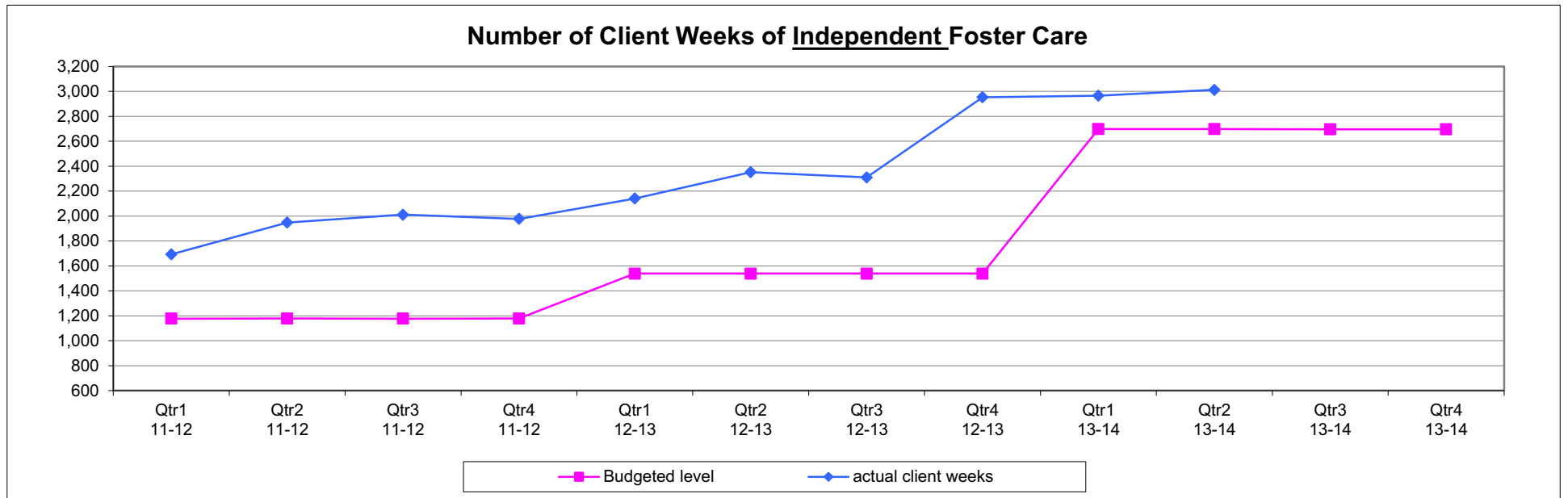
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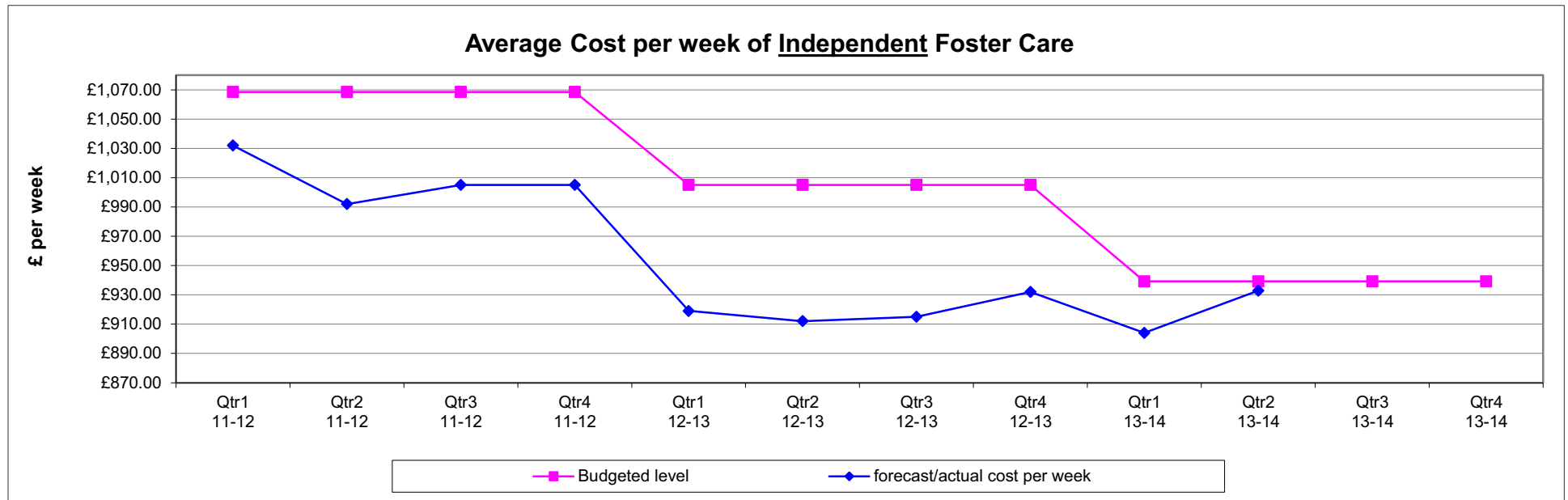
- The actual number of client weeks is based on the numbers of known clients at a particular point in time. This may be subject to change due to the late receipt of paperwork.
- The budgeted level has been calculated by dividing the budget by the average weekly cost. The average weekly cost is also an estimate based on financial information and estimates of the number of client weeks and may be subject to change.
- The 2013-14 budgeted level has changed from what was reported to Cabinet on 15 July in the 2012-13 outturn report, reflecting the realignment of budgets reported to Cabinet on 16 September.
- The forecast number of weeks is 54,900 (excluding asylum), which is 267 weeks above the affordable level. At the forecast unit cost of £383.72 per week, this increase in activity gives a pressure of £102k, as shown in table 1.
- The number of forecast weeks appears low compared to actual weeks to date, which is due to a general reduction in the number of looked after children as reflected in section 2.1 above.
- The forecast unit cost of £383.72 is +£7.05 above the budgeted level and when multiplied by the budgeted number of weeks, gives a pressure of +£385k, as shown in table 1.
- Overall therefore, the combined gross pressure on this service is £487k (£102k + £385k).

2.3 Number of Client Weeks & Average Cost per Client Week of Independent Foster Care:

	2011-12				2012-13				2013-14			
	No of weeks		Average cost per client week		No of weeks		Average cost per client week		No of weeks		Average cost per client week	
	Budget level	actual	Budget level	forecast /actual	Budget level	actual	Budget level	forecast /actual	Budget level	actual	Budget level	forecast
Apr to Jun	1,177	1,693	£1,069	£1,032	1,538	2,141	£1,005	£919	2,697	2,964	£939.19	£904.01
Jul to Sep	1,178	1,948	£1,069	£992	1,538	2,352	£1,005	£912	2,697	3,012	£939.19	£932.83
Oct to Dec	1,177	2,011	£1,069	£1,005	1,538	2,310	£1,005	£915	2,696		£939.19	
Jan to Mar	1,178	1,977	£1,069	£1,005	1,538	2,953	£1,005	£932	2,696		£939.19	
	4,710	7,629	£1,069	£1,005	6,152	9,756	£1,005	£932	10,786	5,976	£939.19	£932.83

Page 572





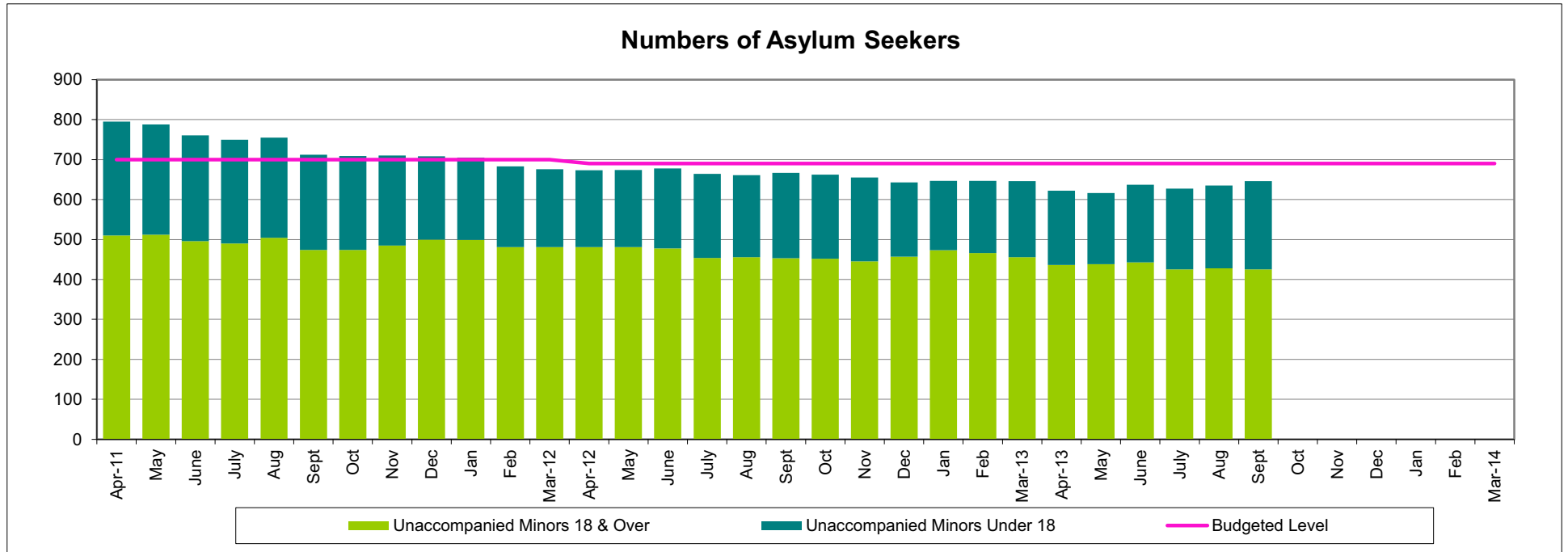
Comments:

- The actual number of client weeks is based on the numbers of known clients at a particular point in time. This may be subject to change due to the late receipt of paperwork.
- The budgeted level has been calculated by dividing the budget by the average weekly cost. The average weekly cost is also an estimate based on financial information and estimates of the number of client weeks and may be subject to change.
- The 2013-14 budgeted level has changed from what was reported to Cabinet on 15 July in the 2012-13 outturn report, reflecting the realignment of budgets reported to Cabinet on 16 September.
- The forecast number of weeks is 11,836 (excluding asylum), which is 1,050 weeks above the affordable level. At the forecast unit cost of £932.83 per week, this increase in activity gives a pressure of £979k as shown in table 1.
- The forecast unit cost of £932.83 is -£6.36 below the budgeted level and when multiplied by the budgeted number of weeks, gives a saving of -£68k as shown in table 1.
- Overall therefore, the combined gross pressure on this service is £911k (£979k - £68k)
- The forecast average unit cost of £932.83 includes some mother and baby placements, which are subject to court orders. These placements often cost in excess of £1,500 per week.
- The IFA Framework contract commenced in June 2013 and unit costs are expected to reduce as a result of this. However, since the last report there have been a number of high cost disability placements which have resulted in an increase in the average unit cost, rather than a reduction as expected.

2.4 Number of Unaccompanied Asylum Seeking Children (UASC):

	2011-12			2012-13			2013-14		
	Under 18	18 & Over	Total	Under 18	18 & Over	Total	Under 18	18 & Over	Total
Apr	285	510	795	192	481	673	186	436	622
May	276	512	788	193	481	674	178	438	616
Jun	265	496	761	200	478	678	194	443	637
Jul	260	490	750	210	454	664	202	425	627
Aug	251	504	755	205	456	661	207	428	635
Sep	238	474	712	214	453	667	221	425	646
Oct	235	474	709	210	452	662			
Nov	225	485	710	210	445	655			
Dec	208	500	708	186	457	643			
Jan	206	499	705	174	473	647			
Feb	202	481	683	181	466	647			
Mar	195	481	676	190	456	646			

Page 574



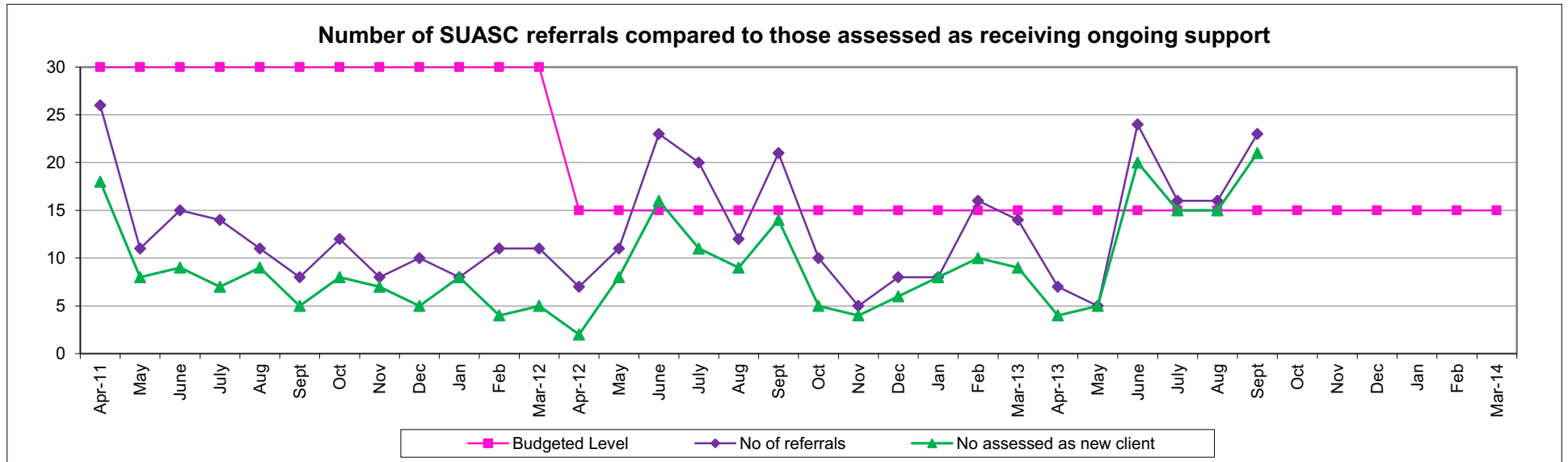
Comments:

- The overall number of children has remained fairly static so far this year with a small increase in September. The current number of clients supported is below the budgeted level of 690.
- The budgeted number of referrals for 2013-14 is 15 per month, with 9 (60%) being assessed as under 18.
- Despite improved partnership working with the UKBA, the numbers of 18 & overs who are All Rights of appeal Exhausted (ARE) have not been removed as quickly as originally planned.
- In general, the age profile suggests the proportion of 18 & overs is decreasing slightly and, in addition, the age profile of the under 18 children is increasing.
- The data recorded above will include some referrals for which the assessments are not yet complete or are being challenged. These clients are initially recorded as having the Date of Birth that they claim but once their assessment has been completed, or when successfully appealed, their category may change.
- Under 18 clients include both Looked After Children and 16 and 17 year old Care Leavers.

2.5 Number of Unaccompanied Asylum Seeking Children (UASC):

	2011-12			2012-13			2013-14		
	No of referrals	No. assessed as new client	%	No of referrals	No. assessed as new client	%	No of referrals	No. assessed as new client	%
Apr	26	18	69%	7	2	29%	7	4	57%
May	11	8	73%	11	8	73%	5	5	100%
Jun	15	9	60%	23	16	70%	24	20	83%
Jul	14	7	50%	20	11	55%	16	15	94%
Aug	11	9	82%	12	9	75%	16	15	94%
Sep	8	5	63%	21	14	67%	23	21	91%
Oct	12	8	67%	10	5	50%			
Nov	8	7	88%	5	4	80%			
Dec	10	5	50%	8	6	75%			
Jan	8	8	100%	8	8	100%			
Feb	11	4	36%	16	10	63%			
Mar	11	5	45%	14	9	64%			
	145	93	64%	155	102	66%	91	80	88%

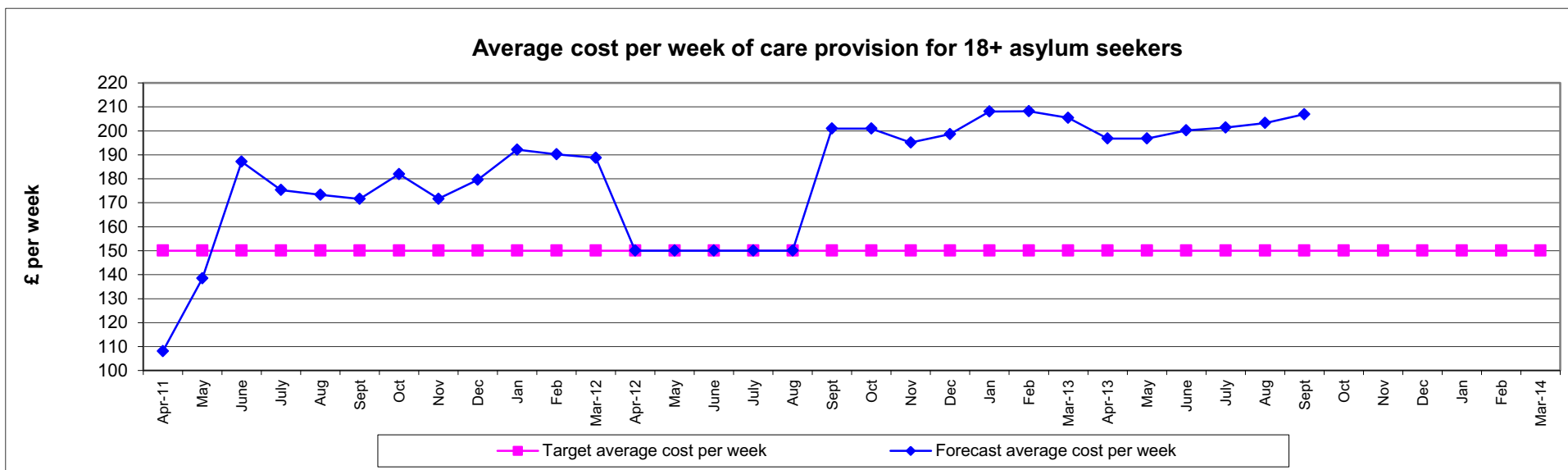
Page 576



Comments:

- The average number of referrals per month is now 15.2, which is slightly above the budgeted number of 15 referrals per month.
- The number of referrals has a knock on effect on the number assessed as new clients. The budgeted level is based on the assumption 60% of the referrals will be assessed as a new client. The average number assessed as new clients is now 88%.
- The budget assumed 9 new clients per month (60% of 15 referrals) but the average number of new clients per month is currently 13.3 i.e. a 48% increase.
- Where a young person has been referred but not assessed as a new client this would be due to them being re-united with their family, assessed as 18+ and returned to UKBA or because they have gone missing before an assessment has been completed.
- UASC Referrals are assumed to be new clients until an assessment has been completed, therefore the number of UASC assessed as new clients shown in the table above may change once the assessment has taken place.

	2011-12		2012-13		2013-14	
	Target average weekly cost £	Forecast average weekly cost £p	Target average weekly cost £	Forecast average weekly cost £p	Target average weekly cost £	Forecast average weekly cost £p
Apr	150	108.10	150	150.00	150	196.78
May	150	138.42	150	150.00	150	196.78
Jun	150	187.17	150	150.00	150	200.18
Jul	150	175.33	150	150.00	150	201.40
Aug	150	173.32	150	150.00	150	203.29
Sep	150	171.58	150	200.97	150	206.92
Oct	150	181.94	150	200.97	150	
Nov	150	171.64	150	195.11	150	
Dec	150	179.58	150	198.61	150	
Jan	150	192.14	150	208.09	150	
Feb	150	190.25	150	208.16	150	
Mar	150	188.78	150	205.41	150	



Comments:

- The local authority has agreed that the funding levels for the Unaccompanied Asylum Seeking Children's Service 18+ grant agreed with the Government rely on us achieving an average cost per week of £150, in order for the service to be fully funded, which is also reliant on the UKBA accelerating the removal process. In 2011-12 UKBA changed their grant rules and now only fund the costs of an individual for up to three months after the All Rights of appeal Exhausted (ARE) process if the LA carries out a Human Rights Assessment before continuing support. The LA has continued to meet the cost of the care leavers in order that it can meet its' statutory obligations to those young people under the Leaving Care Act until the point of removal.
- As part of our partnership working with UKBA, most UASC in Kent are now required to report to UKBA offices on a regular basis, in most cases weekly. The aim is to ensure that UKBA have regular contact and can work with the young people to encourage them to make use of the voluntary methods of return rather than forced removal or deportation. As part of this arrangement any young person who does not report as required may have their Essential Living Allowance discontinued. As yet this has not resulted in an increase in the number of AREs being removed. The number of AREs supported has continued to remain steady, but high and a number of issues remain:
 - For various reasons, some young people have not yet moved to lower cost properties, mainly those placed out of county. These placements are largely due to either medical/mental health needs or educational needs.
 - We are currently experiencing higher than anticipated level of voids, properties not being fully occupied. Following the incident in Folkestone in January 2011, teams are exercising a greater caution when making new placements into existing properties. This is currently being addressed by the Accommodation Team.
 - We are still receiving damages claims relating to closed properties.
- As part of our strive to achieve a net unit cost of £150 or below, we will be insisting on take-up of state benefits for those entitled.
- The current forecast average weekly cost for 2013-14 is £206.92, £56.92 above the £150 claimable under the grant rules. This adds £1,191k to the forecast outturn position. We are invoicing the Home Office for the majority of this shortfall in grant income each month and negotiations are ongoing regarding payment.

3. CAPITAL

3.1 The Families and Social Care Directorate - Specialist Children's Services has a working budget for 2013-14 of £1,925k. The forecast outturn against the 2013-14 budget is £1,925k giving a variance of £0k.

3.2 **Table 2** below details the FSC CS Capital Position by Budget Book line.

Budget Book Heading	Three year cash limit (£000)	2013-14 Working Budget (£000)	2013-14 Variance (£000)	Variance Break-down (£000)	Rephasing / Real Variance and Funding Stream	Explanation of In-Year Variance	Project Status ¹	Explanation of Project Status	Actions
Individual Projects									
Transforming Short Breaks	1,074	1,674	0	0			Green		
Service Redesign (Family Centre)	251	251	0	0			Green		
Total	1,325	1,925	0	0					

1. Status:

Green – on time and within budget

Amber – either delayed completion date or over budget

Red – both delayed completion and over budget

FAMILIES & SOCIAL CARE DIRECTORATE SUMMARY
ADULTS SERVICES SUMMARY
SEPTEMBER 2013-14 MONITORING REPORT

1. REVENUE

1.1		Cash Limit	Variance Before Mgmt Action	Management Action	Net Variance after Mgmt Action
	Total (£k)	+334,878	-15	-	-15

1.2 **Table 1** below details the revenue position by A-Z budget:

Budget Book Heading	Cash Limit			Variance	Explanation		Management Action/ Impact on MTFP
	Gross	Income	Net	Net	£'000		
	£'000	£'000	£'000	£'000	£'000		
Adult Social Care & Public Health portfolio							
Strategic Management & Directorate Support budgets	7,019.1	-957.8	6,061.3	+263	+323	Legal Charges	
					-60	Other minor variances	
<u>Support to Frontline Services:</u>							
- Adults Social Care Commissioning & Performance Monitoring	3,534.8	-140.2	3,394.6	+16			
<u>Adults & Older People:</u>							
<u>- Direct Payments</u>							
- Learning Disability	15,865.8	0.0	15,865.8	+481	-239	Forecast -875 weeks below affordable level of 60,327 weeks	Demographic pressures & savings will need to be addressed in the MTFP
					+615	Forecast average unit cost +£10.20 above affordable level of £262.50	
					+431	One-off direct payments	
					-326	Recovery of unspent funds from clients	
- Mental Health	817.2	0.0	817.2	+92	-94	Forecast -1,107 weeks below affordable level of 10,803 weeks	Demographic pressures & savings will need to be addressed in the MTFP
					+147	Forecast average unit cost +£13.60 above affordable level of £71.40	
					+39	Other minor variances	

Budget Book Heading	Cash Limit			Variance	Explanation	Management Action/ Impact on MTFP
	Gross	Income	Net	Net		
	£'000	£'000	£'000	£'000	£'000	
- Older People	6,797.2	0.0	6,797.2	-31	-454 Forecast -2,837 weeks below affordable level of 45,113 weeks +416 Forecast average unit cost +£9.23 above affordable level of £150.67 +434 One-off direct payments -541 Recovery of unspent funds from clients +114 Costs relating to 2012-13 where insufficient creditors were set up	Demographic pressures & savings will need to be addressed in the MTFP
- Physical Disability	10,586.9	0.0	10,586.9	-576	-295 Forecast -1,590 weeks below affordable level of 56,463 weeks -125 Forecast average unit cost -£2.21 below affordable level of £187.50 +537 One-off direct payments -762 Recovery of unspent funds from clients +69 Costs relating to 2012-13 where insufficient creditors were set up	Demographic pressures & savings will need to be addressed in the MTFP
Total Direct Payments	34,067.1	0.0	34,067.1	-34		
- Domiciliary Care						
- Learning Disability	4,237.6	-679.2	3,558.4	-349	-146 Independent Sector: forecast -11,209 hours below affordable level of 94,500 hours -72 Independent Sector: forecast average unit cost -£0.76 below affordable level of £13.80 -100 Unrealised creditors raised in 2012-13 -31 Other minor variances	Demographic pressures & savings will need to be addressed in the MTFP
- Older People	42,599.5	-1,362.7	41,236.8	-206	-507 Independent Sector: forecast -33,753 hours below affordable level of 2,240,067 hours +157 Independent Sector: forecast average unit cost +£0.07 above affordable level of £14.95 +311 Independent sector: costs incurred relating to 2012-13 where insufficient creditors were set up	Demographic pressures & savings will need to be addressed in the MTFP

Budget Book Heading	Cash Limit			Variance	Explanation	Management Action/ Impact on MTFP
	Gross	Income	Net	Net		
	£'000	£'000	£'000	£'000	£'000	
					-143 Underspend on Independent Sector Enablement replaced by increased usage of the Kent Enablement at Home Service (KEAH) (see below)	
					+119 Increased activity on the Older People KEAH service due to reduced usage of Independent Sector Enablement and implementation of transformation plans	
					-217 Use of alternative funding sources to finance the programme of spend for hand held devices for the Older People KEAH service, such as use of reserves or capitalisation where eligible	
					+74 Other minor variances	
- Physical Disability	7,576.3	0.0	7,576.3	-16	-469 Independent Sector: forecast -34,241 hours below affordable level of 518,335 hours	Demographic pressures & savings will need to be addressed in the MTFP
					+285 Independent Sector: forecast average unit cost +£0.55 above affordable level of £13.15	
					+170 Pressure on Physical Disability Kent Enablement at Home Service (KEAH)	
					-2 Other minor variances	
Total Domiciliary Care	54,413.4	-2,041.9	52,371.5	-571		
- Non Residential Charging						
- Learning Disability	0.0	-2,569.3	-2,569.3	-152	-152 The forecast over-recovery of client contributions towards non-residential care services is linked to the current pressure being forecast on other learning disability community based services (such as Domiciliary, Day Care, Direct Payments & Supported Accommodation) highlighted in this report	Realignment of budget with other community based service headings will need to be addressed in the MTFP along with demographic pressures & savings.

Budget Book Heading	Cash Limit			Variance	Explanation		Management Action/ Impact on MTFP
	Gross	Income	Net	Net	£'000	£'000	
	£'000	£'000	£'000	£'000	£'000	£'000	
- Older People	0.0	-11,627.0	-11,627.0	+1,791	+1,791	The forecast under-recovery of client contributions towards non-residential care services is in part linked to the current underspend being forecast on other older people community based services highlighted in this report. In addition, this budget was set based on certain assumptions around activity & unit contributions. It is now apparent a realignment of this budget is required which will be addressed in the 2014-17 MTFP.	Realignment of budget with other community based service headings will need to be addressed in the MTFP along with demographic pressures & savings.
- Physical Disability / Mental Health	0.0	-1,459.5	-1,459.5	-67	-100	The forecast over-recovery of client contributions towards physical disability community based services suggests the average unit income is greater than budgeted and is offsetting the under-recovery of client income linked to the current underspend being forecast on other physical disability services highlighted in this report	
					+33	Other minor variances	
Total Non Residential Charging Income	0.0	-15,655.8	-15,655.8	+1,572			
- Nursing & Residential Care							
- Learning Disability	76,895.0	-6,219.8	70,675.2	+438	+1,297	Independent Sector: forecast +1,038 weeks above affordable level of 40,086 weeks -91 Leading to an increase in client contributions +95 Independent Sector: forecast average unit cost +£2.36 above affordable level of £1,247.27 -181 Independent Sector: forecast average unit client contribution -£4.51 above affordable level of -£83.24	Demographic pressures & savings will need to be addressed in the MTFP

Budget Book Heading	Cash Limit			Variance	Explanation	Management Action/ Impact on MTFP
	Gross	Income	Net	Net		
	£'000	£'000	£'000	£'000	£'000	
					-1,514 Preserved Rights Independent Sector: forecast -1,617 weeks below affordable level of 27,124 weeks	Demographic pressures & savings will need to be addressed in the MTFP
					+161 Leading to a shortfall in client contributions	
					+629 Preserved Rights Independent Sector: forecast average unit cost +£23.20 above affordable level of £913.28	
					-134 Preserved Rights Independent Sector: forecast average unit client contribution -£4.93 above affordable level of -£94.37	
					+131 Costs incurred in relation to 2012-13 where insufficient creditors were set up	
					+45 Other minor variances	
- Mental Health	7,380.2	-768.4	6,611.8	+640	+732 Independent Sector: forecast +1,189 weeks above affordable level of 9,895 weeks	Demographic pressures & savings will need to be addressed in the MTFP
					+95 Forecast average unit cost +£9.59 above affordable level of £605.75	
					-101 Over-recovery of income for clients part funded by health	
					-86 Other minor variances	
- Older People - Nursing	48,633.6	-24,365.0	24,268.6	-491	-25 Independent Sector: forecast -51 weeks below affordable level of 83,362 weeks	Demographic pressures & savings will need to be addressed in the MTFP
					+9 Leading to a shortfall in client contributions	
					+185 Independent Sector: forecast average unit cost +£2.22 above affordable level of £481.80	
					-736 Independent Sector: forecast average unit client contribution -£8.83 above affordable level of -£171.99	
					+76 Other minor variances	

Budget Book Heading	Cash Limit			Variance	Explanation	Management Action/ Impact on MTFP
	Gross	Income	Net	Net		
	£'000	£'000	£'000	£'000	£'000	
- Older People - Residential	81,827.1	-32,731.8	49,095.3	+134	+900 Independent Sector: forecast +2,232 weeks above affordable level of 146,064 weeks -385 Leading to an increase in client contributions +358 Independent Sector: forecast average unit cost +£2.45 above affordable level of £400.60 -701 Independent Sector: forecast average unit client contribution -£4.80 above affordable level of -£167.74 -38 Other minor variances	Demographic pressures & savings will need to be addressed in the MTFP
- Physical Disability	12,691.6	-1,752.0	10,939.6	+258	+496 Independent Sector: forecast +577 weeks above affordable level of 12,902 weeks -118 Independent Sector: forecast average unit cost -£9.11 below affordable level of £868.96 -120 Other minor variances	Demographic pressures & savings will need to be addressed in the MTFP
Total Nursing & Residential Care	227,427.5	-65,837.0	161,590.5	+979		
- Supported Accommodation						
- Learning Disability	32,870.0	-1,425.0	31,445.0	+790	+628 Independent Sector: forecast +62,231 hours above affordable level of 3,168,734 hours +697 Forecast average unit cost +£0.22 above affordable level of £9.87 -287 Unrealised creditors raised in 2012-13 -137 Underspend following the closure of the Bridge Resource Centre. This underspend partially offsets the pressure on in-house day care services (see below) -111 Other minor variances	Demographic pressures & savings will need to be addressed in the MTFP
- Older People	4,540.1	-4,350.0	190.1	+4		

Budget Book Heading	Cash Limit			Variance	Explanation	Management Action/ Impact on MTFP
	Gross	Income	Net	Net		
	£'000	£'000	£'000	£'000	£'000	
- Physical Disability / Mental Health	3,430.9	-248.9	3,182.0	-7	-6 Physical Disability Independent Sector: forecast -784 hours below affordable level of 238,011 hours +338 Physical Disability Independent Sector: forecast average unit cost +£1.42 above affordable level of £6.46 -186 Mental Health Independent Sector: forecast -17,572 hours below affordable level of 151,107 hours -74 Mental Health Independent Sector: forecast average unit cost -£0.49 below affordable level of £11.09 -79 Other minor variances	Demographic pressures & savings will need to be addressed in the MTFP
Total Supported Accommodation	40,841.0	-6,023.9	34,817.1	+787		
- Other Services for Adults & Older People						
- Contributions to Vol Orgs	17,868.5	-4,244.0	13,624.5	+418	+418 Various contracts with voluntary organisations are currently being reviewed/re-negotiated or re- commissioned along with investment in new services to support the transformation agenda (including expansion of care navigators programme, a service to explore options with older people to enable them to live independently within their community).	
- Community Support Services for Mental Health	1,265.3	-34.3	1,231.0	-66		
- Day Care						
- Learning Disability	12,723.4	-182.4	12,541.0	+540	+206 Unachievable savings target on in- house day care services following the day services review. The underspend following the closure of the Bridge (see LD Supported Accommodation above) is partially offsetting this pressure.	

Budget Book Heading	Cash Limit			Variance	Explanation	Management Action/ Impact on MTFP
	Gross £'000	Income £'000	Net £'000	Net £'000		
					+334	Current demand for services provided by the independent sector
- Older People	2,453.9	-63.1	2,390.8	-58		
- Physical Disability	1,040.0	-4.7	1,035.3	+255	+255	Current demand for services provided by both the independent sector and the resource centre
Total Day Care	16,217.3	-250.2	15,967.1	+737		
- Other Adult Services	4,167.0	-15,672.6	-11,505.6	-3,010	-3,051	This budget line holds both transformation savings and some of the NHS support for social care monies, including funds required for additional winter pressures. Plans are being further developed and implemented with the NHS to ensure that health outcomes are being met from the investments. Pressures are being shown against their respective budget lines and the compensating funding stream is being reflected here.
					+105	Current demand for Kent sensory services equipment
					-125	The number of hot meals provided to older people continues to fall as clients choose alternative methods to receive this service.
					+61	Other minor variances
- Safeguarding	1,135.2	-261.6	873.6	-187	-187	Net effect of delays in the recruitment to known vacancies as well as the recommissioning and reduction in the level of training to be delivered through the Mental Health Capacity Act (MCA)
Total Other Services for A&OP	40,653.3	-20,462.7	20,190.6	-2,108		

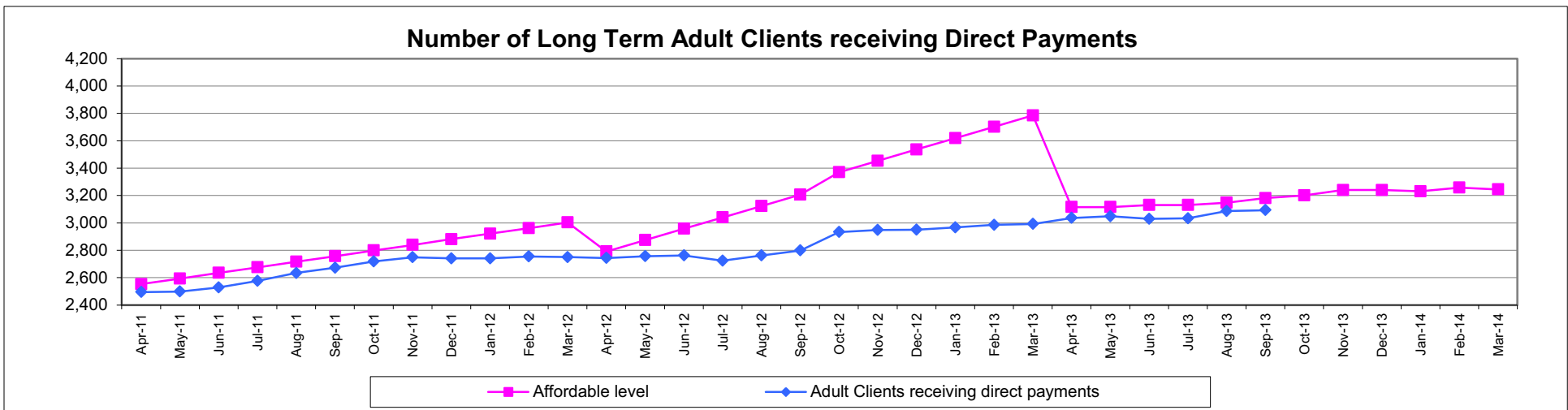
Budget Book Heading	Cash Limit			Variance	Explanation	Management Action/ Impact on MTFP
	Gross	Income	Net	Net		
	£'000	£'000	£'000	£'000	£'000	
Assessment Services						
- Adult Social Care Staffing	41,902.7	-3,862.0	38,040.7	-919	-495 Net effect of delays in the recruitment to known vacancies within the older people and physical disability assessment teams and usage of locum/agency staff.	
					-386 Delays in the recruitment to known vacancies within the Mental Health assessment teams and the usage of locum/agency staff. This is partly due to recent staffing reviews along with general difficulties in recruiting to speciality mental health practitioners	
					-38 Other minor variances	
Total ASC&PH portfolio	449,858.9	-114,981.3	334,877.6	-15		
Assumed Mgmt Action						
- ASC&PH portfolio						
Total Forecast <u>after</u> mgmt action	449,858.9	-114,981.3	334,877.6	-15		

2. KEY ACTIVITY INDICATORS AND BUDGET RISK ASSESSMENT MONITORING

2.1 Direct Payments - Number of Adult Social Services Clients receiving Direct Payments:

	2011-12			2012-13			2013-14		
	Affordable level for long term clients	Snapshot of long term adults rec'ing direct payments	Number of one-off payments made during the month	Affordable level for long term clients	Snapshot of long term adults rec'ing direct payments	Number of one-off payments made during the month	Affordable level for long term clients	Snapshot of long term adults rec'ing direct payments	Number of one-off payments made during the month
Apr	2,553	2,495	137	2,791	2,744	169	3,116	3,036	160
May	2,593	2,499	89	2,874	2,756	147	3,116	3,048	155
Jun	2,635	2,529	90	2,957	2,763	133	3,130	3,029	109
Jul	2,675	2,576	125	3,040	2,724	156	3,130	3,033	136
Aug	2,716	2,634	141	3,123	2,763	167	3,147	3,086	133
Sep	2,757	2,672	126	3,207	2,799	147	3,181	3,093	87
Oct	2,799	2,719	134	3,370	2,933	185	3,201		
Nov	2,839	2,749	122	3,453	2,949	119	3,240		
Dec	2,881	2,741	111	3,536	2,950	109	3,240		
Jan	2,921	2,741	130	3,619	2,967	117	3,231		
Feb	2,962	2,755	137	3,702	2,986	127	3,257		
Mar	3,003	2,750	117	3,785	2,992	105	3,244		
			1,459			1,681			780

Page 590



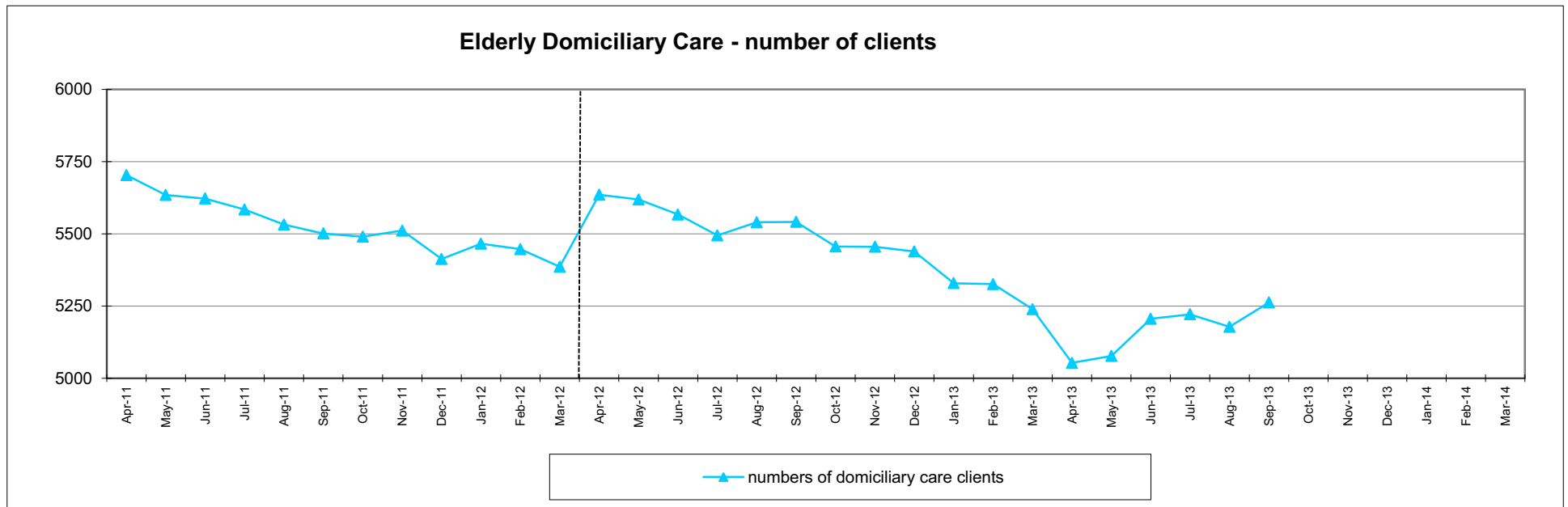
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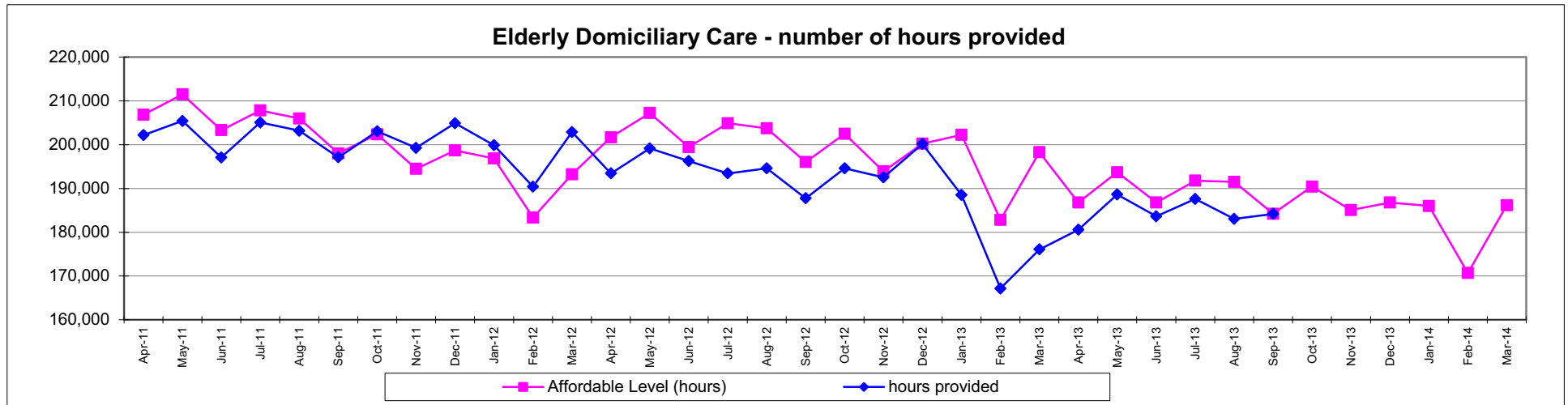
- The presentation of activity being reported for direct payments changed in the 2012-13 Q2 report in order to separately identify long term clients in receipt of direct payments as at the end of the month plus the number of one-off payments made during the month. Please note a long term client in receipt of a regular direct payment may also receive a one-off payment if required. Only the long term clients are presented on the graph above.
- Please note that due to the time taken to record changes in direct payments onto the client database the number of clients and one-off direct payments for any given month may change therefore the current year to date activity data is refreshed in each report to provide the most up to date information.
- Table 1 shows a small underspend on this service of £34k. The activity recorded above suggests a larger underspend than this, but this is largely being negated by higher than budgeted unit costs.

2.2 Elderly domiciliary care – numbers of clients and hours provided in the independent sector

	2011-12			2012-13			2013-14		
	Affordable level (hours)	hours provided	number of clients	Affordable level (hours)	hours provided	number of clients	Affordable level (hours)	hours provided	number of clients
Apr	206,859	202,177	5,703	201,708	193,451	5,635	186,809	180,585	5,053
May	211,484	205,436	5,634	207,244	199,149	5,619	193,717	188,656	5,077
Jun	203,326	197,085	5,622	199,445	196,263	5,567	186,778	183,621	5,206
Jul	207,832	205,077	5,584	204,905	193,446	5,494	191,791	187,621	5,221
Aug	206,007	203,173	5,532	203,736	194,628	5,540	191,521	183,077	5,178
Sep	198,025	197,127	5,501	196,050	187,749	5,541	184,242	184,208	5,262
Oct	202,356	203,055	5,490	202,490	194,640	5,456	190,446		
Nov	194,492	199,297	5,511	193,910	192,555	5,455	185,082		
Dec	198,704	204,915	5,413	200,249	200,178	5,439	186,796		
Jan	196,879	199,897	5,466	202,258	188,501	5,329	186,006		
Feb	183,330	190,394	5,447	182,820	167,163	5,326	170,695		
Mar	193,222	202,889	5,386	198,277	176,091	5,239	186,184		
	2,402,516	2,410,522		2,393,092	2,283,814		2,240,067	1,107,767	

Page 592





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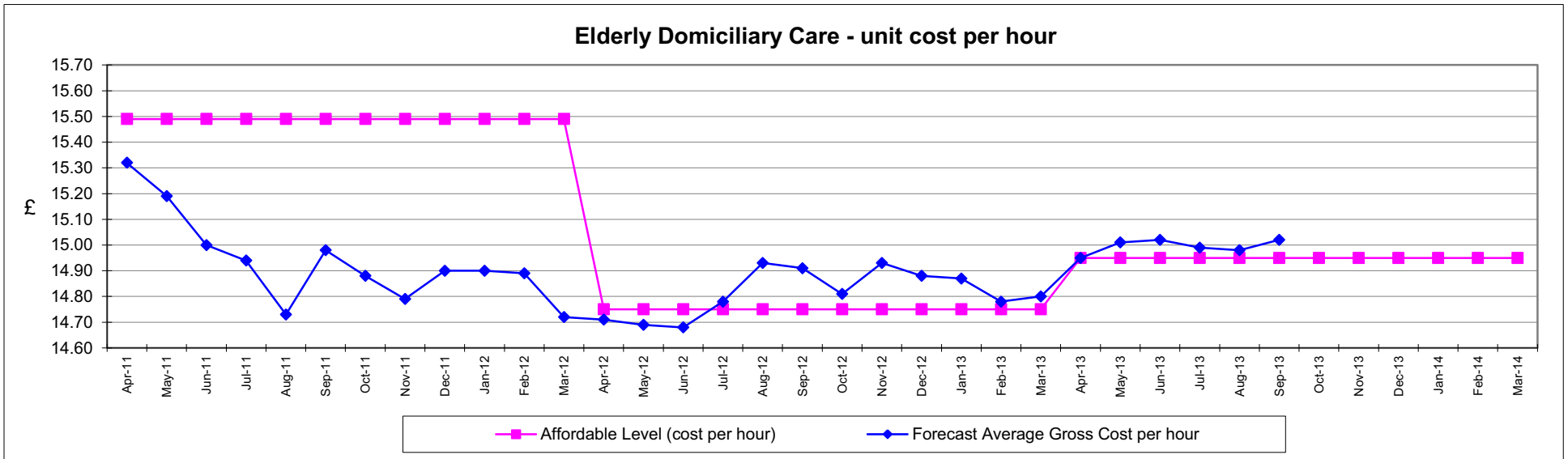
- Figures exclude services commissioned from the Kent Enablement At Home Service.
- Please note, from April 2012 there has been a change in the method of counting clients to align with current Department of Health guidance, which states that suspended clients e.g. those who may be in hospital and not receiving a current service should still be counted. This has resulted in an increase in the number of clients being recorded. For comparison purposes, using the new counting methodology, the equivalent number of clients in March 2012 would have been 5,641. **A dotted line has been added to the graph to distinguish between the two different counting methodologies, as the data presented is not on a consistent basis and therefore is not directly comparable.**
- The current forecast is 2,206,314 hours of care against an affordable level of 2,240,067, a difference of -33,753 hours. Using the forecast unit cost of £15.02 this reduction in activity reduces the forecast by -£507k, as shown in table 1.
- To the end of September 1,107,767 hours of care have been delivered against an affordable level of 1,134,858, a difference of -27,091 hours. Current activity suggests that the forecast should be lower on this service. However, although the budgeted level assumes a continual reduction in client numbers in line with previous years' trends, the current forecast assumes a slowing of this trend based on current client activity, where in fact client numbers have increased during this financial year and are slightly above the client numbers at the end of 2012-13.
- Domiciliary for all client groups are volatile budgets, with the number of people receiving domiciliary care decreasing over the past few years as a result of the implementation of Self Directed Support (SDS). This is being compounded by a shift in trend towards take up of the enablement service. However, as a result of this, clients who are receiving domiciliary care are likely to have greater needs and require more intensive packages of care than historically provided - the 2010-2011 average hours per client per week was 7.8, whereas the average figure for 2012-13 was 8.0. For 2013-14, the current actual average hours per client per week is 8.2.

2.3 Average gross cost per hour of older people domiciliary care compared with affordable level:

	2011-12		2012-13		2013-14	
	Affordable Level (Cost per Hour) £p	Forecast Average Gross Cost per Hour £p	Affordable Level (Cost per Hour) £p	Forecast Average Gross Cost per Hour £p	Affordable Level (Cost per Hour) £p	Forecast Average Gross Cost per Hour £p
Apr	15.49	15.32	14.75	14.71	14.95	14.95
May	15.49	15.19	14.75	14.69	14.95	15.01
Jun	15.49	15.00	14.75	14.68	14.95	15.02
Jul	15.49	14.94	14.75	14.78	14.95	14.99
Aug	15.49	14.73	14.75	14.93	14.95	14.98
Sep	15.49	14.98	14.75	14.91	14.95	15.02
Oct	15.49	14.88	14.75	14.81	14.95	
Nov	15.49	14.79	14.75	14.93	14.95	
Dec	15.49	14.90	14.75	14.88	14.95	
Jan	15.49	14.90	14.75	14.87	14.95	
Feb	15.49	14.89	14.75	14.78	14.95	
Mar	15.49	14.72	14.75	14.80	14.95	

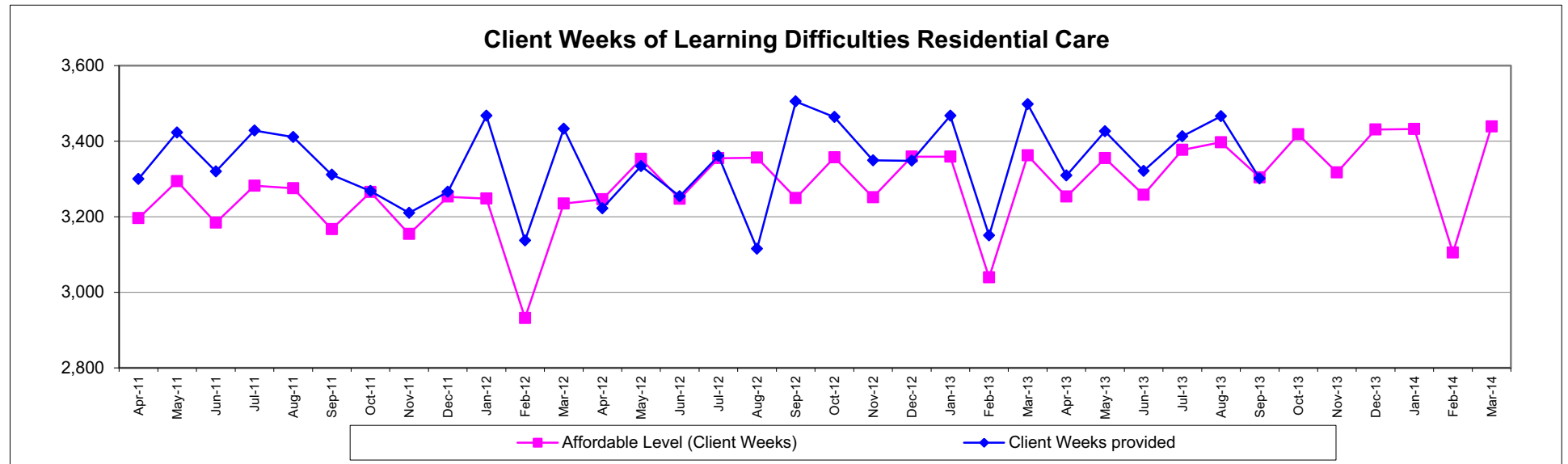
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- The unit cost has remained relatively static despite current work with providers to achieve savings, as it is also dependent on the intensity of the packages required.
- The forecast unit cost of £15.02 is slightly higher than the affordable cost of £14.95 and this difference of +£0.07 increases the forecast by £157k when multiplied by the affordable hours, as shown in table 1.



2.4 Number of client weeks of learning disability residential care provided compared with affordable level (non preserved rights clients):

	2011-12		2012-13		2013-14	
	Affordable Level (Client Weeks)	Client Weeks provided	Affordable Level (Client Weeks)	Client Weeks provided	Affordable Level (Client Weeks)	Client Weeks provided
Apr	3,196	3,300	3,246	3,222	3,253	3,309
May	3,294	3,423	3,353	3,334	3,355	3,426
Jun	3,184	3,320	3,247	3,254	3,258	3,321
Jul	3,282	3,428	3,355	3,361	3,377	3,413
Aug	3,275	3,411	3,356	3,115	3,397	3,466
Sep	3,167	3,311	3,249	3,505	3,304	3,301
Oct	3,265	3,268	3,357	3,464	3,418	
Nov	3,154	3,210	3,251	3,349	3,317	
Dec	3,253	3,266	3,359	3,348	3,431	
Jan	3,248	3,467	3,359	3,467	3,432	
Feb	2,932	3,137	3,039	3,150	3,105	
Mar	3,235	3,433	3,362	3,498	3,439	
	38,485	39,974	39,533	40,067	40,086	20,236



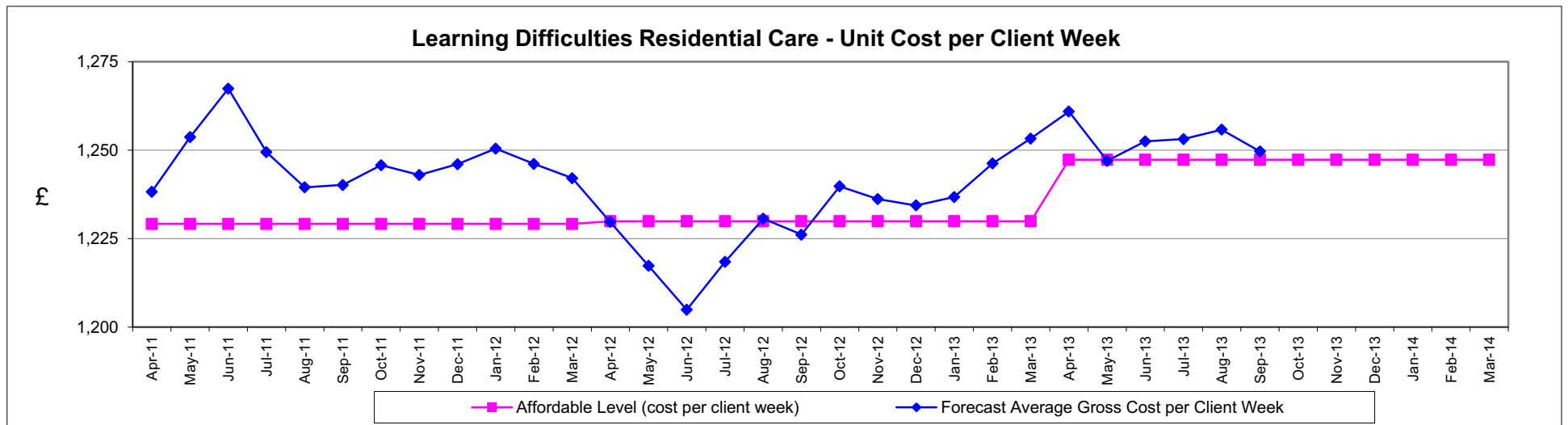
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- The above graph reflects the number of client weeks of service provided as this has a greater influence on cost than the actual number of clients. The actual number of clients in LD residential care at the end of 2011-12 was 746, at the end of 2012-13 it was 764 and at the end of September 2013 it was 764. This includes any ongoing transfers as part of the S256 agreement with Health, transitions, provisions and ordinary residence.
- The current forecast is 41,124 weeks of care against an affordable level of 40,086, a difference of +1,038 weeks. Using the forecast unit cost of £1,249.63 this additional activity increases the forecast by +£1,297k , as shown in table 1.
- The forecast activity for this service is based on known individual clients including provisional and transitional clients. Provisional clients are those whose personal circumstances are changing and therefore require a more intense care package or greater financial help. Transitional clients are children who are transferring to adult social services.
- To the end of September 20,236 weeks of care have been delivered against an affordable level of 19,944, a difference of +292 weeks. The current year to date activity suggests a lower level of activity than forecast, however, this is mainly due to delays in the recording of non-permanent residential care services and some bespoke contracts for transitional and provisional clients on the activity database, meaning that the year to date activity is understated.

2.5 Average gross cost per client week of learning disability residential care compared with affordable level (non preserved rights clients):

	2011-12		2012-13		2013-14	
	Affordable Level (Cost per Week)	Forecast Average Gross Cost per Client Week	Affordable Level (Cost per Week)	Forecast Average Gross Cost per Client Week	Affordable Level (Cost per Week)	Forecast Average Gross Cost per Client Week
	£p	£p	£p	£p	£p	£p
Apr	1,229.19	1,238.24	1,229.93	1,229.69	1,247.27	1,260.92
May	1,229.19	1,253.68	1,229.93	1,217.30	1,247.27	1,246.97
Jun	1,229.19	1,267.40	1,229.93	1,204.91	1,247.27	1,252.50
Jul	1,229.19	1,249.41	1,229.93	1,218.46	1,247.27	1,253.14
Aug	1,229.19	1,239.50	1,229.93	1,230.65	1,247.27	1,255.80
Sep	1,229.19	1,240.17	1,229.93	1,226.14	1,247.27	1,249.63
Oct	1,229.19	1,245.76	1,229.93	1,239.77	1,247.27	
Nov	1,229.19	1,242.97	1,229.93	1,236.19	1,247.27	
Dec	1,229.19	1,246.05	1,229.93	1,234.39	1,247.27	
Jan	1,229.19	1,250.44	1,229.93	1,236.77	1,247.27	
Feb	1,229.19	1,246.11	1,229.93	1,246.23	1,247.27	
Mar	1,229.19	1,242.08	1,229.93	1,253.27	1,247.27	

Page 597



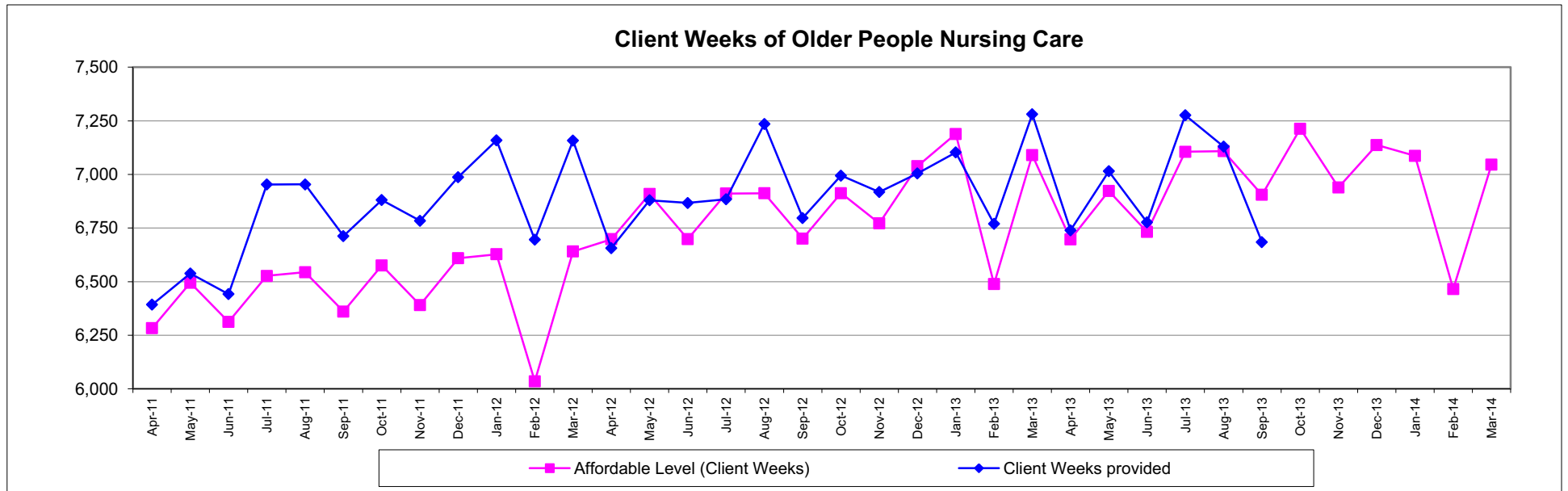
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- Clients being placed in residential care are those with very complex and individual needs which make it difficult for them to remain in the community, in supported accommodation/supporting living arrangements, or receiving a domiciliary care package. These are therefore placements which attract a very high cost, with the average now being over £1,200 per week. It is expected that clients with less complex needs, and therefore less cost, can transfer from residential into supported living arrangements. This would mean that the average cost per week would increase over time as the remaining clients in residential care would be those with very high cost – some of whom can cost up to £2,000 per week. In addition, no two placements are alike – the needs of people with learning disabilities are unique and consequently, it is common for average unit costs to increase or decrease significantly on the basis of one or two cases.
- The forecast unit cost of +£1,249.63 is higher than the affordable cost of +£1,247.27 and this difference of +£2.36 adds +£95k to the position when multiplied by the affordable weeks, as shown in table 1.

2.6 Number of client weeks of older people nursing care provided compared with affordable level:

	2011-12		2012-13		2013-14	
	Affordable Level (Client Weeks)	Client Weeks provided	Affordable Level (Client Weeks)	Client Weeks provided	Affordable Level (Client Weeks)	Client Weeks provided
Apr	6,283	6,393	6,698	6,656	6,697	6,740
May	6,495	6,538	6,909	6,880	6,923	7,015
Jun	6,313	6,442	6,699	6,867	6,733	6,777
Jul	6,527	6,953	6,911	6,884	7,106	7,276
Aug	6,544	6,954	6,912	7,235	7,109	7,130
Sep	6,361	6,713	6,701	6,797	6,905	6,684
Oct	6,576	6,881	6,913	6,995	7,213	
Nov	6,391	6,784	6,772	6,918	6,940	
Dec	6,610	6,988	7,039	7,005	7,137	
Jan	6,628	7,159	7,189	7,103	7,087	
Feb	6,036	6,696	6,489	6,770	6,466	
Mar	6,641	7,158	7,090	7,281	7,046	
	77,405	81,659	82,322	83,391	83,362	41,622

Page 599



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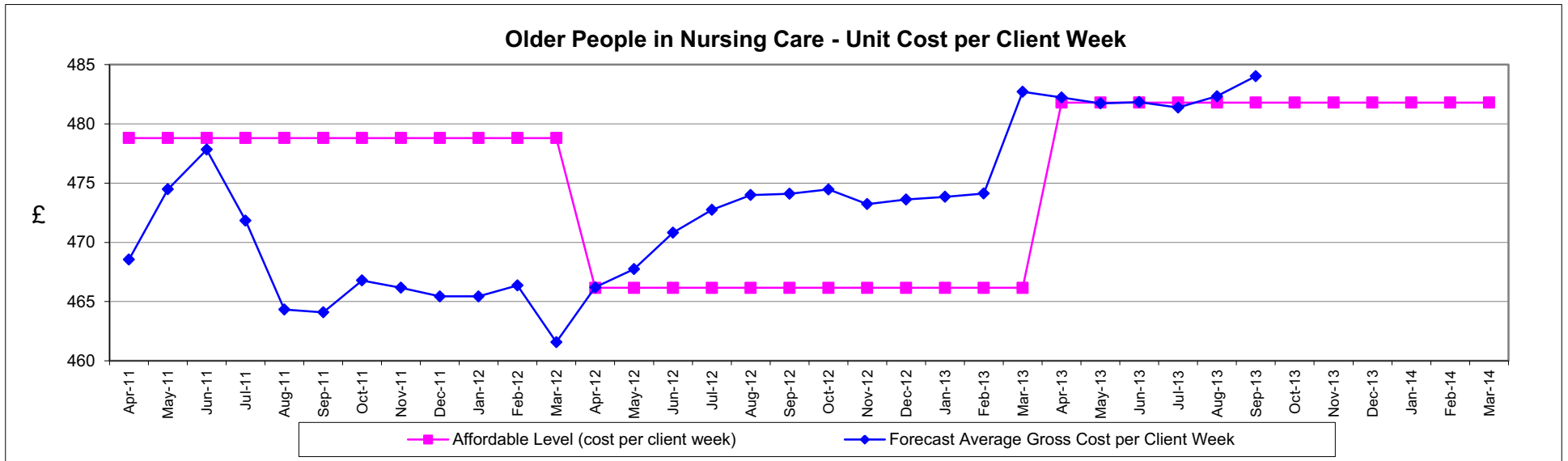
- The graph reflects the number of client weeks of service provided as this has a greater influence on cost than the actual number of clients. The actual number of clients in older people nursing care at the end of 2011-12 was 1,479, at the end of 2012-13 it was 1,469 and at the end of September 2013 it was 1,489.
- The current forecast is 83,311 weeks of care against an affordable level of 83,362, a difference of -51 weeks. Using the forecast unit cost of £484.02, this reduced activity decreases the forecast by -£25k , as shown in table 1.
- To the end of September 41,622 weeks of care have been delivered against an affordable level of 41,473, a difference of +149 weeks. The current year to date activity suggests a higher level of activity than forecast. However, the forecast assumes a slowing in the increase of permanent clients in line with the current activity trend, along with an anticipated reduction in the purchase of short-term beds towards the end of the year.
- The affordable level has changed since the previous report to reflect a realignment of S256 clients, and their associated budgets, between client groups.

2.7 Average gross cost per client week of older people nursing care compared with affordable level:

	2011-12		2012-13		2013-14	
	Affordable Level (Cost per Week) £p	Forecast Average Gross Cost per Client Week £p	Affordable Level (Cost per Week) £p	Forecast Average Gross Cost per Client Week £p	Affordable Level (Cost per Week) £p	Forecast Average Gross Cost per Client Week £p
Apr	478.80	468.54	466.16	466.20	481.80	482.22
May	478.80	474.48	466.16	467.74	481.80	481.73
Jun	478.80	477.82	466.16	470.82	481.80	481.83
Jul	478.80	471.84	466.16	472.74	481.80	481.38
Aug	478.80	464.32	466.16	473.99	481.80	482.33
Sep	478.80	464.09	466.16	474.09	481.80	484.02
Oct	478.80	466.78	466.16	474.47	481.80	
Nov	478.80	466.17	466.16	473.23	481.80	
Dec	478.80	465.44	466.16	473.61	481.80	
Jan	478.80	465.44	466.16	473.84	481.80	
Feb	478.80	466.36	466.16	474.13	481.80	
Mar	478.80	461.58	466.16	482.71	481.80	

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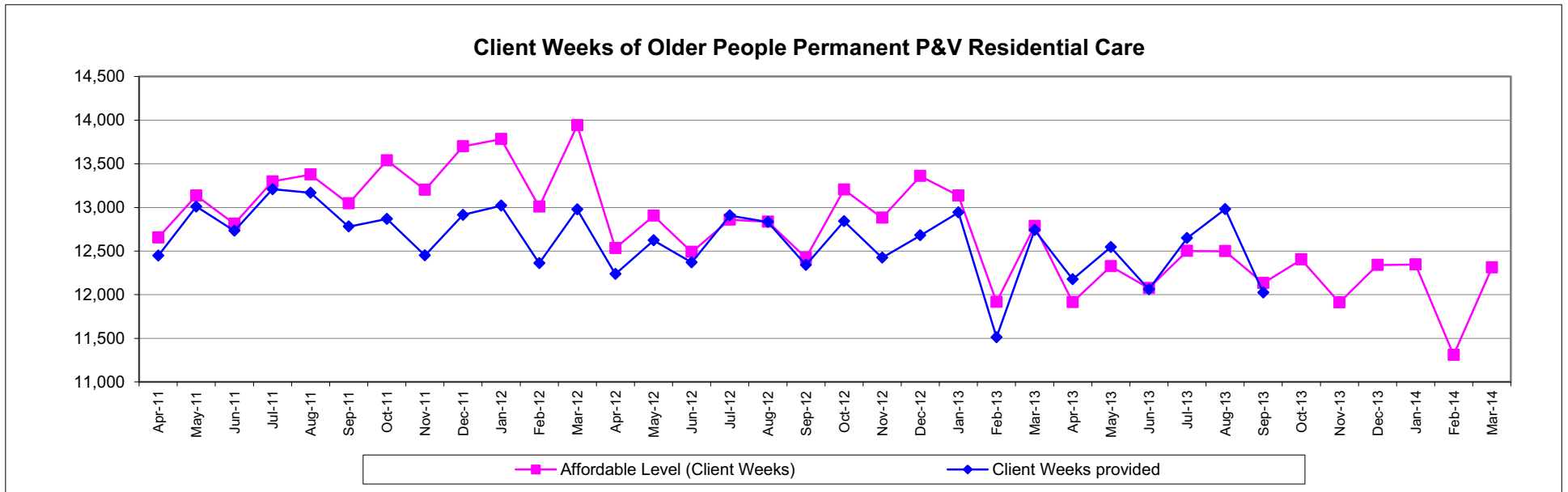
- As with residential care, the unit cost for nursing care will be affected by the increasing proportion of older people with dementia who need more specialist and expensive care, which is why the unit cost can be quite volatile and in recent months this service has seen an increase of older people requiring this more specialist care.
- The forecast unit cost of £484.02 is higher than the affordable cost of £481.80 and this difference of +£2.22 increases the position by £185k when multiplied by the affordable weeks, as shown in table 1. The change between August and September unit costs is primarily due to the forecast weeks reflecting the actual level of usage of short term block bed contracts, rather than assuming full occupancy.



2.8 Number of client weeks of older people permanent P&V residential care provided compared with affordable level:

	2011-12		2012-13		2013-14	
	Affordable Level (Client Weeks)	Client Weeks provided	Affordable Level (Client Weeks)	Client Weeks provided	Affordable Level (Client Weeks)	Client Weeks provided
Apr	12,655	12,446	12,532	12,237	11,914	12,176
May	13,136	13,009	12,903	12,621	12,326	12,545
Jun	12,811	12,731	12,489	12,369	12,074	12,061
Jul	13,297	13,208	12,858	12,908	12,501	12,647
Aug	13,377	13,167	12,836	12,832	12,498	12,980
Sep	13,044	12,779	12,424	12,339	12,132	12,022
Oct	13,538	12,868	13,203	12,842	12,403	
Nov	13,200	12,448	12,880	12,422	11,910	
Dec	13,700	12,914	13,358	12,679	12,341	
Jan	13,782	13,019	13,135	12,941	12,345	
Feb	13,007	12,361	11,916	11,512	11,310	
Mar	13,940	12,975	12,786	12,741	12,310	
	159,487	153,925	153,320	150,443	146,064	74,431

Page 602



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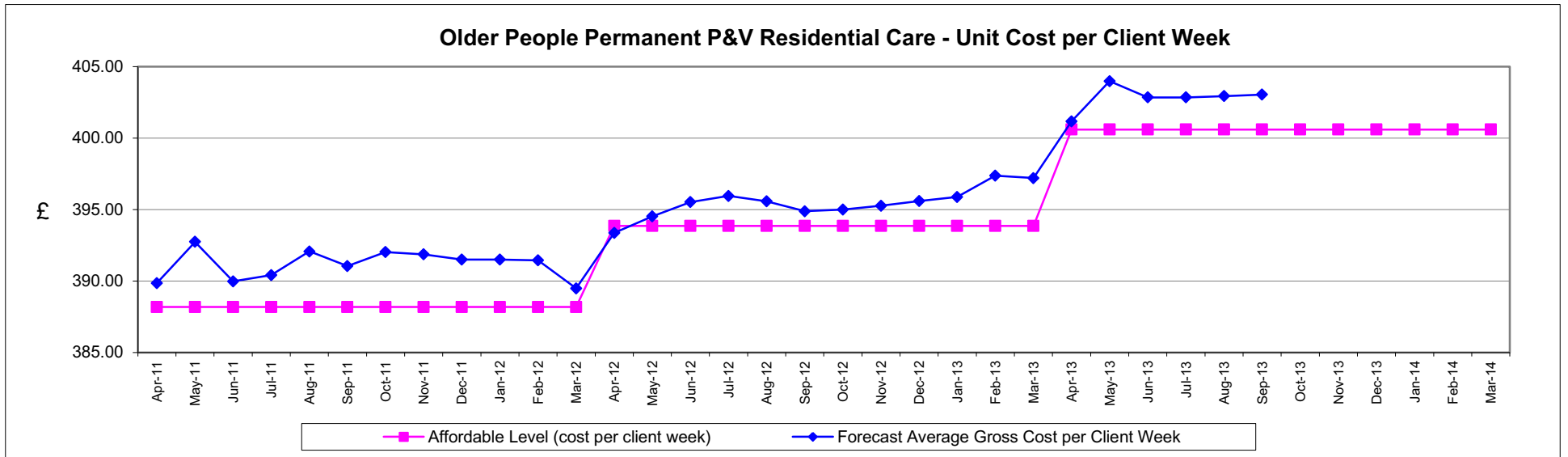
- The above graph reflects the number of client weeks of service provided as this has a greater influence on cost than the actual number of clients. The actual number of clients in older people permanent P&V residential care at the end of 2011-12 was 2,736, at the end of 2012-13 it was 2,653 and at the end of September 2013 it was 2,672. It is evident that there are ongoing pressures relating to clients with dementia who require a greater intensity of care.
- It is difficult to consider this budget line in isolation, as the Older Person's modernisation strategy has meant that fewer people are being placed in our in-house provision, so we would expect that there will be a higher proportion of permanent placements being made in the independent sector which is masking the extent of the overall reducing trend in residential client activity.
- The current forecast is 148,296 weeks of care against an affordable level of 146,064, a difference of +2,232 weeks. Using the forecast unit cost of £403.05 this additional activity increases the forecast by +£900k , as shown in table 1.
- To the end of September 74,431 weeks of care have been delivered against an affordable level of 73,445 a difference of +986 weeks. The current year to date activity suggests a slightly lower level of activity than forecast, however the forecast assumes higher levels of non-permanent residential activity in the forthcoming months.

2.9 Average gross cost per client week of older people permanent P&V residential care provided compared with affordable level:

	2011-12		2012-13		2013-14	
	Affordable Level (Cost per Week) £p	Forecast Average Gross Cost per Client Week £p	Affordable Level (Cost per Week) £p	Forecast Average Gross Cost per Client Week £p	Affordable Level (Cost per Week) £p	Forecast Average Gross Cost per Client Week £p
Apr	388.18	389.85	393.85	393.37	400.60	401.17
May	388.18	392.74	393.85	394.52	400.60	403.98
Jun	388.18	389.97	393.85	395.52	400.60	402.85
Jul	388.18	390.41	393.85	395.95	400.60	402.85
Aug	388.18	392.07	393.85	395.58	400.60	402.94
Sep	388.18	391.04	393.85	394.88	400.60	403.05
Oct	388.18	392.02	393.85	394.99	400.60	
Nov	388.18	391.87	393.85	395.26	400.60	
Dec	388.18	391.50	393.85	395.59	400.60	
Jan	388.18	391.50	393.85	395.88	400.60	
Feb	388.18	391.44	393.85	397.38	400.60	
Mar	388.18	389.48	393.85	397.20	400.60	

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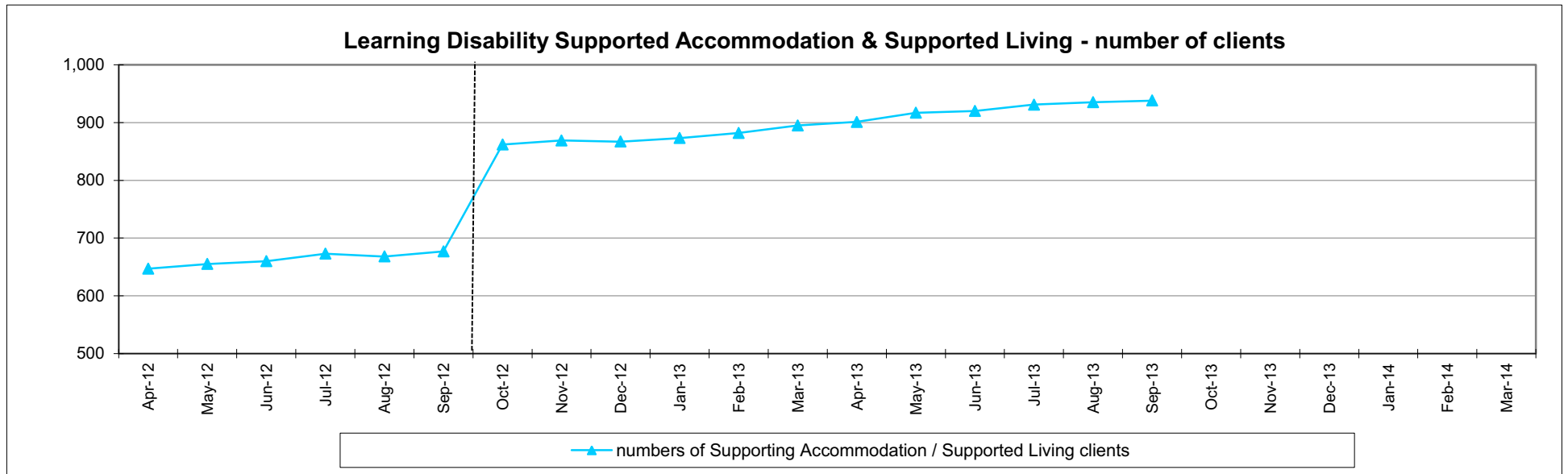
- The forecast unit cost of £403.05 is higher than the affordable cost of £400.60 and this difference of +£2.45 adds +£358k to the position when multiplied by the affordable weeks, as shown in table 1. This higher average unit cost is likely to be due to the higher proportion of clients with dementia, who are more costly due to the increased intensity of care required, as outlined above.

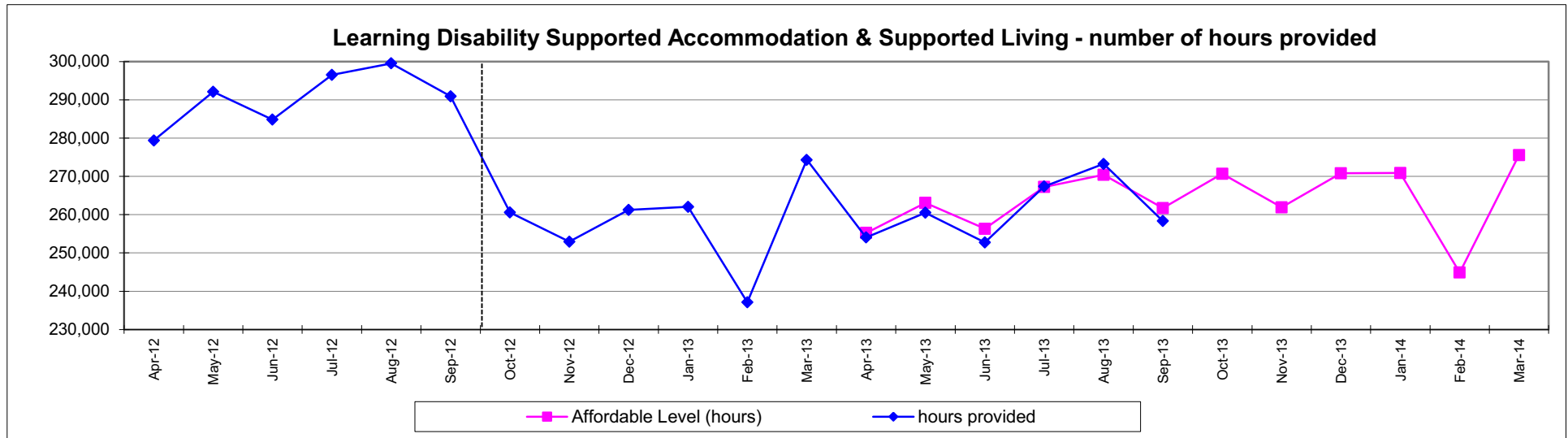


2.10 Learning Disability Supported Accommodation/Supported Living – numbers of clients and hours provided in the independent sector

	2012-13			2013-14		
	Affordable level (hours)	hours provided	number of clients	Affordable level (hours)	hours provided	number of clients
Apr		279,365	647	255,228	254,067	901
May		292,122	655	263,089	260,503	917
Jun		284,835	660	256,321	252,761	920
Jul		296,532	673	267,255	267,384	931
Aug		299,521	668	270,414	273,259	935
Sep		290,914	677	261,697	258,323	938
Oct		260,574	862	270,697		
Nov		252,932	869	261,922		
Dec		261,257	867	270,798		
Jan		262,070	873	270,874		
Feb		237,118	882	244,883		
Mar		274,334	895	275,556		
		0 3,291,574		3,168,734	1,566,297	

Page 605





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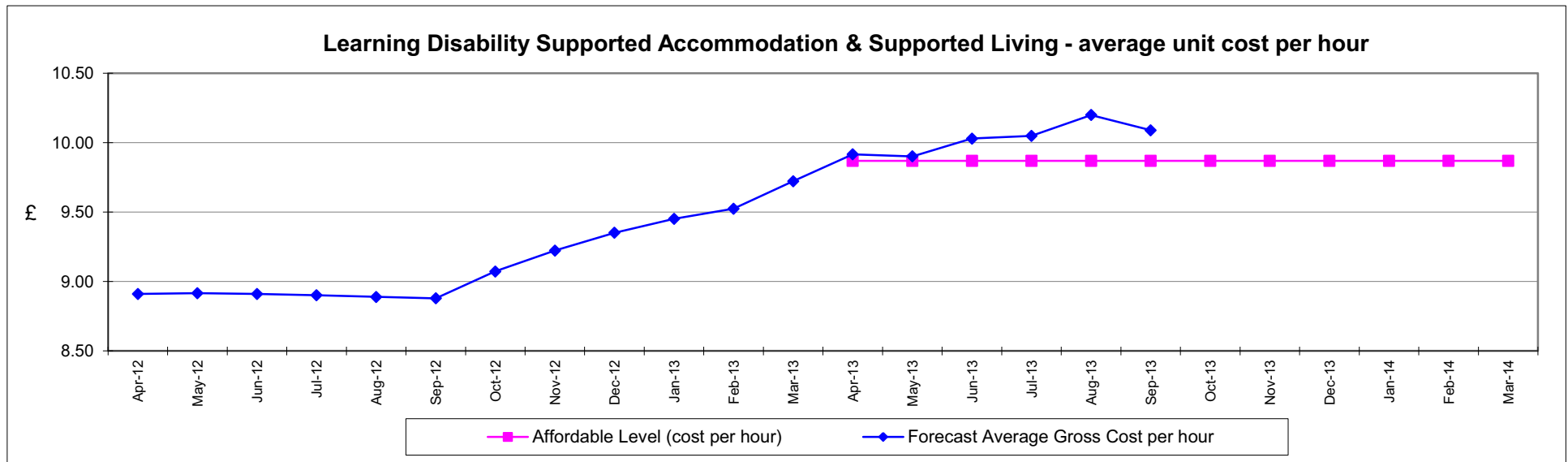
- This indicator has changed from 2013-14 to include the Supporting Independence Service contract. This measure now incorporates 3 different supported accommodation/living arrangements; the adult placement scheme, supported accommodation (mainly S256 clients) and Supporting Independence Service. The level of support required by individual clients can vary from a few hours a week to 24 hours a day therefore to better reflect the activity related to this indicator, the service is now recorded in hours rather than weeks. In addition, the details of the number of clients in receipt of these services will be given on a monthly basis.
- The Supporting Independence Service Contract was introduced in October 2012-13 and involved the transfer of specific clients previously in receipt of services categorised as domiciliary care, extra care sheltered housing and supported accommodation to this new contract. As part of this transfer, some clients chose to receive a direct payment instead. The result of this transfer was an overall net increase in the total number of clients categorised as receiving a supported accommodation/living support service however the average number of hours provided per client reduced. **A dotted line has been added to the graphs above to illustrate the introduction of the new Supporting Independence Service, and the consequent transfer of clients, as the data presented either side of the dotted line is not on a consistent basis and is therefore not directly comparable.**
- The current forecast is 3,230,965 hours of care against an affordable level of 3,168,734, a difference of +62,231 hours. Using the forecast unit cost of £10.09 this increase in activity increases the forecast by +£628k, as shown in table 1.
- To the end of September 1,566,297 hours of care have been delivered against an affordable level of 1,574,004, a difference of -7,707 hours. The forecast number of hours reflects an increase in activity expected in future months that is also reflected in the profile of the budgeted level. However, the current year to date activity still suggests a lower level of activity than forecast, which is mainly due to a delay in the recording of transitional and provisional clients on the activity database.

2.11 Average gross cost per hour of Supported Accommodation/Supported Living service compared with affordable level:

	2012-13		2013-14	
	Affordable Level (Cost per Hour) £p	Forecast Average Gross Cost per Hour £p	Affordable Level (Cost per Hour) £p	Forecast Average Gross Cost per Hour £p
Apr		8.91	9.87	9.92
May		8.92	9.87	9.90
Jun		8.91	9.87	10.03
Jul		8.90	9.87	10.05
Aug		8.89	9.87	10.20
Sep		8.88	9.87	10.09
Oct		9.07	9.87	
Nov		9.22	9.87	
Dec		9.35	9.87	
Jan		9.45	9.87	
Feb		9.53	9.87	
Mar		9.72	9.87	

Comments:

- This measure comprises 3 distinct client groups and each group has a very different unit cost, which are combined to provide an average unit cost for the purposes of this report.
- The costs associated with these placements will vary depending on the complexity of each case and the type of support required in each placement. This varies enormously between a domiciliary type support to life skills and daily living support.
- The forecast unit cost of £10.09 is higher than the affordable cost of £9.87 and this difference of +£0.22 increases the forecast by +£697k when multiplied by the affordable hours, as shown in table 1.



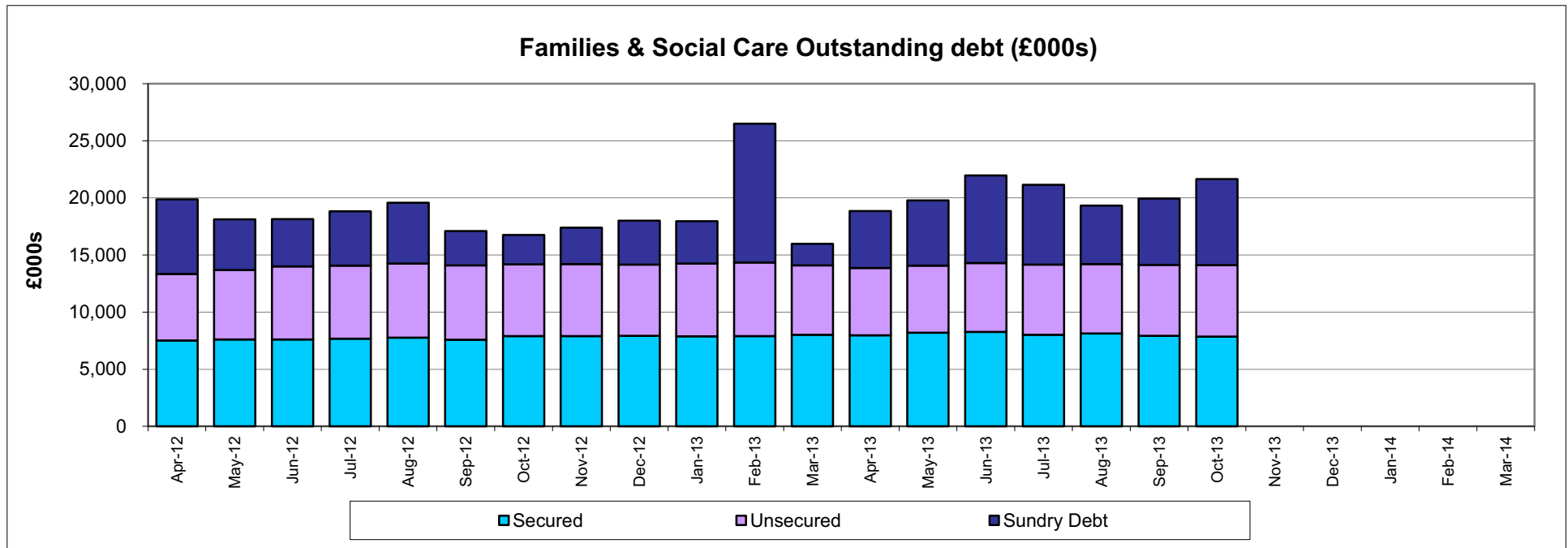
2.12 SOCIAL CARE DEBT MONITORING

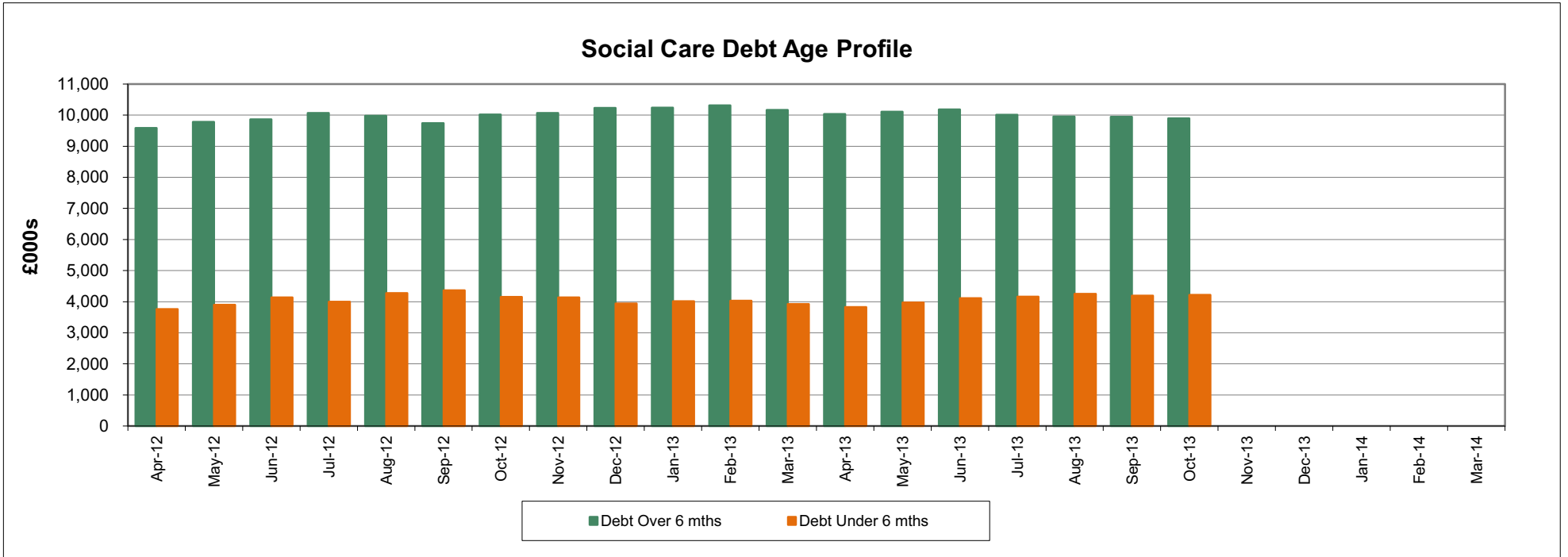
The outstanding debt as at the end of October was £21.646m compared with August's figure of £19.320m (reported to Cabinet in October) excluding any amounts not yet due for payment (as they are still within the 28 day payment term allowed). Within this figure is £7.533m of sundry debt compared to £5.116m in August. The amount of sundry debt can fluctuate for large invoices to Health. Also within the outstanding debt is £14.113m relating to Social Care (client) debt which is a small reduction of £0.091m from the last reported position to Cabinet in October. The following table shows how this breaks down in terms of age and also whether it is secured (i.e. by a legal charge on the client's property) or unsecured, together with how this month compares with previous months. For most months the debt figures refer to when the four weekly invoice billing run interfaces with Oracle (the accounting system) rather than the calendar month, as this provides a more meaningful position for Social Care Client Debt. This therefore means that there are 13 billing invoice runs during the year. The sundry debt figures are based on calendar months.

	Total Due Debt (Social Care & Sundry Debt) £000s	Sundry Debt £000s	Social Care Debt				
			Total Social Care Due Debt £000s	Debt Over 6 months £000s	Debt Under 6 months £000s	Secured £000s	Unsecured £000s
Apr-12	19,875	6,530	13,345	9,588	3,757	7,509	5,836
May-12	18,128	4,445	13,683	9,782	3,901	7,615	6,068
Jun-12	18,132	4,133	13,999	9,865	4,134	7,615	6,384
Jul-12	18,816	4,750	14,066	10,066	4,000	7,674	6,392
Aug-12	19,574	5,321	14,253	9,977	4,276	7,762	6,491
Sep-12	17,101	3,002	14,099	9,738	4,361	7,593	6,506
Oct-12	16,747	2,574	14,173	10,020	4,153	7,893	6,280
Nov-12	17,399	3,193	14,206	10,069	4,137	7,896	6,310
Dec-12	17,996	3,829	14,167	10,226	3,941	7,914	6,253
Jan-13	17,965	3,711	14,254	10,237	4,017	7,885	6,369
Feb-13	26,492	12,153	14,339	10,312	4,027	7,903	6,436
Mar-13	15,986	1,895	14,091	10,165	3,926	8,025	6,066
Apr-13	18,859	4,995	13,864	10,037	3,827	7,969	5,895
May-13	19,789	5,713	14,076	10,106	3,970	8,197	5,879
Jun-13	21,956	7,662	14,294	10,183	4,111	8,277	6,017
Jul-13	21,146	6,978	14,168	10,005	4,163	8,015	6,153
Aug-13	19,320	5,116	14,204	9,950	4,254	8,141	6,063
Sep-13	19,950	5,814	14,136	9,943	4,193	7,931	6,205

	Social Care Debt						
	Total Due Debt (Social Care & Sundry Debt) £000s	Sundry Debt £000s	Total Social Care Due Debt £000s	Debt Over 6 months £000s	Debt Under 6 months £000s	Secured £000s	Unsecured £000s
	Oct-13	21,646	7,533	14,113	9,896	4,217	7,867
Nov-13							
Dec-13							
Jan-14							
Feb-14							
Mar-14							

In addition the previously reported secured and unsecured debt figures for April 2012 to July 2012 were amended slightly between the 2012-13 Quarter 1 and Quarter 2 reports following a reassessment of some old debts between secured and unsecured.





3. CAPITAL

3.1 The Families and Social Care Directorate - Adult Social Care & Public Health Portfolio has a working budget for 2013-14 of £12,359k. The forecast outturn against the 2013-14 budget is £5,417k giving a variance of - £6,942k.

3.2 **Table 2** below details the FSC Adult Services Capital Position by Budget Book line.

Budget Book Heading	Three year cash limit (£000)	2013-14 Working Budget (£000)	2013-14 Variance (£000)	Variance Break-down (£000)	Rephasing / Real Variance and Funding Stream	Explanation of In-Year Variance	Project Status ¹	Explanation of Project Status	Actions
Rolling Programmes									
Asset Modernisation	0	373	-373	-373	Rephasing	Projects reprofiled to 14/15	Green		
Home Support Fund	6,600	2,474	0	0			Green		
Individual Projects									
Kent Strategy for Services for Older People (OP):									
Community Care Centre - Ebbsfleet	544	0	0	0			Green		
Community Care Centre - Thameside Eastern Quarry	500	0	0	0			Green		
OP Strategy - Transformation / Modernisation	7,800	762	-48	-48	Rephasing		Green		
Kent Strategy for Services for People with Learning Difficulties/Physical Disabilities:									
Learning Disability Good Day Programme-Community Hubs	3,318	2,609	-1,287	-195	Real - PEF2	Various schemes - Service needs have changed or been provided through other means, budget no longer required.	Green		Reduce cash limits by £319k
				-124	Real - Capital receipts				
				-968	Rephasing				

Budget Book Heading	Three year cash limit (£000)	2013-14 Working Budget (£000)	2013-14 Variance (£000)	Variance Break-down (£000)	Rephasing / Real Variance and Funding Stream	Explanation of In-Year Variance	Project Status ¹	Explanation of Project Status	Actions
Learning Disability Good Day Programme-Community Initiatives	2,430	2,477	-1,780	-1,490	Real - Capital receipts	£132k - Contribution reduced - budget no longer required. £1,298k Hydrotherapy project no longer proceeding. £60k virement requested to C&C for Swanley Gateway.	Green		Reduce 13/14 cash limits by £1,430k only until virement has been signed
				-290	Rephasing	Various schemes - looking at consultation 3rd quarter of 2013 therefore rephasing spend to 14/15	Amber - delayed		
Rusthall	0	45	-45	-45	Rephasing		Green		
Mental Health Strategy	264	264	-264	-264	Rephasing	Various smaller schemes less than £100k rephased to 14-15	Amber - delayed		
Active Care / Active Lives Strategy:									
PFI - Excellent Homes for All	66,800	0	0	0			Green		
Developing Innovative and Modernising Services:									
Lowfield St (formerly Trinity Centre, Dartford)	1,073	450	-351	-351	Rephasing	Rephasing to 14/15 due to delays in acquiring planning permission - new planning application submitted by developer.	Amber - delayed		
Information Technology Projects e.g. Swift Development / Mobile Marketing	2,477	2,178	-2,067	-2,067	Rephasing	Projects reprofiled to 14/15	Green		

Budget Book Heading	Three year cash limit (£000)	2013-14 Working Budget (£000)	2013-14 Variance (£000)	Variance Break-down (£000)	Rephasing / Real Variance and Funding Stream	Explanation of In-Year Variance	Project Status ¹	Explanation of Project Status	Actions
Public Access Development	1,052	727	-727	-364	Real - Prudential		Green	Business case reviewed - no plans to progress - budget no longer required.	Reduce 13/14 cash limits by £727k
				-250	Real - Grant				
				-113	Real -Capital Receipts				
Total	92,858	12,359	-6,942	-6,942					

1. Status:

Green – on time and within budget

Amber – either delayed completion date or over budget

Red – both delayed completion and over budget

BUSINESS STRATEGY & SUPPORT DIRECTORATE SUMMARY
PUBLIC HEALTH SUMMARY
SEPTEMBER 2013-14 MONITORING REPORT

1. REVENUE

1.1		Cash Limit	Variance Before transfer to Public Health Reserve	Transfer to Public Health Reserve	Net Variance after transfer to Public Health Reserve
	Total (£k)	+384	-815	+450	-365

1.2 **Table 1** below details the revenue position by A-Z budget:

Budget Book Heading	Cash Limit			Variance	Explanation		Management Action/ Impact on MTFP
	Gross	Income	Net	Net			
	£'000	£'000	£'000	£'000	£'000		
Adult Social Care & Public Health portfolio							
<u>Public Health:</u>							
- Public Health Management & Support	441.3	-57.0	384.3	-365	-365	Underspend against KCC budget as costs are reflected against the grant in the service lines below, mainly Public Health Staffing & Related Costs	
- Children's Public Health Programmes	6,346.4	-6,346.4	0.0	0			
- Drug & Alcohol Services	662.7	-662.7	0.0	0			
- Healthy Weight	2,516.4	-2,516.4	0.0	0			
- NHS Health Check Programme	2,321.8	-2,321.8	0.0	0			
- Other Public Health Services	5,746.1	-5,746.1	0.0	0			
- Public Health Staffing & Related Costs	4,585.5	-4,585.5	0.0	-450	-450	<i>PH grant variance: slippage on recruitment and vacancy savings</i>	
- Sexual Health Services	12,538.6	-12,538.6	0.0	0			
- Stop Smoking Services & Interventions	2,688.0	-2,688.0	0.0	0			
- Tobacco Control	600.0	-600.0	0.0	0			
	38,446.8	-38,062.5	384.3	-815			

Budget Book Heading	Cash Limit			Variance	Explanation		Management Action/ Impact on MTFP
	Gross	Income	Net	Net			
	£'000	£'000	£'000	£'000	£'000		
- <i>tr to(+)/from(-) Public Health reserve</i>				+450	+450	<i>Transfer of underspend on staffing to reserve</i>	
Total ASC&PH portfolio (Public Health)	38,446.8	-38,062.5	384.3	-365			

KEY ACTIVITY INDICATORS AND BUDGET RISK ASSESSMENT MONITORING

As the majority of services are commissioned from providers on a block contract basis there will be little or no variation in terms of actual expenditure during 2013-14. The decision to commission on a block contract basis was taken to ensure continuity of services in this transitional period. It is expected that the use of block contracts next year will be significantly reduced as services are re-commissioned based on activity and payment by results; the experience gained within the Division during 2013-14 will also inform this process. Until that time no activity indicators are reported for Public Health.

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By: Jenny Whittle, Cabinet Member for Specialist Children's Services
Andrew Ireland, Corporate Director of Families and Social Care

To: Social Care and Public Health Cabinet Committee
5 December 2013

Subject: Children's Services Improvement Programme Update

Classification: Unrestricted

Summary

This report provides Cabinet Committee with an update on progress regarding the Children's Services Improvement Programme.

Members are also asked to **NOTE** the very significant progress that has been made since the last report.

1. Introduction

This is the seventh regular report to Cabinet Committee on progress made in implementing the Improvement Plan, and on improving practice and performance in services provided to children and care leavers in Kent. The last report was in March 2013, and outlined progress to that date. This report acts as a broad position statement - setting out where we believe the Service to be, the progress made since March 2013, and the direction of travel looking forward to 2014.

2. Key Developments

2.1. The Improvement Notice

By recommendation of the Independent Chair of the Safeguarding and Looked After Children Improvement Board (herein Improvement Board) - Liz Railton, and evidence submitted by the Council, the future of a continued Improvement Notice is currently under review.

The Ministerial letter received by Councillor Paul Carter, agreed the turnaround in Kent County Council's children's services, and not least the outcome of the most recent Ofsted inspection of looked after children (Point 11).

The letter requested reassurance against three points:

- The Council's plans to address continuing recruitment issues- particularly front line managers,
- Plans to carry on improvements within the adoption service with the Coram partnership,
- Plans to ensure continued scrutiny of the Council's performance.

The response highlighted the investment in the new recruitment website. The refreshed site (which has been live since July 2013) emphasises the voice and opinions of current members of staff, and makes a feature of and why Kent is [A great place to live](#)- not just for facilities and family life, but for career progression.

Kent has recruited 48 Newly Qualified Social Workers, who started with Kent in September- October 2013. The recruitment drive continues with 6 experienced social workers recruited in October and at least 9 further appointments anticipated in November 2013.

Kent and Coram have a strong partnership. The contract with Coram has been extended and will taper downwards as the service embeds and strengthens. We have agreed flexible arrangements with Coram about the pace and degree of their continuing input.

There will also be no let-up in the detailed scrutiny of the performance of children's services in Kent. The Kent Safeguarding Children Board (KSCB) Executive Group will become Kent's primary scrutiny function for all areas of the Council's performance. There is regular and consistent attendance at Board, Executive and Sub Group meetings by senior managers across the partnership.

2.2. Phase 3 Plan

The Phase 3 Improvement Plan was launched on 1 August 2012, and took the service through until August 2013. The tranche of the Improvement Plan continued to focus on quality and sustainability, integrating and embedding the Improvement Programme actions into 'Business as Usual' practice; dedicated to service user need.

Since 2010 there have been three iterations of the Improvement Plan, each has been successfully delivered and monitored via the Improvement Board. There will now be a fourth phase.

Phase 4 has been agreed, built around the Social Work Contract. It necessarily lacks some of the earlier, more prescriptive elements of previous plans and is focussed more on the delivery of quality and effective interventions. It pulls together a number of key work-streams (ICT replacement, learning and development, recruitment and retention).

2.3. The Social Work Contract

A Social Work Contract has been developed, in partnership with colleagues from Education Learning and Skills, Customer and Communities, and Business and Strategy and Support. It was launched at a number of 'Talk To The Top' Staff Briefings held across the County throughout 2013 (August 2013 saw attendance of over 230 members of staff).

The Social Work Contract is a set of practice standards that covers the core social work activities. It sets out against each activity the standards that are required and that our best practitioners are routinely attaining.

This contract sets out both what is expected of our practitioners and what support and provision the organisation will put in place to support them. It builds on the outcome of Munro's review into child protection and in particular echoes the central importance of building relationships as the key vehicle to helping families change.

The Social Work Contract, in line with Bold Steps for Kent is our vision for Specialist Children's Services.

http://www.kent.gov.uk/jobs_and_careers/careers_in_social_care/childrens_social_care/the_social_work_contract.aspx

2.4. Liberi- Protocol version 8

The dysfunctionality of the then I.C.T system for holding children's files was subject to critical comment in 2010. Significant improvements have been in our existing system but perhaps more importantly a major procurement process was completed and a new provider and programme identified.

This new programme, Protocol version 8 (provided by LiquidLogic) will go-live 9th December. A competition was held for staff to name the new system; over 80 names were submitted, with the final choice being made by Andrew Ireland, Corporate Director for Families and Social Care.

The name chosen was Liberi, Latin for 'children'.

We have worked hard to ensure that the new system is as stream-lined as possible, reducing mandatory steps in business processes and minimising the 'tick box' template designs (in line with Bold Steps for Kent¹).

Training for the new system is being rolled out to all staff with access to the current Capita system. Staff are also being kept up to date of developments via monthly newsletters.

2.5. Children and Families Assessment

All Local authorities with their partner agencies must develop and publish local frameworks for assessment, which must be based on good analysis, timeliness and transparency and be proportionate to the needs of the child and their family.

SCS are in the process of implementing a new Children and Families Assessment. The Children and Families Assessment replaces the separate 'Core' and 'Initial' assessments, creating one single assessment. The timeliness of the new assessment should be determined by the risks and concerns identified within the referral information.

The assessment makes a focus of the fact that children should to be seen and listened to and included throughout the assessment process. Their ways of

¹ Bold Steps for Kent- The Medium Term Plan to 2014/15; 'Supporting the Vulnerable' p. 38

communicating should be understood in the context of their family and community as well as their behaviour and developmental stage.

Guidance and Practice Standards regarding the assessment have been published on the Kent's intranet for ease of access by front-line staff.

3. Current Position

3.1. Practice Development Programme

A key component of the Social Work Contract Learning and Development offer, the Practice Development Programme builds on the earlier work of the Practice Improvement Programme (PIP), introduced in 2011.

The PDP differs from the PIP in a number of ways. Primarily, the PIP was very centrally driven and imposed, whereas the PDP is led by the Districts and the challenges they would most like to address. This in turn supports and builds on the strength of staff in the areas.

Funded through core budget and a Children's Improvement Board grant, the PDP is led by two experienced practice consultants. It works with area management teams and local Senior Practitioners to identify and respond to practice challenges and support continuing improvements. As part of our commitment to becoming a learning organisation (in line with Professor Munro's recommendations), the PDP focusses on sharing best practice across the County. Delivery is via workshops, surgeries, 1:1 coaching and mentoring. The focus is very sharply on improving the quality of social work practice and management.

3.2. Learning and Development

We are substantially refreshing our learning and development offer to staff. Of particular note:

- Developing a much more substantial support package to Newly Qualified Social Workers (NQSWs) through their Assessed and Supported Year in Employment (ASYE) with the offer of individualised personal educators to work alongside team managers and supervisors
- Developing working relationships with both the University of Kent and Christ Church University to develop closer partnerships between our Higher Education Institutions and front line staff.
- Hosting a series of Masterclasses given by:
 - Professor David Shemmings
 - Professor Marian Brandon
 - Professor Sue White
 - Professor Eileen Munro
 - Isabelle Trowler; Chief Social Worker for Children

3.3. Supervision

We have invested heavily in a training and development programme for all our team managers and supervisors. A detailed report was provided to the July 2013

Improvement Board, which included the results of a supervision survey carried out earlier this year, key findings of which include:

- 93% received supervision on a regular basis
- 69% rated their supervision as good or adequate
- 94% of the respondents stated that supervision was outcome focussed with clear remit and focus on child/ young person.
- 84% of the respondents stated that supervision enabled them to reflect on their practice.
- 84% stated that supervision provided a safe and supportive place and acknowledged challenges in the work they undertake.
- 88% reported that supervision helped in finding solutions and a way forward.
- 85% reported that supervision provided them with the space to consider personal development, support and training needs.

3.4. Deep Dives

At the heart of the Quality Assurance Framework (presented to the Safeguarding and Looked After Children Improvement Board, May 2013) is the quarterly 'Deep Dive' process. This brings the Corporate Director and Director of SCS to each Area management team across the County and ensures there is an appropriate link being made between performance data and child-based information. This level of senior management scrutiny on the day to day practice of districts and areas has ensured that those managers have a very detailed knowledge about the strengths and vulnerabilities across the council. It has meant that operational managers have needed to relate their performance data with the services to individual children and it has provided a useful channel of communication between the centre and the districts/areas. District variation within areas will be highlighted and the Safeguarding Unit will lead on the preparation for each session ensuring there is available statistical analysis, a collation of information from IROs, CP chairs, relevant service user feedback and area-based file analysis to ensure a rounded picture is accessible- with an appropriate balance between qualitative and quantitative information.

Deep Dives have helped generate a sense of ownership about and pride in the performance of each district and area for the managers concerned which has contributed to improved and improving performance.

3.5. Practitioner Engagement

There has been a major shift since 2010, demonstrated in our current Social Work Contract efforts, and previous Improvement work, to more actively engage our practitioners in the development of the Service.

We have made 'Right People, Right Service' at the centre of the Social Work Contract. This commitment is particularly reflected in the Practice Development

Programme, and in changes to the Deep Dive process but also in two other key developments:

Firstly, we have appointed two Principal Practitioners (as set out by Munro). One is a longstanding KCC employee and the other recruited externally. Their central role will be to engage front line staff in our practice improvement (Social Work Contract) work. Secondly, we have formed an 'Expert Practitioner Reference Group'. As described, it brings together staff from across the County to work with senior managers on practice development. The Expert Practitioner Reference Group have, for example, been having a significant contribution to the new ICT system; Liberi, and the implementation of the Children and Families Assessment.

The Social Work Contract will also sets out the role of the Principal Practitioners and will form the basis of our response to the new flexibilities expected in the revised version of 'Working Together'.

4. Financial Implications

£749K has been allocated to support the improvement programme in the 2013/14 financial year.

An additional grant of £70K has been awarded to Kent from the Children's Improvement Board, to pay for further improvement works (i.e. the Practice Development Programme).

5. Bold Steps for Kent and Policy Framework

Improving Children's Services continues to be one of the Council's top priorities, following the Ofsted Inspection in August 2010.

6. Legal Implications

The Secretary of State has the power to issue a statutory intervention notice if he or she deems this is required to secure the necessary improvements within a failing service.

7. Equality Impact Assessments

There are no issues to report on this.

8. Risk and Business Continuity Management

A risk register has been established and maintained.

Key strategic risks we need to mitigate against are:

- There will be a period of adjustment and transition during the implementation of the new ICT system, Liberi. Practice guidance has been issued to all staff for 'downtime', and floor walkers will be on hand to ensure business continuity.
- A failure to recruit and retain experienced social care staff and managers to KCC

- Numbers of Looked After Children may continue to increase with impacts on staffing resources and outcomes for children
- That the capacity and skill set of the quality assurance and evaluation sub group is sufficient to meet the needs and demands of the KSCB
- Delay to the implementation of the new ICS system to the revised timescales
- Untoward safeguarding incidents

9. Consultation and Communication

The programme will continue to communicate with staff, managers, KCC Members, the Children's Service Improvement Panel, and Kent Safeguarding Children's Board on improvement achievements and challenges.

10. Inspection

The Children in Care service has been inspected between 15th and 19th July 2013. The overall Service reached the benchmark of 'Adequate' with a 'Good' capacity to improve.

"The senior leadership team has risen to the task and demonstrates a firm resolve to deliver improved outcomes for children and young people. The recent restructuring of services for looked after children into four localities has been carefully considered. This has helped establish a strong foundation on which to build and move the service forward. There are areas of continued improvement with better practice across the service and the local authority partnership. The scale and scope of the improvements required are recognised by the council. There is cross party political support and members demonstrate confidence in the newly established senior management team to move the improvement agenda forward.....The strengths of the looked after service are known and understood across the council and by partner agencies."

All recommendations are being robustly addressed via an Ofsted Action Plan.

11. Conclusion

The Council has continued to make progress over this period. Good performance has been sustained, and SCS are attaining the vast majority of the targets and performance indicators as agreed by Cabinet. Those areas which are proving challenging are being robustly addressed, through a combination of performance and quality assurance measures, and routine scrutiny.

It is felt that the new service vision, and the development of an emergent culture of aspiration rather than acceptance, very much establishes us on the right path to achieving our objective of an 'Outstanding' service in the future.

12. Recommendations

Members are asked to NOTE this report.

13. Contact officer

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14. Director

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Background Documents

None

By: Graham Gibbens, Cabinet Member for Adult Social Care & Public Health
 Jenny Whittle, Cabinet Member for Specialist Children's Services
 Andrew Ireland, Corporate Director for Families and Social Care

To: Social Care and Public Health Cabinet Committee

Date: 5 December 2013

Subject: **Families and Social Care Performance and Mid-Year Business Plan Monitoring**

Classification: Unrestricted

Summary: The Families & Social Care performance dashboards provide members with progress against targets set for key performance and activity indicators for:

- Adult Social Care
- Specialist Children's Services

The mid-year Business Plan monitoring provides highlights of achievements to date for the divisions within the Families and Social Care Directorate.

Recommendation: Members are asked to note the Families & Social Care performance dashboards and the mid-year business plan monitoring report.

1. Introduction

1.1 Appendix 2 Part 4 of the Kent County Council Constitution states that:

“Cabinet Committees shall review the performance of the functions of the Council that fall within the remit of the Cabinet Committee in relation to its policy objectives, performance targets and the customer experience.”

1.2 To this end, each Cabinet Committee receives performance dashboards.

2. Adults' Performance Report

2.1 The main element of the Performance Report can be found at **Appendix A**, which is the Adults Social Care dashboard which includes latest available results for the key performance and activity indicators

2.2 The Adult Social Care dashboard is a subset of the detailed monthly performance report that is used at team, DivMT and DMT level. The indicators included are based on key priorities for the Directorate, as outlined in the business plans, and include operational data that is regularly used within Directorate. The dashboard will evolve for Adults Social Care as the transformation programme is shaped.

2.3 Cabinet Committees have a role to review the selection of indicators included in dashboards, improving the focus on strategic issues and qualitative outcomes, and this will be a key element for reviewing the dashboard

3. Children’s Performance Report

- 3.1 The dashboard for Specialist Children’s Services (SCS) is attached as **Appendix B**.
- 3.2 The SCS performance dashboard includes latest available results, and year out-turn for 2013/14 for the key performance and activity indicators.
- 3.3 The indicators included are based on key priorities for Specialist Children’s Services, as outlined in the business plans, and includes operational data that is regularly used within Directorate. Cabinet Committees have a role to review the selection of indicators included in dashboards, improving the focus on strategic issues and qualitative outcomes.
- 3.4 Where frequent data is available for indicators the results in the dashboard are shown either with the latest available month and a year to date figure, or where appropriate as a rolling 12 month figure.
- 3.5 Members are asked to note that the SCS dashboard is used within the FSC Directorate to support the Improvement Plan.

4. Performance dashboard

- 4.1 With both the Adults’ and the Children’s reports, a subset of these indicators are used within the quarterly performance report, which is submitted to Cabinet.
- 4.2 As an outcome of this report, members may make reports and recommendations to the Leader, Cabinet Members, the Cabinet or officers.
- 4.3 Performance results are assigned an alert on the following basis:

Green: Current target achieved or exceeded

Red: Performance is below a pre-defined minimum standard





Amber: Performance is below current target but above minimum standard.

5. Mid-Year Business Plan Monitoring

- 5.1 The Directorate completed a mid-year Business Plan monitoring exercise, with the aim of identifying key achievements and areas where actions were not completed.
- 5.2 The report provides highlights of the mid-year Business Plan 2012/13 monitoring for Families and Social Care and is presented by Division.
- 5.3 Directorate Mid-Year Monitoring – Business Plan Dashboard

Division	Total Priorities	Total Actions	Total Actions completed	Total Actions on Course	Total Actions delayed or cancelled	Overall RAG Division		
SCS	5	18	1	17	0	AMBER		

Key: **Green** = Completed **Amber** = Partially Complete/on course **Red** = Stopped or will not be delivered

OPPD	6	20	2	18	0	AMBER	
LDMH	6	19	11	8	0	AMBER	
SC	14	48	11	37	0	AMBER	
Directorate Totals	Total Priorities	Total Actions	Total Actions completed	Total Actions on Course	Total Actions delayed or cancelled	Overall RAG Directorate	
	31	105	25	80	0	AMBER	

6 Specialist Children's Services Division

Priority 1: Safeguarding and Protection – Deliver high quality rigorous and consistent frontline practice to safeguard children and young people

- 6.1 **Make sure that children and young people are safe and stay safe in every setting -**
The Business Plan is intrinsically linked to Phase 3 of the Kent Safeguarding and Looked after Children Improvement Plan 2012/13. The Division presented a report to the Specialist Children's Service (SCS) Programme Board in July 2013, detailing which actions should be closed (as they have been embedded into 'business as usual' (BAU) practice) and which actions should be carried forward. Any outstanding actions from Phase 3 of the Improvement Plan have been incorporated into the Social Work Contract Implementation Plan to ensure robust oversight of progress, risks and issues. As a result, in August 2013, the Division was able to report that Phase 3 of the Improvement Plan was complete.
- 6.2 Furthermore, the Division completed actions from the post- Ofsted Inspection Action Plan. The Safeguarding and Looked After Children Improvement Board (Improvement Board) received a report in July 2013 detailing how the actions had been completed and a summary of the key outcomes achieved.
- 6.3 **Increase the awareness and understanding that keeping all children and young people safe is the responsibility of everyone in the community -**
The Division completed a review of the Central Referral Unit to ensure clear decision making processes are in place implementing any recommendations. The Ofsted Inspection of Safeguarding in November- December 2012, found the 'front door' arrangements to be much stronger, and more efficient than in previous years.
- 6.4 A key recommendation from the Ofsted action plan was to ensure that children in need referrals requiring assessment are promptly transferred from the County Duty Team (CDT) to the Family Support Teams as soon as there is sufficient information to determine that an assessment is required. The action was implemented within the required timeframe of 6 months, and as a result of the new workflow process within CDT the timeliness of decision making has steadily improved. Cases requiring assessment by district teams are progressed as a priority, with an average of over 80% of these now being received by the Teams within 24 hours of CDT receiving the contact. All Child protection referrals are reviewed and progressed the same day, involving both the district teams, referrer, police and health partners in the initial Strategy discussion where this course of action is deemed

appropriate. (Progress reported in the Ofsted action plan, Safeguarding and Looked After Children Improvement Board meeting 29th July 2013).

- 6.5 The Kent Safeguarding Children's Board (KSCB) implemented an improvement plan in January 2013, and over the last 9 months there has been consistent and sustained improvement of all aspects of KSCB's governance, accountability and overall scrutiny, across the partnership. KSCB still has work to do, however it is aware of the areas in need of address.
- 6.6 **Promote understanding across all partners of thresholds for accessing statutory Specialist Children's Services –**
Kent participated in the Local Authority Research Consortium (LARC) Round 5; research investigated: 'How do we effectively support families with different levels of need across the early intervention spectrum to engage with services within an overall framework of neglect?' The executive summary of the LARC 5 national report highlighted that '*Practitioners valued the Kent threshold document and used it to challenge complacency about signs of neglect*'.
- 6.7 Changes to Key or Significant Decisions since the publication of the Business Plan
The report notes a change to Key Milestone A: To increase the number of Children's Centres judged good or outstanding. Since the publication of the Business Plan, the Kent Safeguarding and Looked After Children Improvement Plan has concluded. SCS is now working towards a 'two pronged' Transformation Plan, combining the work of the Efficiency Programme and the Social Work Contract Implementation work.
- 6.8 Discussions are currently underway between the Department for Education and the Leader, Paul Carter as to the future of the Improvement Notice currently in force upon Kent's Children's Services.

Priority 2: Early Help, Intervention and Prevention – Provide a streamlined continuum of early help, intervention and prevention services to empower and enable children and families

- 6.9 **Improving care planning and outcomes for Children in Need –**
An audit of Child in Need (ChIN) assessments and plans has been completed in approximately 4,000 cases. There is an encouraging picture with regard to Child in Need planning and a focus on outcomes. There is still some work to do to ensure that the Child in Need planning tool is being used consistently across the County and some further learning for staff regarding activity and outcomes achieved. The Practice Development Programme will continue the focus on outcomes in all planning with children and their families.
- 6.10 97% of all Child Protection Plans ended with the construction of ChIN plans and the audit of these plans showed examples of SMART thinking, measurable timescales and a focus on continuing need.
- 6.11 The Practice Development Programme (PDP) has been designed to improve the sharing of best practice across the County with a focus on improving the quality of social work practice and management. This is part of our commitment to becoming a learning organisation in line with the recommendations made by Professor Munro. The programme is delivered by workshops, surgeries, 1:1 coaching and mentoring. Each District Surgery is designed around the needs of individual teams and district, and thus is reflective of the challenges faced in different places across the county. These sessions are led by Performance Officers, Principal Practitioners and expert consultants.
- 6.12 **Improve engagement of partners' front line staff in the Common Assessment Framework process –**

Early intervention and prevention services provided to families and children aged from 0-11 are currently provided separately across the Council. To support the development of strategy to bring those services into a single integrated service with a cohesive service offer to families in Kent, the Division hosted a 0-11 Integrated Services Workshop with multi-agency partners in September 2013. Feedback from partners will be used to inform the Programme as it moves forward. The results of the workshop were presented to the Kent Integrated Services Board in October. A newsletter of key programme developments will be issued in November 2013.

- 6.13 During the last six months Specialist Children's Services has engaged GP Common Assessment Framework (CAF) Champions, representatives of the Health Trust, and providers on the CAF Task and Finish Group in the development of various models to support GPs in the completion of CAFs. This work is progressing to ensure timely targeted interventions to reduce risks of safeguarding and higher level interventions being required.

Priority 3: Ensure we respond to the needs of children and young people with complex needs and disabilities – Develop high quality child and family centred services which promote personalisation and respond to the needs of children and young people with complex needs and disabilities

- 6.14 **Further develop the Disabled Children's Service –**
Specialist Children's Services has improved the assessment and planning processes within Disabled Children's Services. Measured against the SCS Performance Scorecard-Disability Area (EK, WK and Sensory) September 2013, the Division has exceeded its target with over 19% of referrals with a previous referral within 12 months against a target of 22% which demonstrates robust application of thresholds and assessments. For children and young people with complex needs and disabilities, the percentage of children leaving care who were adopted 2013-14 is 25%, above the target of 13%. Children are consistently seen at Initial Assessment (96.1%) and Core Assessment (99.1%).
- 6.15 **Ensure service and providers are delivering to improve outcomes for children with complex needs and disabilities –**
Work is continuing on the Special Educational Needs Pathfinder exploring opportunities of the Kent Card to deliver personal budgets. The Kent Card is now operational and is currently in the implementation stage across the County.
- 6.16 **Engage Health and Wellbeing Board to ensure health reforms respond effectively to the needs of children with complex needs and disabilities –**
Local Children's Trust Boards, which are planned to function under the Clinical Commissioning Group level local Health and Wellbeing Boards, are currently developing local delivery plans to improve outcomes and meet needs for children, young people and families, including those with complex needs and disabilities within the district. These plans will support partnership work in localities and contribute towards addressing the seven areas of need. The locality plans are currently being developed alongside detailed action plans. The Disabled Children's Service is engaging with the development of plans to ensure the needs of the service remains a high priority.

Priority 4: Effective Support to Children in Care. – Deliver effective support to Children in Care and improve their outcomes

- 6.17 **Improve the quality of practice –**
The Independent Reviewing Officer Service (IRO) has strengthened its focus around the quality assurance of care plans and on reducing drift in care, and from November 2013 all Children in Care plans will be quality assured by the service at least twice a year. The Independent Reviewing Officer Management Report April 2012-March 2013 reported 90

children/young people, out of 102 interviewed (88%) said they felt they could talk to their IRO about things that were worrying or bothering them.

6.18 Implement the participation plan –

Ofsted carried out an inspection of Kent's Children In Care (CIC) Services in July 2013. The final Inspection Report was received in August, where Ofsted judged Kent to be 'Adequate' with a 'Good' capacity to improve. The work of Virtual School Kent (VSK) and the educational attainments of our CIC were recognised by Ofsted as particular achievements. A CIC Action Plan is in place to address Ofsted recommendations.

6.19 VSK continues to progress plans to ensure a wider range of children in care are routinely made aware of how they can contribute to the development of the service or make complaints. The service has recruited Participation Apprentices to engage and encourage young people to participate at every level including chairing their own review and contributing to the development of the service with Our Children and Young People's Council (OCYPC),

6.20 The Children in Care scorecard measures performance with respect to participation of children in care at their review meetings. This has been consistently above 95%, although further work is taking place by the IRO Service on the quality of participation including the proportion of children that attend their review meetings and/or chair all or part of their reviews.

Priority 5: Better use of resources – Ensure we use our resources in the most appropriate way, and develop where needed to deliver effective and efficient services for children and young people

6.21 Transformational planning –

Work is in progress to develop and implement the Specialist Children's Services Transformational Plan. The work is being lead by the Children's Commissioning Unit and will incorporate the SCS Efficiency Programme and robust responses to a diagnostic run on the service by our service transformation consultants iMPower.

6.22 Workforce Development –

The Division is reviewing and enhancing the Learning and Development offer to staff. Of particular note, we are:

- a) Developing a much more substantial support package to Newly Qualified Social Workers (NQSW) through their **Assessed and Supported Year in Employment (AYSE)** with the offer of individualised personal educators to work alongside team managers and supervisors.
- b) Developing working relationships with both the University of Kent and Canterbury Christ Church University to develop closer partnerships between our higher educational institutes and front line staff, with a particular emphasis on developing some innovative input into the East Kent area (as a key part of our recruitment drive).
- c) The Practice Development Programme workshops and district surgeries offer front line staff a chance to share best practice with peers, and reflect on practice and challenges (and in turn increase confidence with the use of professional judgment).
- d) Hosting a series of Masterclasses given by Professors David Shemmings, Marian Brandon, Sue White, Eileen Munro and Isabelle Trowler Chief Social Worker for Children.

6.23 The Division completed a review of supervision activity this year as part of a plan to improve the quality of supervision and management oversight and direction in casework. A supervision survey was commissioned in early 2013 in order to seek the supervisee's experiences of supervision within Specialist Children's Services. This survey was conducted in February and March 2013. The survey highlighted that:

- 93% of staff received supervision on a 6 weekly basis, which is in line with the Council's supervision policy.
- 94% of the respondents stated that supervision was outcome focussed with clear remit and focus on the child/ young person.
- 94% of the respondents stated that supervision assisted them in focusing on the child's/ clients plan and provided guidance on what they needed to do to implement the plan effectively.
- 88% reported that supervision provided them with guidance and assisted with the work load management of individual cases.

6.24 A second supervision survey will be disseminated to staff in 2014 ahead of a new training programme. In-Trac, a training and consultancy service for local government has been commissioned to deliver two new programmes of supervision training to first line managers from January 2014.

6.25 **Staff recruitment and retention, sharing best practice and culture –**

As part of the strategy to improve recruitment and retention activity the Division has developed a new recruitment website which promotes 'Our Vision' and 'Kent as a great place to live', and careers in children's social care.

7 Older People and Physical Disability Division

Priority 1: Prevention - Maintaining and Promoting Independence for service users by improving access to services, equipment and information, advice and guidance

7.1 **Improve public information to give people more information about independence, choice and control –**

Work is continuing on the preparation of an advice and guidance booklet for the public seeking to ensure that people have more information about independence, choice and control; a draft version will be available in December 2013.

7.2 **Promote enablement and target interventions so that fewer people become dependent on long term care and support services. Build community capacity and develop more inclusive access and participation –**

Progress has been made to increase use of enablement to prevent the need for long term care (domiciliary and residential) and provide out of hours access to enablement and intermediate care. Enablement capacity has increased by 39 FTE. Work is in progress to extend service operating hours, as part of the Boundaries Realignment Programme, which will increase access to enablement and intermediate care. Our Transformation Partner, Newton Europe, is tracking numbers of clients receiving enablement services and outcomes to help us improve services and ensure fewer people become dependent on long term care and support services. In addition, Newton Europe has developed care pathway and optimisation programmes, which are currently progressing in South West Kent, Dover and Thanet aiming to roll out to all areas by March 2014. Joint working with Kent Community Health NHS Trust (KCHT) is on-going to eliminate any duplication between KCC's enablement service, Intermediate Care Service (KCC and Health joint funded) and Rapid Response service (provided by Health).

7.3 **Service specific Developments: - Dementia, Autistic Spectrum Condition and End of Life Care –**

Progress has been made towards the implementation of the Integrated Dementia Commissioning Plan and the Dementia Select Committee recommendations. A key achievement to date has been the successful development and promotion within all teams of the adult placement service – Shared Lives utilising funding secured from Dementia Challenge. Dementia continues to be a priority area for Joint working with Kent and Medway Commissioning Support Unit and Clinical Commissioning Groups (CCGs) and services are in development to support early identification, diagnosis and support.

Progress has been made on the implementation of the Prime Minister's Challenge bids in relation to Dementia friendly communities and increasing inter-generational community cross over and involvement. A rolling programme designed to support development of at least 12 dementia friendly communities across Kent is in place.

7.4 The Autistic Spectrum Conditions (ASC) team has been fully implemented and a business case has been jointly developed with Kent and Medway NHS and Social Care Partnership Trust (KMPT) for CCGs to commission capacity of the NHS Diagnostic elements of these services where there is a significant waiting-list building. Our target to increase the provision of voluntary sector based support services for people with ASC has been achieved; Advocacy for All, a third sector organisation, has established peer support groups running successfully across the county. Family support groups for people with ASC are currently being developed. Development of an integrated framework for End of Life care in Kent is in progress.

7.5 **Improve access to services for carers –**
Kent is taking part in a national pathfinder project to use pharmacies as a means of reaching carers. Carers First, an independent charity, has entered into a formal partnership with Boots the Chemist to support and help carers in South West Kent as part of the pilot. Carers First literature is provided in prescription bags and joint working is on-going to pilot drugs administration training for Carers. We are close to achieving our target to ensure that 70% of contacts with Local Referral Management Systems receive information, guidance, and sign-posting to appropriate voluntary sector support.

7.6 **Further promote the use of assistive technology and other equipment to enable people to live independently –**
New Telecare champions have been created in each Area to encourage take up of tele-technology equipment to support people in community settings; the number of users of tele-technology has continued to increase. Work is continuing with Newton Europe as part of the improvement cycle to increase telecare uptake which will enable more people to live independently.

Priority 2: Prevention - Transformation of service provision incorporating service review and redesign to increase efficiency, remove duplication and achieve value for money

7.7 **Continue to develop and implement the Transformation Programme to identify new ways of working –**
The successful delivery of Phases 1 and 2 of the Boundaries Realignment Programme has supported the continued development and implementation of the Transformation Programme to identify new ways of working. Further development of the Locality Referral Management Services, will encourage increased and faster take up of enablement services and ensure enablement and/or enabling support is at the heart of our service offering. New clients are now assessed for enablement services at first point of contact, encouraging more self-care and independence, rather than domiciliary or residential placement unless this is required by assessment.

7.8 Work has continued on the development of alternative models of care (specifically technological solutions); new items of assistive technology are currently being trialled with sensory impaired service users and people with autistic spectrum conditions. Successful implementation of Model Office in Dover and Thanet to optimise qualified professional time for service user contact, and support services for business processes will be rolled out to all other localities by June 2014.

7.9 **Review services to identify more efficient processes e.g. assessment and enablement and co-ordination –**
The Boundaries Realignment Programme is developing and implementing more efficient team structures to ensure more efficient services for our clients.

- 7.10 **Identify opportunities for joint work with partner agencies to reduce any duplication**– The Division has expanded assessment and review clinics and fast track services, working with partners such as Gateway, District Councils, independent and voluntary sector providers. Deaf Services clinics are now established in Gateway across the county providing easy and timely access to information, advice, guidance and assessment. The Division will expand the use of Integrated Care Centres for more complex case assessment and review clinics and continue work with KCHT to utilise community hospital facilities. Work has progressed in developing one Assessment and single Anticipatory Care Plan with health providers. Anticipatory Care Plan is currently being trialled in Dartford, Gravesham and Swanley.

Priority 3: Partnership - Building partnerships and improved relationships with a wide range of private, independent and health partners to ensure services are outcome focused and achieved

- 7.11 **Work with the new Clinical Commissioning Groups (CCGs) to ensure coherent processes and systems across health and social care and to identify opportunities for integrated commissioning and working –**
Clear governance structures have been implemented including integrated commissioning groups and joint area Health and Social Care Integration Steering Groups with CCGs, KCHT, KMPT and voluntary and community sector organisations. To support the establishment of coherent processes and systems across health and social care and to identify opportunities for integrated commissioning and working the Boundaries Realignment Programme has aligned senior and middle management structures with CCG boundaries. The alignment has supported the development of single points of access and move towards extended hours working 8am to 8pm over 7 days per week. Multi-Disciplinary Team Meetings take place in the majority of areas linked to risk stratification and Anticipatory Care Plans are being piloted across Kent. Supporting tools for people with Long Term Conditions have been developed including 'Patient Knows Best' in Swale and South Kent Coast.
- 7.12 Joint health and social care integrated teams are being developed with co-location of social care teams and KCHT teams at Joynes House, Gravesend and in other Areas the alignment to GP practices and KCHT Neighbourhood Care Team structures. Further work will progress in line with the Boundaries Realignment Programme. Integrated referral management systems have been created for GPs in North Kent, Thanet and West Kent and plans are in place for South Kent Coast, Ashford and Canterbury. This work includes the pilot of Health and Social Care Coordinators in West Kent, Canterbury and Swale. Locality Referral Management Systems are working closely with Kent Community Health Trust Local Referral Units as they are introduced across Kent.
- 7.13 A new discharge model has been developed – 'Own bed, best bed' in Maidstone and Tunbridge Wells Hospitals in partnership with East Kent Hospitals Foundation Trust. A Self-Management Steering Group has been established with an action plan in place to deliver a coordinated approach to self-care/self-management across all partners to implement a new methodology.
- 7.14 A Local Professional Network has now been established facilitating integrated health and social care commissioning for eye health and related rehabilitation and support services. Peer support programmes for visually impaired people have been developed and a pilot self-management programme for deaf people in partnership with Hearing Link is currently being trialled.
- 7.15 **Work with housing providers to increase housing choices for older and disabled people –**

Progress has been made on the Farrow Court Dementia and vulnerable adults' friendly community development in Ashford working in partnership with Ashford Borough Council.

- 7.16 Changes to Key or Significant Decisions since the publication of the Business Plan
The Division has been successful in its submission to become a Department of Health Integration Pioneer and is now one of 14 Pioneers to deliver integration at pace and scale. Kent's bid outlines key deliverables for whole system integration across commissioning and provision. To help facilitate this work an Integration Pioneer Steering Group has been developed, this will identify key aims and priorities for delivery and coordinate the implementation of the Integration Transformation Fund, reporting to Kent Health and Wellbeing Board.

Priority 4: Procurement - Managing the market and commissioning intelligently to gain best value, flexibility and choice

- 7.17 **Manage the market to ensure value for money and to provide choice including for people on direct payments –**
On 1 November 2013 carers short break services came into operation including a high degree of flexibility for carers and those they care for especially for crisis response.
- 7.18 **Kent Card –**
A review of the contract for Kent Card has been carried out and a re-tender is in progress with the contract due to be awarded in January 2014. Once completed, the new Kent Card will become the default option for delivering Direct Payments.
- 7.19 **Personal Health Budgets –**
Development of an Integrated Personal Budget Programme with South Kent Coast CCG and KCC to test integrated budgets to inform wider roll out across the country has progressed with a total of 20 users currently on the Integrated Budgets Programme. Work with the NHS on the delivery of personal health budgets for Continuing Health Care is ongoing seeking to deliver a seamless service for clients who transition from social care funding into health funding.

Priority 5: People - Promote personalisation for users to ensure increased choice and control with services offered being accessible and driven by customer demand

- 7.20 **Further promote personalisation giving people genuine choice and control over their lives –**
The existing Kent Card offer has been further developed for use by people who opt for Direct Payments and for use in Personal Health Budgets for people who are in receipt of Continuing Health Care Funding.
- 7.21 **Ensure services are customer-centric with clear information, access, complaints processes and quality assurance –**
A review of Customer Care Teams in FSC was completed and it was decided to keep Adults and Children Customer care teams separate to ensure best service delivery.
- 7.22 The Division continues use of Co-Production for the development of dementia and Adult Social Care services. The Social Innovation Lab Kent (SILK) is an integral partner in our Dementia Friendly Communities Programme and all community development work is based on model of community asset mapping and co-production.
- 7.23 **Continue to review safeguarding arrangements to ensure the protection of vulnerable people –**

Work continues with partners, including the NHS, police and criminal justice system to safeguard vulnerable people and, if they are victims of crime, ensure they have access to justice and support. A countywide 'Team' approach for Safeguarding Coordinators and Senior Practitioners (Safeguarding) has been developed and will be managed by a new countywide Safeguarding Manager reporting to an Assistant Director. Interviews for this new role take place in November 2013.

7.24 Continued close working with the care sector has improved dignity and quality in care. Quality issues and areas of practice are a regular item of Provider Forum discussion and the Division participates in CCG led Care Home Quality initiatives.

7.25 **Workforce development –**

The Organisational Development Plan for the division is in place and Learning and Development sessions commissioned including modular based development programmes for case management staff. Work continues on the development of the approach to Assessed and Supported Year of Employment.

Priority 6: Financial, Quality and Policy Challenges - Future planning of service and budgets within the division to meet legislative requirements on time with the minimum of disruption to end users

7.26 **To monitor progress of the Care and Support Bill to prepare for any changes and assess the impact it will have on services in Kent (e.g. changes to legislation, charging) –**

The Division has initiated a Policy Sub group to review the Care and Support Bill and initial workshop and engagement sessions took place in October 2013 to prepare for changes and impact on services.

7.27 **Prepare for legislation that is likely to reform SEN and disability services –**

The division is working with the Learning Disability division to explore policy changes under discussion for Physical Disability, Autistic Spectrum Disorder and Sensory Services once the Children and Families Bill is ready to receive royal ascent, expected in April 2014. Central Government is currently consulting on draft regulations likely to reform SEN and disability services and briefing information and feedback from pathfinder projects in Kent is currently being produced.

7.28 **Quality and Policy compliance –**

Panel and Risk Management meetings have been established in the areas to ensure that service users access the right service at the right time at the right cost. Ongoing quality audits are taking place in order to monitor and improve the quality of practice and safeguarding. The divisional management team is meeting on a regular basis with colleagues from Strategic Commissioning and Chief Nurses from the CCGs to monitor the quality in care provision.

7.29 **Implement the Transformation programme –**

Social Care Teams are engaging with the Transformation Partner to implement changes identified within the diagnostic evaluation. A review of the model of care at Gravesham Place, Westview and Westbrook House Integrated Care Centres is contributing to greater clarity about how the resources and related services can be used to best effect to meet the challenge of the Transformation.

8. Learning Disability and Mental Health Division

Priority 1: Prevention - Promote enablement, the use of assistive technology and community based interventions so that fewer people become dependent on long term care and are supported to plan for the future

- 8.1 **Promote enablement and target interventions so that fewer people become dependent on long term care services -**
 The Learning Disability Supporting Independence pathfinder project has commenced in Dover and Thanet with plans to schedule a second project in Dartford, Gravesend and Swanley by March 2014. The delivery of the Mental Health Short Term Recovery Model has progressed with the model being implemented within all Mental Health teams in April 2013. A new Short Term Recovery (STR) establishment has been put in place. Guidance on STR has been developed to support the service and a robust performance framework is currently being developed in order to enable reporting against the new service model.
- 8.2 **Build community capacity and develop more inclusive access and participation -**
 Learning Disability (LD) services has improved access for services to careers through primary care and community locations; every GP has a named LD nurse and nursing group sessions are provided, and LD has a high-street presence in a number of Gateways across the county. The same model has been applied within Mental Health (MH) services, with primary care nurses working alongside each GP practice. The service has established a Primary Care Steering Group which is developing a referral pathway.
- 8.3 The Division completed a restructure of the LD in-house day care team this year. A further review is planned to establish whether changes have been successful. LD has put out to tender the outsourcing of Independent LD Day Services for four services with an employment and training focus. The project is on schedule and the new contracts are expected to commence in April 2014.
- 8.4 **Improve access to services for carers -**
 All known eligible careers are now signposted to contracted providers for Careers Assessments and Support. The number of LD carers receiving a Carers Assessment has increased by 3% for the period March to September 2013. In order to highlight the importance of carers as expert partners in care, the LD and MH teams have identified Carer's Leads within each team to support the carer's agenda.
- 8.5 **Further promote the use of assistive technology and other equipment to enable people to live independently -**
 A six month pathfinder project to trial new telecare and assistive technology equipment with 20 LD clients in Canterbury and Swale commenced in October 2013. The aim of the trial is to increase the uptake of people in receipt of and effectively using assistive technology to reduce staff support, and will monitor the savings and outcomes for individuals.
- 8.6 **Improve public information to give people more information about independence, choice and control -**
 LD completed an internal audit on the use of Personal Budgets to assess staff awareness and understanding of personal budgets and associated payment methods. A new action plan was implemented and the Direct Payment process has been updated, with a programme of training and communication in place to embed staff awareness across the service. The process around the monitoring arrangements for MH Personal Budgets is being reviewed alongside the MH service workforce reviews.
- 8.7 In order to ensure the Council is delivering easy read information for individuals with learning disabilities, an Easy Read Specialist has been funded until December 2013 to develop easy ready publications, including easy read presentations for the Winterbourne Programme, Joint Self Assessment Framework and the LD Annual review.

Priority 2: Productivity - Review services and processes to support the delivery of lean efficient services with minimal duplication

- 8.8 **Continue to develop and implement the Transformation Programme to identify new ways of working -**
An overarching care management strategy for adults with learning disabilities has been clearly defined and fully implemented countywide. An LD establishment has been developed and East Kent LD teams are being realigned to ensure an equitable service across the County; Ashford and Shepway is currently in the planning phase due for completion by March 2014. The review of the Approved Mental Health Practitioner Service has been completed and implementation of the findings is planned for October 2013.
- 8.9 Work is progressing to ensure enablement and/or enabling support is centre to our service offer in relation to assessment, support planning, personalisation and service delivery. An enablement pilot is currently in progress and due to be completed by April 2014. Should it be successful, the service will be rolled out across all localities by April/May 2014.
- 8.10 The Division achieved a key objective in July by reducing the number of clients placed in residential care to 1260. The current number of people in residential care is 1255.
- 8.11 **Review services to identify more efficient processes -**
The review of Personalisation Coordinators and the way the Directorate delivers personalisation has concluded and recommendations were implemented. A new staff and management structure has been established and a specific support function for the Division is now in place delivering on all Supporting Independence Services (SIS) and residential packages.
- 8.12 A review of the Swift system to ensure data is of a good quality, purposeful and up to date is currently underway, expected to conclude in March 2014.
- 8.13 **Identify opportunities for joint work with partner agencies to reduce any duplication-**
The LD Service Level Agreement has been reviewed with agreement from KCC and KCHT that the partnership is working effectively. The MH partnership strategy has also been reviewed and an agreement reached to commit to the partnership agreement with KMPT.
- 8.14 To support the review of current transition arrangements in adult social care a Transition Steering Group has been established to ensure smooth transition and that the right support is available to assist people to lead independent lives. A Transition Project brief is currently being developed to review the current transition arrangements with a report due to the Transition Steering Group in December 2013. The Transition Steering Group is also linking with the SEN agenda and looking at the implications of facing the challenge.

The report notes that the review of the ILS service, planned for completion in September 2013, ready for formal consultation on future service models is currently on hold pending the outcomes of the enablement pilot.

Priority 3: Partnership - To work with key partners to improve outcomes for service users and promote personalisation

- 8.15 **Work with the new Clinical Commissioning Groups (CCGs) to ensure coherent processes and systems across health and social care and to identify opportunities for integrated commissioning and working -**
Work is in progress to raise awareness of the integrated LD teams and to improve joint working practices. An annual review will be completed in November the findings of which will be circulated to the CCGs to raise awareness of the integrated LD teams and the services they offer. Progress has been made to increase access for people with learning disabilities to prevention, screening and health promotions. All LD clients are offered an annual health check and health screening services. Continuing work with CCGs has built on and improved joint working practices for adults with Mental Health needs. Mental Health

commissioners are currently working with CCGs to develop a pathway for primary care MH services.

8.16 Work with housing providers to increase housing choices for disabled people -

The Division continues to work in partnership with Strategic Commissioning to ensure that there is suitable LD accommodation to support all assessed needs and that as many eligible users as possible are in stable accommodation.

8.17 Work with the Kent Learning Disability Partnership Board to improve delivery on key areas for people with a disability -

District Partnership Groups and Partnership workstreams have been supported to deliver and report against their respective annual plans. At an LD Partnership Board held in July 2013 each District Partnership Group delivered a presentation on how they had delivered against their district plans. The presentations were published on the Kent Learning Disability Partnership Board website. The LD Partnership Structure is to be reviewed as part of the action plan.

8.18 Work with KMPT to improve outcomes for service users and promote personalisation

Progress has been made to improve the professional supervision and support for social care staff, including training and communication through the development of a supervision structure chart and supervision training commissioned for all managers at KR11. The outcomes of a supervision audit were reported to the Division in May 2013 and as a result an action plan has been produced to include development of a workload management tool.

Priority 4: Procurement - To work alongside procurement and strategic commissioning to ensure that the market is able to provide services at the best price and quality to meet individual outcomes

8.19 Develop the access to resources arrangements to purchase services at the best price and quality -

A review of the Adults Access to Resources Team Unit has been completed and the new structure has been implemented. The Division is progressing work with Strategic Commissioning to develop a procurement strategy to ensure effective purchasing mechanisms are in place, and placements are value for money for the individual and Council.

8.20 Develop commissioning plans for specific service areas -

The review of the Adult Placement Service has been completed and the Shared Lives Programme is in the process of implementation.

8.21 An informal consultation on LD respite services was completed earlier this year. The strategic options for a new short break/respite service are being considered with our Transformation Partner, Newton Europe, as part of the Transformation Partnership Programme.

8.22 The Division completed a review of the transport arrangements for Adult Social Care service users. A new transport policy was produced, and the new transport arrangements have been implemented. LD will further review the in-house transport system for service users who receive Council funded transport in order to access services.

8.23 Work is in progress to develop community hubs in Shepway, Tonbridge, Tunbridge Wells, Dartford, Canterbury and Dover by March 2014. Community hubs in Thanet and Gravesham are still in the planning phase.

PRIORITY 5: People - To ensure that service users are kept safe and enabled to achieve genuine choice and control. To ensure staff are supported to promote personalisation and deliver the core business

- 8.24 **Further promote personalisation giving people genuine choice and control over their lives -**
MH services are in the process of developing a personalisation action plan to drive up the number of personal budgets. The number of direct payments continues to increase and is currently at 580. LD services currently have 1094 clients in receipt of a direct payment and 87% have a personal budget both of which show an upward trend.
- 8.25 A coordinated approach in delivering supported employment has been developed to ensure as many eligible users as possible are in supported employment. The Kent Supported Employment contract has been reviewed with LD services reporting 4% of clients in supported employment compared to MH services with 13%.
- 8.26 **Continue to review safeguarding arrangements to ensure the protection of vulnerable people -**
The Division continues to work with partners, including the police and criminal justice system to safeguard vulnerable people and, if they are victims of crime, ensure they have access to justice and support. A review of LD Safeguarding is due to report in October 2013.
- 8.27 **Ensure services are customer centric with clear information, access, complaints processes and quality assurance -**
Workforce development – A number of service areas across the Division have been reviewed and restructured including;
- LD In-house Day Care
 - MH staff at grade KR11
 - MD administration and clerical staff
 - MH Care Management Assistants
- 8.28 Each service change has identified training needs which have been fed into the Directorate Organisational Development Plan and will inform an overarching workforce plan for adults with learning disabilities and mental health needs to ensure we have the right people, in the right place, with the right skills to meet business need.

PRIORITY 6: Financial & Policy Changes - To monitor and prepare for any legislation that may impact on financial projections and/or policy

- 8.29 **Continue to ensure value for money and check that every penny counts -**
To ensure value for money, the Adult Access to Resources team has utilised the cost setting guidance in order to allocate funding according to individual assessed needs within Learning disability and Mental Health.

9. Strategic Commissioning Division

PRIORITY 1: Continue to develop and implement the Transformation Programme to identify new ways of working – The transformation programme will deliver FSC's contribution to Bold Steps.

- 9.1 The Transformation Partnership Programme (led by Newton Europe) is now moving from the design phase to the implementation phase. The key activities are already included within the business plan, but a particular programme is the home care tender.

PRIORITY 2: Ensure we provide the most robust and effective public protection arrangements - Improving quality of practice for adult safeguarding

9.2 Key Achievements:

- Completion of OPPD deep dive audit – feedback has been provided to CMM, Cabinet Member for Adult Social Care and Public Health, DMT, DivMT and practitioners.
- Completion of LD deep dive audit – the final report is currently being produced and feedback will be provided to CMM, Cabinet Member for Adult Social Care and Public Health, DMT, DivMT and practitioners.
- Refresh and restate workshops delivered May/June 2013 – these were very positively received by all who attended.
- An internal Mental Capacity Act (MCA) Audit programme has been established.
- MCA practice workshops delivered following OPPD deep dive audit recommendations.
- BIA training has been commissioned and will be delivered in February 2014.
- Additional places on safeguarding training courses have been provided.
- Quality Surveillance Group monthly report produced for Corporate Director FSC.
- Serious Case Review Action Plans have been updated for Mr J and Mrs G.
- Completion of CRU case file audit.
- Engagement with ‘Making Personal Safeguarding’ - Practice initiatives are in place across the County, to encourage and support people to be at the centre of safeguarding practice.
- Neglect Policy has been revised.
- New structure of Kent and Medway Safeguarding Adults Board has been implemented
- Recruitment to Safeguarding Co-ordinator post within the Adult Safeguarding Unit.
- Implementation of governance review of the Kent and Medway Safeguarding Adults Board.

9.3 Key Issues for Priority 2

- 1.1, 1.2, 1.3 2.3 Implementation of CMM action plan following the OPPD deep dive audit.

PRIORITY 3: Embed New Commissioning structure and improve how we procure and commission services – Continue to improve processes, develop the market to allow maximum choice, support the local economy and deliver VFM in line with ‘Bold Steps’, ‘The Kent Compact’ and ‘Spending the Council’s Money’

9.4 Key Achievements:

- The Accommodation Strategy is on target for completion
- Home Care Tender Wave 1 has commenced on target for contract let March 31st 2014
- Voluntary Sector conference to co-produce prevention strategy and share effective new ways of working was very successful

PRIORITY 4: Ensure there is a range of vibrant community based services to divert people away from health and social care systems – To deliver a range of health and well-being services designed to promote independence and continue older people’s active involvement in their community regardless of age or condition

9.5 Key Achievements:

- Befriending Grants let, in order to combat social isolation and inform thinking regarding ways of promoting social inclusion and reducing loneliness
- Carers Shortbreak Contract let – service goes live in November 2013
- Carers Assessment and Support Contract delivering well against agreed KPIs and exceeding target for identifying new carers

- The Kent.gov.uk/carer web pages have been reviewed and updated with the latest information on services and support.
- Dementia Friendly Communities Programme and Team in place – working with communities across Kent to improve understanding and awareness of Dementia
- Dementia Diaries launched – innovative book designed to help children understand dementia
- Dementia Shared Lives Case Manager in post recruiting host families and working with teams to identify people to use support

9.6 Key Issues for Priority 4:

- 1.3 Additional investment in more Care Navigators on hold whilst work on care pathways and optimisation continues to ensure return on investment
- 2.3 Community Chest on hold funding required to ensure balanced budget
- Milestone: Making It Real Launch event – has not happened, DMT decided not to proceed earlier in year and wanted more work to be done. Proposal to be pre-presented to DMT in November

PRIORITY 5 : Sustain within the community people who require help and support to meet their health and care needs – Working towards integrated services that seek to maintain a person within the community and out of residential care or hospital

9.7 Key Achievements:

- Integrated Commissioning Groups established with all CCGs, good networks and relationships developing
- Flex Home Care Contracts in place in Dover and Thanet, service slowly expanding will require evaluation to determine decision about roll out in other areas
- Falls pathway agreed with all CCGs and presented at Kent Health and wellbeing board
- Grant agreements in place for Postural Stability Classes in West Kent

PRIORITY 6: Take people with identified risk factors who have suffered a critical incident – Targeted interventions that aim to restore a person back to a preceding state of health and well-being

9.8 Key Achievements:

- An integrated urgent care dashboard is now in place for the area covering EK CCGs and reported monthly to East Kent UC/LTC Board

9.9 Key Issues for Priority 6:

- Action 1.1 unable to progress the Neuro Rehab Strategy as the NHS have not resourced taking this forward at the moment

PRIORITY 7: Ensure there is a Strategic Framework for Commissioning for Children and Young People- An overview of the strategic priorities for Children's Commissioning

9.10 Key Achievements:

- Parents of disabled children fully represented on JCB sub group and Short Breaks Steering Group
- Disabled Young people involved in evaluation of tender for family advice service
- Joint working groups x3 set up with Health & ELS re children with SLCN/ Challenging behaviours/ Physical Disabilities
- Provider forum for disabled children's providers set up
- Staff (3 from Disabled children) undertaking accredited qualification in Commissioning

PRIORITY 8: Early Intervention and prevention (Children)- We will ensure there is investment in early help, intervention, and prevention services

9.11 Key Achievements:

- Finalisation of suite of commissioned services as agreed
- Review and implement new performance monitoring system which has enabled greater understanding of progress against targets for both providers and commissioning
- Evidence of outcomes beginning to be shown but also evidence developing for where changes need to be made.
- Work starting on joint outcomes framework for in house and commissioned services
- Performance management framework completed

9.12 Key Issues for Priority 8:

- 2.1 On the whole, services are meeting their outcomes, although we now recognise that outcomes specified do not meet the current expectations in order to make savings. The services are being reviewed in this light.
- Milestone: EIP strategy review not appropriate right now, as we are moving into Transformation potential shift in service ownership may introduce different parameters of thinking. Probably should be delayed until next year after 0-11s is completed
- Child level outcomes proving difficult to measure due to the limitations of CAF. We are currently pulling together names of cases closed in the last six months and will do a data matching exercise with CAF but this is a manual exercise. Need child level progress post intervention to give some indication of cost effectiveness and value for money. In progress

PRIORITY 9: Disabled Children – Ensure KCC responds effectively to the needs of children and young people with SEN and disability in Kent

9.13 Key Achievements:

- Pilot for utilising same Direct Payment Support service for 18 to 25 year olds as for children underway to inform joint specification with Adults Social Care
- SEND Pathfinder Local Offer for Social Care key questions drafted with parents and content of response under development

9.14 Key Issues for Priority 9:

- 1.2 Challenges in involving CCG in confirming financial contributions regarding overnight short breaks as a result of closure of Preston Skreens
- 2.3 Work on implementing use of the Kent Card for direct payments for children to support personalisation work is delayed to next year because of a change of provider of Kent Card and concerns from KCC Finance.
- 3.1 Children involved in individual services evaluation but no strategic input. Awaiting guidance from full JCB on setting up of CYP forum

PRIORITY 10: Children's Centres – Review and reform of children's centre provision as part of KCC's Future Service Options programme

9.15 Key Achievements:

- Full public consultation on 'Shaping the Future of Children's Centres in Kent' completed with over 6000 responses

9.16 Key Issues for Priority 10:

- Kent's Children's Centres have been the subject of a public consultation 'Shaping the Future of Children's Centres in Kent' to consider the future shape of the programme in

terms of numbers of Centres, changes to operating hours and management .The consultation ended on the 4th October 2013 with over 6000 responses .A decision is to be made by the Cabinet Member for Specialist Children's Services in December 2013

PRIORITY 11: Health and wellbeing (Children) – Delivery of services that promote good health and wellbeing for young people in Kent to ensure positive outcomes for these children

9.17 Key Achievements:

- Robust performance management framework in place for Catch22 contract
- Successful review of current leaving care service, development of future service options and implementation of preferred options

9.18 Key Issues for Priority 11:

- 1.2 - CCG funding has been secured, however specification has been recently amended and further agreement required for new service to start April 2014
- 2.1 - SCS Operational colleagues have become less convinced of the need for a therapy framework and lack of consistent information on current spend has stalled further development. Priority has been given to joint - commissioning of post abuse and sexually harmful behaviours service.
- 3.1 - CiC model has been developed, service provider level of vacancies have delayed embedding of model. This is being managed through monthly performance meetings led by West Kent CCG as lead commissioner. Contingency planning is underway.

PRIORITY 12: Children Living Away From Home – Review and manage contracts for services for children living away from home to ensure these young people are getting the best service possible, for good value

9.19 Key Achievements:

- Establishment of ART, policies, procedures, referral forms etc. Successful in-house fostering pilot for North and West, leading to a proposal to extend the pilot across the rest of Kent. Successfully taking over the management of invoicing for fostering and residential placements.
- IFP Framework implemented June 2013, and leading to cost savings of £130,000 (June to Oct 2013)
- The future service options for unaccompanied asylum seeking children is now incorporated into priority 11 4.2
- £132k savings forecasted. Target is £51k.
- All procurement carried out in line with public procurement regulations. Contracts Board to be established in November to ensure more robust planning is in place for the future procurement of services.

9.20 Key Issues for Priority 12:

- 1.1 - The removal of delegated authority from KMCS staff that attend JRAP may impact on securing health contributions to residential placements
- 1.4 - The future service options for children's homes is still in the understanding phase. Product description identifying future service options to be written by the end of November 2013.

PRIORITY 14: Support the delivery of FSC key business objectives with timely, relevant, effective information management. ADULTS – The Performance and Information Management team will develop and provide services that support delivery of key business

objectives- to support transformation programme and ensure adequate recording and scrutiny of safeguarding data across the Directorate

9.21 Key Achievements:

- Monthly reporting to DMT and DivMT for key performance indicators
- Monthly reporting of activity lines and production of forecasts with teams to support budget monitoring
- Development of operational reports to enable operational teams to manage their own performance
- Improved data quality
- Delivery of end of year statutory returns
- Consultation and production of the Local account, with additional monthly bulletins, with users, carers and agencies to update on performance priorities and areas of development.
- Reporting to CC
- Working in partnership with Newton Europe to develop projects and savings.
- Linking national developments for performance management with Directorate reporting, including starting the Zero based review project, linked with oracle recoding project and boundary realignment project
- Support to Strategic commissioning colleagues relating to provider analysis and mapping.

10. Risk and Business Continuity Management

10.1 Directorate Risk Register

The Directorate Risk Register is reported to the Directorate Management Team (DMT) on a quarterly basis. New or emerging risks are reported and DMT maintains oversight as levels of risk fluctuate.

10.2 Each Division maintains a Risk Register. A register is maintained for the Children's Improvement Plan (which is being replaced by the Social Work Contract Programme). Risk Registers are also maintained for other key programmes of work such as the Transformation Programme.

10.3 The 2013/14 Business Plan highlighted key risks from the Risk Register applicable to each Division. Since the publication of the Business Plan all Risk Registers have been reviewed and updated to reflect new or emerging risk; where existing risks have become more significant this is reflected in the Risk Register.

10.4 New risk(s) have been identified associated with realigning the structure of OPPD following the creation of Clinical Commissioning Groups. Risks arising from preparation for the legislative changes with the Care Bill have become more significant since the publication of the Business Plan. Other risks associated with the implementation of the Health and Care Act 2012, and responding to areas of developing need have decreased.

10.5 Business Continuity Management

Since the publication of the Business Plan the Corporate Business Continuity Management (BCM) arrangements were reviewed and approved by the Corporate Management Team on 25th June 2013.

10.6 The Directorate completed significant work in 2012-13 to develop and implement Business Continuity Plans for each service. Where these plans have been implemented they are still valid and continue to be used.

- 10.7 The Directorate has an established Programme Plan which ensures that Business Impact Assessments, Risk Assessment and Business Continuity Plans are reviewed and updated at least every 12 months. Updated Business Continuity Plan in line with the revised KCC framework will be implemented in line with the Programme.

11. Recommendation

- 11.1 Members are asked to note the Families & Social Care performance dashboards and the mid-year business plan monitoring report

12. Background Documents

- 12.1 None

13. Contact details

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From: Graham Gibbens, Cabinet Member for Adult Social Care and Public Health
Meradin Peachey, Director of Public Health

To: Social Care and Public Health Cabinet Committee - 5th December 2013

Subject: Public Health Performance

Classification: Unrestricted

Summary: This report provides an overview of key performance indicators for Kent Public Health. Performance is currently varied across the prescribed/non prescribed data returns and 2 additional local performance indicators; performance has increased on NHS Health checks however targets are still not being achieved.

Due to national submission deadlines, National Child Measurement Programme and Smoking Cessation Services could not be updated for this report. Additionally national data collection for infant feeding prevalence has been temporarily suspended while NHS England, Public Health England, Department of Health and the Health and Social Care Information Centre assessed all the options of continued collation following the health system changes.

Recommendation(s): The Social Care and Public Health Cabinet Committee **is** asked to note this report.

1. Introduction

- 1.1 This report provides an overview of the key performance indicators for Kent Public Health. The report includes indicators on the new prescribed and non-prescribed data returns from Councils, Local key performance indicators and an indication of how these fit to the Public Health Outcomes Framework (PHOF)
- 1.2 The indicators for the National Child Measurement Programme (NCMP) and Smoking Cessation Services have not been updated from the previous report due to the timings of the national submission deadlines.
- 1.3 National data collection for infant feeding prevalence has been temporarily suspended while NHS England, Public Health England, Department of Health and the Health and Social Care Information Centre were assessing the options of continued collation following the health system changes; collation will re-commence for Q3 2013/14 and providers will be expected to submit all 3 quarters for 2013/14. NHS England have indicated that this information will be released in March 2014.

2. Bold Steps for Kent and Policy Framework

- 2.1 The work of the Public Health Division contributes to the Bold Steps for Kent as stated in the Business Plan:

- We will help **the Kent economy grow** by directing our revenue resources towards helping businesses in difficult times, procuring more of our goods and services from within the county wherever possible, encouraging growth and diversification of the market by supporting voluntary sector and encouraging social enterprise.
- We will look **to put the citizen in control** through the increasing localisation of services so that local communities can decide their priorities within the resource available. We will work through local arrangements, Joint Commissioning Groups and Health & Wellbeing Boards to ensure we are engaged with local agendas and understand and address local priorities
- We will help **to tackle disadvantage** by making the best use of resources available to target populations with poorer health outcomes – particularly for those in areas of deprivation or for vulnerable individuals who find it more difficult to access services. We will deliver **Kent's Health Inequalities** action plan and support districts and other partners to develop their own action plan addressing their geographical area or specific key functions – such as housing.

3 Performance Indicators

3.1 Summary of Key Performance Indicators

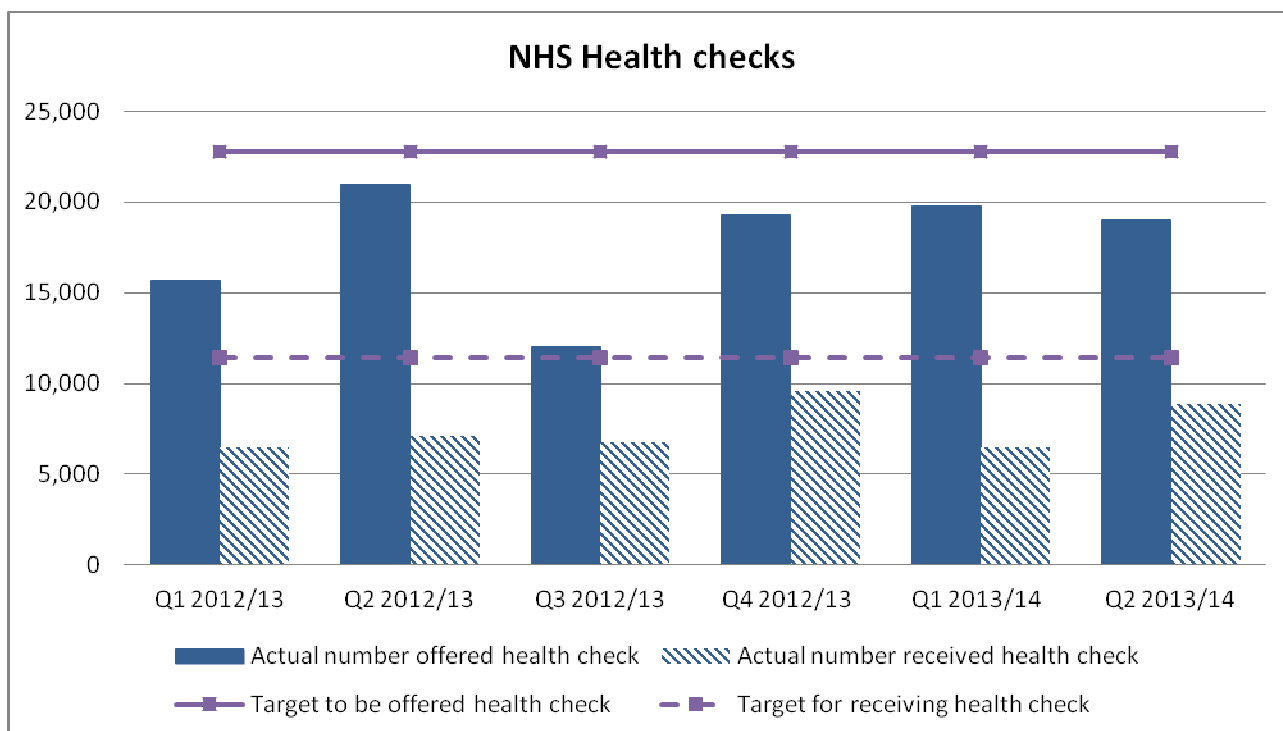
Indicator Description	Previous Status	Current Status	Direction of Travel
Prescribed and non-prescribed Data Returns			
NHS Health Checks - Proportion of target offers received a Health Check	Red (Q1 13/14)	Red (Q2 13/14)	↑
National Child Measurement Programme - Participation Reception year (Annual)	Green (2010/11)	Green (2011/12)	↔
National Child Measurement Programme - Participation Year 6 (Annual)	Green (2010/11)	Green (2011/12)	↑
Community Sexual Health Services – Proportion of clients accessing GUM offered an appointment to be seen within 48 hours	Green (Q4 12/13)	Green (Q1 13/14)	↓
Community Sexual Health Services – Chlamydia positivity rate per 100,000	Red (Q4 12/13)	Red (Q1 13/14)	↓
Stop Smoking Services – Number of people successfully quitting having set a quit date	Red (Q4 12/13)	Red (Q1 13/14)	↓
Local Indicators			
Infant Feeding – Proportion women breast feeding at 6-8 weeks	Amber (Q3 13/14)	Red (Q4 13/14)	See Section
Health Trainers – Proportion of new clients against target	Amber (Q1 13/14)	Green (Q2 13/14)	↑

Key to KPI Ratings used:

GREEN	Target has been achieved or exceeded the current National Performance
AMBER	Performance at acceptable level or no difference to the National Performance
RED	Performance is below a pre-defined Floor Standard * or is below National Performance
↑	Performance has improved relative to targets set or is moving in the right direction
↓	Performance has worsened relative to targets set or is moving in the wrong direction
↔	Performance has remained the same relative to targets set or previous performance

* Floor Standards are to be set during 2013/14 following the formation of the new Kent Public Health team in April 2013.

Data quality note: Data included in this report is provisional and subject to later change. This data is categorised as management information.



Trend Data – by quarter	2012/13				2013/14		
	Q2 (Jul-Sep)	Q3 (Oct-Dec)	Q4 (Jan-Mar)	Full 2012/13	Q1 (Apr-Jun)	Q2 (Jul-Sep)	Full 2013/14
Target Offers	22,810	22,810	22,811	91,241	22,810	22,810	91,241
Actual offers	20,982	12,033	19,292	67,992	19,761	18,996	38,757
Target receive	11,405	11,405	11,406	45,621	11,405	11,405	45,621
Actual receive	7,111	6,705	9,569	29,845	6,455	8,836	15,291
% of target offers received	31.2%	29.4%	42.0%	32.7%	28.3%	38.7%	16.8%
RAG Rating	Red	Red	Amber	Red	Red	Red	-
National %	37.4%	40.5%	48.2%	40.4%	37.4%	-	-

Commentary

Whilst there was a decrease in the number of invites sent during Quarter 2 compared to the previous quarter; there has been a positive increase in the number of residents taking up the NHS Health check when compared to the previous quarter and the same time period last year.

During the recent quarterly Performance Monitoring meeting, the commissioned provider has indicated an expected increase of activity in Quarter 3 with a planned large sweep of invites being sent out, in turn this should have a positive increase in the number of NHS Health checks received in the subsequent quarters.

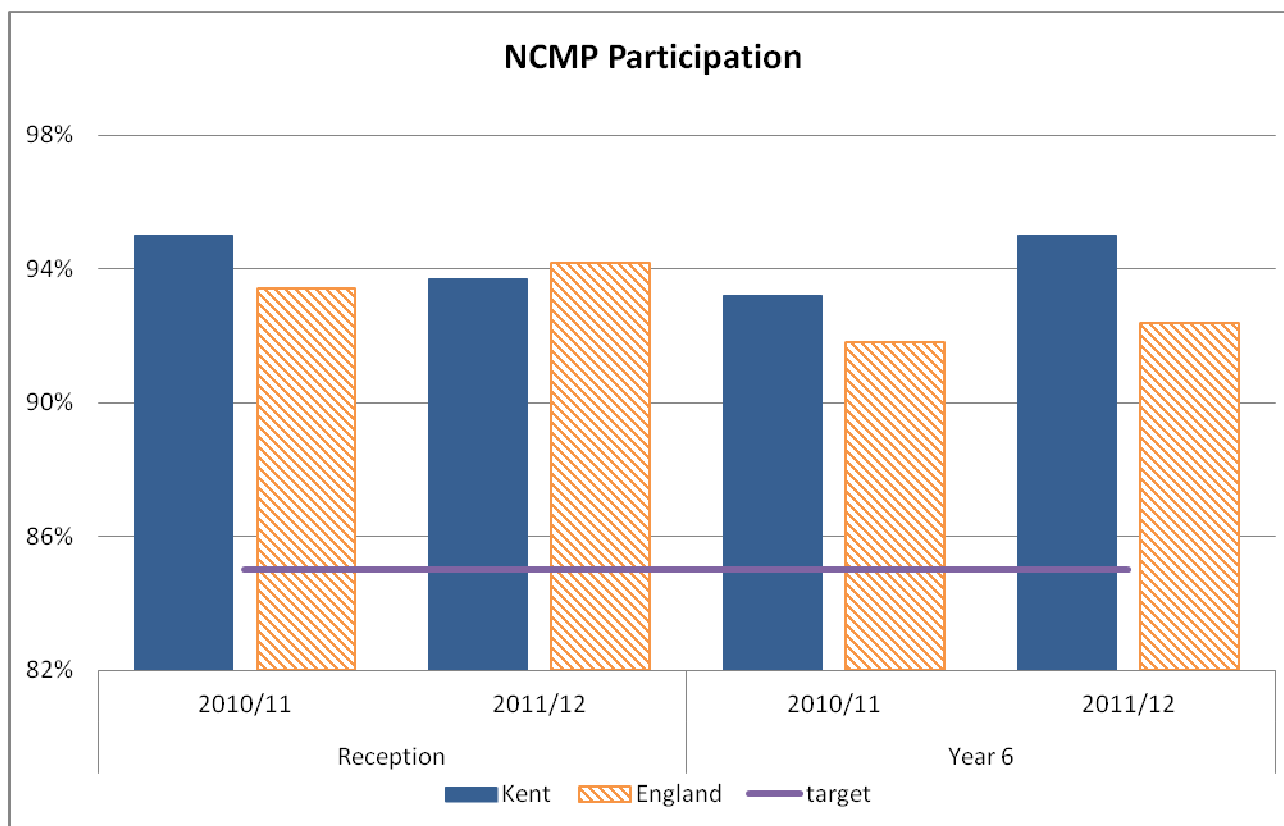
A financial system has been introduced to ensure that KCC will pay for activity not in a block contract. KCHT are clear that KCC wish to see significant improvement in this target. Kent Public Health will be reviewing the quarterly target allocation based on known localised and seasonality trends. This will provide more localised context to a National Programme.

Health checks are the Public Health Outcomes Framework Indicators 2.22i and 2.22ii.

Data Notes: Higher values and percentages are better. Source: KCHT. Indicator Reference: PH/AH/01

NCMP: Participation in the Annual National Child Measurement Programme

GREEN ⇄



Trend Data – Annual	2010/11		2010/11 – England		2011/12		2011/12 - England	
	Reception	Yr 6	Reception	Yr 6	Reception	Yr 6	Reception	Yr 6
Participation	95.0%	93.2%	93.4%	91.8%	93.7%	95.0%	94.2%	92.4%
RAG Participation	Green	Green	Green	Green	Green	Green	Green	Green
% reported Obese	8.9%	18.4%	9.4%	19.0%	8.6%	18.3%	9.5%	19.2%

Commentary

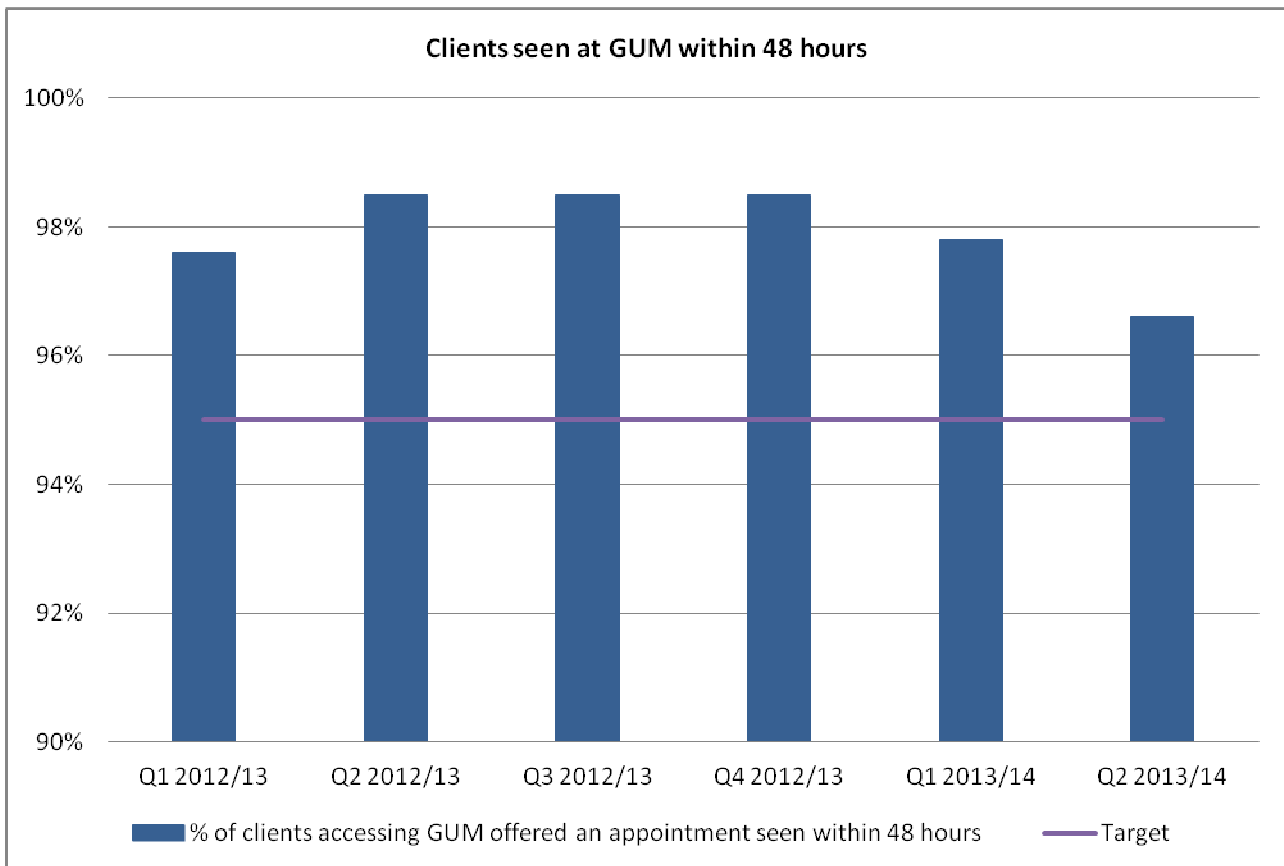
The target is to measure a minimum of 85% of eligible children in the two cohorts. 2012/13 School year data scheduled to be published in December 2013.

The NCMP relates to Public Health Outcome Framework Indicators 2.06i and 2.06ii

Data Notes: Higher values are better for Participation. Obesity lower values are preferred. Performance assessment for this indicator is based on the participation rate. Obesity for children is defined as being above the 95th percentile on the Body Mass Index, based on the weight distributions recorded between 1963 and 1994. Data includes state maintained schools only is based on schools location, not pupil address. Data Source: HSCIC. Indicator reference: PH/CYP/01

Community Sexual Health Services : Proportion of clients accessing GUM offered an appointment seen within 48 hours

Green ↓



Trend Data –by Quarter	Target	2012/13				2013/14	
		Q1 (Apr -Jun)	Q2 (Jul-Sep)	Q3 (Oct-Dec)	Q4 (Jan-Mar)	Q1 (Apr -Jun)	Q2 (Jul-Sep)
% offered an appointment seen within 48 hours	95%	97.6%	98.5%	98.5%	98.5%	97.8%	96.6%
RAG Rating	-	Green	Green	Green	Green	Green	Green

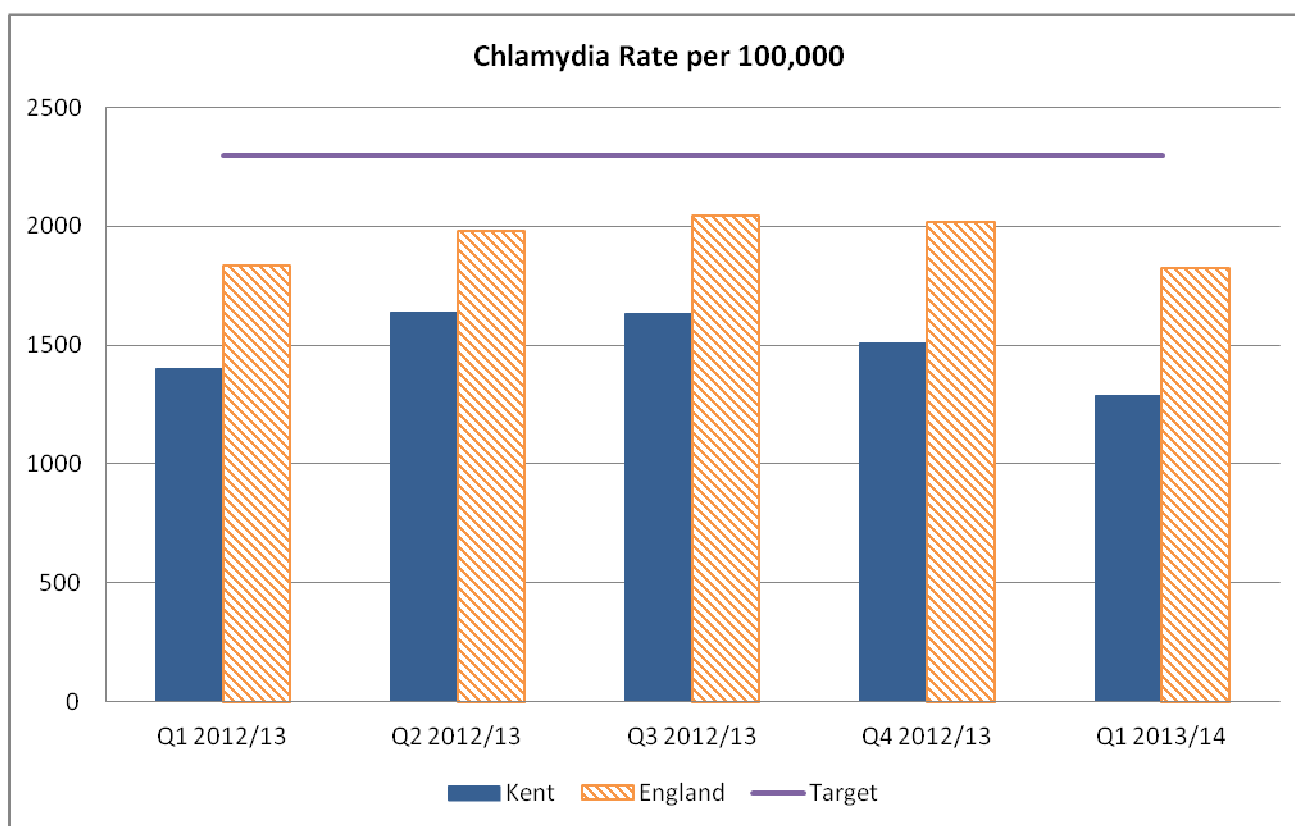
Commentary

GUM (Genitourinary Medicine) clinics in Kent consistently offer the majority of clients an appointment within 48 hours, performing above the high target of 95%.

This indicator is being monitored in quarterly performance monitoring meetings with the commissioned providers

GUM figures are not reported Nationally; therefore we are unable to make comparisons.

Data Notes: Higher values are better. Data source: Provider. Indicator Reference: PH/SH/01



Trend Data –by Quarter	Target	2012/13				2013/14
		Q1 (Apr -Jun)	Q2 (Jul-Sep)	Q3 (Oct-Dec)	Q4 (Jan-Mar)	Q1 (Apr -Jun)
Chlamydia Screening Uptake	35%	10,118	11,180	10,269	9,268	8,229
Positive tests reported	7%	644 6.4%	753 6.7%	750 7.3%	693 7.5%	592 7.2%
Chlamydia rate per 100,000	2,300	1,401	1,638	1,631	1,507	1,288
RAG Rating of Positivity Rate	-	Red	Red	Red	Red	Red
England rate per 100,000	2,300	1,830	1,980	2,040	2,016	1,821

Commentary

There were decreases for Kent in all aspects of this indicator; lower numbers of screenings were undertaken, there were lower numbers of positive tests, with a decrease in the rate per 100,000; these were the lowest measures compared to the previous 4 reported quarters. This decrease in the rate per 100,000 is mirrored in the national rate, which experienced a similar decrease.

In the recent quarterly performance monitoring meetings, the significant concern was discussed about the performance of this. The provider has implemented an action plan to remedy the performance direction and this will be monitored by Public Health.

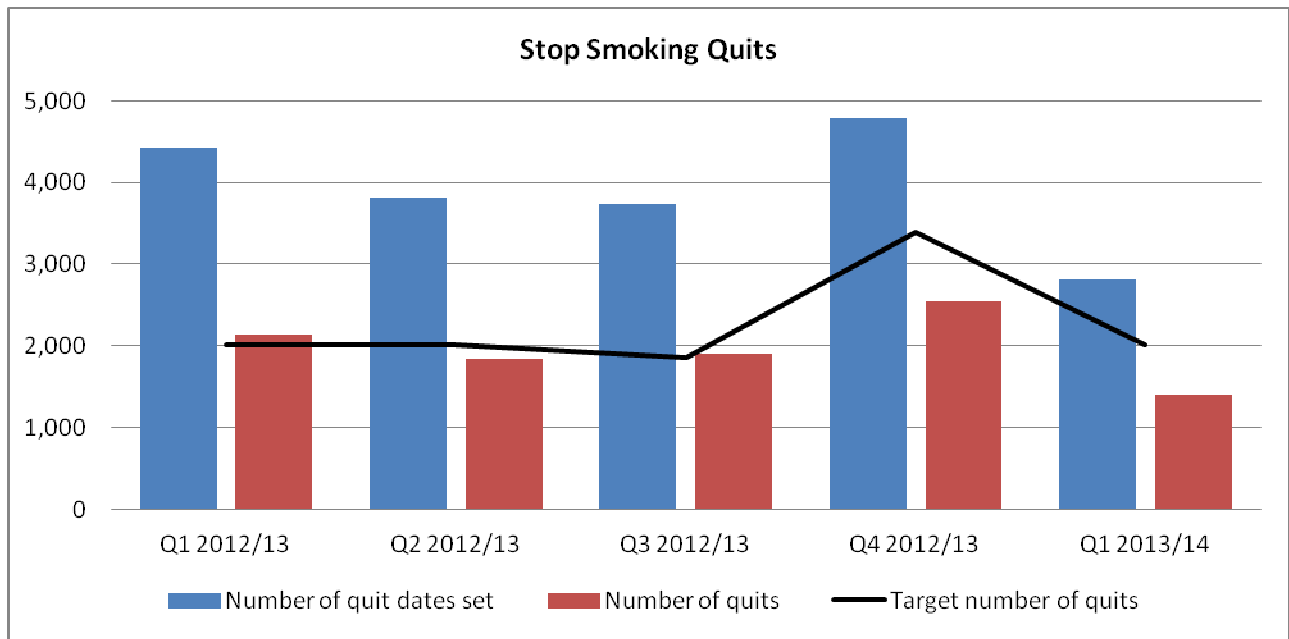
The target population in Kent of people aged 15 – 24 years old is 183,899. To meet the National target of 2,300 per 100,000 Kent would need 4229.68 positive diagnoses; using the NCSP calculator tool there would need to be population coverage of 32.9% equalling 60,424 tests.

The sexual health service has been put out to tender in November 2013.

Chlamydia Diagnoses is Public Health Outcome Framework Indicator 3.02

Data Notes: Higher values are better. Data Source: NCSP CTAD. Indicator Reference: PH/SH/02

Stop Smoking Services **RED** ↓



Trend Data – quarter end	2012/13				2013/14
	Q2 (Jul–Sep)	Q3 (Oct–Dec)	Q4 (Jan–Mar)	Full 2012/13	Q1 (Apr–Mar)
Number of quit dates set	3,817	3,730	4,787	16,758	2,809
Target number of quits	2,007	1,849	3,386	9,249	2007
Number of quits	1,842	1,899	2,541	8,412	1,401
Proportion of target quitting	91.8%	102.7%	75%	90.9%	69.8%
RAG Rating	Amber	Green	Red	Amber	Red

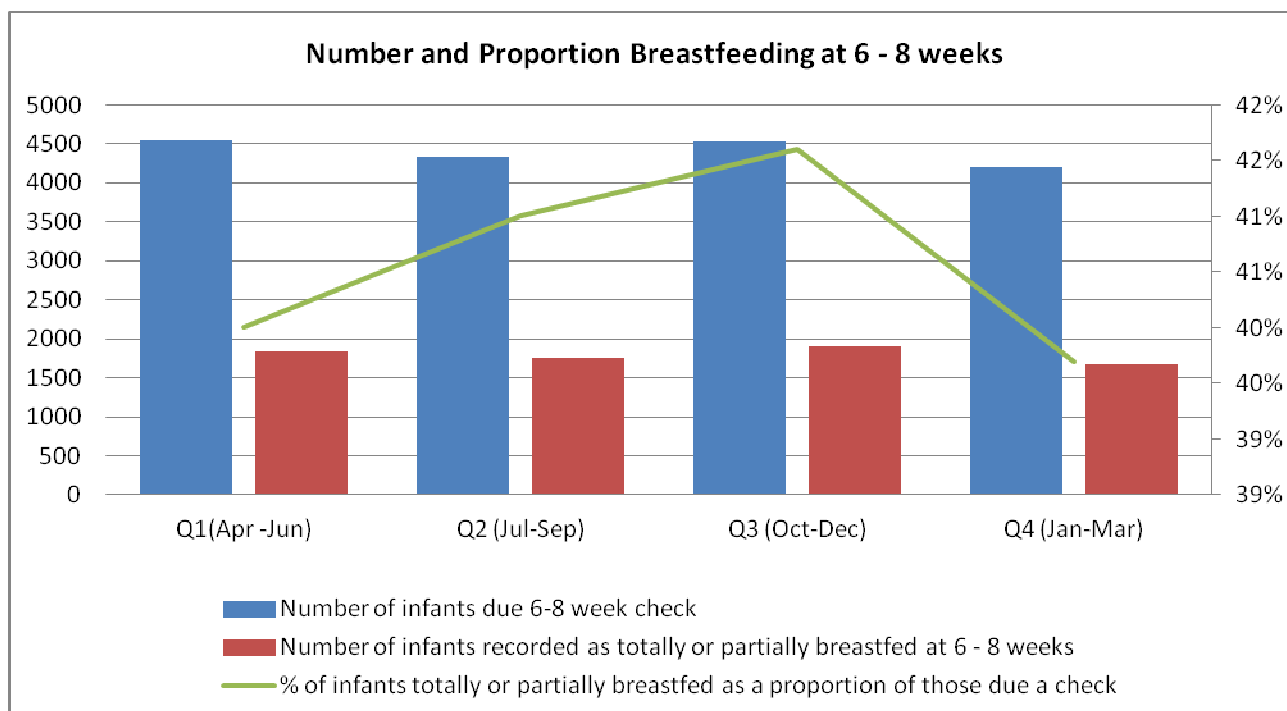
Commentary

The Quarter 2 Department of Health submission is not due till 9th December therefore the updated figures will be in the next report.

Following performance monitoring meetings with the provider, the expectation is that the indicator will remain Red and the target will not be met. Smoking Cessation services are also currently under review with differing service deliveries being considered

The consultant responsible for Smoking Cessation is currently investigating target rationale.

Data Notes: Data Source: Department of Health Data return by KCHT. Indicator reference: PH/AH/02



	2012/13				
	Q1 (Apr -Jun)	Q2 (Jul-Sep)	Q3 (Oct-Dec)	Q4 (Jan-Mar)	Full 2012/13
Number of infants due 6-8 week check	4,555	4,336	4,531	4,200	17,622
Number of infants recorded as totally or partially breastfed at 6-8 weeks	1,833	1,754	1,897	1,671	7,155
% of infants totally or partially breastfed as a proportion of those due a check	40.2%	40.5%	41.9%	39.8%	40.6%
RAG Rating (46%)	Amber	Amber	Amber	Red	Amber
National (where available)	47.1%	47.5%	47.4%	46.6%	47.2%

Commentary

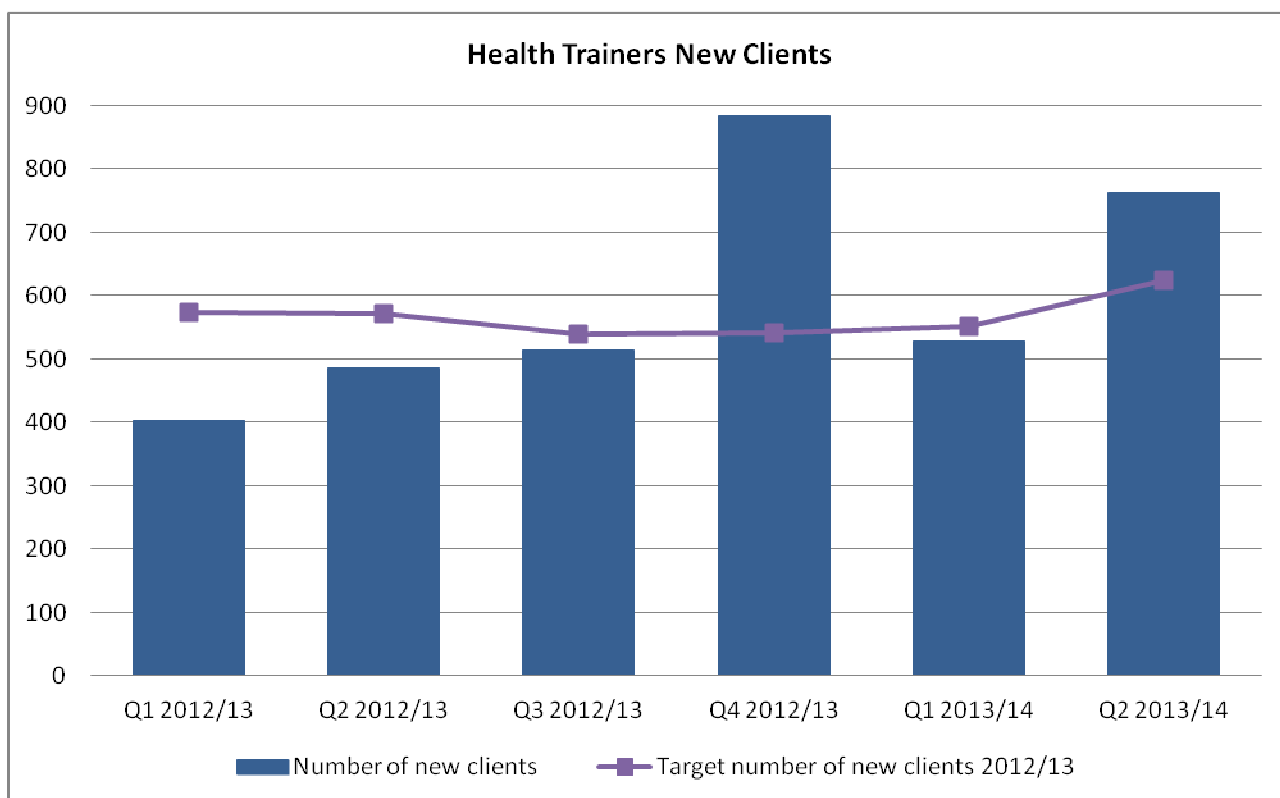
Department of Health and Public Health England temporarily suspended the data collection of this indicator; these will recommence at the Q3 submission where all 3 quarters of 2013/14 will be collected simultaneously. It is indicated that these figures will be published in March 2014.

Public Health Kent will be taking this opportunity to implement a number of measures focusing on data flow systems with both the GP's and the Child Health Information system (CHIS) which collates the information; the aim of which is to ensure both high completion and quality levels.

Public health is reviewing with Children's Centre colleagues the provision of infant feeding services across the County with the aim of recommissioning in the new year.

Breastfeeding prevalence is Public Health Outcome Framework Indicator 2.02i

Data Notes: Source: DH Integrated Performance Measure. Indicator Reference PH/AH/03



Trend Data – year to date	2012/13					2013/14	
	Q1	Q2	Q3	Q4	Full year	Q1 (Apr -Jun)	Q2 (Jul-Sep)
Number of new clients	402	486	513	883	2284	528	763
Target number of new clients	574	572	540	541	2227	552	625
% of new client compared to target	70%	85%	95%	163%	103%	95.7%	122.1%
RAG Rating	Red	Amber	Green	Green	Green	Amber	Green

Commentary

Performance is positive against target for this service. Targets will be reviewed in light of new investment into the service to ensure full geographical coverage across the County, particularly where there has been historic underinvestment in the west.

Data Notes: Source KCHT. Indicator Reference PH/AH/04

4. Conclusions

- 4.1 Indicators for NHS Health Checks and Health Trainers are showing a positive direction of travel; however there are still on-going performance concerns with NHS Health checks and Chlamydia Positivity rates in regards to achieving targets. These will continue to be addressed with commissioned providers in regular performance monitoring meetings.

5. Recommendation(s)

Recommendation(s): The Social Care and Public Health Cabinet Committee is asked to note the performance report

6. Background Documents

- 6.1 None

7. Contact details

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From: John Simmonds, Cabinet Member Finance & Procurement and Deputy Leader
 Andy Wood, Corporate Director Finance & Procurement

To: Social Care and Public Health Cabinet Committee – 5 December 2013

Subject: **Budget 2014/15 and Medium Term Financial Plan 2014/17 Consultation**

Classification: **Unrestricted**

Electoral Division: All

Summary: Consultation on the forthcoming Budget and Medium Term Financial Plan was launched on 8th November. The aim of the consultation is to better inform Kent residents and businesses of the financial challenge the authority faces as a result of continued reductions in funding from central government combined with additional spending demands and restrictions on our ability to raise Council Tax. We also want to better engage with people and the consultation seeks views on the broad direction and pace of travel rather than the detail of specific proposals. We have commissioned specific market research to support the consultation and explore issues in more detail. We will undertake more detailed consultation about specific aspects of the budget before changes are implemented.

Recommendation(s):

The Cabinet Committee is asked to consider and comment on the consultation strategy/process. The Cabinet Committee is also invited to make any recommendations to the Cabinet Members for Adult Social Care and Public Health and Specialist Children's Services arising from the draft financial proposals outlined in the consultation for inclusion in the final draft budget to be considered by Cabinet on 22nd January prior to debate at County Council on 13th February

1. Introduction

- 1.1 This report provides Cabinet Committee members with more background to the current budget consultation and an opportunity to engage as part of the consultation prior to the finalisation of the draft budget proposals. During the September round of Cabinet Committee meetings members were informed that the consultation could not be launched until November.
- 1.2 The overall objective of the consultation is to inform more people of the financial challenge the authority faces and to engage with them about how we respond. Previously we have consulted about the detail of budget proposals but have not been successful in getting a wide engagement. The main consultation this year is based on a campaign "2 minutes 2 questions" where we are asking residents to devote a small amount of time to answer two fundamental questions.

- 1.3 The main campaign will be backed up with a summarised “at a glance” presentation of the budget challenge for the next three years (with additional detail for those who wish to explore the budget issues in more depth). We have provided an on-line tool to enable those who wish to provide more feedback through submitting their opinion on what should be KCC’s budget priorities over the coming years.
- 1.4 In previous years we have been successful in carrying out market research with a small representative sample of residents, and engagement with this group has worked well through face to face workshops. We have run these workshops again this year (albeit employing a different independent market research agency from previous years). This agency has also carried out a face to face survey using the on-line tool with a wider representative sample of Kent residents (1,200), and undertaken a similar process of a workshop with KCC staff and an e-mail survey (using the on-line tool) with a sample of staff.
- 1.5 In previous years we have been less successful in engaging with residents outside the workshops and responses to the consultation have been very low (we managed to get a slightly higher response in 2012 with over 400 responses). To date the new campaign approach seems to have succeeded and many more residents and staff are engaging in the process.
- 1.6 The consultation closes on 13th December. The outcome from the main campaign together with the feedback from the more in depth responses on-line, the independent market research findings and discussions with key stake holder groups will be available for the January cycle of meetings. The final draft budget will be considered by Cabinet on 22nd January before it is presented to County Council on 13th February for final approval.
- 1.7 We have assumed a “digital by default” approach and produced all of the material on-line. This is designed in such a way that information can be accessed in layers. There is high level headline information for those who only want to get a feel for the financial challenge. There is then a slightly more detailed picture below the headline level which gives readers a flavour of how we propose to meet the challenge and below this there is pull down menu with a detailed narrative of each element of the budget options. This “digital by default” information is difficult to reproduce in printed form but we have attached examples of the consultation material in the attached appendices although it is not possible to reproduce the information included in drop down menus in print.

2. Financial Implications

- 2.1 We have kept the overall cost of the consultation process within the same amount as last year (£50k budget). Within this we have devoted more resource to promoting the campaign and have obtained significantly more independent market research by using a new agency (BMG Research). To stay within budget and to comply with communications standards we have significantly reduced the volume of printed material and produced more information on-line.
- 2.2 The overall financial equation presented in the consultation shows estimated government funding reductions of £142.6m over the next 3 years. We are confident that the reduction for 2014/15 (£39m) is robust (this is based on the

indicative settlement included in the 2013/15 MTFP adjusted for subsequent announcements), although there is more uncertainty about the estimate for 2015/16. We anticipate we will get the outcome of Government decisions on the 2014/15 and 2015/16 settlement when the provisional settlement is announced in December (likely to be around 19th December). We are not anticipating a provisional settlement for 2016/17 (the June Spending Round only related to 2015/16 and we are expecting that 2016/17 will not be resolved until a new government is elected following General Election in 2015). Therefore the amounts identified in the consultation and the final draft MTFP can only be our best estimates.

- 2.3 We also estimated additional spending demands over the next 3 years of £139.5m. There is still some uncertainty about the pressures for 2014/15 (these will be updated in light of the latest budget monitoring) and we have made provision for emerging pressures in the following years i.e. reasons unquantified at this stage. Within the pressures for 2014/15 we know we need to find £24.9m to replace the one-off savings in the 2013/14 which were necessary due to late and unexpected changes in the funding arrangements. We have offset the additional spending with forecast increase in Council Tax base (0.5%), impact of Council Tax Collection and inflationary uplift to our share of Business rates. These reduce the pressure of additional spending demands to £130m.
- 2.4 Overall this means the County Council is facing the challenge to find an estimated £273m to balance the budgets over the next 3 years as a result of a combination of funding reductions and additional spending demands. Within the draft budget included in the consultation we assumed a Council Tax increase for 2014/15 of 1.99% (the referendum limit). If this were agreed and repeated for the following two years, this would produce £31.4m additional income over 3 years and reduce the savings target to £241.2m.

3. Bold Steps for Kent and Policy Framework

- 3.1 Putting more power into the hands of Kent residents so that they have the opportunity to shape how services are provided to them and their local communities is a key feature of Bold Steps. This budget consultation is an essential feature of this by engaging better with Kent residents in a way which encourages them to respond.
- 3.2 We have been conducting budget consultations for a number of years. We have found that direct engagement with focus groups has worked well but we have been less successful in communicating the budget challenge with residents at large or engaging with them about the council's spending priorities. This year's strategy has been developed to build on the successful aspects from previous years whilst at the same time getting this wider communication and engagement. We aim to achieve this by presenting a simpler message and asking fewer questions while at the same time providing the opportunity for those who wish to delve deeper. Early indications are this enhanced strategy is achieving the overall objective of better communication and more engagement.
- 3.3 We will provide a demonstration of the on-line facilities to the committee meeting.

4. The Report

- 4.1 KCC has a strong track record of delivering difficult budgets. Over the last 3 years the budget has included savings of £269m. We have achieved these savings and delivered a balanced budget, albeit inevitably there have been some areas which have over delivered and some areas which haven't achieved their budget targets. The challenge of the next three years will be to deliver further savings of a similar magnitude to the previous three years.
- 4.2 As part of this challenge we will have to insist on much greater financial rigour and delivery of budgets as our scope to over deliver to cover shortfalls elsewhere will be severely restricted. The new structures being proposed under "Facing the Challenge" will include medium term financial targets. To support this we are proposing to present the final draft MTFP in directorate format rather than the portfolio presentation used in the past. This will enable senior managers to have a much better understanding of their contribution to meeting the budget challenge.
- 4.3 We have considered alternative options to engage residents in the budget consultation and have concluded that the proposed "2 minutes 2 questions" campaign offers the best chance of wider engagement. In particular we have looked at other on-line tools and use of more market research but were concerned these would not meet our expectations of engagement with the wider public.
- 4.4 We have undertaken an Equality Impact Assessment of the overall budget consultation and setting process. We have arranged telephone support for residents who need help with engaging with the on-line information. The information on the web-site can be produced in alternative formats upon request. Equality impact assessment screening on individual budget lines will be carried out prior to the budget being set and equality impact assessments of individual proposals within the overall budget package will be carried out prior to the more detailed consultation and implementation which will be needed after the budget has been approved. In some instances managers have been given authority to start planning for implementation in advance in order to ensure savings can be delivered for the next financial year but this cannot be completed until the budget has been approved and all necessary consultation and Equality Impact Assessment has been completed.
- 4.5 Consultation on the overall budget closes on 13th December. Following that we will analyse the results and report them to Cabinet and Cabinet Committees in January. We will produce a final draft budget which will be considered by Cabinet on 22nd January and will be open for a short window for any final comments prior to publication of County Council papers for 13th February. The precise format for the County Council debate has not yet been agreed, although it is likely to follow a similar pattern to previous years with the day devoted to debate about the proposed budget and scope to consider amendments. At this stage we are not suggesting that alternative budgets should be prepared for consideration at County Council, but we have not finally ruled this out.
- 4.6 The budget must be agreed by the County Council which in doing so sets the Council Tax precept for the forthcoming year and gives delegated authority to

Cabinet Members and Corporate Directors to manage services within the resources allocated. As already indicated there will be a requirement for further more detailed consultation prior to individual elements within the budget being implemented. The “at a glance” presentation of the 3 year plan presented as part of the consultation is designed to help understanding and engagement and unlike previous years is not a full draft of the budget and MTFP “for consultation”. This means we will only produce two versions of the full budget and MTFP, “final draft for Cabinet/County Council” and the “final approved version following County Council”.

5. Conclusions

- 5.1 We have developed a revised and enhanced consultation and engagement strategy with the aim of improving Kent residents’ understanding of the financial challenge facing local authorities and to better engage with them to get their views on how we should respond. The main “2 minutes 2 questions” campaign is aimed at having a face to face debate with a much wider audience and to get instant feedback (or signpost them to KCC’s website to give a response to either the 2 questions and the more detailed budget modelling tool).
- 5.2 Ideally we would have launched consultation earlier with a longer period for response. However, uncertainty around the 2015/16 settlement would have meant we would have been restricted to the 2014/15 budget and previous experience has shown that we need to engage about the substantial challenge we are facing over a number of years.

6. Recommendation(s)

The Policy and Resources Cabinet Committee is asked to consider and comment on the consultation and engagement strategy/process set out in this report. The Cabinet Committee is also invited to make any recommendations to the Cabinet Members for Adult Social Care and Public Health and Specialist Children’s Services arising from the draft financial proposals outlined in the consultation for inclusion in the final draft budget to be considered by Cabinet on 22nd January prior to debate at County Council on 13th February

7. Background Documents

- 7.1 Consultation materials published on KCC website can be found at

www.kent.gov.uk/budget

8. Contact details

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Headline Budget Information

	2014/15				2015/16				2016/17			
	Estimated Total		Change on Previous Year		Estimated Total		Change on Previous Year		Estimated Total		Change on Previous Year	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Government Funding		357.5		-39.2		295.8		-61.7		254.0		-41.8
Local Taxation		571.7		14.0		584.1		12.4		598.7		14.6
Total Resources		929.2		-25.1		879.9		-49.3		852.7		-27.1
Council Spending												
Base Budget		954.3				929.2				879.9		
Additional Spending				56.0				36.4				47.1
<i>Savings and Income</i>												
Ring Fenced Grants				-4.9				0.0				0.0
Income Generation				-5.5				-4.8				-1.8
Efficiency Savings				-14.0				-6.1				-1.3
Service Transformation & Demand Management				-56.8				-74.8				-71.3
Total savings needed to balance budget presuming 1.99% Council Tax increase is agreed		-81.2				-85.7				-74.3		
Proposed Budget				929.2				879.9				852.7

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Summary of Budget Proposals

	A	I	J	K	L	M	N	O	P	Q	R	S	T
2		2014/15				2015/16				2016/17			
3		Estimated Total		Change on Previous Year		Estimated Total		Change on Previous Year		Estimated Total		Change on Previous Year	
4		£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
5													
6	Government Funding		357.5		-39.2		295.8		-61.7		254.0		-41.8
7	Revenue Support Grant	205.2		-41.5		151.4		-53.9		118.0		-33.4	
8	Business Rate Top-up	122.2		3.9		125.6		3.4		123.0		-2.6	
9	Education Services Grant	18.0		-2.6		13.0		-5.0		13.0		0.0	
10	Council Tax Freeze 2013/14	5.8		0.0		5.8		0.0		0.0		-5.8	
11	Other Grants (incl NHB)	6.2		1.1		0.0		-6.2		0.0		0.0	
12													
13	Local Taxation		571.7		14.0		584.1		12.4		598.7		14.6
14	Council Tax	522.4		12.8		535.5		13.1		548.9		13.4	
15	Council Tax Collection Fund	2.0		-0.2		0.0		-2.0		0.0		0.0	
16	Business Rates	47.3		1.5		48.6		1.3		49.8		1.2	
17													
18	Total Resources		929.2		-25.1		879.9		-49.3		852.7		-27.1
19													
20	Council Spending												
21	Base Budget		954.3				929.2				879.9		
22													
23	Additional Spending				56.0				36.4				47.1
24	Pay and Prices			9.4				15.8				19.0	
25	Legislative			2.0				1.4				0.0	
26	Demand & Demography			7.8				11.0				11.0	
27	Impact of local decisions			12.0				8.1				7.1	
28	Unquantified											10.0	
29	One-Off Savings in Previous Year			24.9				0.0				0.0	
30													
31	<i>Savings and Income</i>												
32	Ring Fenced Grants				-4.9				0.0				0.0
33	Public Health Grant			-4.9				0.0				0.0	
34													
35	Income Generation				-5.5				-4.8				-1.8
36	Commercial Services			-2.8				-3.0				0.0	
37	Uplift in Social Care Fees			-1.7				-1.7				-1.7	
38	Other			-1.0				-0.1				-0.1	

	A	I	J	K	L	M	N	O	P	Q	R	S	T
2		2014/15				2015/16				2016/17			
3		Estimated Total		Change on Previous Year		Estimated Total		Change on Previous Year		Estimated Total		Change on Previous Year	
4		£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
40	Efficiency Savings				-14.0				-6.1				-1.3
41	Staff Pay and Travel			-4.6				-0.2					0.0
42	Premises			-0.4				-2.9					-0.9
43	Contracts			-7.9				-1.1					-0.3
44	Other Efficiencies			-1.2				-1.9					0.0
46													
47	Service Transformation & Demand Management				-56.8				-74.8				-71.3
48	Adults Transformation			-16.0				-7.0					-4.0
49	Specialist Children's Services			-4.6				-2.7					0.0
50	Childrens Centres			-2.0				-0.5					0.0
51	Adolescents Services			-4.2				-3.6					-7.4
52	Early Years Services			-0.3				-2.9					-1.4
53	Supporting People			-2.4				-1.0					0.0
54	Highways			-3.7				0.0					0.0
55	Home to School Transport			-3.4				-2.6					0.0
56	Public Transport			-1.5				-1.0					0.0
57	Library Services			-0.6				-0.6					0.0
58	Economic Development Activities			-0.6				-0.2					0.0
59	Member and Local Grants			-1.5				-0.2					-0.2
60	Facing the Challenge			-16.0				-52.3					-58.3
61													
62	Total savings needed to balance budget presuming 1.99% Council Tax increase is agreed		-81.2				-85.7				-74.3		
63													
64	Proposed Budget				929.2				879.9				852.7
65													

Briefing Paper

From: Jenny Whittle, Cabinet Member for Specialist Children's Services
Andrew Ireland, Corporate Director Families and Social Care

To: Social Care and Public Health Cabinet Committee - 5th December 2013

Subject: Update on Integrating Kent's Children in Care and Leaving Care Services

Classification: Unrestricted

Summary: As part of the transformation agenda, Kent County Council are changing the way services for young people aged 16 plus are designed and delivered. In the future services will give Kent's vulnerable children and young people greater opportunities to move to independence successfully. In addition, through redesign, KCC will be able to improve practice and deliver more efficient and coordinated services.

This paper outlines that this will be achieved through:

- The delivery of a 0-18 integrated Children in Care service
- The delivery of an integrated Care Leavers service
- The procurement of an external brokerage for suitable accommodation services

1) Introduction

- (1) This paper is to inform and update members of the Social Care and Public Health Cabinet Committee of the changes to Children in Care and Care Leavers services.
- (2) KCC have committed to re-designing and delivering transformed Children in Care and Care Leaver services which are integrated, effective and work to an outcomes-based, child-centred approach. This means developing an approach that integrates services around particularly vulnerable young people and enables them to thrive within a context of independent living.
- (3) In effect, this means that from 1st October 2014, KCC will deliver:
 - (a) An integrated 0-18 Children in Care Service

- (b) Procurement of an accommodation brokerage service that will source sufficient and suitable accommodation and support under the 'Other Arrangements'¹ regulations
 - (c) An integrated Care Leavers service. This service will be subject to a Market Review in line with Facing the Challenge, subsequent to which it is expected to be outsourced
- (4) The redesign and transformation of the services are being developed alongside Kent's response to the Care Leavers Charter, the development of the 16-24 Sufficiency Plan and the update of Kent's Care leavers Strategy. The activity will form part of the Children's Transformation Programme.
- (5) Transformational change is necessary due to a number of factors including:
- (a) Existing approaches have not worked - transferring Children in Care to a commissioned service at the age of 16 and having separate services for UASC and Children in Care/Care Leavers does not best benefit Kent's most vulnerable children and young people
 - (b) The Children in Care Ofsted report determined the current services for 16 plus are unsatisfactory
 - (c) A lack of sufficient, suitable and alternative accommodation appropriate for young people aged 16 plus
 - (d) Unsatisfactory ability to manage volume, cost control and financial forecasting leading to a lack of long-term planning
 - (e) Uncertainty regarding Unaccompanied Asylum Seeking Children costs and Home Office reimbursement
 - (f) Increasing use of (higher cost) Independent Fostering Provider placements
 - (g) Increasing use of higher cost residential placements
 - (h) Changes to the benefits systems that particularly affect young people aged 16 plus
 - (i) Potential of increasing service requirements for young people up to 21 despite reduced funding being available.

2) Current Provision

KCC Children in Care services	KCC directly deliver Children in Care services to children and young people aged 0 to 16 (or 18 if they are disabled or UASC). When a Child in Care reaches the age of 16, they transfer to Catch22 (16plus service) to receive a service up until the age of 21 (or if they are in further education, up to the age of 24). However, if a Child in Care is an unaccompanied minor or disabled, they continue to receive a service from KCC from the SUASC or Disabled Children's Services team.
Catch22 (16plus)	Catch22 are contracted to deliver Kent's Leaving Care Service for all young people, <i>except for Disabled Children and UASC</i> . In March 2013, the Catch22 service was working with 248 young people aged 16 to 18 and 490 young

¹ The Children's Act Guidance and Regulations, Volume 2 states that the needs of young people may be best met by a placement in 'other arrangements' (regulation 28) and the responsible authority may take every step to ensure that the child's needs are matched to the services provided by the placement.

	people aged 18 + (a total of 738). Catch22 employ social workers and personal advisers (case workers) to work with young people, as well source and manage accommodation and support provision.
UASC	The Service for Unaccompanied Asylum Seeking Children is delivered in-house through the UASC Team. As of September 2013, there are 208 children aged 0-18 and 427 aged 18+ (total 635).
Disabled Children	Services are delivered in-house by the Disabled Children's Services team until a young person reaches 18. Beyond that, they may receive support from Adult Services if eligible. As of June 2013, there were 23 young disabled people between the ages of 16 and 18 who had been placed in residential care
Supporting People	The programme is currently being reviewed after a recent needs analysis report. In 2012/13, the Supporting People programme supported 944 young people aged 16 to 24
Bail and Remand Services	KCC Integrated Youth Services contracts Catch22 to deliver a Remand Management Service. From 1 st April 2012 to 31 March 2013 Catch22 facilitated 114 Community Remand Programmes and additional 31 remand in custody episodes, totalling 142 episodes ² .

3) New Services:

- (1) **Delivering an Integrated 0 – 18 Children in Care Service** by bringing back in-house the 16-18 Children in Care and Care Leavers service currently delivered by Catch22 and aligning and integrating this with the current Children in Care teams, UASC and Disabled Children team to create a fully integrated service.
 - (a) This solution is driven by the overarching requirement on the Local Authority to deliver services to the most vulnerable young people in a consistent manner that promotes stability and long-term positive outcomes.
 - (b) **Key benefits for developing a 0-18 Children in Care service include:**
 - (i) Improving current service and practice standards quickly
 - (ii) Aligning and integrating the Children in Care, Unaccompanied Asylum Seeking Children and Disabled Children services to achieve improved service delivery. The service will deliver stability and continuity for young people and focus on developing their ability and skills to participate in education, training or employment
 - (iii) Having robust and integrated approaches to developing independent living skills in young people.
- (2) **Delivering an Integrated 18+ Service** by integrating the current Personal Adviser function within the current Catch22 service with 18+ UASC service, improving practice and clarifying policy and entitlements. Existing services across KCC that currently deliver services to this cohort of young people will also be reviewed and opportunities for further integration and efficiencies will be sought.

² Some separate episodes may involve the same young people.

- (a) KCC will undertake a market review in the first 6-12 months of the launch of the new integrated service; it is anticipated that this will lead to a decision to outsource the service through procurement processes. Currently, KCC are not in a position to be able to specify for an integrated 18+ service. The baseline of quality and data are poor and essential policy and practice development needs to be undertaken before the service is fit to be externalised.
 - (b) There are elements of policy development work that will inform the future 18+ service, including interpretation and implementation of the Care Leavers Charter, 16-24 Sufficiency and Staying Put scheme.
 - (c) **Key benefits for developing an integrated in-house 18+ Service:**
 - (i) Young people will not face a 'cliff-edge' of services ending/changing at a 16 or 18. KCC will be delivering a needs-led model rather than an age-led model of services.
 - (ii) Increased opportunity to improve standards and practice in line with wider Specialist Children's Services improvements – reflected in the Children in Care Ofsted report, August 2013.
 - (iii) Opportunity to realise efficiencies across a number of teams and design a service that meets the needs and demands of the cohort rather than the service itself.
 - (iv) Young people move successfully to independent living
- (3) **Procuring an 'Other Arrangements' Accommodation and Support Service** that will source, coordinate and provide a range of suitable accommodation and support for young people not placed in foster care or residential settings
- (a) An accommodation brokerage service will be required to provide a range of accommodation including training flats, foster care conversions, supported lodgings, independent and emergency accommodation. In addition, the brokerage service will ensure that each young person is provided with appropriate levels of support that is associated with their accommodation to support their independent living skills.
 - (b) The specification for the brokerage service will be designed to ensure that it can grow and respond flexibly to increased/reduced demand and emerging needs of young people.
 - (c) **Key benefits to outsourcing an accommodation and support brokerage service:**
 - (i) Opportunity to develop a consistent and responsive package of accommodation and support for young people, that responds to their changing needs as they move towards independence.
 - (ii) Development of consistent regulation and quality standards of accommodation so no young person is placed in sub-standard or unsafe settings.

- (iii) Opportunity to specify a range of accommodation and support types that build on national and local good practice, for example the Dartford Model whereby dedicated emergency accommodation is available for young people in crisis.
- (iv) Through robust procurement and clear specification, the market will be aware of the costing models and expectations that KCC have, reducing the inequality around cost and quality across the county.
- (v) Development of a service that better manages the demands on the availability of accommodation therefore avoiding the situation where UASC beds are available and Catch22 young people are placed in unsuitable accommodation (e.g. B&Bs).

4) **Bold Steps for Kent and Facing The Challenge, Whole Council Transformation**

- (1) The new service and approach has taken into account points 1 and 2 of the 16 priorities in Bold Steps for Kent:
 - a) *Improve how we procure and commission services* – by ensuring that there is enough time to commission and procure a future service that is efficient and relevant to the needs of the vulnerable young people in Kent.
 - b) *Support the transformation of health and social care in Kent* – by engaging with operational teams, families, foster carers and partners to develop a service that is holistic and integrated across the Council.
- (2) In addition there are a range of strategic developments and drivers that have informed this approach and have implications for future service development. They include:
 - *whole-council transformation* (specifically with regard to integration of services around client groups or functions, single-council approach to projects, programmes and review, active engagement of the market for solutions and embedding commissioning authority arrangements),
 - the *Sufficiency Strategy*: specifically actions on developing a 16 – 24 Accommodation needs analysis and recommendations,
 - the *Middle Office Programme* Integrated Services for 16+ Care Leavers,
 - the *Children in Care Ofsted Inspection (2013)*,
 - the needs analysis of *Supporting People*,
 - *The Children and Families Bill*, Welfare Reform, and the Legal Aid, Sentencing and Punishment of Offenders Act (LASPO) and
 - *District Housing Policy* reviews.

5) **Financial Implications**

- (1) The current delivery costs across Catch22, UASC and Supporting People amounts to £19,558,822. Some significant work has been undertaken with KCC Finance Projects Team which assesses the implications of preferred options specifically regarding the current Catch22 contract.

- (2) With this level of resource, it is estimated that savings across the piece could be found in the region of £940,000 per annum. It is anticipated that overall savings will be found through integration of Catch22, UASC and other services. The savings over the next two years are most likely to be realised through the implementation of the accommodation brokerage service and the subsequent pricing of different accommodation types. West Sussex have recently implemented a similar approach, and have initially reported that their Other Arrangements framework have realised savings of up to 17%. In addition, the approach has enabled them to better support long-term financial planning and future strategic developments in the housing market.
- (3) Financial implications are at the core of future service design and will be revisited through the implementation process. It is anticipated that the options will support efficiency savings and service improvements through prevention of accessing high cost placements.

6) Next Steps

- (1) By 1st October 2014 the new structures will be in place. It is possible that there will be a phased process, with Catch22 elements being moved and implemented first with UASC service to follow. The headline next steps for each element are as follows:
 - a) **Governance:** A Project Board is being set up to ensure that the implementation is well considered and delivered with pace.
 - b) **O-18 Children in Care Service:** Service model design and costings are underway, with planning for re-integration of the 16-18 elements from Catch22, service redesign, transfer of young people back to the authority.
 - c) **Integrated 18+ Service:** Further work will be undertaken alongside the transformation agenda to develop a fully integrated 18+ model of service including full cost implications and identification of specific policy development that have a financial implication.
 - d) **Other Arrangements Accommodation and Support:** A procurement process started in November 2013 with a meet the market event planned and specification development. The procurement timetable has built in sufficient time to move current accommodation providers over to the brokerage service. It is likely that the broker will need 6 to 12 months to grow the range of accommodation and support placements available as well as implement a quality framework with existing provision.

7) Any legal implications of the suggested action

- (1) Legal services are fully engaged within this process and support the approaches outlined in this paper.

8) Any equalities implications of the suggested action

- (1) Equality impact assessments are currently being undertaken. Initial screening suggests that the options will positively impact upon equality issues.

9) Contact Details

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Briefing Paper

Department of Health Integrated Care and Support and Pioneer Programme

By: Graham Gibbens, Cabinet Member for Adult Social Care & Public Health

Anne Tidmarsh, Director Older People and Physical Disabilities

To: **Social Care and Public Health Cabinet Committee**

Subject: **Kent as an Integration Pioneer**

Status: **Unrestricted**

Summary: Kent has been successful in becoming an Integrated Care and Support Pioneer. This briefing provides an update on the programme, governance arrangements for delivery and the links to the Integration Transformation Fund.

1. Introduction

1.1 The Kent Health and Wellbeing Board supported the submission to become Department of Integration Pioneers in July and the creation of a group to coordinate the work programme involved.

1.2 Kent has now been successful in its bid and has been named as one of 14 areas in the Department of Health Integrated Care and Support Pioneers Programme. Kent will be supported by a team from NHS Improving Quality and delivery within programme will include an independent evaluation of outcomes achieved. A launch conference for the Pioneer programme will take place on 3 December with representatives from across Kent's bid attending including Mr Paul Carter and Mr Roger Gough.

2. The Pioneer Programme

2.1 The Pioneer Programme is a Department of Health led initiative to select a range of national projects to deliver Health and Social Care Integration at pace and scale. 100 areas applied, 29 were interviewed at a second stage and 14 have been selected as part of the Integrated Care and Support Pioneer Programme. The Pioneers have been selected by an internationally renowned panel of experts drawing together global expertise and experience of how good joined up care works in practice. Kent's bid was considered to be "bold" in its approach.

2.2 The aim of the programme is to make health and social care services work together to provide better support at home and earlier treatment in the community to prevent people needing emergency care in hospital or care homes. The learning from this process will be shared nationally via ICASE a public website, with the aim of making integrated care and support the norm and to end disjointed care within the next five years.

2.3 Kent becoming an Integration Pioneer provides clear opportunities to deliver integrated care and support at pace and scale. The DH are keen to

“barrier bust” and will offer significant support to Pioneers and access to national organisations to help unblock any existing barriers to integration.

3 Kent as Integration Pioneers

3.1 Kent submitted a partnership proposal supported by all seven Clinical Commissioning Groups, Adult Social Care, the community health trust, mental health, acute sector and district councils. Key deliverables in Kent’s bid include:

- The creation of integrated health and social care teams.
- Proactive models of 24/7 community based care.
- Development of a patient-held care record.
- Integrated budget arrangements as the norm alongside integrated personal budgets.
- A new workforce with the skills to deliver integrated care.
- Creation of an innovation hub to share good practice across Kent, nationally and within Europe

3.2 To support the delivery of the Pioneer Programme a sub-group of the Kent Health and Wellbeing Board has been convened. The group is an informal working group of the Health and Wellbeing Board, linked to local HWBs to support partners in delivery. Existing governance arrangements retain accountability.

3.3 Kent’s Pioneer bid was based on building existing integration work, current examples include:

- Piloting integrated personal health and social care budgets.
- Four integrated care centres, with long and short-term care beds, staffed by joint health and social care teams
- Integrated discharge services in acute hospitals in Kent.
- An innovative ‘proactive care model’ in the South Kent Coast CCG area which is helping to prevent hospital admissions.
- Joint learning disability and mental health teams.
- Dementia Friendly Communities work including intergenerational work in many communities in Kent.
- Kent’s Advanced Assistive Technology Partnership has seen telehealth and telecare technologies rolled out across the county allowing people to monitor long-term health conditions at home.

4. The Integration Transformation Fund

4.1 As a DH Pioneer there is no additional funding provided, however delivery of the Integration Pioneer Programme is underpinned by the ITF. The latest LGA letter on ITF states *“Integrated Care Pioneers, to be announced shortly, will be valuable in accelerating development of successful approaches.”* The Integration Pioneer Steering Group will help coordinate the development of the ITF plans prior to final sign-off by the HWB in January.

5. Background Documents

Kent’s Pioneer Bid:

<https://democracy.kent.gov.uk/documents/s41643/Agenda%20Item%209%20Kent%20Integration%20Pioneer%20Bid%20280613%20App%201.pdf>

6. Contact details

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