

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**

27<sup>th</sup> 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 <b>HIGH/MEDIUM</b> <b>LOW/NONE</b> <b>UNKNOWN</b>		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
<b>Age</b>	<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 1<sup>st</sup> October 2012 and 31<sup>st</sup> Sept 2013 <b>732</b> 0-5 year olds used The Buttercup Children's Centre. Of this figure <b>283 (39%)</b> 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><b>This represents a larger than average proportion (Kent Children's Centre average) of 3 year olds. The</b></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><b>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.</b></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><b>It is likely that there will be an increase in the numbers of children attending The Buttercup Children's Centres.</b></p> <p>Based on local knowledge, teenage</p>

	<p><b>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.</b></p> <p>Between 1<sup>st</sup> October 2012 and 31<sup>st</sup> Sept 2013 <b>1042</b> 0-5 year olds used The Daisy Children’s Centre. Of this figure <b>400 (38%)</b> 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><b>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.</b></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><b>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.</b></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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	<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><u>Consultation analysis:</u> 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.</p> <p>80% of the objections to the closure of Buttercup and 81% to closure of Daisy were from parents of children aged under 5.</p> <p>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).</p> <p>Difficulties with ability to travel</p>				
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	or afford to travel to alternative centres were raised as issues for them.				
<b>Disability</b>	<p>9.3% of the population in the Dover district are claiming a disability benefit.<sup>1</sup></p> <p><b>Between October 2011 and September 2012 no users at The Buttercup were recorded as having a disability.</b></p> <p><b>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).</b></p> <p><b>Between October 2011 and September 2012 no users at The Daisy were recorded as having a disability.</b></p> <p><b>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</b></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><b>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.</b></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>

<sup>1</sup> Kent Business Intelligence Statistics

	<p><b>aged permanently sick/ disabled (volume).</b></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><b>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.</b></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>
<b>Gender</b>	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><b>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.</b></p> <p><b>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.</b></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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<b>Gender identity</b>	<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>	Unknown	No / Unknown	<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>
<b>Race</b>	<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>	Medium	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 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 <b>The Buttercup Children's Centre</b> between October 2012 and September 2013 identifies a significant underrepresentation amongst young professionals with children, many living in ethnically diverse neighbourhoods.</p>			<p><b>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.</b></p> <p>b) No.</p> <p><b>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.</b></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><b>Ensure that Dover Children's Centres continue to work with young parents in ethnically diverse neighbourhoods, especially those from White British Backgrounds.</b></p>
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	<p>MOSAIC classifications of families attending <b>The Daisy Children’s Centre</b> between October 2012 and September 2013 identifies an underrepresentation amongst young professionals with children, many living in ethnically diverse neighbourhoods.</p> <p><u>Consultation analysis:</u>          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.</p> <p>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>				
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	<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>				
<b>Religion or belief</b>	<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>
<b>Sexual orientation</b>	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><b>Pregnancy and maternity</b></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><b>The Buttercup Children’s Centre provide a number of services, including breastfeeding peer support, a weekly child health clinic, baby massage and antenatal advice.</b></p> <p><b>The Daisy Children’s Centre provide a number of services, including breastfeeding peer support</b></p>	<p>High</p>	<p>Medium</p>	<p>a) Review current outreach services to ensure they are in the right location.</p> <p><b>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.</b></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><b>training, a weekly child health clinic, Makaton baby signing, baby massage and antenatal advice.</b></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>
<b>Marriage and Civil Partnerships</b>	<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>	Medium	Medium	<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 <b>The Buttercup and The Daisy Children's Centres</b> between October 2012 and September 2012 identified an underrepresentation amongst users for the following group;</p> <ul style="list-style-type: none"> <li>• Young singles and couples in small privately rented flats and terraces on moderate incomes</li> </ul> <p>MOSAIC classifications also identified a <b>significant</b> overrepresentation amongst users for the following group at both The Buttercup and The Daisy Children's Centres;</p> <ul style="list-style-type: none"> <li>• Lone parents with young children, living in high crime areas on large social housing estates</li> </ul> <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"> <li>• Singles and lone parents</li> </ul>			<p>services from other venues or facilities.</p> <p><b>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.</b></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><b>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.</b></p>
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	<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>				
<b>Carer's responsibilities</b>	88.7% of the population in Dover district provide no unpaid care a week. 7.1%	Unknown	Unknown	a) Yes - increased awareness of carer's responsibilities and support for families most in need of intervention.	Yes – increased awareness of carer's responsibilities and support for families most in need of intervention.

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	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

<b>Low</b>	<b>Medium</b>	<b>High</b>
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

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- 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

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- 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](http://www.kent.gov.uk/childrenscentres)
- Shaping the Future of Children's Centres in Kent post consultation report available at [www.kent.gov.uk/childrenscentres](http://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

- 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**



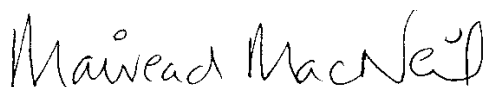
Signed:

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

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
Age		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



<b>Age</b>		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
<b>Age</b>		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
<b>Age</b>	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
<b>Age</b>	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			
<b>Disability</b>	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
<b>Disability</b>		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
<b>Disability</b>		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
<b>Disability</b>	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

<b>Disability</b>	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
<b>Gender</b>	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
<b>Race</b>	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
<b>Race</b>	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
<b>Race</b>	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
<b>Religion or belief</b>	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
<b>Pregnancy and Maternity</b>	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
<b>Pregnancy and Maternity</b>	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
<b>Pregnancy and Maternity</b>	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
<b>Marriage and Civil</b>	Data unavailable	Investigate feasibility of collecting marriage and	Information collected	Performance Management	On going	To be established

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<b>Partnerships</b>		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		
<b>Marriage and Civil Partnerships</b>	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
<b>Carers responsibilities</b>		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**

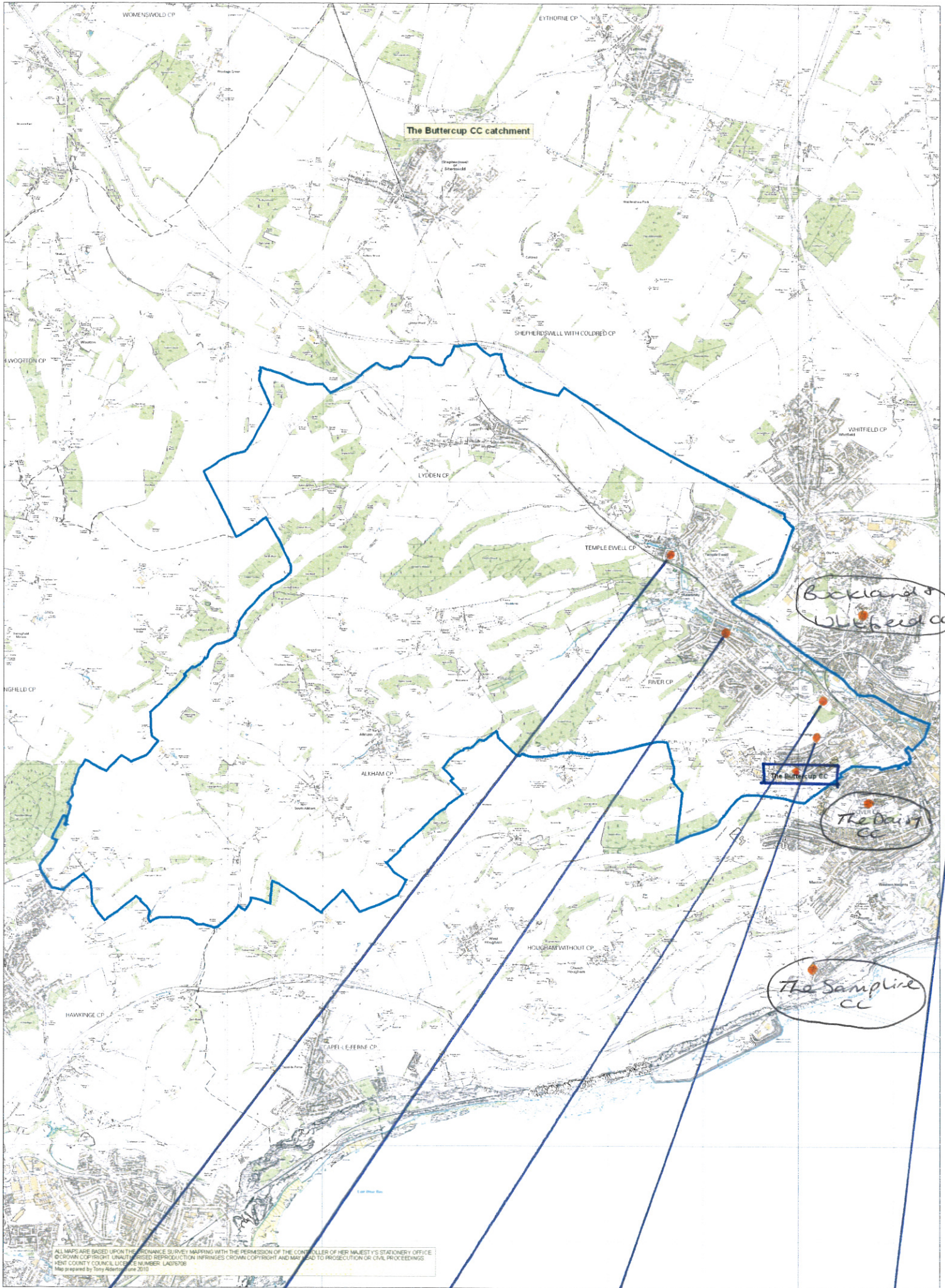
<b>Children’s Centre: The Buttercup and The Daisy</b>	
<b>Service Planning (KCC)</b>	<p>The Buttercup Children’s Centre currently runs 4 regular services;</p> <ul style="list-style-type: none"> <li>• Early Days Group- Baby Clinic (weekly, 1.5 hours)</li> <li>• Daddy Cool Group (fortnightly, 2 hours)</li> </ul> <p>2 regular services are delivered by The Daisy Children’s Centre;</p> <ul style="list-style-type: none"> <li>• Early Days Group- Baby Clinic (weekly, 1.5 hours)</li> <li>• Inbetweenies Group (weekly, 1.5 hours)</li> </ul>
<b>Service Planning (Health)</b>	<p>2 health services are currently delivered by The Buttercup Children’s Centre;</p> <ul style="list-style-type: none"> <li>• Ante-Natal Classes (Ad Hoc, 6 hours)</li> <li>• Baby Clinic (weekly, 1.5 hours)</li> </ul> <p>1 health service is delivered by The Daisy Children’s Centre;</p> <ul style="list-style-type: none"> <li>• Baby Clinic (weekly, 1.5 hours)</li> </ul>

**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

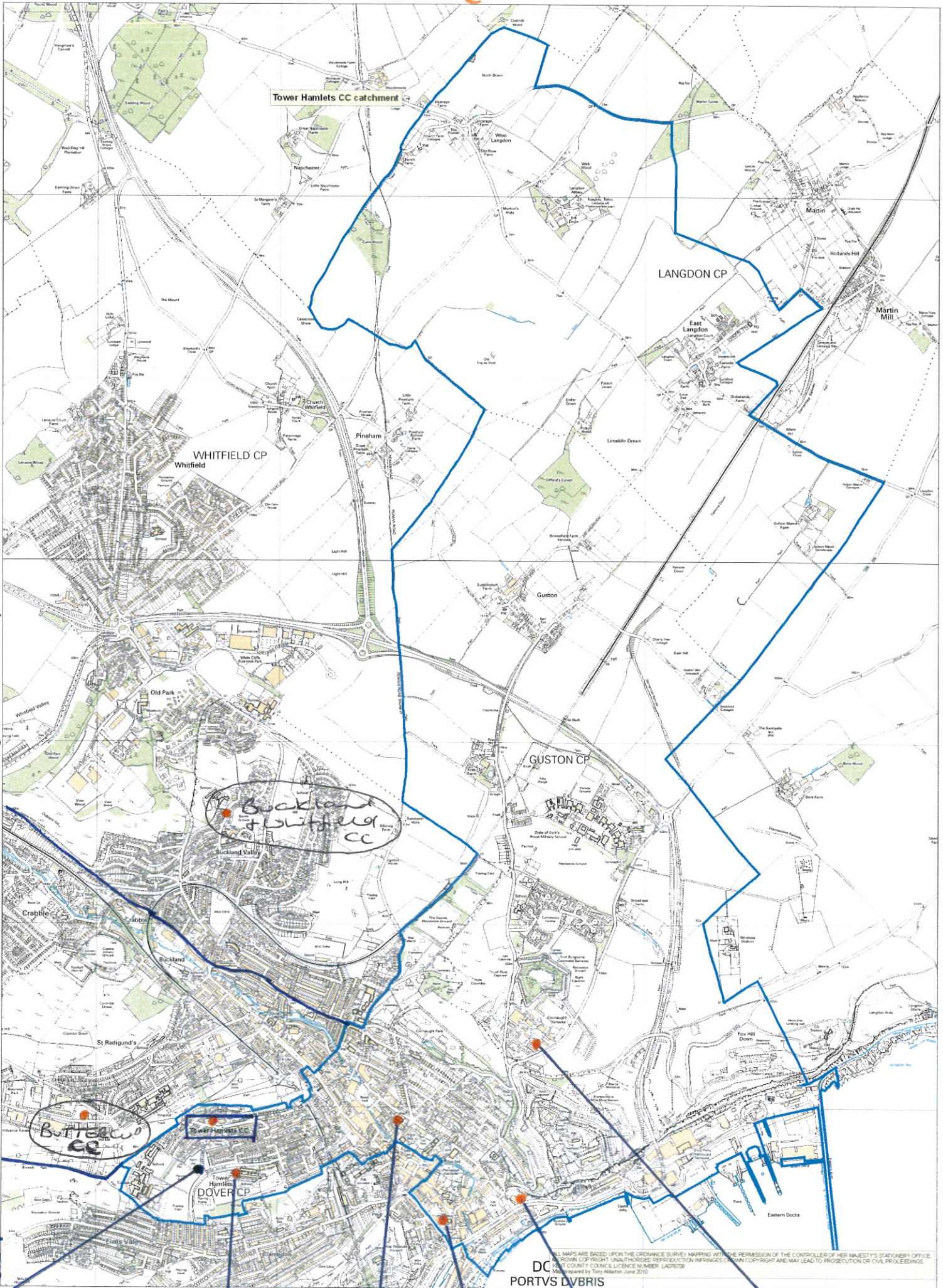
St Peter's Church, River

Crabble Athletic Ground

White cliffs college

Library / Discovery CN.

# The Daisy CC (Tower Hamlets)



Buckland

Scamp

- Scout Hdt.
- Prioryfields School
- Baptist Church
- Library/ Discovering Ch.
- Museum
- community Hall
- Burgoyne Heights



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**Appendix 3**

Data on Children's Centre service users from 1<sup>st</sup> October 2012 – 30<sup>th</sup> 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%

#### 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%

	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%

#### 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%

	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**

<b>Protected characteristic</b>	<b>Objectors to the closure of Daisy</b> (percentages relate to those who chose to respond to the question)
<b>Age</b>	Most (67%) of objectors were aged between 20 and 35. A further 10% were aged 36-40. Teenage mothers comprised 2% of objectors.
<b>Disability</b>	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.
<b>Gender</b>	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.
<b>Gender identity</b>	No objector's gender identity was different to that at birth.
<b>Marriage and civil partnerships</b>	Two-thirds (66%) of objectors were either married, in a civil partnership or cohabiting and 22% of objections were from lone parents.
<b>Pregnancy and maternity</b>	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.
<b>Race</b>	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.
<b>Religion or belief</b>	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.
<b>Sexual orientation</b>	Most objectors who responded to the question (86%) were heterosexual.
<b>Carer's responsibilities</b>	Covered by other parent categories.

**Responses to the consultation relating to The Daisy**

<b>General responses of objectors</b>
<b>Data on objectors</b>
<ul style="list-style-type: none"> <li>• There were 172 objections to the closure of Buttercup which represented approximately 3% of respondents</li> <li>• Of the 172 that objected to the changes with respect to Daisy CC, 80% strongly disagreed and 20% disagreed</li> <li>• Of the 172 objections to closure of centres including Daisy, 31 only objected to changes to Daisy</li> <li>• Of the 172 objections, 161 were from the public and 11 were from professionals</li> <li>• Of the 161 objections to closure of centres including Daisy from the public, 28 only objected to the changes with respect to Daisy</li> <li>• There were 61 users of Daisy that responded to the consultation and of these 79% objected</li> <li>• There were 40 objections from all users of Daisy and of these 17 were from users who only accessed Daisy</li> <li>• Of the 11 objections to closure of centres including Daisy from the professionals, there were no objections that only related to Daisy</li> </ul>



<ul style="list-style-type: none"> <li>• There were no objections from professionals from Children’s Centre staff</li> </ul>
<p><b>Impact on the public</b></p> <ul style="list-style-type: none"> <li>• 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</li> <li>• Just under half of objectors said that they would use children’s centres less often</li> <li>• 13% said they would not use a centre at all</li> <li>• 16% said they would attend an alternative (non-children’s centre) facility</li> <li>• 11% said they would attend a different children’s centre</li> <li>• 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</li> <li>• 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</li> <li>• 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</li> <li>• 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</li> <li>• 11% of all users and 7% of sole users said that they would attend a different children’s centre</li> </ul>
<p><b>Example verbatim comments from the public</b></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><b>Professionals view of impacts</b></p> <p>Of the professionals who responded with objections including to changes to Daisy:</p> <ul style="list-style-type: none"> <li>• Over two thirds considered that children and families will miss out</li> <li>• 40% felt that it would reduce access to children’s services</li> <li>• A third felt that it would make travel to centres more difficult / alternative centres too distant for service users</li> <li>• 22% said that it would impact public health, social exclusion, isolation and mental issues</li> </ul>
<p><b>Example verbatim comments from professionals</b></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>