

People and Families Scrutiny Committee

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| 10:00 | Friday, 08 July 2016 | Committee Room 1, County Hall, Chelmsford, Essex |
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Quorum: 4

Membership

Councillor I Grundy
Councillor R Boyce
Councillor J Chandler
Councillor M Danvers
Councillor A Erskine
Councillor R Gadsby
Councillor K Gibbs
Councillor A Goggin
Councillor C Guglielmi
Councillor T Higgins
Councillor P Honeywood
Councillor R Howard
Councillor M McEwen
Councillor A Wood

Chairman

Non-elected Members

Richard Carson
Marian Uzzell

For information about the meeting please ask for:

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www.essex.gov.uk/scrutiny



Essex County Council

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Part 1

(During consideration of these items the meeting is likely to be open to the press and public)

| | | Pages |
|---|--|-----------|
| 1 | Apologies and Substitution Notices The Scrutiny Officer to report (if any). | |
| 2 | Declarations of Interest To note any declarations of interest to be made by Members in accordance with the Members' Code of Conduct | |
| 3 | Questions from the Public A period of up to 15 minutes will be allowed for members of the public to ask questions or make representations on any item on the agenda for this meeting. On arrival, and before the start of the meeting, please register with the Committee Officer. | |
| 4 | Call-in on Decision on Procurement of a New Model to Deliver Integrated Pre-birth to 19 Health, Wellbeing and Family Support Services To consider the Decision relating to Procurement of a New Model to Deliver Integrated Pre-birth to 19 Health, Wellbeing and Family Support Services , which was agreed at Cabinet on Tuesday 21 June 2016. Report PAF/11/16 attached | 5 - 206 |
| 5 | Call-in on decision on Housing Related Support Post 16 Services To consider the Decision relating to Housing Related Support: Post 16 Services, which was agreed at Cabinet on Tuesday 21 June 2016. Report PAF/12/16 attached | 207 - 230 |
| 6 | Withdrawal of Call-in on Decision on Procurement of a New Model to Deliver Integrated Pre-birth to 19 Health, Wellbeing and Family Support Note of Informal meeting held on Thursday 30 June 2016. Report PAF/13/16 attached | 231 - 232 |
| 7 | Date of Next Meeting To note that the next scheduled meeting will be held at 10.30am on Thursday 14 July 2016, in Committee Room 1, County Hall. | |

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Urgent Business

To consider any matter which in the opinion of the Chairman should be considered in public by reason of special circumstances (to be specified) as a matter of urgency.

Exempt Items

(During consideration of these items the meeting is not likely to be open to the press and public)

To consider whether the press and public should be excluded from the meeting during consideration of an agenda item on the grounds that it involves the likely disclosure of exempt information as specified in Part I of Schedule 12A of the Local Government Act 1972 or it being confidential for the purposes of Section 100A(2) of that Act.

In each case, Members are asked to decide whether, in all the circumstances, the public interest in maintaining the exemption (and discussing the matter in private) outweighs the public interest in disclosing the information.

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Urgent Exempt Business

To consider in private any other matter which in the opinion of the Chairman should be considered by reason of special circumstances (to be specified) as a matter of urgency.

Notification of Call-in

Please submit this form to governanceteam@essex.gov.uk.

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| Decision title and reference number Procurement of a New Model to Deliver Integrated Pre-birth to 19 Health, Wellbeing and Family Support Services - FP/467/04/ | |
| Cabinet Member responsible Cllr Dick Madden | Date decision published 22/06/2016 |
| Last day of call in period 24/06/2016 | Last day of 10-day period to resolve the call-in 05/07/2016 |
| Reasons for Making the Call in: (See attached sheet) | |
| Signed: Ivan Henderson Julie Young Anthony Durcan Keith Bobbin | Dated: 23/06/2015 |
| For completion by the Governance Officer | |
| Date call in Notice Received 23 June 2016 | Date of informal meeting |
| Does the call in relate to a Schools issue No | If yes, date when Parent Governor Reps and Diocesan Reps invited to the meeting N/A |
| Date of People & Families Scrutiny Committee Meeting (if applicable) | Date call in withdrawn / resolved |

CALL IN - Procurement of a New Model to Deliver Integrated Pre-birth to 19 Health, Wellbeing and Family Support Services - FP/467/04/

Reasons for calling the decision in:

- The proposals clearly breach the statutory guidelines outlined in the report, specifically those compelling the council to:

'not close an existing children's centre site in any reorganisation of provision unless they can demonstrate that the outcomes for children, particularly the most disadvantaged would not be adversely affected and will not compromise the duty to have sufficient children's' centres to meet local need. The starting point should therefore be a presumption against the closure of children's centres.'

'Ensure that a network of children's centres is accessible to all families with young children in their area.'

'Ensure that children's centres and their services are within reasonable reach of all families with young children in urban and rural areas, taking into account distance and availability of transport.'

- The equality impact assessment for this proposal identified 'a potentially negative impact on young people, on disabled people with mobility difficulties and on women'; (page reference) This has clearly been ignored, with no bearing on the eventual decision.
- The views of Essex residents (as outlined in the consultation document) have also been discounted. Over 80% (81.4%) of Essex residents disagreed with the core principle of the proposal. Nearly 70% (69.3%) disagreed with the proposed location of services (It's important to note that this call in will seek to examine specific geographic particularities. These include, but are not limited to, Tendring and Colchester.) These concerns are not reflected in the amended proposal. The consultation was conducted far too late in the day to add value to the eventual proposals, and asked the wrong questions to the wrong people.
- The proposals lack any forethought for future outcomes, adversely affecting those most in need of services. A number of these potential friction areas were specifically outlined by Essex residents in the consultation, including:
 - *Accessibility – difficulty or inability getting to proposed Family Hubs due to*

- *distance, inability to drive, poor transport links, cost etc.*
- *Fear of losing the support currently provided by Children's centres – access to*
- *professional help, support and courses*
- *Importance of 'local' sites and services*
- *Satisfaction with current Children's centres – services and staff*
- *Fear of no longer being able to create own support networks in their communities*
- *Children's centres facilitating development of friendships with other parents*
- *Children's centres being of a vital importance, a 'life line'.*

These concerns are also absent from the eventual proposal.

- There is a notable lack of clarity regarding available resources within the various areas that currently make up 0-19 care. The report is vague, referencing previous cuts, as well as future savings, but it does little to outline the real term impact of proposals, and the current state of affairs.
- The further cuts, which will be used to fill holes in the public health budget left by recent reductions in funding from central government, clearly display a priority for savings over quality services, delivered to those most in need. Our concern is that physical children's centres are being sacrificed to meet statutory obligations for more childcare places on a '*commercial basis*' (Pg.143).
- The proposals do little to hold private contractors to account, allowing them a wide brief to interpret as they see fit. We can't allow companies to prioritise commercial interest over quality childcare for our most vulnerable families.
- We are highly sceptical that removing 'the walls' will allow professionals to reach further into the community. Physical centres are the absolute centre of their communities. Care in the community can run alongside the physical centres, not in place of them. The report itself outlines that parents, carers, and families in Essex are feeling increasingly vulnerable and isolated. This decision will create more walls than it breaks down, leaving marginalised families more isolated than before.



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| Report to Cabinet | Forward Plan Reference Number: FP/467/04/16 |
| Date of Meeting: 21 June 2016 | County Divisions affected by the decision: All Divisions |
| Title of Report: Procurement of a New Model to Deliver Integrated Pre-birth to 19 Health, Wellbeing and Family Support Services | |
| Report by: Cllr Dick Madden – Cabinet Member for Adults and Children | |
| Responsible Director: Chris Martin, Director for Commissioning – Children and Families | |
| Enquiries to: Stav Yiannou, Head of Commissioning, Education and Lifelong Learning stav.yiannou@essex.gov.uk , 03330 136608 | |

1. Purpose of report

- 1.1. To ask the Cabinet to agree to launch a procurement for an Integrated Pre-Birth to 19 Health, Wellbeing and Family Support model which incorporates the following services:
 - 0-5 Healthy Child Programme;
 - 5-19 Healthy Child Programme;
 - Healthy Schools;
 - Family Nurse Partnership; and
 - Sure Start Children's Centres.
- 1.2. To ask the Cabinet to agree that in the west quadrant of Essex the above service will be commissioned jointly with West Essex Clinical Commissioning Group (West Essex CCG) along with the following NHS community services:
 - therapies;
 - paediatrics; and
 - children's nursing and community continence outreach services.

2. Recommendations

- 2.1. Agree that Essex County Council (ECC) should commission integrated Pre-Birth to 19 (PB19) Health, Wellbeing and Family Support services on a quadrant basis to commence on 1 April 2017.

- 2.2. Agree that the Children's Centres should be part of the integrated services, and that ECC should adopt a delivery model as set out in Appendix 1 with the locations as set out in Appendix 2 which, in summary, means:
- A reduction from 37 Children's Centres to 12 Family Hubs;
 - A reduction from 38 Children's Centre Delivery Sites to 25 Family Hub Delivery Sites;
 - A range of Family Hub Outreach Sites which will be determined on a local basis by families through further consultation to be carried out by the selected provider; and
 - Secured outreach space in four buildings that will no longer be used for Children's Centre delivery to provide an option for community use as appropriate.
- 2.3. Agree to enter into an agreement with West Essex CCG under section 75 of the National Health Service Act 2006 under which the proposed services will be jointly commissioned with therapies, paediatrics, children's nursing, continence outreach service, continence products, specialist school nursing in selected schools and paediatric liaison services.
- 2.4. Agree to procure the contracts using a streamlined competitive dialogue process as outlined in section 3.
- 2.5. Agree that the Cabinet Member for Adults and Children shall authorise the award of the contracts following completion of the procurement process.

3. Background and proposal

- 3.1. This report concerns a proposal for the integrated commissioning of a number of ECC services:
- **0-5 Healthy Child Programme**
Includes Health Visiting
 - **5-19 Health Child Programme**
Includes School Nurses
 - **Healthy Schools Programme**
Improving the health and wellbeing of children in school
 - **Family Nurse Partnership (FNP) model of working**
Support for young mums with their first child
 - **Sure Start Children's Centres**
Community based support for children and families
- 3.2. ECC currently has 16 contracts with seven different providers for the above services. Fifteen contracts end on 31 March 2017, and the remaining contract ends on 31 January 2017 and is in the process of being extended to 31 March 2017. All services other than Children Centres were inherited from the NHS as part of the transfer of public health services to the Council. All services, other than children centres and health visiting are discretionary.

- 3.3. The Childcare Act 2006 states that the arrangements made by the Council must secure early childhood services in an integrated manner and must, so far as reasonably practicable, include arrangements for sufficient provision of Children's Centres to meet the need of parents, prospective parents and young children in Essex.
- 3.4. There are currently 37 Children's Centres across Essex supported by 38 Children's Centre Delivery sites and in excess of 120 locally determined outreach sites.

Whole System Approach

- 3.5. The majority of children and young people in Essex have the opportunity to fulfil their potential and live, healthy, fulfilling lives, but there are areas across the County where the outcomes for children and families are not as we would want them to be. Improving outcomes for children before they start school can make a positive, life-long impact.
- 3.6. In 2015 ECC carried out engagement with families and practitioners who said:
- Current services are fragmented and confusing. This can lead to parents receiving inconsistent support and to a heightened risk that families will not receive the support they need at all.
 - Additional service delivery is not required but that existing provision needs to be more joined up and more co-ordinated, and needs to take a whole family approach. This will reduce the frustration experienced by families who repeatedly have to tell the same story to different professional and will ensure families can access the support they need from the most appropriate person.
- 3.7. In April 2014 the number of Children's Centres in Essex reduced from 86 to 37. One intention of this change was to free staff up from Children's Centre buildings to allow them deliver services more locally and in venues that were easier for families to access as well as provide more support in family homes. In the financial year before the reduction in the number of buildings (2013-14) the Children's Centres reached 34,596 families – this is the total number of families who had significant engagement with children's centres rather than a total number of visits or the total number of unique visitors. Releasing staff from Children's Centre buildings saw an improvement in the number of families reached to 42,274 in the 2015-16 financial year - an increase of 22.19%.
- 3.8. The service has a number of priority groups with which it wishes to engage. This includes single parent families, families where a member has mental health problems. Since 1 April 2014, providers have been asked to target priority groups. The services are therefore seeing more people and are likely to be reaching more priority groups, although we did not collect statistics on these groups before March 2014. We know that in the 2014-15 financial year the service reached 7,177 families from Priority Groups and in the 2015-16 financial year 10,587 such families were reached.

- 3.9. In 2015/16, Children's Centre services were delivered from 37 Main Children's Centres site buildings, 38 delivery sites designated for the delivery of Children's Centre services and in excess of 120 locally hired outreach venues. A review of the timetable of activities at a main site reveals 20-30 hours a week of activities although the site is open for general advice and guidance for 50 hours a week.
- 3.10. The improvement in the number of families reached, especially that for our priority families, has been primarily due to enabling the Children's Centre staff to be out in communities offering local services in local venues and providing support in family homes.
- 3.11. Children's Centre staff have been able to significantly increase their ability to reach and engage with local families by providing services rather than being as tied to staffing buildings. An examination of the Children's Centre service delivery timetables across Essex for Q3 (2015 / 2016) showed that, with one or two exceptions, the buildings were not fully being accessed by families and often no services were delivered at all during beginning and end of the day. In many children's centres services are being delivered for no more than 30 hours per week – although the buildings have longer opening hours.
- 3.12. The impact of releasing staff from buildings to reach families in communities, along with the findings of the Ethnographic research, Early Years Review, engagement activities and the 2015 online survey informed the design of the Integrated model and the proposals which were the subject of consultation in the 2016 Children's Centres consultation.
- 3.13. Along with the information outlined above, a number of other factors were also taken into consideration to inform the Children's Centre property proposals that were consulted on:
- footfall of families into the individual buildings, between 1 April 2015 to September 2015;
 - hours of service delivery, based on the published timetable for September 2015 to December 2015;
 - geographical location, including proximity to other potential outreach venues such as Libraries and local buildings currently be used alongside the named children's centre buildings;
 - size of the buildings;
 - Department for Education capital investment;
 - capacity to deliver new childcare places if a building was de-designated as a Children's Centre.
- 3.14. What families have shared with us has been powerful and has significantly influenced the proposals included in this paper. Feedback includes:
- Parents having few strong and supportive relationships leading to feelings of isolation and loneliness which impact on their ability to access support;
 - Some parents feeling that the system is failing them and that they aren't getting the quality of service they expect;

- Some parents felt that would not feel confident to visit buildings, including Children's Centres but that they would be happy to be approached informally;
 - Recognition of good advice from professionals but difficulty implementing it, particularly in the case of the most disadvantaged or vulnerable parents who require more targeted support;
 - Difficulty knowing where to go for help or who to contact and problems making contact with Health Visitors or School Nurses;
 - Particular difficulties in finding support for children with Special Educational Needs or a Disability;
 - A real need to be able to access help and support through one conversation.
- 3.15. Children's Centre providers have told us that they still feel restricted by the current contractual requirement to staff buildings at times when there are few or no visitors. The requirement to staff centres for 50 hours a week can mean that staff resources which could be spent on providing support is spent on ensuring that there is someone in a building. At the heart of these proposals is the requirement to make support accessible to the most vulnerable families by moving beyond delivery from Children's Centre buildings into a greater number of more relevant, community based locations. We believe that this will better able the services to meet need, whilst still ensuring that there are 12 family hubs open for 50 hours a week.
- 3.16. Over the last two years the council has undertaken an Early Years Review which has sought to take a 'whole system' view of the services. This has been built around regular and detailed conversations with parents facilitated through ethnographic research, user engagement surveys and online questionnaires as well as face to face research to shape the new model through the experience and voice of families.
- 3.17. The review has resulted in the System Vision (Appendix 3) which has been developed by the Council working alongside families and other stakeholders.
- 3.18. The new way of working will give greater flexibility to practitioners, allowing them to respond to the needs of families and to allow work with families where they want to receive support, for example in their homes or in clinics or play areas etc. Being more flexible and more innovative in the way in which services and support are delivered will allow providers to increase the engagement with priority groups and those with whom the system currently fails to effectively reach.

Whole System Proposals

- 3.19. The proposed model focuses on the needs of children and families and will provide support that is easier to understand and makes more efficient use of the skills and experience of the workforce as well as seeking to utilise, capitalise and build upon the existing capabilities of families, neighbourhoods and communities. It will cover the period from conception to age 19 (or 25 in the case of people with special educational needs or a disability). The mandatory services will continue to be delivered and we will expect the

current services to be provided as effectively as the current services although the mode of delivery may be different.

- 3.20. In addition West Essex CCG wishes to integrate its specialist community children's services in West Essex. This will mean an additional £4.2m per annum of services being provided through the contract and the provision of the following services:
- West Essex Children's Community Nursing;
 - West Essex Community Paediatrics (including autistic spectrum disorder and Looked After Children Medicals);
 - West Essex Community Therapies (speech and language, occupational therapy, physiotherapy);
 - West Essex Community Specialist Continence Outreach Service (Including Products);
 - West Essex Specialist School Nursing;
 - West Essex Paediatric Liaison;
 - West Essex Community Dietetic Service.
- 3.21. It is proposed to create an integrated service which will:
- Create an integrated Pre-Birth to 19 workforce galvanised around a common set of outcomes, as articulated via our system vision. By improving communication and collaboration, and by removing the historical silos created by individually commissioned services, the workforce can concentrate on the needs of families
 - Allow support to be provided to families in greatest need throughout childhood, not withdrawing access to services at age five
 - Harness and support families to develop their own group activities using the network of sites where appropriate
 - Retain a 50 hour per week Family Hub in each district
 - Create 25 Family Hub delivery sites - 20-30 hours of services provided each week (comparable to many of the current children's centre levels)
 - Establish a network of outreach sites where services are provided
 - Redistribute resources to the areas of greatest deprivation
 - Free staff resource currently occupied in staffing Children's Centre buildings to maintain opening hours to engage with families in other places which means services in more locations
 - Allow the services to continue to increase the percentage of families in priority groups and greatest need reached by the services, allowing a greater opportunity to intervene early and help to create strong, resilient families who are able to identify when things need addressing and have the skills and confidence to find solutions or ask for help.
 - Retain universal services such as health visitors to help identify families in greatest needs

2016 Children's Centres Consultation

- 3.22. The proposals to re-shape the portfolio of Children's Centre buildings across Essex were the subject of a public consultation exercise held between February and April 2016; 2,100 people completing the full consultation. The results of the consultation are at Appendix 4.

3.23. 18.1% of respondents supported the proposal to have one Family Hub in each district. Most respondents disagreed with the location of the proposed hub, with respondents generally proposing that their local centre should be the hub for the district. We asked families and practitioners for feedback on the proposed Family Hub model and whilst many of those that responded shared with us their concerns about the proposals there were no suggestions of alternative models of delivery that would provide the increased flexibility in the service that is needed.

3.24. Key issues raised in the consultation include:

3.24.1. Distance to Family Hub and travel and parking issues. It is clearly the case that many people will live significantly further away from their Family Hub than they do from their current nearest Childrens Centre. However, a key intention of the integrated service is that services to those who need them will be provided in convenient locations. Families will not have to visit the hubs in the same way that they visit the Children's Centres because services will be provided in other locations in the locality and in many cases the current Children's Centre will continue to be used as a delivery site. It is also expected that some services will continue to be available in each locality. The exact services to be provided will be determined by the provider in consultation with families and the Council.

3.24.2. A suggestion that there should be more family hubs. The integrated service will only need one hub in each district as they are designed to provide a co-ordinated base for the integrated workforce. The hub will be located in a main population centre. Provision of more Family Hubs would undermine the proposed model for delivery and reduce the flexibility of support that the Council is able to provide in future.

3.24.3. Concern about the loss of local activities. Whilst activities will be provided in all localities the range of universal activities may be reduced. The actual range of activities will be determined by the provider according to local needs. Local targeted service provision it will be preserved. Services will be provided in all current localities. It is likely that the overall number of hours of support provided will be increased once support to individuals provided away from settings is considered.

3.24.4. Preference of an alternative venue as the family hub. For example:

3.24.4.1. Harwich – several consultation responses, including that from Harwich Town Council called for the Windmill CC to be retained as a Family Hub., However many families we spoke to at the public events in Harwich told us they cannot access the Windmill Centre as it is out of town. The proposals have been revised to keep Harwich Library as a Family Hub Delivery site open for 20 – 30 hours a week but also suggest retaining some secured outreach delivery space in the Windmill CC to meet both needs presented to us.

3.24.4.2. South Woodham Ferrers – several consultation responses called for Chetwood CC to be the Family Hub for the Chelmsford

district. On review it was felt that it was still the most appropriate for the district Family Hub to be Chelmsford Library due to its central location and potential of the service delivery space, but the proposals have been revised to retain Chetwood CC as a Family Hub Delivery site open for 20 – 30 hours per week.

3.24.4.3. Witham – there was significant feedback that Witham should have its own Family Hub and also responses called for the Harlequin CC to be retained. On review it was felt that the original proposal to have one Family Hub per district should remain, but proposals should be amended to retain Harlequin CC as a Family Hub Delivery site, with service provision of 20 – 30 hours per week.

3.24.4.4. Canvey Island – several consultation responses called for the Little Lions CC to not be closed as a Family Hub was required on Canvey Island. On review it was felt that the proposal for Castle Point should be amended so that Little Lions CC becomes the Family Hub, and Little Handprints (which was to have been the Family Hub) to be a Family Hub Delivery site open for 20 – 30 hours per week.

3.24.4.5. Wickford – several responses on the proposals for Wickford was for Highcliffe to be the Family Hub for the area and that the 20 – 30 hours delivery time would not be sufficient to cover the delivery needs, although at present in practice less than 20 hours of services are currently provided during the 50 hours during which the centre is open. However on review it was felt that the revised proposal for Northlands Park CC to be the Family Hub for Basildon district made most sense due to the location and size of the building. Also the timetable was reviewed for Highcliffe and it is felt that the 20-30 hours delivery time for Highcliffe as a Family Hub Delivery site would allow the same level of services to be provided, albeit that 'walk in' advice would not be available for 50 hours a week as is currently the case. Some people expressed a concern that the closure of South Woodham Ferrers would impact on Wickford, but it is now proposed to retain a delivery site in South Woodham Ferrers.

3.24.4.6. Basildon BC expressed concern about making Fryerns Farm the Family Hub as Northlands Park CC and Kaleidoscope CC serve more deprived communities. As a result of this and other suggestions it is now proposed to locate the Family Hub at Northlands Park, with Fryerns Farm becoming a delivery site. Basildon BC also expressed concern about closure of Kaleidoscope. Although it is proposed that the Kaleidoscope centre will close, outreach services will be provided at Vange library. Although there will be a reduction in building based services in this location, Kaleidoscope CC is situated 1 mile away from Fryerns Farm. The aim of the proposal is that the services will be able to reach an increased number of priority families because resources will be diverted away from staffing buildings for walk-in callers to obtain guidance and support at times when no services are being provided which is often not a good use of resources. Basildon BC supported proposals for families to support each other but expressed concern that this might not happen. Basildon BC was concerned about the impact on Pitsea which is a deprived area and

currently receives 5 hours of outreach. It is proposed that it outreach services will in future be provided from the library.

3.24.4.7. Epping Forest – feedback on the proposals for Epping Forest was for several other children’s centre in the area to become the Family Hub. On review it was felt that the original proposals for Brambles to be the Family Hub were still valid as this is the most central centre and location in the district, with a number of other agencies also delivering from the building strengthening the integrated service delivery principles.

3.24.4.8. Epping Forest DC and Loughton TC also opposed proposal to close Sunrise Childrens Centre as this is conveniently located for some schools and they considered that Little Oaks Childrens Centre, which will be retained is too small to be a Delivery Hub. However, it is considered large enough for the proposed purpose. It is proposed that secured outreach space will be maintained in this area of Sunrise Childrens Centre. Epping Forest expressed concern about conversion of True Stars CC in Chigwell to a delivery site. The conversion is likely to see a similar level of service delivery as currently takes place in this location, albeit with a reduction in opening hours when parents can walk in for advice.

3.24.4.9. Uttlesford – significant feedback from the consultation was that Spangles CC in Stansted Mountfitchet should be the Family Hub for the district and not Little Goslings CC in Dunmow. In the light of these comments it is now proposed that Spangles CC should be the Family Hub and Little Goslings CC should be a Family Hub Delivery site open for 20 – 30 hours per week.

3.24.4.10. Chelmsford - many people suggested that Chelmsford Central Library was a worse location for the Family Hub than the West Chelmsford Childrens Centre in Dixon Avenue, which is proposed to become a delivery site. However, central Chelmsford is more accessible to more people and the West Chelmsford site, which will become a delivery centre open for 20-30 hours per week will remain available, meaning that most people will be able to access whichever is convenient. It is felt that given this is the better site given the accessibility of the City Centre, the potential for expansion of the delivery space in this location and the ability to offer office accommodation make this a better location for the Chelmsford Family Hub.

3.24.4.11. Colchester Borough Council does not support closure of any children’s centres and asked a number of questions. It is of the opinion that services should be locally provided and about the impact on women and deprived communities. The aim of the proposals is enable contractors to work with those in the greatest need in a more efficient way that involves the deployment of resources in delivering services rather than in staffing buildings.

3.24.5. Concern about proposed reduction in opening hours. Firstly, current Children’s Centre hours are not considered to be convenient by all parents, with very little weekend provision. At present all main children centre sites are open for 50 hours a week (although some centres are open for telephone

advice only for 10 of the 50 hours). In every case the actual hours of service delivery from the centres is for much less than 50 hours a week. The Family Hubs will all be open to personal callers for 50 hours a week – longer than many current Children's Centres. Some of the Children's Centres sites which are converted to Family Hub delivery sites will see an increase in actual service delivery hours from 10 – 15 hours a week to 20 – 30 hours. There will also be more flexibility to provide services at weekends and at other times when they are needed within the 20–30hours. Priority family groups and those in greatest need should see an improvement in services.

- 3.24.6. It is clear that there is considerable opposition to the loss of a small buildings and some building based services. It is understandable that this will be perceived as a loss of service, and for those not in the priority groups or in greatest need it is possible that people will notice a reduction in availability of universal services directly provided by ECC provider in their area. A key aim of the new contracts will be for the provider to organise the provision of activities for young children for by themselves using, where necessary, Family Hub Delivery Centres and Family Hubs. The consultation showed that a significant number of parents are interested in organising themselves to provide these activities. The incoming providers will facilitate this by providing training and support for interested parents to do this. The intention is that services will continue in all locations, albeit some services will be more targeted on those who need it most. Universal service delivery will continue to be available in each locality even for those are not in particular need. There will also continue to be full availability of services in each district. For these reasons, the Family Hub model remains the preferred option.
- 3.25. Through our conversations with families during the last two years families have told us that what they value most from the support that Children's Centres provide is the relationships with staff and the development of relationships with other parents. Rather than over-emphasising the importance of buildings to deliver support, the Family Hub model encourages development of supportive relationships with families that can assist with the building of relationship networks that will promote resilience rather than create dependency. The large majority of buildings will continue to be used for children's centre activities.
- 3.26. Provider/s will need to be creative and innovative and deliver flexible support where it makes sense for parents and families. By doing this we expect to increase the numbers of sites and places in the community where support can be accessed. We also expect to be reach families from priority groups, through the community who have historically chosen not to access support.
- 3.27. Through the consultation, families were asked about the days and hours of opening for Family Hubs and Family Hub Delivery Sites. The times when support is delivered is a theme that has frequently arisen in conversation with parents who have told us that they are unable to access support as it is not delivered flexibly around their working pattern or the children's school day.

- 3.28. Consultation feedback reinforced the view that the times when families prefer to access support varies greatly, based on individual circumstances. People do not always find the hours of operation of the current services to be convenient but there was no consensus as to when the services should be provided. This is not surprising - everyone's personal circumstances are different. The aim of the proposals is to provide more flexibility to provide services to those in the greatest need at a time and place convenient to them. The proposals in this report should lead to an increase in the availability of support.
- 3.29. Support will be delivered to those that need it most through a more flexible and integrated workforce, a combination of buildings, community outreach and home support across days, evenings and weekends as families require it.
- 3.30. Through our work with families, they have told us that support is not necessarily best provided by the 'state', for example breast feeding where peer support was much more highly valued than that provided by Health Visitors. As part of the spectrum of support provided the development of peer support programmes is a clear priority within these proposals and we will encourage future providers to create the conditions that explore and develop peer support as a means of valuing and fostering greater resilience within and between families. This is an integral element of families supporting themselves and developing more sustainable networks of support in the future.
- 3.31. The consultation concentrated on the locations Sure Start Children's Centre buildings rather than the types of services and support being delivered at each location. This is because providers have always worked within the contract to ensure that Children's Centres meet local needs and demands and we expect this to continue, in a more flexible way, under the new contract. This aspect of the services will not change.
- 3.32. These proposals will improve the support for families in greatest need but also seeks to assist those families whose capabilities are far greater and who are in need of high quality Early Years and Childcare provision. Buildings no longer be required will provide opportunities for a range of childcare provision to support working families across Essex alongside additional provision of Free Early Education Entitlement for 2, 3 and 4 year olds which is proposed to be extended from 15 to 30 hours per week for children of working parents from September 2017. These may be provided on a commercial basis or by other providers if there is interest. The additional provision will support working families and those wishing to return to education as well as supporting the Council to meet its duty to ensure that sufficient childcare is available. Proposals and arrangements will be the subject of separate decisions when they are formulated.

Proposed model from April 2017

- 3.33. These proposals will see an integrated service which reduces the existing 37 Children's Centres with 12 Family Hubs, one in each District, (open for 50hrs

per week) and will reduce the 38 Children's Centre Delivery Sites currently operating to 25 Family Hub Delivery Sites open for 20-30 hrs per week.

- 3.34. In addition the Proposed Family Hubs and Family Hub Delivery Sites will be supported by a range of Family Hub Outreach Sites which will be determined on a local basis by the Providers in conjunction with families and the Council through further consultation to be carried out by the provider(s). These proposals will enable future providers to potentially operate from even more sites and locations than the current model allows. When coupled with a more integrated work force consisting of the current health visiting and school nursing provision, this flexibility will ensure that providers will be more able to reach and support those families in greatest need and thus improve our offer to them.

Proposed Tender Approach

- 3.35. The Council will develop key performance indicators via engagement with the potential providers from a range of Early Years, Childcare, Voluntary and Community sector organisations as well as health backgrounds. These will measure the success of the contracting model, the impact of the support on improving outcomes for children in Essex and the impact of the contract on delivering change across the whole system.
- 3.36. The work involved in integration of delivery of all these services across a quadrant together with the implementation of the proposed Sure Start Children's Centres property/delivery model by providers will require a longer term contract than has previously been offered for these services. Following consideration of the market's views, a contract duration of 7 years with an option to extend for 3 years is proposed to allow time for the integration and outcomes to be realised. It should however be noted that the proposed form of contract will allow either side to terminate on 1 year's notice, expiring no earlier than 3 years from the commencement date.
- 3.37. A longer contract has greater potential to deliver efficiencies and can attract higher levels of interest and encourage competition in the market in order to deliver better value for money for the Council.
- 3.38. It is also proposed to procure the contract to allow other services to be added during the life of the contract, whether Council or CCG services.
- 3.39. It is proposed that prospective providers will be able to bid for services in any or all of four quadrants in Essex (North, South, Mid and West). The Council will award up to four contracts depending on the outcome of the evaluation process. West Essex CCG will be procuring their services jointly with the Council in the west quadrant.
- 3.40. The maximum budget for each quadrant is set out in section 5 of this report. Any tender in excess of that affordability envelope will be excluded.
- 3.41. It is proposed to award the contract using a streamlined version of the competitive dialogue process. This will allow officers the opportunity to test

each bidder's proposals before bids are submitted – an unscored presentation by bidders of their solution is being proposed.

- 3.42. It is proposed that contracts will be awarded on the basis of a 50:50 price: quality weighting.
- 3.43. It is proposed that a maximum of four bidders per quadrant will be shortlisted at the Pre-Qualification Questionnaire (PQQ) stage to be invited to dialogue and tender, although it may be necessary to shortlist more if multi-quadrant bids are submitted.
- 3.44. Bidders will be assessed on a quadrant basis against set evaluation criteria relating to quality, designed to ensure that the required integration and outcomes will be delivered. Minimum score thresholds will also be used to ensure that only bids which meet minimum quality standards will be considered.
- 3.45. Bidders will be required to complete a pricing spreadsheet for each quadrant they bid for. If they wish to bid for more than one quadrant then they will be asked to submit separate prices for each quadrant, depending on how many quadrants they win. All submitted prices will be ranked, with the lowest price for each quadrant awarded the full 50% available score.
- 3.46. Quadrants will be awarded to the combination of bids which together produces the highest total score across the four quadrants. Where a provider is awarded more than one quadrant, they will be paid the price bid for that combination of quadrants awarded.
- 3.47. This process means that the highest individual quality score or lowest price for any individual quadrant may not be awarded the contract. If tied scores occur on a quadrant or multiple quadrant basis, then the lowest price between the tied scores will be taken forward and if that does not resolve the tie, the higher quality score will be taken forward.

4. Policy context and Outcomes Framework

- 4.1. These proposals support the delivery of the Corporate Outcomes Framework.
- 4.2. They directly deliver the Children in Essex get the best start in life, and they make a significant contribution towards delivering the following:
 - People in Essex enjoy good health and wellbeing
 - People have aspirations and achieve their ambitions through education, training and lifelong-learning
 - People in Essex live in safe communities and are protected from harm
- 4.3. The impact of these proposals will deliver the objectives set out in the Children and Young People's Plan 2016 to:
 - Protect the most vulnerable
 - Close the gap for the most vulnerable

- Make efficient use of collective resources to deliver outcomes
 - Make better use of community assets
- 4.4. Importantly the system wide approach to the design and delivery of these proposals will drive forward the objectives in the Children and Young People's Plan to develop the 'whole system' workforce and bring about behaviour change in professionals and parents that builds resilience in families and encourages positive choices.
- 4.5. There is a vital role for all practitioners across Essex to act quickly to protect children from harm and neglect. ECC support to families is dependent on levels of need and is set out in the Essex Safeguarding Board (ESCB) guidance 'Effective Support for Children and Families in Essex'.
- 4.6. The proposed model provides a key link between early identification, through universal activities, support for children with additional needs, vulnerable children and families and children subject to statutory interventions. The proposals play an important role in providing accessible early help for children and families.
- 4.7. These proposals will be integral to the delivery of the vision set out in the Joint Health and Wellbeing Strategy for Essex 2013-2018 to provide residents and local communities in Essex with greater choice, control, and responsibility for health and wellbeing services and to give every child and adult more opportunities to enjoy better health and wellbeing.

5. Financial Implications

- 5.1 The approved budgets for 2016/17 and medium term resource strategy (MTRS) budgets through to 2019/20, are below (this is before the savings that will be realised through the implementation of the recommendations outlined):

| Service | 2016/17 (£m) | 2017/18 MTRS (£m) | 2018/19 MTRS (£m) | 2019/20 MTRS (£m) |
|--|---------------|-------------------------|-------------------------|-------------------------|
| 0-5 Healthy Child Programme Including Family Nurse Partnership (FNP) | 21.738 | 20.723 | 20.185 | 19.660 |
| 5-19 Health Child Programme | 4.222 | 4.222 | 4.222 | 4.222 |
| Healthy Schools Programme | 0.068 | 0.068 | 0.068 | 0.068 |
| Sure Start Children's Centres | 9.556 | 9.556 | 9.553 | 9.553 |
| Total | 35.584 | 34.569 | 34.028 | 33.504 |

- 5.2 The budget for 2015/16 was £25.524m which was marginally underspent at £25.242m. This only included 6 months for 0-5 which was transferred from the

NHS with effect from 1 October 2015. Full year equivalent would have been £36.565m.

- 5.3 When offering an integrated service the budgets, currently separated by service line for each quadrant, will be amalgamated (with South East and South West treated as a single quadrant) to facilitate the delivery of best value for money whilst meeting the specified outcomes.
- 5.4 It is anticipated that by offering an integrated approach within a quadrant a minimum saving of 10% is achievable (£3.558m) without impacting on outcomes. The contract values will be reduced by £3.558m from the start of the contracts, i.e. 1 April 2017.
- 5.5 This saving will in part be used to offset the impact of the Public Health funding already reflected in the budget table above. The impact of doing this will be:

| Year | 2017/18 | 2018/19 | 2019/20 |
|---|---------|---------|---------|
| 10% saving (£m) | 3.558 | 3.558 | 3.558 |
| Baseline reduction not in MTRS (£m) | 1.479 | 1.479 | 1.479 |
| In Year saving not in MTRS (£m) | 1.065 | 0.524 | |
| Allocated to offset baseling Public Health funding reduction - already in MTRS (£m) | 1.014 | 1.555 | 2.080 |
| | | | |
| Revised budget | 32.025 | 32.025 | 32.025 |

- 5.6 There is a strong desire to ensure funding is utilised where need is greatest and to achieve this three specific factors have been identified and weighted. In so doing officers have considered different approaches including that taken when revising the allocation of Children's Centre budgets previously and weightings used in another Authority bordering Essex and it is proposed to use:
- Deprivation, 60%, using the 2015 IMD (Index of Multiple Deprivation)
 - 0-19 population figures, 30%
 - Accessibility of services, 10%, using the 2015 Barriers to Housing and Services index

This redistribution of budgets will impact the level of funding available to the quadrants, moving resource from lower to higher need areas.

- 5.7 Notably, the forecast growth of the 0-19 population across Essex during the contract term indicates that the three districts that make up West quadrant are predicted to individually all have higher 0-19 population growth than any district in the other quadrants.
- 5.8 0-19 population growth projections are: -

| Year / Quadrant | North East | Mid | South | West |
|-----------------|------------|-------|-------|--------|
| 2017 to 2026 | 10.77% | 6.29% | 7.54% | 14.24% |

5.9 The redistribution of budgets would have the following effect:

| Quadrant | North East | South | Mid | West | Total |
|--|------------|---------|---------|---------|---------|
| a) 2016/17 budget (£m) | 10.389 | 10.294 | 8.154 | 6.747 | 35.584 |
| b) 10% baseline reduction (£m) | (1.039) | (1.029) | (0.815) | (0.675) | (3.558) |
| c) Reduced 2017/18 budget before redistribution (£m) | 9.350 | 9.265 | 7.339 | 6.072 | 32.025 |
| d) Proposed weighted distribution (£m) | 6.943 | 9.809 | 7.517 | 7.757 | 32.025 |
| | | | | | |
| Variance to reduced budget c) (£m) | (2.407) | 0.544 | 0.178 | 1.685 | 0 |
| % change to reduced budget c) | -25.74% | 5.88% | 2.43% | 27.74% | |
| | | | | | |
| Variance to reduced budget a) (£m) | (3.446) | (0.485) | (0.637) | 1.010 | (3.558) |
| % change to reduced budget a) | -33.17% | -4.71% | -7.81% | 14.97% | -10.00% |

5.10 Suppliers will be required to price against the relevant annual affordability envelope(s) identified in line (d) of the table above. for each year of the potential 10 year duration. In the West quadrant the annual affordability envelope for WECCG community services of £4.2m will also apply. Suppliers may be able to offer additional savings where multiple quadrants are awarded to a single supplier and/or where additional efficiencies can be identified as part of their winning bid. An approach that allows suppliers to determine the period of financial stability required as well as the size and timing of any in contract savings is favoured as it is anticipated that this will lead to greater overall savings and: -

- Greater continuity for service users
- Reduced redundancy costs allowing funding to be focused on service delivery

5.11 At the time of commencing the procurement exercise these additional savings will not be known. The proposed annual budget envelope of £32.025m will potentially be a commitment for the duration of the contract, although after year 2 the Council has the right to terminate on a year's notice and there will be change control provisions within the contract. There is no provision in the contract for inflation.

5.12 In addition to any contractual savings, it is hoped that in light of post contract award delivery experience suppliers will be able to find further efficiencies delivering underspends. In order to incentivise this it is proposed to use a 50:50 gain share mechanism. In the West quadrant, that will only apply to ECC services.

5.13 4% of the agreed annual contract value with the winning bidder(s) will only be paid if the provider meets key performance indicators annually. In the West quadrant, that will only apply to ECC services.

5.14 West Essex CCG's affordability envelope is £4.2m per annum for the duration of the contract.

- 5.15 It is acknowledged that Central Government funding has been used with regard to the Sure Start Children's Centres which, if centres were to be closed or no longer used for integrated early childhood services, may be subject to a 70% claw back, depending on the terms of the documents used at the time the funding was paid.
- 5.16 The size of this potential liability is linked to the number of current Children's Centres that would no longer offer any form of Early Years' service and ranges between ca. £0.5m and £4.4m. The risk of clawback is mitigated through proposals to utilise buildings that are no longer required to deliver the Pre-Birth to 19 model for the delivery of Early Years and Childcare where this meets with local need and the Council's duties under childcare sufficiency.

6. Legal Implications

- 6.1 The Childcare Act 2006 places Essex County Council under a duty, so far as reasonably practical, to provide sufficient Childrens centres to meet local need. Local need means the need of local parents and children.
- 6.2 A Childrens Centre is defined as a place or group of places where, collectively, the range of early childhood services are provided alongside activities for young children. The early childhood services are:
- Early years provision (early education and childcare)
 - Childrens social services
 - Health services for children
 - Assistance for employment and training opportunities for parents or prospective parents
 - Provision of Information and assistance for parents
- 6.3 The Department for Education views Childrens Centres as a key way for local authorities to discharge their duties under section 1 of the Childcare Act 2006 which places the Council under a duty to improve the well-being of young children and reduce inequalities in the areas of
- Physical and mental health and emotional well-being
 - Protection from harm and neglect
 - Education training and recreation
 - Contribution made by them to society
 - Social and economic wellbeing
- 6.4 Local Authorities are required to consult before closing a children's centre.
- 6.5 The Department for Education has issued statutory guidance which says that local authorities should 'not close an existing children's centre site in any reorganisation of provision unless they can demonstrate that the outcomes for children, particularly the most disadvantaged would not be adversely affected and will not compromise the duty to have sufficient children's' centres to meet local need. The starting point should therefore be a presumption against the

closure of children's centres.' In this case the Council is reducing the number of Childrens Centres but the number of sites where services are available is likely to increase and resources will be refocussed on the most disadvantaged. It is considered that the changes are likely to improve outcomes for the most disadvantaged without adversely impacting on non-disadvantaged children.

6.6 The guidance also states that the Council should:

- Ensure that a network of children's centres is accessible to all families with young children in their area;

A network of children's centres will continue to be available across Essex. With the network of hubs, delivery sites and outreach centres the number of locations will be maintained. Universal services will be provided.

- Ensure that children's centres and their services are within reasonable reach of all families with young children in urban and rural areas, taking into account distance and availability of transport;

Childrens centres can be groups of places; most people will have no further to travel to the nearest location where service delivery is taking place. Some people will have less distance to travel with the new emphasis on outreach services – more support will be provided in people's homes or in other locations where they want to engage.

- Together with local commissioners of health services and employment services, consider how best to ensure that the families who need services can be supported to access them;

The services constantly engage with the CCGs and employment services with respect to supporting people to access services. The revised services will be easier for those in need to access, given that some people have told us that they lack the confidence to visit the centre.

- Target children's centres services at young children and families in the area who are at risk of poor outcomes through, for example, effective outreach services, based on the analysis of local need.

The services have priority family groups largely consisting of families where children are considered to be at the greatest risk of poor outcomes. Those priority groups will increasingly be targeted through outreach services. This review proposes to reallocate funding according to need and providers will be expected to constantly target their activities at those at the risk of poor outcomes.

- Demonstrate that all children and families can be reached effectively.

The proposed change will help us reach more people, particularly those in the greatest need. Universal services will continue to be provided.

- Ensure that opening times and availability of services meet the needs of families in their area.

The current services have opening hours which do not meet everyone's needs. The new proposals are more flexible and will allow more services to be provided outside the school day and at weekends, making it easier for more people can access the services.

- 6.7 Although the headline number of children's centres will reduce, the network of locations where services are provided will be maintained and extended, with greater potential for outreach and for services to be provided at different times. The changes will free staff to provide support where it is needed rather than staffing buildings. The new services will be more integrated with other services and reduce the need for hand offs. It is considered that the revised services will lead to an improvement in support.
- 6.8 The other services to be integrated with children's centres are funded by public health grant. The health visitor services are required to be provided by the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 (as amended).
- 6.9 West Essex Clinical Commissioning Group is responsible for commissioning health services pursuant to the National Health Service Act 2006. In order for the Council to commission on behalf of West Essex CCG, an agreement pursuant to section 75 of the National Health Service Act 2006 is required to be entered into so that West Essex CCG can delegate the relevant function to the Council and to record the terms on which the parties have agreed to collaborate and commission the relevant West Essex CCG services prior to the commencement of the proposed procurement.

Procurement

- 6.10 The Services fall within 'social and other specific services' within the Public Contracts Regulations 2015 (the Regulations) and the total contract value of each quadrant Contract will exceed the threshold of £589,184. This means that procurement of these contracts is subject to the 'light touch' regime under the Regulations. The Council is required to publish a contract notice and must apply principles of transparency and equal treatment but beyond that the Council can choose how to procure.
- 6.11 As we are asking providers to propose new ways of combining these services and we wish to test the bidder's proposals before final bids are submitted, it is proposed to use a competitive dialogue process. This type of procurement can be more costly but it enables an iterative and collaborative process to find the best way of meeting the Council's needs.
- 6.12 Form of Contract – in order to incorporate the West Essex CCG requirements and any future health requirements, it is proposed that the NHS Standard Contract is used. Market feedback has indicated that providers most likely to bid as lead providers are familiar with the form of contract. The contract will be used in the best way to meet the Council's needs. Some adaptations will be agreed with West Essex CCG before the contract is published with the contract notice. There are some issues to note regarding the NHS standard terms:

- a) The Council will have to implement all national variations required by NHS England.
- b) There is a no fault termination clause which the Council and the Provider can exercise. The impact of this has been mitigated by setting the earliest termination date at three years from the service commencement date of 1 April 2017, exercisable on 12 months' notice. The contracts could therefore only last 3 years. This clause also provides the Council with flexibility during the life of the contract to respond to changes.
- c) The Council may only exercise the option to extend after seven years in one block of three years.
- d) The inflationary changes will not apply to Council payments.
- e) The Council will be Data Controllers in common with the provider in respect of Personal Data processed for the purposes of quality assurance, performance management and contract management and any other circumstances as may be specified by the Council in the Contract or at law.

Public Services (Social Value Act) 2012

6.13 This requirement is subject to the Public Services (Social Value Act) 2012 and as such a Corporate Impact Assessment has been conducted and a number of areas of social value have been identified and tested within a series of market engagement events with providers. There are opportunities within this contract for apprenticeships, volunteering, building of community resilience, provision of additional funding and national partners/networks supporting aims of the service.

7. Staffing and other resource implications

- 7.1. All current services are provided by contractors so there will be no implications for ECC other than running the procurement.
- 7.2. ECC will work closely with the successful (providers) following completion of the procurement exercise to ensure that there is a smooth transition for existing staff and to ensure that any changes to the current workforce are clearly articulated.

8. Staffing and other resource implications

- 8.1. These proposals seek to make the best use of resources by focusing support where it is most required, prioritising those families who are most disadvantaged and in greatest need of support.
- 8.2. The increased flexibility in the model will free up staff from buildings to support families who most need the support, wherever they are in the County. Emphasis will be placed on developing the confidence of parents who require less support and finding ways in which they can support themselves and each other by utilising existing community and neighbourhood capabilities and developing new ideas.

- 8.3. Section 149 of the Equality Act 2010 creates the public sector equality duty which requires that when ECC makes decisions it must have regard to the need to:
- a) Eliminate unlawful discrimination, harassment and victimisation and other behaviour prohibited by the Act;
 - b) Advance equality of opportunity between people who share a protected characteristic and those who do not; and
 - c) Foster good relations between people who share a protected characteristic and those who do not including tackling prejudice and promoting understanding.
- 8.4. The protected characteristics are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation.
- 8.5. The Equality Impact Assessment on the proposals for services (Appendix 6) considered the impact using a range of demographic and service user data alongside the outcome of a variety of engagement activities undertaken with families, parents, carers, young people and stakeholders. The Assessment indicated that the proposed changes to existing service provision for families of children pre-birth to 19years (25 years for children with special educational needs or a disability) would not have any disproportionate adverse impact on any equality group.
- 8.6. The Equality Impact Assessment undertaken on the proposed changes to Sure Start Children's Centres (Appendix 7) considered the impact using a range of demographic and service user data alongside the outcome of a variety of engagement activities undertaken with families, parents, carers, young people and stakeholders. The Assessment identified that there was a potentially negative impact on young people, on disabled people with mobility difficulties and on women. These impacts would arise primarily because the changes to service delivery locations could mean that some people will have to travel further to access the services. It is proposed to provide outreach service in local venues in order to mitigate this impact as far as possible. Freeing up staff to work away from buildings will also see greater opportunities to work in other locations convenient to parents where this helps families in priority groups. Actions were required to mitigate the impact of the proposals on new parents and to ensure that individuals were not disadvantaged as a result of socio-economic group or environment (rurality). Where families are supported to support themselves we will ensure that equality training is available to encourage inclusive provision.
- 8.7. The provider/s will assess community needs through engagement with local families and will target support to those who are most in need regardless of where they are in the County. Data relating to the priority groups in each area will inform the work that takes place to support families and make services accessible.

9. List of Appendices

(available at www.essex.gov.uk if not circulated with this report)

- 9.1. Appendix 1. Definitions for Children's Centres proposed model
- 9.2. Appendix 2. Sure Start Children's Centre proposals by quadrant
- 9.3. Appendix 3. System Vision
- 9.4. Appendix 4. Sure Start Children's Centre Consultation Analysis 2016
- 9.5. Appendix 5. Essex Effective Support Windscreen
- 9.6. Appendix 6. Equality Impact Assessment Pre-birth to 19 services
- 9.7. Appendix 7. Equality Impact Assessment Sure Start Children Centres

10. List of Background Papers

Ethnographic research report
Corporate Impact Assessment

Definitions for Children's Centres proposed model

Family Hubs

There will be one Family Hub in each District which will open for 50 hours a week. A range of support services and activities will be delivered at the hub. The Family Hub will co-ordinate all of the support and services for families with children from pregnancy up to the age of 19, through to 25 for young people with special educational needs or a disability.

Family Hub Delivery Sites

These will be local places and buildings that will offer services for between 20 – 30 hours a week, including weekends. Families will be able to obtain more information in one visit from a team which works as one service, providing holistic support. This is aligned with the number of service delivery hours which a typical children's centre might currently offer, although the overall opening hours are shorter.

Family Hub Outreach Sites

Family Hub Outreach Sites will provide opportunities for face to face Information, Advice and Guidance through local libraries or similar community buildings. These locations have not all been identified to allow detailed conversations with families about what buildings and locations would make the best Outreach Sites in each district.

Outreach Sites with secured community use

Family Hub Outreach Sites will be supported by secured outreach space in buildings that will no longer be used for Children's Centre delivery to provide an option for the future provider/s to use. This usage has been secured as these buildings currently represent places which families are able to access.

Childcare

The existing Children's Centre buildings that we are not proposing to use as a Family Hub, Family Hub Delivery Site or Family Hub Outreach Site could be used to provide more childcare places

These proposals will be developed separately in the coming months after a decision has been taken on the Children's Centres buildings.

Appendix 2

Sure Start Children's Centres Proposals by Quadrant

| | | The numbers at the moment | | How things may look from April 2017 | | The proposed difference between now and 2017 in numbers of buildings | |
|---------------|----------------------------|---------------------------|---|---|-----|--|--|
| Quadrant | Current Children's Centres | No. | | Proposals from April 2017 | No. | | |
| All Quadrants | Main Sites | 37 | ➡ | Family Hub | 12 | -25 | |
| | Delivery Sites | 38 | ➡ | Family Hub Delivery Sites | 25 | -13 | |
| | | 0 | ➡ | Family Hub Outreach Sites | 25 | +25 | |
| | | 0 | ➡ | Additional Childcare locations | 3 | + 3 | |
| | | 0 | ➡ | New Childcare locations | 4 | + 4 | |
| | | 0 | ➡ | Additional Childcare with secured outreach delivery space | 4 | +4 | |

Please note the following:-

- A new category has been introduced as a result of the consultation for additional childcare with secured outreach delivery space
- In the Recommendation to Cabinet column – green shading indicates there has not been any change to the original proposal and blue shading indicates there has been a change to the original proposal

Sure Start Children's Centres Proposals by Quadrant

North Essex Children's Centres

Colchester and Tendring

| Quadrant | Current Children's Centres | No . | | Proposals from April 2017 | No . | Difference |
|-------------|----------------------------|------|---|---|------|------------|
| North Essex | Main Sites | 9 | ➡ | Family Hub | 2 | -7 |
| | Delivery | 7 | ➡ | Family Hub Delivery Sites | 5 | -2 |
| | | 0 | ➡ | Family Hub Outreach Sites | 2 | +2 |
| | | 0 | ➡ | Additional Childcare locations | 0 | 0 |
| | | 0 | ➡ | New Childcare locations | 2 | + 2 |
| | | 0 | ➡ | Childcare locations with secured delivery space | 2 | +2 |

| Current Centre Name | Current Centre Type and Opening Hours | Childrens Centres Consultation proposals | Recommendations to Cabinet |
|---|--|--|--|
| Beehive Children's Centre Queen Boudicca Primary School, Cowper Crescent, Colchester CO4 5XT | Main site Open for 50 hours per week | Create a new Childcare opportunity | Create a new Childcare opportunity Local support and services for families will be provided via local outreach sites that are currently used such as the health clinic at Highwoods, and access to information via any new childcare provider |
| Berechurch Children's Centre The Ormiston Centre, School Road, Monkwick, Colchester CO2 8NN | Main site Open for 50 hours per week | Convert Children's Centre to a Family Hub Delivery Site open for 20 – 30 hours | Convert Children's Centre to a Family Hub open for 50 hours |
| Birch and Rural Children's Centre Birch C of E Primary School, School Hill, Birch, Colchester CO2 0LZ | Delivery Site Open for 5 hours per week | Close Delivery Site | Close Delivery Site Local support and services for families will be provided via local agreement with the school to use community space as required |
| Colne Children's Centre YMCA Hall, 55 High Street, Brightlingsea CO7 0AQ | Delivery site Open for 20 hours per week | Close Delivery Site | Close Delivery Site Create a Family Hub Outreach Site at Brightlingsea Library |
| Discovery Children's Centre King George V Pavilion, Clairmont Road, Colchester CO3 9BE | Delivery site Open for 15 hours per week | Close Delivery Site | Close Delivery site and create a new childcare opportunity. Local support and services for families will be provided from currently used outreach sites such as Stanway Youth |

| Current Centre Name | Current Centre Type and Opening Hours | Childrens Centres Consultation proposals | Recommendations to Cabinet |
|---|--|--|--|
| | | | Building, Creffield Road GP surgery |
| Greenstead Children's Centre Greenstead Community Centre, Hawthorn Avenue Colchester CO4 3QE | Main site Open for 50 hours per week | Centre will become a Family Hub open for 50 <u>hours</u> | Close Childrens Centre and relocate services to be delivered via Greenstead Library, Colchester Greenshoots and outreach services in Greenstead Community Resource Centre by booking the hall and/or the community cafe |
| Harwich Town Children's Centre <i>Noah's Nursery (administrative site)</i> Barrack Lane, Harwich CO12 3NS <i>St Nicholas Hall (delivery site)</i> Stour Road, Harwich CO12 3HS | Administrative site Delivery site Open for 20 hours per week | Close Administrative Site and Delivery Site to Create a Family Hub Outreach Site at Harwich Library open for 20 – 30 hours | Close Administrative Site and Delivery Site. Establish services to Harwich. Create a Family Hub Delivery site at Harwich Library open for 20 – 30 hours |
| Hemmington House 51-53 Broadway, Jaywick CO15 2EX | Delivery site Open for 15 hours per week | Close Delivery Site and create a new Childcare opportunity | Create additional childcare with secured outreach delivery space actual hours to be agreed based on local need |
| Little Hands Children's Centre Stanway Fiveways Primary School, Winstree Road, Colchester CO3 0QG | Main site Open for 50 hours per week | Close Children's Centre and create additional childcare | Convert to a Family Hub Delivery site open for 20 – 30 hours |
| New Town Children's Centre St Stephens Church Centre, Canterbury Road, Colchester CO2 | Delivery site Open for 20 hours per week | Close Delivery site | Local support and services for families will be provided from local outreach site being used in Merith Road |

| Current Centre Name | Current Centre Type and Opening Hours | Childrens Centres Consultation proposals | Recommendations to Cabinet |
|--|---|--|---|
| 7RY | | | Church hall and the Garrison |
| Rainbow Children's Centre 13 Old Pier Road, Walton-on-the- Naze CO14 8AW | Main site Open 50 hours | Convert Children's Centre and establish as a Family Hub Delivery Site open for 20 – 30 hours | Convert Children's Centre and establish a Family Hub Delivery Site open for 20 – 30 hours |
| Shrub End Children's Centre Shrub End Community Way, Boadicea Way, Colchester CO2 9BG | Main site Open for 50 hours per week | Close Children's Centre and create a Family Hub Outreach Site at Prettygate Library | Close Children's Centre. Create a Family Hub Outreach Site at Prettygate Library |
| St Anne's and Castle Children's Centre Harwich Road, Colchester CO4 3DH | Delivery site Open for 25 hours per week | Convert Delivery Site | Convert Delivery Site to establish as a Family Hub Delivery Site open for 20 – 30 hours |
| St James Children's Centre Unit 4 30 Oxford Road, Clacton-on-Sea CO15 3TB | Main site Open 50 hours | Convert Children's Centre to establish as a Family Hub Delivery Site open for 20 – 30 hours | Convert Children's Centre to establish as a Family Hub Delivery Site open for 20 – 30 hours |
| Sydney House Children's Centre Sydney House, 61a Langham Drive, Clacton-on-Sea CO16 7AG | Main site Open for 50 hours per week | Centre will become a Family Hub open for 50 hours | Children's Centre will become a Family Hub open for 50 hours |
| Windmill Children's Centre Two Village Primary School, Mayes Lane, Ramsey, Harwich CO12 5EL | Main site Open for 50 hours per week | Close Children's Centre and create additional childcare | Close Children's Centre and create additional childcare with secured service delivery space - actual hours to be agreed based on assessed local need |

South Essex Children's Centres

Basildon, Brentwood, Castle Point, Rochford

| Quadrant | Current Children's Centres | No . | | Proposals from April 2017 | No . | Difference |
|-------------|----------------------------|------|---|---|------|------------|
| South Essex | Main Sites | 10 | ➡ | Family Hub | 4 | -6 |
| | Delivery | 13 | ➡ | Family Hub Delivery Sites | 8 | -5 |
| | | 0 | ➡ | Family Hub Outreach Sites | 10 | +10 |
| | | 0 | ➡ | Additional Childcare locations | 2 | +2 |
| | | 0 | ➡ | New Childcare locations | 0 | 0 |
| | | 0 | ➡ | Additional Childcare with secured outreach delivery space | 0 | 0 |



| Current Centre Name | Current Centre Type and Opening Hours | Childrens Centres consultation proposals | Recommendations to Cabinet |
|--|---|---|--|
| All About Children's Centre James Hornsby High School, Leinster Road, Laindon SS15 5NX | Main site Open for 50 hours per week | Convert Children's Centre to a Family Hub Delivery Site open for 20 – 30 hours with opportunity for increased childcare | Convert Children's Centre to a Family Hub Delivery Site open for 20 – 30 hours with opportunity for additional childcare |
| Billericay Children's Centre Billericay Library, 143 High Street, Billericay CM12 9AB | Delivery site Open for 5 hours per week | Close Delivery Site and establish a Family Hub Outreach Site within Billericay Library | Close Delivery Site and establish a Family Hub Outreach Site within Billericay Library |
| Canvey Community Children's Centre Canvey Resource Centre, Little Gypps, Canvey Island SS8 9HG | Delivery site Open for 15 hours per week | Close Delivery Site and establish Family Hub Outreach Sites within Canvey Library and at Thorney Bay Caravan Park | Close Delivery Site. Establish a Family Hub Outreach Site within Canvey Library and at Thorney Bay Caravan Park |
| Cherrydown Children's Centre Relate South Essex Building, 4 Cherrydown West, Basildon SS16 5AT | Delivery Site Open for 15 hours per week | Close Delivery Site | Close Delivery Site Local support and services for families will be provided via local outreach sites such as Basildon Library |
| Cherry Tree Children Centre The Knightsway Centre 32 A Knightsway Brentwood CM13 2AZ | Delivery Site Open for 15 hours per week | Close Delivery Site | Close Delivery site Local support and services for families will be through hiring the Knightsway Centre community hall as required |
| Fryerns Farm Children's Centre Greenshoots Adult Community College, Ely Way, Basildon SS14 2EQ | Delivery Site Open for 15 hours per week | Family Hub open for 50 hours | Family Hub Delivery Site open for 20 – 30 hours |
| Highcliffe Children's Centres Rettendon View, Wickford SS11 8JX | Main site Open for 50 hours per week | Change to Family Hub Delivery Site open for 20 – 30 hours | Establish a Family Hub Delivery Site open for 20-30 hours |
| Kaleidoscope Children's Centre | Main site Open for 50 | Close Children's Centre and create | Close Children's Centre and create opportunity |

| Current Centre Name | Current Centre Type and Opening Hours | Childrens Centres consultation proposals | Recommendations to Cabinet |
|--|--|--|--|
| 27 Riverview Court, Basildon SS16 4NF | hours per week | opportunity for increased childcare. Establish a Family Hub Outreach Site within Vange Library | for additional childcare. Establish a Family Hub Outreach Site within Vange Library |
| Ladybird Children's Centre The Grange Community Centre Little Wheatley Chase Rayleigh SS6 9EH | Delivery site Open for 15 hours per week | Close Delivery Site and consider opportunity for new childcare | Close Delivery Site to consider new childcare opportunity. Local support and services for families will be through hiring the Knightsway Centre community hall as required |
| Larchwood Children's Centre Larchwood Primary School, Larchwood Gardens, Pilgrims Hatch CM15 9NG | Main site Open for 50 hours per week | Centre will become a Family Hub open for 50 hours | Family Hub open for 50 hours |
| Little Acorns Children's Centre Westwood Academy, Beresford Close, Hadleigh, Benfleet SS7 2SU | Delivery site Open for 10 hours per week | Close Delivery Site and establish a Family Hub Outreach Site within Hadleigh Library | Close Delivery Site. Establish a Family Hub Outreach Site within Hadleigh Library |
| Little Handprints Children's Centre Thundersley Primary School, Dark Lane, Thundersley SS7 3PT | Main site Open for 50 hours per week | Centre Will become a Family Hub open for 50 hours | Convert to Family Hub Delivery site 20-30 hours |
| Little Lions Children's Centre Northwick Park Primary School, Third Avenue, Canvey Island SS8 9SU | Main site Open for 50 hours per week | Close Children's Centre and consider opportunity for new childcare | Convert to Family Hub open for 50 hours |
| Little Tewkes Childrens' Centres Dovervelt Road, Canvey Island SS8 8EJ | Delivery site Open for 15 hours per week | Close Delivery Site | Close Delivery Site. Establish a Family Hub Outreach Site within Canvey Island Library |
| Northlands Park Children's Centre, | Main site Open for 50 | Close Children's Centre to consider | Convert to Family Hub open for 50 hours |

| Current Centre Name | Current Centre Type and Opening Hours | Childrens Centres consultation proposals | Recommendations to Cabinet |
|--|--|---|--|
| Davenants, Basildon SS13 1QX | hours per week | opportunity for additional childcare | |
| Sea Shells Children's Centres, Great Wakering Primary School, High Street, Great Wakering, Southend-on-Sea SS3 0EJ | Delivery site Open for 15 hours per week | Convert Delivery Site to Family Hub Delivery Site open for 20 – 30 hours | Convert to a Family Hub Delivery Site open for 20 -30 hours |
| Startbright Children's Centre Pitsea Library, Northlands Pavement, Pitsea SS13 3DU | Delivery site Open for 5 hours per week | Close Delivery Site and establish a Family Hub Outreach Site within Pitsea Library | Close Delivery Site. Establish a Family Hub Outreach Site within Pitsea Library |
| Sunnyside Children's Centre Rosebay Avenue, Billericay CM12 0GH | Main site Open for 50 hours per week | Convert Children's Centre to a Family Hub Delivery Site Consider opportunity for increased childcare | Convert Children's Centre to a Family Hub Delivery site open for 20 – 30 hours |
| Sunshine Children's Centre Shenfield Library, 63 Hutton Road, Brentwood CM15 8NJ | Delivery site Open for 5 hours per week | Close Delivery Site and establish a Family Hub Outreach Site within Shenfield Library | Close Delivery Site. Establish a Family Hub Outreach Site within Shenfield Library |
| The Limes Children's Centre 93 New Century Road, Laindon SS16 6AQ | Delivery site Open for 25 hours per week | Close Delivery site | Close Delivery Site. Establish a Family Hub Outreach Site within Laindon Library |
| The Oak Tree Children's Centre Grove Wood Primary School, Grove Road, Rayleigh SS6 8UA | Main Site Open for 50 hours per week | Centre will become a Family Hub | Family Hub open for 50 hours |
| The Triangle Children's Centre Downtowner, Irvon Hill Road, Wickford SS12 0AQ | Delivery Site Open for 10 hours per week | Close Delivery Site | Close Delivery Site. Establish a Family Hub Outreach Site within Wickford Library |
| Willows Children's Centre Riverside Primary School, Ferry Lane, Hullbridge SS5 6ND | Delivery Site Open for 15 hours per week | Convert Delivery Site to a Family Hub Delivery Site open for 20 – 30 hours | Convert Delivery Site and establish a Family Hub Delivery Site open for 20 – 30 hours |

| Current Centre Name | Current Centre Type and Opening Hours | Childrens Centres consultation proposals | Recommendations to Cabinet |
|---|--|--|--|
| Wishing Well Children's Centre Waterman Primary School, The Boulevard, Rochford SS4 1QF | Main site Open for 50 hours per week | Convert Children's Centre to a Family Hub Delivery Site open for 20 – 30 hours | Convert Children's Centre to a Family Hub Delivery Site open for 20 – 30 hours |

West Essex Children's Centres

Uttlesford, Epping Forrest, Harlow

| Quadrant | Current Children's Centres | No . | | Proposals from April 2017 | No . | Difference |
|------------|----------------------------|------|---|---|------|------------|
| West Essex | Main Sites | 9 | ➡ | Family Hub | 3 | -6 |
| | Delivery Sites | 5 | ➡ | Family Hub Delivery Sites | 6 | +1 |
| | | 0 | ➡ | Family Hub Outreach Sites | 4 | +4 |
| | | 0 | ➡ | Additional Childcare locations | 0 | 0 |
| | | 0 | ➡ | New Childcare locations | 1 | +1 |
| | | 0 | ➡ | Additional Childcare with secured outreach delivery space | 1 | +1 |

| Current Centre Name | Current Centre Type and Opening Hours | Children's Centres consultation proposal | Recommendations to Cabinet |
|--|---|--|--|
| Abbeywood Children's Centre Waltham Abbey Library, 37 Sun Street, Waltham Abbey EN9 1EL | Delivery Site Open for 15 hours per week | Close Delivery Site and establish a Family Hub Outreach Site in Waltham Abbey Library | Convert Delivery Site an establish a Family Hub Outreach Site in Waltham Abbey Library |
| Brambles Children's Centre Epping Library, St John's Road, Epping CM16 5DN | Main Site Open for 40 hours per week 10 hours telephone service | Centre will become a Family Hub open for 50 hours | Family Hub open for 50 hours |
| ABC Children's Centre Aneurin Bevin Centre, Garden Terrace Road, Old Harlow CM17 0AT | Outreach Site | Close Outreach Site | Close Outreach Site. Local support and services for families will be provided via local outreach such as Old Harlow Library and other community buildings |
| Burnt Mill Children's Centre Burnt Mill Secondary School, First Avenue, Harlow CM20 2NR | Delivery Site Open for 15 hours per week | Close Delivery Site and consider opportunity for new childcare Establish a Family Hub Outreach Site within Harlow Central Library | Close Delivery Site and consider opportunity for new childcare. Establish a Family Hub Outreach Site within Harlow Central Library |
| Fairycroft Children's Centre 37a Fairycroft Road, Saffron Walden CB10 1ND | Main Site Open for 40 hours per week / 10 hours telephone service | Close Children's Centre and establish a Family Hub Outreach Site within Saffron Walden Library | Close Childrens Centre. Establish a Family Hub Outreach Site within Saffron Walden Library |
| Hazelwood Children's Centre Hill House Primary School, Ninefields, Waltham Abbey EN9 3EL | Main Site Open for 40 hours per week 10 hours telephone service | Convert Children's Centre to a Family Hub Delivery Site | Convert Children's Centre to a Family Hub Delivery Site open for 20 – 30 hours |
| Little Goslings Children's Centre Little Goslings, North Street, Great Dunmow CM6 1AZ | Delivery Site Open for 15 hours per week | Create a Family Hub open for 50 hours | Create a Family Hub Delivery Site open for 20 – 30 hours delivery |

| Current Centre Name | Current Centre Type and Opening Hours | Children's Centres consultation proposal | Recommendations to Cabinet |
|---|---|---|---|
| Little Oaks Children's Centre Loughton Resource Centre, Torrington Drive, Loughton IG10 3TD | Delivery Site Open for 15 hours per week | Close Delivery Site and establish a Family Hub Delivery Site | Close Delivery Site and establish a Family Hub Delivery Site open for 20 – 30 hours |
| Little Star Children's Centre Shelley Primary School, Milton Crescent, Chipping Ongar CM5 0FF | Delivery Site Open for 15 hours per week | Close Delivery Site and establish a Family Hub Outreach Site within Ongar Library | Close Delivery Site. Establish a Family Hub Outreach Site within Ongar Library |
| Potter Street Children's Centre Carters Mead, Harlow CM17 9EU | Main Site Open for 40 hours per week 10 hours telephone service | Close Children's Centre | Close Children's Centre. Establish a Family Hub Delivery Site open for 20 – 30 hours |
| Spangles Children's Centre Lower Street, Off Chapel Hill, Mountfitchet, Stansted CM24 8LR | Main Site Open for 40 hours per week 10 hours telephone service | Convert Children's Centre to a Family Hub Delivery Site | Family Hub open for 50 hours |
| Sunrise Children's Centre Alderton Schools, Alderton Hall Lane, Loughton IG10 3HE | Main Site Open for 40 hours per week 10 hours telephone service | Close Children's Centre and consider opportunity for increased childcare | Close Children's Centre. Create additional childcare opportunity with secured outreach delivery space actual hours to be agreed based on assessed local need |
| Meadows Children's Centre Harberts Road, Harlow CM19 4DL | Main Site Open for 40 hours per week 10 hours telephone service | Convert Children's Centre to a Family Hub Delivery Site open 20 – 30 hours | Convert Children's Centre to a Family Hub Delivery Site open for 20 – 30 hours |
| Treehouse Children's Centre Parnall Road, Harlow CM18 7NG | Main Site Open for 40 hours per week 10 hours telephone service | Centre will become a Family Hub open for 50 hours | Family Hub open for 50 Hours |
| True Stars | Main Site | Convert Children's | Convert Children's |

| Current Centre Name | Current Centre Type and Opening Hours | Children's Centres consultation proposal | Recommendations to Cabinet |
|--|---|--|--|
| Children's Centre The Limes Centre, Limes Farm, Chigwell IG7 5LP | Open for 40 hours per week 10 hours telephone service | Centre to a Family Hub Delivery Site | Centre to a Family Hub Delivery Site open for 20 – 30 hours, |

Mid Essex Children's Centres

Maldon, Chelmsford, Braintree

| Quadrant | Current Children's Centres | No . | | Proposals from April 2017 | No . | Difference |
|-----------|---|------|---|---|------|------------|
| Mid Essex | Main Sites | 9 | ➡ | Family Hub | 3 | -6 |
| | Delivery | 11 | ➡ | Family Hub Delivery Sites | 6 | -4 |
| | Local Outreach Sites currently used by Children's Centres | 40 | ➡ | Family Hub Outreach Sites | 9 | +9 |
| | | 0 | ➡ | Additional Childcare locations | 1 | +1 |
| | | 0 | ➡ | New Childcare locations | 1 | +1 |
| | | 0 | ➡ | Additional Childcare with secured outreach delivery space | 1 | +1 |

| Current Centre Name | Current Centre Type and Opening Hours | Children's Centres consultation proposals | Recommendations to cabinet |
|--|--|--|--|
| Acorn Children's Centre The Old School Hall, Beridge Road, Halstead CO9 1JH | Main Site Open for 40 hours per week 10 hours telephone service | Close Children's Centre and establish a Family Hub Delivery Site at Halstead Community Resource Centre open for 20 – 30 hours | Convert Children's Centre to a Family Hub Delivery Site open for 20 – 30 hours |
| Beeches Children's Centre Adult Community College, Beeches Close, Chelmsford CM1 2SB | Delivery Site Open for 10 hours per week | Close Delivery Site | Close Delivery site Local support and services for families will be provided via local outreach sites the Community Hall in Forest Drive |
| Bumblebee Children's Centre The Old School House, Main Road, Danbury CM3 4NQ | Delivery Site Open for 10 hours per week | Close Delivery Site and consider opportunity for new childcare Establish a Family Hub Outreach Site within Danbury Library | Close Delivery site and create new Childcare opportunity Establish a Family Hub Outreach Site within Danbury Library |
| Carousel Children's Centre Chapel Hill, Braintree CM7 3QZ | Main Site Open for 40 hours per week 10 hours telephone service | Centre will become a Family Hub open for 50 hours | Centre will become a Family Hub open for 50 hours |
| Chelmsford Central Children's Centre Chelmsford Library, Market Road, Chelmsford CM1 1LH | Main Site Open for 40 hours per week 10 hours telephone service | Centre will become a Family Hub | Centre will become a Family Hub open for 50 hours |
| Chelmsford West Children's Centre Dixon Avenue, Chelmsford CM1 2AQ | Main Site Open for 40 hours per week 10 hours telephone service | Close Children's Centre and consider opportunity for new childcare | Close Children's Centre and establish a Family Hub Delivery Site open for 20-30 hours |
| Chetwood Children's Centre | Main Site Open for 40 | Close Children's Centre and consider | Close Children's Centre and establish a |

| Current Centre Name | Current Centre Type and Opening Hours | Children's Centres consultation proposals | Recommendations to cabinet |
|---|---|--|--|
| Shirebourne Vale, Off Gandalf's Rise, South Woodham Ferrers, Chelmsford CM3 5ZX | hours per week 10 hours telephone service | opportunity for new childcare | Family Hub Delivery Site open for 20 – 30 hours |
| Galleywood Children's Centre Galleywood Library, Watchhouse Road, Galleywood, Chelmsford CM2 8PU | Delivery Site Open for 5 hours per week | Close Delivery Site and establish a Family Hub Outreach Site within Galleywood Library | Close Delivery Site and establish a Family Hub Outreach Site within Galleywood Library |
| Harlequin Children's Centre Spa Road, Witham CM8 1NA | Main Site Open for 40 hours per week 10 hours telephone service | Close Children's Centre and consider opportunity for additional childcare | Close Children's Centre and establish a Family Hub Delivery site open for 20 -30 hours |
| Larkrise Children's Centre Larkrise Primary School, Dorset Avenue, Great Baddow, CM2 9UB | Main Site Open for 40 hours per week 10 hours telephone service | Close Children's Centre and establish a Family Hub Outreach Site within Great Baddow Library | Close Children's Centre and establish a Family Hub Outreach Site within Great Baddow Library |
| Maldon Children's Centre Maldon Library, Carmelite House, White Horse Lane, Maldon CM9 5FW | Main Site Open for 40 hours per week 12 hours telephone service | Centre will become a Family Hub | Centre will become a Family Hub open for 50 hours |
| Perryfields Children's Centre Perryfields Community Centre, Lawn Lane, Chelmsford CM1 7PP | Main Site Open for 40 hours per week 10 hours telephone service | Close Children's Centre and consider opportunity for additional childcare Establish a Family Hub Outreach Site within Springfield Library | Close Children's Centre and create opportunity for additional childcare Establish a Family Hub Outreach Site within Springfield Library |
| Rainbow Children's Centre Hedingham High School, Yeldham Road, Sible Hedingham, Halstead CO9 3QH | Delivery Site Open for 5 hours per week | Close Delivery Site | Close Delivery Site and establish a Family Hub Outreach Site within Sible Hedingham Library |

| Current Centre Name | Current Centre Type and Opening Hours | Children's Centres consultation proposals | Recommendations to cabinet |
|---|---|---|---|
| Roundabout Children's Centre Templars Infant School, Cressing Road, Witham CM8 2NJ | Delivery Site Open for 10 hours per week | Close Delivery Site and consider additional childcare Establish a Family Hub Outreach Site within Witham Library | Close Delivery Site Establish a Family Hub Outreach Site within Witham Library |
| Seesaw Children's Centre Lancaster Way, Braintree CM7 5UL | Main Site Open for 40 hours per week 10 hours telephone service | Close Children's Centre and consider opportunity for additional childcare | Close Children's Centre; Create additional childcare opportunity and space for secured outreach based on assessed local need |
| Silver End Children's Centre Silver End Village Hall, Broadway, Witham CM8 3RQ | Delivery Site Open for 20 hours per week | Convert to Family Hub Delivery Site open 20 – 30 hours | Convert to a Family Hub Delivery Site open 20 – 30 hours |
| Sunflower Children's Centre Broomfield Library, 180 Main Road, Broomfield, Chelmsford CM17AH | Delivery Site Open for 5 hours per week | Close Delivery Site and establish a Family Hub Outreach Site within Broomfield Library | Close Delivery Site and establish a Family Hub Outreach Site within Broomfield Library |
| The Dengie Children's Centre Ormiston Rivers Academy, Southminster Road, Burnham-on-Crouch CM0 8QB | Delivery Site Open for 10 hours per week | Close Delivery Site and establish a Family Hub Delivery Site | Close Delivery Site and establish a Family Hub Delivery site open 20 - 30 hours |
| Valley Children's Centre Earls Colne Primary School, Park Lane, Earls Colne, Colchester CO6 2RH | Delivery Site Open for 10 hours per week | Close Delivery Site and establish a Family Hub Outreach Site within Earls Colne Library | Close Delivery Site and establish a Family Hub Outreach Site within Earls Colne Library |
| Yellow Brick Road Children's Centre Great Totham Primary School, Walden House Road, Great Totham, CM9 8PN | Delivery Site Open for 5 hours per week | Close Delivery Site | Close Delivery Site and establish a Family Hub Outreach Site within Wickham Bishops Library |

Our new system



Our new system must... Work with and for families across Essex

We will...



Look first at families' strengths

especially those of parents (both Mums and Dads) and take time to understand their needs fully



Focus on preventing problems

before they occur and offer flexible, responsive support when and where it's required



Build the resilience of parents

and communities to support each other



Work together across the whole system

– aligning our resources so we can best support families and 'do what needs to be done when it needs to be done' (not necessarily what is on our job description)



Base all we do on evidence

of both what is needed and of what works, and be brave enough to stop things that aren't working



Be clear and consistent about the outcomes

we expect, and judge what we do against them

We will know our system is successful if it delivers these outcomes:



Children...

- Are physically and emotionally healthy
- Are resilient and able to learn well
- Are supported by their families, their community, and - when necessary - professionals to thrive and be successful
- Live in environments that are safe and support their learning and development



Parents...

- Are supporting one another in their communities
- Know where to get help if they need it
- Have trusted relationships with practitioners, neighbours and other parents
- Are well informed about how best to help their child develop, and motivated to make great choices



Communities...

- See it as their collective responsibility to support parents and young children
- Are providing sustainable support through individuals, community groups, businesses and voluntary organisations
- Are seen, understood and valued by practitioners as being 'part of the solution'



Practitioners...

- Focus first on families and their strengths
- Work closely with families to understand what they need, and build trusting relationships
- Have a shared vision and understanding of outcomes and success
- Are skilled, knowledgeable and are co-creating and co-delivering approaches that work

Children's Centres consultation 2016

Results of the 'Proposed changes to
Sure Start Children's Centres in Essex'
consultation (survey)

Live: 11th February – 10th April 2016

12th May 2016

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| | |
|--|-----|
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| 'Many of the questions in this survey are leading ones. Wanting to do something and being able to do it are two different things. In answering some of the questions we cannot avoid giving a different impression from the one we want to.' | 93 |
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Executive summary

Background

- The 'Proposed changes to Sure Start Children's Centres in Essex' consultation survey was open from Monday 11th February until Sunday 10th April 2016.
- The survey was accessed by 3,015 respondents. Approximately 2,100 completed it.
- Over the consultation period, the online survey was 'clicked on' more than 16,000 times.
- The majority of respondents (73.7%) were parents/expectant parents/carers; 18.6% were professionals. 'Other' respondents included for example young people, grandparents, councillors, volunteers and the general public.
- Almost 80% of respondents are current users of Children's centres services or activities.
- Most respondents came from Chelmsford, Basildon, Harlow and Colchester. Least respondents came from Maldon and Brentwood. Although most respondents came from Mid Essex, followed by South Essex, views have been obtained from all Essex quadrants.
- Respondents showed their level of agreement and disagreement with the proposals in terms of individual Essex quadrants. The majority commented on one quadrant only.
- The views were generally consistent across all quadrants.
- At the end of the questionnaire, 533 individuals signed up to be added to the reference group list, interested in being further involved. The majority of these were women, aged between 20 and 39 years. They came from all over Essex.
- The majority of respondents were women (89.4%), aged between 20 – 39 years (69.1%). Almost 70% were married and 31.4% were pregnant or on maternity leave.
- They were predominantly White British (86.9%), heterosexual (90.2%) and Christian (47%) or with no religion (40.9%). 91.8% had no disability.

Key findings

Main proposal, i.e. one Family Hub per district

- The majority of respondents across all districts have disagreed with the proposal for there to be one Family Hub per district, supported by a network of local Family Hub Delivery Sites and Family Hub Outreach Sites (Essex average: 81.9%; lowest: South – 76.1%; highest: Mid – 84.8%).
- Agreement with the proposal was generally low across all districts. With the exception of South, where 17.2% of respondents agreed, generally only around one eighth of respondents agreed with the proposal. Agreement was the strongest among professionals.

Individual Family Hub location proposals; alternatives

- The majority of respondents across all districts have disagreed with the proposed individual Family Hub locations. However, the disagreement was lower than with the

main proposal. While 81.9% disagreed with the main proposals, 69.3% of respondents disagreed with the actual locations proposed.

- More than 70% of respondents who disagreed with the proposed locations provided suggestions for which other current Children's centres could be used as Family Hubs in their districts. Many indicated that there should be more than one Family Hub in each district – they called for additional Family Hubs.
- Just under a quarter of all respondents agreed with the proposed Family Hub locations. Agreement was the strongest in the Mid (26.6%) and the weakest in the North (21%).
- Professionals were the most likely to agree with the proposed locations of the Family Hubs. More than 30% agreed.
- The areas specifically calling for additional Family Hubs were:
 - Harwich (North)
 - South Woodham Ferrers (Mid)
 - Witham (Mid)
 - Canvey Island (South)
 - Wickford (South)
 - Epping Forest (West)
 - Uttlesford (West)
- Respondents suggested several changes in the locations of Family Hubs within their districts. These were:
 - Chelmsford West CC – instead of Chelmsford Central CC
 - Northlands Park CC – instead of Fryerns Farm CC
 - Meadows CC – instead of Treehouse CC
 - Sunrise CC or Hazelwood CC – instead of Brambles
 - Saffron Walden or Stansted – in addition to, or instead of Little Goslings CC
- Only a minority of respondents suggested locations in their communities that were not already known to Essex County Council. This suggests there is limited potential to deliver services from locations other than existing Children's centres buildings.

Opening hours

- In terms of opening hours for Family Hubs, respondents gave a clear preference for:
 - 5 days per week, with the same opening hours every day (28.2%)
 - 6 days per week, with varied opening hours (21.8%)

This suggests a preference for a regular service, although some would also welcome some flexibility.
- There were some slight quadrant variations: in the South and West quadrants, preference was for the same opening hours over five days. North had a larger preference for a six days a week, with varied opening hours. In the Mid, respondents showed a similar preference for both options.
- Almost half of respondents agreed that the opening times for the Family Hub Delivery Sites and other Family Hub Outreach Sites should be based on what local families say works best for them. Professionals were the most likely to agree with the proposal (54.6%). For both professionals and parents, more of them agreed with the proposal than those who disagreed.

Parents running their own groups/activities

- Views on the proposal to make space available in buildings ECC owns or leases for parents to run their own activities was split almost evenly - 46.7% of respondents agreed while 45% disagreed.
- The most frequent reasons for disagreeing with parents running their own activities were: concern over the qualification of the people running these activities; not knowing who was running these activities and concern over the safety of the children.
- More than a quarter of parents show a certain level of interest in running groups in their areas. Still, the results indicate reluctance among parents to run their own activities. More than a third (36.6%) clearly stated that they were not interested at all, with further third 'not being very interested'.

Qualitative findings

- At the end of the survey, 1,450 respondents provided additional comments.
- Given the amount of comments regarding the general disagreement with the Family Hub concept (36% of respondents), it could be argued that respondents have not necessarily considered the proposals beyond the fact that the current number of Children's Centres is to be reduced to twelve Family Hubs. With limited detail on which to imagine what the changes may mean for them, respondents were reluctant to agree with the proposals at this moment in time.
- Most frequently mentioned – and thus the overarching - theme was:
 - Disagreement with the proposals, concern over closures, call to keep arrangement as is (36% of respondents)
- Subsequent themes expanded on why respondents tended to disagree. Most of them were intertwined in the comments. These themes were (in order of importance):
 - Accessibility – difficulty or inability getting to proposed Family Hubs due to distance, inability to drive, poor transport links, cost etc.
 - Fear of losing the support currently provided by Children's centres – access to professional help, support and courses
 - Importance of 'local' sites and services
 - Satisfaction with current Children's centres – services and staff
 - Fear of no longer being able to create own support networks in their communities – Children's centres facilitating development of friendships with other parents
 - Children's centres being of a vital importance, a 'life line'
- Almost 100 respondents requested more information regarding the proposals. Some called for greater consultation with certain groups. Together with the 533 individuals who wished to get involved in the detailed planning of the new delivery model, this implies there is a strong desire to cooperate with Essex County Council on realignment or detail of these proposals.

Introduction

Consultation background

The survey for the Children's centres consultation was live from Monday 11th February 2016 until early morning of Sunday 10th April 2016.

The survey was available:

- Online – this was accessible via its dedicated consultation page on Essex Insight (www.essexinsight.org.uk) as well as a direct web link
- On paper – printed copies of the survey were delivered to individual Children's centres across Essex approximately three weeks after the launch of the online survey. In the meantime, some Children's centres were provided with a pdf version that they could print out themselves¹.

The surveys were identical².

Overall interest in the survey – response rate

The survey was accessed by **3,015 respondents**. These were the respondents who completed the compulsory 'screening' questions at the beginning of the questionnaire. As such, these 3,015 respondents are referred to as 'survey start total' throughout this report.

Subsequent questions were not compulsory. Thus, the response rate across different questions varies. It also decreased as the survey progressed. **Approximately 2,100 respondents completed the survey to its end.**

Please note that over the consultation period, the online survey was 'clicked on' 16,189 times. This would suggest a considerable interest in the survey. However, the majority of these 'clicks' did not materialise into actual completion of the survey, i.e. people did not progress beyond the introduction page.

The reason for the large number of 'clicks' compared to the actual number of people who filled out the survey is unknown (apart from some possibly being 'tests' to see that the survey was functioning). No assumptions should be made about what these 'clicks' could mean and should not be interpreted as a potential agreement with the proposals made in the consultation.

Survey structure

The survey began with several compulsory 'screening' questions (for example about the respondent 'type' and the district they came from).

Next, respondents were asked to select which of the four Essex quadrants they wished to comment on. They could comment on as many as they wished. (However, the majority commented on one quadrant only, this being the one they lived in.) The online version of the

¹ Only around 80 surveys completed on paper were received in total. These were inputted into the online version. Paper surveys received after Wednesday 13th April 2016 could not be taken into account. It was made clear on all consultation surveys that responses had to be received by 10th April 2016.

² While in the online survey, respondents were directed to specific questions based on their answers, in the paper version, all questions (even those not applicable to them) were visible. Respondents were instructed to continue to, or ignore, certain questions. Still, some respondents answered questions which would have not appeared to them in an online version. To allow for consistent analysis, some of these comments had to be 'moved' into the general comments section (Q13), however, none of the opinions were removed.

survey automatically navigated them to the appropriate questions. These included their level of agreement and disagreement with several proposals, including for there to be one Family Hub in each district and the specific locations of the proposed Family Hubs. Respondents could provide their own suggestions via two open-ended questions (for each quadrant).

After having answered questions about selected quadrants (questions were consistent across all quadrants), respondents progressed onto more general questions about their preferences for opening hours and their views on making spaces available for parents to run their own activities.

The survey concluded with an open-ended question for any other comments. This question generated 1,450 comments and proved the most challenging when analysing the results. The content of these comments indicated that a large proportion of respondents were not entirely clear on what the proposals meant for them. It could be argued that focus remained primarily on the reduction of Children's centres to twelve Family Hubs.

Overall, the survey comprised of approximately 20 questions.

Structure of the report

The report is structured in a chronological order, following the structure of the survey. Each question will be examined in turn and where possible, results are also split by respondent type and quadrant.

After exploring results for each of the four Essex quadrants separately, these are also presented together, giving an all-Essex overview.

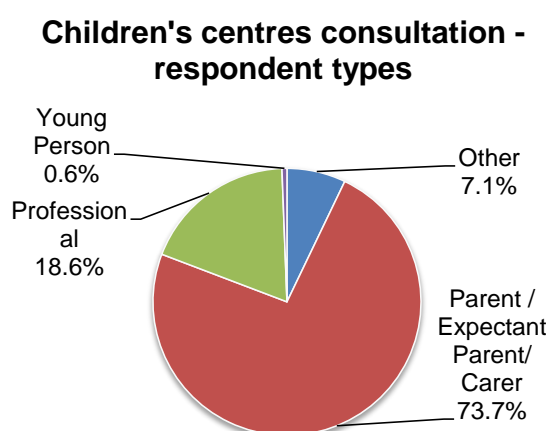
Qualitative findings coming from the 1,450 comments are presented towards the end of the report.

The text is supplemented by detailed data tables, charts presenting the data in a visual format, several maps and most importantly, verbatim quotes from respondents. These have been placed into coloured boxes to separate them from the text.

Results

Q1: 'Are you responding primarily as a...' - The perspective from which views are provided

| Q1: Respondent type | Freq | % |
|----------------------------------|-------------|------------|
| Parent / Expectant Parent/ Carer | 2222 | 73.7 |
| Professional | 560 | 18.6 |
| Young Person | 19 | 0.6 |
| Other | 214 | 7.1 |
| Survey start total | 3015 | 100 |



The survey was started by 3,015 respondents. The majority were parents/expectant parents/carers (referred to throughout the report as 'parents') (73.7%) and less than a fifth (18.6%) were professionals.

The rest comprised young people³ and those selecting the 'other' category.

Due to the small number of young person respondents, these were combined with 'other' in all subsequent analysis, and are referred to as 'other + YP'.

Please note that there was no clear definition regarding what the 'professional' category was to cover. When the survey was designed, an assumption was made this would include those working within Children's centres and similar early years settings. However, it was up to the respondent to select the category they felt they fitted. As such, some overlaps developed.

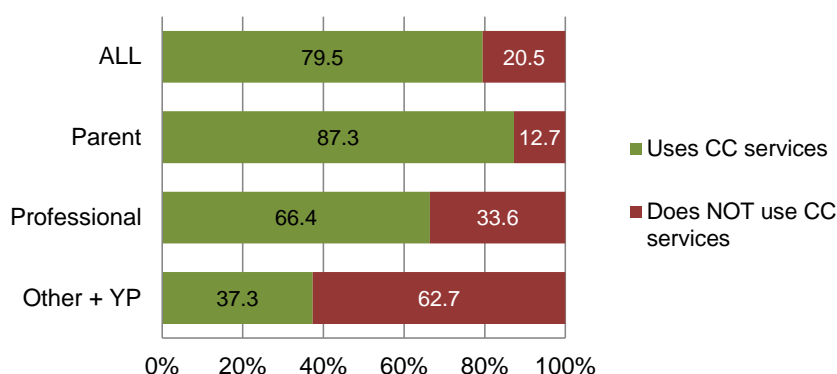
Some of those selecting 'other' further defined the perspective from which they were providing their views. These included:

- Grandparents – these were the most frequent
- Councillors (from borough, district and parish councils)
- Residents/citizens/tax payers/voters – who sometimes described themselves as 'interested', 'concerned' and similar
- Providers
- Volunteers
- Voluntary organisations representatives, trustees
- School governors
- Other professionals
- Retired professionals, such as teacher, journalist, probation officer

³ All 19 young respondents were aged over 16 years.

Q2: 'Do you currently use Children's Centre services or activities?'

| Q2 | ALL | | Parent | | Professional | | Other + YP | |
|--------------|------|------|--------|------|--------------|------|------------|------|
| | Freq | % | Freq | % | Freq | % | Freq | % |
| Yes | 2398 | 79.5 | 1939 | 87.3 | 372 | 66.4 | 87 | 37.3 |
| No | 617 | 20.5 | 283 | 12.7 | 188 | 33.6 | 146 | 62.7 |
| Total | 3015 | 100 | 2222 | 100 | 560 | 100 | 233 | 100 |

Q2: Usage of Children's centres services - by respondent type

Almost 80% of survey respondents are current users of Children's centres services or activities.

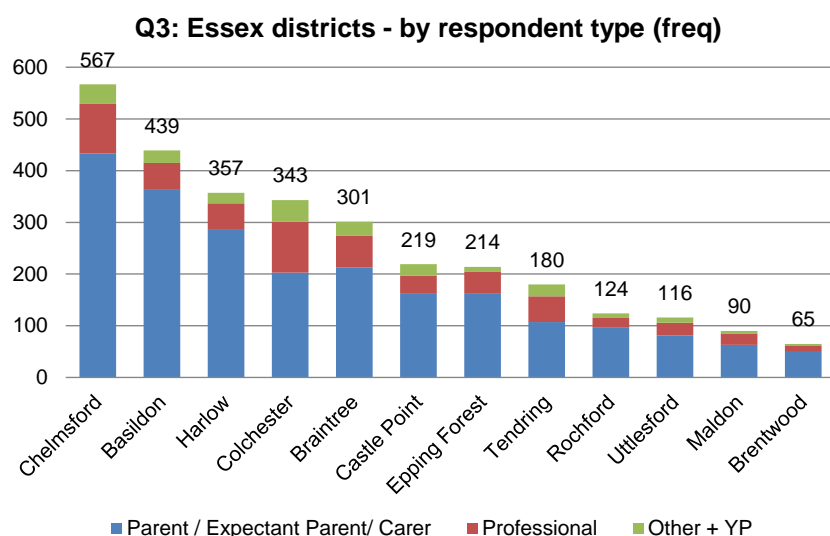
However, this varies across the different respondent groups.

Parents/expectant parents/carers are the most frequent users of Children's centres – more than 87% use them. More than 66% of professionals use

Children's centres. However, only around 37% of 'other' respondents (such as grandparents, councillors and others, as outlined within Q1), together with younger respondents, are current users of Children's centres.

Q3: 'Which District do you live in?'

| Q3: District | ALL | | Parent | | Professional | | Other + YP | |
|----------------------|------|------|--------|------|--------------|------|------------|------|
| | Freq | % | Freq | % | Freq | % | Freq | % |
| Basildon | 439 | 14.6 | 363 | 16.3 | 52 | 9.3 | 24 | 10.3 |
| Braintree | 301 | 10 | 213 | 9.6 | 61 | 10.9 | 27 | 11.6 |
| Brentwood | 65 | 2.2 | 51 | 2.3 | 10 | 1.8 | 4 | 1.7 |
| Castle Point | 219 | 7.3 | 163 | 7.3 | 34 | 6.1 | 22 | 9.4 |
| Chelmsford | 567 | 18.8 | 433 | 19.5 | 96 | 17.1 | 38 | 16.3 |
| Colchester | 343 | 11.4 | 203 | 9.1 | 98 | 17.5 | 42 | 18.0 |
| Epping Forest | 214 | 7.1 | 162 | 7.3 | 43 | 7.7 | 9 | 3.9 |
| Harlow | 357 | 11.8 | 287 | 12.9 | 50 | 8.9 | 20 | 8.6 |
| Maldon | 90 | 3 | 63 | 2.8 | 22 | 3.9 | 5 | 2.1 |
| Rochford | 124 | 4.1 | 96 | 4.3 | 19 | 3.4 | 9 | 3.9 |
| Tendring | 180 | 6 | 107 | 4.8 | 50 | 8.9 | 23 | 9.9 |
| Uttlesford | 116 | 3.8 | 81 | 3.6 | 25 | 4.5 | 10 | 4.3 |
| Total | 3015 | 100 | 2222 | 100 | 560 | 100 | 233 | 100 |



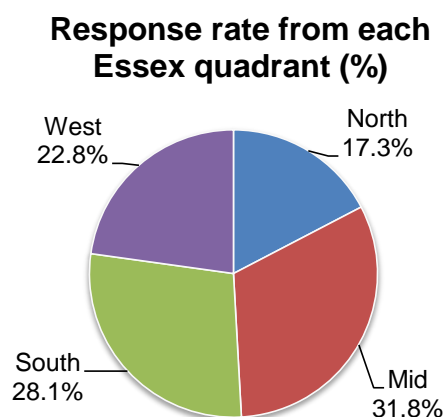
Most respondents came from Chelmsford, followed by Basildon, Harlow and Colchester. Each of these districts represents a different Essex quadrant.

Least respondents came from Maldon and Brentwood.

The largest proportions of parent respondents came from Chelmsford, Basildon and Harlow. The largest proportions of professional

respondents came from Chelmsford and Colchester. The same applied to other + YP.

Although most respondents came from Mid Essex, followed by South Essex, views have been obtained from all Essex quadrants.

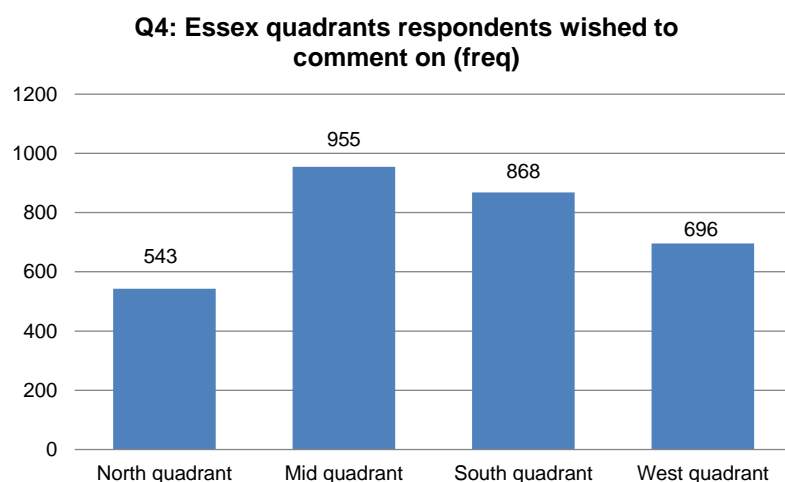


Q4: 'Which quadrant would you like to comment on?'

In order to make the respondents' views more localised, they were asked to specify their level of agreement with the proposals in terms of individual Essex quadrants.

Respondents could comment on as many quadrants as they wished, however the majority (98.3%) wished to comment on one quadrant only – please see table at the end of this section.

| Q4: Which quadrant do you want to comment on? | | | No. of respondents per quadrant | |
|---|---|------|---------------------------------|------|
| Quadrant | Districts included | Freq | Freq | % |
| North | Colchester and Tendring | 543 | 523 | 17.3 |
| Mid | Maldon, Chelmsford, Braintree | 955 | 958 | 31.8 |
| South | Basildon, Brentwood, Castle Point, Rochford | 868 | 847 | 28.1 |
| West | Uttlesford, Epping Forest, Harlow | 696 | 687 | 22.8 |
| Total | | 3062 | 3015 | 100 |



Mid Essex was the quadrant most respondents wanted to comment on. North Essex had the least respondents. This is generally reflective of the number of respondents resident in each of the quadrants.

The table below shows that the majority of respondents wanted to comment on one quadrant only, this being the quadrant they live in.

Only a minority (less than

2%) wished to express their views regarding the proposals for more than one quadrant.

As such, an assumption can be made that the respondents' views are not being double counted. They provide an accurate and valid representation of the respondents' level of agreement/disagreement with the proposals made.

| No. of quadrants wanting to comment on | Freq | % |
|---|-------------|------------|
| Wanting to comment on 1 quadrant only | 2921 | 98.3 |
| Wanting to comment on 2 quadrants | 31 | 1.0 |
| Wanting to comment on 3 quadrants | 5 | 0.2 |
| Wanting to comment on all 4 quadrants | 16 | 0.5 |
| Total | 2973 | 100 |
| <i>Missing (i.e. respondents who dropped out)</i> | <i>42</i> | <i>-</i> |
| <i>Survey start total</i> | <i>3015</i> | <i>-</i> |

Proposals for Children's centre buildings from April 2017

Question 4 was a compulsory question, i.e. respondents had to select at least one option to be navigated to the relevant set of questions. For example, if one wished to comment on North only, they were not shown proposals for Mid, South or West. However, the questions were asked in the same manner to allow for comparisons between quadrants.

The overall proposal for service delivery sites was the same in all sections and respondents were asked to express their level of agreement with this proposal:

Service Delivery Sites

*We are proposing that each District has one **Family Hub**. This will be supported by a range of local **Family Hub Delivery Sites** and other **Family Hub Outreach Sites**.*

***Family Hubs** will be open for **50 hours a week** to deliver a range of support services and activities as well as co-ordinating all of the support and services for families with children from pregnancy up to the age of 19.*

***Family Hub Delivery Sites** will offer services for **20 – 30 hours a week**, including weekends, allowing people working with children and families to work in one place.*

***Family Hub Outreach Sites** will offer face to face Information, Advice and Guidance and some service delivery between Monday - Friday.*

Subsequently, they were informed of the locations of the proposed Family Hubs in the quadrant and asked for their level of agreement.

Finally, they could make suggestions for alternative sites.

Detailed information regarding the proposals was available in a separate consultation document. In the online survey, relevant information for each quadrant (i.e. a map and a table showing the proposals) was repeated before the actual questions. Those completing paper questionnaires were given references to appropriate pages in the Consultation document.

North Essex Children's Centres – Colchester and Tendring

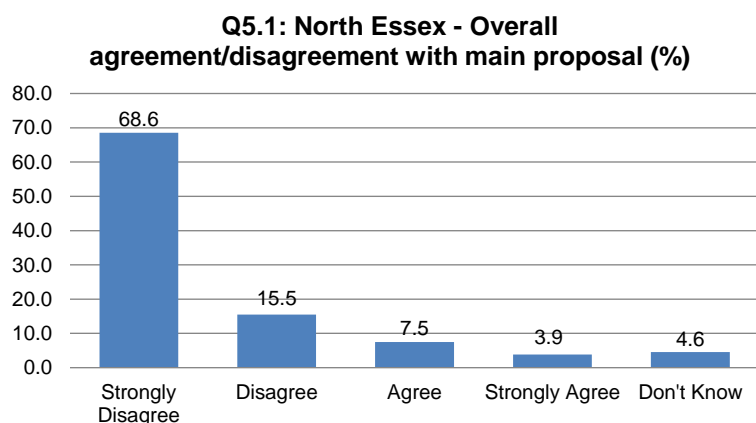
Please note that percentages are calculated based on the response to each individual question. Although in Q4 543 individuals wished to comment on the North quadrant, only 439 provided their views for Q5.1 (and as such, 439 is used as the denominator), 456 for Q5.2 etc. Around 100 individuals did not answer any of the questions.

Respondents to this section of the survey are referred to as 'North quadrant respondents'.

Given the general feedback from the respondents, results are presented in the order from Strongly Disagree, Disagree, Agree, Strongly Agree to Don't know (i.e. reversed order to the one in the actual survey).

Q5.1: 'To what extent do you agree with this proposal (i.e. one Family Hub in each district, supported by a range of local Family Hub Delivery Sites and other Family Hub Outreach Sites)?'

| Q5.1: Main proposal - North | ALL | | Parent | | Professional | | Other + YP | |
|-----------------------------|------|------|--------|------|--------------|------|------------|------|
| | Freq | % | Freq | % | Freq | % | Freq | % |
| Strongly Disagree | 301 | 68.6 | 196 | 75.7 | 73 | 57.5 | 32 | 60.4 |
| Disagree | 68 | 15.5 | 34 | 13.1 | 24 | 18.9 | 10 | 18.9 |
| Agree | 33 | 7.5 | 14 | 5.4 | 15 | 11.8 | 4 | 7.5 |
| Strongly Agree | 17 | 3.9 | 7 | 2.7 | 7 | 5.5 | 3 | 5.7 |
| Don't Know | 20 | 4.6 | 8 | 3.1 | 8 | 6.3 | 4 | 7.5 |
| Total question response | 439 | 100 | 259 | 100 | 127 | 100 | 53 | 100 |
| Total for 'North' section | 543 | | | | | | | |
| Missing (from total on Q4) | 104 | | | | | | | |



More than two thirds of North quadrant respondents 'strongly disagreed' with the proposal for there to be one Family Hub in each district, supported by a range of local Family Hub Delivery Sites and other Family Hub Outreach Sites.

Overall disagreement was felt the most strongly by parents (88.8%), followed by other +

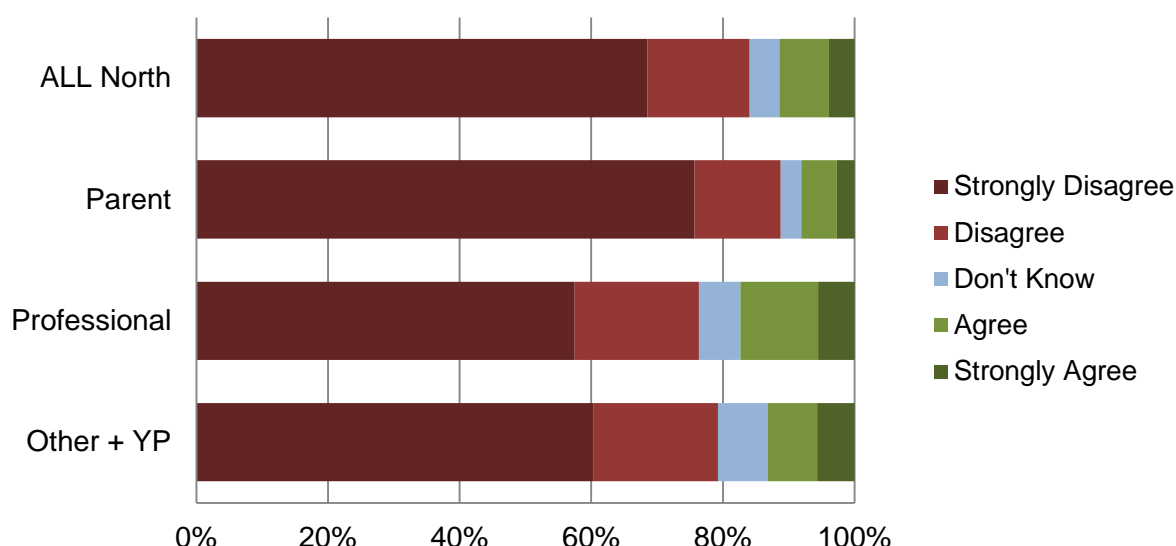
YP (79.3%) and professionals (76.4%).

Agreement with the proposal was the highest among professionals – 17.3% 'agreed' or 'strongly agreed'.

Percentages of those who 'didn't know' were quite low, ranging from 3.1% (parents) to 7.5% (other + YP).

Please see graph below for visual representation of this data.

Q5.1: North Essex - Agreement/disagreement with main proposal - by respondent type



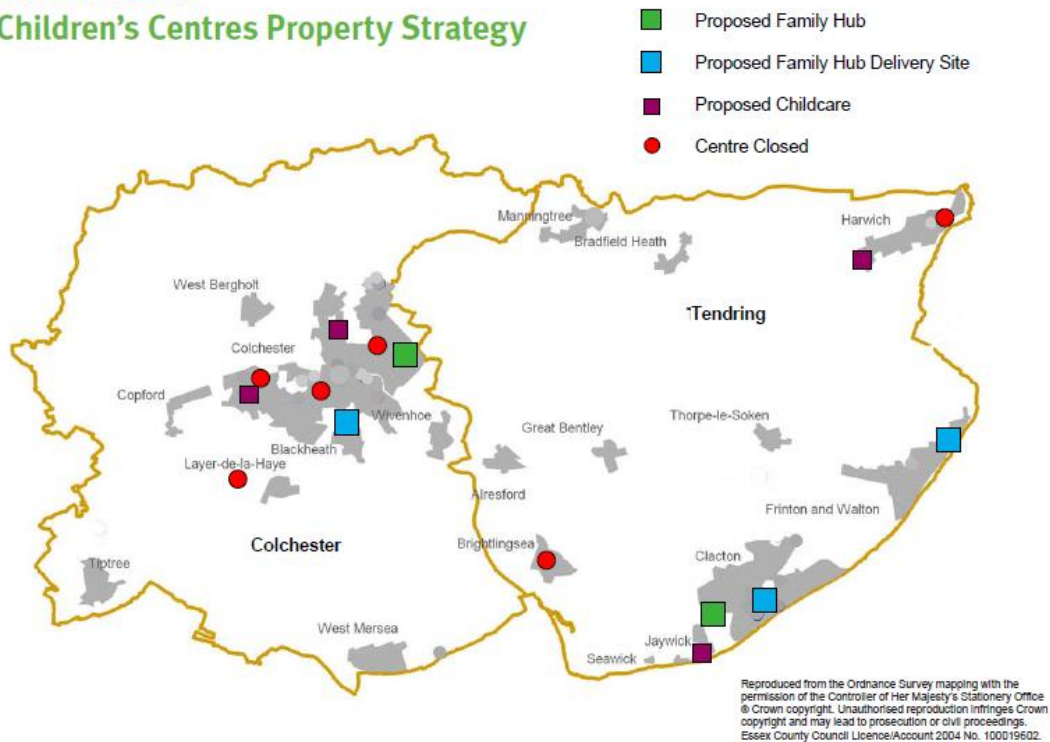
Q5.2: 'In North Essex, your proposed Family Hubs will be:

- Greenstead Children's Centre, Colchester
- Sydney House Children's Centre, Clacton-on-Sea

To what extent do you agree with the proposed location of the Family Hub in this district?

| Q5.2a: Proposed Family Hub locations - North | ALL | | Parent | | Professional | | Other + YP | |
|--|------|------|--------|------|--------------|------|------------|------|
| | Freq | % | Freq | % | Freq | % | Freq | % |
| Strongly Disagree | 252 | 55.0 | 169 | 63.3 | 61 | 45.2 | 22 | 39.3 |
| Disagree | 76 | 16.6 | 37 | 13.9 | 25 | 18.5 | 14 | 25.0 |
| Agree | 69 | 15.1 | 33 | 12.4 | 28 | 20.7 | 8 | 14.3 |
| Strongly Agree | 27 | 5.9 | 10 | 3.7 | 10 | 7.4 | 7 | 12.5 |
| Don't Know | 34 | 7.4 | 18 | 6.7 | 11 | 8.1 | 5 | 8.9 |
| Total question response | 458 | 100 | 267 | 100 | 135 | 100 | 56 | 100 |
| Total for 'North' section | 543 | | | | | | | |
| Missing (from total on Q4) | 85 | | | | | | | |

NORTH ESSEX Children's Centres Property Strategy



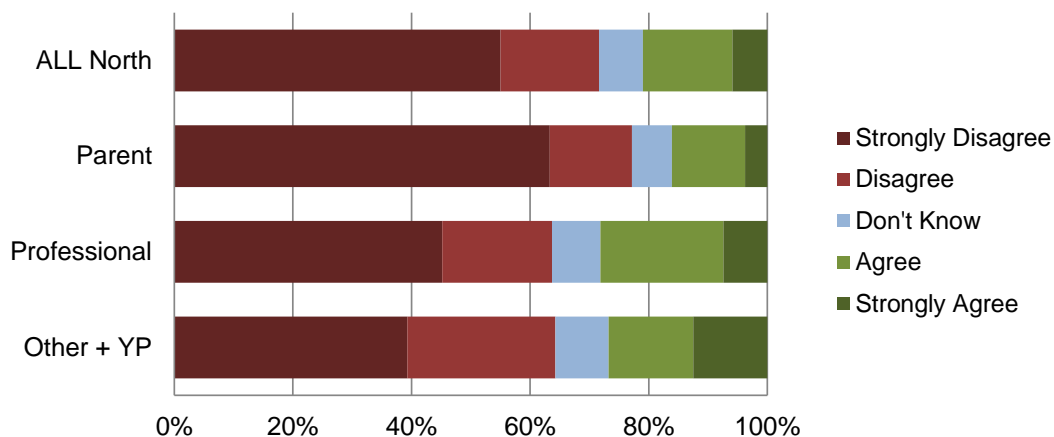
More than half (55%) of all North respondents 'strongly disagreed' with the proposals for Greenstead CC and Sydney House CC becoming the Family Hubs in Colchester and Clacton-on-Sea respectively.

Disagreement was the highest among parents (77.2%), followed by other + YP (64.3%). Professionals disagreed the least (63.7%).

Agreement was the highest among professionals – 28.1% of them 'agreed' or 'strongly agreed' with the proposed Family Hub locations. 26.8% of other + YP also agreed with the proposed locations.

This data is visually presented in the chart below.

Q5.2: North Essex - Agreement/disagreement with proposed Family Hub locations - by respondent type



Q5.2b: If you disagree, which current Children's Centre site do you think should become the Family Hub?

Those who disagreed with the proposed Family Hubs were encouraged to suggest which other current Children's centre site should become the Family Hub.

221 respondents (out of 328 who disagreed) provided a suggestion, which represents approximately 67% of those disagreeing providing a suggestion for an alternative location for a Family Hub. Multiple suggestions could be provided in a single comment⁴.

There were some reservations in terms of Greenstead Children's centre – that it has 'a long history of being less attended' than other centres, it being too small to be able to accommodate activities and it not being central enough for some (one person claimed they would need to take three buses to get to Greenstead).

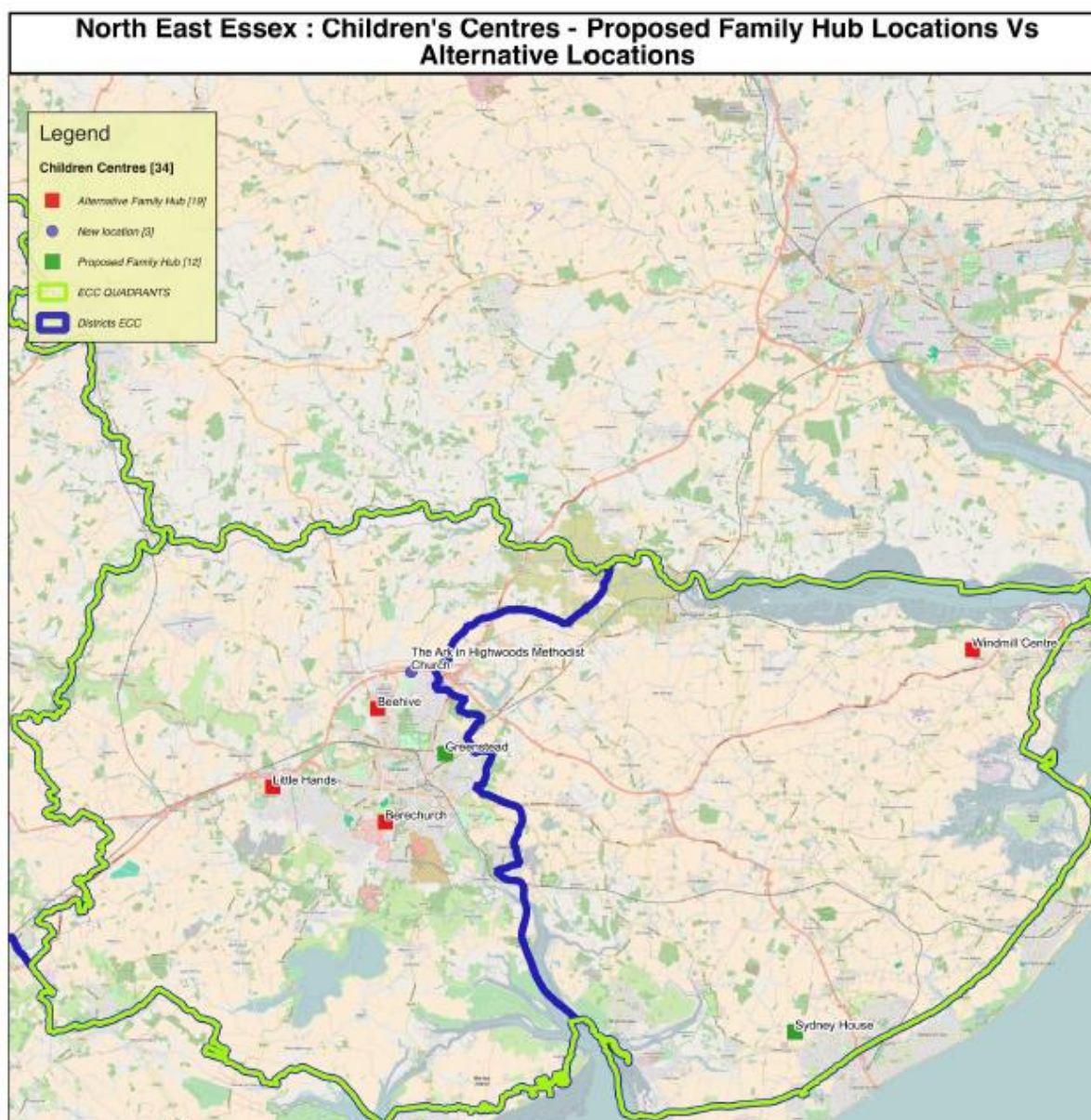
However, respondents did not necessarily disagree with Greenstead and Sydney House, but called for additional Family Hubs to be placed in areas such as Harwich and Stanway.

Overall, the most popular alternative Family Hubs would be:

- Windmill Centre, Harwich, CO12 5EL
- Little Hands CC, Stanway, CO3 0QG
- Berechurch CC, Monkwick, Colchester, CO2 8NN
- Beehive CC, Colchester, CO4 5XT

These locations are shown on the map below, highlighted in red. Currently proposed Family Hub locations are in green.

⁴ All comments regarding alternative Family Hub locations were coded according to the locations they mentioned. A single comment could be coded multiple times.



The most frequent suggestions (mentioned more than 5 times) are listed in the table below. Please note it is a shortened version of a full list of suggestions, which is available in Appendix 1. However, other locations were suggested too few times to be considered as a feasible alternative.

Please note that Jaywick has not been mentioned much, however several respondents highlighted Jaywick as an area of concern as part of Q13, pointing out that due to its nature, it may not be unexpected if a lack of views is received from there.

| Q5.2b: Respondent views on alternative Family Hub locations – North | Freq | % of responses | % of respondents |
|--|-------------|-----------------------|-------------------------|
| SHORTENED TABLE | | | |
| <i>Disagree with hub/all centres should be open etc.</i> | 50 | 15.9 | 22.6 |
| Windmill Centre, Harwich, CO12 5EL | 47 | 15.0 | 21.3 |
| <i>Should be more than one hub per district</i> | 24 | 7.6 | 10.9 |

| | | | |
|--|-----|-----|------|
| Little Hands CC, Stanway, CO3 0QG | 22 | 7.0 | 10.0 |
| Berechurch CC, Monkwick, Colchester, CO2 8NN | 19 | 6.1 | 8.6 |
| Beehive CC, Colchester, CO4 5XT | 17 | 5.4 | 7.7 |
| <i>Issues with (public) transport</i> | 15 | 4.8 | 6.8 |
| Colchester/town centre | 13 | 4.1 | 5.9 |
| Harwich | 9 | 2.9 | 4.1 |
| St Anne's and Castle CC, CO4 3DH | 8 | 2.5 | 3.6 |
| Discovery CC, Colchester, CO3 9BE | 8 | 2.5 | 3.6 |
| Shrub End CC, Colchester, CO2 9BG | 7 | 2.2 | 3.2 |
| New Town CC, CO2 7RY | 6 | 1.9 | 2.7 |
| Colne CC, Brightlingsea, CO7 0AQ | 6 | 1.9 | 2.7 |
| Total responses | 314 | | |
| Total respondents/comments | 221 | | |

General views

Almost a quarter of respondents (22.6%) specifically expressed disagreement with the Family Hub approach. Some claimed that all centres should remain open, however others argued that two Family Hubs were not enough for the area. They particularly highlighted that Children's centres offer a local service, which is easily accessible to all those in need. Access in terms of transport was often mentioned – parents with children on tight budgets, may not own a car and rely on public transport, which was described as expensive and unreliable. Respondents reflected on difficulties of travelling with buggies and small children on public transport. As such, the proposed locations were seen as too far for people from rural parts of the districts to travel to, thus 'isolating people in certain areas'. Overall, the proposal was seen as taking away well-used (and often already oversubscribed) and 'invaluable' services and making children and parents miss out on opportunities to network with other children, parents and professionals.

'I think the current children centre sites are wonderful. They are so well used and staffed by knowledgeable and approachable staff. I think the closure of these centres and replacing them with just one family hub is a ridiculous idea and not at all designed to support families but just be a cost saving measure. It angers me that in the closure of these invaluable sites is being wrapped up as an improvement. I think many families would fall in between the gaps the closure of the children's centres would open up and make those families that are already vulnerable even more so.' (Parent, Colchester)

'I don't agree that one large family hub is the way forward. Local should mean local, I wonder how many of you would be able to take two or three young children across town to visit a family hub? Many families who need your support are not in the position to own a car, bus travel is expensive and difficult with buggies and babies and moving support to one area means parents don't get to build up the natural support networks that come with meeting other parents local to themselves. In my opinion this is a badly thought out cost cutting exercise.' (Professional, Colchester)

'I don't agree with the idea of family hubs. The bus services in rural areas are already dire and likely to get worse. People with the most need are unlikely to be able to access regional hubs. Children's centres have moved into areas that had thriving toddler groups, these groups had their membership poached by children's centres. Now children's centres are moving out and there will be nowhere for families to meet up for advice and the chance to socialise.' (Parent, Tendring)

'All the centres in Tendring are as important as each other and have different areas of deprivation.' (Professional, Tendring)

'I disagree because the property strategy should not lead the policy on children's centres. Families will not know what a hub is and will not be able to travel long distances to access services. Early intervention is based on a non-stigmatising pattern of local universal services where staff get to know their community and build trust.' (Professional, Colchester)

Windmill Centre, Harwich, CO12 5EL (currently proposed to close and become a childcare opportunity)

Respondents from Harwich argued that they are an isolated community which is 'often at the bottom of the pile for support' and would be very negatively impacted if the Windmill Centre was to close. Parents value and use the current service, appreciate the support and opportunities to meet others in a similar situation. Proposed Family Hubs in Clacton and Colchester were described as inaccessible for the Harwich community. Clacton is too far for parents to travel by public transport – in terms of transport reliability, distance/time as well as the cost. As one respondent claimed: 'If you close the Windmill Centre you are basically ignoring the needs of Harwich residents'.

'Living and working with children in Harwich I feel it is extremely important that the facilities remain open here. This is an incredibly deprived area that has a lot of families who need to have the support. There is a huge majority of families on low incomes in this area, which is only increasing with a new development of social housing being built as well as several big housing developments in the pipeline. People cannot always afford to travel to Clacton or Colchester to access support nor does the current level of public transport allow for this anyway. We have a second class public transport system, not enough doctors and schools that do not have enough places. We are often at the bottom of the pile for support in this area and taking away this service would be hugely detrimental to the growth and development of every child in this area.' (Professional, Tendring)

'I think that a lot of families, especially families with disabled parents/children, that are currently based in Harwich, will be unable to access services in Colchester and Clacton. I think that services (not just outreach) should remain in place in this area.' (Professional, Tendring)

'I think due to Tendring being a rural district with limited transport as well as areas of poverty, there needs to be a family hub in both Harwich and Clacton. Harwich is an isolated town, with many families without their own transport. To travel to Clacton by bus would take over an hour. Even by car it takes 40 minutes. This means that an area that already lacks services, will lose a vital service in providing support for both parents and children. More and more families are being moved into the area by other councils, and without the support of surestart run groups, they will be further isolated. There are very few parent run groups in the town with the majority of families attending surestart run ones. Without the support of those groups, I myself would have further suffered with post-natal depression when I had my youngest son. I had 2 year old, new baby and had just moved to the area. Knowing I has somewhere to go where I could meet other parents and the children could play and let of steam was vital to both my emotional and physical health. I would not have been able to travel 40 minutes by car on those days.' (Parent, Tendring)

Little Hands CC, Stanway, CO3 0QG (currently proposed to close and become a childcare opportunity)

Little Hands in Stanway was often mentioned in combination with the Discovery Centre. Little Hands was described as a 'very popular' and well used site, which has good transport links and other amenities close by (school fields). It was seen as well placed for the community living on that side of Colchester, who would otherwise struggle getting to Greenstead.

'Little hands in Stanway. You have a good existing centre with excellent transport links. The centre has use of school fields and is close to reasonable amenities. Greenstead is a difficult place to get to in Colchester and would deter lots from driving across the difficult end of town, traffic wise.' (Parent, Colchester)

'(...) If you compare the Greenstead site to Little hands for example, this is a well sized centred and is utilised well by its local community. Groups held at little hands are always full and popular. As a

Health visitor myself, we work very closely with children centres and run groups at the centre including are baby clinics. Closing all these sites will ultimately lead to confusion for parents especially if you are using alternative buildings everywhere. Families know where the children centres are and the majority in Colchester are used well. I believe having more venues providing outreach work will complicate things further.' (Professional, Colchester)

Berechurch CC, Monkwick, Colchester, CO2 8NN (proposed to become a Delivery Site) & Beehive CC, Colchester, CO4 5XT (currently proposed to close and become a childcare opportunity)

These locations were described as 'lovely purpose built buildings' with sufficient space for all and close to other local amenities (school, transport links).

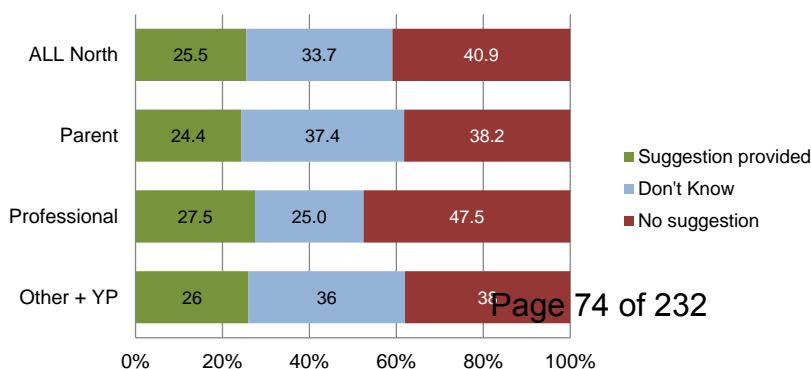
'I do not have an overall best suggestion, as this would be different for many people, but I know that the Beehive Centre at Queen Boudica school caters to many parents in the area, many of whom do not drive, and that Greenstead will be too far away. I drive, and I would not go that far.' (Parent, Colchester)

'I would like to see beehive Children centre become a family hub as it is ideally suited to meet families situated on a school site and supported by other professionals from Health, Speech and language, family Support, Adult community learning. There are robust links with local schools and preschool an staff have made positive links within the rural community. This I feel will be overlooked in the proposed approach, and will miss the opportunity to provide early intervention and preventative support for those rural families as well as the families in the reach area in Colchester.' (Other, Chelmsford)

Q5.3: 'Can you suggest any other buildings or locations that you think we should consider for delivering services which are not already listed in the Consultation document?'

| Q5.3: Respondent ideas on alternative locations - North | ALL | | Parent | | Professional | | Other + YP | |
|---|------|------|--------|------|--------------|------|------------|-----|
| | Freq | % | Freq | % | Freq | % | Freq | % |
| Yes | 106 | 25.5 | 60 | 24.4 | 33 | 27.5 | 13 | 26 |
| No | 170 | 40.9 | 94 | 38.2 | 57 | 47.5 | 19 | 38 |
| Don't Know | 140 | 33.7 | 92 | 37.4 | 30 | 25.0 | 18 | 36 |
| Total question response | 416 | 100 | 246 | 100 | 120 | 100 | 50 | 100 |
| Total for 'North' section | 543 | | | | | | | |
| Missing (from total on Q4) | 127 | | | | | | | |

Q5.3: North Essex - Alternative site suggestions - by respondent type



In addition to respondents' views on what existing Children's centres could be used as Family Hubs instead of the those proposed by ECC, respondents could also

suggest any other locations in their local communities that could be suitable and that ECC might not as yet be aware of (i.e. 'other buildings or locations which are not already listed in the Consultation document').

The majority of North respondents had either no suggestions (40.9%) or 'didn't know' (33.7%). Almost half of professionals (47.5%) proposed no alternatives.

Around a quarter (25.5%) claimed to have a suggestion for an alternative location; 102 out of 106 individuals proceeded to do so. However, upon greater analysis of the data, the most frequent suggestions were about existing Children's centres, i.e. locations that were listed in the Consultation document. They were also almost identical to those already put forward in Q5.2b.

The only 'new' suggestion was The Ark in Highwoods Methodist Church in Colchester, mentioned by seven individuals. This is depicted by a blue circle on the earlier map.

For a full list of suggestions, please see Appendix 1. A shortened version of the list is presented below.

| Q5.3: Respondents ideas on alternative locations – North | Freq | % of responses | % of respondents |
|--|-------------|-----------------------|-------------------------|
| SHORTENED TABLE | | | |
| Other | 17 | 14.7 | 16.7 |
| Windmill Centre, Harwich, CO12 5EL | 14 | 12.1 | 13.7 |
| Little Hands CC, Stanway, CO3 0QG | 11 | 9.5 | 10.8 |
| The Ark, Highwoods Methodist Church, Jack Andrews Drive, Highwoods, Colchester, C04 9FF | 7 | 6.0 | 6.9 |
| St Anne's and Castle CC, CO4 3DH | 5 | 4.3 | 4.9 |
| Total responses | 116 | 100.0 | |
| Total respondents/comments | 102 | | |

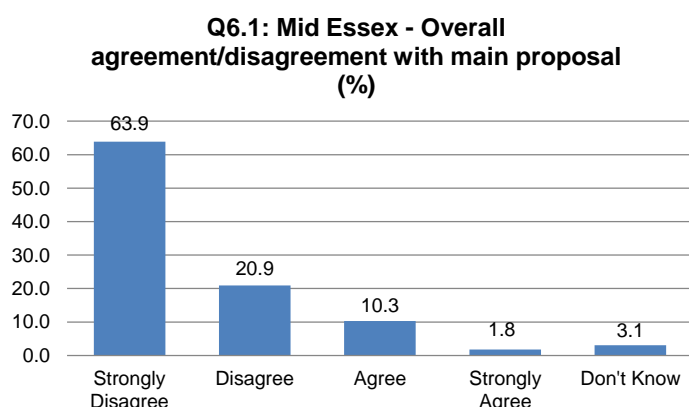
Mid Essex Children's Centres – Maldon, Chelmsford, Braintree

Please note that percentages are calculated based on the response to each individual question. Although in Q4 955 individuals wished to comment on the Mid quadrant, only 717 provided their views for Q6.1 (and as such, 717 is used as the denominator), 774 for Q6.2 etc. The attrition rate was often more than 200 individuals per question.

Respondents to this section of the survey are referred to as 'Mid quadrant respondents'.

Q6.1: 'To what extent do you agree with this proposal (i.e. one Family Hub in each district, supported by a range of local Family Hub Delivery Sites and other Family Hub Outreach Sites)?'

| Q6.1: Main proposal – Mid | ALL | | Parent | | Professional | | Other + YP | |
|----------------------------|------|------|--------|------|--------------|------|------------|------|
| | Freq | % | Freq | % | Freq | % | Freq | % |
| Strongly Disagree | 458 | 63.9 | 347 | 63.7 | 75 | 61.0 | 36 | 73.5 |
| Disagree | 150 | 20.9 | 120 | 22.0 | 22 | 17.9 | 8 | 16.3 |
| Agree | 74 | 10.3 | 52 | 9.5 | 18 | 14.6 | 4 | 8.2 |
| Strongly Agree | 13 | 1.8 | 8 | 1.5 | 5 | 4.1 | 0 | 0.0 |
| Don't Know | 22 | 3.1 | 18 | 3.3 | 3 | 2.4 | 1 | 2.0 |
| Total question response | 717 | 100 | 545 | 100 | 123 | 100 | 49 | 100 |
| Total for 'Mid' section | 955 | | | | | | | |
| Missing (from total on Q4) | 238 | | | | | | | |



Almost two thirds (63.9%) of Mid quadrant respondents 'strongly disagreed' with the proposal for there to be one Family Hub in each district, supported by a range of local Family Hub Delivery Sites and other Family Hub Outreach Sites.

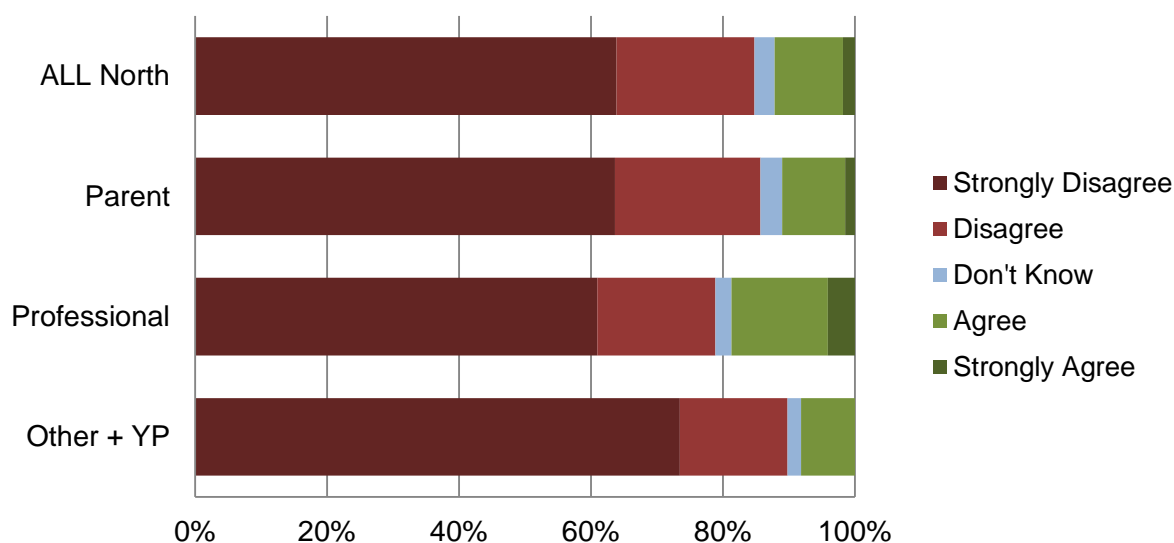
Overall disagreement was felt the most strongly by other + YP (89.8%), followed by parents (85.7%) and professionals (78.9%).

Agreement with the proposal was the highest among professionals – 18.7% 'agreed' or 'strongly agreed'. Please note that agreement was rarely 'strong'.

Percentages of those who 'didn't know' were quite low, ranging from 2% (other + YP) to 3.3% (parents).

This data is visually presented in the chart below.

Q6.1: Mid Essex - Agreement/disagreement with main proposal - by respondent type

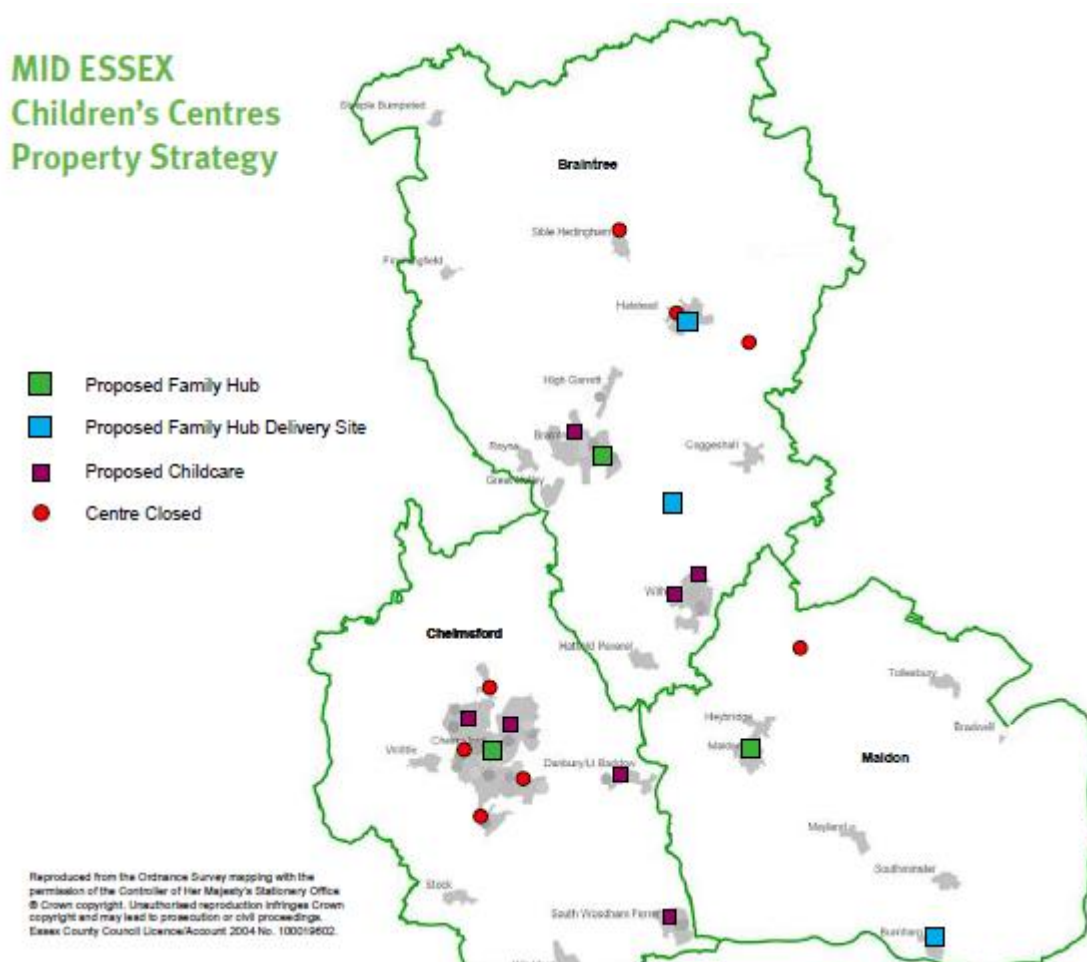


Q6.2: 'In Mid Essex, your proposed Family Hubs will be:

- Carousel Children's Centre, Braintree
- Chelmsford Central Children's Centre, Chelmsford
- Maldon Children's Centre, Maldon

To what extent do you agree with the proposed location of the Family Hub in this district?'

| Q6.2a: Proposed Family Hub locations – Mid | ALL | | Parent | | Professiona I | | Other + YP | |
|--|------|------|--------|------|------------------|------|------------|------|
| | Freq | % | Freq | % | Freq | % | Freq | % |
| Strongly Disagree | 397 | 51.3 | 306 | 52.3 | 59 | 43.7 | 32 | 59.3 |
| Disagree | 120 | 15.5 | 88 | 15.0 | 20 | 14.8 | 12 | 22.2 |
| Agree | 176 | 22.7 | 132 | 22.6 | 37 | 27.4 | 7 | 13.0 |
| Strongly Agree | 30 | 3.9 | 22 | 3.8 | 8 | 5.9 | 0 | 0.0 |
| Don't Know | 51 | 6.6 | 37 | 6.3 | 11 | 8.1 | 3 | 5.6 |
| Total question response | 774 | 100 | 585 | 100 | 135 | 100 | 54 | 100 |
| <i>Total for 'Mid' section</i> | 955 | | | | | | | |
| <i>Missing (from total on Q4)</i> | 181 | | | | | | | |



More than half (51.3%) of all Mid respondents 'strongly disagreed' with the proposals for Carousel CC, Chelmsford Central CC and Maldon CC becoming the Family Hubs in Braintree, Chelmsford and Maldon respectively.

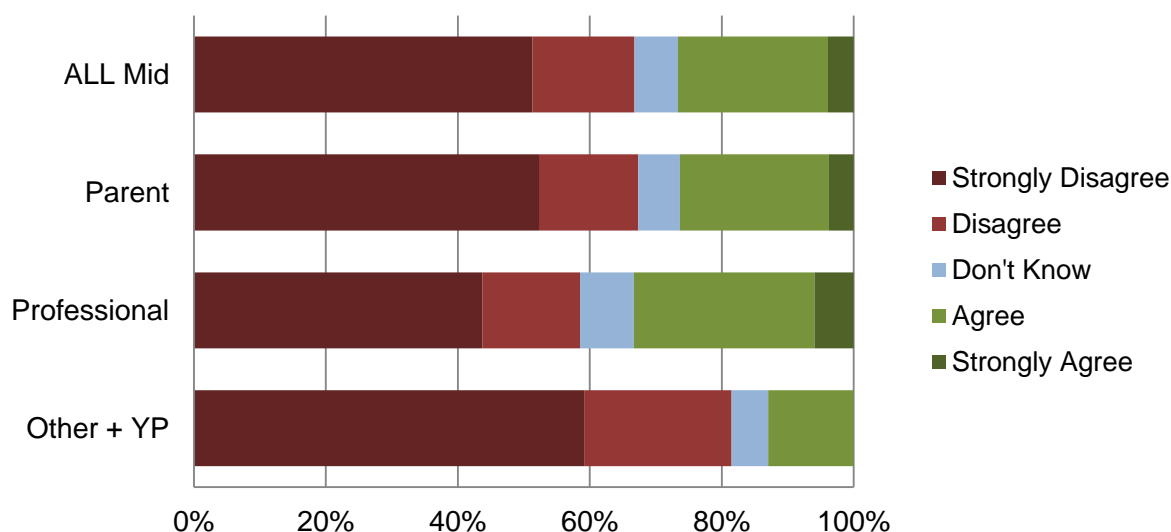
Disagreement was the highest among other + YP (81.5%⁵), followed by parents (67.4%). Professionals disagreed the least (58.5%).

Agreement was the highest among professionals – exactly a third of them 'agreed' or 'strongly agreed' with the proposed Family Hub locations. 26.3% of parents – more than a quarter of them - also agreed with the proposed locations.

This data is visually presented in the chart below.

⁵ However, please note that the number of other +YP respondents is considerably lower when compared to the others.

Q6.2: Mid Essex - Agreement/disagreement with proposed Family Hub locations - by respondent type



Q6.2b: If you disagree, which current Children's Centre site do you think should become the Family Hub?

Those who disagreed with the proposed Family Hubs were encouraged to suggest which other current Children's centre site should become the Family Hub.

383 Mid respondents (out of 517 who disagreed) provided a suggestion, which represents 74% of those disagreeing providing a suggestion for an alternative location for a Family Hub. Multiple suggestions could be provided in a single comment.

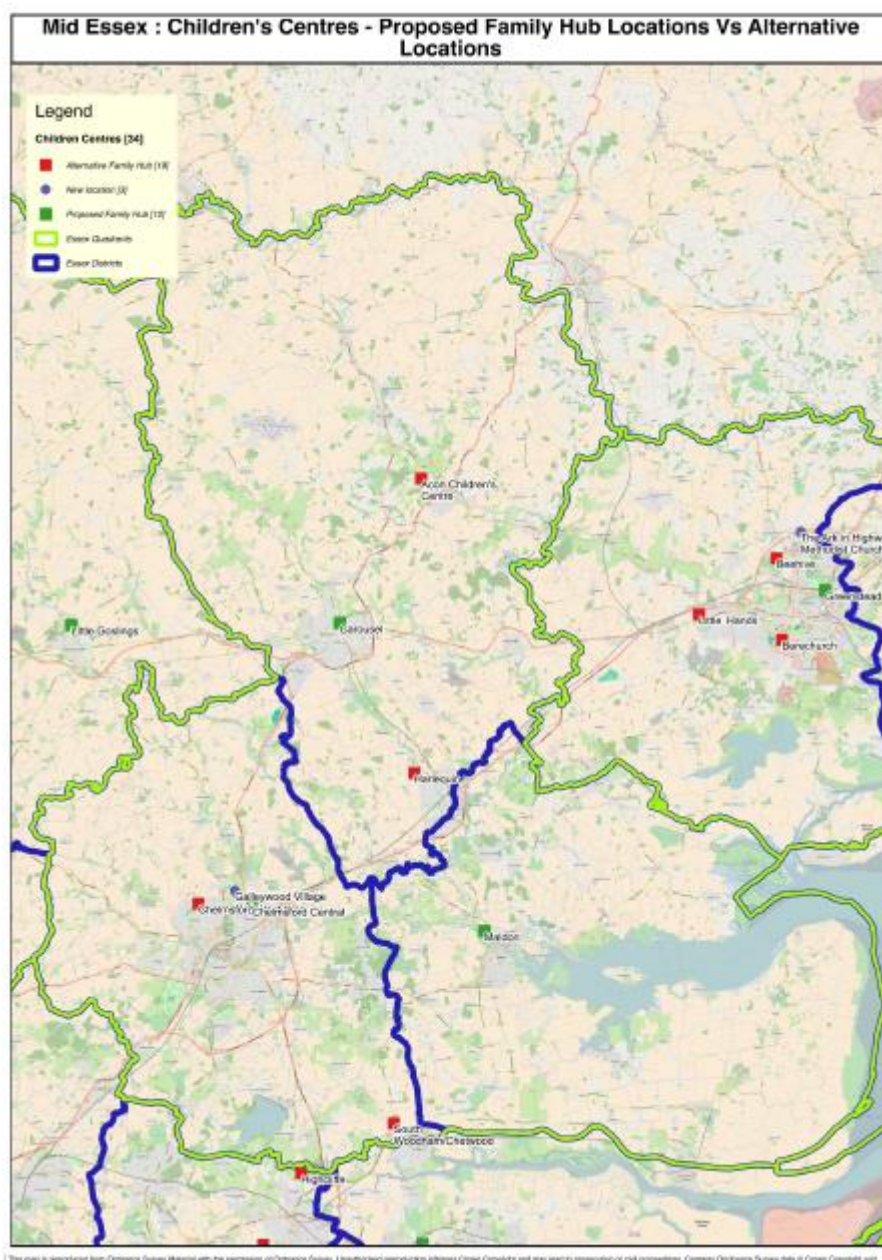
Clearly the most popular alternative Family Hub, mentioned 97 times, would be:

- South Woodham/Chetwood CC, SWF, CM3 5ZX

Other popular alternative Family Hubs were:

- Chelmsford West CC, Dixon Avenue, CM1 2AQ – instead of Chelmsford Central
- Acorn CC, Halstead, CO9 1JH
- Harlequin CC, Witham, CM8 1NA

These locations are shown on the map below, highlighted in red. Currently proposed Family Hub locations are in green.



The most frequent suggestions (mentioned more than 5 times) are listed in the table below. Please note it is a shortened version of a full list of suggestions, which is available in Appendix 2. However, other locations were suggested too few times to be considered as a feasible alternative.

| Q6.2b: Respondents views on alternative Family Hub locations – Mid | Freq | % of responses | % of respondents |
|---|-------------|-----------------------|-------------------------|
| SHORTENED TABLE | | | |
| South Woodham/Chetwood CC, SWF, CM3 5ZX | 97 | 18.8 | 25.3 |
| <i>Disagree with hub/all centres should be open etc.</i> | 96 | 18.6 | 25.1 |
| <i>Other</i> | 64 | 12.4 | 16.7 |
| Chelmsford West CC, Dixon Avenue, CM1 2AQ | 34 | 6.6 | 8.9 |
| <i>Parking comments</i> | 29 | 5.6 | 7.6 |
| Acorn CC, Halstead, CO9 1JH | 28 | 5.4 | 7.3 |

| | | | |
|---------------------------------------|-----|-------|-----|
| <i>Issues with (public) transport</i> | 27 | 5.2 | 7.0 |
| Harlequin CC, Witham, CM8 1NA | 22 | 4.3 | 5.7 |
| <i>Concerns with libraries</i> | 20 | 3.9 | 5.2 |
| Bumblebee CC, Danbury, CM3 3QZ | 13 | 2.5 | 3.4 |
| Perryfields CC, Chelmsford, CM1 7PP | 13 | 2.5 | 3.4 |
| Witham - unspecified | 12 | 2.3 | 3.1 |
| <i>Not enough hubs</i> | 10 | 1.9 | 2.6 |
| Roundabout CC, Witham, CM8 2NJ | 7 | 1.4 | 1.8 |
| Silver End CC, CM8 3RQ | 7 | 1.4 | 1.8 |
| [Valley CC], Earls Colne, CO6 2RH | 7 | 1.4 | 1.8 |
| Seesaw CC, Braintree, CM7 5UL | 5 | 1.0 | 1.3 |
| Total responses | 516 | 100.0 | |
| Total respondents/comments | 383 | | |

General views

A large number of comments covered several more general, but key themes relating to the proposals. As in the case of North Essex, a quarter of respondents (to Q6.2b) disagreed with the concept of Family Hubs as a whole. Access difficulties were mentioned the most frequently, claiming that the proposals are 'discriminating those unable to drive'. Apart from arguments about services needing to be local to address possible isolation, some expressed the belief that more than one Family Hub per district is needed to be able to meet demand. Others called for arrangements to stay as they currently are.

'I disagree with the outreach sites and would like to see more delivery sites. Our current children's centre in the village which is solely responsible for preventing my wife getting post natal depression after the birth of our son because after a c section she couldn't leave the village and the help and support she received there along with meeting other parents was a lifesaver.' (Parent, Braintree)

'I do not agree with family hub model. Having delivered services in various locations some services are not appropriate for a hub model. Children centres offer a safe appropriate venue which are welcoming and private if needs be. Parents with babies entering buildings with youths on site is not always safe or welcoming when experiencing mental health issues. To answer the question if moving to hub models there should be one in each town.' (Professional, Braintree)

'This question is very poorly draughted; it assumes support for the proposed changes. Poor families need these centres within easy reach. From here Chelmsford is served by a very poor bus service that run 3 times an hour, Maldon can only be reached by changing bus at Danbury making a visit a whole day trip. Neither is supported, the very essence of family support is 'localism'.' (Grandparent, Chelmsford)

Parking issues

Access in terms of public transport and parking facilities were mentioned very frequently. Public transport was described as too costly, unreliable, not frequent enough (respondents from South Woodham Ferrers especially highlighted the difficulty of getting to Chelmsford; Maldon was also described as not easy to access) and difficult to travel on with buggies and small children. In terms of the proposed Family Hub locations, lack of sufficient and free parking was of considerable concern. This was the case especially for the Chelmsford Central Children's Centre, located at Chelmsford Library. Respondents mentioned the lack of loading bays, the difficulty of using a multi-storey carpark, as well as the cost. Respondents also stated that the library venue is not the most suitable for delivering the service – in terms of sharing the space with very different users, as well as being too small.

Chelmsford West was often proposed as a suitable alternative, which is large enough and has sufficient parking.

'When attending the sites it is valuable to have a short safe distance between parking and the centre especially if trying to manage a toddler and a baby. I haven't used the centre in Chelmsford as trying to find family friendly parking is very difficult. Therefore would suggest one of the centres with most accessible parking.' (Parent, Maldon)

'Galleywood or Larkrise. Far easier to get to and parking is free and available right outside and more so at Christmas and school holidays as the city is a nightmare. In the middle of the city you pay to park, no children's parking bays, busy all the time and also it's not walking distance for most so it's a massive task to try and get children on and out of the car and walk from the car parks to the centre!' (Parent, Chelmsford)

South Woodham/Chetwood CC, SWF, CM3 5ZX (currently proposed to close and become a childcare opportunity)

Chetwood Children's Centre in South Woodham Ferrers is described as an 'essential' service for a large and still growing town with a large number of young families and the surrounding villages. Respondents alluded to limited facilities in South Woodham Ferrers, but mostly poor transport links, with no direct bus routes to Braintree and Maldon. As such, access to the proposed Family Hubs in Chelmsford and Maldon become difficult and several respondents mentioned they would be unable to use these facilities if Chetwood Children's centre was to close. The services at Chetwood Children's centre were complimented on repeatedly.

'Chetwood Children's Centre as it is a secure site with parking that has many multi-purpose rooms and outdoor space and it is designed specifically for small children but can be adapted for older children or users. There is a lot of equipment allowing for soft play and music sessions, cooking clubs etc. There is also office space for work professionals. The town also has good transport links with bus routes and a train station. Maldon's centre is based in a library, it is smaller with fewer resources and its transport links are poor.' (Parent, Chelmsford)

'In a town with poor transport links (a train every hour and a bus every 40 minutes is considered poor by most people's standards) moreover, a town with little more than a supermarket and a Costa Coffee by way of entertainment, to close Chetwood children's centre and move it 40 minutes away by bus to Chelmsford would be a terrible decision and one that further isolates mothers of this town.' (Parent, Chelmsford)

'It is essential that the new town of South Woodham Ferrers with its population of a large proportion of young families maintains its children's centre; I and my various healthcare groups work in close cooperation with our Town's GPs, midwives, community nurses and health visitors and know how many families with children in this Town and its immediate surroundings need and use the children's centre, its facilities and support. The social and community cost of closing this centre overall will far outweigh savings to an individual budget. We must take joined up health and social care thinking and spending decisions.' (Other – Chair of a group, Chelmsford)

Chelmsford West CC, Dixon Avenue, CM1 2AQ (and Perryfields CC) (currently proposed to close and become a childcare opportunity)

Chelmsford West Children's Centre has been mentioned several times in combination with Perryfields Children's Centre. Both being purpose-built, they are seen as larger and offering better facilities than the proposed library site. They are also seen as accessible, having appropriate parking facilities and already being located in the areas where the services are needed the most. Respondents have reservations against using a library as a Family Hub, thus Chelmsford West is proposed as an alternative to Chelmsford Central.

Criticisms of Chelmsford Central Children's Centre were often about being placed within a library, which otherwise performs a different function. Apart from not necessarily offering

parents and young children a 'safe' and 'discrete' space (for private conversations), the space itself is seen as insufficient in terms of size as well as lacking necessary facilities. Parking in the area is a large concern – in terms of access as well as cost.

'Chelmsford West Children's Centre should become the Hub, as it is in Melbourne which is the area in Chelmsford which has the highest level of need. If Chelmsford Central Library was to be used, suitable office space and delivery space would need to be arranged, as there is currently only a 2 person office for the Children's Centre in that library. It is costly for professionals, parents and staff to park in the town Centre and many families would not be able to afford this.' (Professional, Chelmsford)

'Dixon avenue? The problem with using the library is that services already have to close during the school holidays when the library wants the space for their own activities. Children under 5 don't cease to exist or stop needing activities just because schools are closed.' (Parent, Chelmsford)

'I don't have a suggestion, I just disagree with the whole plan, particularly combining them with libraries. The sort of services, including discretion and emotional support that the children's centres provide just cannot be provided in an otherwise public forum. Also as a user of libraries, I don't want to lose space and peace and quiet, to children's centres.' (Parent, Chelmsford)

'The Chelmsford Central.....it's in the middle of the town centre, location is not ideal his means having to come in to the city centre.....no parking, having to pay for parking. It's part of a really big library which it not really the most ideal place for babies and toddlers making noise unless you are having a complete separate section for them but I doubt this is the case as you are not going to spend additional money upgrading the space you can use. Plus it will be now open for 50 hours from 5 hours per week this is going to make the library site extremely busy! I cannot comment on the Braintree and Maldon as I have never been to them.' (Parent, Chelmsford)

Acorn CC, Halstead, CO9 1JH (currently proposed to close, with Halstead Community Resource Centre becoming a Family Hub Delivery Site)

Respondents argued that the current proposals 'fail North Essex' and that Family Hubs should be located in all larger towns, including Halstead and Witham. Access difficulties were mentioned the most often.

Should be more than one [Family Hub]- Closing the current activity centres in the smaller towns (Halstead in my case) will prevent a number of parents from taking their children to these at all (including my wife) as most families only have 1 car, which the other parent has in order to get to work. Parent, Braintree

The Halstead Acorn centre is a great help to the poorer and less able people in Halstead. It would be difficult for them to get to Braintree. I work for the foodbank and the staff at acorn know their users well and know when they need to be referred to us. Professional, Braintree

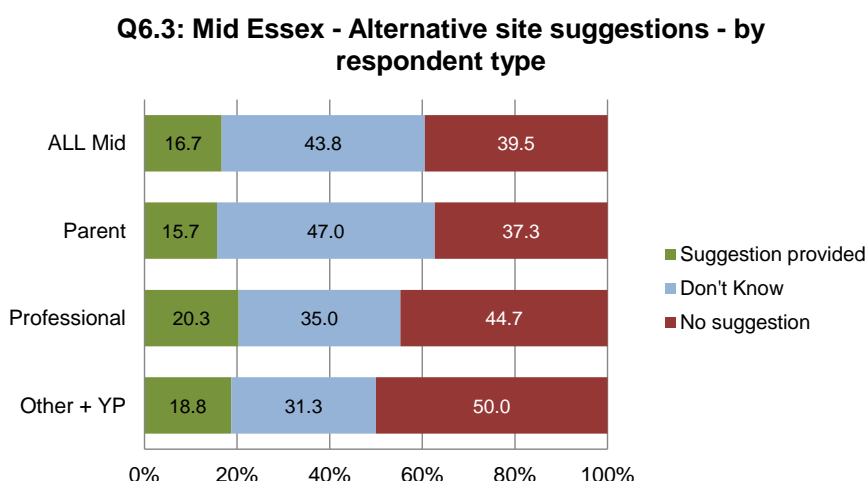
Harlequin CC, Witham, CM8 1NA (currently proposed to close and become a childcare opportunity)

Respondents called for at least one venue in Witham to be retained – Harlequin or Roundabout. As in the case of Chelmsford, delivering services from the local library does not appear as a welcome proposal – it being a public space, parents are concerned over the safety of their child. Accessibility was the main reason for requesting more facilities in Witham.

'I think Braintree, Maldon and Chelmsford should stay but the harlequin centre should stay as a family hub for Witham as it is a rapidly growing community and there are many parents in Witham who do not drive and could not afford to take public transport to the hubs for activities. Unless designated space is being allowed at the library fir groups and activities, but I cannot see how it could provide the sane facilities as the harlequin centre.' (Parent, Braintree)

Q6.3: 'Can you suggest any other buildings or locations that you think we should consider for delivering services which are not already listed in the Consultation document?'

| Q5.3: Respondent ideas on alternative locations – Mid | ALL | | Parent | | Professional | | Other + YP | |
|---|------|------|--------|------|--------------|------|------------|-----|
| | Freq | % | Freq | % | Freq | % | Freq | % |
| Yes | 118 | 16.7 | 84 | 15.7 | 25 | 20.3 | 9 | 19 |
| No | 279 | 39.5 | 200 | 37.3 | 55 | 44.7 | 24 | 50 |
| Don't Know | 310 | 43.8 | 252 | 47.0 | 43 | 35.0 | 15 | 31 |
| Total question response | 707 | 100 | 536 | 100 | 123 | 100 | 48 | 100 |
| <i>Total for 'Mid' section</i> | 955 | | | | | | | |
| <i>Missing (from total on Q4)</i> | 248 | | | | | | | |



In addition to respondents' views on what existing Children's centres could be used as Family Hubs instead of the those proposed by ECC, respondents could also suggest any other locations in their local communities that could be suitable and that ECC might not as yet be aware of (i.e.

'other buildings or locations which are not already listed in the Consultation document').

The majority of Mid respondents had either no suggestions (39.5%) or 'didn't know' (43.8%). Just under 45% of professionals (44.7%) proposed no alternatives.

Only around a sixth (16.7%) claimed to have a suggestion for an alternative location; 115 out of 118 individuals proceeded to do so. However, upon greater analysis of the data, the most frequent suggestions were about existing Children's centres, i.e. locations that were listed in the Consultation document. They were also almost identical to those already put forward in Q6.2b. 'Other' suggestions were usually about retaining services in the current format, or suggestions for using local village halls or GP surgeries (for baby weighing).

The only 'new' suggestion was Galleywood Village Hall, mentioned by five individuals. This is depicted by a blue circle on the earlier map.

For a full list of suggestions, please see Appendix 2. A shortened version of the list is presented below.

| Q6.3: Respondents ideas on alternative locations – Mid | Freq | % of responses | % of respondents |
|---|-------------|-----------------------|-------------------------|
| SHORTENED TABLE | | | |
| <i>Other</i> | 23 | 15.6 | 20.0 |
| Chetwood CC, SWF, CM3 5ZX | 22 | 15.0 | 19.1 |
| Harlequin CC, Witham, CM8 1NA | 10 | 6.8 | 8.7 |
| Chelmsford West CC, Dixon Avenue, CM1 2AQ | 7 | 4.8 | 6.1 |
| Acorn CC, Halstead, CO9 1JH | 6 | 4.1 | 5.2 |
| Perryfields CC, Chelmsford, CM1 7PP | 5 | 3.4 | 4.3 |
| Keene Hall/G'wood Village Hall, Galleywood, CM2 8PT | 5 | 3.4 | 4.3 |
| Total responses | 147 | 100.0 | |
| Total respondents/comments | 115 | | |

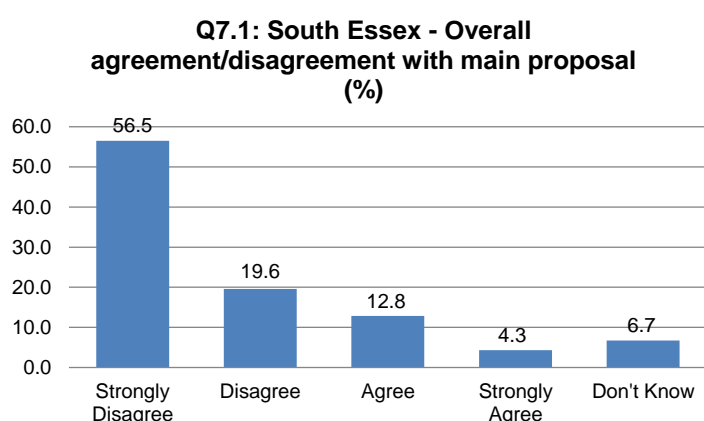
South Essex Children's Centres – Basildon, Brentwood, Castle Point, Rochford

Please note that percentages are calculated based on the response to each individual question. Although in Q4 868 individuals wished to comment on the South quadrant, only 623 provided their views for Q7.1 (and as such, 623 is used as the denominator), 669 for Q7.2 etc. The attrition rate was more than 200 individuals per question.

Respondents to this section of the survey are referred to as 'South quadrant respondents'.

Q7.1: 'To what extent do you agree with this proposal (i.e. one Family Hub in each district, supported by a range of local Family Hub Delivery Sites and other Family Hub Outreach Sites)?'

| Q7.1: Main proposal – South | ALL | | Parent | | Professional | | Other + YP | |
|-----------------------------|------|------|--------|------|--------------|------|------------|------|
| | Freq | % | Freq | % | Freq | % | Freq | % |
| Strongly Disagree | 352 | 56.5 | 281 | 57.0 | 52 | 58.4 | 19 | 46.3 |
| Disagree | 122 | 19.6 | 96 | 19.5 | 15 | 16.9 | 11 | 26.8 |
| Agree | 80 | 12.8 | 57 | 11.6 | 17 | 19.1 | 6 | 14.6 |
| Strongly Agree | 27 | 4.3 | 23 | 4.7 | 3 | 3.4 | 1 | 2.4 |
| Don't Know | 42 | 6.7 | 36 | 7.3 | 2 | 2.2 | 4 | 9.8 |
| Total question response | 623 | 100 | 493 | 100 | 89 | 100 | 41 | 100 |
| Total for 'South' section | 868 | | | | | | | |
| Missing (from total on Q4) | 245 | | | | | | | |



More than half of South quadrant respondents 'strongly disagreed' with the proposal for there to be one Family Hub in each district, supported by a range of local Family Hub Delivery Sites and other Family Hub Outreach Sites.

Overall disagreement was felt the most strongly by parents (76.5%) followed by professionals (75.3%) and other + YP (73.2%). However, levels of disagreement were fairly equal among all three groups of

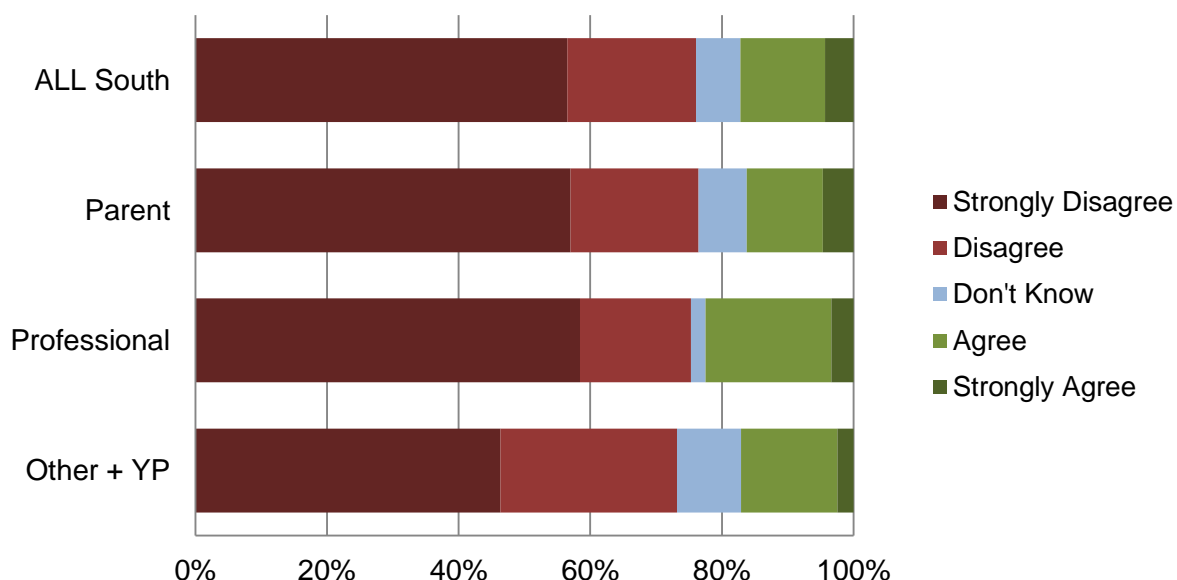
respondents. Furthermore, compared to the other quadrants, disagreement with the proposals was the lowest in the South – 76.1% compared to more than 82.5% for all other quadrants.

Agreement with the proposal was the highest among professionals – 22.5% 'agreed' or 'strongly agreed'.

Percentages of those who 'didn't know' were higher than they were for the other quadrants. Although only 2.2% of South professionals 'didn't know', more than 7% and almost 10% of other + YP were unable to express their opinion about the proposal made.

Please see graph below for visual representation of this data.

Q7.1: South Essex - Agreement/disagreement with main proposal - by respondent type



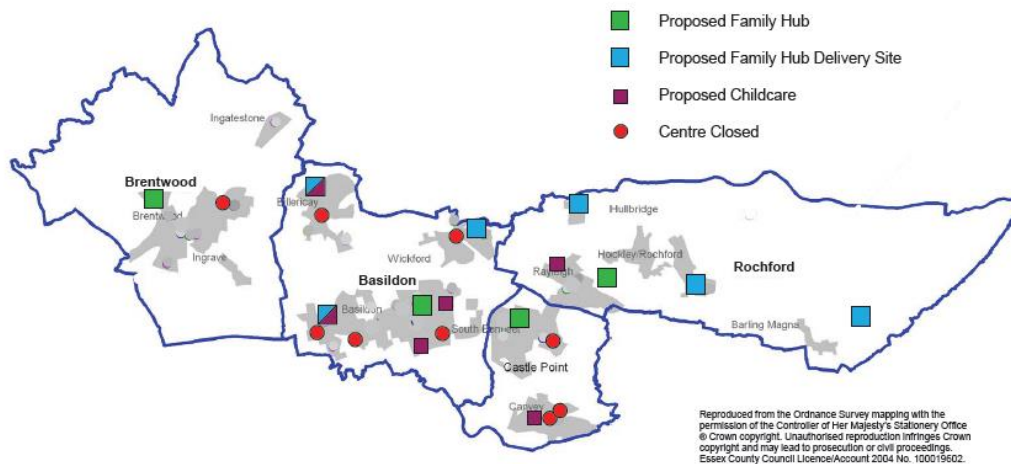
Q7.2: 'In South Essex, your proposed Family Hubs will be:

- Fryerns Farm Children's Centre, Basildon
- Larchwood Children's Centre, Pilgrims Hatch
- Little Handprints Children's Centre, Thundersley
- The Oak Tree Children's Centre, Rayleigh

To what extent do you agree with the proposed location of the Family Hub in this district?'

| Q7.2a: Proposed Family Hub locations – South | ALL | | Parent | | Professional | | Other + YP | |
|--|------|------|--------|------|--------------|------|------------|------|
| | Freq | % | Freq | % | Freq | % | Freq | % |
| Strongly Disagree | 370 | 55.3 | 288 | 54.9 | 55 | 55.6 | 27 | 60.0 |
| Disagree | 98 | 14.6 | 75 | 14.3 | 15 | 15.2 | 8 | 17.8 |
| Agree | 102 | 15.2 | 80 | 15.2 | 16 | 16.2 | 6 | 13.3 |
| Strongly Agree | 52 | 7.8 | 42 | 8.0 | 8 | 8.1 | 2 | 4.4 |
| Don't Know | 47 | 7.0 | 40 | 7.6 | 5 | 5.1 | 2 | 4.4 |
| Total question response | 669 | 100 | 525 | 100 | 99 | 100 | 45 | 100 |
| Total for 'South' section | 868 | | | | | | | |
| Missing (from total on Q4) | 199 | | | | | | | |

SOUTH ESSEX Children's Centres Property Strategy



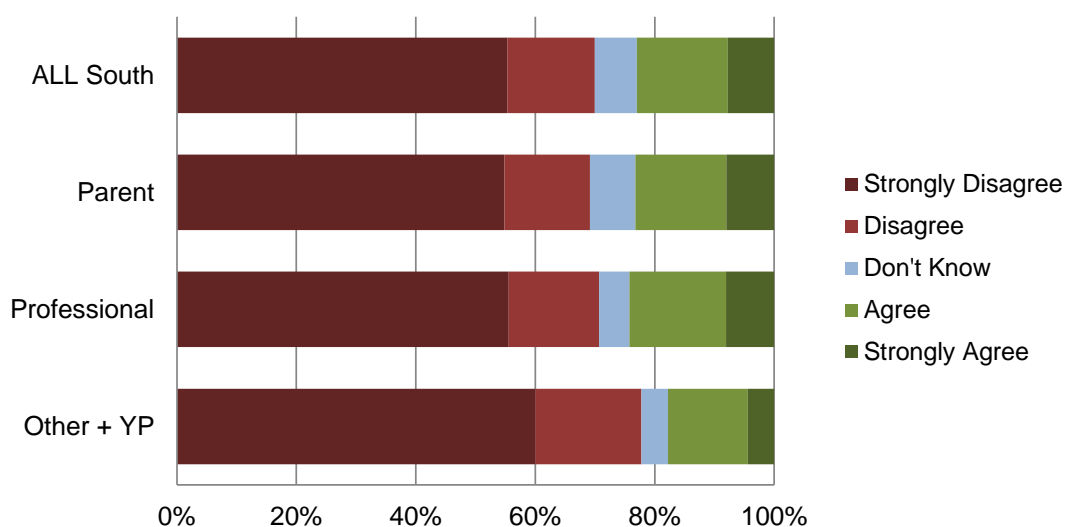
More than half (55%) of all respondents strongly disagreed with the proposals for Fryerns Farm CC, Larchwood CC, Little Handprints CC and The Oak Tree CC becoming the Family Hubs in Basildon, Pilgrims Hatch, Thundersley and Rayleigh respectively.

Disagreement was the highest among other + YP (77.8%⁶), followed by professionals (70.7%). Parents disagreed the least (69.1%) – when compared to the other quadrants, this is the only occurrence where parents had lower levels of disagreement with proposals than the professionals'

Agreement with the proposed Family Hub locations was almost the same among the professionals (24.2%) and parents (23.2%) – this is the only quadrant where the agreement between these two groups was similar.

This data is visually presented in the chart below.

Q7.2: South Essex - Agreement/disagreement with proposed Family Hub locations - by respondent type



⁶ However, please note that the number of other +YP respondents is considerably lower when compared to the others.

Q7.2b: If you disagree, which current Children's Centre site do you think should become the Family Hub?

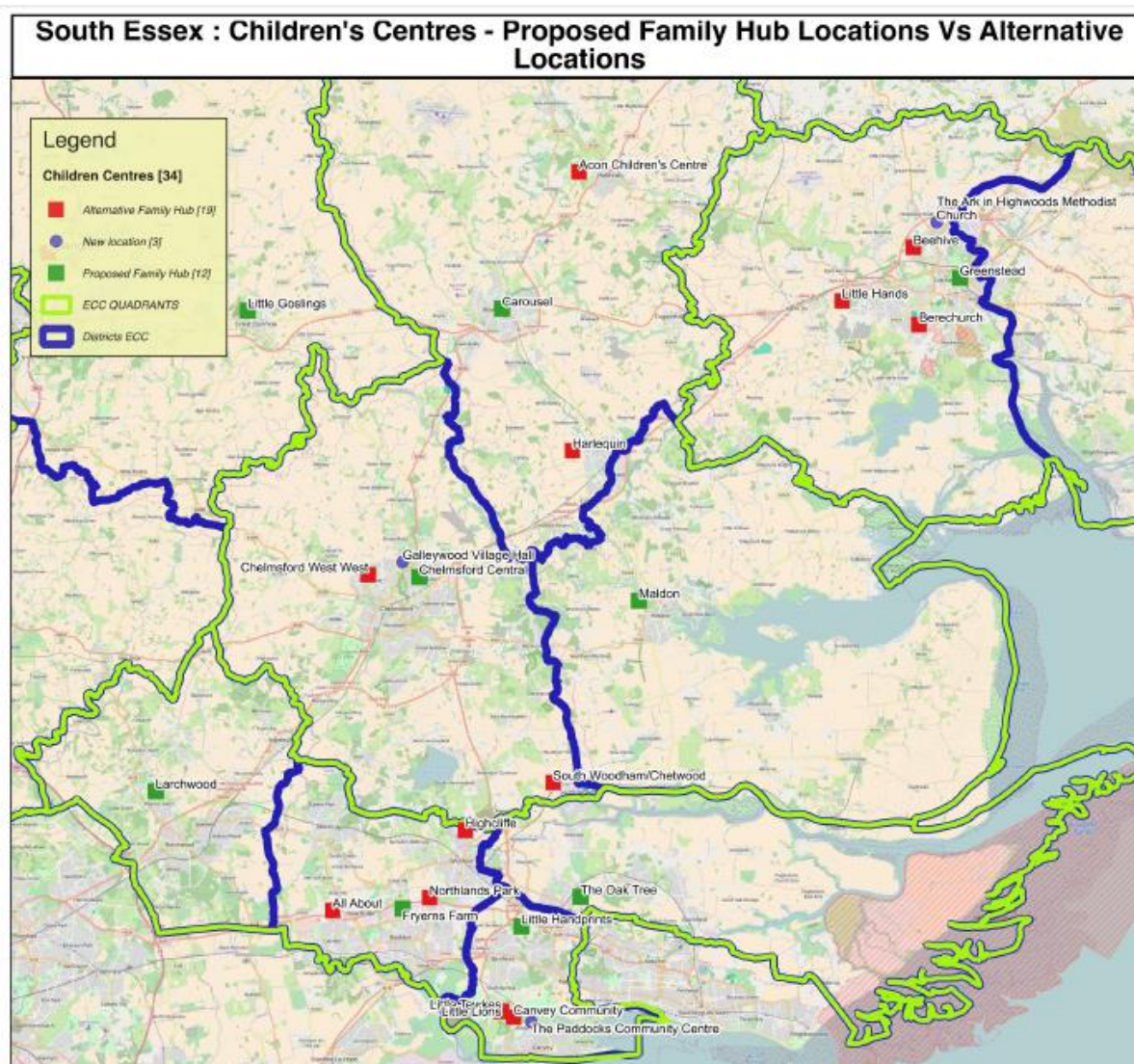
Those who disagreed with the proposed Family Hubs were encouraged to suggest which other current Children's centre site should become the Family Hub.

353 respondents (out of 468 who disagreed) provided a suggestion, which represents 75.4% of those disagreeing providing a suggestion for an alternative location for a Family Hub. Multiple suggestions could be provided in a single comment.

The most popular alternative Family Hubs would be:

- Little Lions CC, Northwick Park, Canvey Island, SS8 9SU (or one Family Hub anywhere on Canvey Island)
- Northlands Park CC, Basildon, SS13 1QX
- Highcliffe CC, Wickford, SS11 8JX
- All About CC, Laindon, SS15 5NX

These locations are shown on the map below, highlighted in red. Currently proposed Family Hub locations are in green.



Compared to North and Mid, South respondents listed a wide variety of locations they would prefer as (probably 'additional') Family Hubs. All suggestions above received more than thirty 'votes' each, which points to a certain level of agreement among the respondents.

The most frequent suggestions (mentioned more than 5 times) are listed in the table below. Please note it is a shortened version of a full list of suggestions, which is available in Appendix 3.

| Q7.2b: Respondents views on alternative Family Hub locations – South | Freq | % of responses | % of respondents |
|---|-------------|-----------------------|-------------------------|
| SHORTENED TABLE | | | |
| <i>Disagree with hub/all centres should be open etc.</i> | 62 | 14.6 | 17.6 |
| Little Lions CC, Northwick Park, Canvey Island, SS8 9SU | 52 | 12.3 | 14.7 |
| Northlands Park CC, Basildon, SS13 1QX | 50 | 11.8 | 14.2 |
| Highcliffe CC, Wickford, SS11 8JX | 46 | 10.8 | 13.0 |
| Canvey Island - one Hub in general needed | 32 | 7.5 | 9.1 |
| All About CC, Laindon, SS15 5NX | 31 | 7.3 | 8.8 |
| <i>Other comment</i> | 25 | 5.9 | 7.1 |
| <i>Issues with (public) transport</i> | 16 | 3.8 | 4.5 |
| Wishing Well CC, Rochford, SS4 1QF | 15 | 3.5 | 4.2 |
| Sunnyside CC, Billericay, CM12 0GH | 15 | 3.5 | 4.2 |
| The Triangle CC, Wickford, SS12 0AQ | 9 | 2.1 | 2.5 |
| Billericay CC, Billericay, CM12 9AB | 9 | 2.1 | 2.5 |
| Kaleidoscope CC, Basildon, SS16 4NF | 8 | 1.9 | 2.3 |
| Cherry Tree Children's Centre, The Knightsway Centre, 32a Knights Way, Brentwood CM13 2AZ | 6 | 1.4 | 1.7 |
| Ladybird CC, Rayleigh, SS6 9EH | 6 | 1.4 | 1.7 |
| Canvey community CC, Canvey Island, SS8 9HG | 6 | 1.4 | 1.7 |
| Little Tewkes CC, Canvey Island, SS8 9SU | 5 | 1.2 | 1.4 |
| Total responses | 424 | 100 | |
| Total respondents/comments | 353 | | |

General views

As the case in the North and Mid quadrants, many respondents disagreed with the concept of Family Hubs. Areas such as Wickford and Canvey Island were described as 'losing out'. Reasons for disagreement were the same, for example, children's centres needing to be a local and accessible service where social networks can be formed. Difficulties of getting to the actual locations were mentioned frequently. Again, respondents called for the current arrangement to be retained.

'Basildon is a large area and there is currently a variety of children's centres to support families. By creating one there will be limited space for families. Childcare places will be limited even if they are open for more hours. In addition it is not local enough for several families particularly those unable to travel.' (Parent Basildon)

'There should be one in each area. I would only go to Canvey Island. I do not drive and having to travel by bus/train to get to a hub is not an easy option to just being able to walk down the road now. I think it's a terrible idea. Or at least really give a detailed description on which and where each site will be a what I will still be able to do at my local centre. Which seems to be going from 3 to 1 which is shocking!' (Parent, Castle Point)

'I don't think so many should be closed. Queues for babies services at the Brentwood hubs are already long and I haven't been able to join any groups as they are all fully booked and I've been on the waiting list a year! My baby is nearly 1 so he has missed out and your plans will make these resources even more limited. I am lucky that I am financially secure and so have been able to pay for private sessions but many are not as fortunate and I think less resources mean exactly that - less resources!!!! The proposals seem like they are trying to sugar coat as the data is not easy to decipher but this should not happen! I will be happy to speak with anyone to support solutions to (I assume funding cuts) but this is not a good idea. Once gone they will not come back.' (Parent, Brentwood)

Little Lions CC, Northwick Park, Canvey Island, SS8 9SU (currently proposed to close and become a childcare opportunity)

The majority of calls for having Little Lions Children's Centre as an additional Family Hub to those already proposed were based on the geographical isolation of Canvey Island and the resultant disadvantage for the local community. Respondents highlighted the difficulties of accessing services off the island, with many not having access to a car and there being no direct routes to the proposed Family Hubs in other locations. Little Lions is described as a popular and well-used centre that already supports the most deprived area of Canvey and thus would be a considerable loss to the area.

However, Canvey Island residents appear open in terms of which of the current three children's centres (Little Lions CC, Little Tewkes CC or Canvey Community CC) should stay open, as long as at least one does. The proposed Family Hub Outreach Site is viewed as insufficient for the local needs. Overall, more than 80 respondents made a strong call for an additional Family Hub for Canvey Island.

'Canvey Island is an independent island that requires its own centre, having sites off of Canvey makes them inaccessible for people that live on Canvey which means you are taking away vital support advice which new parents/carers rely on !! People that are not yet parents do not understand how much these centres are a god send to Canvey parents and moving off Canvey causes a huge disadvantage for new parents now and In the future on top of us that it will currently affect! The little lions children centre on Canvey is our main centre which could be the family Hub site for us!! Or potential buildings not currently occupied here on the island?' (Parent, Castle Point)

'I think there should be a family Hub kept on Canvey, at little lions. This is a large area of deprivation and A small plan of outreach within Thorney Bay is not enough! Canvey needs its own hub, expecting target/vulnerable families to travel to Thundersley (2 bus journeys) is completely unrealistic!' (Professional, Castle Point)

'Little Lions Children Centre is in the most deprived area of Canvey and is used by families and referred to by professionals to encourage families in need to access groups and individual support. The transport system from Canvey is restricted and many of the(in Need) families do not have access to a car.' (Professional, Castle Point)

'Canvey Island requires its own family hub for local residents to access services and support. Canvey is a classed low income area and with the pressure of families on local caravan park Thorney Bay, plus the high level of mums with post-natal depression there has been good support links made to the children's centre. Providing their services are better advertised (which currently not the case) there will be a bigger influx in parents accessing. A lot of Canvey residents do not drive and Thundersley hub will be inaccessible to them. i am recently trained as a volunteer for parent supporter at parents first who have just had funding to provide support for pregnant mums and families who would really benefit from helping these families to access and support a centre. Without a Canvey base this would prove very difficult to help mums gain independent support also. The centres ARE needed here - but require better staff and be based outreach in the community as well as in a centre.' (Parent, Castle Point)

Northlands Park CC, Basildon, SS13 1QX (currently proposed to close and become a childcare opportunity)

Respondents listed a number of strong arguments why Northlands Park Children's Centre in Basildon should be used as a Family Hub instead of Fryerns Farm.

These include:

- Purpose-built multi-agency building, with the potential to house other agencies
- Large enough facility with the potential to evolve further; already has a large variety of rooms, including private rooms for private consultations
- Able to better cope with demand (vs. Fryerns Farm viewed as too small and in a poor state of repair)
- Sensory room and other equipment already available and highly valued by the community
- Opportunities to be used by the community at weekends
- Good accessibility – in terms of public transport as well as parking facilities
- Has existing links with the local schools etc.

Overall, Northlands Park Children's Centre was viewed as offering a better alternative to Fryerns Farm.

'Fryerns Farm Children Centre in Basildon is a great venue, but is far too small for a Family Hub, as there are only two rooms available. I would suggest that the Basildon Family Hub was Northlands Park Children's Centre, as this is a far bigger venue, and therefore would be able to cope better with the number of families in the area. There are plenty of rooms for giving advice and support to families, as well as still having a crèche, activity rooms and sensory room for the children, all available and in use at the same time.' (Parent, Basildon)

'For Basildon I think Northlands Park should be seriously considered. It is a large building and a main site which is open for 50 hours each week with the potential to evolve more easily into a Family Hub than the proposed Fryerns Farm which is currently only a delivery site open for 15 hours each week.' (Other - Advisory Board Chair, Basildon)

'I think that Northlands should be a better choice of family hub as it is already a busy centre full of families attending for baby sessions, parenting programmes, baby weighing, blood spots, speech and language drop in, blood tests for pregnant mums to be, the sensory room. The relationship we have between the surrounding pre-school, schools and nurseries is great and we work very closely with the health visitors. The building is much bigger and more friendly and inviting to parents. There is a nice big area in the reception for mums to wait for sessions. It is used daily for outside agencies for meetings and courses with projector facilities. It is a much more attractive and purpose built building for a family hub with lots of rooms you would be able to talk to parents to privately.' (Professional, Basildon)

Highcliffe CC, Wickford, SS11 8JX (currently proposed to become a Family Hub Delivery Site)

Highcliffe Children's Centre is a highly-valued children's centre in Wickford and several respondents claimed they would be 'lost' without it. Although the proposal is not to close the centre entirely, the proposed reduced hours are not viewed as sufficient to meet demand. Respondents would welcome an additional Family Hub in Wickford, it being Highcliffe or Triangle, otherwise accessing alternative sites would be difficult. Highcliffe is described as a venue with high security and in close proximity to a park, thus further enhancing children's learning.

'Anywhere in Wickford. We will have an additional 400 family homes here thanks to all the new developments and no facilities easily accessible for new parents. Public transport is not a great way of getting around with a young child. Other passengers can be intimidating and on occasion abusive.' (Parent, Basildon)

'I think the Wickford children's centre should remain open for the times it already is. There is limited parking that would become so congested if it was open for the limited times you are suggesting. We also receive amazing support from this centre as a parent, along with excellent classes and learning and it would be a massive loss to our community for you to reduce the hours so significantly!!!' (Parent, Basildon)

'Highcliffe in Wickford should be kept open! It's built for purpose, a good location for children (next to the park!) and easily accessible for people living in the Wickford/Crays hill/Billericay area. There are a lot of vulnerable groups living in these areas and I doubt many people would take the bus or the train to Rayleigh or Basildon to access these valuable services.' (Parent, Chelmsford)

All About CC, Laindon, SS15 5NX (currently proposed to become a Family Hub Delivery Site and a childcare opportunity)

All About Children's Centre (or already mentioned Northlands Park) is proposed as another alternative to Fryerns Farm. All About staff are highly commended.

In addition to arguments that Fryerns Farm is in a poor state of repair, is underused and is difficult to access, several respondents commented on its proximity to other facilities which can be viewed as intimidating (probation centre).

'I would like 'All about' to become the main hub for Basildon. Fryerns farm is a horrible location to take my child and I'm aware that there is a social care centre nearby, which is intimidating.' (Parent, Basildon)

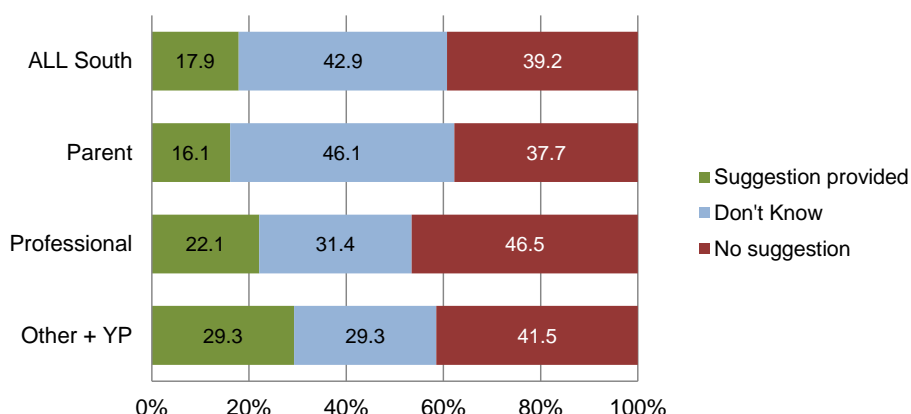
'The All About centre, on the grounds of James Hornsby school or Northlands park have very good set-ups. They have sufficient parking, good transport links, good facilities - meeting rooms, crèche, play areas, etc. I see no benefit in wasting vast amounts of money on a restructure which will ultimately reduce the usability of the whole service. I for one would no longer be able to access the children's centre and it has been unbelievable valuable to me and my children. I am very very sad and disappointed by the proposed plans.' (Parent, Basildon)

'I think the all about centre is best suited. The staff there are second to none!' (Young Person, Basildon)

Q7.3: 'Can you suggest any other buildings or locations that you think we should consider for delivering services which are not already listed in the Consultation document?'

| Q7.3: Respondent ideas on alternative locations – South | ALL | | Parent | | Professional | | Other + YP | |
|---|------------|------------|------------|------------|--------------|------------|------------|------------|
| | Freq | % | Freq | % | Freq | % | Freq | % |
| Yes | 108 | 17.9 | 77 | 16.1 | 19 | 22.1 | 12 | 29 |
| No | 237 | 39.2 | 180 | 37.7 | 40 | 46.5 | 17 | 41 |
| Don't Know | 259 | 42.9 | 220 | 46.1 | 27 | 31.4 | 12 | 29 |
| Total question response | 604 | 100 | 477 | 100 | 86 | 100 | 41 | 100 |
| Total for 'South' section | 868 | | | | | | | |
| Missing (from total on Q4) | 264 | | | | | | | |

Q7.3: South Essex - Alternative site suggestions - by respondent type



In addition to respondents' views on what existing Children's centres could be used as Family Hubs instead of the those proposed by ECC, respondents could also suggest any other locations in their local communities that could be suitable and that ECC

might not as yet be aware of (i.e. 'other buildings or locations which are not already listed in the Consultation document').

The majority of South respondents had either no suggestions (39.2%) or 'didn't know' (42.9%). Almost half of professionals (46.5%) proposed no alternatives.

Around 18% claimed to have a suggestion for an alternative location; 102 out of 108 individuals proceeded to do so.

The 'top' suggestion was the Paddocks Community Centre, Canvey Island, SS8 0JA, mentioned by 24 individuals. This was the only site currently 'unknown' to ECC – the remainder of suggestions featured existing Children's centres, which were also mentioned in Q7.2b. This is depicted by a blue circle on the earlier map.

For a full list of suggestions, please see Appendix 3. A shortened version of the list is presented below.

| Q7.3: Respondents ideas on alternative locations – South | Freq | % of responses | % of respondents |
|---|------|----------------|------------------|
| SHORTENED TABLE | | | |
| The Paddocks Community Centre, Canvey Island, SS8 0JA | 24 | 20.2 | 23.5 |
| Other | 11 | 9.2 | 10.8 |
| All About CC, Laindon, SS15 5NX | 8 | 6.7 | 7.8 |
| Cherry Tree Children's Centre, The Knightsway Centre, 32a Knights Way, Brentwood CM13 2AZ | 8 | 6.7 | 7.8 |
| Northlands Park CC, Basildon, SS13 1QX | 6 | 5.0 | 5.9 |
| Total responses | 119 | 100.0 | |
| Total respondents/comments | 102 | | |

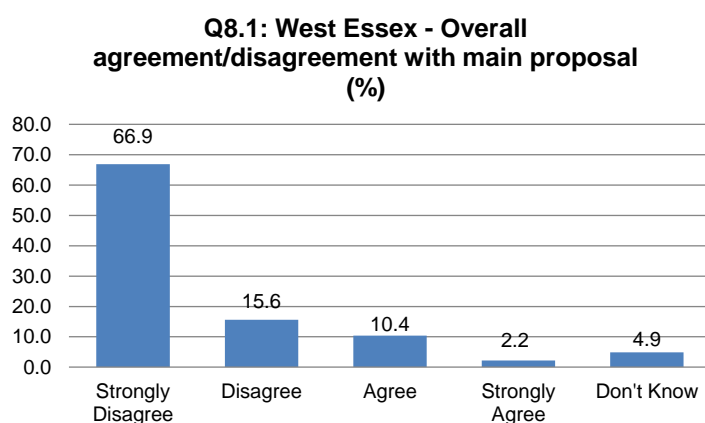
West Essex Children's Centres – Uttlesford, Epping Forest, Harlow

Please note that percentages are calculated based on the response to each individual question. Although in Q4 696 individuals wished to comment on the West quadrant, only 550 provided their views for Q8.1 (and as such, 550 is used as the denominator), 596 for Q8.2 etc. The attrition rate was more than 100 individuals per question.

Respondents to this section of the survey are referred to as 'West quadrant respondents'.

Q8.1: 'To what extent do you agree with this proposal (i.e. one Family Hub in each district, supported by a range of local Family Hub Delivery Sites and other Family Hub Outreach Sites)?'

| Q8.1: Main proposal – West | ALL | | Parent | | Professional | | Other + YP | |
|----------------------------|------|------|--------|------|--------------|------|------------|------|
| | Freq | % | Freq | % | Freq | % | Freq | % |
| Strongly Disagree | 368 | 66.9 | 305 | 70.1 | 45 | 54.2 | 18 | 56.3 |
| Disagree | 86 | 15.6 | 67 | 15.4 | 13 | 15.7 | 6 | 18.8 |
| Agree | 57 | 10.4 | 41 | 9.4 | 15 | 18.1 | 1 | 3.1 |
| Strongly Agree | 12 | 2.2 | 6 | 1.4 | 3 | 3.6 | 3 | 9.4 |
| Don't Know | 27 | 4.9 | 16 | 3.7 | 7 | 8.4 | 4 | 12.5 |
| Total question response | 550 | 100 | 435 | 100 | 83 | 100 | 32 | 100 |
| Total for 'West' section | 696 | | | | | | | |
| Missing (from total on Q4) | 146 | | | | | | | |



Just over two thirds of West quadrant respondents 'strongly disagreed' with the proposal for there to be one Family Hub in each district, supported by a range of local Family Hub Delivery Sites and other Family Hub Outreach Sites.

Overall disagreement was felt the most strongly by parents (85.5%), followed by other + YP (75%). Professionals disagreed considerably less compared to the

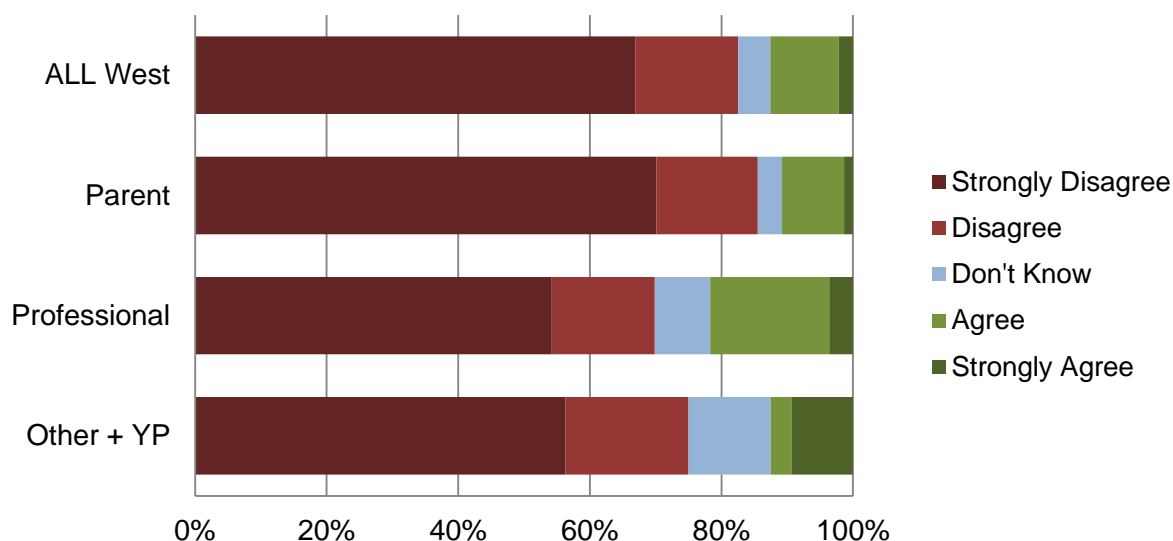
other groups – 69.9%.

Agreement with the proposal was the highest among professionals – 21.7% 'agreed' or 'strongly agreed'. This is approximately 10% more than for the other two groups.

Percentages of those who 'didn't know' were higher than in other quadrants – 8.4% of professionals 'didn't know', which was more than parents who 'didn't know'.

Please see graph below for visual representation of this data.

Q8.1: West Essex - Agreement/disagreement with main proposal - by respondent type

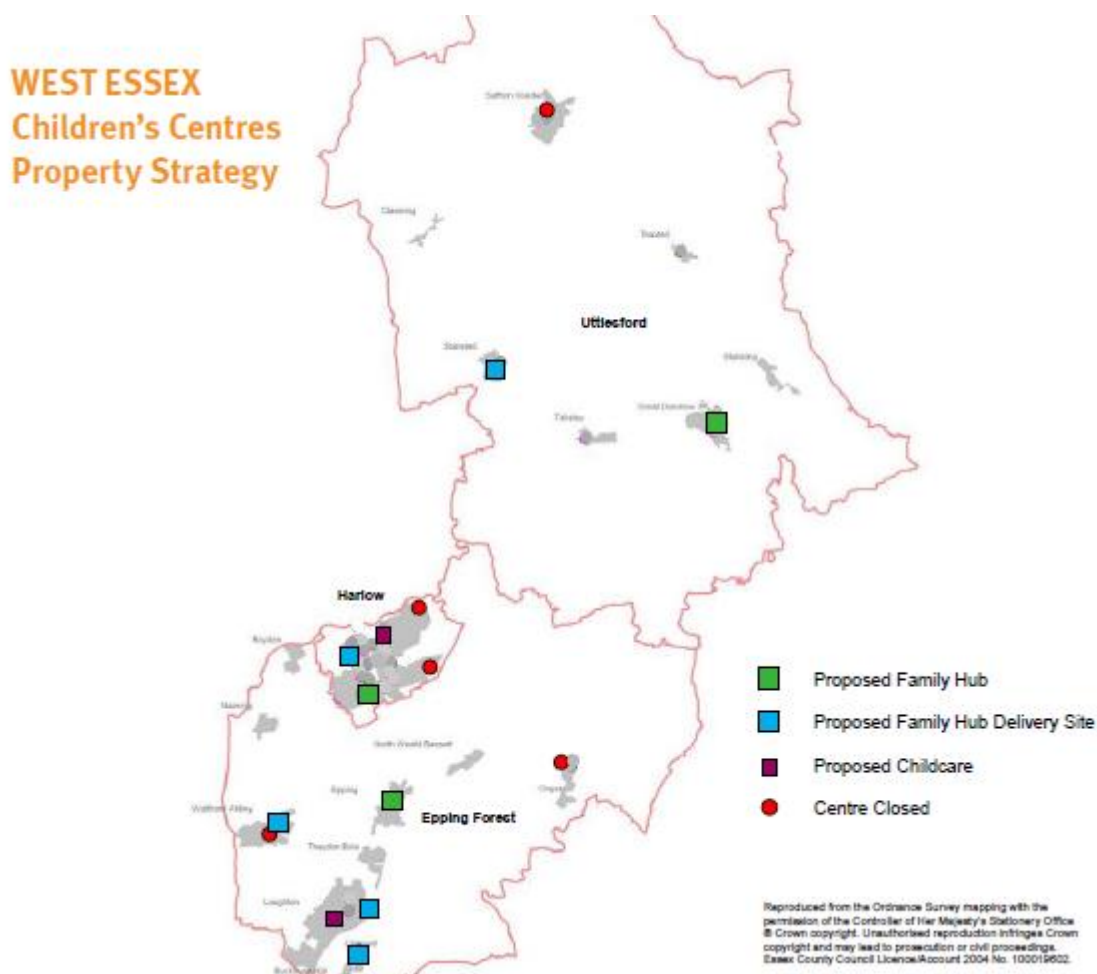


Q8.2: 'In West Essex, your proposed Family Hubs will be:

- Brambles Children's Centre, Epping
- Little Goslings Children's Centre, Great Dunmow
- Treehouse Children's Centre, Harlow

To what extent do you agree with the proposed location of the Family Hub in this district?'

| Q8.2a: Proposed Family Hub locations – West | ALL | | Parent | | Professional | | Other + YP | |
|---|------|------|--------|------|--------------|------|------------|------|
| | Freq | % | Freq | % | Freq | % | Freq | % |
| Strongly Disagree | 319 | 53.5 | 266 | 57.6 | 32 | 33.3 | 21 | 55.3 |
| Disagree | 92 | 15.4 | 60 | 13.0 | 24 | 25.0 | 8 | 21.1 |
| Agree | 118 | 19.8 | 89 | 19.3 | 27 | 28.1 | 2 | 5.3 |
| Strongly Agree | 30 | 5.0 | 23 | 5.0 | 7 | 7.3 | 0 | 0.0 |
| Don't Know | 37 | 6.2 | 24 | 5.2 | 6 | 6.3 | 7 | 18.4 |
| Total question response | 596 | 100 | 462 | 100 | 96 | 100 | 38 | 100 |
| Total for 'West' section | 696 | | | | | | | |
| Missing (from total on Q4) | 100 | | | | | | | |



More than half (53.5%) of all West respondents 'strongly disagreed' with the proposals for Brambles CC, Little Goslings CC and Treehouse CC becoming the Family Hubs in Epping, Great Dunmow and Harlow respectively.

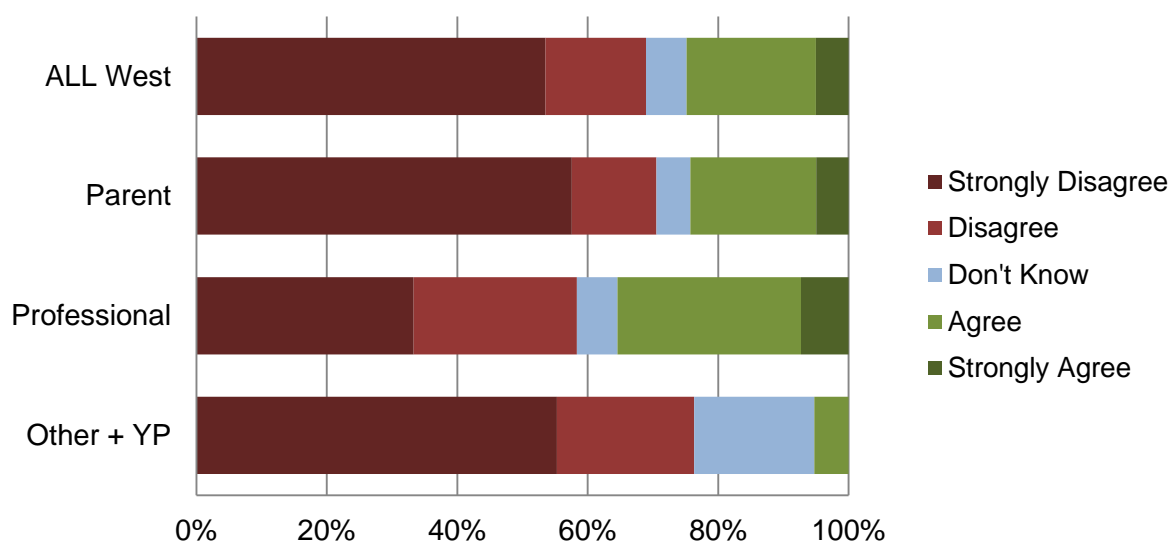
Disagreement was the highest among other + YP (76.3%⁷), followed by parents (70.6%).

Agreement was the highest among professionals – more than a third (35.4%) of them 'agreed' or 'strongly agreed' with the proposed Family Hub locations. Almost a quarter of parents (24.2%) also agreed.

This data is visually presented in the chart below.

⁷ However, please note that the number of other +YP respondents is considerably lower when compared to the others.

Q8.2: West Essex - Agreement/disagreement with proposed Family Hub locations - by respondent type



Q8.2b: If you disagree, which current Children's Centre site do you think should become the Family Hub?

Those who disagreed with the proposed Family Hubs were encouraged to suggest which other current Children's centre site should become the Family Hub.

285 respondents (out of 411 who disagreed) provided a suggestion, which represents approximately 69% of those disagreeing providing a suggestion for an alternative location for a Family Hub. Multiple suggestions could be provided in a single comment.

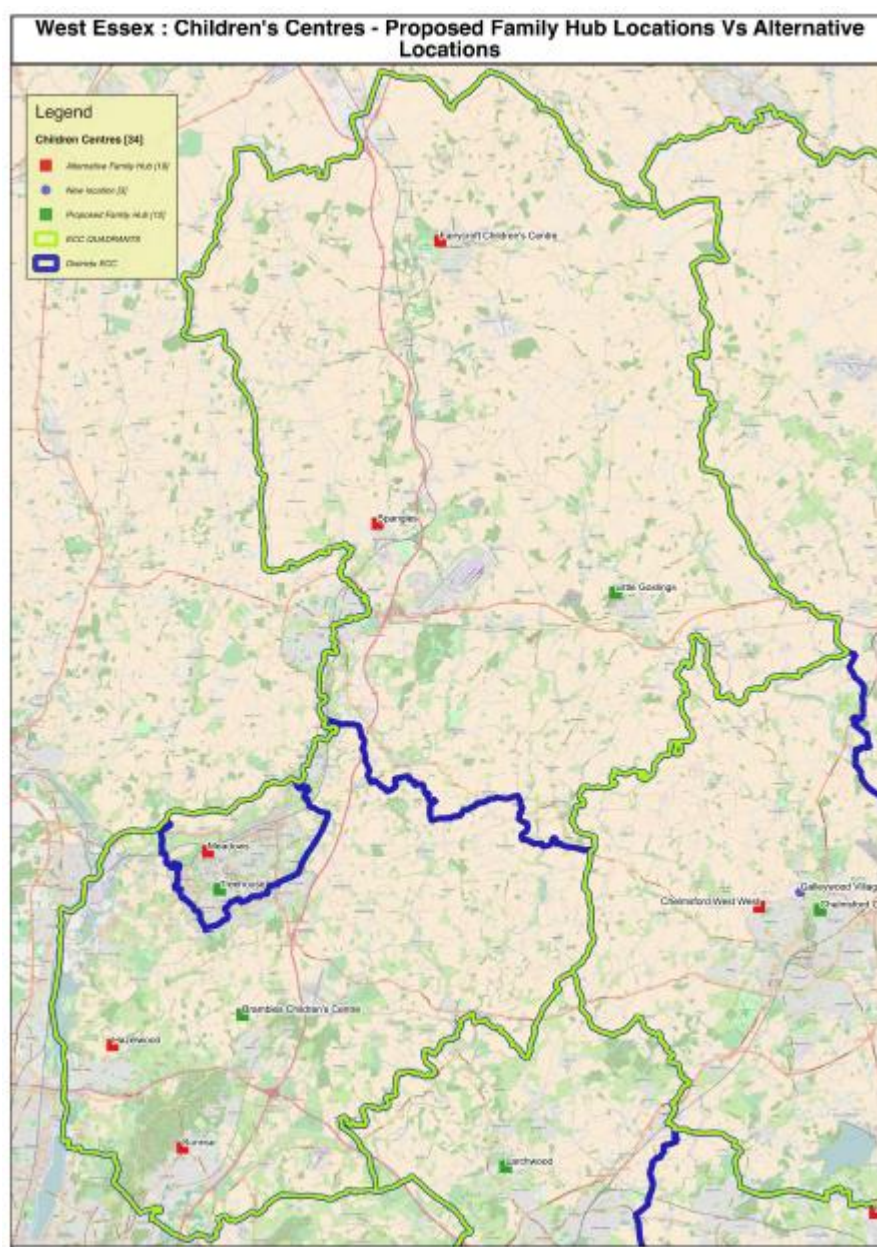
The most popular alternative Family Hubs would be:

- Meadows CC, Harlow, CM19 4DL
- Sunrise CC, Loughton, IG10 3HE
- Hazelwood CC, Waltham Abbey, EN9 3EL
- Spangles CC, Stansted, CM24 8LR
- Faircroft CC, Saffron Walden, CB10 1ND

These locations are shown on the map below, highlighted in red. Currently proposed Family Hub locations are in green.

West respondents have generally suggested alternatives to the currently proposed Family Hub locations, which they believe are not always the most suitable. Respondents have reservations to Brambles Children's Centre in Epping, which is apparently small, has poor facilities for buggies, limited parking and is already located within an 'affluent' area rather than one of real need. Harlow was seen as too large and growing to have one Family Hub only. Furthermore, some mentioned that the Family Hub as well as Family Hub Delivery Site are both to be located in West Harlow – ideally, they call for an additional Family Hub, or a greater spread of services, so they are located both in West and East Harlow. Many alluded to travel difficulties across Harlow – either by car (and related parking problems) or by public transport (multiple buses, or need for a taxi).

West Essex is described as a dispersed area of towns and villages, with limited transport links and related access issues, and thus greater need for a more localised service, covering areas such as Loughton, Waltham Abbey, Saffron Walden and others.



The most frequent suggestions (mentioned more than 5 times) are listed in the table below. Please note it is a shortened version of a full list of suggestions, which is available in Appendix 4. However, other locations were suggested too few times to be considered as a feasible alternative.

| Q8.2b: Respondents views on alternative Family Hub locations – West | Freq | % of responses | % of respondents |
|--|-------------|-----------------------|-------------------------|
| SHORTENED TABLE | | | |
| <i>Disagree with hub/all centres should be open etc.</i> | 69 | 18.0 | 24.2 |
| <i>Other</i> | 54 | 14.1 | 18.9 |
| Meadows CC, Harlow, CM19 4DL | 47 | 12.3 | 16.5 |
| Sunrise CC, Loughton, IG10 3HE | 39 | 10.2 | 13.7 |
| Hazelwood CC, Waltham Abbey, EN9 3EL | 33 | 8.6 | 11.6 |

| | | | |
|---|-----|-----|------|
| <i>Public transport issues and comments</i> | 29 | 7.6 | 10.2 |
| Spangles CC, Stansted, CM24 8LR | 22 | 5.7 | 7.7 |
| Fairycroft CC, Saffron Walden, CB10 1ND | 18 | 4.7 | 6.3 |
| Need more than one hub per District | 18 | 4.7 | 6.3 |
| Little Oaks CC, Loughton, IG10 3TD | 9 | 2.3 | 3.2 |
| Burnt Mill CC, Harlow, CM20 2NR | 9 | 2.3 | 3.2 |
| <i>Parking comments</i> | 8 | 2.1 | 2.8 |
| Treehouse CC, Harlow, CM18 7NG | 7 | 1.8 | 2.5 |
| Potter Street CC, Harlow, CM17 9EU | 6 | 1.6 | 2.1 |
| Abbeywood CC, Waltham Abbey, EN9 1EL | 5 | 1.3 | 1.8 |
| Total responses | 383 | 100 | |
| Total respondents/comments | 285 | | |

General views

Most comments related to the dislike of the Family Hub concept and the wish for things to stay as they are (both 'Disagree with hub/all centres should be open etc.' and 'Other'). In addition to the points already raised by respondents from other quadrants, West respondents also highlighted the variety of activities that take place at Children's centres, for example parenting classes, dance classes, play groups etc., that may be lost as part of the 'consolidation'. Several also believe that the service will be stretched too thinly.

'To keep them all open having different times throughout the day to cater everyone's needs, Having just one in Harlow is going to be so busy and over loaded, families will end up getting turned away from any activities going on because of overcrowding, teenagers support times can be after 3pm onwards etc., there is not the room in any of the centres to fit all people's needs in at once anyway, a lot of my friends don't drive or hubby is using the car for work, people can't get to one centre! I've used the buses in Harlow for a year when I had no car with 2 children under 3, many times I was told by the bus driver I need to get the next bus because my double pram was too big!!! I couldn't afford to buy a smaller one to use on the buses. For me getting to the Tree House centre I'll need to get on two buses, I'd like to add I use the centres about 3-4 times a week!' (Parent, Harlow)

'This question assumes I agree with the closures. Why do they have to become family hubs at all? The provision has already been cut in our area. There are families in need who will not now be able to access the groups, support and facilities that the centres provide which are now closing. There are plenty of childcare centres, but there are not enough centres which can provide adult education courses, such as those on parenting, budgeting, cooking... and groups which are free to attend with both my 4 year old and 2 year old. Many families like mine will feel the loss of our local Surestart centre. Where will new mothers be able to go to a breastfeeding group? Little Buddies CC closed and one of the venues that now offers a group is Buckhurst Hill library. This has an automatic door that opens from inside right onto the street. Is this a suitable venue for a family to go with small children?? Please reconsider this initiative.' (Parent, Epping Forest)

'Local centres offer a service to families who are not able to access centralised services. vulnerable women will not travel 6miles to disclose domestic violence. Families struggling to pay bills will not be able to get across town to seek help to sort their debts.' (Professional, Harlow)

'Many families without their own transport will find it very difficult to access the Dunmow hub. Public transport between Saffron Walden and Dunmow is very limited and for families in the surrounding villages it would be a logistical nightmare. Stansted might be better in that it has a rail link as well as bus services but it still would preclude some families. The family Hub idea is good in principle but I don't think it will work practice in a district so large as Uttlesford which has so many small and medium sized population centres' (Other, Uttlesford)

There needs to be a full-service Children's Centre within 30 mins walk, or 15 mins public transport, of most families. In practice I think this means there should be a 'Family Hub' in Loughton, in Epping, in Waltham Abbey, as well as additional sites in each of those towns offering services at least some

days a week. A Children's Centre not in the same town will effectively be inaccessible to new parents, who are not particularly mobile, and who will not be willing to travel significant distances for this kind of service. Those people who particularly need the help of Children's Centres are those who do not have access to private cars. People want access to services within walking distance - not in some neighbouring town. You might as well not have a service at all, if it will be a minimum 20 minute drive away.' (Parent, Epping Forest)

Meadows CC, Harlow, CM19 4DL (currently proposed to become a Family Hub Delivery Site)

Respondents show a clear preference for the Meadows Children's Centre in Harlow to become a Family Hub instead of the proposed Treehouse Children's Centre. Almost without exception, respondents highlight Meadows' proximity to town as well as easier accessibility using public transport and walking. Many highlight its larger size, too. Treehouse is viewed as more difficult to access, with many respondents saying they would have to get two buses to get there.

'A family hub should be easily accessible - there are very few transport links to Treehouse in Harlow I would prefer the children's centres to stay as they are but if they do get moved over to hubs think of those who don't drive surely the meadows or burnt mill would be better as these are both walkable from the town.' (Parent, Harlow)

'The Meadows children's centre as it is central in the town enabling easier access for families although I feel The Tree House Children's Centre is the better centre in regards to facilities.' (Parent, Harlow)

'The Meadow as it closest to the town centre so families that don't drive can get one bus and walk.' (Professional, Harlow)

Sunrise CC, Loughton, IG10 3HE (currently proposed to close and become a childcare opportunity)

Respondents argued there should be more than one Family Hub in the Epping Forest district – Sunrise Children's Centre in Loughton was proposed the most, followed by Hazelwood Children's Centre in Waltham Abbey. These were viewed as better alternatives to the currently proposed Brambles Children's Centre in Epping. That one was described as very difficult to get to and thus potentially not catering for the areas of Loughton, Buckhurst Hill, Chigwell and Debden.

Sunrise Children's Centre is described as more central in the Epping Forest district and generally having better transport links than Epping (highlighted by multiple respondents). Some also mentioned better facilities and parking.

'Either Sunrise Children's Centre or Little Oaks in Loughton/Debden. The nearest proposed family hub to me would be in Epping. However, I don't drive and there is only a bus every hour so going to Epping isn't at all feasible. I don't think a hub in Epping would serve well the Loughton/Buckhurst Hill community as it would be too far and cost money to travel to. In addition, my little boy is on the autistic spectrum and would find the travel too stressful.' (Parent, Epping Forest)

'Sunrise is more centrally located for Epping Forest. Brambles has no public parking and what parking exists is expensive and distant.' (Professional, Epping Forest)

'There should be more than one to cater for the whole district. In addition to Epping there should be one in Loughton Chigwell, Waltham Abbey and Ongar. Commuting to Epping for many would prove very difficult. As a new mother and as Loughton Foodbank Project Manager I understand the difficulties parents have to get to places when they are on low income or have other financial crisis. The proposals set out by ECC will fuel more problems for local people and create less of a community.' (Parent, Epping Forest)

'There should be two Family Hubs in the Epping Forest district; Hazelwood in Waltham Abbey and

Sunrise in Loughton. These are the two new build sites, which were originally strategically placed in key SOAs in the district.' (Professional, Epping Forest)

Hazelwood CC, Waltham Abbey, EN9 3EL (currently proposed to become a Family Hub Delivery Site)

Hazelwood Children's Centre was indicated as second alternative to Brambles (Sunrise being the preferred option). Hazelwood was proposed mostly in terms of providing facilities for Waltham Abbey residents – a 'highly populated' and 'deprived' area - again mostly due to accessibility.

'I feel that the Children's Centre in Epping becoming the main hub will be very difficult for many parents because Epping is small and has very limited parking. On a market day it is impossible to park and parking is not free - parents will struggle to park to access the children's centre. It can be difficult to access at the moment because of parking. The proposed changes would see everyone in the Epping Forest District trying to access at various times and it would become ridiculous trying to park and all of the parents and prams using the building. This is one reason that local children's centres work well as they are LOCAL. I can walk to my children centre - Hazelwood Children's Centre - which was vital for me to get out and about after having my baby and after having dealt with ante-natal depression and anxiety. I would have not had the confidence to drive out to Epping Forest and struggle to park and walk back to the Centre. Also for those post-caesarean and other complications this would be impossible in the early weeks. I hope that the local centres that are becoming delivery sites can still offer the majority of important services and opportunities for mums and babies to come together to support parents' mental health and well-being.' (Parent, Epping Forest)

'Waltham abbey has always been a deprived area with very little or no child friendly facilities. Hazel wood children's centre has provided excellent services and support to families in need of support. Why would an area like this be considered unworthy of a familiar hub, when Harlow has a wealth of facilities and Epping isn't exactly a needy area. A number of families hazel wood helps would probably not have access to their own transport or the money to drag their children to activities out of the area. I see you have proposed hazel wood as a delivery site, but we also loose abbey wood. Why is Waltham abbey always the poor relation in west Essex? I have used the centre since 2008 for various playgroups and now dance lessons. My children along with many others could not continue with their dance lessons, which will be devastating to them. They allow children to keep fit and more importantly boost their confidence. It would be a huge loss to the community!' (Parent, Epping Forest)

Spangles CC, Stansted, CM24 8LR (currently proposed to become a Family Hub Delivery Site)

Spangles Children's Centre in Stansted was recommended mostly due to its location within Uttlesford and the difficulty of accessing the proposed Family Hubs elsewhere in the quadrant. It was suggested due to its accessibility, size as well as parking facilities.

'Living in Stansted it will be extremely difficult to get to any of these sites. Brambles and Little Goslings are in sites with no easy transport links. Spangles in Stansted is easily accessible to people in the area, and a lot of people use it from the surrounding villages.' (Parent, Uttlesford)

'I live in Stansted. There is no direct public connection between Dunmow and Stansted. Epping is miles away. Harlow is very expensive to get to. I loved being at Spangles as a new mum and it really helped me to remain sane. I provided a community feel and liked being lots on offer in terms of groups etc.' (Parent, Uttlesford)

Fairycroft CC, Saffron Walden, CB10 1ND (currently proposed close, with a Outreach Site being available in Saffron Walden library)

Accessing proposed Family Hubs is a recurring theme across comments. Providing services at current centres in Saffron Walden or Stansted would be welcome by Uttlesford

communities. A concern has been raised over the suitability of a library for delivering certain services, such as breastfeeding support.

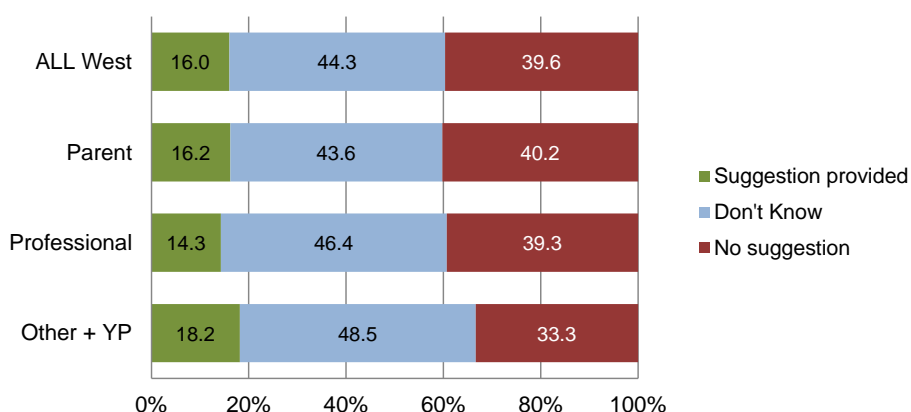
'Not easily accessible from all other areas of Uttlesford, poor public transport links Saffron Walden or Stansted would be more appropriate for Uttlesford.' (Professional, Uttlesford)

'Great Dunmow is 25 mins drive from Saffron Walden, what about families who don't drive? A hub within the library in SW is totally inappropriate and is seriously letting down families especially new mothers. What will happen to breast feeding support? Wholly inappropriate to consider a corner of the library as an alternative. Very disappointed.' (Parent, Uttlesford)

Q8.3: 'Can you suggest any other buildings or locations that you think we should consider for delivering services which are not already listed in the Consultation document?'

| Q8.3: Respondent ideas on alternative locations – West | ALL | | Parent | | Professional | | Other + YP | |
|--|------|------|--------|------|--------------|------|------------|-----|
| | Freq | % | Freq | % | Freq | % | Freq | % |
| Yes | 85 | 16.0 | 67 | 16.2 | 12 | 14.3 | 6 | 18 |
| No | 210 | 39.6 | 166 | 40.2 | 33 | 39.3 | 11 | 33 |
| Don't Know | 235 | 44.3 | 180 | 43.6 | 39 | 46.4 | 16 | 48 |
| Total question response | 530 | 100 | 413 | 100 | 84 | 100 | 33 | 100 |
| <i>Total for 'West' section</i> | 696 | | | | | | | |
| <i>Missing (from total on Q4)</i> | 166 | | | | | | | |

Q8.3: West Essex - Alternative site suggestions - by respondent type



In addition to respondents' views on what existing Children's centres could be used as Family Hubs instead of the those proposed by ECC, respondents could also suggest any other locations in their local communities that could be suitable and that ECC might not as yet be

aware of (i.e. 'other buildings or locations which are not already listed in the Consultation document').

The majority of North respondents had either no suggestions (39.6%) or 'didn't know' (44.3%). Almost 40% of professionals proposed no alternatives.

Just 16% claimed to have a suggestion for an alternative location; 83 out of 85 individuals proceeded to do so. However, upon greater analysis of the data, the most frequent suggestions were about existing Children's centres, i.e. locations that were listed in the Consultation document. They were not necessarily the same ones as those put forward in Q8.2b, however the number of people suggesting them were low.

'New' suggestions referred to church halls, schools and community centres in general; mentioned by seven individuals.

For a full list of suggestions, please see Appendix 4. A shortened version of the list is presented below.

| Q8.3: Respondents ideas on alternative locations – West | Freq | % of responses | % of respondents |
|---|-------------|-----------------------|-------------------------|
| SHORTENED TABLE | | | |
| <i>Other</i> | 13 | 12.9 | 15.7 |
| ABC CC, Old Harlow, CM17 0AT | 9 | 8.9 | 10.8 |
| Burnt Mill CC, Harlow, CM20 2NR | 8 | 7.9 | 9.6 |
| Potter Street CC, Harlow, CM17 9EU | 7 | 6.9 | 8.4 |
| Church Halls, Schools, Community Centres and other non-specific locations | 7 | 6.9 | 8.4 |
| Loughton Library, IG10 1HD | 6 | 5.9 | 7.2 |
| Sunrise CC, Loughton, IG10 3HE | 5 | 5.0 | 6.0 |
| Hazelwood CC, Waltham Abbey, EN9 3EL | 5 | 5.0 | 6.0 |
| Fairycroft CC, Saffron Walden, CB10 1ND | 5 | 5.0 | 6.0 |
| Total responses | 101 | 100 | |
| Total respondents/comments | 83 | | |

Comparison between all quadrants

The following section provides a comparison of the results between the four Essex districts. Apart from some localised nuances, the results are generally consistent across the whole of Essex.

Please note that disagreement is calculated based on those respondents selecting 'disagree' and 'strongly disagree', while agreement on those selecting 'agree' and 'strongly agree'.

Main proposal – for there to be one Family Hub per district

Disagreement

| | % disagreement with main proposal ('disagree' + 'strongly disagree') | | | | |
|--------------|--|-------------|-------------|-------------|---------------|
| | North | Mid | South | West | Essex average |
| ALL | 84.1 | 84.8 | 76.1 | 82.5 | 81.9 |
| Parent | 88.8 | 85.7 | 76.5 | 85.5 | 84.1 |
| Professional | 76.4 | 78.9 | 75.3 | 69.9 | 75.1 |
| Other + YP | 79.2 | 89.8 | 73.2 | 75 | 79.3 |

Overall, the majority of respondents across all districts have disagreed with the proposal for there to be one Family Hub per district, supported by a network of local Family Hub Delivery Sites and Family Hub Outreach Sites.

Respondents from the South were the least to disagree. Still, more than three quarters of South respondents disagreed.

Disagreement was the strongest among parents in the North and other + YP in the Mid.

Agreement

| | % agreement with main proposal ('agree' + 'strongly agree') | | | | |
|--------------|---|-------------|-------------|-------------|---------------|
| | North | Mid | South | West | Essex average |
| ALL | 11.4 | 12.1 | 17.2 | 12.5 | 13.3 |
| Parent | 8.1 | 11.0 | 16.2 | 10.8 | 11.5 |
| Professional | 17.3 | 18.7 | 22.5 | 21.7 | 20.0 |
| Other + YP | 13.2 | 8.2 | 17.1 | 12.5 | 12.7 |

Agreement with the proposal was generally low across all districts. With the exception of South, where 17.2% of respondents agreed, generally only around one eighth of respondents agreed with the proposal.

Agreement was generally the strongest among professionals. Professionals from the South and West agreed with the proposals more than professionals from North and Mid.

Proposal regarding individual Family Hub locations

Disagreement

| | % disagreement with proposed Family Hub locations ('disagree' + 'strongly disagree') | | | | |
|--------------|--|-------------|-------------|-------------|---------------|
| | North | Mid | South | West | Essex average |
| ALL | 71.6 | 66.8 | 70.0 | 69.0 | 69.3 |
| Parent | 77.2 | 67.4 | 69.1 | 70.6 | 71.1 |
| Professional | 63.7 | 58.5 | 70.7 | 58.3 | 62.8 |
| Other + YP | 64.3 | 81.5 | 77.8 | 76.3 | 75.0 |

Overall, the majority of respondents across all districts have disagreed with the proposed individual Family Hub locations. However, the disagreement was lower than with the main proposal. While 81.9% disagreed with the main proposals, 69.3% of respondents disagreed with the actual locations proposed.

Respondents from the Mid disagreed the least. Otherwise, the level of disagreement was similar across all quadrants.

Other + YP were the most likely to disagree with the proposed locations.

Agreement

| | % agreement with proposed Family Hub locations ('agree' + 'strongly agree') | | | | |
|--------------|---|-------------|-------------|-------------|---------------|
| | North | Mid | South | West | Essex average |
| ALL | 21.0 | 26.6 | 23.0 | 24.8 | 23.9 |
| Parent | 16.1 | 26.3 | 23.2 | 24.2 | 22.5 |
| Professional | 28.1 | 33.3 | 24.2 | 35.4 | 30.3 |
| Other + YP | 26.8 | 13.0 | 17.8 | 5.3 | 15.7 |

Just under a quarter of all respondents agreed with the proposed Family Hub locations. Agreement was the strongest in the Mid (26.6%) and the weakest in the North (21%).

Professionals were the most likely to agree with the proposed locations of the Family Hubs. More than 30% agreed.

Professionals from the West and Mid agreed with the locations the most.

Alternative Family Hub locations

More than 70% of respondents who disagreed with the proposed Family Hub locations provided suggestions for which other current Children's centres could be used as Family Hubs in their districts instead. The table below shows the numbers of people who provided a suggestion, as well as their percentage.

| Quadrant | No. of respondents who disagreed with proposed Family Hub location (Q5.2; 6.2; 7.2; 8.2) | No. of respondents who made a suggestion regarding an alternative Family Hub location (Q5.2b; 6.2b; 7.2b; 8.2b) | % of respondents who disagreed and made a suggestion |
|---------------|---|--|--|
| North | 328 | 221 | 67.3% |
| Mid | 517 | 383 | 74.1% |
| South | 468 | 353 | 75.4% |
| West | 411 | 285 | 69.3% |
| Essex average | | | 71.5% |

However, despite the high level of disagreement, the comments gave the impression that respondents primarily disagreed with the idea of decreasing the number of Family Hub locations to twelve, rather than the actual proposed locations. As such, respondents from certain locations put forward multiple arguments for why they would need a Family Hub in their locality, too. As such, respondents are primarily calling for additional Family Hubs to those proposed by ECC.

The areas which call for additional Family Hubs are:

- Harwich (North)
- South Woodham Ferrers (Mid)
- Witham (Mid)
- Canvey Island (South)
- Wickford (South) – Family Hub, or increase of hours in the proposed Delivery Site
- Epping Forest (West) – Loughton / Waltham Abbey
- Uttlesford (West) – Saffron Walden / Stansted

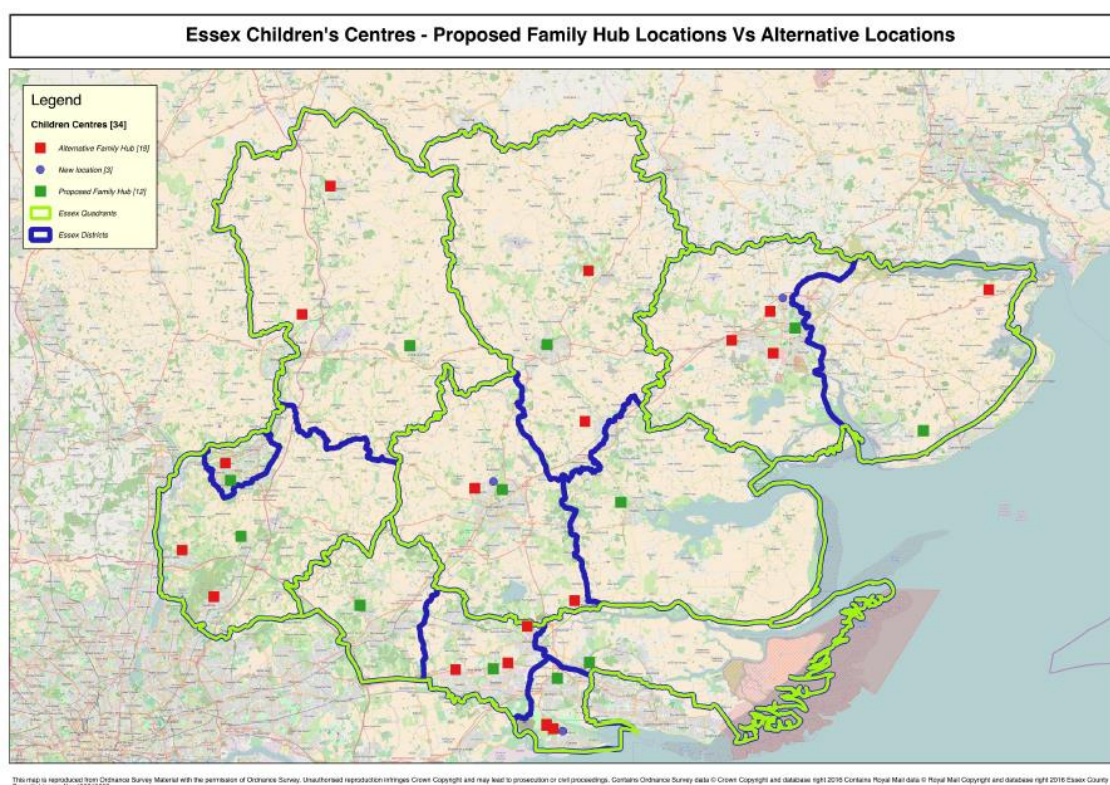
There are several Family Hubs that respondents believe are not the most suitable, be it for their locations (and thus accessibility) or facilities available at them, and thus proposed alternatives.

These were:

- Chelmsford West CC – instead of Chelmsford Central CC
- Northlands Park CC – instead of Fryerns Farm CC
- Meadows CC – instead of Treehouse CC
- Sunrise CC or Hazelwood CC – instead of Brambles
- Saffron Walden or Stansted – in addition to, or instead of Little Goslings CC

The table and map below show the proposed Family Hub locations for each district, together with alternative proposals made by the respondents. A small number of 'new' locations in the community were also mentioned.

| North | Mid |
|---|---|
| Proposed sites: | Proposed sites: |
| <ul style="list-style-type: none"> • <i>Greenstead Children's Centre, Colchester</i> • <i>Sydney House Children's Centre, Clacton-on-Sea</i> | <ul style="list-style-type: none"> • <i>Carousel Children's Centre, Braintree</i> • <i>Chelmsford Central Children's Centre, Chelmsford</i> • <i>Maldon Children's Centre, Maldon</i> |
| Respondents' suggestions for sites: | Respondents' suggestions for sites: |
| <ul style="list-style-type: none"> • Windmill Centre, Harwich, CO12 5EL • Little Hands CC, Stanway, CO3 0QG • Berechurch CC, Monkwick, Colchester, CO2 8NN • Beehive CC, Colchester, CO4 5XT <p>'New' alternative location:</p> <ul style="list-style-type: none"> • The Ark in Highwoods Methodist Church in Colchester (n = 7) | <ul style="list-style-type: none"> • South Woodham/Chetwood CC, SWF, CM3 5ZX • Chelmsford West CC, Dixon Avenue, CM1 2AQ • Acorn CC, Halstead, CO9 1JH • Harlequin CC, Witham, CM8 1NA <p>'New' alternative location:</p> <ul style="list-style-type: none"> • Galleywood Village Hall, CM1 7PP (n = 5) |
| South | West |
| Proposed sites: | Proposed sites: |
| <ul style="list-style-type: none"> • <i>Fryerns Farm Children's Centre, Basildon</i> • <i>Larchwood Children's Centre, Pilgrims Hatch</i> • <i>Little Handprints Children's Centre, Thundersley</i> • <i>The Oak Tree Children's Centre, Rayleigh</i> | <ul style="list-style-type: none"> • <i>Brambles Children's Centre, Epping</i> • <i>Little Goslings Children's Centre, Great Dunmow</i> • <i>Treehouse Children's Centre, Harlow</i> |
| Respondents' suggestions for sites: | Respondents' suggestions for sites: |
| <ul style="list-style-type: none"> • Little Lions CC, Northwick Park, Canvey Island, SS8 9SU • Northlands Park CC, Basildon, SS13 1QX • Highcliffe CC, Wickford, SS11 8JX • All About CC, Laindon, SS15 5NX <p>'New' alternative location:</p> <ul style="list-style-type: none"> • The Paddocks Community Centre, Canvey Island, SS8 0JA (n = 24) | <ul style="list-style-type: none"> • Meadows CC, Harlow, CM19 4DL • Sunrise CC, Loughton, IG10 3HE • Hazelwood CC, Waltham Abbey, EN9 3EL • Spangles CC, Stansted, CM24 8LR • Fairycroft CC, Saffron Walden, CB10 1ND <p>'New' alternative location:</p> <ul style="list-style-type: none"> • Church Halls, Schools, Community Centres and other non-specific locations (n = 7) |



Suggestions regarding any other buildings or locations that ECC could consider for delivering services which were not already listed in the Consultation document were very limited. Less than a quarter of respondents (to the particular question for each quadrant) made a comment and if so, it was usually about existing Children's Centres sites. The only most frequently mentioned alternative site was The Paddocks Community Centre on Canvey Island (mentioned by 24 respondents).

This suggests there is limited potential to deliver services from locations other than existing Children's centres buildings. All suggestions are listed in the appendices, however, many were mentioned on less than five occasions, which would suggest that already proposed locations offer a more suitable option.

Q9: Opening hours - 'Thinking about the Family Hub you are most likely to use, when would you prefer it to be open?'

By respondent type

| Q9: Family Hub opening hours / respondent | ALL | | Parent | | Professional | | Other + YP | |
|--|------|------|--------|------|--------------|------|------------|------|
| | Freq | % | Freq | % | Freq | % | Freq | % |
| Five days a week - with the same opening hours every day | 529 | 28.2 | 408 | 28.8 | 91 | 26.6 | 30 | 25.9 |
| Five days a week - with varied opening hours | 199 | 10.6 | 141 | 10.0 | 50 | 14.6 | 8 | 6.9 |
| Six days a week - with the same opening hours every day | 326 | 17.4 | 261 | 18.4 | 51 | 14.9 | 14 | 12.1 |
| Six days a week - with varied opening hours | 408 | 21.8 | 286 | 20.2 | 91 | 26.6 | 31 | 26.7 |
| Seven days a week - same opening hours every day | 184 | 9.8 | 149 | 10.5 | 20 | 5.8 | 15 | 12.9 |
| Seven days a week - with varied opening hours | 229 | 12.2 | 172 | 12.1 | 39 | 11.4 | 18 | 15.5 |
| Total question response | 1875 | 100 | 1417 | 100 | 342 | 100 | 116 | 100 |
| Missing | 1140 | | | | | | | |
| Survey start total | 3015 | | | | | | | |

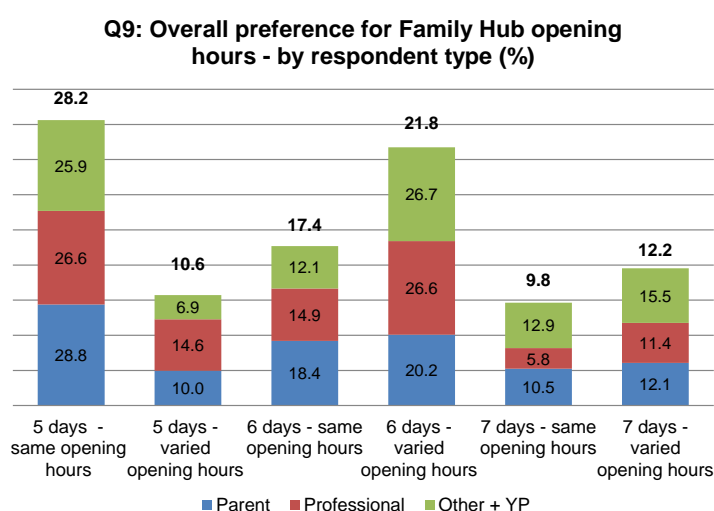
From the six opening hour options, two were clearly the most popular:

- Five days a week – with the same opening hours every day (28.2%)
- Six days a week - with varied opening hours (21.8%)

The third most popular option was six days a week with the same opening hours every day.

This suggests that respondents appear to prefer a regular service. On the other hand, some would also welcome the flexibility offered by a six day service with varied opening hours.

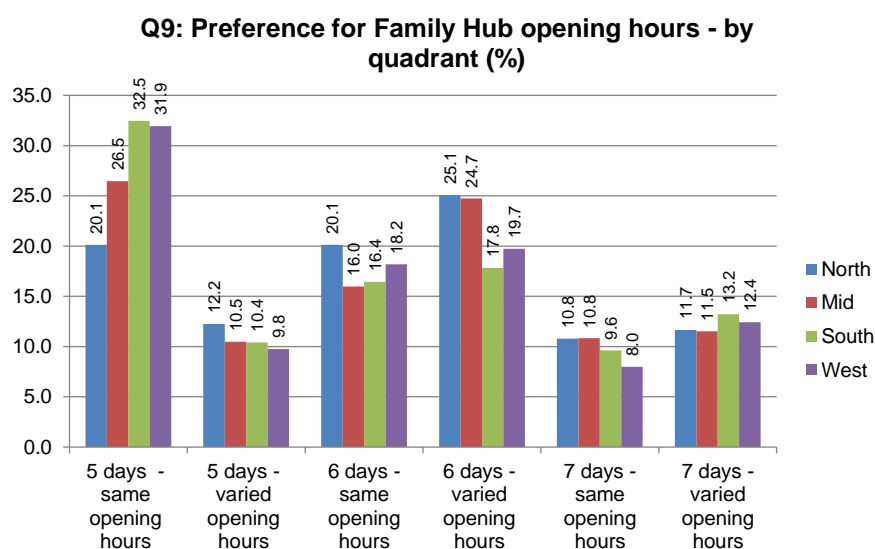
The results suggest that from the range of options, respondents do not have a particular preference for a seven day service.



The pattern was the same across all respondent types. Parents would prefer a 5 day service with the same opening times over a six day service with varied opening hours, while professionals rated both options the same.

By quadrant

| Q9: Family Hub opening hours / quadrant | ALL | | North | | Mid | | South | | West | |
|--|------|------|-------|------|------|------|-------|------|------|------|
| | Freq | % | Freq | % | Freq | % | Freq | % | Freq | % |
| Five days a week - with the same opening hours every day | 529 | 28.2 | 69 | 20.1 | 154 | 26.5 | 162 | 32.5 | 144 | 31.9 |
| Five days a week - with varied opening hours | 199 | 10.6 | 42 | 12.2 | 61 | 10.5 | 52 | 10.4 | 44 | 9.8 |
| Six days a week - with the same opening hours every day | 326 | 17.4 | 69 | 20.1 | 93 | 16.0 | 82 | 16.4 | 82 | 18.2 |
| Six days a week - with varied opening hours | 408 | 21.8 | 86 | 25.1 | 144 | 24.7 | 89 | 17.8 | 89 | 19.7 |
| Seven days a week - same opening hours every day | 184 | 9.8 | 37 | 10.8 | 63 | 10.8 | 48 | 9.6 | 36 | 8.0 |
| Seven days a week - with varied opening hours | 229 | 12.2 | 40 | 11.7 | 67 | 11.5 | 66 | 13.2 | 56 | 12.4 |
| Total question response | 1875 | 100 | 343 | 100 | 582 | 100 | 499 | 100 | 451 | 100 |
| Missing | 1140 | | | | | | | | | |
| Survey start total | 3015 | | | | | | | | | |



When looking at preferences for Family Hub opening times across the four quadrants, there are some slight variations. These are described below. However, overall, the South and West quadrants showed a clear preference for the same opening hours over five days. North had a larger preference for a six days a week, with

varied opening hours. In the Mid, respondents showed a similar preference for both options.

North:

In the North quadrant, six days a week with varied opening hours was the most preferred option (25.1% of North respondents). Five days a week and six days a week, both with the same opening hours every day, came as an equal second preference.

Mid:

In the Mid quadrant, five days a week with the same opening hours was the most preferred option (26.5% of Mid respondents), followed by six days a week with varied opening hours as second (24.7%).

South:

In the South quadrant, five days a week with the same opening hours was by far the most preferred option (32.5% of South respondents). Six days a week with varied opening hours came second, however only 17.8% preferred this option – almost 15% less than the first option. Six days with the same opening hours was third in place, with 16.4%.

West:

The pattern in the West was along the same lines as in the South.

In the West quadrant, five days a week with the same opening hours was by far the most preferred option (31.9% of West respondents). Six days a week with varied opening hours came second, however only 19.7% preferred this option – around 12% less than the first option. Six days with the same opening hours was third in place, with 18.2%.

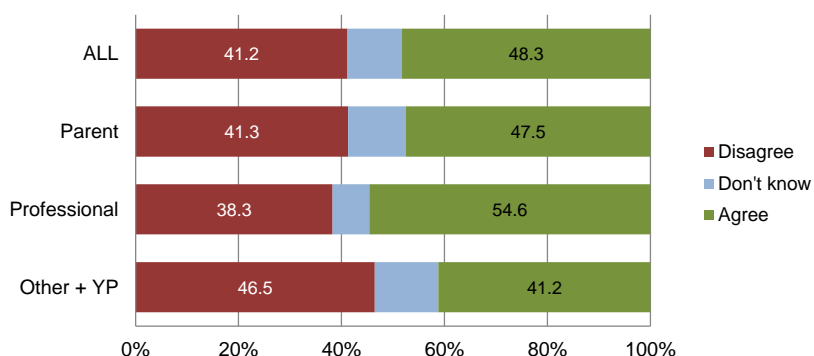
Q10: 'To what extent do you agree with the proposal that the opening times for the Family Hub Delivery Sites and other Family Hub Outreach Sites will be based on what local families say works best for them?'

By respondent type

| Q10: Delivery Sites opening hours / respond | ALL | | Parent | | Professional | | Other + YP | |
|---|------|------|--------|------|--------------|------|------------|------|
| | Freq | % | Freq | % | Freq | % | Freq | % |
| Strongly Disagree | 572 | 25.8 | 428 | 25.9 | 91 | 23.2 | 53 | 31.2 |
| Disagree | 339 | 15.3 | 254 | 15.4 | 59 | 15.1 | 26 | 15.3 |
| Agree | 835 | 37.7 | 605 | 36.6 | 175 | 44.6 | 55 | 32.4 |
| Strongly Agree | 233 | 10.5 | 179 | 10.8 | 39 | 9.9 | 15 | 8.8 |
| Don't Know | 234 | 10.6 | 185 | 11.2 | 28 | 7.1 | 21 | 12.4 |
| Total question response | 2213 | 100 | 1651 | 100 | 392 | 100 | 170 | 100 |
| <i>Missing</i> | 802 | | | | | | | |
| <i>Survey start total</i> | 3015 | | | | | | | |

Overall, almost half of respondents (48.3%) 'agreed' or 'strongly agreed' with the proposal that the opening times for the Family Hub Delivery Sites and other Family Hub Outreach Sites will be based on what local families say works best for them. More than 37% agreed with the proposal.

**Q10: Agreement/disagreement with Family Hub
Delivery Sites/Outreach Sites opening hours - by
respondent type**

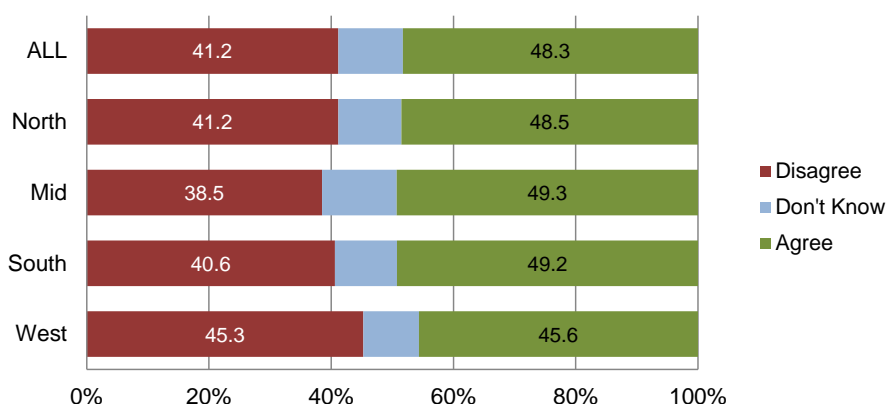


Professionals were the most likely to agree with the proposal (54.6%). For both professionals and parents, more of them agreed with the proposal than those who disagreed.

By quadrant

| Q10: Delivery Sites opening hours / respond | ALL | | North | | Mid | | South | | West | |
|---|------|------|-------|------|------|------|-------|------|------|------|
| | Freq | % | Freq | % | Freq | % | Freq | % | Freq | % |
| Strongly Disagree | 572 | 25.8 | 109 | 26.7 | 165 | 23.7 | 142 | 24.4 | 156 | 29.5 |
| Disagree | 339 | 15.3 | 59 | 14.5 | 103 | 14.8 | 94 | 16.2 | 83 | 15.7 |
| Agree | 835 | 37.7 | 156 | 38.2 | 276 | 39.7 | 214 | 36.8 | 189 | 35.8 |
| Strongly Agree | 233 | 10.5 | 42 | 10.3 | 67 | 9.6 | 72 | 12.4 | 52 | 9.8 |
| Don't Know | 234 | 10.6 | 42 | 10.3 | 85 | 12.2 | 59 | 10.2 | 48 | 9.1 |
| Total question response | 2213 | 100 | 408 | 100 | 696 | 100 | 581 | 100 | 528 | 100 |
| Missing | 802 | | | | | | | | | |
| Survey start total | 3015 | | | | | | | | | |

**Q10: Agreement/disagreement with Family Hub
Delivery Sites/Outreach Sites opening hours -
quadrant**

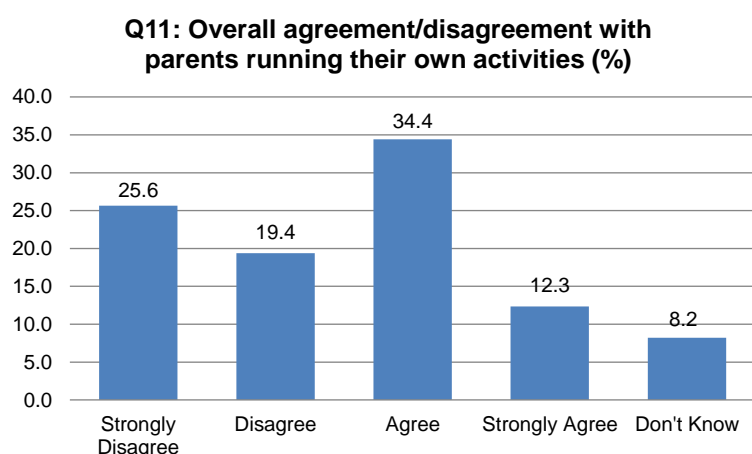


Across all quadrants, more respondents agreed with the proposals than disagreed. Proportions were similar across the quadrants, too. Only in the West, agreement and disagreement was almost equal.

Q11: Support and services – ‘We are keen to encourage and enable the local community and parents/carers to run their own activities and social events for local children, young people and their families. We propose to do that by making available space in buildings we own or lease. To what extent do you agree with this proposal?’

By respondent type

| Q11a: Parents running own activities/ respondent | ALL | | Parent | | Professional | | Other + YP | |
|---|------|------|--------|------|--------------|------|------------|------|
| | Freq | % | Freq | % | Freq | % | Freq | % |
| Strongly Disagree | 565 | 25.6 | 444 | 27.1 | 83 | 21.1 | 38 | 22.6 |
| Disagree | 427 | 19.4 | 300 | 18.3 | 91 | 23.1 | 36 | 21.4 |
| Agree | 758 | 34.4 | 547 | 33.3 | 159 | 40.4 | 52 | 31.0 |
| Strongly Agree | 272 | 12.3 | 206 | 12.6 | 43 | 10.9 | 23 | 13.7 |
| Don't Know | 181 | 8.2 | 144 | 8.8 | 18 | 4.6 | 19 | 11.3 |
| Total question response | 2203 | 100 | 1641 | 100 | 394 | 100 | 168 | 100 |
| <i>Missing</i> | 812 | | | | | | | |
| <i>Survey start total</i> | 3015 | | | | | | | |



More than a third of respondents (34.4%) agreed with the proposals to make space available in buildings ECC owns or leases for parents to run their own activities. Further 12.3% strongly agreed. As such, 46.7% agreed with the proposal overall.

On the contrary, the percentage of those who disagreed with the proposals was very close to those who

agreed (45% disagreed).

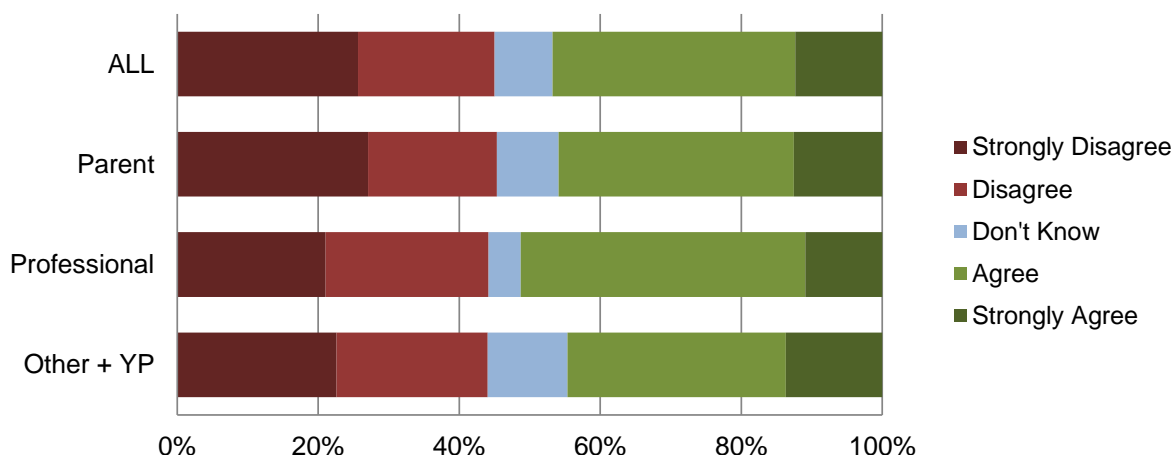
There were some slight variations between the different respondent types:

- More professionals agreed (51.3%) with the proposal than disagreed (44.2%).
- Only slightly more parents agreed (45.9%) than disagreed (45.3%).
- Only slightly more other + YP agreed (44.6%) than disagreed (44%).

Overall, the agreement and disagreement with the proposal is almost equal in general and across all respondent types. Only professionals were more likely to agree with the proposals.

Please see graph below for visual representation of this data.

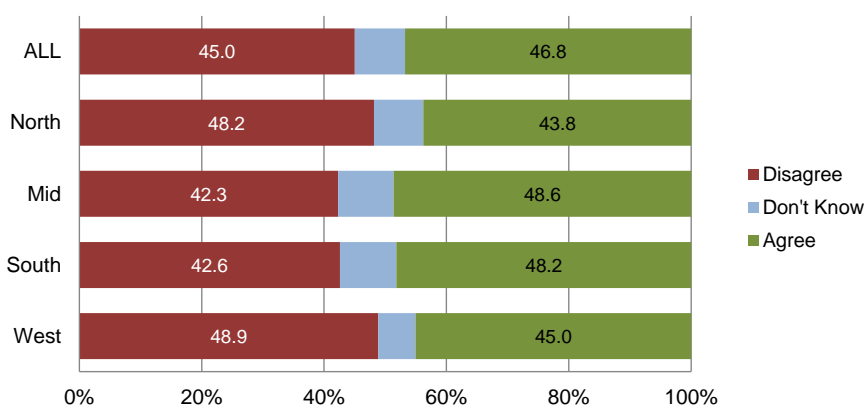
Q11: Agreement/disagreement with parents running their own activities - by respondent type



By quadrant

| Q11a: Parents running own activities/ quadrant | ALL | | North | | Mid | | South | | West | |
|---|------|------|-------|------|------|------|-------|------|------|------|
| | Freq | % | Freq | % | Freq | % | Freq | % | Freq | % |
| Strongly Disagree | 565 | 25.6 | 106 | 25.9 | 170 | 24.5 | 135 | 23.5 | 154 | 29.4 |
| Disagree | 427 | 19.4 | 91 | 22.2 | 124 | 17.8 | 110 | 19.1 | 102 | 19.5 |
| Agree | 758 | 34.4 | 131 | 32.0 | 257 | 37.0 | 199 | 34.6 | 171 | 32.6 |
| Strongly Agree | 272 | 12.3 | 48 | 11.7 | 81 | 11.7 | 78 | 13.6 | 65 | 12.4 |
| Don't Know | 181 | 8.2 | 33 | 8.1 | 63 | 9.1 | 53 | 9.2 | 32 | 6.1 |
| Total question response | 2203 | 100 | 409 | 100 | 695 | 100 | 575 | 100 | 524 | 100 |
| Missing | 812 | | | | | | | | | |
| Survey start total | 3015 | | | | | | | | | |

Q11: Agreement/disagreement with parents running their own activities - by quadrant



In terms of quadrants, agreement appeared to be the strongest in the Mid and the South, while disagreement appeared to be the strongest in the West and the North. Around 8% of respondents were undecided ('didn't know').

Q11b: 'If you disagree with our proposal to make space available for the local community and parents/carers to run their own activities, please tell us why?'

Question 11b was visible only to those respondents who selected 'disagree' or 'strongly disagree' in the previous question (Q11). 929 out of the 992 respondents (93.6%) provided a view for why they disagreed with the proposal of parents running their own activities.

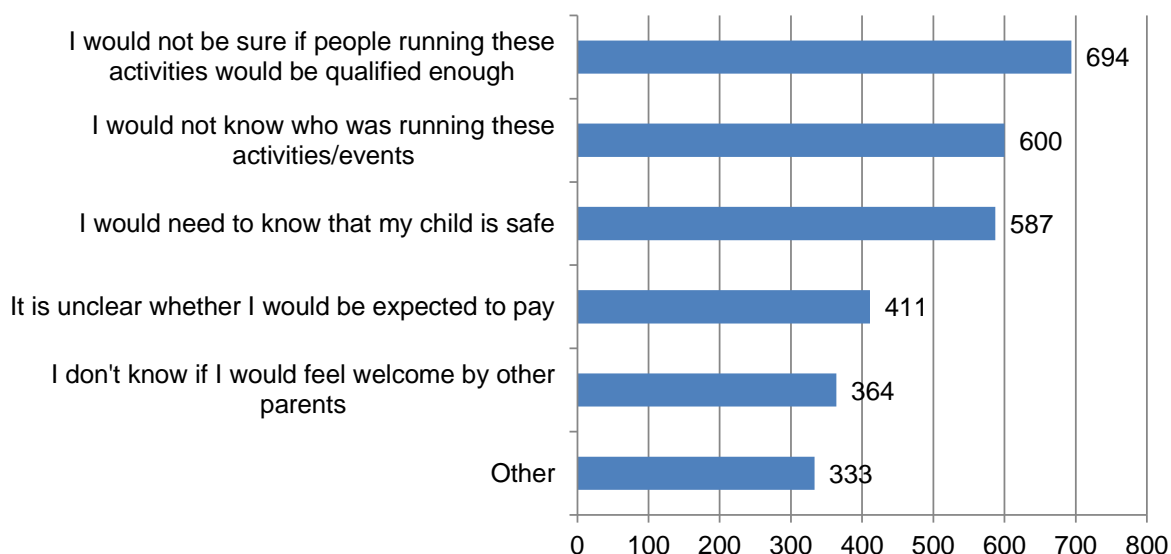
They could select as many as they wished from the five options below, as well as use a free text box to write other reasons.

- i. I would not know who was running these activities and events
- ii. I would not be sure if people running these activities would be qualified enough
- iii. I would need to know my child is safe
- iv. I don't know whether I would feel welcome by other parents
- v. It is unclear whether I would be expected to pay to attend the activity
- vi. Other – please specify.

| Q11b: Reasons for disagreeing with parents running own activities | Freq | % of responses | % of respondents |
|--|-------------|-----------------------|-------------------------|
| I would not be sure if people running these activities would be qualified enough | 694 | 23.2 | 74.7 |
| I would not know who was running these activities/events | 600 | 20.1 | 64.6 |
| I would need to know that my child is safe | 587 | 19.6 | 63.2 |
| It is unclear whether I would be expected to pay | 411 | 13.8 | 44.2 |
| I don't know if I would feel welcome by other parents | 364 | 12.2 | 39.2 |
| Other | 333 | 11.1 | 35.8 |
| Total responses | 2989 | 100 | |
| Total number of respondents to Q12 | 929 | | |
| Missing (based on response to Q11a) | 63 | | |
| <p><u>Please note:</u></p> <p>% of responses – respondents could select as many options as they wanted, therefore the number of responses is far greater than the number of people who actually responded to this question. To calculate the % of responses, 2,989 (i.e. the number of opinions raised) was used as the denominator.</p> <p>% of respondents – the number of respondents to Q11b, i.e. 929, was used as the denominator. Data in this column will not add up to 100%. Please read the data in the following way, for example: 74.7% of respondents would not be sure if people running the activities were qualified enough. 64.6% would also not know who was running these activities, etc.</p> | | | |

Of the five pre-populated options, the main concern respondents had with the proposals was uncertainty that the people running activities would be qualified enough (as indicated by almost 75% of respondents to this question). This was closely followed by a potential lack of knowledge of who would be running these activities (64.6% of respondents) and concerns over child safety (63.2% of respondents). A full breakdown is provided in the chart below.

Q11b: Reasons for disagreement with parents running their own activities (freq)

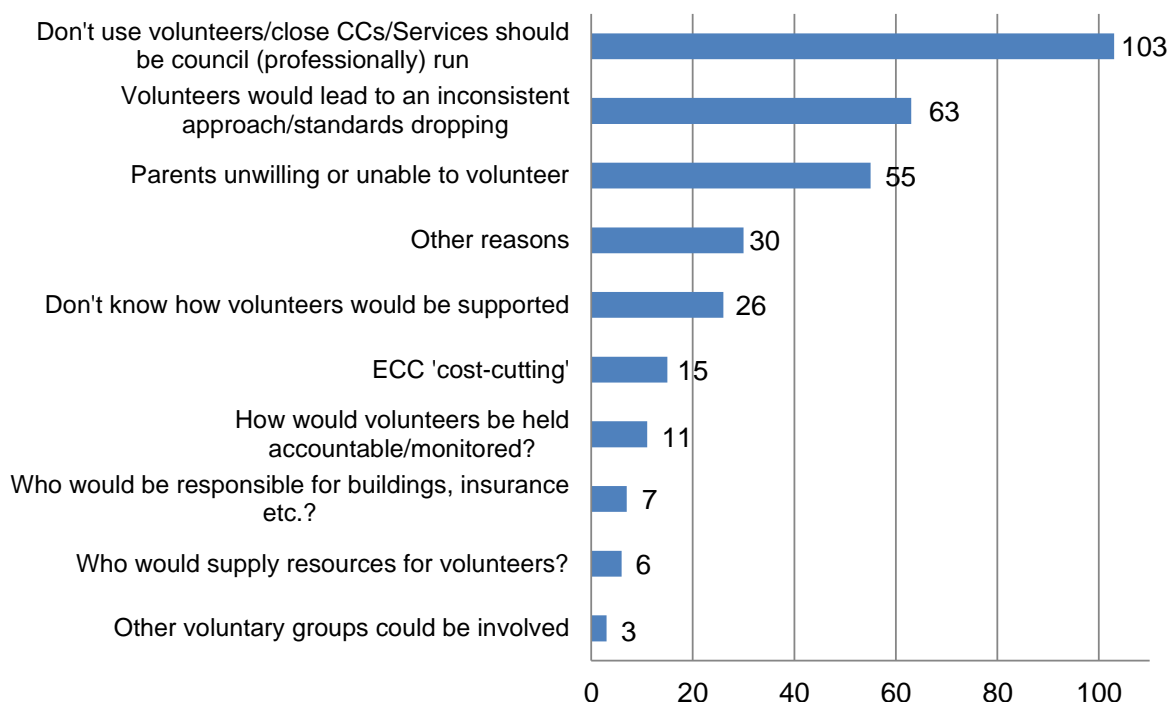


Over a third (35.8%) of respondents to this question provided other reasons as to why they were opposed to this proposal, aside from the pre-populated options provided. The responses to this option were categorised into ten themes.

The most frequently occurring response was that the current service works well, and that the service should be professionally run and/or not replaced with volunteers (indicated in 103 comments). This was followed by the assertion that services and activities on offer would not be up to standard, sustainable or consistent if run by volunteers (63 comments) and that parents would be unwilling or unable to volunteer due to lack of time or confidence (55 comments). Other reasons for disagreement included concerns over how volunteers would be supported when running their own activities, in particular how volunteers would be made accountable and how activities would be monitored. Of concern was also potential confusion over who would be responsible for insurance and the upkeep of premises and where resources to support volunteers would come from.

A full breakdown is provided in the chart below.

Q11b: Further ('other') reasons for disagreeing with parents running their own activities (freq)



Many comments articulated a mix of these concerns. Responses which best represent the key messages from these responses can be found below. Please note that views along the same lines were also provided as part of Q13.

'When parents run groups on a voluntary basis the service is never sustainable. Parents move on as their children grow and are often not replaced. I can see that this is a cost cutting exercise for the council, but it never works long term. I understand that the council will want its staff to focus on targeted families and leave the parents to run the universal groups, but this is a mistake. Having staff at all groups ensures that problems that develop within families are noticed early.' (Parent, Basildon)

'This is a council way of not paying for activities for children, the standards and value of these activities would be completely unregulated and all the responsibility on the parents, this is very poor service for children, especially those in need of support.' (Parent, Maldon)

'Organising extra activities for our children and the community is not what families often have time to do, this is why we rely on a central organisation to help coordinate these events for us.' (Parent, Epping Forest)

'If groups were to be delivered by parents they would need to have suitable knowledge of how to plan suitable age appropriate and safe sessions and activities, ability to carry out risk assessments, know what to do if there is an accident or safeguarding concern, have in place insurance and DBS checks and ensure the suitability of anyone responsible for leading sessions. Also who would be responsible for monitoring the standards of sessions. Another consideration is the age of children of the parent delivering the session as previous parent led sessions within the children's centres have highlighted that the parent does not have the capacity to run a session and provide adequate attention to their own child making it unfair on the child. Would they just be sit around and chat session for the parents or would there be specific outcomes to meet, would the children benefit from activities that would stimulate and encourage their development using EYFS to support early stages of development. I'm sure anyone who has the extensive knowledge to put these type of sessions into practice would likely be in employment already or looking for employment in the near future and finding someone suitable who can be available regularly and long term would not be an easy feat.' (Professional, Tendring)

'I have been involved with groups that have been run by groups of parents, this was with CC support

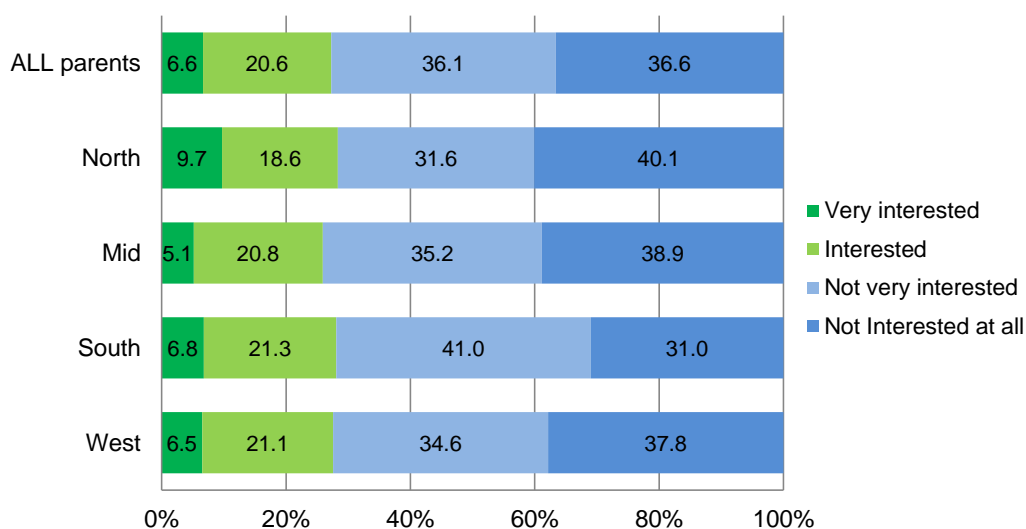
and using their insurance etc. Concerns are that these people are not and are not given opportunities to 'train' in safeguarding, first aid and that they have enough knowledge in supporting others and sign posting to appropriate services. Are Essex proposing to provide adequate training????' (Professional, Epping Forest)

'I think this is a great idea in principle. But from experience and taking part in Building community capacity project myself, it is very difficult to the local community involved and take on that responsibility. Yes some areas have achieved this but a lot haven't. Finding a building is very difficult as most want to charge for this, Also resources for the groups such as toys do not come free.'
(Professional, Colchester)

Q12: 'If space was made available for the local community and parents/carers to run activities for other families, how interested would you be in running a group in your area?' (question for parents only)

| Q12: Parents' interest in running activities | ALL parents | | North | | Mid | | South | | West | |
|--|-------------|------|-------|------|------|------|-------|------|------|------|
| | Freq | % | Freq | % | Freq | % | Freq | % | Freq | % |
| Very interested | 107 | 6.6 | 24 | 9.7 | 27 | 5.1 | 30 | 6.8 | 26 | 6.5 |
| Interested | 333 | 20.6 | 46 | 18.6 | 109 | 20.8 | 94 | 21.3 | 84 | 21.1 |
| Not very interested | 582 | 36.1 | 78 | 31.6 | 185 | 35.2 | 181 | 41.0 | 138 | 34.6 |
| Not interested at all | 591 | 36.6 | 99 | 40.1 | 204 | 38.9 | 137 | 31.0 | 151 | 37.8 |
| Total question response | 1613 | 100 | 247 | 100 | 525 | 100 | 442 | 100 | 399 | 100 |
| Missing | 609 | | | | | | | | | |
| Total 'parents' | 2222 | | | | | | | | | |

Q12: Parents' interest in running their own activities - by quadrant



1,613 parents responded to this question.

Around a fifth of them (20.6%) would be 'interested' and further 6.6% 'very interested' in running their own activities for other families, if space was made available to them.

Still, the results indicate reluctance among parents to run their own activities. More than a third (36.6%) clearly stated that they were not interested at all, with further third 'not being very interested'. Some of the reasons for this have already been explored.

The results are similar across all quadrants. Parents from the North and South show slightly greater interest (both more than 28%). On the contrary, parents in the Mid appear least interested in running their own activities.

Still, the results show that more than a quarter of parents show a certain level of interest and thus, there is the potential to involve them more.

However, as suggested earlier, they would likely need support.

Q13: 'Do you have any other comments about our proposals?'

At the end of the survey, respondents were given free space to share any thoughts they may have regarding the proposals. 1,450 used this opportunity. Comments ranged from several sentences to entire paragraphs. However, before moving onto their content, it needs to be noted that:

Content of comments suggests that the proposals were interpreted in different ways by different people

The content of many of the comments, as well as the suggestions respondents made in terms of alternative Family Hub locations, strongly suggest that the proposals were interpreted in different ways by different people, and usually not in the way that was intended by Essex County Council.

The key message that most respondents appeared to pick up on was the reduction of the children's centres to twelve Family Hubs and thus the assumption that other locations will be closed and no longer providing services. This appeared to create a certain mind set which probably influenced the content of the comments.

The 32-page Consultation document outlined the proposals in general as well as for individual quadrants. Several references were made to the fact that 'support and services will still be available locally' (p. 9) and for example that exact locations Family Hub Outreach Sites will be decided on later based on conversations with residents (p. 10) – see extracts from the Document below. Although being open about certain points not being 'decided on' yet, respondents' comments imply that without this detail, they did not know how they would be impacted and thus were uncertain about how to respond to the proposals.

Whilst we are proposing to reduce the number of **Registered Children's Centres**, support and services **will still be available locally** through a combination of **Family Hub Delivery Sites** and a number of **Family Hub Outreach Sites** where families can get help and advice in a much more accessible and flexible way, offered through a range of local buildings.

Family Hub Outreach Sites

Family Hub Outreach Sites will provide opportunities for face to face Information, Advice and Guidance and might include your local library or similar community buildings. We are not going to decide on these locations until we have had a proper conversation with you about what buildings and locations would make the best Outreach Sites in your area.

We have made space available in 19 local Libraries across Essex that can be used for Outreach **but if these locations are not right we will work with you to identify more suitable options**. The number of Outreach locations could increase or decrease based on what families say. The services delivered from the **Family Hub Outreach Sites** might also change in response to what is needed locally.

Furthermore, a graphic such as the one below (p. 9) may have drawn attention to the reduction in the number of Children's centres, overshadowing the reasoning behind the proposal, as well as the provision via Family Hub Delivery Sites and Outreach Sites.



There is also a possibility that some respondents had not actually read the Consultation document. Only a very small number of questionnaires were completed on paper, which could suggest that the majority of respondents had not seen a paper version of the Consultation document and thus relied on the electronic version only. This had to be opened via an external link. Respondents were advised to have the Consultation document open while completing the questionnaire, however there is no way of knowing how often this actually happened.

With consultations there is always the possibility of respondents not reading the entire consultation document in detail, and so it is beneficial for the introduction to a questionnaire to give a summary of the key proposals as well as the reasoning behind them. On this occasion, this meant giving the message that despite the decreased number of registered Children's centres, support will still be available locally. The decision to replace this introduction with a much shortened version (Appendix 5) meant this message was diluted.

Along with the negative media attention that the consultation received and the resultant petition that called for keeping the status quo, this may have had an impact on how the messages of the consultation were received.

Overall, given the amount of comments regarding the general disagreement with the Family Hub concept (as already identified by quantitative data, too), it could be argued that respondents have not necessarily considered the proposals beyond the fact that the current number of Children's Centres is to be reduced to twelve Family Hubs. Almost a hundred respondents specifically commented on not being entirely clear what the proposals 'meant for them' and ideally wanting to understand them better in order to make a more informed decision. Without more clarity, and thus based on their current understanding, they were reluctant to agree with the proposals at this moment in time.

This needs to be kept in mind when examining the results.

Analysis of open-ended comments

There were 1,450 comments in total.

These were coded against a list of 41 themes⁸ (full list of codes is in Appendix 6).

Each comment was coded against all the themes which were relevant. The majority of comments were given between two to four codes. As such, the 'number of responses' is almost four-times higher than the number of comments.

In the order from highest to lowest, the table below lists all codes. It shows the following:

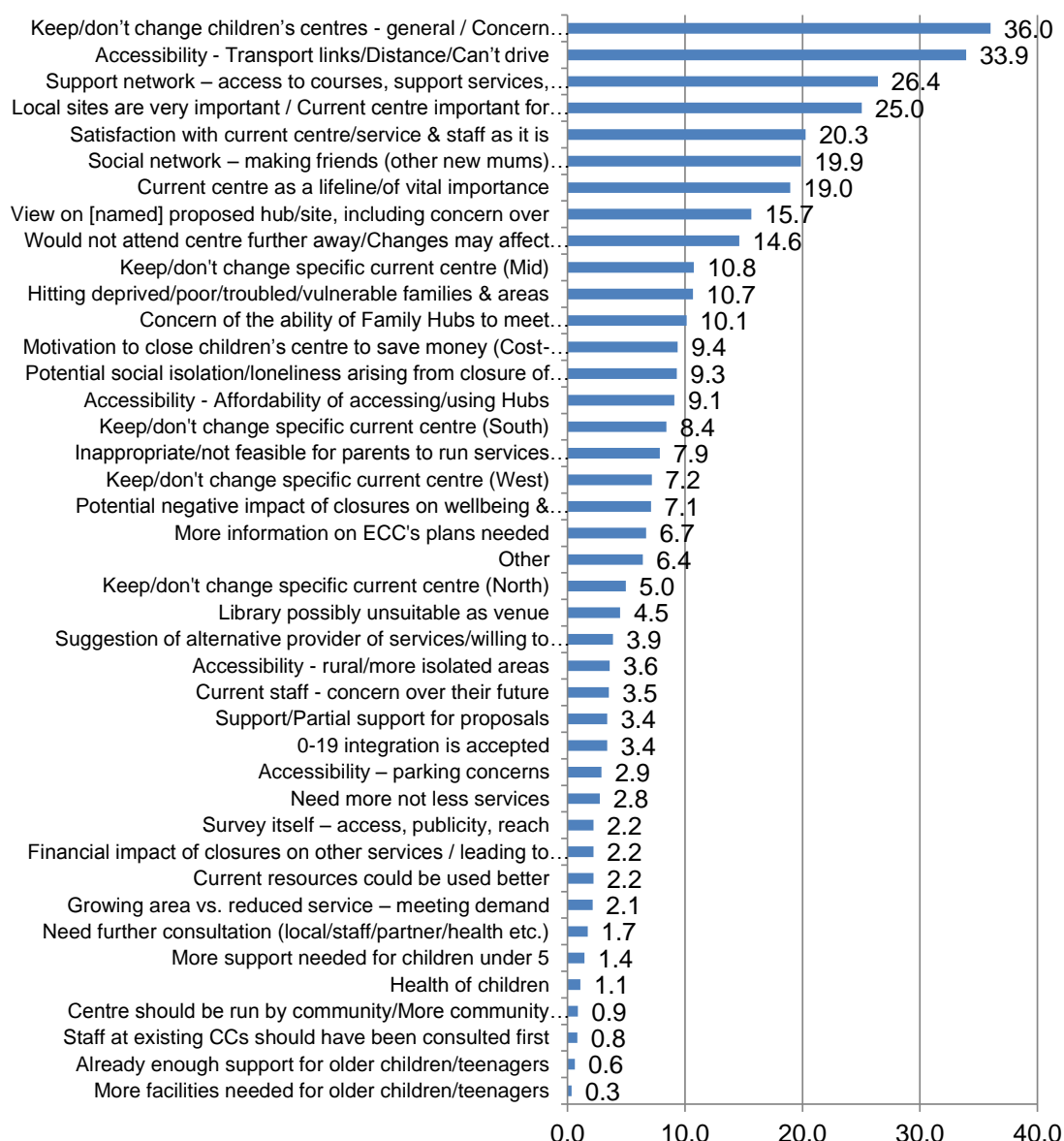
- Frequency (no. of responses) – the number of times the particular theme was mentioned. Please note this is not the same as the number of comments. There were 1,450 comments in total (which is also the same as the number of respondents, as each of these respondents left one comment), but since each could be coded against multiple theme, there were 5,254 'responses'.
- % of respondents – this refers to the percentage of respondents who made a comment about the particular theme, from the total number of people (respondents) who provided a comment (n = 1,450). As such, this gives an indication of the proportion of respondents this theme was important to. This figure will be the one referred to the most in the subsequent text.
- % of responses – denominator used is the total number of responses, i.e. 5,254.

| Q13: 'Any other comments' themes | Freq (no. of responses) | % of respondents | % of responses |
|---|--------------------------------|-------------------------|-----------------------|
| Keep/don't change children's centres - general / Concern over closures – don't close them | 522 | 36.0 | 9.9 |
| Accessibility - Transport links/Distance/Can't drive | 492 | 33.9 | 9.4 |
| Support network – access to courses, support services, professionals | 383 | 26.4 | 7.3 |
| Local sites are very important / Current centre important for community / It should be a local service (impact of closure on community) | 363 | 25.0 | 6.9 |
| Satisfaction with current centre/service & staff as it is | 294 | 20.3 | 5.6 |
| Social network – making friends (other new mums) (community resilience – long-term friends) | 288 | 19.9 | 5.5 |
| Current centre as a lifeline/of vital importance | 275 | 19.0 | 5.2 |
| View on [named] proposed hub/site, including concern over | 227 | 15.7 | 4.3 |
| Would not attend centre further away/Changes may affect attendance/stop people accessing services | 212 | 14.6 | 4.0 |
| Keep/don't change specific current centre (Mid) | 156 | 10.8 | 3.0 |
| Hitting deprived/poor/troubled/vulnerable families & areas | 155 | 10.7 | 3.0 |
| Concern of the ability of Family Hubs to meet demand/potential overcrowding (doubts/unhappy over | 147 | 10.1 | 2.8 |
| 0-19 integration) | | | |
| Motivation to close children's centre to save money | 136 | 9.4 | 2.6 |

⁸ Coding framework was developed by three analysts who agreed the suitability of the codes. All coding was performed by one person (Organisational Intelligence Analyst) and as such, coding has been applied in a consistent manner (intra-coder reliability). Subsequent analysis was done by a different analyst.

| | | | |
|--|-------------|-----|-----|
| (Cost-cutting) | | | |
| Potential social isolation/loneliness arising from closure of centre | 135 | 9.3 | 2.6 |
| Accessibility - Affordability of accessing/using Hubs | 132 | 9.1 | 2.5 |
| Keep/don't change specific current centre (South) | 122 | 8.4 | 2.3 |
| Inappropriate/not feasible for parents to run services (issues with parents running groups) | 114 | 7.9 | 2.2 |
| Keep/don't change specific current centre (West) | 104 | 7.2 | 2.0 |
| Potential negative impact of closures on wellbeing & mental health | 103 | 7.1 | 2.0 |
| More information on ECC's plans needed | 97 | 6.7 | 1.8 |
| Other | 93 | 6.4 | 1.8 |
| Keep/don't change specific current centre (North) | 72 | 5.0 | 1.4 |
| Library possibly unsuitable as venue | 65 | 4.5 | 1.2 |
| Suggestion of alternative provider of services/willing to offer services – opportunity for joint working | 56 | 3.9 | 1.1 |
| Accessibility - rural/more isolated areas | 52 | 3.6 | 1.0 |
| Current staff - concern over their future | 51 | 3.5 | 1.0 |
| 0-19 integration is accepted | 49 | 3.4 | 0.9 |
| Support/Partial support for proposals | 49 | 3.4 | 0.9 |
| Accessibility – parking concerns | 42 | 2.9 | 0.8 |
| Need more not less services | 40 | 2.8 | 0.8 |
| Current resources could be used better | 32 | 2.2 | 0.6 |
| Financial impact of closures on other services / leading to later, more costly, interventions | 32 | 2.2 | 0.6 |
| Survey itself – access, publicity, reach | 32 | 2.2 | 0.6 |
| Growing area vs. reduced service – meeting demand | 31 | 2.1 | 0.6 |
| Need further consultation (local/staff/partner/health etc.) | 25 | 1.7 | 0.5 |
| More support needed for children under 5 | 21 | 1.4 | 0.4 |
| Health of children | 16 | 1.1 | 0.3 |
| Centre should be run by community/More community involvement | 13 | 0.9 | 0.2 |
| Staff at existing CCs should have been consulted first | 12 | 0.8 | 0.2 |
| Already enough support for older children/teenagers | 9 | 0.6 | 0.2 |
| More facilities needed for older children/teenagers | 5 | 0.3 | 0.1 |
| Total responses | 5254 | | 100 |
| Total respondents / comments | 1450 | | |

Q13: 'Any other comment' themes (% of respondents/comments)



Concerns over closures and calls for retaining Children's centres was the overarching theme, mentioned by 36% of respondents. It was specifically mentioned in 522 out of the 1,450 comments.

The most frequent themes correspond highly with those already discussed as part of the analysis for questions 5.2b, 6.2b, 7.2b and 8.2b (respondents' suggestions for alternative locations for Family Hubs). This is particularly true for the general disagreement with the Family Hub concept, i.e. there being only one Family Hub per district. This theme came out strongly in all four quadrants⁹.

In addition to this, Q13 generated a wealth of information from the respondents, highlighting a variety of important points. The majority of these provide greater context around why the

⁹ This suggests that without the knowledge of there being a general open-ended question at the end of the questionnaire, respondents used the first open-ended question as an opportunity to make their general opinion known.

Children's centres are important and what difficulties users believe they would experience if the service was reduced to the extent they believe it will be.

Please note that many of the themes are very closely intertwined (especially the most frequent ones) and thus cannot be easily separated into 'neat' sections. The quotes selected to convey the story in the words of the respondents often point to several issues at once. Due to this, exact numbers of respondents raising specific points cannot be provided. However, the table above gives an indication of the proportion of respondents who raised the more over-arching themes.

Apart from the two quotes below, which exemplify comments showcasing general disagreement, the analysis will focus on the subsequent themes, which will be explored in more detail.

'I don't agree with the proposal to close the children's centres. The plans for family hubs are sketchy at best and at worst unrealistic and poorly conceived. The centres provide a valuable part of society and the staff are knowledgeable, friendly and passionate about helping families and children. If you take these away you pave the way for more social care referrals and ultimately more families will be in crisis without key early intervention practice in place.' (Professional, Braintree)

'I have not agreed with the potential services you propose within the hubs due to my extremely strong view that these hubs should not replace the existing children's centres. I hope that the people who have made this decision actually read these comments and listen to the views of the people you suggest you are supporting. Imagine removing all local GPS and putting them all in one big surgery out of the way that you have to drive to. Imagine suggesting that all the schools should close and putting a single giant school out of the way. These ideas would devalue community, dilute the sense of security and support that people feel when the services are delivered within their own area by people who know the area, remove people from their communities and therefore anonymise their stories. You are proposing to do this very thing to children's centres. The lifeblood of many parents with young children. If this goes through then congratulations for all of the disjointed support, isolation of vulnerable individuals, job losses for already underpaid hard working and dedicated staff and further degradation of community services. I live in Laidon. If you close our centres soon the only thing left here will be houses. I am truly disappointed that you are even considering this travesty. Please listen and do not make this mistake.' (Parent, Basildon)

'Public transport is not easy for all families to use, and not all families have cars'

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| Themes: | <p>Accessibility - Transport links/Distance/Can't drive</p> <p>Accessibility - Affordability of accessing/using Hubs, Accessibility – parking concerns, Accessibility - rural/more isolated areas)</p> |
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Being able to access the proposed individual Family Hub locations was of the greatest concern to the respondents. A third of comments (33.9%) mentioned this, bringing up issues such as public transport, lack of access to own transport, inability to drive, the distance that would need to be travelled and cost.

The general view was that families would experience great difficulties in accessing Family Hubs; for some this would become 'impossible' resulting in not accessing the services at all. Parents as well as professionals highlighted that the most vulnerable families – i.e. the target audience for the service – would suffer the most, as they are the most likely not to have access to a car and may also lack the funds to use public transport, and as such would be 'excluded' more than others.

Public transport was mentioned repeatedly. Proposed Family Hub locations were often commented on in terms of their accessibility (or lack of) via public transport, as already

covered in earlier sections of this report. Transport may be unreliable, not frequent enough, costly, too complicated and not reaching certain areas at all. This was the case for rural or more distant communities with little direct links. Many respondents explained how they would need to catch two buses to get to a Family Hub. Others reflected on the difficulties of traveling with buggies and smaller children – if there is a buggy on a bus already, they are denied access and have to wait for the next bus. Fellow passengers sometimes show lack of understanding and small children may find longer journeys difficult. Overall, respondents point to the overall inconvenience and stress of travelling using public transport and thus highlight the importance of a local service, where they are able to reach a Children's centre easily, ideally on foot. These are especially important to families where parents or children have impairments of any kind.

Certain areas of Essex were particularly highlighted for their 'poor' transport links (for example Uttlesford, Epping Forest, Tendring, notably Harwich, travelling across Harlow, South Woodham Ferrers, Canvey Island). In these cases, respondents tended to suggest alternative locations with 'better' transport links.

'Not driving' was frequently mentioned, it either being due to not having a car, health reasons (female respondents reflected on not being able to drive after having a Caesarean), or not being able to drive. Several mothers highlighted that despite having one car in the family, this was being used by the partner during the day. Even those able to drive mentioned that travelling with a small child is difficult and not having somewhere to park causes further stress. As such, proposed Family Hub locations within town centres (Chelmsford especially) were not necessarily favoured because of parking difficulties – in terms of availability as well as cost. For certain individuals, availability of parking was important.

The time involved travelling to a Family Hub was mentioned, too. Several respondents explained how travelling could end up 'taking up a considerable part of the day', which is not a favoured option compared to having a facility much closer at the moment.

Respondents repeatedly brought up the issue of affordability alongside accessibility concerns. This was mostly in terms of cost of transport, however some respondents generally claimed they would not be able to pay for many of the services otherwise provided by Children's centres. Some specifically highlighted that being on maternity leave, they find themselves in stretched financial situations, where resources cannot be spent on additional travel.

*'Closing Beehive centre in North Colchester leaves a large and rapidly growing community without any local provision. For all sorts of reasons **not everyone can drive or travel long distances to access support**. Particularly, it is important to consider the needs of disabled parents. By removing community based support you further isolate these parents when they are the ones who need the most support. I am reg. Blind and being able to access support from health visitors from a location at the end of my road empowered me to be independent and confident as a parent. If I had to travel further , unless it was on a straight forward bus route I would have to ask someone else to take me or I Would more likely just not go and be completely disengaged from the whole service provision. And would not benefit the wellbeing of my family.'* (Parent, Colchester)

*'I am very concerned that **Jaywick and Harwich** will lose their facilities due to the **poor access to services in Clacton and Walton**. I fear that Jaywick Parents will not accept outreach services and will disengage potentially leading to problems not being picked up. I am also concerned about mixing the age groups, the needs of babies and toddlers are very different to those of adolescents. Staffing at the current centres are trained in early years and not older children.'* (Other – councillor; Colchester)

*'You are taking centres away from troubled **families and those in huge poverty**. You will be isolating many families that won't be able to access the main hub for help or would even struggle to have credit on their phone to contact the centres. I agree that some more services need to be run in the community but every area needs an easy accessible place to go.'* (Parent, Braintree)

*'The proposal document emphasises how ECC will be improving the service overall, but in reality it will be a reduction in service in those areas where public transport is limited. The much improved proposed facilities in the Family Hubs **will only be available to those families who have adequate transport at their disposal**. If you are truly 'local' to these facilities, then it will be a much improved service. **If you are relatively remote, as much of Tendring is, then it is a closure of service**. It is not sufficient to declare that bus services may be operated by private companies and not under the control of District Councils, when they may be the only service available. The loss of the Delivery Sites will be a shameful withdrawal of the Government promise to support the Sure Start programme. I understand the difficult budgetary controls that ECC has to work around, but don't take us for fools when extolling the virtues of the proposal. It will be a massive reduction in service, certainly for Tendring. Say it as it is and don't play party politics with the lives of the resident families who will be without the very service that you are 'improving'!* (Other - Community Hall trustee, Tendring)

*'Closing Hazelwood children's centre in Waltham abbey which is an easily accessible site in a highly populated area. It's used by a lot of parents and **moving sites to Harlow and Epping is not practical and would involve traveling and an added impact on traffic and road use**. For people who don't drive public transport is not reliable or frequent enough. This children centre should extend its hours and services offered.'* (Parent, Epping Forest)

*'There seems to be a complete lack of support in the Harwich and Dovercourt area. **The nearest Family Hubs are over half an hour away by car and even longer by public transport**. I would personally not travel in my car and pay parking in these towns with young children in tow. As a secondary teacher in this area, I see families everyday who would benefit from continued support in their home town rather where it is easily accessible. I'm guessing that those who could do with your support the most do not have the spare time or money to be making such a journey.'* (Parent, Tendring)

*'I think the family hub in Thundersley is a good proposal but then **people on Canvey island would be very isolated** I feel. I myself am a first time mum and moved to Canvey when my little boy was 8 weeks old. I went to the children's centre and felt amazingly welcome and the people who run the groups are very helpful. If there was only one place in Thundersley I would never have gone. **I don't drive so getting there would sometimes be a problem, getting on the bus, especially when money is tight**. I can walk to Little lions and have a nice warm welcoming atmosphere to have some conversation with other mums let my little boy play with other children and have help with any questions I have. If little lions wasn't there I would feel very isolated.'* (Parent, Castle Point)

'Just knowing I have that professional support with people I know and trust is great'

Theme: Support network – access to courses, support services, professionals

More than a quarter of all respondents (26.4%) repeatedly pointed out the great benefit they derive from accessing professional support via Children's centres. They listed the variety of groups and other activities that are available and the variety of skills they gained, such as baby massage, first aid etc. They highlight the benefits for the child, such as interaction with other children and gaining new skills. Respondents greatly value these services and the fact they are free, realising they often would not have been able to benefit from them otherwise.

Comments from professionals demonstrate a great passion for working with families as well as knowledge of the challenges faced by families in specific areas. Again, they highlight the importance of being easily accessible to provide professional and non-judgmental support. This tended to relate to the proposal about making spaces available for parents to run their own activities – professionals are sceptical over the suitability as well as feasibility of this, highlighting that in this setting, parents want professional support and the knowledge that through informal regular 'monitoring', the professional may identify potential developmental issues the parent may not be aware of, as well as safeguarding concerns. Some

professionals also expressed disappointment and believe their knowledge, experience and effort already put in is not being sufficiently recognised by the proposals made.

*'I feel that this is a really bad idea. I am a young parent that does not drive. It will cost me a fortune to get to Braintree every time there is a group on for my son. I live in Witham. Currently, I attend Tuesdays, Wednesdays, and Fridays and **this is providing a great start to my son's life**. If I have to travel I would probably attend one group a week which then my week is not fulfilled with activities for my son. **The centres provide me with good advice and assistance when needed**. These are my lifeline. I really do not know what I would do without the centres if they close. I enjoy the company that the groups bring to me and enjoy making/meeting new friends. Overall, I really do not know what I would do without them.'* (Parent, Braintree)

*'It's disgusting, after many years of training and implementing practices that fall within Ofsted and Early Years Education that you are taking these services away from the community! I have experienced first-hand all the good the Children's centres have done for Waltham Abbey, Loughton and surrounding areas! All the support & education, **the way we have turned around families lives for the better. Spotted problems early on that could be solved before out of hand. Provided a safe place for people to turn to**. Post-natal depression support, breastfeeding support, first aid classes, food education, early years education...so many good things which in those years to such a high standard have helped and supported so many people in the community!! And you are going to ruin all that good work by dedicated staff who care! It makes my stomach turn that you will ruin all that good work and hard earned trust.'* (Other, Epping Forest)

*'As a professional from a different service, we have strong links to the Children's Centres and they are a vital part of many families' lives. Many parents ask us to put them in touch with groups and activities that are run by these **centres which have a professional approach by well qualified staff who always make families feel welcome**. It would be a real loss for the local population to not have access to as many of these sites in future.'* (Professional, Tendring)

*'The Northlands Park Children's Centre offers a wide range of activities and classes to cover for all ages and also different days and times to suite parents, they also offer a weighing service which runs along classes always there to answer questions and offer support. The Centre is amazing and so are all the staff running this place, I am always made to feel welcome and they go above and beyond to hell in any way they can. **This is great for the Children's development with all the classes they run so Children are constantly stimulated and they provide a wide range of learning** from Babies to older Children. **It is also nice for the parents** to come along and meet other parents making this sociable so you feel good about yourself and give you a great feeling of wellbeing. This Centre offers such a range for everyone and all of this is free so this gives everyone the opportunity to come along as not everyone can afford places and soft play areas that charge such a lot of money per session or day etc. I have also done a Baby massage course through here which again wouldn't be possible if you had to pay as these courses are very expensive. I am currently on a First Aid 4 week course through Northlands which again is free of charge also providing a crèche for the little ones which is of great importance when looking after a Baby/ Child again this wouldn't be possible if I had to pay for this course outside of here. All the staff here do a outstanding job for everyone and everything works well, I feel closing this Building with your proposal of changing this would be completely devastating and would ruin what is already in place which works fine.'* (Parent, Basildon)

*'The early intervention work is a necessary part of what the children's centre do, previous years have seen parents running their own groups but this can lead to isolation because of being judged by other parents. **A wealth of knowledge that the workers role model to parents is a very important part of the work being done in the centres and this in turn leads to safe and happy children and families**. Why send the wheel backwards when the families were left to their own devices, the children's centres provide a safe and caring environment for children to explore their world and for parents to feel supported and welcomed.'* (Professional, Basildon)

*'I started the PEEP baby group in Lawford when my little boy was 6 weeks. It was the first outing I had made since having him and I've found it invaluable ever since. **I've been able to get professional support when my wee boy had colic** and was able to access a baby massage course through them. Just knowing I have that professional support with people I know and trust is great - the weekly*

topics we cover has also been of great help. The support from the other parents has also been amazing - getting to know the other ladies and babies and to have regular discussions about everything makes me feel less isolated. I'm new to the area and the fact the other parents are local means I've made more friends in the area, as has my son. If this group was further away such as Harwich/Clacton or Colchester I wouldn't go as it's just too far especially on little or no sleep! I love the fact the group is local.' (Parent, Tendring)

'These centres are vital to each individual community'

Theme: Local sites are very important / Current centre important for community / It should be a local service (impact of closure on community)

A quarter of respondents highlighted the importance of having local services and their importance for their communities. This was mostly related to accessibility (or the lack of it in terms of getting to proposed Family Hub locations) and the ability to form networks with people in their own communities. Respondents from more rural areas pointed out that proposed Family Hubs are to be located in larger towns or more greatly populated areas, creating barriers for smaller communities.

*'The proposals seem designed to isolate families. You say you want to reduce isolation and stop little problems becoming large ones but this is the opposite of what will happen if parents have to travel so far to access services. **People want to create a community IN their local community not miles away. If you don't drive you cannot access these services as you propose. Being able to nip in to your local children's centre** (everyone learns when they are open so limited opening hours are not an issue - and our local one already offers occasional weekend opening) **is easy and seems friendly.** Going to another town is a mission and impersonal. In a family hub setting the staff won't know anything about what is local to YOU only what is local to their centre. They won't know you, or I'm sure care as they will be overwhelmed with too many families to deal with. Different areas need different services even in microcosm - Braintree is a very different place to Earls Colne for example. The benefit of services not being run by parents is that they are neutral - everyone is welcome, no cliques as found in most parent and child groups. No particular agenda to be pushed. These plans show contempt for local families, particularly for mothers who tend to be the main childcare. They are a total false economy. If you want to cause GPs more work for postnatal depression you are going the right way about it. Well done for making me feel like my daughter and I are not valued citizens of the county.'* (Parent, Braintree)

*'Totally wrong, as a new parent I would never have accessed one town centre children's centre, can you appreciate how hard it is to leave the house with your first new born let alone travel on a bus there? **Walking to your local centre makes much more sense you make friends with other parents and children in your local area that they will go to school with.** You have common factors living in the same area, how would people park in the city centre there are problems with traffic and parking as it is, how would there be enough adequate parent and child parking spaces.'* (Parent, Chelmsford)

'I feel that the removal of vital centres within walking distance will result in isolation for many families and loneliness is one of the worst situations to be in when you have a young family.' (Parent, Epping Forest)

*'I know the centres, especially Canvey/castle point are a life line for many parents. Many don't drive so they would be unable to make it to other centres, these centres are so valuable and important to parents and families. **Closing them would be a real blow to the community.**'* (Parent, Castle Point)

*'Services in Harlow have already been cut, with hardworking and committed people taking pay cuts from an already low base, or indeed volunteering. There is a limit to how much the Council can cut back and put the onus on very busy parents. Parents of all levels of affluence need support with their children, and affluent parents deserve some support given their high levels of tax contribution, and **less affluent parents need local services that they can reach without a car and without having***

to pay. The current proposals cut the town in half and are a step too far.' (Parent, Harlow)

'(...) Children's Centres or Family Hubs as you now want to call them shouldn't just be for families who have problems and issues which I feel is what you have focused on. **They should be somewhere for people to meet other local families. When I had my baby my local Children's Centre was a lifeline for me. Without it I don't think I would have left the house** with my baby as I was too nervous and unconfident. My local Children's Centre was somewhere I could go that was friendly, relaxed and I could talk to other Mums. Not many places are welcoming to new Mums. I used to look forward to going to Baby Beginnings every week, sometimes it was the only time I would leave the house. I felt very down & suffered from depression after my first child and I honestly don't think I could have got through that without having somewhere to go like my LOCAL children's centre & the people I met there. I suggest you think very long and hard before you close any local Children's Centres. These places really are a lifeline for Mum's and are so much more than somewhere to take our children to be weighed and to take our children to play. They can make a big difference to a Mum or Dad's mental and emotional health. My Children's Centre is well use and busy every time I go there. I really don't think closing it is the answer.' (Parent, Colchester)

'If this proposal reduces access to services and information that is invaluable when you are the most vulnerable as a first time mum then I cannot support it. Closing sites reduces access for those that are unable to drive or have limited income to pay for travel. **Having small sites within communities and estates makes it much more accessible for people to walk to and receive the invaluable service** that is currently available. Having only become aware of the children's centre since having my first child I don't think I would have got through the first 12 weeks without it and I see myself as a well-educated, career driven woman.' (Parent, Chelmsford)

'All the documents refer to parents but increasingly there are many grandparents like myself looking after children, from a few hours to most of the week, who also need support. The Windmill centre has been a godsend to our family. My granddaughter's parents work in London, in low-paid jobs, and so we needed to make connections with young children for my one-year old charge to make friends with. This is not easy as a grandparent as we have not had the opportunity to attend the ante- and post-natal classes in which the mothers make friends and contacts. We also need a range of age-appropriate toys and activities for the children to play with and revision and guidance in the current thinking about development stages etc. All this has been available at the wonderful Windmill centre and the activities offered by the team in other venues in Harwich and Dovercourt. **What families need is LOCAL facilities. Tendring is one of the worst areas for public transport and getting to any centre not in the Harwich, Dovercourt, Ramsey area would be a nightmare, long, and expensive.** Moving facilities away is not family-friendly. If you must centralise administrative work, then fine, but the play centres are not a luxury but a necessity to those of us in small homes with small, or non-existent, incomes. Advice you can get over a phone but support and advice with a disruptive child in tow and nothing to keep them amused, as is the proposal for using the library, is a crazy notion! (...) I really don't know where I would have gone with my granddaughter if the centre had not been there - not good for either of us. About a third of the attendees at the groups I go to are grandparents in the same situation, we need somewhere local to go to for play services and support.'

(Other - Grandparent, Tendring)

'Children's centres do a brilliant job'

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| Theme: | Satisfaction with current centre/service & staff as it is (+ Keep/don't change specific current centre (Mid) (South) (West) (North)) |
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A fifth of comments (20.3%) described how highly-valued the current Children's centres are. These were both general comments or comments highlighting the work of specific Children's centres across all quadrants (most frequently for Mid and South, followed by West and North – generally corresponding with the response rates for these quadrants).

Respondents described Children's centres as popular, well-used (sometimes even 'packed out') and welcoming, providing a safe and accessible environment and being 'a valuable part of society'. Many complemented the work of the staff, who were seen as friendly and welcoming, knowledgeable, passionate and supportive. Multiple times concerns over the future of staff were raised. Standard of service was seen as high, with well thought-out and planned classes, which respondents found useful and generally important for the development of their child as well as their own knowledge and confidence. Many listed the variety of classes they benefited from, including weaning, first aid, under 1's playtime, the incredible years, weigh-in clinic, breastfeeding support and others. The service is viewed as targeting the families that need them the most, signposting them and providing care and support which many respondents would feel 'lost without'.

Overall, the high satisfaction respondents feel with current Children's centres provides greater context to the large amount of concerns over the loss of the current provision. Many respondents view Children's centres as their 'lifeline'.

'The sessions and courses run by the children's centres offer SO much more than what is available at other community sessions. They offer a source of support and advice that cannot be gained from other community sessions/parent led sessions and they are accessible to all as they do not charge. It also relies on the sessions being smaller, more frequent and with less people - 1 large session once a week will not offer nearly so much help/support as 2 smaller sessions in a week even if on paper the same number of people attend. I have used several of the children's centres regularly for activities and courses and found them absolutely invaluable. Please do not underestimate the help, guidance and support they offer to parents and carers.' (Parent, Chelmsford)

'Children's centre have helped me so much these past 18 months I can talk to the staff about most things, courses I've been on with 2 of my children, the referrals they've put through for my eldest speech therapy, as they noticed a problem with him.... If it wasn't for these guys I don't know what I'd do! I suffer from depression and it helps me get out.' (Parent, Braintree)

'I think it is wrong that they are proposing to close the children's centre down. Many mums I know don't drive and struggle to get the bus, therefore they would miss out on the groups. The [named] children's centre is a very very busy centre all those mums would really miss the help and support from that group. I've been to a few arranged groups that mums do and I hated them, because the atmosphere was different, I didn't feel part of the group, especially as I am a younger mum, there was no organisation to it, no activities. I really found it hard when my baby was younger and I felt terrible with baby blues and my baby didn't sleep, I would have got postnatal depression if it wasn't for the children's centre, the help, the advice, the group of relaxed mums, the ladies running the group made me so welcome. The government may think they are cutting back, but i would have got depressed and my health would have gone down, causing more stress on the NHS and money. I feel many mums feel the same. My baby loves the groups and the advice of treasure baskets as it helps with the babies development has helped a lot, baby massage helped my baby sleep, baby weaning group is helping me and my baby through weaning. I would have wanted more help from my health visitor had I not had advice and support from others mums at the group and the centres centre. I cannot describe the help the children's centres have been to us as a family. It has help with my baby's development, my health, which is nice for my partner to come home from work and have a happy family. It is fantastic, please don't close the centres down, it is such a support for parents!' (Parent, Colchester)

'I made some valuable friends who I remain friends with now and are an amazing support network, without the centre we would never have met'

Theme: **Social network – making friends (other new mums)
(community resilience – long-term friends)**

Almost a fifth of respondents (19.9%) mentioned the value of meeting other parents while attending activities at their local Children's centres and forming long-term friendships with

them. Parents reflected on the challenges of becoming a parent and the resulting loss of confidence and feeling of isolation. As such, they have a greater need to meet new people and make friends in their local areas, forming their own support networks. Many respondents claimed this would not be possible if attending a Family Hub further away, as they would not necessarily meet people local to them, which would enable them to meet independently, too. There is also concern that demand for services will increase at the Family Hubs, which will make forming relationships with staff and other parents more difficult.

*'The children centre has been an absolute god send for me as a new mum it gave me the confidence to leave the house I felt very supported by them pre and post pregnancy they did a home visit and new me as soon as I went in. **I made a number of new mum friends there who gave me great support I don't feel I would have been such a good mum and had such a good relationship with my child without them.** They gave me the confidence to join groups and socialise me and my baby. This helped my confidence my emotions my wellbeing and my relationship with my child. I feel I may have suffered from anxiety and depression if this resource was not available. I feel the sites are already very busy and at capacity and **wonder what the impact will be on cutting these centres on what they can offer new mums and what the emotional and physical availability the staff will have with these cuts to give to us new mums.** It was the personal touches of staff knowing who I was and having the time to come and speak to me that helped me to feel confident as a new mum and welcomed at the centres and build trust with them. please do not cut this invaluable resource!'*
(Parent, Basildon)

*'I currently use the children's centre as a place to go with my child to access different groups eg messy play, baby music and baby sensory. I have found these invaluable since having my child as **they have enabled me to meet other parents, gain support and provide a friendly safe environment to bond with my child.** The centre is currently close to my house and easily accessible but I am concerned that once it closes I would have to drive to another hub that is not close by and also **have concerns that although there will be services eg health visitors, there will no longer be local groups which I would be able to attend and therefore will no longer be meeting other parents in the community local to me.** Being a new parent is hard and I only met people local to the area through baby groups at the children's centre, it was great meeting others and we have formed strong friendships. I would be sad if this no longer happens due to the fact there are no local groups. My local centre would be a delivery site. I think there needs to be more information provided about specific devices which will be available in the hubs and delivery sites.'* (Parent, Basildon)

*'It would be very much a shame to lose the local services within walking reach as a lot of mothers don't drive/ have access to a car if they share cars with partners. I had such great support in the early days with my daughter from the centre at kings road- we had a new parent course and massage classes - **I met many local mums there whom I've kept in contact with and can meet easily. I doubt this would be the same if I met people less locally.** Also it would be more challenging to get to in the first place and for some new mums the prospect of going far with a new baby is stressful!'*
(Parent, Chelmsford)

'I don't know what I would have done without the Children's centres'

Theme: Current centre as a lifeline/of vital importance

As already implied in previous sections, for almost a fifth of respondents (19%), Children's centres are of vital importance, often referred to as a 'lifeline'. Respondents often reflected on the 'transition, stresses, strains and joys of becoming a parent', and thus the importance of the professional as well as social support provided by the centres, leading to better health and wellbeing. Many of these comments conclude with the request to retain the specific local sites, as they would not be able to attend centres further away.

'I am reliant on the Children's Centre, I am a single mum on benefits and new to the area so have few friends the groups are the only reason I leave the house and without them I'd hate to think how miserable mine and my children's life would be! If the proposals expand the groups and give more focus on those like me that NEED the centres then I am all for it, but if they restrict an already very limited service further **you will literally be taking away a lifeline for so many of us.** We need more groups, afternoon groups, age appropriate groups, and groups for older parents like myself not just young mums. There should be more parent courses on how to parent and more health focus for mums and kids, I always said a group exercise where you can bring the kids and have them play while you work out would be amazing or buggy got or something, but overall I'm in favour of expanding services not shutting them down because there are people like me who would be completely lost without them.'

'I am so sad to hear that you are proposing to close the children's centre in Saffron Walden. This children's centre helped me overcome my postnatal depression, I was really struggling looking after my daughter and since I didn't have family nearby nor friends who have had children themselves. The staff and activities that they held at the centre helped me build my confidence and gave me the best gift long-term friends. I am so gutted to hear the news about the centre as I was hoping to return once my second baby is born!'

'I think as a child minder the sure start centres are invaluable. The amount of support and time the staff put into supporting families and children is priceless. Such a shame that you are thinking of limiting these opportunities for families who may be put off travelling to family hubs!!!'

'Children's Centres provide valuable support for a wide range of families. Despite the views of some councillors, they DO NOT just work with families from deprived backgrounds. Any family can experience domestic violence, a child with disabilities, have post-natal depression, have a child who doesn't sleep so need support with this etc. The whole idea of CC's is to provide early intervention - this saves money in the long term. This is so short sighted. How can CC's services be provided in libraries? These are not spaces for confidentiality and how can safeguarding be assured? The centres are life-lines for families. They are cantered on the under-fives whereas hubs will be for 0-19. All age groups of children have different needs. How can this be provided under one roof with less money.'

'Many mums I know don't drive and struggle to get the bus, therefore they would miss out on the groups'

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| Themes: | <p>Would not attend centre further away/Changes may affect attendance/stop people accessing services</p> <p>Hitting deprived/poor/troubled/vulnerable families & areas</p> <p>Financial impact of closures on other services/leading to later, more costly, interventions</p> |
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Accessibility has already been mentioned as of vital importance. This closely links with the 212 comments which made a specific reference to the possible negative impact of the inability to access Family Hubs on attendance. Many highlighted they may not be able to access the Family Hub closest to them. Further 155 comments highlighted that the most deprived and vulnerable families would be impacted the strongest, resulting in isolation and potential problems not being identified early enough. More than 30 respondents claimed that rather than early intervention/prevention, this would lead to increased cost by putting greater demand on other services. Health visitors, mental health services, GPs, NHS, A&E admissions, social care and schools were mentioned as some of the examples. Other reasons for potential reduced attendance may be overcrowding in Family Hubs (for example due to greater demand for specific sessions) and concern over children's safety.

As such, respondents were often against the closure of specific Children's centres located in areas of increased deprivation. Some of these have already been highlighted in the analysis of questions 5.2b, 6.2b, 7.2b and 8.2b.

*'Changes need to be considered carefully as those families that need the support and services the most are not going to fill in this questionnaire. Nor are they likely to speak up for their individual needs, needs that the current amount of children's centres and staff provide. **Reducing the number of sites will directly reduce the access to families. Where's the logic in that? I believe that you will be putting barriers up for support getting to the hard to reach families**, those that the children's centres have worked so hard to reach over current years.'* (Parent, Maldon)

*'How will parents deliver sessions from local children's Centre when you will be turning these buildings in to child care? Services such as incredible years, talk with me, speech and language appointments, brighter futures, loan parent appointments with job centre plus, first aid, new parents groups, weaning breastfeeding, core group meeting, mental health support group and domestic abuse **programmes are currently run from one of the centres (extremely vulnerable families attend) this centre is proposed to be turned into child care facilities so what will happen to these services and these vulnerable families?** The service does need to change to a 0-19 service however the services do work together to deliver sessions and provide support to families. There are no local community buildings that would offer a child friendly environment and running a course requires space for parents a children.'* (Professional, Braintree)

*'The children's centres have to take time, effort and money to establish themselves as a vital part of their local communities, you now plan to remove these very local sites. Over 75% of the families in my school access children centre services, many do this because it is so local. **I think you will see a huge drop off of 'customers' as they will struggle to physically access the new hubs.** What a shame to see services reduced when the need for these services is increasing.'* (Professional, Chelmsford)

*'**Closing all centres in Harwich will mean for some they will no longer be able to attend groups. A lot of parents in Harwich do not drive and with limited public transport will not be able to travel to groups.** Also young vulnerable mums may not have the finances or confidence to travel. I am an older mum, financially secure with own transport but have no desire to travel out of town for baby groups. Harwich is a deprived area and seems most services are being withdrawn where really they should be increased to help the community. Throughout your policy you have stated that you will provide services where people need them, however this is exactly the opposite result if this proposal goes ahead. Harwich needs help and support not thrown away and dumped.'* (Parent, Tendring)

*'**We would stop using the fabulous facilities currently offered.** We could not travel to the main hub each time. We would therefore stop using this resource. This would dramatically affect the wellbeing of the child as he gets so much benefit from using the centre.'* (Parent, Epping Forest)

*'My local children's centre is burnt mill in Harlow. I use it because it is within walking distance. I would not walk to either the meadows or treehouse and I would not get 2 buses to get to them either. You will essentially be excluding those are not within walking distance who don't drive from using these centres. **As it's likely that it's the poorer families who don't drive you'll move away even further from reaching your target groups.**'* (Parent, Harlow)

*'I don't know how you can think reducing the amount of children's centres is a cost effective approach, you are doing an injustice to the children in this area. I have already seen first-hand what happens when children's centres are closed/ reorganised and it is really sad (they are basically left with nothing). Not everyone has a car or mean to be able to pay to get to services that are further away so end up not going, this in turn is detrimental not only to their child's social/ mental development but also to the parent/ carers, this often the only time they get to go out and see other parents. These centres are so important in other ways for example parent education on diet, weaning, dental care and health, home safety, first aid to name but just a few. It's a false economy. **The money you think you are saving by reducing getting/ rid if these centres services will come back to haunt you in the form of increased childhood obesity, increased emergency department admissions and increased dental appointment 2nd to poor dental hygiene (...)**'* (Parent, Colchester)

'I worry that a Family Hub has far too outreaching aspirations and covers too wide a demographic'

Theme: Concern of the ability of Family Hubs to meet demand/potential overcrowding (doubts/unhappy over 0-19 integration)

Many respondents (around 10%) voiced the concern that due to the reduction to twelve Family Hubs across Essex, the demand for services will concentrate into these areas and thus lead to 'overcrowding'. Respondents doubt demand will be met – in terms of the activities being offered (and possibly not being able to attend as often as desired due to high demand; and in extreme cases not being able to attend at all), as well as the size of individual locations. As some of the responses to questions 5.2b, 6.2b., 7.2b and 8.2b indicated, some of the proposed locations for Family Hubs are viewed as too small and respondents recommended other 'more suitable' locations.

There is concern whether the Family Hubs will be able to house all the agencies which should come together as part of the plans for 0-19 integration. Some stated that the 0-19 age range covers too wide a demographic to be able to deliver targeted or effective support. Each of the age groups is described as having different needs and it not necessarily being suitable to mix children and young people of such diverse ages. Professionals highlighted that they may be qualified for working with certain age groups only. Although perhaps being somewhat stereotypical, some respondents stated they would not wish their small children mixing with older children and teenagers, who 'could be a bad influence'. Several argued that there is already enough support, or at least more options, for school-aged children elsewhere, or that they should be supported by their school for example. Overall, some believe that 'some things are best kept separated'.

'Children's centre staff promote activities appropriate for the developmental stage of the children attending. I do not understand how proposals would be able to cater from 0-19...after all, school key stages are not organised together in this way. 0-19 is simply too wide a spread for support to be meaningful and effective.' (Parent, Braintree)

'If the proposal does go ahead then less sessions still need to be run, they will however be even more popular as there will only be 1 centre running them rather than a few. So I am worried that this will decrease the likelihood that other parents will be able to attend these sessions. We also attend baby time every week. This session is vital to mothers and their babies and has enabled my son and I to meet other mothers and babies. The staff are also on hand to discuss anything etc. Again I am concerned that if the proposal goes ahead then this session will not run or be oversubscribed and simply too busy which will change the relaxed and friendly atmosphere.' (Parent, Harlow)

*'Not enough provision in the Loughton / Buckhurst Hill area if Sunrise was to close - Already serving 1850 children aged under 5 who will be merged with the 6 - 19 aged children and **sharing a 20/30 hour site at Little Oaks which will only allow one agency at a time to be working as only the one room. At least 10 other agencies use the Sunrise site** to provide services for the wider community - this includes Social Care contact visits, ADAS, Safer Places, Health Visitors - Weigh and Play and the Development Checks, NELFT, Essex ASD workshops (12 week evening programme), Essex Pre-school Learning Community training and meetings, PSLA Child minder training and meetings. **This will restrict their ability to deliver services 0 - 19 if no alternatives are offered.**'* (Professional, Epping Forest)

*'As a mother of 2 pre-school age children who makes great use of the local children's centre and delivery site, I am very unhappy about the proposal in general. **School age children presumably get support and access to services from their schools.** I thought this was the reason the government brought the children's centres into being in the 1990s.....to provide services for PRE SCHOOL*

children. I'm not sure how happy I would be taking my pre-school children to a centre where teenagers up to the age of 19 were going.....would this not mean exposing babies and toddlers (and also primary school age children) to a facility with a youth club type atmosphere?? Maybe I'm not quite understanding the proposal correctly, but all I can say is that over the last 3 years I have enjoyed using a facility where i can openly talk with other mothers about baby related issues, breastfeed freely, and not worry about anything. I feel very lucky to have had the use of such a facility and it's just such a shame. I don't think that parents of pre-school children will be as happy to use a centre where youths are using the same facility.....i have nothing against youths per se, but I think they should be getting support and access to services from their school.' (Parent, Rochford)

*'From an existing staffing point of view, I am concerned that **Family Support Workers that are currently trained and qualified in working with families with children under the age of 5, who would now be expected to work with 0-19.** With children's centre buildings closing, staff would need to work out of the boot of their car to transport resources for various activities (with some staff who do not drive or have access to a vehicle). From an Admin/Welcomer point of view how would confidential files/registration forms be stored if permanent space wasn't available in the library/church hall/community centre. Finally, with all these changes and budget concerns, would existing staff be required to apply for their own jobs again (as in 2012) - jobs that some staff have been doing extremely successfully for many years. This was stress taken to its highest level for staff as whilst preparing for an interview, was still expected to deliver the usual high quality services within the children's centres. As a member of staff in a very dedicated team working in a very busy and successful centre, we embrace change on a regular basis. However, my concerns are that the proposed changes will be difficult to take on board - too much too quickly if not drip fed in the beginning.'* (Other, Harlow)

*'I agree that it would be useful for the services proposed to work more within joint community buildings however I do not feel that reducing the availability and access to services would be a positive move, also consideration needs to be made of how the very wide age range can be facilitated as **the needs of babies and young children compared with teenagers would vary considerably** therefore what would actually be available for the families to attend and what would be the purpose of families coming into the hub/delivery sites, would they just become information centres and no longer provide places where families can come along, build relationships with staff, and feel safe to share their issues, worries and concerns, meet with other parents to reduce isolation, gain ideas and support their child's early development. I think when offering out a consultation paper like this there needs to be more information about what the service would look like not just where things will be located and opening times.'* (Professional, Tendring)

'The concept of integrating all child services into multifunctional hubs is a very good one. But you must ensure that ALL can access these services.'

Theme: 0-19 integration is accepted

Around 50 comments were supportive of the 0-19 integration, some respondents even called it 'excellent'. However, some limitations or points needing greater consideration were usually mentioned alongside. Respondents wish for the needs for all groups to be given equal attention and realise that broadening the service may mean that there is 'less' available for all and support may also become more difficult to access. Many considered the practicalities of this integration in terms of facilities as well as opening hours. Some asked where these services would be based and how they would fit given the reduction in buildings. Professionals tended to be relatively favourable, however there usually was a 'but', as demonstrated by the quotes below.

'I think it is a positive step forward for Children's centres to work more with partner agencies ranging services from 0-19 but we need suitable safe buildings to do so. In order for us to offer services at a high standard and meet the data and reports requests of Barnardo's and Essex County Council staff need time and a suitable working environment. We have already reduced our office space and are relying on hot desking.' (Professional, Colchester)

'Consideration needs to be given to the practicality of services being offered from multiple sites, and the availability of equipment where it is needed. Staff travel needs to be provisioned for where necessary. I think centralisation of the existing services sounds very sensible, enabling families to transition to the area of service they need without being caught in the paperwork, and this will require partnership working across the current separate teams. With services being provided for a wider range of age groups, the hubs and delivery sites need to be provisioned to enable all groups to feel safe and secure when using the shared spaces e.g. young baby groups using the space alongside teenage groups, neither group should feel compromised.' (Parent, Epping Forest)

'I support the aspiration of joined up services for 0 -19s designed around families' needs based on early intervention principles. It will be important to ensure the allocation of resources across the age group reflect the importance of the first 1000 days of a child's life.' (Professional, Colchester)

'Extending the age group is great but I think trying to cater for this larger age group at less places for few hours will not benefit anyone. The under 5's will end up suffering and the service will not be fit for purpose for any age group.' (Parent, Basildon)

'We have contacted one of our partner agencies based within the Council offices, Homestart. The increase in hours to 50 for the Maldon Hub (including weekends which were not previously covered) is welcomed. Providers are in general agreement that it would be a good thing to integrate the 0-19 services going forward. However:-The Maldon hub is very small and currently little more than an administrative hub so would need more space to become a more welcoming environment for parents as a drop in. (...) There are no plans to integrate the pre-birth sexual health and contraceptive services. This needs to happen for a true integration of services to take place.in summary, whilst the increase in the hub hours at Maldon are welcome, there are concerns about the impact on the more rural areas of our district.' (Other, Maldon)

'In principal this appears a good idea to have all services together. The only disadvantages are if the group's set up for families are then so big that the benefits currently gained from small groups would not be so. Some parents find larger groups intimidating and may be less likely to access and ask for help.' (Parent, Colchester)

'I like the fact the service now extends to 19 years old as I have a 7 year old as well and at the moment am seeking medical help with his bedwetting. It is reassuring to know that parents' can turn to Sure Start throughout a child's life, particularly the teenage years as a lot of families have quarrels during this time.' (Parent, Braintree)

'Good idea in principle, but...'

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| Theme: | Support/Partial support for proposals (Suggestion of alternative provider of services/willing to offer services – opportunity for joint working) |
|---------------|---|

Around 10% of respondents showed some support for the proposals. One of the benefits highlighted was the potential longer opening hours, which could include weekends. However, support for the proposals was combined with some scepticism over how this was going to work out in practice. Those in favour recognised the value of a joined-up and streamlined service, but highlighted the need to work in partnership effectively. While 'centralisation' may be recognised as a better use of resources, professionals show concern

over how much support they will be able to provide and whether this will reach the most vulnerable families. From the parents' point of view, there appears to be an expectation for the centre to be ideally located in the area most local to them. This points back to accessibility, which was mentioned as the key reason why the proposals may 'not make sense'.

These comments also indicated a certain recognition that cost savings are likely to be made through the proposals. On the contrary, around 10% of respondents also described the proposals as a 'money saving exercise' (this theme will not be explored further as many of the earlier quotes already showed this).

There were some suggestions among the comments on how available space could be used or what services respondents would like to run, but do not have the facilities for them (and thus would be interested). These included baby singing classes, a play group for bereaved parents and siblings and mother and toddler groups. Some respondents would just like to 'help out'. Some liked the idea for buildings to become available for alternative use. However, rather than generalising, these comments warrant a more detailed consideration by the decision makers.

'I love the idea of everyone working together and being based in one central location so that information can easily be shared. Much better. Currently many of our parents get very confused and it can take them a long time to access the support they need. I also like the idea of extended hours. However, the maths don't add up. This is a proposal that will mean a cut in services. In ne Essex you are removing 11 centres and replacing them with 6. That means that parents will be further from support. The map shows that the support will be clustered around Colchester and Clacton-on-Sea with large areas with no easy access. This is great idea in theory but needs to be funded properly to be effective. Please do not skimp on this and depend on the goodwill of volunteers. You owe it to the families of Essex to fund this properly. In school we see the effect of poor support all too often. Use this as an opportunity to get it right.' (Professional, Colchester)

'This concept would be a better use of venues. It would need to co-ordinated with the voluntary sector.' (Professional, Tendring)

'I find the idea generally good as access outside of normal school hours would benefit working families. The prospect of integrated care would be beneficial as it can be confusing trying to find the help you need with so many different points of contact. However the delivery proposal would make this unworkable for most families. The proposed family hub sites are not within reasonable distance for those living on Canvey. I myself would have to take my 3 children on 2 buses in order to get there.' (Parent, Castle Point)

'Over the past few years there have been considerable cuts in children's centre services. Constant change results in confusion and those more at risk falling through the net. It would be a breath of fresh air if all services joined up and actually delivered what was needed.' (Parent, Basildon)

'I think it is a good idea to have all services under one roof and allowing others to use the space too. I am in agreement that 0-19 is a great idea and maybe there will be more joined up thinking and communication and working together a cross the ages and professionals. I feel having centres open for drop ins on a Saturday or sessions is great for working parents.' (Parent, Chelmsford)

'I strongly believe that the Children Centre's need to do more outreach work because some families find it very difficult to go to the different centre's in the Braintree area. Outreach workers have been very creative in using our new school hall which can be divided to make it smaller for families of pre-school children to share a fun experience with activities and meet the staff. There should be more of this happening. Also it is quite difficult for some families to get medical help regarding head lice, rashes, speech therapy, physiotherapy, occupational therapy and development issues. Some parents would benefit from an easier access to these services. Understanding immunization and the importance of this. Ear and eyesight checks are another area where having Health under one roof would benefit families. School's do a lot to identify some of these issues but we are not medically trained! I think these new proposals will have a positive effect on families in Braintree.' (Professional,

Braintree)

'Your survey is too wordy to answer with simple yes/no. There are aspects of the proposals that I am in agreement with but many that I am not. All services should be professionally led/vetted, not left to untrained parents. Trained parents would be ok. I am really concerned about lack of support for low income families who may find it difficult to get to the available centres. It's fine if you have resources (car, money for fares) but not if you don't.' (Parent, Maldon)

*'On paper the proposals seem reasonable but I believe there should be a **review after 6 months to a year** to determine how successful they are in providing support to families in the locality.'* (Parent, Basildon)

'I think if space was made for community based charity services such as Home-Start or Carer services who have their own insurance to support pop up community activities then this would be a good solution at a low cost. They are also supported by local volunteers who gain skills and qualification which help them to find jobs. I think if parents delivered the sessions they may become cliquey and rule out the hard to reach families a charity like Home-Start would support access and have the skills and insurance to provide this service.' (Parent, Colchester)

'We run a play group for bereaved parents and siblings. The group supports many local parents who have experienced stillbirth or neonatal loss. We have lost our current venue and are hoping to be running now from a children's centre in Chelmsford from June. If they close we would once again become homeless though would be extremely interested in renting space. This group is run entirely by bereaved parent volunteers so money would always be an issue.' (Parent, Chelmsford)

'It needs explaining clearer so we know how it could affect us'

Theme: More information on ECC's plans needed

97 comments specifically related to respondents wanting more information about the proposals and what they 'meant for them'. More information was called in terms of the following areas:

- Practicalities of how the new arrangement will work (for parents as well as professionals)
- New 'childcare opportunities' – what specifically will these be (e.g. Preschool/nursery/crèche type setting?)
- Expectations in terms of parents running their own activities
- A clear explanation of the differences between the different types of centres (Family Hub vs. Delivery Site vs. Outreach Site)
- Support, services and groups to be provided – will they still be available and in which locations?; e.g. baby weigh-ins, breastfeeding support
- Opening hours and days of delivery sites
- Impact on SEND provision
- What will happen to the 'empty' buildings?
- What will happen with the resources currently kept at different locations?

'I find this whole consultation very vague. There is not enough information on what actually the centres will provide. The staff at the children's centre are no wiser either. I find this disgraceful. What even more is disturbing it that you made the consultations during school runs and evenings which are during dinner time and bedtime. I can't help feeling that this was an attempt to scupper objections to the consultation.' (Parent, Braintree)

'I have found this quite difficult to complete. It does not seem that much will change from what is currently on offer in my area - except that one delivery site will close and possibly open as childcare (I

am not entirely sure what that means?) Making it clearer to compare what is currently on offer and explaining the difference would make it much easier to answer these questions.' (Parent, Rochford)

'A key issue with this consultation document is that it does not provide sufficient information to make an informed decision. It is not clear to many families what the practical day-to-day implications of this centralisation process will be. Will current children's centre activities still be available to families? Will those families be able to access those activities locally or will they have to travel to family hubs? What is the difference between a hub, a delivery site and an outreach centre in practical terms? The document is overly focused on the logistical issues of centralisation but **does not provide parents with clear enough information on what these changes will actually mean to them.** The document explains that family hubs will offer activities and services, whilst delivery sites and outreach sites will just offer services. Yet what practically counts as an activity, and what counts as a service is never defined. The answer to a simple practical question such as 'will my weekly baby group still be running, and where?' cannot be reasonably inferred from the information given. **This understandably leads to anxiety about the proposals and a desire to retain the current, known structure.** (...) The impression given by the consultation document and the consultation questionnaire is that these proposals are already agreed, and what matters is the details of how they will be implemented, not if they should be implemented. The document appears rushed with poor sentence construction (...). This is an important document to many families in Essex and lack of care in its production does not fill them with confidence, or demonstrate a desire to properly inform.' (Parent, Braintree)

'Not enough information on what will remain and what will go. How many of the current services/groups will be available in the new hubs. Where will the hubs/out reach centres be in the rural areas? More information is required to make an informed decision. As it stands there does not seem enough information on what will happen in the areas that does not have a children's centre so I cannot agree with the proposal.' (Parent, Colchester)

'I am sceptical that the Family Hub model will be a real improvement for parents and children's life and not just a way to justify the local budget cuts. The evidence which underpins your proposals is not clear to me. Where is this evidence? Was Family Hub model implemented anywhere so far? Or is just another experiment?! Thank you.' (Parent, Castle Point)

'I am concerned at the proposals the locations of the outreach sites. Whilst using libraries for outreach services can be good, I feel it would discourage families that really need support from attending, as they would be concerned at causing disruption to the library due to a crying baby, or curious toddlers. If outreach sites were within existing children's centre delivery sites, or health centres, there may be better engagement with parents especially those with more than one child, as the space available would better accommodate pushchairs and children. Another concern is whether partners such as Health Visitors and midwives would continue to engage so well if they had to deliver their services from outreach sites such as libraries which have no clinical provisions. If they only offered services from the Family Hub, then this would not be reaching their client group effectively as many have wards / neighbourhoods they cover which are not close to the Family Hub. What will happen to other services that are currently offered from Main sites and delivery sites that would close under this consultation? I am specifically thinking of the Consultant Obstetrician that offers appointment to women with high risk pregnancies at Harlequin in Witham. Or the new birth hearing screening, or the immunisation catch ups that take place at other centres? These were put in to Children's Centres to reduce footfall in clinical settings such as hospitals and increase take up of services.' (Parent, Maldon)

'The difficulty in responding to this questionnaire is the difficulty of knowing whether the proposals will in fact represent a cut in or watering down of the services currently available. Many families with young children are uncertain whether these changes mean that less will be available for them and it is unclear what improvement in provision is there for those with Special Needs - which are not extensive now. I think that the benefits need to be spelled out more clearly. There is clearly a suspicion around that these proposals are dressed up to conceal cuts.' (Other - Retired professional and School Governor, Epping Forest)

'I'm a professional and I'm struggling to fully understand what happens to health visitors and school nurses in this proposal - so not sure this is going to be understood by the general public responding.' (Professional, Colchester)

'Being a parent is a really tough job and can be isolating if these centres aren't available'

Theme: Potential social isolation/loneliness arising from closure of centre; Potential negative impact of closures on wellbeing & mental health

Almost 10% of respondents made a specific reference to the closures of Children's centres resulting in social isolation and loneliness, while further 7% also mentioned a negative impact on mental health and wellbeing (please note that the same respondents may have mentioned both and thus these percentages are not to be added up). These negative impacts have already been alluded to in many of the quotes within this report, as well as in the theme around Children's centres facilitating the development of social networks. Respondents repeatedly highlight how they met 'other mums' and made new friends through the Children's centres, which would not have happened otherwise. Many highlight the isolation and stress parenthood brings, loss of confidence, post-natal depression, not wanting to be judged by others, anxiety, generally feeling nervous and other mental health problems. Children's centres are seen as preventing these issues from escalating. In several cases respondents specifically highlighted the health benefits children derive from attending Children's centres.

*'I think it's disgusting that every time there is cuts to be made old Harlow loses again slowly but surely all places for children to go that have **families like mine that struggle with anxiety everyday are being more and more isolated due to places being closed** I feel that old Harlow centre should be left to run to support us and maybe close some in Harlow as there is more of the same and would work better so in my opinion leave old Harlow with something for the kids a paddling pool is not enough and as for the Norman booth centre refusing kids and pregnant women using toilet facilities also disgusting need portable loos during times open I'm ready to support my local centre fully from now till the end and will do all I can to stop you shutting it down i have only just got my daughter to feel settle taking her baby to the ABC centre as **she has anxiety issues which is hard to do even our GP has seen a change in her for the better if you close it I fear she will go back to staying at home** please take this seriously when thinking of shutting the centre I'm free and willing to share my story to help as is my daughter for once listen to what we want not what suits you.'* (Parent, Harlow)

*'I have 2 children, and I work 3 jobs (I've also suffered with depression) I have very little time to do much else. But I hope that what is being proposed benefits parents and carers as sometimes it is the only time they interact with others so for them to have regular times and places to go is **very important especially to those that suffer from mental health as its hard enough just getting out of the door.**'* (Parent, Tendring)

*'These Children's Centres are a lifeline for some parents. It is essential for parents to be able to access groups, support services and to interact with other parents in the area. Without this interaction **parents can become isolated, lonely, depressed.** I feel very strongly that I have benefitted greatly from being able to access these centres and groups and do now know what I would have done on my own without such support.'* (Parent, Colchester)

'I'm concerned that during the early days/weeks/months mother will become very isolated without near facilities. I'm concerned that cases of postnatal depression will increase.' (Parent, Rochford)

*'**My son is ASD**, and uses the Wickford centre weekly with his childminder, **it is the only form of 'mass' social integration he gets**, as he would struggle with preschool, let alone getting a place to work around my work hours. The thought of him losing this session and support, the group that has helped him SO much, and disrupting his routine, terrifies me; it's not fair on him, it's not fair on other SEN children, and it's not fair on the mothers in Wickford who don't drive or have much money, who rely on the centre for essential support and socialising.'* (Parent, Basildon)

'How can we run groups when we have our own children to look after?'

Theme: Inappropriate/not feasible for parents to run services (issues with parents running groups)

114 respondents specifically commented on why they would not want to, or why it would not be appropriate for parents to run their own activities. Most of the reasons have already been explored as part of Q11b, where more than 300 respondents provided additional comments. In addition to this, certain respondents claimed that groups run by parents can sometimes feel 'cliquey'.

'Mums with young kids need groups put on for them (1-2 pound charge for snack/craft fine). They are too sleep deprived and already doing a full time plus job without running the groups themselves. this is why children centre and church/faith groups work so well. Start trying to get mums to run thing and with draw services, you are going to have lots of isolated mums, who really could have benefitted from the great services and support we have had from Halstead, Sible Headingham and Earls Colne.' (Parent, Braintree)

*'I believe the Family Hub model integrating services for families and children is, in principle, a good idea, however the proposal simply does not offer sufficient venues and very little clarity about what the service will look like for families and current professionals already delivering these valuable services. **If parents want to run groups** I am not sure why the local authority needs to support this in preference to the local authority offering professional guidance and support to facilitate peer support groups for parents. These peer support groups, delivered in a safe and equitable manner already lead to independent community peer groups forming - particularly via social media. Evidence shows the peer support groups then go onto to make their own arrangements to meet up in public child friendly places such as play venues, the zoo etc. I cannot see why the local authority sees it as a priority in times of austerity in preference to timely, professional led early intervention.'* (Professional, Colchester)

*'I do not think it should be down to the town you live in whether or not there is children's centre support. All families regardless of wealth, employment, education etc. should have the option to go to the centres to gain support and use the services. **I think the services are well run by knowledgeable staff.** The groups could become out of control and 'cliquey' if they are run by parents and there wouldn't be weaning, first aid, massage or speech and language courses anymore because no-one would be qualified to run them.'* (Parent, Chelmsford)

'The use of the library is very poor for a matter of privacy, space and accessibility'

Theme: Library possibly unsuitable as venue

Libraries are not always seen as suitable venues for delivering certain services. They do not necessarily offer the privacy needed for certain conversations (domestic abuse, mental health), support (breastfeeding advice), in terms of providing a safe environment for the children as well as having the facilities needed. Additionally, many are aware of other users of the library, i.e. the general public using the library for accessing books. There are also concerns over the actual space available in libraries, as well as libraries being 'precious' over their space. It was highlighted that some people are reluctant to use libraries for a variety of reasons and that these are often the most vulnerable, who 'shy away' from such a place. Lack of parking in specific locations has already been mentioned.

'I don't like the idea of having group in the library; that is a quiet place where children can learn how to treat books etc., not to play with playdough! How do you expect to deliver breastfeeding group there?' (Parent, Braintree)

'The breastfeeding counsellors who volunteered at Sunrise Children's Centre have helped me to successfully feed both my babies. I worry that such a vital support service would not be available to other local mums. Epping is too far to travel, especially with no car or if you are exhausted (as most new mums are!). I also wonder if the library could be used for such activities? The libraries in Loughton and Debden are both accessible by public transport and it would be great if there was a dedicated area for under 5s and for activities such as breastfeeding support.' (Parent, Epping Forest)

'One slight concern over the proposed location for the central hub. The library is good on the one hand because of its central location and ease of access. However, it is still a library and I would want reassurance as an adult borrower and someone who regularly uses the library for research and work that it will not be overrun by children and will remain, primarily, a library.' (Parent, Chelmsford)

*'It is unacceptable to not have a Canvey Island hub and to merely add an Outreach centre into the library unless they were to have their own private room. **Parents have a lot of sometimes private or confidential needs and problems and don't want to discuss these in public where lots of other people are and they also want to feel secure.** The library is not a good place for toddlers with automatic doors providing (far too) easy access to outside and parents need to know that their children are safe and secure whilst talking to people. You are also eliminating the social aspect where Mums can meet and talk.'* (Parent, Castle Point)

'Your proposal to run activities and services in other buildings seems to overlook the fact that children's centres are perfectly designed for what is needed. For example, at Harlequin, there is a meeting room with attached garden, with coffee and tea making facilities, a fully equipped toilet with changing area/potty/trainer seat etc., and a crèche library there is one disabled toilet under lock and key, and one staff toilet one upstairs. Neither is particularly well located for toddlers in desperate need of a wee. Nor is there coffee and tea making facilities. While perhaps safety gates could be put in and toys bought, these other facilities are really important in attracting new parents along and making them feel comfortable/provided for. A parent will simply not go somewhere which does not make their hard job easier. That's a fact. And if you are going to use community halls, you need to consider whether they need updating and adjusting too. Some are old and unwelcoming. On the other hand, you should consider some church facilities.' (Parent, Braintree)

'Shorter hours and less buildings make for less staff so loss of jobs and loss of expertise'

Theme: Current staff - concern over their future; Staff at existing CCs should have been consulted first

The work of Children's centres staff has been highly commended. Not surprisingly, around 50 respondents specifically expressed concern over the future of current staff. Many are convinced of the loss of jobs and expertise. Some of these interpret this as letting down the community as well as the staff, who have put a lot of effort into building trusting relationships and supporting families in their local communities. Alternatively, remaining staff will be 'stretched' to provide the 0-19 service, with this service no longer being sufficient and professional, as not all may be qualified to support all age groups.

At the same time, several respondents (mostly professionals) expressed disappointment that they were not informed of the proposals before the consultation went live.

'It is still not totally clear what will happen to the current staff in children's centres and it seems all professionals are just moving under one roof which how will the space accommodate each field without overcrowding. Seems another idea to cut staff and funding as the professionals will end up more over worked covering all areas of other professionals' workload.' (Parent, Epping Forest)

'As a Health Visitor I do not currently work evenings or weekends and I do not want to work evenings or weekends. The majority of health visitors have young families and changing their hours could force many out of the profession due to childcare issues.' (Professional, Basildon)

'Having read the plan I disagree with comments about children centre staff being unable to meet families and deliver services due to covering centres. This issue was addressed with the reduction in hours 2 years ago. Staff are now free to go out into the community and deliver what is needed. Further cuts will just make this harder as a local base to store equipment, private rooms to consult with parents and have desk space for admin duties is vital to continue the amazing professional work.' (Professional, Braintree)

'Your proposals are terrible and always based on cutting money and not actually what local families would like. People are so fed up with things changing all the time that they don't respond. What you are proposing is not in the best interest of the families but is all about money. What will happen with the partners that are already using the building that you wish to close and community is happy with using. Not only will you be letting the community down but you will also be letting all the staff down that have worked hard to build these relationships, support families and worked hard to achieve your targets/ KPIs and results.' (Professional, Castle Point)

'I think that the children are the future and it is about early intervention to give these children the best opportunity in life. So to cut more children's centres to save money is crazy, we have helped and supported so many families and got them on the right paths to break that circle. Us workers who work with the families down here on the ground REALLY know what is like for these families and we do the most work and the hardest work!' (Professional, Basildon)

'They need careful management so you don't lose all the good work that is currently being undertaken. I don't think there is a need to dictate the opening hours as this should be down to each local community to work out with the provider what is needed and how that can be managed within the budget. There only needs to be a minimum opening hours offer as it's not about the building but the services delivered within the community as a whole. I would prefer all the main sites and delivery sites to remain open but appreciate budget constraints make this difficult. However, the existing children's centres could have been asked for their views on how this might have been possible. I also feel the children's centre staff should have seen these proposals before the general public.' (Professional, Maldon)

'Many of the questions in this survey are leading ones. Wanting to do something and being able to do it are two different things. In answering some of the questions we cannot avoid giving a different impression from the one we want to.'

| | |
|---------|---|
| Themes: | Survey itself – access, publicity, reach Need further consultation (local/staff/partner/health etc.) |
|---------|---|

Over 30 respondents commented on the actual consultation questionnaire. Some felt the questionnaire was biased and did not give them enough opportunities to express their views, while others believe the decision is 'already a done deal' and the consultation a 'tick box exercise'. Some felt the survey was not promoted sufficiently or that the family events arranged to accompany this were held at times that clashed with school runs or dinner time/bedtime. Several shared the belief that those most impacted by the proposals are unlikely to have responded at all. Respondents expressed hope that their responses will be 'seriously considered'. Other comments called for the proposals to be re-thought. Responses often linked with the theme 'More information on ECC's plans needed'.

The analysis has focused mainly on overarching themes which have come out strongly. However, a large number of comments were long and contained lots of detail on how specific individuals, services, as well as already developed arrangements and partnerships may be negatively impacted by the proposals. This suggests that greater understanding of the impact of the proposals on individual sites is needed. More than 20 respondents specifically highlighted the need for further consultation with specific groups, such as members of staff, health visitors (especially those working in more isolated/rural areas), users in specific areas and others. A couple suggested the decision makers to visit some of the sessions to experience them first-hand.

*'The whole idea of making the consultation at this stage be online also shows that the people in charge are out of touch with the people who need the services. **Many of the people who need them will not have taken part in the consultation as they do not have the required facilities, or the patience and skill to read through your documents and reply to them, so please do not take poor response as lack of interest or need** - I am writing as a representative of many people. I pray and plead that you will keep the Windmill Centre open and develop it for more family activities - with its special sensory room, playrooms, meeting rooms, gardens and situated right on the edge of the countryside and footpaths it could be even more marvellous and attractive to more families. It is a far more suitable venue than the library, which is a very adult-orientated building and distributor of garbage boxes now. There is simply no comparison - how could anyone think it would be an alternative venue?!' (Other - Grandparent, Tendring)*

*'Changes need to be considered carefully as **those families that need the support and services the most are not going to fill in this questionnaire**. Nor are they likely to speak up for their individual needs, needs that the current amount of children's centres and staff provide.' (Parent, Maldon)*

'This seems an extremely biased questionnaire. You are basically forcing cuts and surrounding it in fluffy language. Please make it clear exactly what you are proposing.' (Parent, Colchester)

'The questions in this survey appear to presume a decision has already been made to close some children's centres and make the one left a family hub and remaining one a delivery site in Harlow (treehouse and meadows). There are no questions about whether we oppose the closure of local children's centres or what could be done re improvements to them. Hence I don't think this survey will really represent the views of those responding. The results will only be reflective of the questions asked.' (Parent, Harlow)

'Timings of sessions would have to be very carefully thought out to allow school runs and getting to/from centres to tie in with this. There is no event for parents in Chelmsford to attend to ask questions (page 28 of document). No mention of this consultation questionnaire anywhere I have seen in the widespread media or reporting of these changes. So how are people meant to voice an opinion if they do not know where to look....' (Parent, Chelmsford)

*'**This questionnaire has lots of technical jargon, and I'm amazed that you think the average person understands** and is able to respond on 'hubs', 'delivery centres', 'outreach'. By using complicated terminology, it is made as difficult as possible for anyone to object, and most who use the service would give up. I think that centralising services benefits only those near the centre, as services are used by people local to the service. Those not near a centre will simply miss out on the service, or pay to get to it, which is really unfair.' (Parent, Colchester)*

Summary of qualitative analysis

As many of the quotes demonstrate, respondents tended to mention a variety of issues that were closely interconnected.

Being able to access Family Hubs was of greatest concern. If unable to physically get to them, respondents would miss out on the vital support of these centres, be it the support provided by professionals, or the social support resulting from meeting others in a similar

situation. Many argue that Children's centres need to remain a local service – if not placed in individual communities, people will not be able to access them and with those the most disadvantaged being impacted the most. Furthermore, the social networks between new parents would not be fostered sufficiently, as they would be unlikely to see each other out of organised groups. Children's centres were often described as being key part of the community. With increased difficulties of accessing services, some believe they would access them less, or not at all, resulting in isolation, potential mental health problems (many female respondents reflected on suffering with post-natal depression) and other problems impacting on the whole family. Many claim those already vulnerable would become even more disengaged.



Joining a reference group

At the end of the survey, respondents were asked whether they would you like to join a reference group or get more involved in the detailed planning for the new delivery model of the Integrated Pre-Birth to 19 Health, Wellbeing and Family Support Offer.

533 individuals signed up to be added to the reference group list.

The majority of these were women, aged between 30 – 39 (52%) and 20 – 29 (24%).

They came from all over Essex.

The most represented districts were Chelmsford, Harlow, Colchester and Basildon.

The least represented districts were Rochford, Maldon, Brentwood and Uttlesford.

Additional input into the consultation

During the consultation period, Essex County Council received approximately fifteen responses in a 'letter' format, usually from other councils within Essex, but some very concerned citizens, too. These letters ranged in length but some were over six pages long.

These letters were considered by Commissioners and their team during a meeting in May 2016, alongside the results captured in this report. In many instances they repeated the messages captured in this report. However, they were also more forward-looking and contained information and suggestions for practical next steps to be taken forward. Thus, using the same coding framework as in Q13 was not appropriate.

The Children and Young People's Plan Consultation took place at approximately the same time as the one around this one. Around ten respondents from the CYPP consultation provided some views concerning the proposals around Children's centres/Family Hubs. All these views were in line with those already reported here and provided no additional detail.

Final remarks

The results presented in this report strongly suggest that the majority of respondents disagree with the proposals for the number of Children's centres to be reduced to twelve across Essex, with one in each district. They fear they will lose access to the local support that is so highly valued by them. Several respondents specifically pointed out that the Consultation document had not provided sufficient detail regarding Family Hub Delivery Sites and Family Hub Outreach Sites necessary to be able to better understand how the proposals may impact on individuals. As such, majority of respondents were reluctant to agree with the proposals.

The majority of respondents highlighted how important these Children's centres are to families. As such, their comments provide a wealth of information with considerable detail and thus indications on what alternative options could be considered for individual areas.

In questions 5.2b – 8.2b, respondents provided multiple suggestions on additional or alternative Family Hub locations, thus giving first indications of areas of greatest concern. Respondents often called for re-consideration of the proposals.

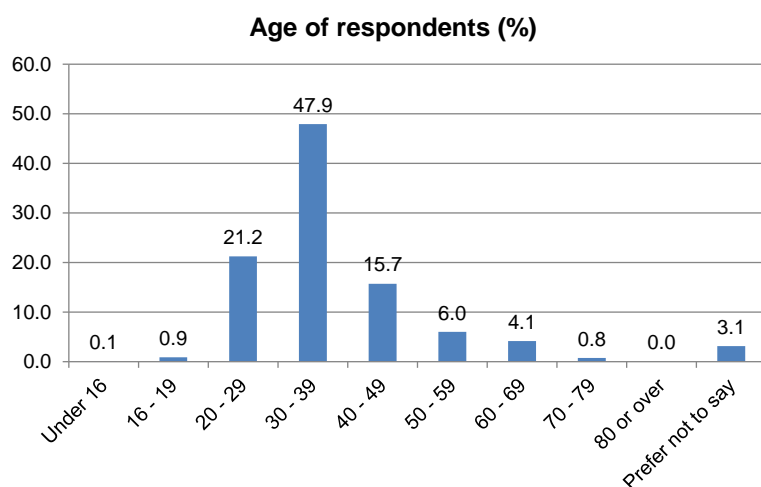
The analysis in this report is fairly high-level, however more specific and detailed analysis is recommended in order to consider alternative options in more detail, if the decision is taken to alter the current proposals.

Diversity and Equality

At the end of the survey, respondents were asked to provide their demographic information. This was voluntary.

Age

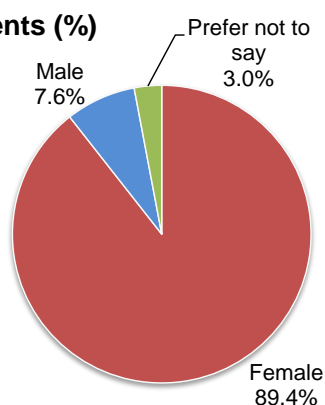
| Age | Frequency | % |
|---------------------------|-------------|------------|
| Under 16 | 2 | 0.1 |
| 16 - 19 | 19 | 0.9 |
| 20 - 29 | 446 | 21.2 |
| 30 - 39 | 1006 | 47.9 |
| 40 - 49 | 330 | 15.7 |
| 50 - 59 | 126 | 6.0 |
| 60 - 69 | 87 | 4.1 |
| 70 - 79 | 16 | 0.8 |
| 80 or over | 1 | 0.0 |
| Prefer not to say | 66 | 3.1 |
| Question total | 2099 | 100 |
| <i>Missing</i> | <i>916</i> | |
| <i>Survey start total</i> | <i>3015</i> | |



Almost half of respondents (47.5%) were aged between 30 – 39 years. The second most represented age group was 20 – 29 years (21.2%) and third 40 – 49 years (15.7%).

Gender

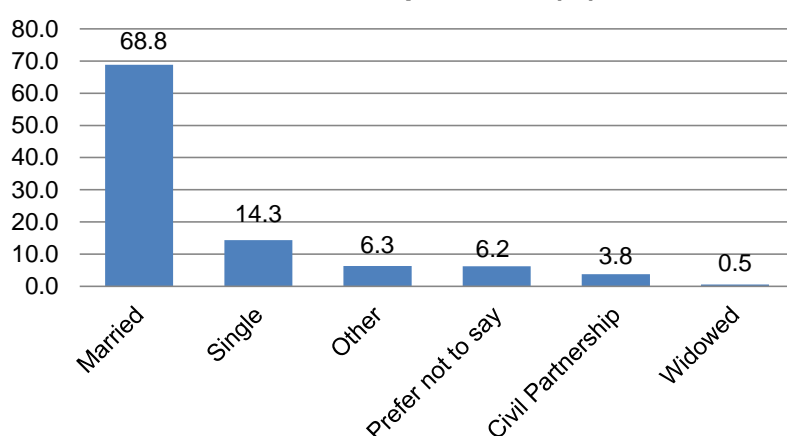
| Gender | Frequency | % |
|---------------------------|-------------|------------|
| Female | 1870 | 89.4 |
| Male | 159 | 7.6 |
| Prefer not to say | 62 | 3.0 |
| Question total | 2091 | 100 |
| <i>Missing</i> | <i>924</i> | |
| <i>Survey start total</i> | <i>3015</i> | |

Gender of respondents (%)

The majority of respondents were women.

Marital status

| Status | Frequency | % |
|---------------------------|-------------|------------|
| Married | 1414 | 68.8 |
| Single | 294 | 14.3 |
| Other | 130 | 6.3 |
| Prefer not to say | 127 | 6.2 |
| Civil Partnership | 78 | 3.8 |
| Widowed | 11 | 0.5 |
| Question total | 2054 | 100 |
| <i>Missing</i> | <i>961</i> | |
| <i>Survey start total</i> | <i>3015</i> | |

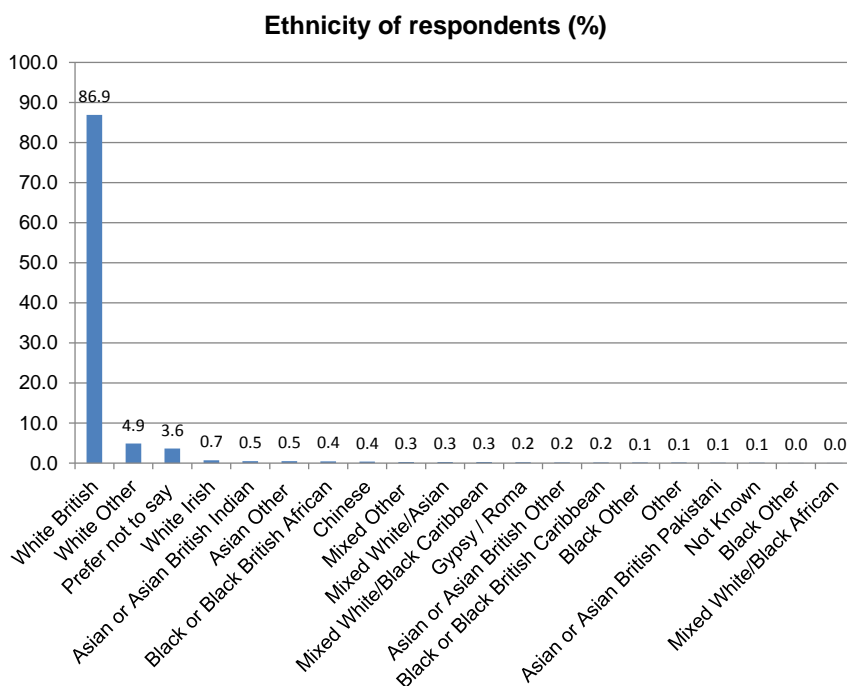
Status of respondents (%)

Almost 70% of respondents were married, followed by almost 15% who were single. 'Other' was the third most represented group. Most of these people were unmarried but co-habiting couples.

| Status - other | Frequency | % |
|---|------------|------------|
| Cohabiting / living together with a partner | 78 | 60.0 |
| In a relationship / engaged / common law | 34 | 26.2 |
| Divorced | 15 | 11.5 |
| Separated | 3 | 2.3 |
| Question total | 130 | 100 |

Ethnicity

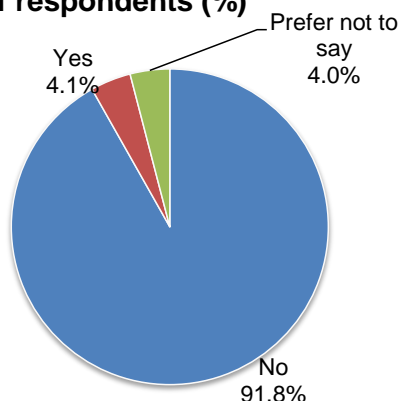
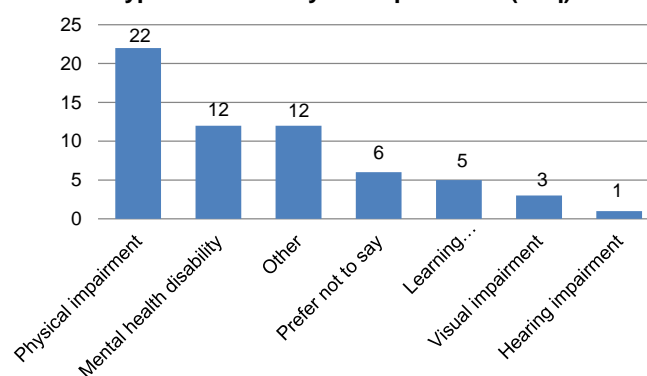
| Ethnicity | Frequency | % |
|----------------------------------|------------------|------------|
| White British | 1812 | 86.9 |
| White Other | 102 | 4.9 |
| Prefer not to say | 76 | 3.6 |
| White Irish | 15 | 0.7 |
| Asian or Asian British Indian | 10 | 0.5 |
| Asian Other | 10 | 0.5 |
| Black or Black British African | 9 | 0.4 |
| Chinese | 8 | 0.4 |
| Mixed Other | 6 | 0.3 |
| Mixed White/Asian | 6 | 0.3 |
| Mixed White/Black Caribbean | 6 | 0.3 |
| Gypsy / Roma | 5 | 0.2 |
| Asian or Asian British Other | 4 | 0.2 |
| Black or Black British Caribbean | 4 | 0.2 |
| Black Other | 3 | 0.1 |
| Other | 3 | 0.1 |
| Asian or Asian British Pakistani | 2 | 0.1 |
| Not Known | 2 | 0.1 |
| Black Other | 1 | 0.0 |
| Mixed White/Black African | 1 | 0.0 |
| Question total | 2085 | 100 |
| <i>Missing</i> | <i>930</i> | |
| <i>Survey start total</i> | <i>3015</i> | |



The majority of respondents were White British, with several 'White Others'. 3.6% of respondents did not wish to disclose their ethnicity. In terms of 'other', there was a Hispanic, Latin and South American respondent (one of each).

Do you consider yourself to have a disability?

| Disability | Frequency | % |
|-----------------------|-------------|------------|
| No | 1890 | 91.8 |
| Yes | 85 | 4.1 |
| Prefer not to say | 83 | 4.0 |
| Question total | 2058 | 100 |
| Missing | 957 | |
| Survey start total | 3015 | |

Disability of respondents (%)**Types of disability of respondents (freq)**

The majority of respondents did not have a disability. From those who did (4.1%), most had a physical impairment (22 individuals), followed by those with a mental health disability (12 individuals).

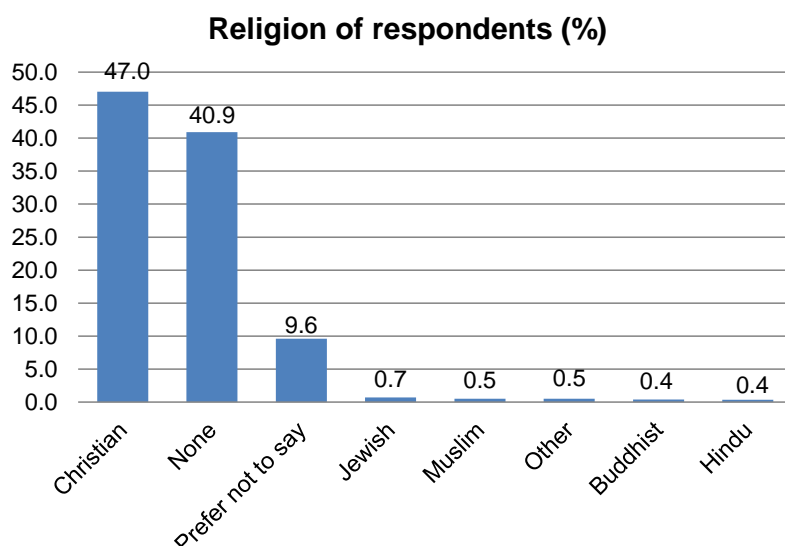
If you said yes, please select all that apply:

| Types of disability (sub-question) | Frequency |
|------------------------------------|-----------|
| Physical impairment | 22 |
| Mental health disability | 12 |
| Other | 12 |
| Prefer not to say | 6 |
| Learning difficulties/disabilities | 5 |
| Visual impairment | 3 |
| Hearing impairment | 1 |
| Question total | 61 |

Religion/Faith

| Religion / Faith | Frequency | % |
|-------------------|-----------|------|
| Christian | 937 | 47.0 |
| None | 815 | 40.9 |
| Prefer not to say | 191 | 9.6 |
| Jewish | 14 | 0.7 |
| Muslim | 10 | 0.5 |
| Other | 10 | 0.5 |

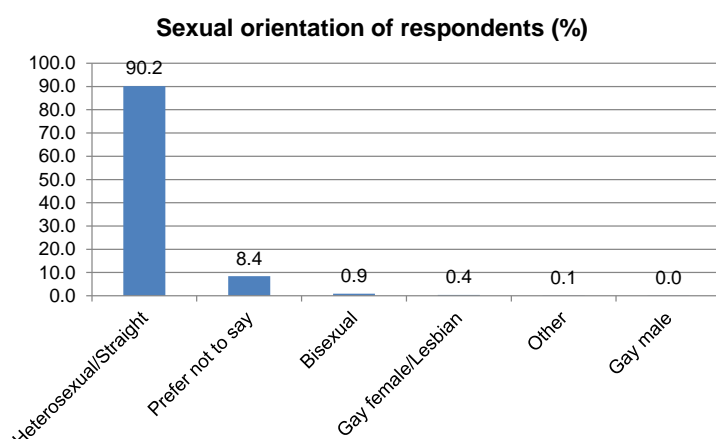
| | | |
|---------------------------|-------------|------------|
| Buddhist | 8 | 0.4 |
| Hindu | 7 | 0.4 |
| Question total | 1992 | 100 |
| <i>Missing</i> | <i>1023</i> | |
| <i>Survey start total</i> | <i>3015</i> | |



Almost half of respondents were Christian, followed by more than 40% with no religion. There were very small numbers of respondents of the Jewish, Muslim, Buddhist, Hindu and other faiths.

Sexual Orientation

| Sexual orientation | Frequency | % |
|---------------------------|------------------|------------|
| Heterosexual/Straight | 1837 | 90.2 |
| Prefer not to say | 171 | 8.4 |
| Bisexual | 18 | 0.9 |
| Gay female/Lesbian | 8 | 0.4 |
| Other | 2 | 0.1 |
| Gay male | 1 | 0.0 |
| Question total | 2037 | 100 |
| <i>Missing</i> | <i>978</i> | |
| <i>Survey start total</i> | <i>3015</i> | |

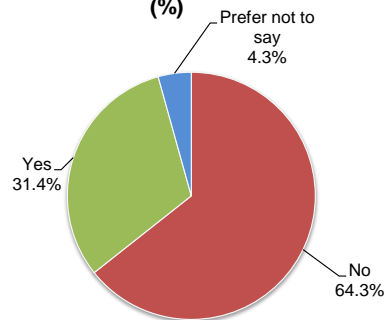


The majority of respondents were heterosexual. Only a small number of respondents had a different sexual orientation.

Pregnancy and maternity

| Pregnancy and maternity | Frequency | % |
|--------------------------------|------------------|------------|
| No | 1329 | 64.3 |
| Yes | 648 | 31.4 |
| Prefer not to say | 89 | 4.3 |
| Question total | 2066 | 100 |
| <i>Missing</i> | <i>949</i> | |
| <i>Survey start total</i> | <i>3015</i> | |

Pregnancy/maternity of respondents (%)



Although the majority of respondents were not pregnant, almost a third were.

Appendix 1

| Q5.2b: Respondents views on alternative Family Hub locations – North | Freq | % of responses | % of respondents |
|---|-------------|-----------------------|-------------------------|
| FULL TABLE | | | |
| Disagree with hub/all centres should be open etc. | 50 | 15.9 | 22.6 |
| Windmill Centre, Harwich, CO12 5EL | 47 | 15.0 | 21.3 |
| Other comments | 45 | 14.3 | 20.4 |
| Should be more than one hub per district | 24 | 7.6 | 10.9 |
| Little Hands CC, Stanway, CO3 0QG | 22 | 7.0 | 10.0 |
| Berechurch CC, Monkwick, Colchester, CO2 8NN | 19 | 6.1 | 8.6 |
| Beehive CC, Colchester, CO4 5XT | 17 | 5.4 | 7.7 |
| Issues with (public) transport | 15 | 4.8 | 6.8 |
| Colchester/town centre | 13 | 4.1 | 5.9 |
| Harwich | 9 | 2.9 | 4.1 |
| St Annes and Castle CC, CO4 3DH | 8 | 2.5 | 3.6 |
| Discovery CC, Colchester, CO3 9BE | 8 | 2.5 | 3.6 |
| Shrub End CC, Colchester, CO2 9BG | 7 | 2.2 | 3.2 |
| New Town CC, CO2 7RY | 6 | 1.9 | 2.7 |
| Colne CC, Brightlingsea, CO7 0AQ | 6 | 1.9 | 2.7 |
| St James CC, Oxford Road, Clacton, CO15 3TB | 4 | 1.3 | 1.8 |
| Hemmington House, Jaywick, CO15 2EX | 3 | 1.0 | 1.4 |
| Sydney House CC, Clacton, CO16 7AG | 3 | 1.0 | 1.4 |
| Clacton | 2 | 0.6 | 0.9 |
| Rainbow CC, Walton, CO14 8AW | 2 | 0.6 | 0.9 |
| Harwich Library, CO12 3JT | 1 | 0.3 | 0.5 |
| The Ark, Highwoods Methodist Church, Jack Andrews Drive, Highwoods, Colchester, CO4 9FF | 1 | 0.3 | 0.5 |
| Prettygate | 1 | 0.3 | 0.5 |
| Greenstead Children's Centre, CO4 3QE | 1 | 0.3 | 0.5 |
| Total responses | 314 | 100.0 | |
| Total respondents/comments | 221 | | |

| Q5.3: Respondents ideas on alternative locations – North | Freq | % of responses | % of respondents |
|---|-------------|-----------------------|-------------------------|
| FULL TABLE | | | |
| Other | 17 | 14.7 | 16.7 |
| Windmill Centre, Harwich, CO12 5EL | 14 | 12.1 | 13.7 |
| Little Hands CC, Stanway, CO3 0QG | 11 | 9.5 | 10.8 |
| The Ark, Highwoods Methodist Church, Jack Andrews Drive, Highwoods, Colchester, CO4 9FF | 7 | 6.0 | 6.9 |
| St Annes and Castle CC, CO4 3DH | 5 | 4.3 | 4.9 |
| Beehive CC, Colchester, CO4 5XT | 3 | 2.6 | 2.9 |
| Shrub End CC [Community Centre], CO2 9BG | 3 | 2.6 | 2.9 |
| Harwich hospital, 419 Main Rd, Harwich CO12 4EX | 3 | 2.6 | 2.9 |
| Resource Centre, Brooklands Gardens, Jaywick, Clacton-on-Sea CO15 2JP | 3 | 2.6 | 2.9 |
| West Wing Youth Centre, Harwich Centre, Main Road, Dovercourt, CO12 4AH | 3 | 2.6 | 2.9 |
| Discovery CC, Colchester, CO3 9BE | 2 | 1.7 | 2.0 |
| Bluebell Centre, Jack Andrew's Drive, Highwoods, Colchester, CO4 9YN | 2 | 1.7 | 2.0 |
| Colchester library, Trinity Square, Colchester, CO1 1JB | 2 | 1.7 | 2.0 |
| St Nicholas Hall, Stour Rd, Harwich, Essex CO12 3HS | 2 | 1.7 | 2.0 |
| Berechurch CC, Monkwick, Colchester, CO2 8NN | 2 | 1.7 | 2.0 |
| Tiptree Community Centre, 1a Caxton Close, Tiptree, CO5 0HA | 2 | 1.7 | 2.0 |
| First site gallery, Lewis Gardens, High St, Colchester CO1 1JH | 2 | 1.7 | 2.0 |
| Colne CC, YMCA Hall, Brightlingsea, CO7 0AQ | 2 | 1.7 | 2.0 |
| Colchester town centre | 2 | 1.7 | 2.0 |
| Colchester - former garrison/army sites | 2 | 1.7 | 2.0 |
| Tendring (North and South) - unspecified | 2 | 1.7 | 2.0 |
| Clacton Coastal Academy, CO15 3JL | 1 | 0.9 | 1.0 |
| Hemmington House CC, Jaywick, CO15 2EX | 1 | 0.9 | 1.0 |
| Jaywick - unspecified | 1 | 0.9 | 1.0 |
| Montgomery Infants Shool, Colchester, CO2 9QG | 1 | 0.9 | 1.0 |
| Elim church hall, Clematis Way, Colchester CO4 3PY | 1 | 0.9 | 1.0 |
| New Town CC, Colchester, CO2 7RY | 1 | 0.9 | 1.0 |
| Old school site (St John's Green), Colchester town centre | 1 | 0.9 | 1.0 |
| Colchester community centres | 1 | 0.9 | 1.0 |
| The Adult Community Learning College and Vibe Youth Centre, Main Road, CO12 4AJ | 1 | 0.9 | 1.0 |
| Harwich Town Children's Centres, CO12 3NS & | 1 | 0.9 | 1.0 |

| | | | |
|--|------------|-------|-----|
| CO12 3HS | | | |
| Harwich Library, CO12 3JT | 1 | 0.9 | 1.0 |
| Tollgate Development | 1 | 0.9 | 1.0 |
| Northern Gateway | 1 | 0.9 | 1.0 |
| Jungle Adventure, Stanway, CO3 0LE | 1 | 0.9 | 1.0 |
| St Noah's nursey, Harwich, CO12 3NS | 1 | 0.9 | 1.0 |
| Old co-op building in Colchester | 1 | 0.9 | 1.0 |
| Mistley Clinic, Manningtree, CO11 1ER | 1 | 0.9 | 1.0 |
| Mistley Church Hall, Mistley, CO11 1ER | 1 | 0.9 | 1.0 |
| Venture Centre 2000, Lawford, CO11 2JE | 1 | 0.9 | 1.0 |
| Furze hill hall, Mistley, Manningtree CO11 1HS | 1 | 0.9 | 1.0 |
| Colchester town hall, CO1 1PJ | 1 | 0.9 | 1.0 |
| Colchester - general/unspecified | 1 | 0.9 | 1.0 |
| North Colchester - unspecified | 1 | 0.9 | 1.0 |
| Brightlingsea - unspecified | 1 | 0.9 | 1.0 |
| Harwich - unspecified | 1 | 0.9 | 1.0 |
| Total responses | 116 | 100.0 | |
| Total respondents/comments | 102 | | |

Appendix 2

| Q6.2b: Respondents views on alternative Family Hub locations – Mid | Freq | % of responses | % of respondents |
|---|-------------|-----------------------|-------------------------|
| FULL TABLE | | | |
| South Woodham/Chetwood CC, SWF, CM3 5ZX | 97 | 18.8 | 25.3 |
| Disagree with hub/all centres should be open etc. | 96 | 18.6 | 25.1 |
| Other | 64 | 12.4 | 16.7 |
| Chelmsford West CC, Dixon Avenue, CM1 2AQ | 34 | 6.6 | 8.9 |
| Parking comments | 29 | 5.6 | 7.6 |
| Acorn CC, Halstead, CO9 1JH | 28 | 5.4 | 7.3 |
| Issues with (public) transport | 27 | 5.2 | 7.0 |
| Harlequin CC, Witham, CM8 1NA | 22 | 4.3 | 5.7 |
| Concerns with libraries | 20 | 3.9 | 5.2 |
| Bumblebee CC, Danbury, CM3 3QZ | 13 | 2.5 | 3.4 |
| Perryfields CC, Chelmsford, CM1 7PP | 13 | 2.5 | 3.4 |
| Witham - unspecified | 12 | 2.3 | 3.1 |
| Not enough hubs | 10 | 1.9 | 2.6 |
| Roundabout CC, Witham, CM8 2NJ | 7 | 1.4 | 1.8 |
| Silver End CC, CM8 3RQ | 7 | 1.4 | 1.8 |
| [Valley CC], Earls Colne, CO6 2RH | 7 | 1.4 | 1.8 |
| Seesaw CC, Braintree, CM7 5UL | 5 | 1.0 | 1.3 |
| Rural isolation | 5 | 1.0 | 1.3 |
| Carousel CC, Braintree, CM7 3QZ | 4 | 0.8 | 1.0 |
| Larkrise CC, Gt Baddow, CM2 9UB | 3 | 0.6 | 0.8 |
| Rainbow CC, Sible Hedingham, CO9 3QH | 3 | 0.6 | 0.8 |
| Dengie CC, Burnham-on-Crouch, CM0 8QB | 2 | 0.4 | 0.5 |
| Springfield, Chelmsford - unspecified | 2 | 0.4 | 0.5 |
| Galleywood CC, CM2 8PU | 2 | 0.4 | 0.5 |
| Bicknacre - unspecified | 1 | 0.2 | 0.3 |
| Chelmsford Central CC, Chelmsford Library, CM1 1LH | 1 | 0.2 | 0.3 |
| Maldon Library, Carmelite House, CM9 5FW | 1 | 0.2 | 0.3 |
| Maldon - unspecified | 1 | 0.2 | 0.3 |
| Total responses | 516 | 100.0 | |
| Total respondents/comments | 383 | | |

| Q6.3: Respondents ideas on alternative locations – Mid | Freq | % of responses | % of respondents |
|---|-------------|-----------------------|-------------------------|
| FULL TABLE | | | |
| Other | 23 | 15.6 | 20.0 |
| Chetwood CC, SWF, CM3 5ZX | 22 | 15.0 | 19.1 |
| Harlequin CC, Witham, CM8 1NA | 10 | 6.8 | 8.7 |
| Chelmsford West CC, Dixon Avenue, CM1 2AQ | 7 | 4.8 | 6.1 |
| Acorn CC, Halstead, CO9 1JH | 6 | 4.1 | 5.2 |
| Perryfields CC, Chelmsford, CM1 7PP | 5 | 3.4 | 4.3 |
| Keene Hall/G'wood Village Hall, Galleywood, CM2 8PT | 5 | 3.4 | 4.3 |
| See Saw CC, Braintree, CM7 5UL | 3 | 2.0 | 2.6 |
| Bumblebee CC, Danbury, CM3 4NQ | 3 | 2.0 | 2.6 |
| SWF Health Centre, CM3 5BF | 3 | 2.0 | 2.6 |
| SWF - Village Hall, CM3 5PL | 3 | 2.0 | 2.6 |
| Witham High Street & unspecified | 3 | 2.0 | 2.6 |
| Rainbow CC, Sible Hedingham, Halstead, CO9 3QH | 2 | 1.4 | 1.7 |
| Silver End CC, CM8 3RQ | 2 | 1.4 | 1.7 |
| Braintree Library, Fairfield Rd, Braintree CM7 3YL | 2 | 1.4 | 1.7 |
| Shire Hall, Chelmsford, CM1 1EH | 2 | 1.4 | 1.7 |
| Danbury Sports Centre/Cricket Club, Danbury, CM3 4NQ | 2 | 1.4 | 1.7 |
| Springfield Parish Centre/Library, St Augustine's Way, Chelmsford CM1 6GX | 2 | 1.4 | 1.7 |
| Yellow Rock Road CC, Gt Totham, CM9 8PN | 2 | 1.4 | 1.7 |
| Roxwell memorial hall, CM1 4NU | 2 | 1.4 | 1.7 |
| SWF - library, CM3 5JU | 2 | 1.4 | 1.7 |
| Champions Manor Hall, SWF, CM3 5LJ | 2 | 1.4 | 1.7 |
| Community Centres/Leisure Centres - unspecified | 2 | 1.4 | 1.7 |
| Carousel CC, Braintree, CM7 3QZ | 1 | 0.7 | 0.9 |
| Beeches CC, Beeches Close, Chelmsford, CM1 2SB | 1 | 0.7 | 0.9 |
| Old St Peter's School Site, Melbourne, Chelmsford, CM1 2BL | 1 | 0.7 | 0.9 |
| Chelmer Village Church Hall, CM2 6RF | 1 | 0.7 | 0.9 |
| Danbury Medical Centre, Danbury, CM3 4QA | 1 | 0.7 | 0.9 |
| Parkside [youth] Centre, Witham, CM8 2BH | 1 | 0.7 | 0.9 |
| St Johns Church, Danbury, CM3 4NG | 1 | 0.7 | 0.9 |
| Danbury Mission, Danbury, CM3 4QL | 1 | 0.7 | 0.9 |
| Danbury Village Hall, CM3 4NQ | 1 | 0.7 | 0.9 |
| URC Hall, Little Baddow Road, Danbury, CM3 4NS | 1 | 0.7 | 0.9 |
| Trent Road Church, Chelmsford, CM1 2LQ | 1 | 0.7 | 0.9 |
| Chelmsford library, CM1 1LH | 1 | 0.7 | 0.9 |
| Writtle village hall, The Green, Writtle, CM1 3DU | 1 | 0.7 | 0.9 |
| Larkrise CC, Gt Baddow, CM2 9UB | 1 | 0.7 | 0.9 |

| | | | |
|---|------------|-------|-----|
| Gt baddow Library, CM2 7HH | 1 | 0.7 | 0.9 |
| Writtle Wick [Family Centre], CM1 2JB | 1 | 0.7 | 0.9 |
| Woodcroft Nursery, Chelmsford, CM2 9UB | 1 | 0.7 | 0.9 |
| Tanglewood nursery school, CM1 2DX | 1 | 0.7 | 0.9 |
| Great Leighs village hall, CM3 1NH | 1 | 0.7 | 0.9 |
| The Walthams village halls | 1 | 0.7 | 0.9 |
| Old Play Centre building, Halstead | 1 | 0.7 | 0.9 |
| Halstead - unspecified | 1 | 0.7 | 0.9 |
| Parkside community hub, Melbourne Avenue, Chelmsford, Essex, CM1 2DX. | 1 | 0.7 | 0.9 |
| South Woodham Ferrers - unspecified | 1 | 0.7 | 0.9 |
| Old GP surgery (closed down) - SWF (no address) | 1 | 0.7 | 0.9 |
| William de Ferrers centre, SWF | 1 | 0.7 | 0.9 |
| Silver End Village Hall, CM8 3RQ | 1 | 0.7 | 0.9 |
| Proposed new community centre building in Halstead | 1 | 0.7 | 0.9 |
| Mid family centre, County Hall, Chelmsford, CM1 1YS | 1 | 0.7 | 0.9 |
| Longmeads House, Redwood Drive, Writtle, CM1 3LY | 1 | 0.7 | 0.9 |
| Baptist Church, Earls Colne, CO6 2LR | 1 | 0.7 | 0.9 |
| Maldon Activity Centre | 1 | 0.7 | 0.9 |
| Total responses | 147 | 100.0 | |
| Total respondents/comments | 115 | | |

Appendix 3

| Q7.2b: Respondents views on alternative Family Hub locations – South | Freq | % of responses | % of respondents |
|---|-------------|-----------------------|-------------------------|
| FULL TABLE | | | |
| Disagree with hub/all centres should be open etc. | 62 | 14.6 | 17.6 |
| Little Lions CC, Northwick Park, Canvey Island, SS8 9SU | 52 | 12.3 | 14.7 |
| Northlands Park CC, Basildon, SS13 1QX | 50 | 11.8 | 14.2 |
| Highcliffe CC, Wickford, SS11 8JX | 46 | 10.8 | 13.0 |
| Canvey Island - one Hub in general needed | 32 | 7.5 | 9.1 |
| All About CC, Laindon, SS15 5NX | 31 | 7.3 | 8.8 |
| Other comment | 25 | 5.9 | 7.1 |
| Issues with (public) transport | 16 | 3.8 | 4.5 |
| Wishing Well CC, Rochford, SS4 1QF | 15 | 3.5 | 4.2 |
| Sunnyside CC, Billericay, CM12 0GH | 15 | 3.5 | 4.2 |
| The Triangle CC, Wickford, SS12 0AQ | 9 | 2.1 | 2.5 |
| Billericay CC, Billericay, CM12 9AB | 9 | 2.1 | 2.5 |
| Kaleidoscope CC, Basildon, SS16 4NF | 8 | 1.9 | 2.3 |
| Cherry Tree Children's Centre, The Knightsway Centre, 32a Knights Way, Brentwood CM13 2AZ | 6 | 1.4 | 1.7 |
| Ladybird CC, Rayleigh, SS6 9EH | 6 | 1.4 | 1.7 |
| Canvey community CC, Canvey Island, SS8 9HG | 6 | 1.4 | 1.7 |
| Little Tewkes CC, Canvey Island, SS8 9SU | 5 | 1.2 | 1.4 |
| Not sure/none | 5 | 1.2 | 1.4 |
| Little Acorns CC, Benfleet, SS7 2SU | 4 | 0.9 | 1.1 |
| Starbright CC, Pitsea, SS13 3DU | 4 | 0.9 | 1.1 |
| Cherrydown CC, Basildon, SS16 5AT | 3 | 0.7 | 0.8 |
| Fryerns Farm CC, Basildon, SS14 2EQ | 3 | 0.7 | 0.8 |
| Other suggestion (no address) | 3 | 0.7 | 0.8 |
| The Paddocks Community Centre, Canvey Island, SS8 0JA | 2 | 0.5 | 0.6 |
| Basildon - unspecified/town centre | 2 | 0.5 | 0.6 |
| Shenfield Library, CM15 8NJ | 2 | 0.5 | 0.6 |
| Closer to Southend/Wakering - unspecified | 1 | 0.2 | 0.3 |
| The Limes CC, Laindon, SS16 6AQ | 1 | 0.2 | 0.3 |
| Willow CC, Hullbridge, SS5 6ND | 1 | 0.2 | 0.3 |
| Total responses | 424 | 100 | |
| Total respondents/comments | 353 | | |

| Q7.3: Respondents ideas on alternative locations – West | Freq | % of responses | % of respondents |
|---|-------------|-----------------------|-------------------------|
| FULL TABLE | | | |
| The Paddocks Community Centre, Canvey Island, SS8 0JA | 24 | 20.2 | 23.5 |
| Other | 11 | 9.2 | 10.8 |
| All About CC, Laindon, SS15 5NX | 8 | 6.7 | 7.8 |
| Cherry Tree Children's Centre, The Knightsway Centre, 32a Knights Way, Brentwood CM13 2AZ | 8 | 6.7 | 7.8 |
| Northlands Park CC, Basildon, SS13 1QX | 6 | 5.0 | 5.9 |
| Little Lions CC, Northwick Park, Canvey Island, SS8 9SU | 4 | 3.4 | 3.9 |
| Canvey Community Centre, Resource Centre, Little Gypps, Canvey, SS8 9HG | 3 | 2.5 | 2.9 |
| Hutton Community Centre, CM13 1LP | 3 | 2.5 | 2.9 |
| Shenfield Library/Sunshine CC, CM15 8NJ | 3 | 2.5 | 2.9 |
| Basildon - unspecified | 2 | 1.7 | 2.0 |
| Billericay - unspecified | 2 | 1.7 | 2.0 |
| Sunnyside CC, Billericay, CM12 0GH | 2 | 1.7 | 2.0 |
| Billericay Methodist Church, CM12 9DT | 2 | 1.7 | 2.0 |
| Wickford Community Centre, SS12 9NR | 2 | 1.7 | 2.0 |
| Highcliffe CC, Wickford, SS11 8JX | 2 | 1.7 | 2.0 |
| Little Tewkes CC, Canvey Island, SS8 9SU | 2 | 1.7 | 2.0 |
| The Limes Childrens Centre, Laindon, SS16 6AQ | 2 | 1.7 | 2.0 |
| Pitsea - unspecified [possibly Starbright CC, Pitsea, SS13 3DU] | 2 | 1.7 | 2.0 |
| Schools or pre-schools - unspecified | 2 | 1.7 | 2.0 |
| Roundacre Youth Centre, Laindon, SS15 5UL | 2 | 1.7 | 2.0 |
| King Edward Hall, Laindon, SS15 6HL | 2 | 1.7 | 2.0 |
| Canvey Island - unspecified | 2 | 1.7 | 2.0 |
| New Laindon Centre | 2 | 1.7 | 2.0 |
| Ashleigh Resource Centre/Wellbeing Hub, Whitmore Way, Basildon SS1 2NN | 1 | 0.8 | 1.0 |
| Billericay Library | 1 | 0.8 | 1.0 |
| Billericay CC, Billericay, CM12 9AB | 1 | 0.8 | 1.0 |
| Billericay Baptist Church - unspecified (3 sites) | 1 | 0.8 | 1.0 |
| Town Hall [Brentwood?] - unspecified | 1 | 0.8 | 1.0 |
| Cherrydown CC building, Basildon, SS16 5AT | 1 | 0.8 | 1.0 |
| Wishing Well CC, Rochford, SS4 1QF | 1 | 0.8 | 1.0 |
| Hockley Clinic, SS5 4AR | 1 | 0.8 | 1.0 |
| Old Police Station, South Street, Rochford | 1 | 0.8 | 1.0 |
| Hadleigh Hall [in John Burrows Sports Ground], SS7 2NA | 1 | 0.8 | 1.0 |
| The Knights Way Community Centre, Brentwood, CM13 2AZ | 1 | 0.8 | 1.0 |
| Vange Health Centre, Southview Rd, Basildon SS16 4HD | 1 | 0.8 | 1.0 |
| Benfleet Clinic, SS7 5AD | 1 | 0.8 | 1.0 |

| | | | |
|--|------------|-------|-----|
| Brentwood Library, CM14 4BP | 1 | 0.8 | 1.0 |
| Canvey Island Library, SS8 7RB | 1 | 0.8 | 1.0 |
| Ingatestone library, CM4 9EU | 1 | 0.8 | 1.0 |
| Hadleigh Clinic, Benfleet SS7 2QL | 1 | 0.8 | 1.0 |
| The Place, Pitsea Leisure Centre, Pitsea Centre, Basildon SS13 3DU | 1 | 0.8 | 1.0 |
| James Hornsby School, Leinster Rd, Basildon SS15 5NX | 1 | 0.8 | 1.0 |
| Leigh Beck Junior School, SS8 7TD | 1 | 0.8 | 1.0 |
| Citizens Advice Bureau | 1 | 0.8 | 1.0 |
| Existing site in Billericay | 0 | 0.0 | 0.0 |
| Total responses | 119 | 100.0 | |
| Total respondents/comments | 102 | | |

Appendix 4

| Q8.2b: Respondents views on alternative Family Hub locations – West | Freq | % of responses | % of respondents |
|--|-------------|-----------------------|-------------------------|
| FULL TABLE | | | |
| <i>Disagree with hub/all centres should be open etc.</i> | 69 | 18.0 | 24.2 |
| <i>Other</i> | 54 | 14.1 | 18.9 |
| Meadows CC, Harlow, CM19 4DL | 47 | 12.3 | 16.5 |
| Sunrise CC, Loughton, IG10 3HE | 39 | 10.2 | 13.7 |
| Hazelwood CC, Waltham Abbey, EN9 3EL | 33 | 8.6 | 11.6 |
| <i>Public transport issues and comments</i> | 29 | 7.6 | 10.2 |
| Spangles CC, Stansted, CM24 8LR | 22 | 5.7 | 7.7 |
| Fairycroft CC, Saffron Walden, CB10 1ND | 18 | 4.7 | 6.3 |
| Need more than one hub per District | 18 | 4.7 | 6.3 |
| Little Oaks CC, Loughton, IG10 3TD | 9 | 2.3 | 3.2 |
| Burnt Mill CC, Harlow, CM20 2NR | 9 | 2.3 | 3.2 |
| <i>Parking comments</i> | 8 | 2.1 | 2.8 |
| Treehouse CC, Harlow, CM18 7NG | 7 | 1.8 | 2.5 |
| Potter Street CC, Harlow, CM17 9EU | 6 | 1.6 | 2.1 |
| Abbeywood CC, Waltham Abbey, EN9 1EL | 5 | 1.3 | 1.8 |
| ABC CC, Old Harlow, CM17 0AT | 4 | 1.0 | 1.4 |
| Waltham Abbey Library | 2 | 0.5 | 0.7 |
| True Stars CC, Chigwell, IG7 5LP | 1 | 0.3 | 0.4 |
| Little Stars CC, Ongar, CM5 0FF | 1 | 0.3 | 0.4 |
| Anuerin Bevan Centre, Harlow, CM17 0AT | 1 | 0.3 | 0.4 |
| Little Goslings CC, Great Dunmow, CM6 1AZ | 1 | 0.3 | 0.4 |
| Total responses | 383 | 100 | |
| Total respondents/comments | 285 | | |

| Q8.3: Respondents ideas on alternative locations – West | Freq | % of responses | % of respondents |
|--|-------------|-----------------------|-------------------------|
| FULL TABLE | | | |
| Other | 13 | 12.9 | 15.7 |
| ABC CC, Old Harlow, CM17 0AT | 9 | 8.9 | 10.8 |
| Burnt Mill CC, Harlow, CM20 2NR | 8 | 7.9 | 9.6 |
| Potter Street CC, Harlow, CM17 9EU | 7 | 6.9 | 8.4 |
| Church Halls, Schools, Community Centres and other non-specific locations | 7 | 6.9 | 8.4 |
| Loughton Library, IG10 1HD | 6 | 5.9 | 7.2 |
| Sunrise CC, Loughton, IG10 3HE | 5 | 5.0 | 6.0 |
| Hazelwood CC, Waltham Abbey, EN9 3EL | 5 | 5.0 | 6.0 |
| Faircroft CC, Saffron Walden, CB10 1ND | 5 | 5.0 | 6.0 |
| Rectory Lane Health Centre, Loughton, IG10 3RU | 3 | 3.0 | 3.6 |
| Harlow Library, CM20 1HA | 3 | 3.0 | 3.6 |
| [F. Nightingale] Child Development Centre, Church Langley, CM17 9TG | 2 | 2.0 | 2.4 |
| Buckhurst Way Clinic, Buckhurst Hill IG9 6HP | 2 | 2.0 | 2.4 |
| Waltham Abbey Sports Centre, Broomstickhall Road Waltham Abbey Essex EN9 1LF | 1 | 1.0 | 1.2 |
| Abbeywood Scout Hut, Waltham Abbey | 1 | 1.0 | 1.2 |
| Central Waltham Abbey - unspecified | 1 | 1.0 | 1.2 |
| Little Oaks CC, Loughton, IG10 3TD | 1 | 1.0 | 1.2 |
| Meadows CC, Harlow, CM19 4DL | 1 | 1.0 | 1.2 |
| Wollard Centre, Loughton Way, Buckhurst Hill, Essex IG9 6AD | 1 | 1.0 | 1.2 |
| Roding Valley Hall, IG9 6LN | 1 | 1.0 | 1.2 |
| Buckhurst Hill - unspecified | 1 | 1.0 | 1.2 |
| Harlow social/community sites - unspecified | 1 | 1.0 | 1.2 |
| Restore Community Centre, 68 The Broadway, Loughton IG10 3ST | 1 | 1.0 | 1.2 |
| Epping Forest Community Church, Grosvenor Drive, Loughton IG10 2LG | 1 | 1.0 | 1.2 |
| Ongar youth Building, Ongar Campus,, The Gables, Ongar CM5 0GA | 1 | 1.0 | 1.2 |
| Old Passmores School site - no address | 1 | 1.0 | 1.2 |
| Loughton (vacant) post office - no address | 1 | 1.0 | 1.2 |
| North Weald Library, CM16 6BZ | 1 | 1.0 | 1.2 |
| Harlow Leisurezone, Second Ave, Harlow, Second CM20 3DT | 1 | 1.0 | 1.2 |
| Murray Hall, Loughton, IG10 3SB | 1 | 1.0 | 1.2 |
| Saffron Walden [Lord Butler] Leisure Centre, Saffron Walden CB11 3EG | 1 | 1.0 | 1.2 |
| Borders Lane Youth Centre, Loughton IG10 3SB | 1 | 1.0 | 1.2 |
| Trinity Church, Mannock Drive, Loughton IG10 2JD | 1 | 1.0 | 1.2 |

| | | | |
|---|------------|-----|-----|
| Sunflower [day and nursery?] Centre, Harlow, CM19 5RD | 1 | 1.0 | 1.2 |
| Old school site, St John's Road, Epping | 1 | 1.0 | 1.2 |
| St Giles Hall, Nazeing, EN9 2JL | 1 | 1.0 | 1.2 |
| Saffron Waldon Town Hall | 1 | 1.0 | 1.2 |
| Harlow Youth Club | 1 | 1.0 | 1.2 |
| Kingsmoor House, Harlow | 1 | 1.0 | 1.2 |
| Total responses | 101 | 100 | |
| Total respondents/comments | 83 | | |

Appendix 5

Introduction to the questionnaire

Your opportunity to let us know what you think Proposed changes to Sure Start Children's Centres in Essex

Consultation Questionnaire

Introduction

Essex County Council is seeking your views on our proposed changes to Sure Start Children's Centres in Essex.

We are proposing to provide a more integrated health, wellbeing and family support service for families and children from pre-birth until the age of 19.

A part of the plan includes looking at the future of Sure Start Children's Centres. Under the proposals, Children's Centres would become Family Hubs from 2017.

It is proposed that Family Hubs, one in each district in Essex, would be open more of the time, including weekends. Family Hubs would be supported by a range of local centres also offering services, but open when people need them most.

Our proposals and reasons for them are explained in detail in the '**Proposed changes to Sure Start Children's Centres in Essex**' consultation document, which is provided alongside this questionnaire. You will need to refer to the consultation document while completing the questionnaire.

Please complete the questionnaire as honestly as you can, your views are important to us.

By completing the questionnaire, you agree for your feedback to be used to inform the final delivery model for the Integrated Pre-Birth to 19 Health, Wellbeing and Family Support Offer, to go live from April 2017, and other work related to this service. Your responses will be treated in strictest confidence and will remain anonymous. Your participation is voluntary.

Please respond by **10th April 2016**.

Thank you for your help.

Once the consultation finishes, results will be shared at www.essexinsight.org.uk. We anticipate this will be in summer 2016.

How do I respond to the consultation?

You can complete the Children's Centres Consultation 2016 questionnaire, either online or on paper.

Online - You can complete the questionnaire online by following this link:
<http://surveys.essexinsight.org.uk/childrenscentresconsultation2016>

Paper – Please fill out this paper questionnaire. You will need to refer to the 'Proposed changes to Sure Start Children's Centres in Essex' consultation document while completing it.

Please return your completed questionnaire to your local Children's Centre or post it directly to **Early Years and Childcare, Essex County Council, E2 County Hall, Market Road, Chelmsford, Essex CM11QH. Please post it as soon as possible as any responses received after 10th April 2016 will not be accepted.**

Appendix 6

Codes applied for the analysis of Q13.

1. View on [named] proposed hub/site, including concern over
2. Keep/don't change specific current centre (Mid)
3. Keep/don't change specific current centre (North)
4. Keep/don't change specific current centre (West)
5. Keep/don't change specific current centre (South)
6. Keep/don't change children's centres - general / Concern over closures – don't close them
7. Need more not less services
8. Satisfaction with current centre/service & staff as it is
9. Local sites are very important / Current centre important for community / It should be a local service (impact of closure on community)
10. Current centre as a lifeline/of vital importance
11. Hitting deprived/poor/troubled/vulnerable families & areas
12. Support network – access to courses, support services, professionals
13. Social network – making friends (other new mums) (community resilience – long-term friends)
14. Would not attend centre further away/Changes may affect attendance/stop people accessing services
15. Accessibility - Affordability of accessing/using Hubs
16. Accessibility - rural/more isolated areas
17. Accessibility – parking concerns
18. Accessibility - Transport links/Distance/Can't drive
19. Potential social isolation/loneliness arising from closure of centre
20. Potential negative impact of closures on wellbeing & mental health
21. Health of children
22. Inappropriate/not feasible for parents to run services (issues with parents running groups)
23. Centre should be run by community/More community involvement
24. Motivation to close children's centre to save money (Cost-cutting)
25. Concern of the ability of Family Hubs to meet demand/potential overcrowding (doubts/unhappy over 0-19 integration)
26. 0-19 integration is accepted
27. Library possibly unsuitable as venue
28. Current resources could be used better
29. Financial impact of closures on other services / leading to later, more costly, interventions
30. Growing area vs. reduced service – meeting demand
31. More support needed for children under 5
32. More facilities needed for older children/teenagers
33. Already enough support for older children/teenagers
34. Suggestion of alternative provider of services/willing to offer services – opportunity for joint working
35. More information on ECC's plans needed

- 36. Staff at existing CCs should have been consulted first
- 37. Need further consultation (local/staff/partner/health etc.)
- 38. Current staff - concern over their future
- 39. Survey itself – access, publicity, reach
- 40. Support/Partial support for proposals
- 41. Other

Quality Assurance

Report authors: Katerina Glover (Senior Research Analyst), supported by Jevon Harper (Organisational Intelligence Analyst); Corporate Intelligence Team

Quality assured by Victoria James on 12/05/16

Signed off by Victoria James on 12/05/16 for publication

This information is issued by:

Organisational Intelligence

Essex County Council

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By telephone: **033301 30874**

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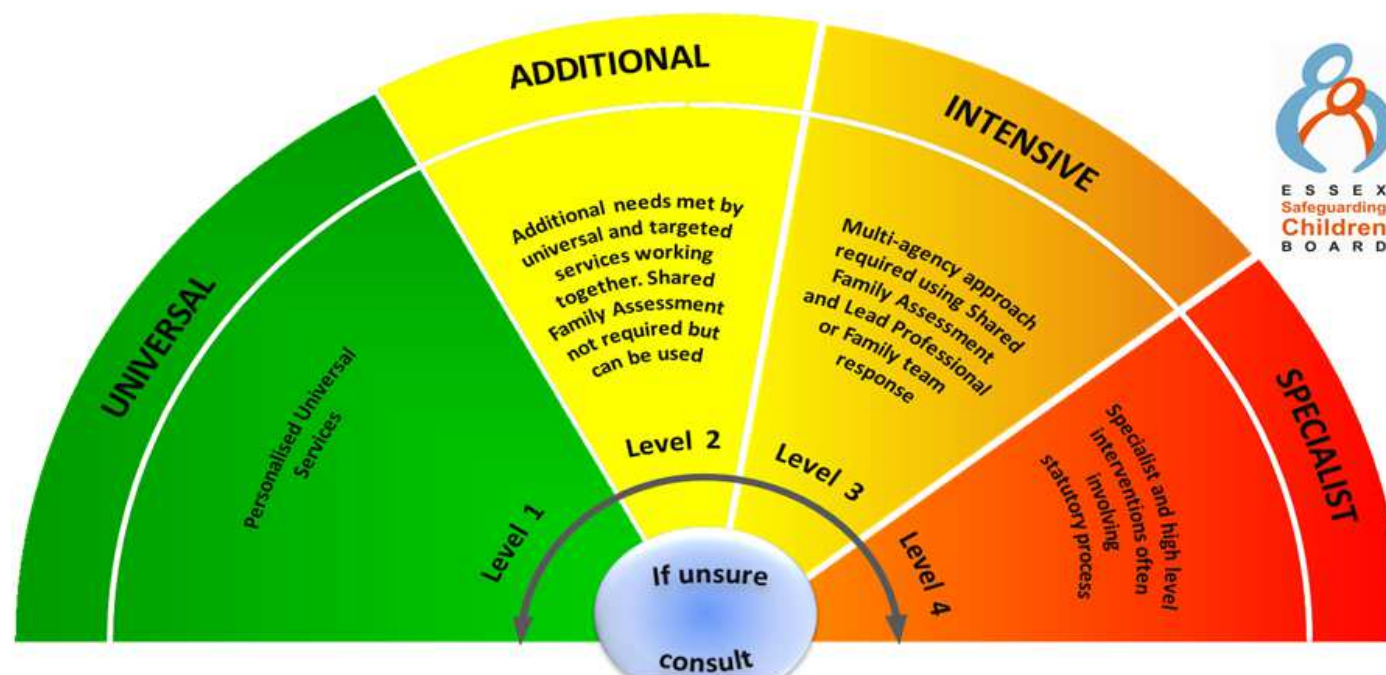


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The information contained in this document can be translated, and/or made available in alternative formats, on request.

The Essex Effective Support Windscreen

Multi Agency Guidance: Working in partnership to help children and families improve their lives



All partners working with children, young people and their families will offer support as soon as we are aware of any additional needs. We will always seek to work together to provide support to children, young people and their families at the lowest level possible in accord with their needs.

Equality Impact Assessment

Context

1. under s.149 of the Equality Act 2010, when making decisions, Essex County Council must have regard to the Public Sector Equality Duty, ie have due regard to:
 - eliminating unlawful discrimination, harassment and victimisation, and other conduct prohibited by the Act,
 - advancing equality of opportunity between people who share a protected characteristic and those who do not,
 - fostering good relations between people who share a protected characteristic and those who do not, including tackling prejudice and promoting understanding.
2. The characteristics protected by the Equality Act are:
 - age
 - disability
 - gender reassignment
 - marriage/civil partnership
 - pregnancy/maternity
 - race
 - religion/belief
 - gender and sexual orientation.
3. In addition to the above protected characteristics you should consider the cross-cutting elements of the proposed policy, namely the social, economic and environmental impact (including rurality) as part of this assessment. These cross-cutting elements are not a characteristic protected by law but are regarded as good practice to include.
4. The Equality Impact Assessment (EqIA) document should be used as a tool to test and analyse the nature and impact of either what we do or are planning to do in the future. It can be used flexibly for reviewing existing arrangements but in particular should enable identification where further consultation, engagement and data is required.
5. Use the questions in this document to record your findings. This should include the nature and extent of the impact on those likely to be affected by the proposed policy.
6. Where this EqIA relates to a continuing project, it must be reviewed and updated at each stage of the decision.
7. The EqIA will be published at:
<http://cmis.essexcc.gov.uk/essexcmis5/BusinessManager.aspx>
8. All **Cabinet Member Actions, Chief Officer Actions, Key Decisions** and **Cabinet Reports must be** accompanied by an EqIA.
9. For further information, refer to the EqIA guidance for staff.
10. For advice, contact:
Shammi Jalota shammi.jalota@essex.gov.uk
Head of Equality and Diversity
Corporate Law & Assurance
Tel 0330 134592 or 07740 901114



Section 1: Identifying details

Your function, service area and team: Commissioning Delivery Manager, OICD

If you are submitting this EqlA on behalf of another function, service area or team, specify the originating function, service area or team:

Title of policy or decision: Pre-Birth - 19 Health Wellbeing and Family Support Service

Officer completing the EqlA: Carol Partington Tel: 03330137009 Email: carol.partington@essex.gov.uk

Date of completing the assessment: 17.05.2017

Section 2: Policy to be analysed

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| 2.1 | Is this a new policy (or decision) or a change to an existing policy, practice or project? Yes, change to existing practice. |
| 2.2 | <p>Describe the main aims, objectives and purpose of the policy (or decision):</p> <p>ECC is in the process of redesigning the current service offer for Children's Centres and the Healthy Child Programme (Health Visiting, Family Nurse Partnership, School Nursing Services and Healthy Schools Programme including opportunities arising with Clinical Commissioning Groups) with the aim of commissioning a new Integrated Pre-birth - 19 Health, Well-being and Family Support model (PB-19) which will work with and for families across Essex. PB-19 will deliver strengths-based, preventative support that reduces isolation and builds resilience amongst families with children and it will place parents, children and families at the heart of the service.</p> <p>The support that families experience from conception through birth and throughout childhood, will give all children the best opportunity to succeed. This period includes everything from maternity, health visiting and children's centres to school nursing, childcare and the first stage responses to additional needs like speech and language development. This involves a huge range of practitioners and services that sit across the local authority and health landscapes</p> <p>The new system vision, developed through the Early Years Review, will enable us to commission a new integrated Pre-birth to 19 programme which will:</p> <ul style="list-style-type: none">* Look first at families' strengths, especially those of parents and carers and take time to understand their needs fully.* Focus on preventing problems, before they occur and offer flexible, responsive support when and where it's required.* Build the resilience of parents/carers, and communities to support each other.* Work together across the whole system, - aligning our resources so we can best support families and 'do what needs to be done when it needs to be done' (not necessarily what is on our job description)* Base all we do on evidence of both what is needed and of what works, and be brave enough to stop things that aren't working.* Be clear and consistent about the outcomes we expect, and judge what we do |

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| | <p>against them.</p> <p>This new system has the potential to make lifelong changes – including helping to prevent long term conditions such as obesity, poor mental health, social isolation and statutory intervention. It will achieve better outcomes for children whilst reducing costs to the public purse.</p> <p>What outcome(s) are you hoping to achieve (ie decommissioning or commissioning a service)?</p> <p>The outcomes of the new service are:</p> <ul style="list-style-type: none"> • Children and young people are safe • Children are ready to start school • Mothers have good emotional wellbeing in the perinatal period • Children and young people make positive lifestyle choices • Young people are ready for the next stage of life • Children and young people have good emotional wellbeing • More families are resilient enough to help themselves • Parents feel connected and included • Children have strong attachments to a key adult in their lives |
| 2.3 | <p>Does or will the policy or decision affect:</p> <ul style="list-style-type: none"> • service users • employees • the wider community or groups of people, particularly where there are areas of known inequalities? <p>The proposals are seeking to develop a single, integrated workforce across the PB19 model. There will be workforce equality issues and resource implications that will need to be considered with current employers and staff teams at all stages of the process leading up to the procurement decision. Following award of contracts the Council, West Essex CCG and other key stakeholders will work with the relevant successful provider(s) to ensure that the changes for the current workforce are clearly articulated- ensuring that workforce equality related issues are managed and communicated effectively to all concerned.</p> <p>Essex County Council will work closely with the successful (providers) following completion of the procurement exercise to ensure that there is a smooth transition for existing staff and to ensure that any changes to the current workforce are clearly articulated.</p> <p>There will be a reduction of universal services in order to target priority groups.</p> <p>Will the policy or decision influence how organisations operate? Yes</p> |



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| 2.4 | <p>Will the policy or decision involve substantial changes in resources?</p> <p>Yes</p> |
| 2.5 | <p>Is this policy or decision associated with any of the Council's other policies and how, if applicable, does the proposed policy support corporate outcomes?</p> <p>The specific outcomes that this project will support the achievement of are as follows:</p> <p>Outcome One – Children in Essex get the possible start in life</p> <ul style="list-style-type: none"> * The Percentage of Children ready for school * The Percentage of children achieving a good level of development by the age of five <p>Outcome Two – People in Essex enjoy good health and wellbeing</p> <ul style="list-style-type: none"> * People in Essex have a healthy life expectancy * Prevalence of healthy lifestyles * Percentage of children achieving at school * Prevalence of mental health disorders among adults and children * Prevalence of teenage pregnancy |

Section 3: Evidence/data about the user population and consultation¹

As a minimum you must consider what is known about the population likely to be affected which will support your understanding of the impact of the policy, eg service uptake/usage, customer satisfaction surveys, staffing data, performance data, research information (national, regional and local data sources).

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| 3.1 | <p>What does the information tell you about those groups identified?</p> <p>Whilst this specification is primarily concerned with delivery of the Children in Essex get the Best Start in Life strategy it cross cuts all the outcomes. Ultimately it will contribute to enabling every child and young person growing up in Essex to have the opportunity to be emotionally and physically healthy, be ready to learn and achieve at school, and be supported by their families and carers in safe, resilient and economically strong households and communities.</p> <p>The vast majority of children and young people in Essex are already physically and emotionally healthy, do well at school, and live in safe supportive environments. However, for a few, this is not the case and there is a gap between those who grow up well and live well and some who do not. This specification is concerned with narrowing that gap and aims to do so by transforming the way in which we ensure those who need some extra help are supported.</p> <p>Essex is a diverse county with a population of 1,393,000, approximately 296,683 (21.1%) being under the age of 18. Whilst a relatively affluent county, there are pockets of high deprivation particularly in the south and north of the County and approximately 14.7% of children are living in poverty. Children and Young People from minority ethnic groups account for 8.5% of all Children and Young People living in the area, compared with 21.5% in the country as a whole. The proportion of children and young people with English as an additional language in primary schools is 5.7% (the national average is 18.1%) and in secondary schools is 4.1% (the national average is 13.6%).</p> <p>Essex was in the top 21% least deprived local government areas in the 2010 Indices of Multiple Deprivation. However, this figure masks wide inequalities. At district level, Harlow and Tendring are amongst the worst 21% and 25% areas nationally. At local level, differences are even starker. Basildon and Tendring contain two-thirds of Essex's most deprived areas. Most other districts have got noticeable pockets with serious levels of deprivation as well: all districts have small (LSOA) areas ranking within the 20% most deprived nationally, except Brentwood, Uttlesford and Maldon. In the Groups at Risk of Disadvantage JSNA, it is established that Black African and Black Caribbean communities are more likely to live in areas of deprivation. However, this varies between districts, with Tendring having a disproportionate British White population but has high levels of deprivation.</p> <p>The health of children in Essex is generally better than or similar to the England average. The factors that affect children's health generally are social disadvantage, poverty and poor access to education and other services. Socially disadvantaged</p> |
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¹ Data sources within EEC. Refer to Essex Insight <http://www.essexinsight.org.uk/mainmenu.aspx?cookieCheck=true> with links to JSNA and 2011 Census.



groups suffer poorer physical health and lower life-expectancy than the more advantaged, have higher incidence and prevalence of acute and chronic illness, and are more likely to smoke and have a poor diet. Children from poorer backgrounds suffer higher rates of accidental injury, infections, failure to thrive, general ill health, anaemia, dental cavities and teenage pregnancy. In addition, poorer families are less likely to have access to, and make appropriate use of, health services than those from more advantaged circumstances, and they are less likely to benefit from health promotion services and advice.

Wherever possible all children's and families' needs will be met by universal services, peer support and the growth of social networks. Whilst the delivery of this specification does not exclude any child, young person or parent/carer from support there are particular priority groups that will be targeted and those are;

- Children in Need, children on child protection plans

CIC numbers as of Jan 2016 991, overall rate 34 per 10,000 (2015)

- Looked after children / care leavers

90 children are currently looked after in placements in the county. 39 of those have a foster carer

- Unaccompanied asylum seekers

2.4% of all children in care under 16 are UASC (Unaccompanied asylum seeker children (17 children). •26% of children in care over 16 are UASC (76 children). •1 in 4 children in care over 16 are UASC

- Children with a Statement of Special Educational Needs and/or disabilities
- 10.8% of pupils in Essex have SEN support in schools. 70% of pupils who do not have SEN have Good Level of Development

There are currently 819 children with disabilities in Essex (at current date- April 16). 133 of the 819 children have a SEN statement (16%). This is disproportionately large compared to the population of Essex, where 10.8% of pupils have a SEN statement.

- Teenage mothers and fathers

The rate of conceptions for females in Essex aged 15-17 yrs old is 21 in every 1,000 young women. 6 young people currently in care aged 16-17 are recorded as parents, one boy and five girls. In one case the child has been taken into care.

18.6% of teenage mothers in Essex are NEET this is disproportionate.

7.67% of children born to a teenage mother have a low birth weight. This is disproportionately higher than the overall population where 6.5% of babies are born with a low birth weight.

- Young people who are NEET (not in education, employment or training)
- 4.6% of 16-18 yr olds in Essex are NEET. 7% of care leavers 17-20 are NEET due to pregnancy or parenthood. 4 children 16+ in care are also NEET for this reason. 18.6% of teenage mothers are NEET. This is disproportionately higher than the 4.6% of 16-18 yr olds in Essex who are NEET. Therefore teenage parents are disproportionately more likely to be NEET compared to the overall young population.

- Young people involved in the youth justice system

464 young people in every 100,000 are first time entrants into the youth justice system. There is a 30% re-offending rate and 3.8%, or 27 children aged 17-21 open to leaving care teams are in custody.

- Children, young people and parent/carers with caring responsibilities

1.05% of children under 15 are carers in Essex. •4.4% of young people aged 16-24 are carers in Essex.



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| <ul style="list-style-type: none"> • Parents and couples with mental health needs <p>An accurate and robust baseline for this priority group is not possible at present.</p> <ul style="list-style-type: none"> • Low income families <p>12% of primary pupils in Essex are in receipt of FSM This is higher than the Statistical neighbour average of 11.7% but lower than England's average of 15%•9.3% of secondary pupils in Essex are in receipt of FSM. This is slightly higher than the Statistical Neighbours with 3.17% but lower than the England average of 13.9%. •43,500 pupils receive pupil premium. This is significantly higher than statistical neighbours who receive 17,600.</p> <ul style="list-style-type: none"> • Children in workless households / in homes with long-term receipt of benefits <p>3.4% of households in Essex have dependent children where no adult is in employment. •16% of children in Essex live in a low-income family.</p> <ul style="list-style-type: none"> • Children who are homeless or living in temporary accommodation <p>There are 1.9 homeless families in every 1,000 households in Essex. •632 young people are over 16 are open to the Leaving and After Care teams</p> <ul style="list-style-type: none"> • Children and young people not in mainstream pre/primary/secondary education <p>0.03% of the school population in Essex have been permanently excluded. Those on fixed term exclusions are significantly higher with 3.10% in Essex.</p> <ul style="list-style-type: none"> • Children living in substandard accommodation <p>78% of care leavers are in suitable accommodation</p> <ul style="list-style-type: none"> • Children in neighbourhoods with high levels of deprivation as measured by the Index of Multiple Deprivation <p>Essex was in the top 21% least deprived local government areas in the 2010 Indices of Multiple Deprivation. However, this figure masks wide inequalities. At district level, Harlow and Tendring are amongst the worst 21% and 25% areas nationally. At local level, differences are even starker. Basildon and Tendring contain two-thirds of Essex's most deprived areas.</p> <ul style="list-style-type: none"> • Children living in poor quality housing <p>Currently no data available</p> <ul style="list-style-type: none"> • Children who have experienced domestic violence <p>19.8 in every 1,000 residents in Essex experience domestic abuse. However data is not currently broken down to number of children experiencing this.</p> <p>There are specific cohorts of children, young people and families whose personal, social and economic circumstances result in reduced protective factors and putting them at higher risk to poor outcomes. These inequalities are not concentrated at the bottom of the socioeconomic spectrum in a specific group of poor or problematic families. We want to ensure that the gap is closed for those children and young people who are in high risk groups so they are able to enjoy the social, health and education opportunities afforded by their peers. We will ensure that interventions enable achievement of better outcomes for groups who do not currently engage with services. Outreach is critical and engagement is vital particularly for families who don't normally engage. The aim of the service is to reach children, young people and families in a way that is most appropriate to meet their needs and across a range of settings.</p> <p>We therefore are commissioning a service that reflects this; a service grounded in proportionate universalism – where more goes to those who need it based on good understanding of the links between a broad range of socio-economic factors and outcomes. To reduce health inequalities our actions should focus on reducing the</p> |
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| | <p>social gradient in outcomes. Proportionate universalism originates in the health context and is now being applied across our work for children and their families from. It advocates allocating resources in proportion to need, i.e. across the social gradient the intensity of investment should increase with need.</p> |
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| 3.2 | <p>Have you consulted or involved those groups that are likely to be affected by the policy or decision you want to implement? If so, what were their views and how have their views influenced your decision?</p> <p>In Autumn 2014 ECC undertook an ambitious review of Early Years services across the county, with a main focus on the pre-birth - 5 age range. The review purposefully took an innovative approach, bringing together a range of different data including ethnographic insights from families, family experiences, international horizon scanning, and intelligence about the local Essex context to generate a Case for Change and identify potentially alternative solutions for delivery of services to these families. Families told ECC about their experiences and the challenges they have faced in navigating a complex, disconnected Early Years system. It became clear that the support families receive is fragmented and delivered across many providers which increases the risk that children and families may fall through the net and that services are not identifying needs and targeting resources as fully as they could if services were more integrated and collaborative.</p> <p>During the period October – November 2015 ECC engaged with elected members through briefing reports and meetings and with families, young people and stakeholders through a range of surveys and face to face sessions including focus groups, interviews, social media, posters and postcards. The purpose of these engagement activities were to validate the findings of the 2014 Early Years review and to get feedback on the current service offer from pre-birth to 19 years.</p> <p>We had the following responses:</p> <ul style="list-style-type: none"> – 742 parents/carers gave their views via the online survey – 130 stakeholders gave their views via the online survey – 306 children and young people gave their views <p>The key findings resulting from the engagement were;</p> <ul style="list-style-type: none"> • Children's Centres are vital and families said that they would benefit from centres being open for longer hours • Services can be unavailable or not open when needed and have long waiting lists • Services can vary depending on where you live with differing provision across quadrants • Friends and Family are an important source of information, advice and support • Stakeholders told us that they lack the information they need for signposting with all groups suggesting that more information should be available on line <p>(to view the final Engagement Analysis report and presentation see Appendix A?)</p> <p>Between 15th February and 10 April 2016, ECC undertook a public consultation seeking the views of families and stakeholders about proposed changes to the current children's centre buildings. There is a statutory requirement in section 5D of the Childcare Act 2006 which requires local authorities to consult in relation to Children's Centres where there are significant changes proposed. There is no statutory duty to consult on either changes made to activities of the 0-5 HCP or 5-19 HCP or services encompassing Healthy Schools Programme, and Family Nurse Partnership. This statutory consultation therefore focussed purely on proposals for the future Children's Centres property delivery model. We wanted to hear from</p> |
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| | <p>families, parents/carers and stakeholders about their views on our proposals to make children's centres buildings in Essex more flexible and to make them an important part of support that is available to all families with children from before they are born right up to the age of 19.</p> <p>We collected views via an online surey and through face-to-face meetings and events across the county with families, stakeholders and Members (to view the full schedule of consultation events see Appendix A attached)</p> <p>All consultation responses are currently being analysed and will be reported to commissioners in mid-May. The Children's Centre consultation forms part of our consideration in developing services for pre-birth to 19 year olds and will be included in our planning before making our recommendations to cabinet.</p> <p>As part of the Children's Centre consultation, we took the opportunity to ask families if they would be interested in working with us further to help develop the service model. We received in excess of 500 expressions of interest and are currently organising quadrant reference workshops to drive this next stage of planning forward. We also intend to recruit some of these parent/carer volunteers to help us with the tender evaluation stage of the new service procurement later this year.</p> |
| 3.3 | <p>If you have not consulted or engaged with communities that are likely to be affected by the policy or decision, give details about when you intend to carry out consultation or provide reasons for why you feel this is not necessary:</p> <p>N/A</p> |

Section 4: Impact of policy or decision

Use this section to assess any potential impact on equality groups based on what you now know.

| Description of impact | Nature of impact Positive, neutral, adverse (explain why) | Extent of impact Low, medium, high (use L, M or H) |
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| Age | <p>Neutral</p> <p>The service will cater for 0-19 year olds. This service will enable providers to utilise professional pathways to ensure effective join up of services for all children, young people and families. While the proportional universalism approach will mean some children and young people will receive more services and support than others, it will be more targeted those who are most isolated or have greater health and wellbeing inequalities. This will therefore help the council pay due regard to the Public Sector Equality Duty.</p> | L |
| Disability | <p>Positive</p> <p>Early help and the signposting of specialist services for children 0-19 (-25 for SEND) with a disability is part of the core offer. The service will encourage early identification of disabilities and timely provision of specialist support. It will also encourage joint working with key partners. The service will offer reasonable adjustments for disabled service users.</p> | M |
| Gender | <p>Neutral</p> <p>This service supports the building of family and community capacity. Some girls and women will receive additional support through the services for teenage pregnancy (see pregnancy/maternity characteristic).</p> | L |

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| Gender reassignment | <p>Neutral</p> <p>We do not envisage there being a significant impact on this group. However, there may be individual service users who are questioning their gender identity, and so the health and wellbeing services on offer will need to ensure that they are aware and deal with them appropriately in order to prevent discrimination.</p> | L |
| Marriage/civil partnership | Neutral | L |
| Pregnancy/maternity | <p>Positive</p> <p>There is an abundance of evidence relating to health visitors' impact on children and families. Reviews will provide the platform to help maximise this role, improving health outcomes for pregnant mothers, babies and families as a whole, therefore advancing the equality of opportunity, and eliminating discrimination between those from the pregnancy and maternity protected characteristics group and others (1001 Critical days report)</p> | L |

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| Race | <p>Neutral</p> <p>The provider will be expected to adapt services so that a universal offer is available to all parts of the community they serve with an understanding of cultural attitudes to family health and wellbeing. The ethnic groups which will benefit the most from the universal proportionalism approach will vary between district. For example, Harlow has high levels of deprivation and has a disproportionately high Black African and Black Caribbean populations, while Tendring also has high deprivation levels, but has a higher British White population.</p> <p>The consultation identified that BME groups are likely to be more isolated in accessing services and so measures should/are being introduced to engage with these families. The specification makes clear that the provider will need to take account of the finding of the Early Years Review, and the Joint Strategic Needs Assessment data related to children and families. We will be asking the provider how they have evidenced reducing isolation in groups most at risk. The particular target suggested in the KPIs at the start of the contract may change in response to caseload information from the providers which can and should further sensitise specific groups found to be at risk of achieving outcomes.</p> | L |
| Religion/belief | <p>Neutral</p> <p>Providers will be expected to deliver services in a range of settings and to groups in the community regardless, but sensitive to, faith</p> | L |

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| Sexual orientation | <p>Neutral</p> <p>Providers will offer services to all families including those of same sex, lesbian, gay and bisexual. Services will be delivered that are sensitive, non judgemental and supportive of the diverse range of individuals and families. It will also understand and identify the specific health needs of LGBT young people</p> | L |
| Cross-cutting themes | | |
| Description of impact | <p>Nature of impact</p> <p>Positive, neutral, adverse (explain why)</p> | <p>Extent of impact</p> <p>Low, medium, high (use L, M or H)</p> |
| Socio-economic | <p>Positive</p> <p>This service is based on proportionate universalism – where more goes to those who need it based on good understanding of the links between a broad range of socio-economic factors and outcomes. To reduce health inequalities our actions will focus on reducing the social gradient in outcomes. Proportionate universalism originates in the health context and is now being applied across our work for children and their families. It advocates allocating resources in proportion to need, i.e. across the social gradient the intensity of investment should increase with need.</p> | L |

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| <p>Environmental, eg housing, transport links/rural isolation</p> | <p>14.6 The aim of the service is to reach children,young people and families regardless of the setting in which they find themselves and will vary depending on the specific service being received. The service will be predominately delivered in a way that is most appropriate to meet local needs and across a range of settings in order to reach those families previously regarded 'hard to reach'. Rural communities were identified as 'hard to reach in the consultation process and measures will be introduced to tackle this. The specification makes clear that the provider will need to take account of the finding of the Early Years Review, and the Joint Strategic Needs Assessment data related to children and families. We will be asking the provider how they have evidenced reducing isolation in groups most at risk. The particular target suggested in the KPIs at the start of the contract may change in response to caseload information from the providers which can and should further sensitise specific groups found to be at risk of achieving outcomes.</p> | <p>L</p> |
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Section 5: Conclusion

| | | Tick Yes/No as appropriate | |
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| 5.1 | Does the EqlA in Section 4 indicate that the policy or decision would have a medium or high adverse impact on one or more equality groups? | No <input checked="" type="checkbox"/> | |
| | | Yes <input type="checkbox"/> | If ' YES ', use the action plan at Section 6 to describe the adverse impacts and what mitigating actions you could put in place. |

Section 6: Action plan to address and monitor adverse impacts

| What are the potential adverse impacts? | What are the mitigating actions? | Date they will be achieved. |
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Section 7: Sign off

**I confirm that this initial analysis has been completed appropriately.
(A typed signature is sufficient.)**

Signature of Head of Service: Stav Yiannou

Date: 07.06.16

Signature of person completing the EqlA: Carol Partington

Date: 20.05.16

Advice

Keep your director informed of all equality & diversity issues. We recommend that you forward a copy of every EqlA you undertake to the director responsible for the service area. Retain a copy of this EqlA for your records. If this EqlA relates to a continuing project, ensure this document is kept under review and updated, eg after a consultation has been undertaken.



Equality Impact Assessment

Context

1. under s.149 of the Equality Act 2010, when making decisions, Essex County Council must have regard to the Public Sector Equality Duty, ie have due regard to:
 - eliminating unlawful discrimination, harassment and victimisation, and other conduct prohibited by the Act,
 - advancing equality of opportunity between people who share a protected characteristic and those who do not,
 - Fostering good relations between people who share a protected characteristic and those who do not, including tackling prejudice and promoting understanding.
2. The characteristics protected by the Equality Act are:
 - age
 - disability
 - gender reassignment
 - marriage/civil partnership
 - pregnancy/maternity
 - race
 - religion/belief
 - Gender and sexual orientation.
3. In addition to the above protected characteristics you should consider the cross-cutting elements of the proposed policy, namely the social, economic and environmental impact (including rurality) as part of this assessment. These cross-cutting elements are not a characteristic protected by law but are regarded as good practice to include.
4. The Equality Impact Assessment (EqIA) document should be used as a tool to test and analyse the nature and impact of either what we do or are planning to do in the future. It can be used flexibly for reviewing existing arrangements but in particular should enable identification where further consultation, engagement and data is required.
5. Use the questions in this document to record your findings. This should include the nature and extent of the impact on those likely to be affected by the proposed policy.
6. Where this EqIA relates to a continuing project, it must be reviewed and updated at each stage of the decision.
7. The EqIA will be published at:
<http://cmis.essexcc.gov.uk/essexcmis5/BusinessManager.aspx>
8. All **Cabinet Member Actions, Chief Officer Actions, Key Decisions** and **Cabinet Reports must be** accompanied by an EqIA.
9. For further information, refer to the EqIA guidance for staff.
10. For advice, contact:
Shammi Jalota shammi.jalota@essex.gov.uk
Head of Equality and Diversity
Corporate Law & Assurance
Tel 0330 134592 or 07740 901114



Section 1: Identifying details

Your function, service area and team: Equality and Inclusion Officer, Early Years and Childcare, Education and Lifelong learning, People Commissioning

If you are submitting this EqlA on behalf of another function, service area or team, specify the originating function, service area or team:

Title of policy or decision: Proposed changes to Sure Start Childrens Centres in Essex

Officer completing the EqlA: Andree Race Tel: 07585984484 Email: andree.race@essex.gov.uk

Date of completing the assessment: Jan 2016

Section 2: Policy to be analysed

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| 2.1 | Is this a new policy (or decision) or a change to an existing policy, practice or project? Change to existing practice |
| 2.2 | <p>Describe the main aims, objectives and purpose of the policy (or decision): ECC is redesigning the current service offer for Children's Centres (for children under 5) and the Healthy Child Programme (Health Visiting, School Nursing Services and Healthy Schools Programme 0 -19). With the aim of commissioning a new Integrated Pre-birth to 19 (BP19)- Health, Well-being and Family Support model which will work with and for families across Essex.</p> <p>Changes to the Childrens Centres property portfolio are proposed as part of this redesign.</p> <p>It is proposed to reduce the number of Registered Children's Centres from 37 to 12 Family Hubs, one in each district, supported by 17 Integrated Delivery sites in addition to outreach venues that will be identified in response to the local needs of families, forming a network of provision across Essex. Family Hubs will act as a focal point for service delivery and will have a role in co-ordinating support for the rest of the District.</p> <p>It is proposed that Family Hubs will be open for 50 hours a week with Integrated Delivery Sites offering services for 20 – 30 hours a week. Outreach Sites will be identified to meet need within local communities. This plan will ensure that families will still be able to access local support and advice but in a more accessible and flexible way.</p> <p>What outcome(s) are you hoping to achieve (ie decommissioning or commissioning a service)? The support that families experience from conception through birth and throughout childhood should support ECC's vision that every child in Essex has the best start in life.</p> <p>These proposals represent the next step in our journey to transform the Early Years System and build on the previous review of Children's Centres which moved</p> |

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| | <p>support to a more targeted and 'community facing' model, offering the flexibility to increase the amount of outreach provision delivered.</p> <p>By integrating these services we are aiming to commission a new Integrated Pre-birth - 19 model which will:</p> <ul style="list-style-type: none"> • Create the flexibility to deliver services in places that families already use • Increase the ways in which families can access services • Bring Health services together with Children's Centres and thus deliver true health and social care integration. • Create greater opportunity to identify and address problems early • Make greater use of community locations such as clinic, libraries and play spaces to deliver support and services • Improve communication and families experience of services and support <p>Through these proposals there is the opportunity to identify savings in the region of 10% of the total value of the Pre-birth–19 contract.</p> |
| 2.3 | <p>Does or will the policy or decision affect:</p> <ul style="list-style-type: none"> • service users • employees • the wider community or groups of people, particularly where there are areas of known inequalities? <p>The proposed changes to the Sure Start Children's Centre property portfolio will affect families in each local area.</p> <p>The new tender and subsequent contract for the BP19 contract will affect staff currently employed in Children's Centres, Healthy Child programme (0-5 and 5-19), Family Nurse Partnership and Healthy Schools, this will be subject to a separate Equality Impact Assessment.</p> <p>Will the policy or decision influence how organisations operate? Yes</p> |
| 2.4 | <p>Will the policy or decision involve substantial changes in resources? Yes, it will involve a reduction in the total number of registered Children's Centres.</p> |
| 2.5 | <p>Is this policy or decision associated with any of the Council's other policies and how, if applicable, does the proposed policy support corporate outcomes?</p> |

Section 3: Evidence/data about the user population and consultation¹

As a minimum you must consider what is known about the population likely to be affected which will support your understanding of the impact of the policy, eg service uptake/usage, customer satisfaction surveys, staffing data, performance data, research information (national, regional and local data sources).

¹ Data sources within EEC. Refer to Essex Insight <http://www.essexinsight.org.uk/mainmenu.aspx?cookieCheck=true> with links to JSNA and 2011 Census.



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| 3.1 | <p>What does the information tell you about those groups identified?</p> <p>There is an annual birthrate of 16,700 babies (Essex Insight 2015) in Essex and this is predicted to rise in future years. There is widespread consensus (the Allen Report 2011) that the early years in a child's life (aged 0-5 and especially the first 22 months) have a strong impact on future health, attainment and social/emotional development.</p> <p>The factors that affect children's health generally are social disadvantage, poverty and poor access to education and other services. Socially disadvantaged groups suffer poorer physical health and lower life-expectancy than the more advantaged, have higher incidence and prevalence of acute and chronic illness, and are more likely to smoke and have a poor diet. Children from poorer backgrounds suffer higher rates of accidental injury, infections, failure to thrive, general ill health, anaemia, dental cavities and teenage pregnancy. In addition, poorer families are less likely to have access to, and make appropriate use of, health services than those from more advantaged circumstances, and they are less likely to benefit from health promotion services and advice. (National Institute for Health Research 2015)</p> <p>Children and young people under the age of 20 years make up 23.4% of the population of Essex (330,900 June 2015 with a projected rise to 345,000 2020). 13.4% of school children are from a minority ethnic group. The health and wellbeing of children in Essex is generally better than the England average. The infant mortality rate is similar to and the child mortality rate is better than the England average. The level of child poverty is better than the England average with 16.2% of children aged under 16 years living in poverty. The rate of family homelessness is better than the England average. Children in Essex have better than average levels of obesity: 8.1% of children aged 4-5 years and 16.7% of children aged 10-11 years are classified as obese. There were 1,135 children in care at 31 March 2014, which equates to a lower rate than the England average. (Essex Insights 2013-15)</p> <p>Early intervention and safeguarding remains core to the service offer through provision of early identification and early help. Timely intervention and support with appropriate referrals to specialist services and multi-disciplinary working.,</p> <p>Essex County Council currently commissions three providers to deliver Childrens Centres in Essex across four areas with a combined workforce of approximately 333 staff. The new tender and subsequent contract for the BP19 contract will affect staff employed in Children's Centres, Healthy Child programme, Family Nurse Partnership and Healthy Schools - this will be subject to a separate Equality Impact Assessment.</p> <p>See accompanying document Appendix i for in-depth analysis of demographics.</p> |
|-----|--|

| | |
|-----|--|
| 3.2 | <p>Have you consulted or involved those groups that are likely to be affected by the policy or decision you want to implement? If so, what were their views and how have their views influenced your decision?</p> <p>The 'Proposed changes to Sure Start Children's Centres in Essex' consultation survey was open from Monday 11th February until Sunday 10th April 2016.</p> <ul style="list-style-type: none"> <input type="checkbox"/> The survey was accessed by 3,015 respondents. Approximately 2,100 completed it. <input type="checkbox"/> The majority of respondents (73.7%) were parents/expectant parents/carers; 18.6% were professionals. 'Other' respondents included for example young people, grandparents, councillors, volunteers and the general public. <input type="checkbox"/> Almost 80% of respondents are current users of Children's centres services or activities. <input type="checkbox"/> Most respondents came from Chelmsford, Basildon, Harlow and Colchester. Least respondents came from Maldon and Brentwood. Although most respondents came from Mid Essex, followed by South Essex, views have been obtained from all Essex quadrants. <p>At the end of the questionnaire, 533 individuals signed up to be added to the reference group list, interested in being further involved. The majority of these were women, aged between 20 and 39 years. They came from all over Essex.</p> <ul style="list-style-type: none"> <input type="checkbox"/> The majority of respondents were women (89.4%), aged between 20 – 39 years (69.1%). Almost 70% were married and 31.4% were pregnant or on maternity leave. <input type="checkbox"/> They were predominantly White British (86.9%), heterosexual (90.2%) and Christian (47%) or with no religion (40.9%). 91.8% had no disability. <p>In addition to the online survey, at least one face to face consultation event was also held in the following areas Clacton on Sea, Holland on Sea, Harwich, Colchester, Braintree, South Woodham Ferrers, Chelmsford, Braintree, Maldon, Rochford, Rayleigh, Canvey Island, Thundersley, Billericay, Brentwood, Basildon, Stansted, Harlow, Woodford Green, Epping Forest,</p> <p>The results presented in this report strongly suggest that the majority of respondents disagree with the proposals for the number of Children's centres to be reduced to twelve across Essex, with one in each district. They fear they will lose access to the local support that is so highly valued by them. Several respondents specifically pointed out that the Consultation document had not provided sufficient detail regarding Family Hub Delivery Sites and Family Hub Outreach Sites necessary to be able to better understand how the proposals may impact on individuals. As such, majority of respondents were reluctant to agree with the proposals.</p> <p>See appendix ii for consultation report.</p> |
| 3.3 | <p>If you have not consulted or engaged with communities that are likely to be affected by the policy or decision, give details about when you intend to carry out consultation or provide reasons for why you feel this is not necessary: N/A.</p> |

Section 4: Impact of policy or decision

Use this section to assess any potential impact on equality groups based on what you now know.

| Description of impact | Nature of impact Positive, neutral, adverse (explain why) | Extent of impact Low, medium, high (use L, M or H) |
|-----------------------|---|--|
| Age | Likely to be negative – 69.1% of respondents to the consultation were aged between 20 and 39, which is partly due to the age of people becoming parents. The reduction of Children Centre sites could impact negatively on some people in this age group as the location may become further away for some families. However, we plan to mitigate this by providing a variety of outreach venues in the local community. | H |

| | | |
|------------|---|---|
| Disability | <p>Likely to be neutral- due to the increased age range, and the needs of the 'whole' family being supported, including children with special education needs and/or disability (SEND). Families accessing support when they need it, where they need it leading to early identification and timely intervention and support with appropriate referrals to specialist services.</p> <p>Supporting the 'whole' family and not just children under 5 will mean children / young people will be supported by a service that will remain consistent until they reach 19.</p> <p>Essex County Council currently commissions three providers to deliver Children's Centres in Essex across four areas with a combined workforce of approximately 333 staff. The new tender and subsequent contract for the BP19 contract will affect staff employed in Children's Centres, Healthy Child programme, Family Nurse Partnership and Healthy Schools, this will be subject to a separate Equality Impact Assessment.</p> <p>The consultation did not highlight that the proposed changes would have a higher negative impact on families with disabilities. This is due to the plans to increase the number of outreach venues to deliver local services and support from. As far as is practically possible, venues to be used for local outreach delivery will be reviewed to ensure they are all accessible buildings. ECC will have expectations that the service providers would undertake an assessment of need, and support individual families to access the support they need taking into account any required transport arrangements. This would include ensuring that the necessary services were made available either in the family home or an easily accessible local venue</p> | H |
|------------|---|---|

| | | |
|----------------------------|---|---|
| Gender | Likely to be negative-The consultation highlighted that women are much more likely to be involved in taking their child(ren) to the Childrens Centres as 89.4% of respondents to the consultation are women. The reduction of Children Centre sites could impact negatively on women as the location may become further away for some families, which may impact on working patterns etc. However, we plan to mitigate this by providing a variety of outreach venues in the local community. | H |
| Gender reassignment | Likely to be neutral-The consultation did not highlight that the proposed changes would have a higher adverse effect on people who have had a gender reassignment, therefore we expect no negative impact identified | L |
| Marriage/civil partnership | Likely to be neutral-The consultation did not highlight that the proposed changes would have a higher adverse effect on people of a particular marital status, therefore no negative impact identified | L |
| Pregnancy/maternity | Likely to be negative- The consultation highlighted concerns that new parents would be adversely affected by the proposals to reduce the number of Childrens Centres. However, we plan to mitigate this by providing a variety of outreach venues in the local community. | H |
| Race | Likely to be neutral-The consultation did not highlight that the proposed changes would have a higher adverse effect on people of a particular Race; therefore we expect no negative impact identified. There may be issues around isolated BAME communities which is identified in the EqIA relating to the pre-birth to 19 health and wellbeing service. | L |

| | | |
|--|---|---|
| Religion/belief | Likely to be neutral-The consultation did not highlight that the proposed changes would have a higher adverse effect on people of a particular Religion/belief, therefore we expect there to be no negative impact based upon individual religion and belief. | L |
| Sexual orientation | Likely to be neutral-The consultation did not highlight that the proposed changes would have a higher adverse effect on people of a particular Sexual orientation, therefore we expect there to be no negative impact based upon sexual orientation | L |
| Cross-cutting themes | | |
| Description of impact | Nature of impact Positive, neutral, adverse (explain why) | Extent of impact Low, medium, high (use L, M or H) |
| Socio-economic | <p>Services and resources will be targeted to families and in the areas identified as being the most in need, this will include areas of economic disadvantage.</p> <p>Concerns raised in parent consultations about the cost of travel to hubs for families on a low income- however services are to be planned to be delivered in the localities where they are needed and families will not be required to travel..See appendix ii for further detail.</p> | M |
| Environmental, eg housing, transport links/rural isolation | Concerns raised through consultation that some areas would be adversely effected by the reduction in numbers of Childrens Centres. | M |

Section 5: Conclusion

| | | Tick Yes/No as appropriate | |
|-----|--|---|--|
| 5.1 | Does the EqlA in Section 4 indicate that the policy or decision would have a medium or high adverse impact on one or more equality groups? | No <input type="checkbox"/> | |
| | | Yes <input checked="" type="checkbox"/> | If ' YES ', use the action plan at Section 6 to describe the adverse impacts and what mitigating actions you could put in place. |

Section 6: Action plan to address and monitor adverse impacts

| What are the potential adverse impacts? | What are the mitigating actions? | Date they will be achieved. |
|--|--|-----------------------------|
| Pregnancy/Maternity | Services will not cease due to the reduction in Childrens Centre sites. Services will be planned to meet the requirements of the families in each area and transport links and locality of delivery will be considerations in this localised planning. Staff will deliver support and services in homes and a variety of outreach venues in the local community and not solely in Family Hubs and integrated Delivery sites. This will be monitored as part of the contract management process | ongoing |
| Socio-economic | . As part of the new contract mobilisation a needs analysis will be undertaken with a focus on families that are identified as being economically disadvantaged to ensure sufficient support and access to services is available | ongoing |
| Environmental, eg housing, transport links/rural isolation | Services will be delivered in local venues, including family homes where needed, to enable families to access services without the need to travel. It is expected that the new contract provider will work within the wider local partnership arena and link with agencies such as district and borough councils to work to resolve any local environmental issues such as housing | ongoing |

| | | |
|------------|---|---------|
| Sex/Gender | <p>We recognise that of the 89.4% of women who responded to the consultation, some will be from low income families. Services will not cease due to the reduction in Childrens Centre sites. Services will continue to be planned to meet the requirements of the families in each area with the intention to offer a local service / support offer. Where necessary transport links and locality of delivery will be considerations in this localised planning. Staff will deliver support and services in homes and a variety of outreach venues in the local community and not solely in Family Hubs and integrated Delivery sites</p> <p>It is the intention that by freeing staff up from manning buildings at times when families are not attending they will have more capacity to undertake either more work in family homes or taking to services to other venues where families are attending such as libraries, soft play centres, etc or putting more services on at times that work better for families such as weekends / evenings – this will be different for each area and based on local needs assessment / local research we will be expecting the new provider to undertake</p> | Ongoing |
| Age | <p>Services will not cease due to the reduction in Childrens Centre sites. Services will be planned to meet the requirements of the families in each area and transport links and locality of delivery will be considerations in this localised planning. Staff will deliver support and services in homes and a variety of outreach venues in the local community and not solely in Family Hubs and integrated Delivery sites.</p> | Ongoing |
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Section 7: Sign off

**I confirm that this initial analysis has been completed appropriately.
(A typed signature is sufficient.)**

Signature of Head of Service: Stav Yiannou

Date: 10/06/2016

Signature of person completing the EqlA: Andree Race

Date: 10/06/2016

Advice

Keep your director informed of all equality & diversity issues. We recommend that you forward a copy of every EqlA you undertake to the director responsible for the service area. Retain a copy of this EqlA for your records. If this EqlA relates to a continuing project, ensure this document is kept under review and updated, eg after a consultation has been undertaken.



Notification of Call-in

| | |
|---|--|
| Decision title and reference number: FP/418/02/16 Housing Related Support: Post 16 Services | |
| Cabinet Member responsible Cllr Dick Madden | Date decision published 21 June 2016 |
| Last day of call in period 24 July 2016 | Last day of 10-day period to resolve the call-in 5 July 2016 |
| Reasons for Making the Call in <ol style="list-style-type: none"> 1. Cuts to services for vulnerable young people is a budget issue and not meeting the needs of vulnerable young people between the ages of 16 and 25 2. The abandonment of the principles so clearly established by the local authority in the past to a much more narrow definition of vulnerability means hopelessness for many in the 19 to 25 category. 3. The lack of acknowledgement that hundreds of of young people face eviction and homelessness if these policies are pursued. 4. This policy will take away a stable and suitable environment for young vulnerable adults 5. Failure of the new policy to realise the importance of vulnerable young people establishing benefits from the existing system of developing mutual support. which is vital for vulnerable young people to thrive. 6. Consultation with district councils, particularly Harlow Council over Occasio House, appears not to have taken place and the withdrawal of funding from East Thames housing association has exacerbated the situation 7. Young people from the affected group were not consulted over this issue 8. If this policy is agreed there is no detail outlined in regards to what procedures are to be put in their place to resettle those affected by this policy by December 1st. 9. That factual inaccuracies need to be dealt with for example table 1 has only got only half the numbers of those vulnerable young people receiving HRS services as of October 2015 and table 2 misses out services like Braintree foyer. 10. To face up to the fact that if this policy goes through the fact needs to be faced that hundreds of vulnerable young will face eviction and will become homeless because of this policy. | |
| Signed: Councillor Michael Danvers | Dated: 21 June 2016 |
| For completion by the Scrutiny Officer | |

| | |
|---|---|
| Date call in Notice Received 21 June 2016 | Date of informal meeting |
| Does the call in relate to a Schools issue No | If yes, date when Parent Governor Reps and Diocesan Reps invited to the meeting N/A |
| Date of People & Families Scrutiny Committee Meeting (if applicable) | Date call in withdrawn / resolved |



| | |
|---|--|
| Report to Cabinet | Forward Plan reference number: FP/418/02/16 |
| Date of Cabinet Meeting: 21 June 2016 | County Divisions affected by the decision: All Divisions |
| Title of report: Housing Related Support: Post 16 services | |
| Report by Councillor Dick Madden – Cabinet Member for Adults and Children | |
| Responsible Director: Nick Presmeg, Director for Commissioning - Vulnerable Adults | |
| Enquiries to Simon Harniess, Head of Commissioning for Vulnerable People Tel: 07917 651 699 Email: simon.harniess@essex.gov.uk | |

1. Purpose of report

- 1.1. Essex County Council (ECC) commissions Housing Related Support (HRS) services for young people. This report asks the Cabinet to agree to re-commission HRS services to meet the needs of priority cohorts of young people and to reduce the revenue spend by about £1 million per annum.

2. Recommendations

- 2.1. Agree that HRS services should support the following priority cohorts of young people at risk:
- Vulnerable teenage parents (up to the age of 19yrs. with an additional need or where the baby/child is known to Family Operations);
 - Care leavers (18-21 years old, and up to 25 years old in special circumstances); and
 - 16-18 year olds at risk of homelessness (up to their 19th birthday if known to ECC).
- 2.2. Agree to establish a Single Point of Access model within ECC as the gateway for any vulnerable young people to access HRS services, liaise with District/Borough Council housing and support partners, and allocate appropriate support to eligible vulnerable young people.
- 2.3. Agree that the total budget for HRS services about £2.7m per annum, with the exact expenditure dependent on successful provider bids.

- 2.4. Agree to invite tenders for Housing Related Support: Post 16 Accommodation Support Services to focus on improving outcomes for priority groups of young people at risk across Essex, on a quadrant basis.
- 2.5. Agree that contracts, awarded from the tender process, operate for three years commencing 1 December 2016, with options to extend for up to two years at the sole discretion of the Authority.
- 2.6. Agree that the Director for Commissioning - Vulnerable Adults shall have delegated authority to determine the evaluation criteria in compliance with the principles set out in this report.
- 2.7. Agree that the Executive Director for People Commissioning has delegated authority to approve the award of the contracts to the successful bidders.

3. Vision for new service

- 3.1. ECC intends to commission a quadrant-based model of service provision which will be outcome focussed for priority groups of young people and which will align more closely with our operational services.
- 3.2. A single provider (or consortium of providers) in each quadrant will have a suitably trained workforce in order to deliver a range of flexible service responses which will include prevention and intervention support; access to appropriate accommodation and assessment and support planning which will build resilience and independence. The providers will be asked to better plan and manage move-on opportunities including how they best utilise voids across the county.
- 3.3. Each provider will be required to demonstrate that they can deliver a range of services and have access to suitable and emergency accommodation when required. This will encourage them to develop arrangements with current service providers and retain some of the current provision.
- 3.4. Entry to the services will be managed by two new posts within a single point of access (further described in 4.12) within the Council which will ensure that access is given to those in the key priority groups. They will work closely with Operational Teams and also work with district partners to take a strategic partnership approach to improving the accommodation support system for young people.

4. Background and proposal

- 4.1. ECC has a duty to meet the needs of the most vulnerable children, such as care leavers, and youth at risk of homelessness where they have had a statutory Child in Need assessment or assessed as very vulnerable and at risk of becoming a Child in Need.

- 4.2. However, District/Borough/City Councils are required to house homeless people of all ages in certain circumstances. ECC provides housing related support which does not cover accommodation costs, but does meet the cost of support provided to people as a result of their housing need.
- 4.3. HRS services for young people include advice and guidance on basic life skills, as well as helping young people manage social isolation, education and training, and employment.
- 4.4. HRS services are usually 'tied' to units of accommodation, with the intention that young people will be supported for up to two years. Some people have remained longer due to lack of 'move on' accommodation, or they have been allowed to stay longer as they are settled or do not cause trouble. The Current ECC contracts with eight providers expired in March 2016. Providers have continued provision on an agreed monthly roll-over basis.
- 4.5. HRS support services are currently prescribed in hours, which are based on their assessed needs. However, there is significant variation in the support provided across the county. Current arrangements prevent providers taking a flexible approach to delivering support to young people. Importantly, young people have reported that they are not having all of their support needs met in ways that will enable them to develop the skills they require to achieve their ambitions.
- 4.6. The young people who currently receive support from these services include care leavers up to 21 years old (up to 25 in special circumstances), those aged 16 to 25 at continuing risk of homelessness and vulnerable teenage parents, as shown below.

Table 1. Young people receiving HRS services as at October 2015.

| | Teenage Parents | | | Young people at risk | | | Young people leaving care | |
|----------------|-----------------|-------|-------|----------------------|-------|-------|---------------------------|-------|
| | 16 -17 | 18-21 | 22-25 | 16 -17 | 18-21 | 22-25 | 16 -17 | 18-21 |
| Number placed: | 24 | 82 | 12 | 21 | 87 | 11 | 7 | 38 |

- 4.7. Young people aged 19 to 25 years old who have been accommodated in HRS post16-funded places often have low support needs and are easier to manage in placements. This has meant that the more vulnerable 16-18 year-olds, with medium to high level needs and whose placements are more difficult to manage, have not been able to access places. These young people have been placed in more costly emergency or bed and breakfast type accommodation, which is unsuitable.
- 4.8. Currently, young people can only access accommodation through the support of a Joint Referral Panel (JRP); a panel set up and managed by each district council. It is difficult for ECC to use this process because:
- Not all districts have a JRP, and so other more *adhoc* arrangements are in place for decisions to be made there are many access routes to the JRP

including district councils, other young people and adult services, children's services including the YOS;

- a multiagency approach is not consistent across Essex, which means young people can be allocated unsuitable accommodation and support or decisions can be delayed;
- Some vulnerable young people do not get placed as they are seen as too complex for accommodation in favour of older and more settled clients;
- There are delays in cases being dealt with due to the frequency of JRP meetings which differ across the county;
- Young people with low needs are more likely to be accommodated than more vulnerable young people with medium to high needs.

4.9. Current services have never been competitively commissioned, as they were legacy agreements under the national Supporting People programme.

4.10. The Council currently has contracts with eight organisations providing HRS services to young people, as shown below

Table 2. Current HRS providers.

| Provider Name | Primary Client Group | District/Locality | No of units |
|-----------------------------|---------------------------------|---|-------------|
| Circle Support | Young people at risk (16-25 yo) | Brentwood | 40 |
| Colchester YMCA | Young people at risk | Colchester | 43 |
| Colne Housing | Homeless families | Maldon | 4 |
| East Living | Teenage parents | Epping Forest | 13 |
| East Living | Young people at risk | Harlow | 116 |
| Family Mosaic Housing | Young people leaving care | Basildon, Braintree, Chelmsford, Colchester and Harlow | 40 |
| Family Mosaic Housing | Young people at risk | Braintree, Chelmsford and Colchester | 70 |
| Family Mosaic Housing | Teenage parents | Braintree, Colchester and Tendring | 36 |
| Nacro Community Enterprises | Young people at risk | Basildon, Castle Point, Chelmsford, Colchester, Epping Forest, Harlow, Maldon, Rochford, Tendring | 215 |
| Nacro Community Enterprises | Teenage parents | Castle Point, Chelmsford and Rochford | 28 |
| Salvation Army | Young people at risk | Braintree | 14 |
| Swan HA | Teenage parents | Basildon | 24 |
| Swan HA | Young people at risk | Basildon | 16 |

Proposal for new services

4.11. HRS services will need to:

- Meet the needs of priority cohorts:
 - Vulnerable teenage parents (up to the age of 19yrs. with additional needs or where the baby/child is known to Family Operations);

- Care leavers (18-21 years old, and up to 25 years old in special circumstances);
 - 16-18 year olds at risk of homelessness (up to their 19th Birthday if known to ECC);
 - Be flexible and adaptable in terms of how the support is provided; and
 - Support the achievement of outcomes for vulnerable young people.
- 4.12. A Single Point of Access will be established to sit within ECC's People Operations. Two positions will be created to manage all admissions and liaise with district housing and support partners, and to:
- ensure all assessments are complete and comprehensive to enable them to understand the needs of young people to make sound matching and placement decisions;
 - prevent delays in young people being placed in appropriate accommodation and linked support;
 - work with referrers to ensure young people's expectations are managed; and
 - oversee and better influence the management of empty units to prevent them standing empty for too long and accruing increased costs.
- 4.13. The positions will not manage individual cases but will take a strategic partnership approach to improving the accommodation support system for young people. These posts will be funded within the available budget and will be reviewed in line with the contract end date.
- 4.14. Improved move-on accommodation will be increased and made available for young people when they have been assessed as ready to live more independently, rather than waiting the two years that some young people need in supported accommodation before they start to look, which is often the case currently.
- 4.15. Accommodation support will be delivered to young people with medium to high assessed needs and the workforce will be better able to manage complex and challenging needs and behaviours which will lead to reduced numbers of young people being evicted or from disengaging from support offered. This will mainly be due to the new outcome focused contract that offers opportunities for suppliers to be more flexible and creative with young people.
- 4.16. By having an improved referral and assessment process that prioritises the key groups for ECC (identified above) the number of places required will be reduced because some 19-25 year-olds will not be accommodated within this programme.
- 4.17. HRS services will be structured, outcome-focused with clear goals including:
- Building resilience;
 - Developing living and functioning skills;
 - Emotional wellbeing interventions;

- Building healthy relationships; and
 - Addressing risk behaviours.
- 4.18. In order to achieve these goals, it is anticipated that providers will need to demonstrate:
- Prevention and early intervention support;
 - Access to appropriate accommodation;
 - Supported by a competent skilled workforce;
 - Assessment and Support Planning;
 - Risk Assessment/Management;
 - Integrated Working/Partnership Working;
 - Wraparound Service/floating support type provision;
 - Support/interventions;
 - Peer support;
 - Education/training/peer support and volunteering;
 - Move-on approach, including family reunification;
 - Emergency placements;
- 4.19. All young people currently receiving HRS services will have their cases reviewed and those who are not in one of the priority groups (as described at paragraph 2.1) will transition into other more appropriate support.
- 4.20. Other support includes ECC's Single Homelessness with Support Needs Service that provides accommodation for 18–25 year olds and Floating Support, which is generic support provision for young people and adults with low level assessed needs. It is anticipated that some young people/adults will also return home or to family members.

Procurement approach

- 4.21. The proposed ECC commissioning model is to commission a single contractor for each quadrant-based service which uses the ECC's Family Operations quadrants. The contract will require the provider:
- To focus on the outcomes and the ambitions young people need or want to achieve;
 - Not to tie support to particular accommodation, although the successful provider will need to have access to accommodation;
 - To be flexible and responsive;
 - To provide support as allocated by ECC rather than by an external panel. ECC will allocate using eligibility criteria so that the service can only be accessed by the priority groups set out in paragraph 2.1; and
 - To ensure young people to transition into universal services as they become more independent.
- 4.22. ECC will require providers to continue to build relationships with District/Borough/City Councils and housing providers to ensure that they continue to provide housing to young people who meet the criteria for this new contract, and support a process whereby issues and challenges of existing placements can be resolved quickly and easily along with agreeing

improved management of voids and securing move-on accommodation to meet the needs of priority cohorts.

- 4.23. Indicative funding for HRS services is about £2.7m per annum, which is a reduction of £1m from the current budget. ECC will continue to support vulnerable young people in the priority groups specified at paragraph 2.1. Those young people not in these priority groups may have access to other ECC HRS services, and will be signposted accordingly through ECC's proposed Single Point of Access approach.
- 4.24. A lead provider model is the preferred approach for each quadrant, with the expectation that the lead provider works with other providers in the same quadrant. This will maintain the opportunity for more specialist providers to bid either in their own right, or as part of a consortium, to ensure that we have the right level and mix of support provision in place.
- 4.25. Contracts will be procured via a single stage process. The award criteria will be based on the most economically advantageous tender based on 70% Price and 30% Quality, with a further split down into a 60% mark for quality.
- 4.26. The Director for Commissioning Vulnerable People will determine the award criteria.
- 4.27. Contracts will be for three years initially, with ECC having the right to extend. ECC will not extend beyond 5 years.
- 4.28. Housing providers should not rely on HRS budgets to support the general running costs of their accommodation, and should adjust their cost base accordingly.
- 4.29. Providers will need to ensure access to accommodation needed to provide support services.
- 4.30. ECC will work with providers to determine appropriate transitional arrangements for young people moving into the new provision, and for those moving on to other types of support (if they are not within the priority groups), to be completed within two months from the award of contracts.
- 4.31. ECC will apply a robust performance management approach which will include closely monitoring, evaluation and reporting of young people accessing HRS services and the outcomes they achieve through their support. Providers will be required to prepare reports on a quarterly basis which will include safeguarding and evictions measures, as well as case studies to demonstrate the impact HRS is having to young people. Reporting will inform the agenda for quarterly reviews led jointly by ECC commissioners and commercial contract managers.

4.32. An indicative timeline is set out below.

| Date | Task |
|---------------------|--------------------------------|
| 21 June | Cabinet Report considered |
| 29 June | Invitation to tender published |
| 4 Aug | Tender closes |
| 5 Aug – 5 Sept | Evaluation |
| 5 – 30 Sept | Award |
| Oct – Nov | Transition |
| 1 st Dec | New contracts commence |

5. Policy Context and Outcomes Framework

- 5.1. The best place for young people to thrive is within a family home environment and ECC is committed to ensuring this is the first choice where possible.
- 5.2. However, where this is not possible ECC supports District/Borough/City Council's responsibilities to provide housing for the homeless by way of Housing Related Support - Post 16 Accommodation Support.
- 5.3. The young people supported by these services include Care Leavers; vulnerable teenage parents, and other young people at risk. The support services include budgeting, building resilience and improving the readiness for living independently.
- 5.4. When properly targeted, and monitored to ensure outcomes are delivered for priority groups of young people, these services will form an important part of supporting vulnerable young people, and help deliver the following ECC Corporate outcomes:
 - Children in Essex get the best start in life
 - People in Essex enjoy good health and wellbeing
 - People in Essex live in safe communities and are protected from harm
 - People in Essex can live independently and exercise control over their lives.

6. Financial Implications

- 6.1. The 2015/16 outturn for these Housing Related Support (HRS) Post 16 Accommodation Support services was in line with budget at £3.74m.
- 6.2. The 2016/17 budget is £2.94m as full year procurement savings, which were expected at the point the budget was set, cannot be realised. Given that the new contract will not be let until December 2016 only a part-year effect of the contract saving (£333,333) is expected to be secured in 2016/17.

- 6.3. This falls short of budgeted ambition by £466,667 so now commissioners will explore all opportunities to help mitigate the shortfall. These will be brought forward in July 2016.
- 6.4. The proposal is to award a 3 year contract with the possibility of further extensions for a further two years, subject to funding being identified and a review of the outcomes.

7. Legal Implications

- 7.1. Broadly speaking the Council is under no statutory duty to provide accommodation support for young people identified in this report but has historically done so, although it has other duties under the Children Act 1989 and subsequent guidance in relation to care leavers. The proposal is to maintain the budget for these services but procure in a way which seeks to better meet the needs of Essex young people. It also has the duty to prevent care needs from arising. These services can contribute towards those duties.
- 7.2. This service is a social services contract which comes under the Public Contract Regulations 2015 light touch regime. It is proposed the procurement process will be conducted using a single stage open tender advertised through the OJEU and the Council's opportunities website.
- 7.3. Bidders will be required to achieve a minimum of 60% of the total quality score. If this minimum quality is not achieved ECC will reserve the right to exclude the bidder from further consideration. The full evaluation criteria will be set by the Director for Integrated Commissioning and Vulnerable People Director.

8. Staffing and other resource implications

- 8.1. ECC officers will prepare and run the tender under business as usual and will be responsible for monitoring the performance against the contract once it has been awarded.
- 8.2. The providers of the existing services have staff employed to provide similar service provision and whose posts largely match those required for this service. It is the view of ECC that TUPE may apply to these posts and providers will be advised to seek their own advice on this matter. ECC will ensure all TUPE information will be obtained and included in the tender documentation.
- 8.3. These proposals will see the creation of two additional posts within Family Operations to manage the allocation of placements, to oversee and guide the countywide operational processes on a day to day basis and to support the ECC contract management function on a quarterly basis.

9. Equality and Diversity implications

- 9.1 Section 149 of the Equality Act 2010 creates the public sector equality duty which requires that when ECC makes decisions it must have regard to the need to:
- (a) Eliminate unlawful discrimination, harassment and victimisation and other behaviour prohibited by the Act
 - (b) Advance equality of opportunity between people who share a protected characteristic and those who do not.
 - (c) Foster good relations between people who share a protected characteristic and those who do not including tackling prejudice and promoting understanding.
- 9.2 The protected characteristics are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation.
- 9.3 The equality impact assessment is attached at appendix 4 and indicates that the proposals in this report will not have a disproportionately adverse impact on any people with a particular characteristic.
- 9.4 The specification for the service will specifically require that the provider will be able to deliver a service for the cohorts of young people identified in this report regardless of gender, ethnicity, sexuality or disability.

10. List of Appendices

Appendix 1 – Equality Impact Assessment

11. List of Background Papers

None.

Equality Impact Assessment

Context

1. under s.149 of the Equality Act 2010, when making decisions, Essex County Council must have regard to the Public Sector Equality Duty, ie have due regard to:
 - eliminating unlawful discrimination, harassment and victimisation, and other conduct prohibited by the Act,
 - advancing equality of opportunity between people who share a protected characteristic and those who do not,
 - fostering good relations between people who share a protected characteristic and those who do not, including tackling prejudice and promoting understanding.
2. The characteristics protected by the Equality Act are:
 - age
 - disability
 - gender reassignment
 - marriage/civil partnership
 - pregnancy/maternity
 - race
 - religion/belief
 - gender and sexual orientation.
3. In addition to the above protected characteristics you should consider the cross-cutting elements of the proposed policy, namely the social, economic and environmental impact (including rurality) as part of this assessment. These cross-cutting elements are not a characteristic protected by law but are regarded as good practice to include.
4. The Equality Impact Assessment (EqIA) document should be used as a tool to test and analyse the nature and impact of either what we do or are planning to do in the future. It can be used flexibly for reviewing existing arrangements but in particular should enable identification where further consultation, engagement and data is required.
5. Use the questions in this document to record your findings. This should include the nature and extent of the impact on those likely to be affected by the proposed policy.
6. Where this EqIA relates to a continuing project, it must be reviewed and updated at each stage of the decision.
7. The EqIA will be published at:
<http://cmis.essexcc.gov.uk/essexcmis5/Home.aspx>
8. All **Cabinet Member Actions, Chief Officer Actions, Key Decisions** and **Cabinet Reports must be** accompanied by an EqIA.
9. For further information, refer to the EqIA guidance for staff.
10. For advice, contact:
Shammi Jalota shammi.jalota@essex.gov.uk
Head of Equality and Diversity
Corporate Law & Assurance
Tel 0330 134592 or 07740 901114



Section 1: Identifying details

Your function, service area and team: Commissioning Delivery

If you are submitting this EqlA on behalf of another function, service area or team, specify the originating function, service area or team: Simon Harniess, Head of Commissioning for Vulnerable People

Title of policy or decision: HRS Post 16 Accommodation Support re-commissioning & tender

Officer completing the EqlA: Sally Hughes Tel: 03330136313 Email: sally.hughes@essex.gov.uk

Date of completing the assessment: 04/01/2016

Section 2: Policy to be analysed

| | |
|-----|--|
| 2.1 | Is this a new policy (or decision) or a change to an existing policy, practice or project? This will support the decision to recommission the Housing Related Support (HRS) Post 16 accommodation service during 2016. |
| 2.2 | <p>Describe the main aims, objectives and purpose of the policy (or decision): ECC intends to recommission the HRS Post 16 accommodation support service in 2016 to ensure that the most appropriate support services are available for young people in need of this type of support.</p> <p>The key groups of young people are vulnerable teenage parents up to 19yrs; young people aged 16-17 year olds at risk of homelessness; care leavers 18 - 21 (up to 25 year olds in special circumstances).</p> <p>These young people are often the very vulnerable and have experienced poor parenting and/or may have been in local authority care for some of their lives. Those young people whose experiences mean that they find it difficult to remain within their own family home and young teenage parents who may have additional needs of their own which may mean that they struggle to effectively parent their own children who therefore may be known to childrens social care.</p> <p>Current provision is not meeting the needs of the right young people with many of the places being taken up by older young people who may not be as complex or disadvantaged as these key groups.</p> <p>The needs of young people in these groups have become more complex which takes a different set of skills and experiences to manage them effectively, these include:</p> <ul style="list-style-type: none">• Emotional Wellbeing and Mental Health issues• Substance Misuse• Challenging behaviours (including threats of violence to family members)• Involved with the criminal justice system• Having been in the care system• Vulnerable to Child Sexual Exploitation (CSE) |



- Being more vulnerable to being bullied, coerced into negative behaviours and violence from peers
- Being able to easily access employment, training or education opportunities
- Ability to financially sustain accommodation

We understand that the best place for most young people is within the family home and this is the aspiration for Essex, however some young people will need support and therefore we need to ensure that the new service is able to manage these cohorts of young people.

By re-commissioning this service ECC will ensure the right young people in accommodation will receive the right support they need to gain the skills that enable them to be emotionally and physically healthy, manage their money, continue to access education, training or employment and to become independent and resilient.

Access to accommodation and support is currently through district panels which has forced delays in decision making for young people or denied accommodation because young people's needs may be too complex and difficult to manage.

The re-commissioning will also secure between 800k - 1 million pounds savings for ECC; commissioners and family operations are confident that the future service model will deliver the necessary outcomes for young people by building their resilience and independent living.

The current provision has been in place since 2011 with 1 year extension until April 2016, however a further extension has been requested to allow for recommissioning; the new service will be in place from 30th November 2016.

What outcome(s) are you hoping to achieve (ie decommissioning or commissioning a service)?

By re-commissioning we can ensure the new service outcomes and key performance indicators will include:

- Support the wider system to prevent young people presenting as homeless
- Young people remain in a family environment where possible
- Prevent homelessness in the short and long term (young people should stay in alternative accommodation for the least length of time)
- Young people feel safe
- Young people have good or improving emotional wellbeing and mental health
- Young people improve their resilience and independence
- Direct and support young people to re-engage and maintain their education up to the age of 18 years of age
- Direct young people to access training and employment opportunities
- Young people are able to keep themselves safe and make good choices
- Young people have positive and supportive family/friendship networks that are maintained and/or developed
- Budget management: supporting young people to maximise their income, improve budgeting and reduce debt ensuring they have adequate life skills to successfully live independently
- Support young people to access further specialist provision (e.g. substance misuse support or Emotional Wellbeing and Mental Health (EWMH) services) to reduce substance misuse and improve their emotional wellbeing and mental health

| | |
|-----|--|
| | <p>The new service will target the provision at the young people who need the support most. It will be flexible to the changing needs and will, where possible, follow the young people if they move accommodation to ensure continuity of support and where this is not able to happen a transition plan and handover will be put into practice.</p> |
| 2.3 | <p>Does or will the policy or decision affect:</p> <ul style="list-style-type: none"> • service users • employees • the wider community or groups of people, particularly where there are areas of known inequalities? <p>Young people in the 3 key groups will receive the support that will meet their needs to build their independence and resilience. It will be provided in a flexible way meaning that they will have more control of it.</p> <p>Workers will be experienced and have a range of skills to best support young people and in some cases recognise when a referral needs to be made to specialist services.</p> <p>It will also be available 24 hours a day including a helpline.</p> <p>Employee's working in Family Solutions, Youth Offending Services and Divisional Behavioural Intervention Team (D-Bit) teams will welcome the change in provision as a service with easier access routes and quicker decision making processes will ensure that the young people they work with will have somewhere safe to live .</p> <p>The wider community including district councils and incumbent providers will welcome the majority of the changes to provision but are concerned about the changes in age range. They will also be worried about the potential welfare reforms, changes to benefits and the impact on overall cost of delivery to this group of young people.</p> <p>Will the policy or decision influence how organisations operate?</p> <p>The Commissioning of the HRS Post 16 Accommodation Support services will allow them to become compliant with ECC procurement regulations and also provide the opportunity to engage with contract management to support the implementation and ensure ongoing delivery meets the requirements set out in the specification.</p> <p>The new service will also need to build relationships with district councils, family and adult operations and wider partnership organisations to ensure that the needs of young people are managed effectively.</p> |
| 2.4 | <p>Will the policy or decision involve substantial changes in resources?</p> <p>Yes in that the budget is being reduced by up to £1m, however the service will be more targeted and focused on the cohorts and age groups described in the specification. The service is also being developed with the presumption that the number of care leavers will be reducing in coming years based on the Essex children in care number having reduced over the last 2 years.</p> |



| | |
|-----|---|
| 2.5 | <p>Is this policy or decision associated with any of the Council's other policies and how, if applicable, does the proposed policy support corporate outcomes?</p> <p>The HRS Post 16 Accommodation Support service will contribute to the outcomes in four of the 2014 - 2018 Commissioning Strategies;</p> <ul style="list-style-type: none"> • People in Essex enjoy good health and wellbeing • People have aspirations and achieve their ambitions through education, training and life-long learning • People in Essex can live independently and exercise choice and control over their lives • People in Essex live in safe communities and are protected from home |
|-----|---|

Section 3: Evidence/data about the user population and consultation¹

As a minimum you must consider what is known about the population likely to be affected which will support your understanding of the impact of the policy, eg service uptake/usage, customer satisfaction surveys, staffing data, performance data, research information (national, regional and local data sources).

| | | | | | | | | | |
|-----|---|-----------------|------------|------------|------------|------------|----------|--------------|-------|
| 3.1 | What does the information tell you about those groups identified? | | | | | | | | |
| | Quadrant | Teenage Parents | | | YP at Risk | | | Care Leavers | |
| | | 16-17 | 18-21 | 22-25 | 16-17 | 18-21 | 22-25 | 16-17 | 18-21 |
| | Mid | | | | | | | | |
| | Braintree | 7 | 27 | 5 | 1 | 7 | 3 | 6 | 5 |
| | Chelmsford | 3 | 8 | 3 | 3 | 4 | 2 | 1 | 9 |
| | Maldon | 0 | 3 | 1 | 0 | 1 | 0 | 0 | 1 |
| | North | | | | | | | | |
| | Colchester | 3 | 11 | 0 | 10 | 44 | 2 | 0 | 9 |
| | Tendring | 4 | 6 | 1 | 1 | 3 | 0 | 0 | 0 |
| | South | | | | | | | | |
| | Basildon | 5 | 21 | 0 | 4 | 26 | 3 | 0 | 6 |
| | Brentwood | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Castle Point | 0 | 2 | 0 | 2 | 0 | 0 | 0 | 1 |
| | Rochford | 0 | 1 | 0 | 0 | 1 | 1 | 0 | 0 |
| | West | | | | | | | | |
| | Epping | 2 | 3 | 2 | 0 | 0 | 0 | 0 | 0 |
| | Harlow | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 7 |
| | Uttlesford | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | TOTAL | 24 | 82 | 12 | 21 | 87 | 11 | 7 | 38 |
| | The above data shows the number of young people in accommodation and receiving support in October 2015. The data provides the evidence that the main age groups accessing HRS Post 16 Accommodation Support are older than what the existing contract states therefore with a much tighter specification alongside effective contract management in place will mean that the right young people will be able to be supported. | | | | | | | | |
| | District | Q2 2016/17 | Q3 2016/17 | Q4 2016/17 | Q1 2017/18 | Q2 2017/18 | Q3 17/18 | | |
| | Braintree | 2 | 1 | 5 | 2 | 1 | 2 | | |
| | Chelmsford | 3 | 3 | 1 | 1 | 1 | 2 | | |
| | Maldon | 1 | 0 | 2 | 1 | 0 | 0 | | |
| | Colchester | 8 | 3 | 5 | 5 | 3 | 2 | | |
| | Tendring | 6 | 4 | 2 | 6 | 5 | 3 | | |
| | Basildon | 4 | 7 | 16 | 3 | 3 | 6 | | |

¹ Data sources within EEC. Refer to Essex Insight <http://www.essexinsight.org.uk/mainmenu.aspx?cookieCheck=true> with links to JSNA and 2011 Census.



| | |
|-----|--|
| | <p>Castle Point 0 1 2 1 0 2</p> <p>Rochford 0 1 0 1 0 0</p> <p>Brentwood 0 0 3 0 0 1</p> <p>Epping 2 1 0 2 1 2</p> <p>Harlow 5 2 3 1 1 0</p> <p>Uttlesford 0 0 1 1 0 0</p> <p>The above table shows the predicted numbers of care leavers on a quarterly and district level which support future planning for provision across each district e.g. Colchester has the highest number of care leavers so the future providers need to consider how support is configured and what the skills mix of the teams look like in north Essex.</p> |
| 3.2 | <p>Have you consulted or involved those groups that are likely to be affected by the policy or decision you want to implement? If so, what were their views and how have their views influenced your decision?</p> <p>Yes. Consultation and engagement has taken place with district councils who welcome the opportunity to change the provision as they have seen the complexity of young people increase over the last 2 years. They would like provision in place that can support young people in a way that will prevent young people from being evicted for antisocial behaviour.</p> <p>The social work teams have completed a number of surveys and case audit tools for the project team to consider the future model. They need to have one access route in place as managing 12 districts has been problematic in decision making and the time it takes to go through the process.</p> <p>Young people have been engaged through focus groups and 1 -1 interviews to tell us what they want from support in the future. They would like support workers to be more experienced and able to better manage young people with complex issues such as substance misuse and mental health problems.</p> |
| 3.3 | <p>If you have not consulted or engaged with communities that are likely to be affected by the policy or decision, give details about when you intend to carry out consultation or provide reasons for why you feel this is not necessary:</p> <p>Have engaged and plan to continue to consult and engage with district councils, providers and service users to support the development and implementation of the HRS Post 16 Accommodation Support provision.</p> |

Section 4: Impact of policy or decision

Use this section to assess any potential impact on equality groups based on what you now know.

| Description of impact | Nature of impact Positive, neutral, adverse (explain why) | Extent of impact Low, medium, high (use L, M or H) |
|-----------------------------|---|--|
| Age | Adverse: No longer prioritising 18 year olds homeless young people unless they are Care Leavers aged 18 years old | H |
| Disability | Positive | L |
| Gender | Positive | L |
| Gender reassignment | Neutral: We don't know if any of the young people being supported are gender reassignment as we don't appear to capture this information, however, we are supporting a particular cohort of young people and if a person meets that criteria we expect them to be supported | L |
| Marriage/civil partnership | Neutral: Couples have not and will not be supported by this service | L |
| Pregnancy/maternity | Positive: We provide support to vulnerable teenage parents | L |
| Race | Positive | L |
| Religion/belief | Positive | L |
| Sexual orientation | Neutral: We don't know the sexual orientation of the young people being supported as we don't appear to capture this information, however, we are supporting a particular cohort of young people and if a person meets that criteria we expect them to be supported | L |
| Cross-cutting themes | | |
| Description of impact | Nature of impact Positive, neutral, adverse (explain why) | Extent of impact Low, medium, high (use L, M or H) |

| | | |
|--|---|---|
| Socio-economic | <p>Provision will support young people to remain in stable accommodation and access or continue to access education, training or employment that will help them become independent, resilient and economically viable in the future.</p> <p>The new provision may be impacted on by the impending new welfare changes to benefits. This may affect decisions made by providers and district councils who own property to change who they provide accommodation to if housing benefit is removed for young people, meaning that their accommodation costs are not fully covered.</p> | M |
| Environmental, eg housing, transport links/rural isolation | <p>Provision will support young people to access stable accommodation in an area that they know and in a place where other young people live so they can be supported to build positive relationships with their peers.</p> | L |

Section 5: Conclusion

| | | Tick Yes/No as appropriate | |
|-----|--|---|--|
| 5.1 | Does the EqlA in Section 4 indicate that the policy or decision would have a medium or high adverse impact on one or more equality groups? | No <input type="checkbox"/> | |
| | | Yes <input checked="" type="checkbox"/> | If ' YES ', use the action plan at Section 6 to describe the adverse impacts and what mitigating actions you could put in place. |

Section 6: Action plan to address and monitor adverse impacts

| What are the potential adverse impacts? | What are the mitigating actions? | Date they will be achieved. |
|--|--|--|
| New legislation - potential welfare benefit changes will make providing accommodation for young people not cost effective. | ECC will continue to work with district councils and HRS Post 16 Accommodation Support to understand the impact of the welfare changes if and as they come into action. | Potential changes come into action in 2017 but the discussions have begun and will continue through 2016. |
| Age - Due to ECC savings, the new service (s) will not be funded for young people up to the age of 18 unless they are leaving care | ECC is working with District Councils and providers to understand the impact. ECC HRS floating support is currently being re-commissioned and there is an opportunity to use some of the support dedicated for young people no longer being supported through the new HRS accommodation support services (e.g. 18+ to help support move-on) | Discussions will continue with District Councils and providers. The new floating support contract is due to start 1 st April 2017. |
| Unavailable data on protected characteristics | The new service will be expected to record data on the protected characteristics and satisfy ECC that no discrimination has taken place | 1 st October 2016 when the new service starts |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Section 7: Sign off

**I confirm that this initial analysis has been completed appropriately.
(A typed signature is sufficient.)**

Signature of Head of Service: Simon Harniess

Date: 28/02/16

Signature of person completing the EqlA: Sally Hughes

Date: 28/02/16

Advice

Keep your director informed of all equality & diversity issues. We recommend that you forward a copy of every EqlA you undertake to the director responsible for the service area. Retain a copy of this EqlA for your records. If this EqlA relates to a continuing project, ensure this document is kept under review and updated, eg after a consultation has been undertaken.



CALL IN: Decision FP/467/04/16: Procurement of a New Model to Deliver Integrated Pre-birth to 19 Health, Wellbeing and Family Support Services (Greenstead).

Informal meeting held on Thursday, 30 June 2016 at 10.30 a.m. in Committee Room 3

Present

Councillor Dick Madden (Cabinet Member for Adults and Children), Councillor Julie Young

Contributing Officers: Dave Hill, Executive Director for People Commissioning

Officers present: Robert Fox, Peter Randall

Introduction

Councillor Madden outlined the three strands of the 0-19 service, call-in namely:

- The Children's Centres philosophy following the consultation
- The Children's Centre in Greenstead
- The consequences and impact on the community centre

The evidence shows that the Children's Centre in Greenstead has been delivering 11 hours a week. Footfall has reduced whilst outreach has increased. However, the aspect of the impact on the community centre and the consequences lead to the suggestion that the current arrangements at Greenstead continue for the rest of the financial year and then into 2017/18.

Beyond this a long-term arrangement with a new provider following the procurement process may be possible. However, there will be no detail on this until a new provider is established.

The core philosophy is to have a service with much more outreach as the evidence from around the country shows that the most vulnerable people do not attend the centres.

The suggestion would be to construct an arrangement that will work with the new provider and utilise the building so that a long-term solution for Greenstead can be found. The potential is to design the service at Greenstead in a bespoke way.

The procurement process will start in the next month following the call-in's with the aim to have a new provider in place by April 2017. The procurement process will be through active dialogue with the contracted provider being held to outcomes for the children of Essex. There will be the opportunity at this point for the community to be

actively engaged in this dialogue which will be going on throughout the autumn. The Greenstead community should engage in this process.

The offer was reiterated that Essex County Council will continue to fund the Children's Centre at Greenstead delivering its current provision until the new arrangement is put in place with a new provider.

20-30 hours per week until the end of financial year 2017/18 allowing time to work out a long-term agreement which could become part of the seven years of the new provider contract.

Councillor Young response

Councillor Young requested a short recess to consider the offer and respond to the Cabinet Member by email with regard to whether the call-in continue or be withdrawn.

Outcome

Thank you for coming to Greenstead to better understand the community on Tuesday and for your offer to work with the community to focus services that meet the needs of the Greenstead community in a better way.

As Cllr Annie Feltham said we need to focus our attention on offering more and not less services.

I am completely up for the challenge you have offered and I think we have a unique opportunity to run better services under a different model. As you can see and as Tim explained the Greenstead community is very resource rich in the way we rally and come together, over the years we have had to be so.

I therefore am withdrawing the call in.

Councillor Julie Young

Robert Fox
30 June 2016