

Children's Services, Education and Skills Transformation Programme

BUSINESS CASE – EARLY YEARS

Author: Alice Beckwith

Owner: Jon Stonehouse

Release: v 2.0
Date: 29/8/14

1. Introduction

This document provides the outline business case for the proposed transformed Early Years Service as part of the Children's Services, Education and Skills Transformation Programme.

Within the document, our proposed themes for transformation are described and Members are asked to approve the new model for implementation.

2. Context

The Rewiring Public Services Programme is the City of York Council's transformation programme and was introduced in October 2013 to help the Council effectively manage the major challenges ahead. The transformation programme recognises that we need to be a more responsive and more flexible Council – a Council that puts residents first.

As part of the Re-wiring programme, Children's Services Education and Skills is transforming the way it delivers Early Years services from Children's Centres with a saving of £400k attached to this project.

3. Underpinning Principles

Across the work of transformation programme, we will adhere to the following principles:

- We will always protect the most vulnerable
- The transformation programme will ensure that defining the role of the local authority as the champion of better outcomes for all children and young people in York is maintained through this programme
- The transformation programme will ensure that the local authority maintains its statutory duties whilst working with partners to develop innovative models of service delivery through maintaining local relationships and enabling local partnerships and local solutions e.g. cluster based models of delivery
- To ensure a cohesive offer remains in place across the new service delivery arrangements.

4. Priorities

The priorities for Early Years services that will direct the transformation programme are:

- To narrow the gap between disadvantaged children and the rest
- To deliver a transformed Early Years Offer which is co-design, co-delivered, flexible and sustainable
- Preserving a Children's Centre offer, vision and the outcomes
- Focus on quality places for vulnerable 2 year olds, CiN, LAC and CPP children and the expansion of places.
- Improve outcomes for children in the IDACI/SOA areas and children for vulnerable groups pre birth to 5 years
- For all children to be school ready
- Increase and support Early Help and Early Intervention in Early Years
- To improve health and wellbeing of all early years children;
- Partnership working to implement a range of integrated child and health services

5. Current Model

5.1. Children's Centres

The core purpose of the Children's Centres is to reduce inequalities for children and families in the greatest need and to improve the following outcomes:

- child development and school readiness
- parenting aspirations and parenting skills
- child and family health and life chances.

There are currently 9 Children's Centres in York

Seven of the centres have co-located Health and Social Care professionals. All centres deliver a core universal offer providing access to services for a population of over 10,000 children age from pre birth to 4 years old.

5.2. Services

The services available through Children's Centres focus on early learning; information and activities for families; adult learning and employment support; integrated child and family health services and targeted parenting and family support.

The Universal offer is open to any family with children under 5.

Services are also provided for vulnerable families. These families have normally been referred into these services due to identified specific needs and require targeted support.

Children's Centres are currently open 5 days per week. Whilst the Centres are predominantly open to the public from 8.30-5pm, reception areas close during lunchtime and from 4pm so there is limited access to the public at this time.

5.3. Staffing

All Centres have a Children's Centre leader (manager), an information champion and a team of Children's Centre support workers.

5.4. Key Stats

Children's Centre	Carr	Clifton	Haxby Road	Hob Moor	Knavesmire	New Earswick	St Lawrences	Westfield	The Avenues
No of children registered	890	894	642	967	914	753	659	615	806
Total foot fall into Centre	529	482	311	537	512	393	336	386	407
No of Groups run from Centre	18	26	23	26	20	18	28	20	23
No of groups run by CYC	10	6	10	7	6	6	10	10	8

6. Engagement and Consultation

There has been extensive engagement and consultation. An initial open engagement activity took place where residents, partners and stakeholders were invited to comment on how they would transform Children's Centre Services. Around 600 responses were received with strong positive messages about knowledge of the staff, opportunities for meeting other parents, access to support for parents and a real appetite to be involved in running groups as volunteers. Based on engagement feedback, the following 4 options were developed to go out to consultation

6.1. Options

Model 1

The three main children's centres, serving areas of greatest deprivation, would remain open all year and would maintain their current opening hours. These are: Clifton in the north, The Avenues (Tang Hall) in the south east and Hob Moor in the west of the city. The other six centres would remain open, but with reduced opening hours. In these six centre parents, volunteers and community groups would be encouraged to use the buildings to run and participate in local activities.

Model 2

Six of the nine children's centres would remain open full time, two in the north, two in the south east and two in the west of the city, with the three main centres Clifton, The Avenues and Hob Moor closing or being used as community venues. Parents, volunteers and community groups would be supported and encouraged to use the 6 buildings to run and participate in local activities

Model 3

Three of the nine centres would remain open: - Clifton in the north, The Avenues (Tang Hall) in the south east and Hob Moor in the west of the city. Six centres would be closed.

Model 4

Children's Centres Services would be run by alternative providers. For example, the voluntary sector (local or national); a social enterprise, a charity, a private provider or a school. The council's role would be to commission services and then co-ordinate, monitor, and ensure such services are of a good quality and meet priority local needs.

6.2 Response to Consultation

1700 responses were received in total. The majority of feedback supported Models 1 and 2. Feedback indicated that those who responded value the importance of the Centres as places for parents to meet and receive services. It is clear from the consultation that people value their Children's Centre. The majority of respondents state a willingness to consider a different configuration of Children's Centres but not at the expense of their

local centre. The consultation process indicated an overwhelming preference for accessible provision within local communities.

Coming through strongly from the engagement feedback was that more parents would like to volunteer to run non statutory groups but previously felt they haven't had the opportunity to do so.

The detail of the Engagement and Consultation can be found in Annex A.

7. Outcomes

It is imperative that the key outcome of this transformation programme is to deliver a co-designed, flexible Children's offer which has longevity to take us through to 2020.

The outcomes are intended to achieve:

- improved outcomes for young children and their families
- reduction in inequality between families in greatest need and their peers in relation to:
 - child development and school readiness
 - parenting aspirations and parenting skills
 - child and family health and life chances.

8. Recommended Model

The proposed model is in response to the consultation, with the public clearly stating they value local places and local service delivery. In order to provide both what the public require and the service needs it is recommended that a phased approach to the transformation of Children's Centres is adopted.

The phasing will ultimately blend the models consulted on; adopting whichever model fits each community the best. This however will take time to achieve and must be based on information gathered and community needs. Therefore the below phased approach is recommended.

8.1. Phasing

Phase One from 1st April 2015 – Implement Model 1.

This model means that no Children's Centres will close in this first phase, however the Centres will only be open for part of the week

initially. The Early Years service will operate out of the building for part of the week, concentrating on targeted, statutory provision to our most vulnerable families. Volunteers, other council services and partners will be enabled, encouraged and trained to deliver non statutory Universal services to the rest of the community.

The centres will operate in a cluster model and each cluster will consist of 1 hub and 2 satellites.

The majority of the savings will be achieved through reductions in staffing. The main reductions will be in management and front of house staff keeping reductions to the front line workers to the minimum. This model would result in the loss of three front line workers.

Phase Two – Assess Community Take Up

Once phase one is embedded, a clearer picture will be developed regarding the capacity for the community to deliver the non statutory early years offer. Whilst the message came out strongly from engagement that Parents and Volunteers would be keen to run groups, it is important to gauge the reality of this. Once this is done, each Children's Centre will be evaluated, taking into consideration the alternative community venues available in each area and the level of volunteer take up. Decisions can then be made regarding the viability of the building as a community resource.

Phase Three – Whole Family Support

The longer term strategy is to focus more closely on family needs and encourage further integration of services with other agencies to provide whole family support and early intervention and prevention. The intention is to roll this model out into the communities and use the best facility each area has to offer. In some areas, the Children's Centre is likely to be the most appropriate venue, in other areas it may be an alternative community hub will be used and the Centre is closed.

This recommendation is in line with the long term CYC strategy to empower communities to deliver services and become more resilient.

8.2. Team Focus

The transformed Children's Centre service will focus on early intervention and family support, ensuring that families in greatest need are prioritised and recognising that the early response to problems can often prevent escalation where formal intervention is required

Community delivery of services will be developed with opportunities to use centres by others and developing community capacity this will be supported by the local authority.

A summary of the revised offer is tabled below

Universal	Applies to all children - will be run by community groups/parent volunteers or delivered by existing services (eg Private company)
Perinatal to 2 years (universal targeted)	Early intervention model which will be directly delivered by Children's Services Teams and Partners. Consistent and systematic access to information and advice at key stages of a child's development pre birth to two years.
Targeted	All targeted provision to be delivered by Children's Services Teams and Partners Eg - Vulnerable children accessing Early Education offer Provision for vulnerable groups pre birth to 3 years
Intensive Home Visiting	Pre birth to 5 – delivered by Children's Services Teams and Partners

9. Community Impact Assessment

The summary of the Community Impact Assessment is as follows:

Positive impact. This model meets the top recommendations of the Engagement process and ensures that centres are available in local communities. This model will build community capacity and empower parents to be involved in the delivery of services. As services have an increased focus on those in need, access may be improved further.

The outreach services for the most vulnerable families or target groups i.e. service families will continue to mitigate against disadvantaging those who have a greater distance to travel to access children's centre service.

A comprehensive communication and information plan will be put in place to ensure customers understand the availability of services for early year's children in their communities and the children's centre role in that.

The full CIA can be found in Annex B and a summary of the CIAs for alternative models in Annex C

10. Funding

The proposed model will be funded by general funds and achieves the target savings of 400k.

11. Recommendation

It is recommended that Cabinet approve the phased approach in order for Children's Centres to become more sustainable, develop community capacity and support the long term vision for Whole Family Support.

Appendix A

ANALYSIS OF RESPONSES TO CHILDREN'S CENTRES CONSULTATION AUGUST 2014

	Model 1	Model 2	Model 3	Model 4	
Centre	3 Main centres 6 satellites	6 Small Centres	3 Main Centres	Commissioned Service	TOTAL
Carr	6	77	13	2	98
Clifton	63	69	119	7	258
Haxby Road	19	175	10	2	206
Hob Moor	19	38	58	1	116
Knavesmire	21	110	3	4	138
New Earswick	13	64	7	1	85
St Lawrences	12	45	0	3	60
The Avenues	52	20	73	0	145
Westfield	6	92	5	0	103
West Offices	5	10	0	0	15
Online	215	193	57	34	499
TOTAL	431	893	345	54	1723

The number of responses for each model from the hub sites, smaller centres and via online has been scored as follows: -

4 points for the highest number of responses, 3 points for the second highest number of response, 2 points for the third highest number of responses and 1 to the lowest number of responses

	<u>MODEL 1</u>	<u>MODEL 2</u>	<u>MODEL 3</u>	<u>MODEL 4</u>
POINTS	3 Main centres 6 satellites	6 Small Centres	3 Main Centres	Commissioned Service
Online	4	3	2	1
Hub Sites	3	2	4	1
Small Centres	3	4	2	1
TOTAL	10	9	8	3

SECTION 1: CIA SUMMARY

Community Impact Assessment: Summary

1. Name of service, policy, function or criteria being assessed:

Early Years Children's Centres transformation

2. What are the main objectives or aims of the service/policy/function/criteria? .

Phase One from 1st April 2015 – Implement Model 1.

This model means that no Children's Centres will close in this first phase, however the Centres will only be open for part of the week initially. The Early Years service will operate out of the building for part of the week, concentrating on targeted, statutory provision to our most vulnerable families. Volunteers, other council services and partners will be enabled, encouraged and trained to deliver non statutory Universal services to the rest of the community.

The centres will operate in a cluster model and each cluster will consist of 1 hub and 2 satellites.

The Service

Children's Centres work together with partners to support families with children from birth to five. The core purpose of children's centres is to improve outcomes for young children and their families and reduce inequalities between families in greatest need and their peers in: child development and school readiness; parenting aspirations and parenting skills; and child and family health and life chances

Specifically:

- Children's Centres work 1:1 with parents and their children to support them with parenting of young children (from pregnancy to age 5) This is often called family support or home visiting
- Children's Centre Support Workers advocate for young children (birth – five) and their families on integrated support plans
- Children's Centres provide specialised groups where parents bring their children to help them practice and learn key developmental activities that help their child to develop and grow.
- Children's Centres provide weekly information and advice sessions with health colleagues for all parents to find out what to expect at key developmental stages, encourage their child's development and how to keep them safe. This is called the Universal Parenting Track
- Children's Centres work with other partners and volunteers to develop 'stay and play' groups in the local community where parents bring children to socialise and play with others These are often called 'drop ins' and are universal groups
- Children's Centres work with partners to provide parents with opportunities to build personal skills and access training and employment
- Children's Centres provides a range of evidence based parenting support groups, targeted at parents with the most needs with the youngest children

- Children's Centres support families to access early education and childcare

Children's Centres are a 'concept' as well as a workforce and a group of buildings

The concept is that they recognise the needs of very young children (from pre-birth to age 5) in a community. They assess these needs and then deliver services or work with partners to make sure that the right services are available.

Children's Centres are the 'body' that make sure that the right services are in place for children before they go to school and that the more vulnerable children are accessing these services

3. Name and Job Title of person completing assessment:

Paula Richardson Acting Head of Service Early Years

4. Have any impacts been Identified? (Yes/No)

Yes

Community of Identity affected:

Age

Summary of impact:

Positive impact. This model meets the top recommendations of the Engagement process and ensures that centres are available in local communities. This model will build community capacity and empower parents to be involved in the delivery of services. As services have an increased focus on those in need, access may be improved further.

The outreach services for the most vulnerable families or target groups i.e. service families will continue to mitigate against disadvantaging those who have a greater distance to travel to access children's centre service.

A comprehensive communication and information plan will be put in place to ensure customers understand the availability of services for early year's children in their communities and the children's centre role in that.

5. Date CIA completed: 26/09/14

6. Signed off by:

7. I am satisfied that this service/policy/function has been successfully impact assessed.

Name:

Position:

Date:

8. Decision-making body:	Date:	Decision Details:
<p>Send the completed signed off document to ciasubmission@york.gov.uk It will be published on the intranet, as well as on the council website.</p> <p>Actions arising from the Assessments will be logged on Verto and progress updates will be required</p>		

SECTION 2: CIA FORM

Community Impact Assessment (CIA)

Community Impact Assessment Title:	Early Years - Children's Centre Transformation
<p>What evidence is available to suggest that the proposed service, policy, function or criteria could have a negative (N), positive (P) or no (None) effect on quality of life outcomes? (Refer to guidance for further details)</p> <p>Can negative impacts be justified? For example: improving community cohesion; complying with other legislation or enforcement duties; taking positive action to address imbalances or under-representation; needing to target a particular community or group e.g. older people. NB. Lack of financial resources alone is NOT justification!</p>	

Community of Identity: Age

Evidence	Quality of Life Indicators	Customer Impact (N/P/None)	Staff Impact (N/P/None)
<p>The core purpose of children's centres is to improve outcomes for young children and their families and reduce inequalities between families in greatest need and their peers in: child development and school readiness; parenting aspirations and parenting skills; and child and family health and life chances.</p> <p>https://www.gov.uk/government/publications/sure-start-childrens-centres.</p> <p>All Childrens Centres are currently one stop shops for young children, their parents, child minders and other carers. They offer family support and outreach; access to health and wellbeing services; and to advice, information and guidance; including access to Jobcentre Plus services. All Children's Centres provide a range of services, focusing on early</p>	<p>Health Education Individual, family and social life Participation, influence and voice.</p>	Positive	None

<p>intervention to provide a seamless service for families with children from pre birth onwards.</p> <p>There are 10,703 of York's population who are aged 0-4. 73% (7773) are registered with a children's centre. 78% (3207) of the 0-4's living in less than 50% IDACI areas are registered with a children's centre.</p> <p>87% of all Children Aged 0-4 living in less than the 10% IDACI Areas are registered with a children's centre.</p> <p>100% Teenage Parents are registered</p> <p>Staff profile; Transformation, recruitment, selection and support are undertaken in the context of equalities legislation and Council guidelines.</p> <p>http://colin.york.gov.uk/beSupported/Human Resources/current staff/employees/supporting transformation overview/</p>				
Details of Impact	<i>Can negative impacts be justified ?</i>	Reason/Action	Lead Officer	Completion Date
<p>Staff: There is not expected to be any positive or negative impact upon this community of identity.</p> <p>As deleted posts may be located at higher levels within the structure, this may have the potential to affect more experienced employees (ie longer serving and possibly therefore older) than younger employees. However appointments do not take account of age and it is possible that skilled and</p>		<p>Ensure a comprehensive communication and information plan is in place</p>	<p>Paula Richardso</p>	<p>April 2015</p>

<p>experience, but younger, people are appointed to senior posts.</p> <p>Customers: This model meets the top recommendations of the Engagement process and ensures that centres are available in local communities. Following the analysis of the consultation results which indicated the importance of the Centre itself rather than purely the services delivered. The consultation revealed that people value their Children's Centre, are happy to consider closing venues but would prefer local service provision within their communities.</p> <p>This model will build community capacity and empower parents to be involved in the delivery of services.</p> <p>Children's centres are for children under the age of five and their families. The proposal for children's centres would have no impact on service users on the basis of age (i.e. age of users will remain the same). There may be a perception by universal families of a reduction of service. Services would continue to be targeted to children under five and their families living in poverty (including outreach work). As services have an increased focus on those in need, access may be improved</p>		<p>with clear, honest, timely and relevant communications to customers. To ensure a planned and sustained approach to communication and marketing to support the delivery of children's centres.</p> <p>This will manage and monitor communication with all involved in the delivery of services to children and their families through children's centres. Ensuring the customers understanding the availability of services for early year's children in their communities and the children's centre role in that.</p> <p>Volunteers and partners will need to be identified, enabled, encouraged and trained to deliver non statutory universal services to the rest of the community.</p> <p>Capacity needs to be established to ensure volunteer/communities are supported and trained e.g. training about equality, identification of vulnerability, safe guarding, quality, outcomes and impact. Regular supervision and monitoring also needs to be available</p>	<p>n</p> <p>Paula Richardson</p>	<p>April 2015</p>
---	--	---	----------------------------------	-------------------

<p>further.</p> <p>Teenage parents in particular generally require a greater level of engagement so could potentially be more affected by a reduction in budget impacting on the amount of universal provision. Teenage parents are recognised as a priority group for targeted support by children's centres and service providers will be required to demonstrate how they can continue to provide this support</p> <p>Low Income/Disadvantaged families - The proposed change to children's centres would have no impact on service users on the basis of income</p> <p>Wider City/rural - Although proposals may involve the merging of the management of some centres, services will continue to be offered through existing venues and outreach. Therefore, impact on rural areas should be minimal. The outreach services for the most vulnerable families or target groups i.e. service families will continue to mitigate against disadvantaging those who have a greater distance to travel to access children's centre service</p> <p>All under 5s and their families can access children's centre services. All under 5's will be able to</p>				
---	--	--	--	--

<p>access all three levels of programme support universal, targeted, intensive depending on need. Childrens Centre services are designed to meet the needs of all children aged 0-5 and their families. Outreach work will continue to be developed and targeted to meet the needs of the children pre birth to 5 years</p>				
---	--	--	--	--

Community of Identity: Carers of Older or Disabled People
--

Evidence	Quality of Life Indicators	Customer Impact (N/P/None)	Staff Impact (N/P/None)
<p>The core purpose of children’s centres is to improve outcomes for young children and their families and reduce inequalities between families in greatest need and their peers in: child development and school readiness; parenting aspirations and parenting skills; and child and family health and life chances. https://www.gov.uk/government/publications/sure-start-childrens-centres.</p>	<p>Health Education Individual, family and social life Participation, influence and voice</p>	None	None
Details of Impact	Reason/Action	Lead Officer	Completion Date
<p>Staff: There is not expected to be any positive or negative impact upon this community of identify</p> <p>Childrens Centres are designed to meet the needs of all children and their families, particularly those who may be</p>	Can negative impacts be justified?		

more vulnerable.				
Customers:- Access is unlikely to change for disabled children and parents, as services will largely continue to be offered in the same buildings, with a range of outreach services in local				

Community of Identity: Disability					
Evidence		Quality of Life Indicators	Customer Impact (N/P/None)	Staff Impact (N/P/None)	
<p>The core purpose of children’s centres is to improve outcomes for young children and their families and reduce inequalities between families in greatest need and their peers in: child development and school readiness; parenting aspirations and parenting skills; and child and family health and life chances.</p> <p>https://www.gov.uk/government/publications/sure-start-childrens-centres.</p> <p>Staff: As above. Transformation, recruitment, selection and support are undertaken in the context of equalities legislation and Council guidelines</p> <p>27 children 2-4 with a Disability who were registered with children’s centres in July 2014</p>		<p>Health Education Individual, family and social life Participation, influence and voice</p>	None	None	
Details of Impact	<i>Can negative impacts be justified?</i>	Reason/Action	Lead Officer	Completion Date	
<p>Children’s Centres are designed to meet the needs of all children and their families, particularly those who may be more vulnerable.</p> <p>Families of children with disabilities or special need</p>					

<p>benefit from targeted support at Children's Centres. Support would continue to be required and centres will have to show how they can meet the needs of these families as part of the performance management process.</p> <p>Some centres work with the Portage Service to run groups specifically for children with Special Educational Needs. This targeted work will continue.</p> <p>We will take into account the use of local buildings for outreach services in relation to Disability Discrimination Act (DDA) to ensure people do not feel unable to take part because of accessibility.</p> <p>Access is unlikely to change for disabled children and parents, as services will largely continue to be offered in the same buildings, with a range of outreach services in local community venue.</p>				
--	--	--	--	--

Community of Identity: Gender			
Evidence	Quality of Life Indicators	Customer Impact (N/P/None)	Staff Impact (N/P/None)
<p>The core purpose of children's centres is to improve outcomes for young children and their families and reduce inequalities between families in greatest need and their peers in: child development and school readiness; parenting aspirations and parenting skills; and child and family health and life chances.</p> <p>https://www.gov.uk/government/publications/sure-start-childrens-centres.</p>	<p>Health Education Individual, family and social life Participation, influence and voice</p>	None	None

<p>Staff: Transformation, recruitment, selection and support are undertaken in the context of equalities legislation and Council guidelines.</p> <p>Customer - Women, Men, boys, girls, carers (of children, disabled or older people) Characteristics of children and parents registering at children's centres are recorded in the Database. Internal profiling reports are generated to identify profiles for individual centres. This includes data on the number of fathers accessing services (a specific target user group for children's centres).</p>				
Details of Impact	<i>Can negative impacts be justified?</i>	Reason/Action	Lead Officer	Completion Date
<p>More females are employed in the service so more females are affected by the restructure. Females are not disproportionately affected.</p> <p>The transformation of children's centres will have no impact on the basis of the gender of service users.</p> <p>Specific groups are set up to encourage the participation of fathers. The changes would have no impact on service users on the basis of gender.</p> <p>Building on existing good practice to engage and involve fathers and male carers in children's centre services is recognised.</p>				

Community of Identity: Gender Reassignment

Evidence	Quality of Life Indicators	Customer Impact (N/P/None)	Staff Impact (N/P/N)
----------	----------------------------	-------------------------------	-------------------------

)	one)
			None	None
Details of Impact	Can negative impacts be justified?	Reason/Action	Lead Officer	Completion Date
There is not expected to be any positive or negative impact upon customers or staff.				

Community of Identity: Marriage & Civil Partnership

Evidence	Quality of Life Indicators	Customer Impact (N/P/None)	Staff Impact (N/P/None)	
<p>The core purpose of children's centres is to improve outcomes for young children and their families and reduce inequalities between families in greatest need and their peers in: child development and school readiness; parenting aspirations and parenting skills; and child and family health and life chances.</p> <p>https://www.gov.uk/government/publications/sure-start-childrens-centres.</p> <p>Staff :- as above</p> <p>694 Lone Parents were registered with children's centres in July 2014.</p>	n/a	None	None	
Details of Impact	Can negative impacts be justified?	Reason/Action	Lead Officer	Completion Date
There is not expected to be any positive or negative impact upon customers or staff. Lone parents benefit from				

targeted support at Children's Centres. Support would continue to be required and centres will have to show how they can meet the needs of these families as part of the performance management process				
---	--	--	--	--

Community of Identity: Pregnancy / Maternity

Evidence	Quality of Life Indicators	Customer Impact (N/P/None)	Staff Impact (N/P/None)
<p>The core purpose of children's centres is to improve outcomes for young children and their families and reduce inequalities between families in greatest need and their peers in: child development and school readiness; parenting aspirations and parenting skills; and child and family health and life chances.</p> <p>https://www.gov.uk/government/publications/sure-start-childrens-centres.</p> <p>Staff: Transformation, recruitment, selection and support are undertaken in the context of equalities legislation and Council guidelines. More females are employed in the service so more females are affected by the restructure. Females were not disproportionately affected.</p> <p>Customer; - Pregnancy and Maternity - Pregnancy/ pre birth and the first two years of life are a specific priority user group for children's centre services. The profile of service users is recorded in the database.</p>	<p>Health Education Individual, family and social life Participation, influence and voice</p>	None	None
Details of Impact	Reason/Action	Lead Officer	Completion Date
<i>Can negative impacts be justified?</i>			

<p>The change to children's centres would have minimal impact on service users on the basis of pregnancy /maternity</p> <p>During pregnancy parents are encouraged to engage in children's centre services at the earliest opportunity through midwife and health visitors. This will continue to be the case, but access may be via other children's centre venues rather than their current centre.</p>		<p>Ensure robust partnership working to implement a range of integrated child and health services through the JSNA.</p> <p>Ensure the LA Early Years is involved in discussions around Health Visiting as the commissioning responsibilities come to the LA in October 2015 to ensure an integrated service.</p>	<p>Paula Richardson</p>	<p>April 2015</p>
---	--	--	-------------------------	-------------------

Community of Identity: Race			
Evidence	Quality of Life Indicators	Customer Impact (N/P/None)	Staff Impact (N/P/None)
<p>The core purpose of children's centres is to improve outcomes for young children and their families and reduce inequalities between families in greatest need and their peers in: child development and school readiness; parenting aspirations and parenting skills; and child and family health and life chances.</p> <p>https://www.gov.uk/government/publications/sure-start-childrens-centres.</p> <p>Staff – as above</p> <p>Customers- Characteristics of children and parents registering at children's centres are recorded in the Database. Internal profiling reports are generated to identify profiles for individual centres. This includes data on BME and Travellers, who are specific target groups.</p> <p>614 BME 0-4s were in July 2014</p>	<p>Health</p> <p>Education</p> <p>Individual, family and social life</p> <p>Participation, influence and voice</p>	<p>None</p>	<p>None</p>

100% Traveller children 0-4s are registered with the children's centres				
Details of Impact	<i>Can negative impacts be justified?</i>	Reason/Action	Lead Officer	Completion Date
Centres will be required to demonstrate how they can meet the needs of families from diverse ethnic backgrounds, based on demographic information for their area. Childrens Centre services are designed to meet the needs of all children aged 0-5 and their families. Outreach work will continue to be developed and targeted to meet the needs of Black, Asian and minority ethnic families and communities and traveller communities at a local level. Resources will continue to be targeted to ensure support to families who may find it difficult to access the services they need.				

Community of Identity: Religion / Spirituality / Belief			
Evidence	Quality of Life Indicators	Customer Impact (N/P/None)	Staff Impact (N/P/None)
The core purpose of children's centres is to improve outcomes for young children and their families and reduce inequalities between families in greatest need and their peers in: child development and school readiness; parenting aspirations and parenting skills; and child and family health and life chances.	n/a	None	None

https://www.gov.uk/government/publications/sure-start-childrens-centres. Staff – As above Customers -Religion / Spirituality /Belief - Those registering at a children’s centre are not asked about their beliefs and so the profile of service users by faith is unknown. Access on the basis of faith would be unlikely to change				
Details of Impact	Can negative impacts be justified?	Reason/Action	Lead Officer	Completion Date
The transformation of Children’s Centres will have no impact on service users on the basis of Religion / Spirituality /Belief. Children's centres service providers are required to implement equal opportunities policies and to actively promote an inclusive culture. This will continue to be practise. There will be a continued expectation that staff and volunteers will understand a range of religions/beliefs and what they mean for families i.e. diet				

Community of Identity: Sexual Orientation			
Evidence	Quality of Life Indicators	Customer Impact (N/P/None)	Staff Impact (N/P/None)
The core purpose of children’s centres is to improve outcomes for young children and their families and reduce inequalities between families in greatest need and their peers in: child development and school readiness; parenting aspirations and parenting	n/a	None	None

<p>skills; and child and family health and life chances. https://www.gov.uk/government/publications/sure-start-childrens-centres. Staff – As above Customers -Those registering at a children’s centre are not asked about their sexual preference and so the profile of service users by this characteristic is unknown.</p>				
Details of Impact	<i>Can negative impacts be justified?</i>	Reason/Action	Lead Officer	Completion Date
<p>Children's centres implement equal opportunities policies and actively promote an inclusive culture. This will continue to be the practise</p>				