

Report Title:	<b>0-19 Integrated Family Hub Model – Commissioning Intent.</b>
Contains Confidential or Exempt Information?	No.
Member reporting:	Cllr S Carroll, Lead Member for Adult Social Care, Children’s Services, Health and Mental Health.  Cllr R McWilliams, Lead Member for Housing, Communications and Youth Engagement.
Meeting and Date:	Cabinet- Thursday 25 June 2020
Responsible Officer(s):	Kevin McDaniel, Director of Children’s Services
Wards affected:	All.

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## REPORT SUMMARY

1. The purpose of this report is to seek approval in principle for the preferred early help model of integrated Family Hubs. The report is not seeking a decision on the closure of children’s centres and youth centres.
2. The Family Hubs would bring together a range of services that would focus provision on targeted support to our most vulnerable children, young people and families in line with the national policy direction. The aim of the remodelling is to strengthen support for those families that most need it and in doing so reduce the demand for statutory intervention. This would ensure the limited resources available for early help services are being used as effectively as possible and would enable savings targets to be achieved.
3. Following the initial 12 week public consultation on the preferred model of Family Hubs, which has informed the more detailed proposals, the report also seeks approval to proceed to a second stage of public consultation on the implementation of the preferred model i.e. what it would look like in practice.
4. Whilst delivering a more targeted service for vulnerable families, the preferred model would deliver a full year cost reduction of £600,000. The overall annual budget for these services before savings was £4,101,480 which will reduce to £3,501,480. Savings will begin to be achieved from the start of implementation, resulting in a partial saving in 2020/2021 will be less than the £450,000 included in the current year’s budget.

## **1. DETAILS OF RECOMMENDATION(S)**

### **RECOMMENDATION: That Cabinet notes the report and:**

- i)** Agrees in principle to the preferred model of integrated Family Hubs.
- ii)** Agrees in principle for the Family Hub model to prioritise services for children, young people and families most in need.
- iii)** Agrees to a second stage of public consultation which will seek views on the proposed implementation of the Family Hub model at a local level. The final model will then be developed, based on this consultation, and brought back to Cabinet in October for the final decision.

**2. REASON(S) FOR RECOMMENDATION(S) AND OPTIONS CONSIDERED**

2.1 The table below sets out the two options arising from this report.

<b>Option</b>	<b>Comments</b>
<p>1. Transform Family Resilience Services, Children’s Centres and Youth Services into an integrated Family Hub model, which focuses on supporting and improving outcomes for those children, young people and families most in need of help.</p> <p><b>This is the recommended option.</b></p>	<p>Doing this would involve:</p> <ul style="list-style-type: none"> <li>• Bringing services together to create a service that better meets the needs of the whole family.</li> <li>• Prioritising services for those children, young people and families most in need of help.</li> <li>• Strengthening links with the voluntary and charitable sector to identify opportunities for other organisations to deliver some of the universal offer.</li> <li>• Developing a Family Hub programme of activities and sessions that is based on feedback from both stages of the consultation.</li> <li>• Reducing the current volume of universal and preventative services offered by these teams which includes open access/ drop in ‘Stay and Play’ sessions for families with small children and open access/ drop-in sessions for young people, currently delivered by our youth service.</li> <li>• Reviewing the delivery model for children’s centres and youth centres with the potential to make changes to current venues that are used. The focus would be on maintaining sites in geographical areas of need and discontinuing leases at locations that are no longer appropriate. This would be informed by the proposed second stage of consultation.</li> <li>• Reviewing the staffing model once a formal decision has been made about the detailed local implementation to ensure it is fit for purpose. This would likely result in redundancies.</li> </ul>
<p>2. Do nothing.</p>	<p>This means we would:</p>

Option	Comments
<p><b>This is not recommended.</b></p>	<ul style="list-style-type: none"> <li>• Continue to offer all universal open access/ drop in ‘Stay and Play’ sessions (currently 13 sessions a week) and open access/ drop-in youth service sessions (currently seven sessions a week).</li> <li>• Continue to have wait times for vulnerable children, young people and families who have been assessed as needing support. This could lead to families having more entrenched difficulties, thus requiring statutory intervention at a later date.</li> <li>• Be running counter to evidence-based national policy for early years services.</li> <li>• Be unable to contribute to the in year and future years savings planned in the MTFS.</li> </ul>

### 3. KEY IMPLICATIONS

#### Background to the report

3.1 A report setting out proposals relating to early help services in Windsor and Maidenhead was considered at Cabinet on 30 April 2020 and agreed by Councillors. This decision was subject to call-in and then the report was taken to Overview and Scrutiny Panel on 14 May 2020. It was resolved at the Overview and Scrutiny Panel that:

1. It be noted that the Head of Law had reviewed the Cabinet’s decision made on April 30th, what had been said at the Overview and Scrutiny Panel meeting on May 14th, and the reasons for the call in, and had concluded that the decision complied with the law and did not conflict with the Council’s Access For All policy;
2. The Cabinet paper of April 30th will be brought back to Cabinet in June setting out a consultative pathway;
3. The results of a further consultation process and recommendations for a decision will be brought to the Cabinet in July or August.

3.2 It was agreed at the Cabinet meeting on 28 May 2020 that the report would be ‘put aside’ and re-presented to Cabinet on 25 June 2020 to allow time for the further details required for clarity of the next steps to be added.

#### Background to the preferred model

3.3 Achieving for Children, who are commissioned to deliver children's services in Windsor and Maidenhead, undertook a review of existing early help services in response to the government's Life Chances agenda and the All Party Parliamentary Group report on the future of children's centres:  
<https://democracy.leeds.gov.uk/documents/s150825/app%25208%2520appg%2520>  
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3.4 The intention was to better understand the developing approach to children's centre and youth centre service delivery. Based on this, a preferred model has been developed which would see services reorganised into Family Hubs. This approach aligns with national and regional evidence, including the report noted above, and would enable the service to effectively meet the needs of the most vulnerable children, young people and families and while providing value for money.

3.5 This model is preferred as it would deliver a number of benefits in Windsor and Maidenhead including the opportunity to:

- Strengthen the focus on children, young people and families that most need support through early intervention to increase resilience and reduce the need for statutory social care involvement. This would contribute to reducing the time that vulnerable families who need support have to wait for a service, but are unable to access it through the current model.
- Build on the success of the Healthy Child Programme by continuing to deliver a universal health visiting service that can be accessed by all families (for the purpose of this report, please note that universal health visiting is funded directly by Public Health England and not from the same funding stream as children's centres and youth centres and as such, this funding will be unaffected).
- Move away from traditional models of service delivery focused on particular static sites with lots of fixed assets that require maintaining. These are no longer considered effective and so the preferred option is to move to a more flexible and responsive approach that brings services to those that need them i.e. outreach in the community and in the home. The needs of families are not static and often fluctuate over time. It is therefore essential that the proposed model is able to respond to these needs in a new way, so that families are not expected to travel across the borough to access services.
- In line with the above point, set up flexible and time limited outreach services on a small, more local scale, when intelligence suggests this is required in particular areas, e.g. work on knife crime.
- Support local communities so that they can develop universal provision in particular areas by providing advice and guidance on the effective delivery of services to children, young people and families and by working with them to identify potential sites that could be used for service delivery, should leases for particular buildings be discontinued.
- Deliver better impact for families from the £3.5m that will still be spent on early help services as the hub model would allow the discontinuing of leases on buildings in the early help portfolio that are no longer fit for purpose and would enable a staff remodelling which would better align with the proposed approach.

## Service delivery

3.6 As set out previously, the preferred model is to bring together services being run by children's centres, youth centres, the parenting service, health visitors, school nurses and the family resilience service so that residents can get all the help they need from one Family Hub. It is important to emphasise however that this does not mean that residents will get this support from one building. Alternatively the Family Hub model will act as a single point to coordinate services for vulnerable families.

3.7 The preferred model would be to establish two main Family Hubs - one in Windsor and one in Maidenhead. In addition, there would be a number of sub-venues across both Windsor and Maidenhead. Children's centre services and youth services would be delivered from these venues, other community venues, in people's homes and via other outreach in the community.

3.8 The key principles underpinning the preferred model include:

- Delivering a service that has a whole family focus, through the provision of multi-disciplinary Family Hubs situated across the borough. There would be a strong emphasis on mental health and relationship support including integration of all early help services such as education, health and the voluntary sector.
- Predominantly supporting targeted vulnerable families across the age range of 0-19 years (or age 25 years where young people have learning difficulties and/or disabilities), so that the needs of families can be coordinated in one place, regardless of the ages of their children.
- Adopting a flexible approach to service delivery whereby the focus is more on delivering services where they are needed rather than at a single location. This means some services would be delivered at hubs but other services would be delivered via outreach in collaboration with partners and the community.
- At an early stage, working in partnership with children, young people and families by supporting them to be more resilient, and by offering the right support at the right time and in the right way, so that improvements in their lives can be sustained.
- Enabling children, young people and families needing our support to tell their story only once.
- In response to community concerns about knife crime and County Lines activities, delivering the youth service on an outreach basis in partnership with the Police and Community Safety, with activity in specifically targeted areas where issues have been identified.
- Accepting referrals into the Family Hubs via the Single Point of Access (SPA) and undertaking a triaging exercise to ensure those most in need are prioritised, which would reduce current waiting times for accessing services.
- Working with the community and voluntary sector, including parent groups, to support them to deliver universal services where children's centre and youth centre provision is reduced.

3.9 The Family Hubs would deliver a full programme of services in various venues across their community area including universal health provision; school nursing; specific sessions and groups for vulnerable families; parenting support; and

opportunities for early years learning and development by continuing to host a range of activities and groups from the independent and private sector.

- 3.10 Through the first stage of consultation with residents and stakeholders we have learned that respondents see the key priority as one to one work with families, particularly those with younger children or children with additional needs. Building community resilience was also a common theme and so we would ensure that this would be an integral aspect of the model. By building community resilience and maintaining the 0-5 Healthy Child Programme, it is anticipated that families who need additional support would be identified and offered support at an early stage.
- 3.11 As part of the implementation, we would review our programme of activities to ensure that where possible, we are able to continue those sessions that support groups most in need, for example, groups for parents with children with additional needs and targeted sessions for hard to reach Black, Asian and Minority Ethnic (BAME) families in the community.
- 3.12 Our youth service would continue to prioritise supporting more vulnerable young people on a 1-1 basis such as those that are: involved with statutory children’s social care services; engaging in risky behaviours; or with low self-esteem. The service would also continue to support participation and engagement of children and young people, including those in care and those leaving care, and deliver parent/ carer/ professional workshops on child sexual exploitation, gangs, substance misuse and online safety, and would also provide outreach to identified hotspots in the borough, as the need is identified. In terms of universal services, the proposal is to carry on delivering sessions and workshops to pupils in partnership with our local schools.
- 3.13 Whilst the expertise/specialism of each service will remain, the delivery would be fully integrated to best match the needs of the local community. Subject to consultation, to achieve an integrated Family Hub model we would propose to:

Activity	Details	Benefits and impact
Continue to deliver universal health provision	<p>There would be no changes to the universal health provision that is currently delivered. This includes:</p> <ul style="list-style-type: none"> <li>• Full Healthy Child Programme, offering every family 5 health reviews in the first 3 years (crucial first 1000 days) of their child’s life and a range of support services in the community, i.e. drop in clinics, new baby groups.</li> <li>• School nursing service which provides support with long term conditions</li> </ul>	<p>Health services were rated as one of the most popular services delivered by children’s centres in the stage one public consultation exercise.</p> <p>All families would still be able to access universal health support to give their children the best start in life.</p>

	<p>and universal support for pupils in school.</p> <ul style="list-style-type: none"> <li>• Home visiting support for families whose child is developmentally delayed, socially isolated or living with other vulnerabilities.</li> </ul>	
<p>Deliver outreach work more flexibly and in a greater number of locations to reach people who are not currently accessing provision.</p>	<p>We would extend our outreach work and focus on delivering services in the community, rather than at a specifically designated children's centre or youth centre.</p> <p>This would enable us to engage more with hard to reach groups by delivering programmes from a range of local venues such as schools, leisure and community centres, partner properties and other community locations.</p>	<p>The intention is to increase the amount of outreach work we do by freeing up staff from the management and maintenance fixed assets, such as buildings.</p> <p>This approach would strengthen the focus on the most deprived areas with the highest level of need. It would also mean we are better able to reach those families who are not currently accessing our services.</p> <p>It would also enable us to move away from the traditional delivery of youth services i.e. drop in sessions at a centre which have proven less and less popular over recent years, towards a more flexible approach whereby we take services to the young people, where this is needed most. This should lead to increased engagement with those more vulnerable children and young people.</p>
<p>Reduce the number of designated children's centres delivery sites from 13 to six and youth centres from nine to three.</p>	<p>By delivering more services through outreach and other community venues, we would be less reliant on children's centre and youth centre buildings.</p> <p>Detailed analysis of current usage of children's centres has enabled us to identify which centres could</p>	<p>This would mean a reduction in the quantity of children's centre and youth centre services that we are able to offer.</p> <p>It would also mean that families or young people whose nearest children's</p>

	<p>be closed with the least impact. We propose to maintain those centres that are:</p> <ul style="list-style-type: none"> <li>• Well used by residents.</li> <li>• Best equipped to meet the future needs of the service.</li> <li>• Located close to areas of relative deprivation.</li> <li>• Well-placed for public transport or with good parking facilities.</li> <li>• Wheelchair and pushchair accessible.</li> <li>• Able to offer good value for money in terms of rental costs.</li> <li>• Aligned with the RBWM new climate/ environmental strategy.</li> </ul> <p>This could save c £60,000 in the running costs of managing 10 sites rather than 22.</p>	<p>centre or youth centre is earmarked for closure would have further to travel to visit a centre.</p> <p>We would mitigate against some of the impact of these changes by:</p> <ul style="list-style-type: none"> <li>• Adopting a new, more responsive and flexible service.</li> <li>• Providing more services through outreach at alternative venues in the community.</li> <li>• Working more closely with community and voluntary sector groups.</li> <li>• Signposting young people or families who may no longer be able to access universal services to alternative providers.</li> </ul> <p>As part of the initial consultation we have already asked users views on which services they most value and we would prioritise these when putting together the service offer for 2020-21 and beyond.</p>
<p>Deliver a wider range of services for families coordinated from the remaining centres which prioritises those most in need</p>	<p>For the remaining buildings we would coordinate a more family-focused offer, by bringing together a range of services, for example, health services, family support, support for childminders, and responsive outreach.</p> <p>As part of this we would continue to deliver the specific services and groups for children with additional needs and their families; for women at risk of or</p>	<p>Although the proposals in this consultation would result in a reduced universal early help offer, we propose to mitigate against some of the impact by bringing more services together in a more coordinated way, thereby enabling families to access more of the support they would most benefit from.</p>

	<p>living with domestic abuse; for first time or young or vulnerable parents; for families involved in statutory social care; for care leavers including those who are parents; for childminders and the children in their care; for parents in need of mediation or support with parental conflict; and for parents with poor mental health.</p>	<p>This would mean that those needing targeted support such as information about domestic abuse and health guidance, would be more likely to access it.</p> <p>Where specific issues arise in particular areas, for example, a rise in knife crime, we would deliver targeted support in that area which would be accessible for all.</p>
<p>Strengthen partnerships with local community and voluntary groups</p>	<p>We would work with the local community and voluntary sector to identify those groups and/or individuals who are willing and able to run universal sessions for children, young people and families. We would provide advice and guidance to enable them to establish sessions accessible by all. This could include supporting parents to deliver sessions and / or support themselves where possible.</p> <p>We would also develop a directory of resources which will include local organisations offering universal and targeted support. We would use this to signpost children, young people and families to the support they need in the wider community. The intention would be to make the directory easy to navigate and we would seek to provide additional online resources including self-help tools which have become more prevalent during the current pandemic.</p>	<p>Local community and voluntary sector organisations could deliver some of the universal services that are not proposed as part of the new model, thereby ensuring all families are able to access some level of provision.</p> <p>By providing advice and guidance to these groups, we would be equipping the local community with greater knowledge and skills.</p>

3.14 Included in appendix 1 is a document outlining what the proposed Family Hub model would look like in practice. Should the second stage of consultation be approved, we would seek to ask participants for alternative models of delivery that they believe would enable us to achieve the same aims as the preferred model that we would be outlining.

## **Staffing**

- 3.15 Should the second stage of consultation be approved, we would then develop a final model shaped by the feedback. If this final model was then approved, we would undertake a review of staffing to ensure that the staff model aligns with the Family Hub approach.
- 3.16 The Family Hub model would see a move from three separate teams (children's centres, family resilience and youth services), each with their own management structure, priorities and specific roles, to a Hub team which would have a range of skills and expertise but seek to work to meet the needs of the whole family.
- 3.17 This would require change to the service which would involve all members of staff and we would expect a reduction in staffing numbers. This is because we would require a smaller number of workers as the focus would be on need rather than maintaining poorly- attended drop in sessions or maintaining buildings. However we would aim to retain the talent, skills and experience of our specialist workers.
- 3.18 The final details of these staffing changes would not be finalised until the whole model had been approved however and as such, are not included in this report. Any reduction in staffing would contribute to achieving the efficiency target of £600,000 that is allocated to the project.

## **Sites**

- 3.19 As part of the review of early help services and the development of the preferred model, we have considered all existing service delivery sites and made proposals for how those sites could be used going forward.
- 3.20 We have a number of criteria against which we have reviewed the sites. Although proposals have been suggested, these are in no way been finalised and would be subject to the second stage of consultation as set out in the recommendations. The final proposals would then follow from for a final decision.
- 3.21 We are proposing to retain sites that meet a number of the following criteria:
- Well used.
  - Best equipped to meet the future needs of the service.
  - Located close to areas of relative deprivation.
  - Well-placed for public transport or with good parking facilities.
  - Wheelchair and pushchair accessible.
  - Able to offer good value for money in terms of rental costs.
  - Aligns with the emerging Council Asset Strategy.
- 3.22 We are proposing to discontinue leases on centres that meet a number of the following criteria:

- Are situated in areas where they are no longer the most needed.
- Are too small or too expensive to run and are not equipped to meet the future needs of the service or the Council's climate priorities.
- Are under-used compared to other centres.
- Are unable to offer additional service i.e. health clinics, due to lack of space or lack of accessibility.
- Are potentially able to be used by parents, community or voluntary groups to deliver sessions independently.

3.23 The table below provides a summary of which centres could be retained and which could be discontinued (subject to the second stage of consultation), based on the criteria outlined above, along with some key information about each site. However whilst some service delivery could take place in the sites that are recommended for retention, the key principle of this model is that services would be delivered in a range of venues across the borough, coordinated by staff operating out of these sites.

3.24 For clarity it should be noted that this table is for illustrative purposes to assist Cabinet in clearly understanding the decision that is being asked to consider. Councillors are not being asked to approve the retention or discontinuing the lease on any buildings. No final recommendation about the retention or discontinuing the lease on any building has been made.

3.25 Please also note that the references to distances between different centres and between centres and public transport have been made based on directions from postcode to postcode on foot using Google Directions. Councillors Carroll and McWilliams have also checked some of these distances as part of their visits to each centre.

Building	Proposed action	Preliminary Rationale
<b>Children's centres</b>		
Datchet Children's Centre SL3 9EJ	Retain as sub-venue in Windsor.	Meets the accommodation requirements for the preferred Family Hub model; close to areas of relative deprivation; good transport links- 200 feet to nearest train station; accessible facilities; low rental cost; high footfall.
Larchfield Children's Centre SL6 2SG	Retain as sub-venue in Maidenhead.	Meets the accommodation requirements for the preferred Family Hub model; close to area of relative deprivation; good transport links- 0.9 miles to nearest train station; accessible facilities; low rental cost; high footfall.
Manor Children's Centre/ Youth Centre	Retain as sub-venue in Windsor.	Meets the accommodation requirements for the preferred Family Hub model; close to area of relative deprivation; accessible facilities; high footfall.

SL4 5NW		
Poppies Children's Centre SL4 4XP	Retain as sub-venue in Windsor.	Meets the accommodation requirements for the preferred Family Hub model; well positioned for targeted interventions on the army estate; accessible facilities; high footfall.
Riverside Children's Centre SL6 7JB	Retain as main Family Hub in Maidenhead.	Meets the accommodation requirements for the preferred Family Hub model; central location; good transport links- within 0.6 miles of nearest train station; accessible facilities; high footfall.
Eton Wick Children's Centre SL4 6JB	Discontinue lease.	Limited space available making it unsuitable for future use; no designated disabled parking; low footfall.
Pinkneys Green Children's Centre/ Youth Centre SL6 5HE	Discontinue lease.	Limited space available making it unsuitable for future use; close to other provision- Marlow Youth Centre and Riverside Children's Centre both within 1.6 miles; potential interest from local voluntary and community groups to deliver services at the site; low footfall at youth service sessions.
The Lawns Children's Centre SL4 3RU	Discontinue lease.	Limited space available making it unsuitable for future use; only open during term-time; close to other provision- Manor Children's Centre/ Youth Centre within 0.5 miles; access via a footbridge- wheelchair users and those with mobility issues may need help to access.
Woodlands Park Village Centre Children's Centre SL6 3GW	Discontinue lease.	Limited space available making it unsuitable for future use; limited transport links- 2.7 miles away from nearest train station; potential interest from local voluntary and community groups to deliver services at the site.
<b>Children's centre satellite sites</b>		
Low Ropes Activity Course at Beech Lodge SL6 6QL	Retain as sub-venue.	No other similar provision available locally; could be used for targeted groups; no rental cost- low maintenance cost.

Maidenhead Nursery School SL6 7PG	Retain as sub-venue.	Meets the accommodation requirements for the preferred Family Hub model; good transport links- nearest train station within 0.2 miles; accessible facilities; no rental cost.
South Ascot SL5 9EB	Retain as sub-venue.	Meets the accommodation requirements for the preferred Family Hub model; good transport links- nearest train station within 0.3 miles; accessible facilities; low rental cost.
Old Windsor SL4 2PX	Discontinue lease	Limited space available making it unsuitable for future use; limited transport links- nearest train station is 2 miles away; low footfall.
Wraysbury Village Hall TW19 5NA	Discontinue lease	Limited space available making it unsuitable for future use; low footfall.
<b>Youth centres</b>		
Marlow Road Youth Centre SL6 7YR	Retain as sub-venue in Maidenhead.	Meets the accommodation requirements for the preferred Family Hub model; good transport links- nearest train station is within 0.6 miles; high footfall.
Windsor Youth Centre SL4 3HD	Retain as main Family Hub in Windsor.	Meets the accommodation requirements for the preferred Family Hub model; good transport links- nearest train station is within 0.7 miles; external hires ensure that the centre runs as cost neutral; high footfall.
Charters Youth Centre SL5 9QY	Discontinue lease.	Limited space available making it unsuitable for future use; school has requested site reverts back to school use; low footfall.
Datchet Youth Centre SL3 9HR	Discontinue lease.	Limited space available making it unsuitable for future use; close to other provision- within 0.4 miles of Datchet Children's Centre; low footfall.
Eton Wick Youth Centre SL4 6LT	Discontinue lease.	Limited space available making it unsuitable for future use; high rental cost; low footfall.
Larchfield Youth Centre SL6 4BB	Discontinue lease.	Limited space available making it unsuitable for future use; close to other provision- within 0.4 miles of Larchfield Children's Centre; steadily reducing footfall.
<b>Other buildings</b>		

Maidenhead Project Centre, Reform Road  SL6 8BY	Discontinue lease and staff move sites	Limited space available making it unsuitable for future use; potentially part of RBWM regeneration plans; high rental cost.
Outdoor provision in Hurley  SL6 5ND	Transfer to community provider to maintain.	Limited space available making it unsuitable for future use; potential interest from a community provider to maintain the provision- would seek access for targeted groups as part of new arrangement.

3.26 The key implications are set out in the table below:

<b>Outcome</b>	<b>Unmet</b>	<b>Met</b>	<b>Exceeded</b>	<b>Significantly Exceeded</b>	<b>Date of delivery</b>
Transformation of Children's Centre, Youth Services and Family Resilience to integrated Family Hub model, saving £600,000.	Not approved	Approved	Approved and model in place by 1 February 2021- TBC	Approved and model fully operational by 1 January 2020- TBC	1 February 2020

#### **4. FINANCIAL DETAILS / VALUE FOR MONEY**

4.1 Whilst delivering a more targeted service for families, the proposed transformation once implemented would reduce annual revenue costs by £600,000. This represents a 15% saving on the total costs of community and youth services.

4.2 The transformation is still expected to have a one off cost, estimated to be in the region of £200,000 which was considered when setting the transformation budget for 20/21.

4.3 It is recognised that the decision to undertake a full second consultation means that no transformation can start until that is completed. This will delay the implementation which reduces the expected in year saving from this work stream to approximately £170,000.

4.4 With the delay described above; Covid19 pressures on summer term income; lack of alternative job opportunities for staff; and wider pressures on the council budget, the service will continue to look for alternative savings options to reduce the impact of this change.

4.5 The table below sets out the financial implications of the preferred model compared to the published budgets.

<b>REVENUE COSTS</b>	<b>2020/21</b>	<b>2021/22</b>	<b>2022/23</b>
Additional total	£0	£0	£0
Reduction	£280,000	£0	£0
Net Impact	£280,000	£0	£0

## **5. LEGAL IMPLICATIONS**

### **Section 10 of the Children Act 2004 ("the 2004 Act")**

5.1 Section 10 of the Children Act 2004 ("the 2004 Act") imposes an obligation on each local authority in England to make arrangements to promote co-operation between the local authority, its relevant partners, and any other persons or bodies who exercise functions or are engaged in activities relating to children in the local authority's area, as the authority considers appropriate. These arrangements are to be made with a view to improving the well-being of children in the authority's area.

### **Section 11 of the 2004 Act**

5.2 Section 11 of the 2004 Act applies to various bodies and persons, including local authorities. S.11(2) provides that each such person and body must make arrangements for ensuring that their functions are discharged "having regard to the need to safeguard and protect the welfare of children". In discharging that duty, they must have regard to any guidance given to them for the purpose by the Secretary of State (s.11(4)). The relevant guidance is the "Working Together to Safeguard Children".

### **Childcare Act 2006**

5.3 The Council also has certain statutory obligations under the Childcare Act 2006 ("the 2006 Act") The obligations under the 2004 Act concern children of all ages. The statutory obligations in the 2006 Act concern "young children", which is defined by s.19 as (essentially) meaning those aged between 0-5. Section 1 of the 2006 Act imposes on local authorities a general duty in relation to the well-being of young children, in these terms:

- (1) An English local authority must -
- (a) improve the well-being of young children in their area, and
  - (b) reduce inequalities between young children in their area in relation to the matters mentioned in subsection (2).
- (2) In this Act "well-being", in relation to children, means their well-being so far as relating to -
- (a) physical and mental health and emotional well-being;
  - (b) protection from harm and neglect;
  - (c) education, training and recreation;
  - (d) the contribution made by them to society;
  - (e) social and economic well-being.

5.4 This list mirrors the types of well-being described in s.10(2) of the 2004 Act.

5.5 Section 3 of the 2006 Act sets out specific duties of local authorities in relation to early childhood services, which are defined in s.2 as including early years provision. S.3(2) provides that:

The authority must make arrangements to secure that early childhood services in their area are provided in an integrated manner which is calculated to -

- (a) facilitate access to those services, and
- (b) maximise the benefit of those services to parents, prospective parents and young children.

5.6 Section 3(6) provides that:

"In discharging their duties under this section, an English local authority must have regard to any guidance given from time to time by the Secretary of State."

5.7 The language is similar to that of s.11(4) of the 2004 Act.

5.8 Section 5A of the 2006 Act is entitled "Arrangements for provision of children's centres." It provides that:

(1) Arrangements made by an English Local Authority under section 3(2) must, so far as is reasonably practicable, include arrangements for sufficient provision of children's centres to meet local need.

(2) "Local need" is the need of parents, prospective parents and young children in the authority's area."

5.9 The discharge of the sufficiency duty therefore involves the Local Authority considering and assessing three things: the need for children's centres in their area; what provision would be enough to meet that need; and what number of children's centres it would be reasonably practicable for the Local Authority to provide, taking into account such matters as affordability, and practical considerations such as the availability of appropriate buildings, geographic location, and accessibility. Provided all three of these matters are taken into account, there is no obligation to consider them in any particular order.

5.10 A "children's centre" is defined in s.5A(4) as:

"a place, or a group of places -

- a) Which is managed by or on behalf of or under arrangements made with, an English local authority, with a view to securing that early childhood services in their area are made available in an integrated manner,
- b) Through which each of the early childhood services is made available, and
- c) At which activities for young children are provided, whether by way of early years provision or otherwise."

5.11 Section 5D of the 2006 Act provides that:

An English local authority must secure that such consultation as they think appropriate is carried out -

...

- (b) before any significant change is made in the services provided through a relevant children's centre;
- (c) before anything is done that would result in a relevant children's centre ceasing to be a children's centre..."

### **Sure Start children's centre statutory guidance**

5.12 In April 2013 the Government issued the " Sure Start children's centres statutory guidance " ("the Guidance") to which local authorities are obliged to have regard when carrying out their duties relating to children's centres under the 2006 Act. The Guidance states that it seeks to assist local authorities and partners by making clear:

- what they must do because it is required by legislation;
- what they should do when fulfilling their statutory responsibilities; and
- what outcomes the Government is seeking to achieve.

5.13 Chapter 2 of the Guidance, which begins at page 9, identifies as an outcome that "Local Authorities have sufficient children's centres to meet the needs of young children and parents living in the area, particularly those in greatest need of support." It then sets out the sufficiency duty, and the various things that a local authority should do when fulfilling it. These include:

- 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;
- consider how best to ensure that the families who need services can be supported to access them;
- 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;
- not close an existing children's centre site in any reorganisation of provision unless they can demonstrate that, where they decide to close a children's centre site, 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.
- take into account the views of local families and communities in deciding what is sufficient children's centre provision.

5.14 So far as the obligations to consult under s.5D of the 2006 Act are concerned, the Guidance provides that:

”Local authorities must ensure there is consultation before:

- making a significant change to the range and nature of services provided through a children’s centre and/or how they are delivered ...
- closing a children’s centre...

Local authorities... should consult everyone who could be affected by the proposed changes, for example, local families, those who use the centres, children’s centre staff, advisory board members and service providers. Particular attention should be given to ensuring disadvantaged families and minority groups participate in consultations.

The consultation should explain how the local authority will continue to meet the needs of families with children under 5 as part of any reorganisation of services. It should also be clear how respondents’ views can be made known and adequate time should be allowed for those wishing to respond. Decisions following consultation should be announced publicly. This should explain why decisions were taken.

5.15 On page 13 of the Guidance there is a section entitled “ Supporting families in greatest need of support “ which states that to reduce inequalities in outcomes among young children in their areas, local authorities should commission and support children’s centres as part of their wider early intervention strategy and strategy for turning round the lives of troubled families. Local authorities should ensure that children’s centres offer differentiated support to young children and their families according to their needs. To help fulfil their duty to reduce inequalities between young children in the area, local authorities should consider the role that children’s centres can play by:

- providing inclusive universal services which welcome hard to reach families;
- hosting targeted and specialist services on-site where appropriate;
- considering the use of multi agency assessment and referral processes; and
- having children’s centre outreach and family support staff work with other services to:
  - support families before, during and after specialist programmes and/or interventions;
  - provide opportunities to help families develop resilience to risk factors; and
  - promote child development.

5.16 Page 14 of the Guidance explains that children’s centres use universal activities to bring in many of the families in need of extra support. As families build up confidence in relationships with staff and other service users, they often become more receptive to appropriate targeted activities.

## 6. RISK MANAGEMENT

6.1 The table below sets out the key risks and the proposed mitigation relating to the preferred model:

<b>Risks</b>	<b>Uncontrolled risk</b>	<b>Controls</b>	<b>Controlled risk</b>
Risk of families in need not being identified through universal provision.	Medium	The universal health visiting service will continue in order to identify families in need of support.	Lows
Risk of not meeting the savings targets through being tied into long lease notices.	High	Link with RBWM property company transformation.	Medium
Ensuring we gather the views of the whole community including hard to reach groups if we gain approval for the second stage of consultation.	High	The consultation methodology (set out in section 8) highlights the range of approaches that would be used to ensure we engage as much as possible and gather the views of those that will be impacted. This would include direct emails to all registered children's centre users and working with community and voluntary groups to publicise the consultation and the opportunity to participate.	Medium
Taking into account the COVID-19 circumstances when carrying out a second stage of consultation (if approved).	Medium	As noted above, the consultation methodology (set out in section 8) highlights the range of approaches that will be used to ensure we engage as much as possible and gather the views of those that will be impacted. Advice and guidance from consultation experts- both internally and externally- have shaped this, taking into account the current COVID-19 situation.  For example, we would utilise consultation	Low

Risks	Uncontrolled risk	Controls	Controlled risk
		<p>methods that would allow the community to engage with us virtually i.e. video drops in throughout the course of the consultation period. Given that many households have been relying on video calls during the COVID-19 period to work or to socialise, this should prove effective.</p> <p>We have also proposed an eight week consultation period to ensure that those who would like to give their views would have ample opportunity.</p>	

## 7. POTENTIAL IMPACTS

### Equalities

7.1 A full equality impact assessment (EIA) has been drafted to assess the potential impact of the preferred model. This is currently in draft and will be finalised after the second stage of consultation, should it be approved. This will ensure any comments and feedback can be included. This draft EIA is included as appendix 2 of this report for transparency.

7.2 The draft EIA has identified that overall the preferred model would have a positive impact across the protected characteristic groups as it would aim to:

- improve accessibility for those most in need including those who are traditionally considered hard to reach;
- provide opportunities for disadvantaged children, young people and families to access provision that will contribute to increasing their equality of opportunity; and
- increase the engagement of children, young people and families who do not usually participate in the provision services.

7.3 However, the EIA does acknowledge that there would be a negative impact on those users of universal provision delivered through children's centres services and the youth service. The intention would be to mitigate this through actions such as:

- Providing more flexible services through outreach at alternative venues in the community.

- Working more closely with community and voluntary sector groups to identify any groups that could deliver sessions to replace the reduced universal activities, with support from AfC staff.
- Signposting young people or families who may no longer be able to access universal services to alternative providers such as those identified in the first stage of the consultation e.g. signposting users of Old Windsor Children's Centre to Old Windsor's 'Tiddlers and Toddlers' playgroup.

### **Climate change/ sustainability**

7.4 The recommendations are expected to have minimal impact on climate change/ sustainability.

### **Data protection/ GDPR**

7.5 This is not considered applicable to this report.

## **8. CONSULTATION**

### **Background to the first stage of the consultation**

8.1 Following approval at November 2019 Cabinet to undertake a public consultation on the transformation of our early help services into an integrated Family Hub model, a consultation process was undertaken. The consultation process sought to:

- Ascertain the views of the public on transforming early help services into integrated Family Hubs for 0-19 year olds.
- Ascertain the priorities of those likely to be most affected by the proposed changes.

### **Consultation methodology**

8.2 RBWM residents were consulted on the proposed changes to the delivery of early help services through a variety of methods:

- A 12-week online survey, which launched on Monday 6 January 2020 and closed on Monday 30 March 2020. Paper copies of the survey were made available at libraries and current early help service sites. Paper copies submitted made up approximately 10% of the overall survey.
- 6 public focus group sessions held at Children's and Youth Centres across the Royal Borough. It is worth noting that a seventh session was planned to take place in South Ascot on 18 March 2020, but due to the COVID-19 pandemic this had to be cancelled. The list of sessions that were held is below:
  - Woodlands Park Children's Centre (13 January 2020);
  - Windsor Youth Talk (21 January 2020);
  - Pinkneys Green Youth & Community Centre (3 February 2020);
  - Datchet Children's Centre (8 February 2020);
  - Riverside Children's Centre (22 February 2020); and
  - The Manor, Dedworth (4 March 2020).

## Consultation results

8.3 During the 12-week consultation, 501 responses were received. This number takes into account paper copy responses. This is a relatively strong response rate. By comparison, Buckinghamshire County Council received 752 responses to their own equivalent 12-week public consultation from a population approximately four times the size.

8.4 In addition to the online questionnaire, we held six public consultation focus groups and two staff workshops. While most respondents recognised the need to prioritise one to one support for our most vulnerable families, there were concerns about how other families would find other support.

8.5 The vast majority (88%) of responders to the survey identified themselves as female within the age range of 25-49 years (80%). 84% described themselves as 'parent/carers' with most (60%) having children under the age of 5. Over three-quarters (79%) were based in Windsor or Maidenhead towns with 42% of respondents declaring a household income of £30,000 or less which is lower than the median annual UK salary of £30,350. 27% declared a household income of over £60,000 a year.

8.6 83% of responders confirmed that they had accessed one of the available family services within the last 12 months. Children's centres and parenting support services were the most regularly accessed with 48% saying they accessed these at least once a week. The sites where responders had accessed these services from was mixed, but Riverside Children's Centre in Maidenhead appeared to be the most well-used with almost a third (32%) having attended a session there within the last year.

8.7 When responders were asked to state the maximum amount they would be willing to pay to attend a children's centre or youth centre session, the majority (37%) said they would be willing to spend up to £3. Over a quarter (28%) said they would be willing to spend up to £1.50 and 15% said up to a maximum of £5.00. 20% stated that they would not want to pay any sum to attend a session.

8.8 As part of the consultation, responders were shown the proposed aims for its early help services and were asked whether they agreed. 36% confirmed that they did agree with the new family hub proposals set out, while 32% said they disagreed. 32% also stated that they were neutral or did not know.

8.9 Other suggestions for a remodelled delivery of services were invited. The key themes to emerge were:

- How highly- regarded the early help services are and how many families consider them invaluable and rate the existing services delivered.
- The need to work more closely with existing charities and volunteer groups and key partners such as local schools.
- The importance of maintaining the focus on vulnerable groups including children and young people with disabilities; Black Asian and Minority Ethnic (BAME) support groups; those with mental health issues.
- The need to ensure all families are able to access provision and that services are delivered in an accessible way and publicised accordingly.
- The need to clearly define who services will be targeted at.

- Some willingness to accept charges for sessions if that means services can continue.
- Providing more of an offer for teenagers, particularly during school holidays.

8.10 When asked to prioritise areas where support should be targeted, the most common answer amongst respondents was 'one-to-one support for families in crisis'. 'Positive parenting groups for parents to help manage their children's behaviour' and 'emotional wellbeing support for new parents' made up the top three. 'Drop-in youth groups in the community' was considered the least priority.

8.11 There was a noticeably low response from users of the youth centres. Only 12% of responders said they had accessed a youth service session in the past year and only 8% said they used them on a weekly basis. The most well-attended youth centre by participating responders was Windsor Youth Club.

8.12 Respondents were asked to list what other groups or sessions in the community they and their families attended. The below lists a summary of their answers and whether we would expect them to continue if we were to implement the preferred model.

<b>Alternative groups/ sessions attended</b>	<b>Would this be retained with the preferred model?</b>
National Childbirth Trust (NCT) sessions.	Yes.
Baby sensory, baby yoga, baby massage.	Yes.
Church sessions, e.g. baby, toddler and youth groups.	Yes.
Library sessions, e.g. rhyme time, story time and sing-a-longs.	Yes.
Scouts, guides, cubs, beavers, brownies and rainbows.	Yes.
Army, sea and air cadets.	Yes.
Music groups, e.g. Bilingualing, Diddy Disco, Moo Music, Teddies Music.	Yes.
Sports clubs, e.g. Maidenhead United, Puddleducks swimming, Phoenix Gym.	Yes.
Hartbeeps.	Yes.
Birth matters.	Yes.
Norden Farm.	Yes.
Tumbletots.	Yes.

## **Focus group sessions**

8.13 Six public consultation meetings were held at various venues and at different times of the week and day to maximise accessibility. Social media, print media and poster campaigns were undertaken to advise service users, stakeholders and residents to partake in the survey or attend a public meeting.

8.14 The key themes to emerge can be summarised in terms of concerns and priorities. The tables below set out the concerns and priorities and our response to them.

**Concerns:**

<b>Concerns</b>	<b>Response</b>
Reduction of universal services will make early help difficult if families only get support when they are already having issues.	<p>The universal health visiting service will continue in its entirety i.e. five mandated contacts in the first three years via the Health Child Programme so issues can be identified within all families.</p> <p>There are robust links with schools and other voluntary agencies who already refer families in to early help services.</p>
Danger of labelling or stigmatising families if all have a targeted service.	<p>All families will continue to access the Health Child Programme via the Family Hubs not just those that are targeted.</p> <p>In addition, the new preferred model would be based on a progressive universal service- this means that everyone gets some level of service but the more service you need, the more you get.</p>
Most children's centres groups are well attended, meaning that families value service.	The proposals to retain existing children's centres as part of the Family Hub model have been made based on a range of criteria including those that are well-used.
Potential loss of outdoor education and natural environment experiences i.e. Nature Play.	Nature Play at the current Riverside Children's Centre would continue as a targeted service.
Risk of isolation for families/ Increased risk of postnatal depression due to isolation.	<p>The universal health visiting service will identify families new to the area or at risk of isolation and refer to targeted services.</p> <p>One of the mandated health visiting contacts is completed at six to eight weeks where every mother is screened for postnatal illness.</p>
Reduction of buildings- decrease accessibility for	One of the criteria for retaining buildings is that they are close to public transport i.e. train stations.

those unable to drive/ Poor public transport in area.	In addition, the preferred model would continue to allow families who need a service to receive it at home.
Stay and Play sessions offer informal support to parents.	We would maintain links with local community groups with the aim of ensuring that the informal support to parents would continue to be offered i.e. for community playgroups seeking support about parenting, we would offer information and advice.
Reduction in funding for voluntary sector i.e. Family Friends.	We would maintain close connections to the voluntary sector to ensure maximum use of limited resources.
Non Council play sessions or music groups can be expensive.	We would support targeted families to access play sessions or music groups if necessary.
Waiting times for CAMHS and Wellbeing services.	We would continue to work closely with CAMHS transformation work in order to reduce wait times.
Losing well trained and experienced staff.	Although there would be a reduction in staffing, the new model would aim to retain the experience, talent and skills of the existing workforce.
Provision for army families.	The provision for army families would be retained.

**Priorities:**

<b>Priorities</b>	<b>Response</b>
Maintain health visitor clinics in Children's Centres including breastfeeding support.	This would be retained in the preferred model.
Keep supporting children, young people or families most in need with home visits on a one to one basis.	This would be retained in the preferred model.
Link with voluntary sector and keep a central directory of all community groups, i.e. those run from churches, or by parents.	This would be retained in the preferred model and we would look to further develop the directory of local resources to share with families.
Keep targeted groups, i.e. Freedom, Esteem.	This would be retained in the preferred model.
Continue supporting children with additional needs.	This would be retained in the preferred model.

More support for children excluded from school or at risk of exclusion.	This would be retained in the preferred model.
Keep parenting courses going.	We would offer targeted families parenting courses as part of the new preferred model.
Use more volunteers.	We would continue to use volunteers and aim to strengthen links further with the community and voluntary sector.
Keep links with the rest of children's social care.	The existing strong links with children's social care would be maintained in the preferred model.
Keep mental health and wellbeing support, i.e. Emotional first aid for parents.	This would be retained in the preferred model.
Consider families who live in rural areas with limited public transport.	Targeted outreach services would be available if needed. There would be potential to do pop up drop in groups if need was identified.
Keep access to early learning opportunities.	We would link to other locally delivered early learning opportunities and continue to target children entitled to two and three year old funding to ensure they are able to access these opportunities.  Home learning outreach would continue to be offered through our parents as first teachers to families depending on need.
Consider BAME groups.	We would prioritise the support we currently provide to BAME groups through outreach i.e. parenting groups in the mosque.

8.15 The findings from the consultation were used to shape the final preferred model which is presented in this report. Furthermore, these findings and the findings from the second stage of consultation (if approved), would be used to finalise the whole of the model to ensure it reflects public opinion as far as is possible.

### **Second stage of public consultation**

8.16 The first stage of the consultation aimed to get views on the strategic aims of the preferred Family Hub model. Further consultation is required about the detailed implementation of the model where there would be change to the current services of a specific children's centre.

8.17 We are seeking advice and guidance from a number of sources to ensure our approach to the second stage of consultation is robust and comprehensive. This has included:

- commissioning an early years and consultation expert from an external consultancy company to provide advice and guidance on the proposed consultation approach and methodology.
- seeking advice from other external consultation experts i.e. previous Non-Executive Independent Director on the Achieving for Children Board provided advice based on experience of delivering public consultation as part of an education consultancy.
- reviewing consultation approaches from other local authorities undertaking similar exercise to identify best practice. This includes the Buckinghamshire County Council consultation relating to the transformation of early help services which was subject to Judicial Review but found to be lawful.
- discussions with colleagues in Achieving for Children operational area 1 who have undertaken a similar exercise about lessons learned, best approaches to consultation i.e. engaging hard to reach families, including critical friend challenge of our proposed approach.
- review of the consultation approach by consultation experts in Achieving for Children operational area 1.
- review of consultation approach and methodology by RBWM Communications Team and support will be given for publicising the consultation when live.

8.18 The consultation itself is being planned (subject to agreement to consult from Cabinet) and the suggested consultation methodology is set out below:

Method	Detail
Online questionnaire for eight weeks	Questionnaire setting out the background detail to the consultation; the proposals for the centres; and questions about centre usage and their views on the proposed action for each centre.
AfCInfo internet page	Specific page set up for the consultation- this will include a link to the questionnaire; background information on the proposals; FAQs; details of how to request the questionnaire in paper format.
Social media	AfC and RBWM websites and social media accounts to publicise the consultation with a link to the questionnaire.
Dedicated inbox for questions, queries or comments	A dedicated inbox ( <a href="mailto:familyhubs@achievingforchildren.org.uk">familyhubs@achievingforchildren.org.uk</a> ) has been requested. Residents will be asked to send any questions or queries about the consultation here. This will be used to send out any invites to the virtual drop in sessions.
Virtual drop in sessions	Four virtual drop in sessions (1 hour) to be arranged. Dates to be advertised on the AfCInfo page- interested parties to email the inbox to request an invite.
Direct email to registered children's centre users who have	Registered children's centre users will be emailed directly with a link to the questionnaire to ask them to participate.

provided an email address	
Direct email to voluntary and community sector organisations and any other relevant groups	Direct emails will be sent to voluntary and community sector organisations and other relevant groups in the local area to ask for their help in distributing the link to the questionnaire and asking them to complete it themselves. This will include parent groups and established support groups for traditionally hard to reach groups including those from the BAME community and children, young people and families with special educational needs and disabilities.
Awareness raising sessions with key stakeholder groups	Informing key stakeholder groups i.e. Parents and Carers in Partnership for Windsor and Maidenhead (PaCiP); Asian Women's Group; other groups that support families that could be considered vulnerable.
Universal health clinics	Universal health clinics are due to recommence in the second week in June 2020. Health visitors will be asked to encourage attendees to complete the questionnaire.

## 9. TIMETABLE FOR IMPLEMENTATION

9.1 The full implementation stages are set out below:

Date	Details
25/6/2020	Approval obtained by RBWM Cabinet to go out to second stage public consultation (including 14 day call-in period).
9/7/20	Call in at Overview and Scrutiny.
Mid- July 2020	Second stage of consultation launched for eight weeks.
Mid- September 2020	Findings from second stage of consultation analysed and preferred model reviewed in light of findings.
October 2020 (TBC)	Cabinet considers final report setting out the details of the implementation of the preferred model.
October 2020 (TBC)	Staffing implications approved by AfC Board.
November 2020 (TBC)	Staff consultation commences (30 days).
December 2020	Formal response to staff consultation, interview and notice periods (up to 12 weeks).
January 2021 (TBC)	Launch of new model
February 2021 (TBC)	Family Hub model fully operational.

## 10. APPENDICES

### Electronic only

- Appendix 1: Proposed Family Hub model
- Appendix 2: Draft Equalities Impact Assessment

## 11. BACKGROUND DOCUMENTS

- 11.1 All Party Parliamentary Group report on the future of children's centres:  
<https://democracy.leeds.gov.uk/documents/s150825/app%25208%2520appg%2520>  
2

## 12. CONSULTATION (MANDATORY)

Name of consultee	Post held	Date sent	Commented & returned
Cllr Stuart Carroll	Deputy Chairman of Cabinet, Adult Social Care, Children's Services, Health and Mental Health	09/06/20	10/06/20
Cllr Ross McWilliams	Lead Member for Housing, Communications and Youth Engagement	09/06/20	10/06/20
Duncan Sharkey	Managing Director	15/06/20	16/06/20
Russell O'Keefe	Executive Director	15/06/20	
Adele Taylor	Executive Director/ S151 Officer	15/06/20	15/06/20
Elaine Browne	Head of Law	09/06/20	10/06/20
Mary Severin	Monitoring Officer	09/06/20	15/06/20
Nikki Craig	Head of HR, Corporate Projects and IT	15/06/20	15/06/20
Louisa Dean	Communications	15/06/20	
Kevin McDaniel	Director of Children's Services	09/06/20	10/06/20
Hilary Hall	Director- Adults, Commissioning and Health	15/06/20	15/06/20
Karen Shepherd	Head of Governance	15/06/20	

## REPORT HISTORY

Decision type:	Urgency item?	To Follow item?
Key decision.	No .	No
Report Author:  Rachael Park-Davies, Community Services Manager  Phone: 07825 754435		

## Appendix 1

# The Proposed Family Hub Service Offer

The information below sets out what the service offer would look like if the preferred Family Hub model was implemented. Please note this has not been decided, this information is to help to understand what it would look like in practice.

## Principles

The key principles of the Family Hub model would be:

- Delivering a service that has a whole family focus, through the provision of multi-disciplinary Family Hubs situated across the borough. There would be a strong emphasis on mental health and relationship support including integration of all early help services such as education, health and the voluntary sector.
- Predominantly supporting targeted vulnerable families across the age range of 0-19 years (or age 25 years where young people have learning difficulties and/or disabilities), so that the needs of families can be coordinated in one place, regardless of the ages of their children.
- Adopting a flexible approach to service delivery whereby the focus is more on delivering services where they are needed rather than at a single location. This means some services would be delivered at hubs but other services would be delivered via outreach in collaboration with partners and the community.
- At an early stage, working in partnership with children, young people and families by supporting them to be more resilient, and by offering the right support at the right time and in the right way, so that improvements in their lives can be sustained.
- Enabling children, young people and families needing our support to tell their story only once.
- In response to community concerns about rising knife crime and County Lines activities, delivering the youth service on an outreach basis in partnership with the Police and Community Safety, with activity in specifically targeted areas where issues have been identified.
- Accepting referrals into the Family Hubs via the Single Point of Access (SPA) and undertaking a triaging exercise to ensure those most in need are prioritised, which would reduce current waiting times for accessing services.

- Working with the community and voluntary sector, including parent groups, to support them to deliver universal services where children's centre and youth centre provision is reduced.

## Services delivered

The Family Hubs would deliver a full programme of services in various venues across their community area including universal health provision; school nursing; specific sessions and groups for vulnerable families; parenting support; and opportunities for early years learning and development by continuing to host a range of activities and groups from the independent and private sector.

Families with a low level of need would be signposted to other groups in their area who could provide support (not including universal health visiting services which would remain accessible to all). This would free up resource to enable the Family Hub service offer to strengthen the focus on families with the greatest need.

The one-to-one offer would provide parents/ carers with specialised support tailored to their individual needs and the needs of their family. A skilled and knowledgeable worker would work with the family, drawing upon a variety of evidence based practice, including parenting, using a solution focused approach that would meet a range of identified complex needs. One-to-one interventions could include:

- Support for women recovering or in abusive relationships.
- Support for families who are isolated or depressed or have any other physical or mental health issues.
- Support for families in poverty, providing benefits advice and essential resources i.e. food, school uniform in partnership with local charities.
- Support for children who are developmentally delayed, or whose parents struggle to connect or play with them.

A range of approaches would be used i.e. listening; advocacy; advice/ information; motivation; signposting; positive communication; enabling; building self confidence/ self esteem; building resilience and encouraging families to access appropriate services.

This could also include direct work with young people who are at risk of homelessness. The worker would be the single point of contact for the family and would bring together a range of agencies to ensure the multiple and complex issues and barriers the family are facing are

addressed and that the parent/child is at the centre of the process. The worker would ensure the child has a voice and that their views and wishes are always taken into consideration.

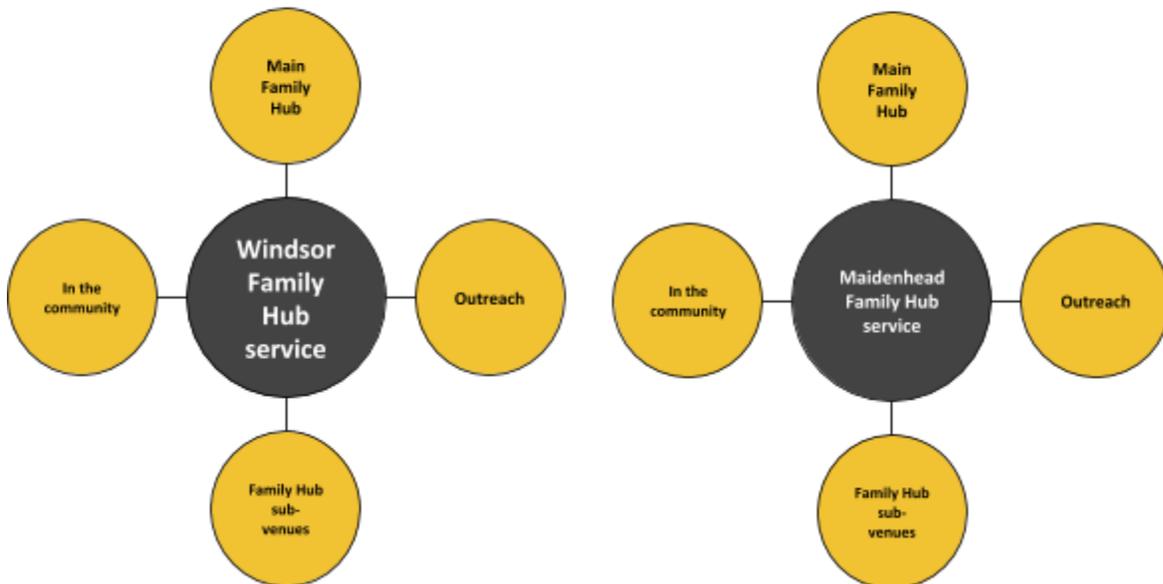
Our youth service would continue to prioritise supporting more vulnerable young people on a 1-1 basis such as those that are: involved with statutory children’s social care services; engaging in risky behaviours; or with low self-esteem. The service would also continue to support participation and engagement of children and young people, including those in care and those leaving care, and deliver parent/ carer/ professional workshops on child sexual exploitation, gangs, substance misuse and online safety, and would also provide outreach to identified hotspots in the borough, as the need is identified. In terms of universal services, the proposal is to carry on delivering sessions and workshops to pupils in partnership with our local schools.

**Location**

Services would be delivered from either:

- A main Family Hub (one in Windsor and one in Maidenhead);
- A Family Hub sub-venue (multiple across Windsor and Maidenhead).
- In the community (i.e. in a church hall, library or cafe).
- Outreach (i.e. in someone’s home; at an identified hotspot).

**Family Hub model**



Delivery would be less focused on one particular location but rather targeted at where the need is greatest. Family Hubs and Family Hub sub-venues would be used for some service delivery but much would take place in the community or via outreach. This would allow the service to be more flexible and responsive to what families really need.

**Programmes**

The Family Hubs would deliver a wide range of programmes and activities that focus on building resilience in children, young people and families. Examples are included in the table below:

Universal	Preventative	Targeted	Specialist
Full Health Visiting "Healthy Child" programme	One to one baby massage for parents at risk of postnatal depression	Triple P (positive parenting Programme)	Freedom programme for victims of domestic abuse
School Nursing "National Childhood Measurement Programme"	Access to "Baby Incredible Years" course for young or vulnerable mums of young babies	Esteem groups for young people who are unable to access mainstream youth/ Leisure services	Joey Nurture group for young children at risk of exclusion
Access to Health Visitor run new baby "Nurture Groups"	Family Links groups for Asian families	Parents as First Teachers home learning support	"Valu" programme for young people using drugs and alcohol

More detailed information about the parenting programmes that would form the central element of the Family Hub model is set out below:

**Solihull approach**  
Solihull approach is a model integrating psychotherapeutic child development and behavioural approaches for working with children and parents with sleeping, eating or toileting issues (Douglas 1999). It is well suited to the progressive universalism model of health visiting – ‘everyone gets the service, the more you need, the more you get’.  
In addition, there is an on-line resource which parents can access for free and covers pregnancy and childbirth, early years and the teenage brain.

### **Parents as first teachers**

Parents as first teachers (PaFT) programme is designed to provide intense, targeted support for parents of children from the antenatal stage up to the age of 3 years. As an early intervention programme, the intention is to work alongside parents for up to three years, usually within the family home. Qualified staff, working within the children's centres, have been trained to deliver this evidence based programme.

PaFT is a strengths model, recognising that parents are the experts on their child and addresses the root causes of child abuse: unrealistic expectations of children, feelings of isolation and parental stress. Since its inception, this programme has been subject to numerous independent evaluations. It is listed in the recent Graham Allen report<sup>t</sup> as one of 50 recognised Level 3 interventions, which have evidenced positive impact for families.

### **Webster Stratton Baby Incredible Years**

In this evidence- based programme, parents learn how to help their babies feel loved, safe and secure. They learn how to encourage their babies' physical and language development. The parenting group format fosters peer support networks and shared learning. The strategies are learnt using video clips of real life situational vignettes to support the training and stimulate parenting group discussions and practice exercises with their babies.

This course is for first time parents of babies aged 8 to 12 weeks, who are likely to need additional support (it is a referral only from partner agencies group). The group is run over a 10 week period.

### **Triple P (Positive Parenting Programmes)**

Triple P gives parents simple and practical strategies to help them confidently manage their children's behaviour, prevent problems developing and build strong, healthy relationships. Triple P is evidenced based and shown to work across cultures, socio-economic groups and in all kinds of family structures. We run a variety of parenting programmes every year. The programmes have been carefully designed and are evidence based to help and support parents.

#### Brief Triple P Intervention

A brief intervention delivered on a one-to-one basis to provide specific advice on how to solve common child developmental issues and behaviour problems. The session lasts for 20 to 60 minutes focusing on one topic and the parent will then be provided with a Triple P Tip Sheet.

#### Primary and Teen Triple P

An in-depth parenting programme which develop problem solving strategies and encourage positive relationships. These programmes run for two hours across five weeks. The programmes we currently deliver are:

- Primary: for parents of children aged 2 to 10 years old
- Teen: for parents of young people aged 11 to 17 years old

Triple P draws on social learning, cognitive behavioural and developmental theory as well as research into risk factors associated with the development of social and behavioural problems in children. It aims to equip parents with the skills and confidence they need to be self-sufficient and to be able to manage family issues without ongoing support. Also while it is almost universally successful in improving behavioural problems, more than half of Triple P's 17 parenting strategies focus on developing positive relationships, attitudes and conduct.

### **Emotional first aid for parents**

Emotional first for parents focuses on a parents' own emotional wellbeing, helping them to identify their own early warning signs of emotional distress and develop their own sense of positive emotional health and wellbeing. The course offers an overview of mental health and well-being in relation to being a parent.

In a report from the Office of National Statistics a parent is quoted as saying "A parent is only as happy as their saddest child." It is our belief that likewise a child's emotional wellbeing and resilience is a reflection of that modelled by their parents, it may create a healthier emotional environment for the family.

The course aims to explore and rediscover a sense of self, identifies early signs of emotional distress and the solutions we use to manage it. Parents gain strategies to manage their own emotional wellbeing.

### **Freedom**

The Freedom Programme is a domestic violence programme primarily designed for women as victims of domestic violence, since research shows that the vast majority of cases of serious abuse are male on female. However, the programme when provided as an intensive two day course, is also suitable for men, whether abusive and wishing to change their attitudes and behaviour or whether victims of domestic abuse themselves.

The Freedom Programme examines the roles played by attitudes and beliefs on the actions of abusive men and the responses of victims and survivors. The aim is to help them to make sense of and understand what has happened to them, instead of the whole experience just feeling like a horrible mess. The Freedom Programme also describes in detail how children are affected by being exposed to this kind of abuse and very importantly how their lives are improved when the abuse is removed.

As well as access to the evidenced based parenting groups set out in the table, the Family Hub would offer groups that respond to the needs of the local community. The priority groups would be agreed locally and based on need but could include young parents, service families, first time vulnerable parents, domestic abuse and support with language and development.

Locally, the model could look as follows (this is based on the preferred model of 11 buildings with some reduction in staffing. As the service will be demand-led, the figures included are only

an indication of activity and are based on current demand and population):

Area	Activity
Maidenhead and surrounding area: Woodlands Park, Cox Green, Larchfield, Cookham, Holyport, Hurley, Boyn Hill, Pinkneys Green.	<ul style="list-style-type: none"> <li>● Up to 58 families would be supported via 1 to 1 intensive work.</li> <li>● Up to two evidenced based parenting groups would be established.</li> <li>● Up to two priority groups would be determined locally.</li> </ul>
Windsor and surrounding areas: Eton Wick, Old Windsor, Wraysbury, Oakley Green, Dedworth, Clewer	<ul style="list-style-type: none"> <li>● Up to 58 families would be supported via 1 to 1 intensive work.</li> <li>● Up to two evidenced based parenting groups would be established.</li> <li>● Up to two priority groups would be determined locally.</li> </ul>
Ascot and surrounding areas: Sunninghill, Sunningdale.	<ul style="list-style-type: none"> <li>● Up to 32 families would be supported via 1 to 1 intensive work.</li> <li>● One evidenced based parenting groups would be established.</li> <li>● One priority groups would be determined locally.</li> </ul>

## Staffing

We would have fully integrated teams working within our Family Hub service. This would likely include: Family Hub Leads; Family Hub Coordinators; Family Hub Support Workers; Family Coaches; and Youth Workers (please note the details of the staffing model would not be finalised until after the second stage of consultation, if approved).

The staff would work as a team to support the needs of the whole family with input from other key stakeholders, including health visitors.

## Equality Impact Assessment (EIA) Form- **DRAFT**

Please use in conjunction with the [EIA toolkit](#), which has been designed to guide you through completing your EIA form.

<b>Service Area:</b>	Children and Health Services/ Early Help Services
<b>Name of service/policy/project being assessed:</b>	Transforming Community Services- Family Hubs
<b>Officer leading on assessment:</b>	Henry Kilpin, Head of Strategy and Programmes and Achieving for Children Equalities Lead
<b>Other officers involved:</b>	Rachael Park-Davies, Communities Service Manager; Lin Ferguson, Director of Children's Social Care (DCSC); Kevin McDaniel, Director of Children's Social Care; Elaine Browne, RBWM Head of Law and Deputy Monitoring Officer; Mary Severin, Monitoring Officer

### 1. Briefly describe the service/policy/project:

#### Introduction

Achieving for Children, who are commissioned to deliver Children's Services in Windsor and Maidenhead, undertook a review of existing early help services in response to the government's Life Chances agenda and the All Party Parliamentary Group report on the future of children's centres:

<https://democracy.leeds.gov.uk/documents/s150825/app%25208%2520appg%252>

The intention was to better understand the developing approach to children's centre and youth centre service delivery. Based on this, a preferred model has been developed which would see services reorganised into Family Hubs. This approach aligns with national and regional evidence,

including the report noted above, and would enable the service to effectively meet the needs of the most vulnerable children, young people and families whilst providing value for money.

This model is preferred as it would deliver a number of benefits in Windsor and Maidenhead including the opportunity to:

- Strengthen the focus on children, young people and families that most need support through early intervention to increase resilience and reduce the need for statutory social care involvement. This would contribute to reducing the time that some vulnerable families who need support have to wait for a service, as occurs in the current model.
- Build on the success of the Healthy Child Programme by continuing to deliver a universal health visiting service that can be accessed by all families (please note that universal health visiting is funded directly by Public Health England and not from the same funding stream as children's centres and youth centres and as such, this funding will be unaffected).
- Move away from traditional models of service delivery focused on particular static sites with lots of fixed assets that require maintaining. These are no longer considered effective and so the preferred option is to move to a more flexible and responsive approach that brings services to those who need them i.e. outreach in the community and in the home. The needs of families are not static and often fluctuate over time. It is therefore essential that the proposed model is able to respond to these needs in a new way, so that families are not expected to travel across the borough to access services from fixed buildings.
- In line with the above point, set up flexible and time limited outreach services on a smaller, more local scale, when intelligence suggests this is required in particular areas, e.g. work on knife crime.
- Support local communities so that they can develop universal provision in particular areas by providing advice and guidance on the effective delivery of services to children, young people and families and by working with them to identify potential community sites that could be used for service delivery, should leases for particular buildings be discontinued.
- Deliver better impact for families from the £3.5m that will still be spent on early help services as the hub model would allow the discontinuing of leases on buildings in the early help portfolio that are no longer fit for purpose and would enable a staff remodelling which would better align with the proposed approach.

### **Background to the decision**

A report setting out proposals relating to early help services in Windsor and Maidenhead was considered at Cabinet on 30 April 2020 and agreed by Councillors. This decision was subject to call-in and then the report was taken to Overview and Scrutiny Panel on 14 May 2020. It was resolved at the Overview and Scrutiny Panel that:

1. It be noted that the Head of Law had reviewed the Cabinet's decision made on April 30th, what had been said at the Overview and Scrutiny Panel meeting on May 14th, and the reasons for the call in, and had concluded that the decision complied with the law and did not conflict with the Council's Access For All policy;
2. The Cabinet paper of April 30th will be brought back to Cabinet in June setting out a consultative pathway;
3. The results of a further consultation process and recommendations for a decision will be brought to the Cabinet in July or August.

It was agreed at the Cabinet meeting on 28 May 2020 that the report would be 'put aside' and re-presented to Cabinet on 25 June 2020 to allow time for the further details required for clarity of the next steps to be added. As part of this, the EIA has been revisited and re-drafted to take into account the new report that will be considered at Cabinet.

Should the report at Cabinet on 25 June 2020 be approved, then the next step would be to undertake a further public consultation exercise. The proposed details of this are set out in the consultation section of this assessment. If this is approved, then the intention will be to develop a final preferred model for consideration by Cabinet in October 2020, based on the findings of the consultation. If this was then approved, implementation of the new model would be in early 2021.

### **Proposed service delivery**

As set out previously, the preferred model is to bring together services being run by children's centres, youth centres, the parenting service, health visitors, school nurses and the family resilience service so that residents can get all the help they need from one Family Hub. It is important to emphasise however that this does not mean that residents will get this support from one building. Alternatively the Family Hub model will act as a single point to coordinate services for vulnerable families.

The preferred model would be to establish two main Family Hubs - one in Windsor and one in Maidenhead. In addition, there would be a number of sub-venues across both Windsor and Maidenhead. Children's centre services and youth services would be delivered from these venues, other community venues, in people's homes and via other outreach in the community.

The key principles underpinning the preferred model include:

- Delivering a service that has a whole family focus, through the provision of multi-disciplinary Family Hubs situated across the borough. There would be a strong emphasis on mental health and relationship support including integration of all early help services such as education, health and the voluntary sector.
- Predominantly supporting targeted vulnerable families across the age range of 0-19 years (or age 25 years where young people have learning difficulties and/or disabilities), so that the needs of families can be coordinated in one place, regardless of the ages of their children.
- Adopting a flexible approach to service delivery whereby the focus is more on delivering services where they are needed rather than at a single location. This means some services would be delivered at hubs but other services would be delivered via outreach in collaboration with partners and the community.
- At an early stage, working in partnership with children, young people and families by supporting them to be more resilient, and by offering the right support at the right time and in the right way, so that improvements in their lives can be sustained.
- Enabling children, young people and families needing our support to tell their story only once.
- In response to community concerns about knife crime and County Lines activities, delivering the youth service on an outreach basis in partnership with the Police and Community Safety, with activity in specifically targeted areas where issues have been identified.
- Accepting referrals into the Family Hubs via the Single Point of Access (SPA) and undertaking a triaging exercise to ensure those most in need are prioritised, which would reduce current waiting times for accessing services.
- Working with the community and voluntary sector, including parent groups, to support them to deliver universal services where children's centre and youth centre provision is reduced.

The Family Hubs would deliver a full programme of services in various venues across their community area including universal health provision; school nursing; specific sessions and groups for vulnerable families; parenting support; and opportunities for early years learning and development by continuing to host a range of activities and groups from the independent and private sector.

Through the first stage of consultation with residents and stakeholders we have learned that respondents see the key priority as one to one work with families, particularly those with younger children or children with additional needs. Building community resilience was also a common theme and so we would ensure that this would be an integral aspect of the model. By building community resilience and maintaining the 0-5 Healthy Child Programme, it is anticipated that families who need additional support would be identified and offered support at an early stage.

As part of the implementation, we would review our programme of activities to ensure that where possible, we are able to continue those sessions that support groups most in need, for example, groups for parents with children with additional needs and targeted sessions for hard to reach Black, Asian and Minority Ethnic (BAME) families in the community.

Our youth service would continue to prioritise supporting more vulnerable young people on a 1-1 basis such as those that are: involved with statutory children's social care services; engaging in risky behaviours; or with low self-esteem. The service would also continue to support participation and engagement of children and young people, including those in care and those leaving care, and deliver parent/ carer/ professional workshops on child sexual exploitation, gangs, substance misuse and online safety, and would also provide outreach to identified hotspots in the borough, as the need is identified. In terms of universal services, the proposal is to carry on delivering sessions and workshops to pupils in partnership with our local schools.

Whilst the expertise/specialism of each service will remain, the delivery would be fully integrated to best match the needs of the local community. Subject to consultation, to achieve an integrated Family Hub model we would propose to:

Activity	Details	Benefits and impact
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<p>Continue to deliver universal health provision</p>	<p>There would be no changes to the universal health provision that is currently delivered. This includes:</p> <ul style="list-style-type: none"> <li>● Full Healthy Child Programme, offering every family 5 health reviews in the first 3 years (crucial first 1000 days) of their child’s life and a range of support services in the community, i.e. drop in clinics, new baby groups.</li> <li>● School nursing service which provides support with long term conditions and universal support for pupils in school.</li> <li>● Home visiting support for families whose child is developmentally delayed, socially isolated or living with other vulnerabilities.</li> </ul>	<p>Health services were rated as one of the most popular services delivered by children’s centres in the stage one public consultation exercise.</p> <p>All families would still be able to access universal health support to give their children the best start in life.</p>
<p>Deliver outreach work more flexibly and in a greater number of locations to reach people who are not currently accessing provision.</p>	<p>We would extend our outreach work and focus on delivering services in the community, rather than at a specifically designated children’s centre or youth centre buildings.</p> <p>This would enable us to engage more with hard to reach groups by delivering programmes from a range of local venues such as schools, leisure and community centres, partner properties and other community locations.</p>	<p>The intention is to increase the amount of outreach work we do by freeing up staff from the management and maintenance fixed assets, such as buildings.</p> <p>This approach would strengthen the focus on the most deprived areas with the highest level of need. It would also mean we are better able to reach those families who are not currently accessing our services.</p> <p>It would also enable us to move away from the traditional delivery of youth services i.e. drop in sessions at a centre which have proven less and less popular over recent years, towards a more flexible approach whereby we take services to the young people, where this is needed most. This should lead to increased engagement with those more vulnerable children and young</p>

		<p>people. This would be a blended model of face-to-face and virtual intervention, as many young people prefer this model of engagement.</p>
<p>Reduce the number of designated children’s centres delivery sites from 13 to six and youth centres from nine to three.</p>	<p>By delivering more services through outreach, in people’s homes and other community venues, we would be less reliant on children’s centre and youth centre buildings.</p> <p>Detailed analysis of current usage of children’s centres has enabled us to identify which centres could be closed with the least impact. We propose to maintain those centres that are:</p> <ul style="list-style-type: none"> <li>● Well used by residents.</li> <li>● Best equipped to meet the future needs of the service.</li> <li>● Located close to areas of relative deprivation.</li> <li>● Well-placed for public transport or with good parking facilities.</li> <li>● Wheelchair and pushchair accessible.</li> <li>● Able to offer good value for money in terms of rental costs.</li> <li>● Aligned with the RBWM new climate/ environmental strategy.</li> </ul> <p>This could save c£60,000 in the running costs of managing 10 sites rather than 22.</p>	<p>This would mean a reduction in the quantity of children’s centre and youth centre buildings that we work from.</p> <p>It would also mean that families or young people whose nearest children’s centre or youth centre is earmarked for closure would have further to travel to visit a centre.</p> <p>We would mitigate against some of the impact of these changes by:</p> <ul style="list-style-type: none"> <li>● Adopting a new, more responsive and flexible service.</li> <li>● Providing more services through outreach at alternative venues in the community, including people’s homes.</li> <li>● Working more closely with community and voluntary sector groups to support them to deliver universal provision, where appropriate.</li> <li>● Signposting young people or families who may no longer be able to access universal services to alternative providers. An asset map is being put together.</li> </ul> <p>As part of the initial consultation we have already asked users views on which services they most value and we would prioritise these when putting together the service offer for 2020-21 and beyond.</p>

<p>Deliver a wider range of services for families coordinated from the remaining centres which prioritises those most in need</p>	<p>For the remaining buildings we would coordinate a more family-focused offer, by bringing together a range of services, for example, health services, family support, support for childminders, and responsive outreach.</p> <p>As part of this we would continue to deliver the specific services and groups for children with additional needs and their families; for women at risk of or living with domestic abuse; for first time or young or vulnerable parents; for families involved in statutory social care; for care leavers including those who are parents; for childminders and the children in their care; for parents in need of mediation or support with parental conflict; and for parents with poor mental health.</p>	<p>Although the proposals in this consultation would result in a reduced universal early help offer, we propose to mitigate against some of the impact by bringing more services together in a more coordinated way, thereby enabling families to access more of the support they would most benefit from.</p> <p>This would mean that those needing targeted support such as information about domestic abuse and health guidance, would be more likely to access it.</p> <p>Where specific issues arise in particular areas, for example, a rise in knife crime, we would deliver targeted support in that area which would be accessible for all.</p>
<p>Strengthen partnerships with local community and voluntary groups</p>	<p>We would work with the local community and voluntary sector to identify those groups and/or individuals who are willing and able to run universal sessions for children, young people and families. We would provide advice and guidance to enable them to establish sessions accessible to all. This could include supporting parents to deliver sessions and / or support themselves where possible.</p> <p>We would also develop a directory of resources which will include local organisations offering universal and targeted support. We would use this to signpost children, young people and families to the support they need in the wider community. The intention would be to make the directory easy to navigate and we would seek to provide additional online resources including self-help</p>	<p>Local community and voluntary sector organisations could deliver some of the universal services that are not proposed as part of the new model, thereby ensuring all families are able to access some level of provision.</p> <p>By providing advice and guidance to these groups, we would be equipping the local community with greater knowledge and skills, in order to build resilience within communities..</p>

	tools which have become more prevalent during the current pandemic.	
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### **Staffing**

Should the second stage of consultation be approved, a final model would be developed shaped by the feedback. If this final model was then approved, a review of staffing would be undertaken to ensure that the staff model aligns with the Family Hub approach.

The Family Hub model would see a move from three separate teams (children’s centres, family resilience and youth services), each with their own management structure, priorities and specific roles, to a Hub team which would have a range of skills and expertise but seek to work to meet the needs of the whole family.

This would require change to the service which would involve all members of staff and we would expect a reduction in staffing numbers. This is because we would require a smaller number of workers as the focus would be on need rather than maintaining poorly- attended drop in sessions or maintaining buildings. However we would aim to retain the talent, skills and experience of our specialist workers.

The final details of these staffing changes would not be finalised until the whole model had been approved. Any reduction in staffing would contribute to achieving the efficiency target of £600,000 that is allocated to the project.

### **Sites**

As part of the review of early help services and the development of the preferred model, we have considered all existing service delivery sites and made proposals for how these sites could be used going forward.

We have a number of criteria against which we have reviewed the sites. Although proposals have been suggested, these have in no way been finalised and would be subject to the second stage of consultation as set out in the recommendations and a Cabinet decision. The final proposals would then follow from any Cabinet decision.

We are proposing to retain sites that meet a number of the following criteria:

- Well used.
- Best equipped to meet the future needs of the service.
- Located close to areas of relative deprivation.
- Well-placed for public transport or with good parking facilities.
- Wheelchair and pushchair accessible.
- Able to offer good value for money in terms of rental costs.
- Aligns with the emerging Council Asset Strategy.

We are proposing to discontinue leases on centres that meet a number of the following criteria:

- Are situated in areas where they are no longer the most needed.
- Are too small or too expensive to run and are not equipped to meet the future needs of the service or the Council's climate priorities.
- Are under-used compared to other centres.
- Are unable to offer additional service i.e. health clinics, due to lack of space or lack of accessibility.
- Are potentially able to be used by parents, community or voluntary groups to deliver sessions independently.

The table below provides a summary of which centres could be retained and which could be discontinued (subject to the second stage of consultation), based on the criteria outlined above, along with some key information about each site. However whilst some service delivery could take place in the sites that are recommended for retention, the key principle of this model is that services would be delivered in a range of venues across the borough, coordinated by staff operating out of these sites.

For clarity it should be noted that this table is for illustrative purposes to assist Cabinet in clearly understanding the decision that is being asked to consider. Councillors are not being asked to approve the retention or discontinuing the lease on any buildings. No final recommendation about the retention or discontinuing the lease on any building has been made.

Please also note that the references to distances between different centres and between centres and public transport have been made based on directions from postcode to postcode on foot using Google Directions. Councillors Carroll and McWilliams have also checked some of these distances as part of their visits to each centre.

Building	Proposed action	Preliminary Rationale
<b>Children's centres</b>		
Datchet Children's Centre SL3 9EJ	Retain as sub-venue in Windsor.	Meets the accommodation requirements for the preferred Family Hub model; close to areas of relative deprivation; good transport links- 200 feet to nearest train station; accessible facilities; low rental cost; high footfall.
Larchfield Children's Centre SL6 2SG	Retain as sub-venue in Maidenhead.	Meets the accommodation requirements for the preferred Family Hub model; close to area of relative deprivation; good transport links- 0.9 miles to nearest train station; accessible facilities; low rental cost; high footfall.
Manor Children's Centre/ Youth Centre SL4 5NW	Retain as sub-venue in Windsor.	Meets the accommodation requirements for the preferred Family Hub model; close to area of relative deprivation; accessible facilities; high footfall.
Poppies Children's Centre SL4 4XP	Retain as sub-venue in Windsor.	Meets the accommodation requirements for the preferred Family Hub model; well positioned for targeted interventions on the army estate; accessible facilities; high footfall.
Riverside Children's Centre SL6 7JB	Retain as main Family Hub in Maidenhead.	Meets the accommodation requirements for the preferred Family Hub model; central location; good transport links- within 0.6 miles of nearest train station; accessible facilities; high footfall.
Eton Wick Children's Centre	Discontinue lease.	Limited space available making it unsuitable for future use; no designated disabled parking; low footfall.

SL4 6JB		
Pinkneys Green Children's Centre/ Youth Centre  SL6 5HE	Discontinue lease.	Limited space available making it unsuitable for future use; close to other provision- Marlow Youth Centre and Riverside Children's Centre both within 1.6 miles; potential interest from local voluntary and community groups to deliver services at the site; low footfall at youth service sessions.
The Lawns Children's Centre  SL4 3RU	Discontinue lease.	Limited space available making it unsuitable for future use; only open during term-time; close to other provision- Manor Children's Centre/ Youth Centre within 0.5 miles; access via a footbridge- wheelchair users and those with mobility issues may need help to access.
Woodlands Park Village Centre Children's Centre  SL6 3GW	Discontinue lease.	Limited space available making it unsuitable for future use; limited transport links- 2.7 miles away from nearest train station; potential interest from local voluntary and community groups to deliver services at the site.
<b>Children's centre satellite sites</b>		
Low Ropes Activity Course at Beech Lodge  SL6 6QL	Retain as sub-venue.	No other similar provision available locally; could be used for targeted groups; no rental cost- low maintenance cost.
Maidenhead Nursery School  SL6 7PG	Retain as sub-venue.	Meets the accommodation requirements for the preferred Family Hub model; good transport links- nearest train station within 0.2 miles; accessible facilities; no rental cost.
South Ascot	Retain as sub-venue.	Meets the accommodation requirements for the preferred Family Hub model; good

SL5 9EB		transport links- nearest train station within 0.3 miles; accessible facilities; low rental cost.
Old Windsor SL4 2PX	Discontinue lease	Limited space available making it unsuitable for future use; limited transport links- nearest train station is 2 miles away; low footfall.
Wraysbury Village Hall TW19 5NA	Discontinue lease	Limited space available making it unsuitable for future use; low footfall.
<b>Youth centres</b>		
Marlow Road Youth Centre SL6 7YR	Retain as sub-venue in Maidenhead.	Meets the accommodation requirements for the preferred Family Hub model; good transport links- nearest train station is within 0.6 miles; high footfall.
Windsor Youth Centre SL4 3HD	Retain as main Family Hub in Windsor.	Meets the accommodation requirements for the preferred Family Hub model; good transport links- nearest train station is within 0.7 miles; external hires ensure that the centre runs as cost neutral; high footfall.
Charters Youth Centre SL5 9QY	Discontinue lease.	Limited space available making it unsuitable for future use; school has requested site reverts back to school use; low footfall.
Datchet Youth Centre SL3 9HR	Discontinue lease.	Limited space available making it unsuitable for future use; close to other provision- within 0.4 miles of Datchet Children's Centre; low footfall.
Eton Wick Youth Centre	Discontinue lease.	Limited space available making it unsuitable for future use; high rental cost; low footfall.

SL4 6LT		
Larchfield Youth Centre SL6 4BB	Discontinue lease.	Limited space available making it unsuitable for future use; close to other provision- within 0.4 miles of Larchfield Children’s Centre; steadily reducing footfall.
<b>Other buildings</b>		
Maidenhead Project Centre, Reform Road SL6 8BY	Discontinue lease and staff move sites	Limited space available making it unsuitable for future use; potentially part of RBWM regeneration plans; high rental cost.
Outdoor provision in Hurley SL6 5ND	Transfer to community provider to maintain.	Limited space available making it unsuitable for future use; potential interest from a community provider to maintain the provision- would seek access for targeted groups as part of new arrangement.

**2. What sources of information have been used in the preparation of this equality assessment? (e.g national research, JSNA, user feedback)**

<b>Information Source</b>	<b>Description and outline of the information source</b>
Business case for early help transformation- autumn 2019	Report to RBWM Council to seek approval to undertake a public consultation on the proposed changes to early help services.
Windsor and Maidenhead children’s centre scorecards- Q3 2019-20	Data relating to the use of children’s centres across RBWM.
Early help impact report- January 2020	Annual report setting out the impact of early help services provided by Achieving for Children across RBWM.

Windsor and Datchet Hub and Maidenhead Hub datapack- Q3 2019-20	Data relating to the needs of the community in RBWM- including the children's centre users.
Achieving for Children Annual Equalities Report 2018-19	Annual report setting out how Achieving for Children met the public sector equality duty in 2018-19.

### 3. Analysis of Impact

Protected Group	Impact (mark with an 'X')			Include Data and Analysis
	Positive	Negative	None	
<p><i>Data presented below mainly relates to users of children's centres and youth centres. Where additional information is known about the users of the others services included within the proposed changes, this has been noted.</i></p> <p><b>Children's centres</b></p> <ul style="list-style-type: none"> <li>• <i>During 2018-19, there were 20,266 attendees to the centres across the boroughs.</i></li> </ul> <p><b>Youth Service</b></p> <ul style="list-style-type: none"> <li>• <i>There are expected to be over 28,000 attendees to youth provision during 2019-20 (predicted based on data up to quarter 3 2019-20).</i></li> <li>• <i>Of these, over 7,000 are expected to be individuals regularly attending activities.</i></li> <li>• <i>There have been 4,234 participants at training delivered by the youth service with 90% rating it as beneficial to them.</i></li> </ul>				
Age	X	X		<p><b>Data</b></p> <p><u>Background</u></p> <p>There are 36,198 children and young people in Windsor and Maidenhead with the largest group within the 0-19 population being those aged five to nine years old.</p>

Service users

Data relating to the age of children's centre attendees and youth centre users is not routinely collected. However, the data that is available shows that in relation to children's centres:

- in the Windsor and Datchet area (which includes the following children's centres: Lawns; Little Cygnets in Ascot, Datchet, Eton Wick and Old Windsor; Poppies; and the Manor) there is a 0-4 population of 4,209. On average, 86% of children and within the reach areas for these centres are registered (3,627 out of 4,209).
- in the Maidenhead area (which includes the following children's centres: Larchfield; Pinkneys; Riverside; and Woodlands Park) there is a 0-4 population of 4,586. On average, 72% of children within the reach areas for these centres are registered (3,295 out of 4,586).

Given that centres are aimed at children aged 0 to five, the assumption can be made that children in attendance are in that age bracket.

For the youth service, available data and anecdotal evidence indicates that there is an equal split between users who are aged between eight and 16. It is also worth noting that currently the service holds specific sessions depending on age- separate youth club sessions are held for seven to 12 year olds and for young people aged 13 to 19 years old.

**Impact**

Given that children's centre provision is aimed at children aged 0-5, the proposals will impact on this age group. Similarly, youth services are primarily aimed at children and young people aged eight to 16 so they too will be impacted.

Should the proposals be approved, there would likely be a negative impact on the children and young people and families who attend universal sessions at the children's centres or youth centres and those that attend centres that may not be retained. We would mitigate against some of the impact of these changes by:

- Adopting a new, more responsive and flexible service.
- Providing more services through outreach at alternative venues in the community.
- Working more closely with community and voluntary sector groups to help them build resilience.
- Signposting young people or families who may no longer be able to access universal services to alternative providers.

In addition, it is worth noting that there would be no changes to the universal health provision that is currently delivered. This includes:

- Full Healthy Child Programme, offering every family 5 health reviews in the first 3 years (crucial first 1000 days) of their child's life and a range of support services in the community, i.e. drop in clinics, new baby groups.
- School nursing service which provides support with long term conditions and universal support for pupils in school.
- Home visiting support for families whose child is developmentally delayed, socially isolated or living with other vulnerabilities.

This would ensure that all families receive some level of support from the Family Hub model, even if they do not receive targeted services.

			<p>There is not likely to be any impact on those children or young people and families who attend the centres that would remain or who access targeted services via outreach in the community or at home.</p> <p>Overall however, the preferred model would offer significant benefits to children, young people and families who are considered disadvantaged and who will receive a more holistic service that better meets their needs. For example, currently, there is a waiting list for families wanting to access targeted support. The strengthened focus on those who most need support as proposed in the Family Hub model would contribute to reducing these waiting lists, meaning help can be offered at an early stage. This could help to reduce the number of families experiencing more entrenched difficulties, thus requiring statutory intervention at a later date.</p>
Disability	X		<p><b>Data</b></p> <p><u>Background</u></p> <p>There are 933 children and young people with a Statement of Special Educational Need (SEN) or Education, Health and Care Plan (EHCP) in Windsor and Maidenhead. In terms of primary need, in Windsor and Maidenhead, 35.7% have Autistic Spectrum Disorder (ASD); 18.0% have Speech, Language and Communication Needs (SLCN); and 12.4% have Social, Emotional and Mental Health (SEMH) needs. ASD is the most common primary need nationally.</p> <p><u>Service users</u></p>

			<p>Data relating to families with disabled children and families with a disabled parent/ carer accessing children’s centres is not routinely collected. However, currently the centres provide a range of support aimed at families with a child with SEND. This includes:</p> <ul style="list-style-type: none"> <li>● School nursing services including enuresis clinics and support with long term conditions i.e. asthma, epilepsy;</li> <li>● Specific services and groups for children with additional needs and their families, i.e. Joey Nurture Group;</li> <li>● links to the voluntary or charitable sector to provide specialist family support i.e. parenting special children organisation which provides parenting support for parents of children with autism or attention deficit disorder.</li> </ul> <p>These sessions are well-attended so it can be assumed that a proportion of users do have children with a disability.</p> <p>In the youth service, available data and anecdotal evidence suggests that universal services are not accessed by many children and young people with a disability. However, specific sessions held for those with a disability are usually well-attended.</p> <p><b>Impact</b></p> <p>The Family Hubs would continue to provide support for families with children with special needs. This would see a continuation of the services currently delivered in children’s centres, as set out above. In addition, by focusing on those most in need, more families who have children with SEND or families with parents with a disability, may be able to access services.</p>
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			<p>For example, this could include sessions specifically targeted at families who have a child with a disability, or parents receiving support for mental health issues.</p> <p>Staff will work with any families who may attend children’s centres that may not be retained to identify alternative accessible venues to attend sessions- either in other centres or in outreach sites including their home. This will take into account any mobility issues relating to the parent or child. It should also be noted that in developing proposals for retaining or discontinuing leases on buildings, criteria considered included accessibility, parking for those with a disability and proximity to public transport.</p> <p>The youth service will continue to provide specialised sessions for children and young people with disabilities. Any children and young people with disabilities who regularly attend universal services will be supported to identify other activities to participate in.</p> <p>Given the established link between disability and poverty (research in 2016 indicates that half of people in poverty are disabled or live with a disabled person), the strengthened focus on the most vulnerable families and hard to reach families is likely to have a positive impact on those families with a parent or carer who has a disability.</p>
Gender (Sex)	X	X	<p><b>Data</b></p> <p><u>Background</u> The gender breakdown of males and females aged 0-19 is almost 50/50 across the borough.</p> <p><u>Service users</u></p>

			<p>Data relating to the gender of parents/ carers and the children and young people that attend children’s centres is not routinely collected. However, it can be assumed that the largest majority of parents and carers attending are female as they generally remain the primary carer.</p> <p>In terms of youth service participants, available data and anecdotal evidence suggests that around 75% are male and 25% are female.</p> <p><b>Impact</b></p> <p>Potential changes to the children’s centre service are likely to have more of an impact on females as these services are predominantly taken up by women as the primary carers as set out above. It is worth noting however that fathers are actively encouraged to engage in services and additional groups for fathers are run. Staff would work with any families who may attend children’s centres that may be closed, to identify alternative venues to access services- either in other centres or at outreach sites.</p> <p>The potential changes to youth centres are more likely to impact on males given the gender split in terms of users. Again, support would be provided to identify other participation opportunities available to children and young people should the universal provision be discontinued.</p> <p>Although it is recognised that there will be some negative impact on gender- both male and female- due to the reduction in universal services, overall the impact is expected to be positive given the proposed mitigation i.e. greater involvement of the community and voluntary sector in the delivery of services; and greater use of outreach and community venues. In addition, the strengthened focus on those who are most in need of support, such as single parent families and young people engaging in risk behaviour at locally</p>
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			<p>identified hotspots, will ensure the new model is contributing to increasing equality of opportunity for those who have struggled to access provision previously.</p>
<p><b>Gender reassignment</b></p>		<p><b>X</b></p>	<p><b>Data</b>  The children’s centres and youth centres do not collect information relating to gender reassignment.</p> <p>However, the youth service does provide support to young people who may be transgender. For example, transgender young people have been part of residential trips organised by youth workers to build confidence and self-esteem.</p> <p>In addition, the service delivers gender and identity training. Between April and December 2019, 187 participants attended this training and 82% felt the training was beneficial to them.</p> <p><b>Impact</b>  Gender reassignment is considered of low relevance to this equality assessment. However this will be kept under review.</p> <p>It is worth noting that the youth service would continue to work with young people who may be transgender or considering transitioning. This would not change as a result of the proposed new model.</p> <p>There would also be an expectation that all staff within early help have an understanding of transgender and gender identity when working with users accessing services.</p>

<p><b>Marriage and civil partnership</b></p>			<p><b>X</b></p> <p><b>Data</b> Information relating to marriage and civil partnership is not collected by any of the services proposed to undergo change.</p> <p><b>Impact</b> Marriage and civil partnership is considered of low relevance to this equality assessment. However this will be kept under review.</p>
<p><b>Pregnancy and maternity</b></p>	<p><b>X</b></p>		<p><b>Data</b> Children’s centres provide services to expectant and new parents although data is not available in relation to numbers.</p> <p><b>Impact</b> Although the services that may be affected by the proposed changes are considered to be of high relevance to pregnancy and maternity, the impact of the changes is not likely to be significant. Children’s centres would continue to offer post-natal health services to parents. For example, as part of the Full Health Child Programme, families will be offered five health reviews in the first three years (crucial first 1,000 days) of their child’s life and a range of support services in the community, i.e. drop in clinics , new baby groups. It is worth noting the location of some sessions may alter and may be accessible via outreach or community venues rather than children’s centres.</p> <p>In addition, specific services and groups for first time or young or vulnerable parents i.e. Baby Incredible Years programme would continue to be offered regardless of whether the proposed changes are implemented. In addition, support for care leavers, including those who are parents, would continue to be provided.</p>

			<p>Overall then, given that the majority of pregnancy and maternity services would continue, albeit potentially in different locations, and there would be increased focus on those most in need such as young or vulnerable parents, the overall impact is expected to be positive.</p>
Race/ethnicity	X		<p><b>Data</b></p> <p><u>Background</u> 20.0% of children and young people from Windsor and Maidenhead (this total includes 'White Other') are from a Black, Asian or Minority Ethnic (BAME) background. 80.0% of children and young people in Windsor and Maidenhead are White British. In Windsor and Maidenhead the 0-19 population is less diverse than the overall population with 22.0% of the overall population from a BAME background.</p> <p><u>Service users</u> Children's centres and the youth service do not routinely collect data relating to race/ethnicity.</p> <p>However, in recognition that some BAME groups in the community are hard to reach and may not be accessing services, the children's centres service have established specific and targeted sessions to engage with families from a BAME background. This has included, for example, working with 108 Asian women in Maidenhead to celebrate and build on their achievements in overcoming barriers to achieve better outcomes for their children; and successfully organising a beach trip in the summer of 2018 for 136 asian</p>

			<p>women and children from the borough. These services will continue should the new proposed model be implemented.</p> <p>In terms of the youth service, available data and anecdotal evidence suggests that the majority of users are White British with a small number from an Afro-Caribbean background or from other BAME ethnic groups.</p> <p><b>Impact</b></p> <p>The new proposed model, with a greater targeted approach for families most in need, would have a positive impact on those from a BAME background given the proven link between ethnicity and poverty. Research has shown that poverty is higher among all black and minority ethnic groups than among the majority white population (<a href="https://www.jrf.org.uk/sites/default/files/jrf/migrated/files/poverty-ethnicity-evidence-summary.pdf">https://www.jrf.org.uk/sites/default/files/jrf/migrated/files/poverty-ethnicity-evidence-summary.pdf</a>). The proposals recognise this as the intention is to maintain centres located close to the areas with the highest levels of deprivation in the borough. As families from a BAME background are more likely to be vulnerable and are more likely to live in areas of deprivation, the increased focus on those most in need would help to ensure these families receive the support they require. The intention is also to continue to deliver the sessions targeted at specific hard to reach groups in the BAME community to ensure they are able to access services.</p> <p>If any BAME families are impacted by the proposed closures, the service would work in a culturally sensitive way to identify opportunities to access services at other centres or at outreach sites.</p> <p>In terms of the youth service, as with children’s centres, given the link between ethnicity and poverty, the continued focus on vulnerable young people should ensure those from</p>
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			<p>a BAME background receive the additional support that they need, as they are statistically more likely to need help. For example, nationally it is known that BAME young people are disproportionately represented amongst the children in care cohort. As part of the offer going forward, the youth service will continue to deliver 1-2-1 support to children in care.</p> <p>More generally, the new Family Hubs would be delivered in such a way that the needs of families from diverse ethnic backgrounds can be met, based on demographic information in the local area.</p>
<p><b>Religion and belief including non-belief</b></p>		<p><b>x</b></p>	<p><b>Data</b> Data relating to religion and belief is not collected by the children’s centres or youth centres.</p> <p><b>Impact</b> Religion and belief is considered to be of low relevance to the proposals. However this will be kept under review.</p> <p>The children’s centres and youth centres are open to all religious backgrounds and staff are expected to understand and respect a range of religions and beliefs and what they may mean for families i.e. diet. Achieving for Children would continue to take into account the use of certain local buildings for outreach services in relation to religion to ensure people do not feel unable to take part.</p>

			<p>It is also worth noting that we would continue to deliver events to celebrate the diversity of our communities. For example, the intention is to repeat successful events held previously:</p> <ul style="list-style-type: none"> <li>● In the summer of 2018, over 100 families attended Riverside Children's Centre Family Fun Day to celebrate Eid in Windsor and Maidenhead. The Mayor and Mayoress joined in the festivities and families celebrated with food, Bollywood dancing and a mini-farm. The health visiting team also delivered a quiz highlighting the importance of home safety and accident prevention.</li> <li>● During the past 2018-29, 250 participants from the Muslim community attended personal development and parenting groups linked to Islamic values for both men and women. The aim has been to improve engagement with multi-faith communities. Work has also been undertaken with the community to set up Muslim youth groups and work alongside local and national Christian and Jewish leaders to organise multi-faith events for women.</li> </ul>
Sexual orientation		X	<p><b>Data</b> Data relating to sexual orientation is not collected by the children's centres or youth centres.</p> <p>However, anecdotal evidence from the youth service suggests around 10% of participants are Lesbian, Gay, Bisexual or Transgender (LGBT).</p> <p><b>Impact</b> Sexual orientation is considered to be of low relevance to the proposals. However this will be kept under review.</p>

				In addition, there will be an expectation that children’s centre and youth work staff have an understanding and respect the sexual orientation of users of the children’s centres and youth service provision. If there was a need to deliver a bespoke group, this will be considered.
Other i.e. carer, or those on a low income	X			Data shows that there are 9.3% of children in Windsor and Maidenhead who are living in poverty (compared to the national average of 19.9%). By targeting services at vulnerable families in or close to the areas of deprivation in the borough, the Family Hubs would be accessible by those who most need support. This may include lone parent families, families from a workless household and families who receive benefits.

**What consultation have you undertaken in the development of this policy/ project or with stakeholders or critical friends?**

*Outline the consultation method and what feedback has been received*

**Background to the first stage consultation**

Following approval at November 2019 Cabinet to undertake a public consultation on the transformation of our early help services into an integrated Family Hub model, a consultation process was undertaken The consultation process sought to:

- Ascertain the views of the public on transforming early help services into integrated Family Hubs for 0-19 year olds.
- Ascertain the priorities of those likely to be most affected by the proposed changes.

**Consultation methodology**

RBWM residents were consulted on the proposed changes to the delivery of early help services through a variety of methods:

- A 12-week online survey, which launched on Monday 6 January 2020 and closed on Monday 30 March 2020. Paper copies of the survey were made available at libraries and current early help service sites. Paper copies submitted made up approximately 10% of the overall survey.
- Six public focus group sessions held at Children’s and Youth Centres across the Royal Borough. It is worth noting that a seventh session was planned to take place in South Ascot on 18 March 2020, but due to the COVID-19 pandemic this had to be cancelled. The list of sessions that were held is below:
  - Woodlands Park Children’s Centre (13 January 2020);
  - Windsor Youth Talk (21 January 2020);
  - Pinkneys Green Youth & Community Centre (3 February 2020);
  - Datchet Children’s Centre (8 February 2020);
  - Riverside Children’s Centre (22 February 2020); and
  - The Manor, Dedworth (4 March 2020)

### **Consultation results**

During the 12-week consultation, 501 responses were received. This number takes into account paper copy responses. This is a relatively strong response rate. By comparison, Buckinghamshire County Council received 752 responses to their own equivalent 12-week public consultation from a population approximately four times the size.

In addition to the online questionnaire, we held six public consultation focus groups and two staff workshops. While most respondents recognised the need to prioritise one to one support for our most vulnerable families, there were concerns about how other families would find other support.

The vast majority (88%) of responders to the survey identified themselves as female within the age range of 25-49 years (80%). 84% described themselves as ‘parent/carers’ with most (60%) having children under the age of 5. Over three-quarters (79%) were based in Windsor or Maidenhead towns with 42% of respondents declaring a household income of £30,000 or less which is lower than the median annual UK salary of £30,350. 27% declared a household income of over £60,000 a year.

83% of responders confirmed that they had accessed one of the available family services within the last 12 months. Children's centres and parenting support services were the most regularly accessed with 48% saying they accessed these at least once a week. The sites where responders had accessed these services from was mixed, but Riverside Children's Centre in Maidenhead appeared to be the most well-used with almost a third (32%) having attended a session there within the last year.

When respondents were asked to state the maximum amount they would be willing to pay to attend a children's centre or youth centre session, the majority (37%) said they would be willing to spend up to £3. Over a quarter (28%) said they would be willing to spend up to £1.50 and 15% said up to a maximum of £5.00. 20% stated that they would not want to pay any sum to attend a session.

As part of the consultation, respondents were shown the proposed aims for its early help services and were asked whether they agreed. 36% confirmed that they did agree with the new Family Hub proposals set out, while 32% said they disagreed. 32% also stated that they were neutral or did not know.

Other suggestions for a remodelled delivery of services were invited. The key themes to emerge were:

- How highly- regarded the early help services are and how many families consider them invaluable and rate the existing services delivered.
- The need to work more closely with existing charities and volunteer groups and key partners such as local schools.
- The importance of maintaining the focus on vulnerable groups including children and young people with disabilities; Black Asian and Minority Ethnic (BAME) support groups; those with mental health issues.
- The need to ensure all families are able to access provision and that services are delivered in an accessible way and publicised accordingly.
- The need to clearly define who services will be targeted at.
- Some willingness to accept charges for sessions if that means services can continue.
- Providing more of an offer for teenagers, particularly during school holidays.

When asked to prioritise areas where support should be targeted, the most common answer amongst respondents was 'one-to-one support for families in crisis'. 'Positive parenting groups for parents to help manage their children's behaviour' and 'emotional wellbeing support for new parents' made up the top three. 'Drop-in youth groups in the community' was considered the least priority.

There was a noticeably low response from users of the youth centres. Only 12% of responders said they had accessed a youth service session in the past year and only 8% said they used them on a weekly basis. The most well-attended youth centre by participating responders was Windsor Youth Club.

Respondents were asked to list what other groups or sessions in the community they and their families attended. The below lists a summary of their answers and whether we would expect them to continue if we were to implement the preferred model.

Alternative groups/ sessions attended	Would this be retained with the preferred model?
National Childbirth Trust (NCT) sessions.	Yes.
Baby sensory, baby yoga, baby massage.	Yes.
Church sessions, e.g. baby, toddler and youth groups.	Yes.
Library sessions, e.g. rhyme time, story time and sing-a-longs.	Yes.
Scouts, guides, cubs, beavers, brownies and rainbows.	Yes.
Army, sea and air cadets.	Yes.
Music groups, e.g. Bilinguasing, Diddy Disco, Moo Music, Teddies Music.	Yes.
Sports clubs, e.g. Maidenhead United, Puddleducks swimming, Phoenix Gym.	Yes.
Hartbeeps.	Yes.
Birth matters.	Yes.
Norden Farm.	Yes.

Tumbletots.

Yes.

### Focus Group Sessions

Six public consultation meetings were held at various venues and at different times of the week and day to maximise accessibility. Social media, print media and poster campaigns were undertaken to advise service users, stakeholders and residents to partake in the survey or attend a public meeting.

The key themes to emerge can be summarised in terms of concerns and priorities. The tables below set out the concerns and priorities and our response to them.

### Concerns:

Concerns	Response
Reduction of universal services will make early help difficult if families only get support when they are already having issues.	The universal health visiting service will continue in its entirety i.e. five mandated contacts in the first three years via the Health Child Programme so issues can be identified within all families. Universal awareness raising sessions will continue to be delivered in schools to all pupils.  There are robust links with schools and other voluntary agencies who already refer families in to early help services.
Danger of labelling or stigmatising families if all have a targeted service.	All families will continue to access the Health Child Programme via the Family Hubs not just those that are targeted.  In addition, the new preferred model would be based on a progressive universal service- this means that everyone gets some level of service but the more service you need, the more you get.

Most children's centres groups are well attended, meaning that families value service.	The proposals to retain existing children's centres as part of the Family Hub model have been made based on a range of criteria including those that are well-used.
Potential loss of outdoor education and natural environment experiences i.e. Nature Play.	Nature Play at the current Riverside Children's Centre would continue as a targeted service.
Risk of isolation for families/ Increased risk of postnatal depression due to isolation.	The universal health visiting service will identify families new to the area or at risk of isolation and refer to targeted services.  One of the mandated health visiting contacts is completed at six to eight weeks where every mother is screened for postnatal illness.
Reduction of buildings-decrease accessibility for those unable to drive/ Poor public transport in the area.	One of the criteria for retaining buildings is that they are close to public transport i.e. train stations. However services will be delivered from a range of venues and not just these fixed buildings.  In addition, the preferred model would continue to allow families who need a service to receive it at home.
Stay and Play sessions offer informal support to parents.	We would maintain links with local community groups with the aim of ensuring that the informal support to parents would continue to be offered i.e. for community playgroups seeking support about parenting, we would offer information and advice.
Reduction in funding for voluntary sector i.e. Family Friends.	We would maintain close connections to the voluntary sector to ensure maximum use of limited resources.
Non Council play sessions or music groups can be expensive.	We would support targeted families to access play sessions or music groups if necessary.
Waiting times for CAMHS and Wellbeing services.	We would continue to work closely with CAMHS transformation work in order to reduce wait times. We would promote the new 'Getting Help Team' focused on early intervention for

	emerging mental health needs and maintain the Esteem Groups currently run by the youth service.
Losing well trained and experienced staff.	Although there would be a reduction in staffing, the new model would aim to retain the experience, talent and skills of the existing workforce.
Provision for army families.	The provision for army families would be retained.

**Priorities:**

Priorities	Response
Maintain health visitor clinics in Children's Centres including breastfeeding support.	This would be retained in the preferred model.
Keep supporting children, young people or families most in need with home visits on a one to one basis.	This would be retained in the preferred model.
Link with the voluntary sector and keep a central directory of all community groups, i.e. those run from churches, or by parents.	This would be retained in the preferred model and we would look to further develop the directory of local resources to share with families.
Keep targeted groups, i.e. Freedom, Esteem.	This would be retained in the preferred model.
Continue supporting children with additional needs.	This would be retained in the preferred model.
More support for children excluded from school or at risk of exclusion.	This would be retained in the preferred model.
Keep parenting courses going.	We would offer targeted families parenting courses as part of the new preferred model.
Use more volunteers.	We would continue to use volunteers and aim to strengthen links further with the community

	and voluntary sector.
Keep links with the rest of children’s social care.	The existing strong links with children’s social care would be maintained in the preferred model.
Keep mental health and wellbeing support, i.e. Emotional first aid for parents.	This would be retained in the preferred model.
Consider families who live in rural areas with limited public transport.	Targeted outreach services would be available if needed. There would be potential to do pop up drop in groups if need was identified.
Keep access to early learning opportunities.	We would link to other locally delivered early learning opportunities and continue to target children entitled to two and three year old funding to ensure they are able to access these opportunities.  Home learning outreach would continue to be offered through our parents as first teachers to families depending on need.
Consider BAME groups.	We would prioritise the support we currently provide to BAME groups through outreach i.e. parenting groups in the mosque.

The findings from the consultation were used to shape the preferred model which is being presented to Cabinet on 25 June 2020. Furthermore, these findings and the findings from the second stage of consultation (if approved), would be used to finalise the whole of the model to ensure it reflects public opinion as far as is possible.

### **Second stage of public consultation**

The first stage of the consultation aimed to get views on the strategic aims of the preferred Family Hub model. Further consultation is required about the detailed implementation of the model where there would be change to the current services of a specific Children’s Centre. To ensure that the overall impact of the changes across the it is being proposed to carry out a second stage of public consultation.

We are seeking advice and guidance from a number of sources to ensure our approach to the second stage of consultation is robust and comprehensive. This has included:

- commissioning an early years and consultation expert from an external consultancy company to provide advice and guidance on the proposed consultation approach and methodology.
- seeking advice from other external consultation experts i.e. previous Non-Executive Independent Director on the Achieving for Children Board provided advice based on experience of delivering public consultation as part of an education consultancy.
- reviewing consultation approaches from other local authorities undertaking similar exercise to identify best practice. This includes the Buckinghamshire County Council consultation relating to the transformation of early help services which was subject to Judicial Review but found to be lawful.
- discussions with colleagues in Achieving for Children operational area 1 who have undertaken a similar exercise about lessons learned, best approaches to consultation i.e. engaging hard to reach families, including critical friend challenge of our proposed approach.
- review of the consultation approach by consultation experts in Achieving for Children operational area 1.
- review of consultation approach and methodology by RBWM Communications Team and support will be given for publicising the consultation when live.

The consultation itself is being planned (subject to agreement to consult from Cabinet) and the suggested consultation methodology is set out below. It takes into account the possible impact on the consultation of the current COVID-19 situation and the summer holiday period.

Method	Detail
Online questionnaire for eight weeks	Questionnaire setting out the background detail to the consultation; the proposals for the centres; and questions about centre usage and their views on the proposed action for each centre.
AfCInfo internet page	Specific page set up for the consultation- this will include a link to the questionnaire; background information on the proposals; FAQs; details of how to request the questionnaire in paper format.
Social media	AfC and RBWM websites and social media accounts to publicise the consultation with a link to the questionnaire.

Dedicated inbox for questions, queries or comments	A dedicated inbox ( <a href="mailto:familyhubs@achievingforchildren.org.uk">familyhubs@achievingforchildren.org.uk</a> ) has been requested. Residents will be asked to send any questions or queries about the consultation here. This will be used to send out any invites to the virtual drop in sessions.
Virtual drop in sessions	Four virtual drop in sessions (1 hour) to be arranged. Dates to be advertised on the AfCInfo page- interested parties to email the inbox to request an invite.
Direct email to registered children's centre users who have provided an email address	Registered children's centre users will be emailed directly with a link to the questionnaire to ask them to participate.
Direct email to voluntary and community sector organisations and any other relevant groups	Direct emails will be sent to voluntary and community sector organisations and other relevant groups in the local area to ask for their help in distributing the link to the questionnaire and asking them to complete it themselves. This will include parent groups and established support groups for traditionally hard to reach groups including those from the BAME community and children, young people and families with special educational needs and disabilities.
Awareness raising sessions with key stakeholder groups	Informing key stakeholder groups i.e. Parents and Carers in Partnership for Windsor and Maidenhead (PaCiP); Asian Women's Group; other groups that support families that could be considered vulnerable.
Universal health clinics	Universal health clinics are due to recommence in the second week in June 2020. Health visitors will be asked to encourage attendees to complete the questionnaire.

If the second stage of consultation is approved, the findings would be used to shape the final preferred model which would be subject to decision at Cabinet in October 2020.

## Summary of findings

The draft assessment has identified that overall the preferred Family Hub model would have a positive impact across the protected characteristic groups as it would aim to:

- improve accessibility for those most in need including those who are traditionally considered hard to reach including families with a child or parent with a disability; and children, young people and families from a BAME background.
- provide opportunities for disadvantaged children, young people and families to access provision that will contribute to increasing their equality of opportunity by targeting services at those who most need support; and
- increase the engagement of children, young people and families who do not usually participate in the provision services by delivering targeted sessions via outreach, either in the community or in the home.

The findings from the first stage of consultation show that respondents support this approach, with the majority in favour of prioritising support for families in crisis and wanting to ensure there is continued focus on vulnerable groups including: children and young people with disabilities; Black Asian and Minority Ethnic (BAME) support groups; and those with mental health issues. The final model would be shaped by both the first and second stage of consultation (subject to approval for the second stage of consultation). This should help ensure it reflects the priorities of the local community.

It must be noted however that the assessment does acknowledge that there would be a negative impact on those users of universal provision delivered through children's centres services and the youth service. The intention would be to mitigate this through actions such as:

- Providing more flexible services through outreach at alternative venues in the community.
- Working more closely with community and voluntary sector groups to identify any groups that could deliver sessions to replace the reduced universal activities, with support from Achieving for Children staff.
- Signposting young people or families who may no longer be able to access universal services to alternative providers such as those identified in the first stage of the consultation e.g. signposting users of Old Windsor Children's Centre to Old Windsor's 'Tiddlers and Toddlers' playgroup.

In addition, all families would continue to receive some level of service as universal health provision would remain unchanged. This would mean that any families in need of targeted support should be identified at the earliest opportunity and given the help they need as soon as possible.

## ACTION PLANNING

What consultation have you undertaken with stakeholders or critical friends about the key findings? Include any identified data gaps.

<i>Issue identified</i>	<i>Planned action</i>	<i>Lead officer</i>	<i>Completion Date</i>
Lack of data relating to protected characteristics of users available to report on.	Improve data collection and reporting in relation to the protected characteristics for users of Family Hubs should the model be implemented.	Rachael Park- Davies, Community Services Manager	From the implementation of the Family Hub model, if approved.

## PUBLISHING THE COMPLETED ANALYSIS

<b>Completed Date:</b>	June 2020
<b>Lead Officer:</b>	Henry Kilpin
<b>Signed off by (Director level):</b>	Lin Ferguson, Director of Children’s Social Care

Please send your completed EIA to [henry.kilpin@achievingforchildren.org.uk](mailto:henry.kilpin@achievingforchildren.org.uk) or [edwina.gregory@achievingforchildren.org.uk](mailto:edwina.gregory@achievingforchildren.org.uk) for publication.