Oxfordshire County Council

Consultation on the proposed new model for children's services in Oxfordshire – analysis of the responses

Report from The Campaign Company (TCC)

January 2016

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1.   Executive summary

In this executive summary, the key messages are set out with detail on findings and a high level summary of each of the channels of the consultation also included. Each channel has a detailed standalone report that expands on the points contained in here.

1.1   Background to the consultation

The public consultation was opened on the 14th October 2015 and closed on 10th January 2016. The details for the channels used to publicise the consultation, engage stakeholders around the proposals, and the methods used to capture responses, are detailed below.

Services for children in Oxfordshire are provided by Oxfordshire County Council's Children's Social Care and Early Intervention Service. This Service provides a service to children and families whose needs are such that they are required by law to protect and safeguard the well-being of children. The service supports children in need, children subject to child protection plans, looked after children and care leavers (as defined by the Children Act 1989). The primary aim of this service is to provide community support to vulnerable children and families in order to promote their wellbeing and prevent any concerns or difficulties escalating to a point where statutory services are required.

Currently, the Early Intervention Service comprises 44 children's centres; 7 Early Intervention Hubs; the Youth Engagement and Opportunities team focusing on education, employment and training opportunities for all 16-19 year olds, and 19-25 year olds who are vulnerable; and the Thriving Families Team, providing intensive support to families that have been identified as being in need through the national Troubled Families Programme.

This consultation followed a number of rounds of budget negotiation and decision which identified the need to consult on savings worth in total £8 million to the Early Intervention Service; a 50 per cent reduction from the £16 million 2014/2015 budget.

This consultation was on a proposed new model for children's services. The key features of the new model for services including reconfiguration of the current 44 children's centres and 7 early intervention hubs and creation of up to 8 children and family centres. The proposed new model will be funded by combining the budget for the Early Intervention Service, once the £8 million savings have been removed, with the £4 million budget of the Children's Social Care Family Support Teams.

Three options were consulted on: the county council's preferred option of no universal services (option 1), limited universal services (option 2), and universal services through community investment (option 3). No options were provided for no changes to the current Early Intervention Services.

1.2   Key messages for the council

Key message 1 - There is a general rejection of the proposals that have been put forward

Key message 2 - People want to defend universal services and proposals that undermine that position are not welcomed

Key message 3 - Integration is understood but rejected because of its association with the removal of universal services and the associated loss of specialist skills

Key message 4 -Prioritising vulnerable families over others is accepted as a principle but not at the expense of universal services

Key messages 5 -There is concern amongst respondents that removing prevention services will have damaging knock on effects across other services and the community in general

Key message 6 -There are identified negative social impacts that interact with negative health impacts creating a set of knock on effects that will damage long term outcomes

Key message 7 - These impacts include reduction in breastfeeding, increased incidence and lack of identification of postnatal depression, slower identification of special educational needs, poorer childhood development including socialisation, social isolation for parents, reduced community networks, and an increase in hidden child protection issues and family based domestic violence.

Key message 8 - There is an expected displacement effect in the wider system with other universal services being put under pressure to pick up the slack including Health Visitors, GPs, Mental Health, and Schools

Key message 9 - A social care led service will return services provided to a position of social stigmatisation

Key message 10 -Accessibility will be reduced with transport and capacity issues particularly disadvantaging rural communities. Minority communities and socio-economic groups may be excluded from alternative provision (picked up by a small number of participants)

Key message 11 - Women, minority communities and children with special educational needs are under-represented in the Social and Community Impact Assessment

Key message 12 -There is some scope for voluntary services to take up the slack although there is a need to support volunteers through infrastructure.

Key message 13 -There are call to find funding elsewhere including through council tax increases and lobbying of central Government for funds.

Key message 14 – There are a number of developed proposals that have been put forward as alternatives for exploration.

1.3   Findings

The consultation was broad in scope seeking opinion and input across multiple channels on the proposals that have been put forward. 2715 responses were received. In addition, 8 stakeholder and public meeting events were held. 21 focus groups were also held with adult and children service users.

1.3.1   Quantitative measures of reaction to the proposals

The survey asked a number of quantitative questions that give some insight into the overall response to the proposal. There were also a number of ad hoc votes taken at stakeholder events and organised by parents' representatives, we have set the details out of both forms of data here. Where questions were asked in the form "Strongly Agree to Strongly Disagree" we have used net score to indicate the response - this is the total percentage of those who disagree subtracted from the total number who agreed. Don't know and neutral responses are excluded from this calculation.

Table 1: Headline quantitative measures from survey

Question	Result
Q 6. How much do you agree or disagree with the following statement: "It is important to offer more services to vulnerable children/families than to all children and families?"	-7
Q 7. To what extent do you agree or disagree with Oxfordshire County Council's overall proposal to create and integrated children's service for 0-19 year olds (25 for young people with special educational needs)	-47
Q 8. Which of the three options outlined in the consultation document do you believe offers the best model for delivering integrated services for 0-19 years? In particular, which model do you prefer?	
• Option 1 – preferred option	8%
• Option 2	14%
• Option 3	8%
• None	71%
Q.9 Do you have any alternative proposals for how the council could meet the £8 million savings required from the children's services budget?	
• Yes	51%
• No	49%
Q 11. Do you think that any of the groups/activities currently offered by your children's centre(s) and/or early intervention hubs could be run by volunteers and/or community groups in your local area?	
• Yes	23%
• No	25%
• Don't know	52%

The quantitative response from the survey highlights differing degrees of disagreement with the proposals put forward by the authority. Prioritising vulnerable families over others is accepted by a reasonably large minority of the survey respondents but is rejected by the majority. The integration of services to form a holistic 0-19 years' service is more fundamentally rejected by a large majority (over two thirds) of the response.

The preferred option that is put forward for the service receives the least amount of support with option two receiving the most support of any of the proposals. It is clear though that none of the proposals are accepted by the majority of respondents with 71 percent indicating that they do not support any of the proposals positioned in the consultation document.

There is greater optimism on the question of voluntary resource and provision with just under a quarter of respondents indicating that there is potential for these groups to take on some of the existing services.

The second quantitative data point that we have, comes from ad hoc show of hands voting at the stakeholder events. These were run by Oxfordshire County Council.

Table :2 Quantitative data from stakeholder sessions

Date	Venue	Total attendees	Vote Question	Yes/ Agree	No/ Disagree	Abstain	Notes
16-Nov	Oxford (1)	39	Raise your hand if you are against all the proposals	33	0	6	
19-Nov	Didcot	62	(vote1) Would you support a referendum to approve a rise in council tax (in order to reduce the cuts to children's services)?	60	2	0	*The vote on council tax was led by a Cllr attending the meeting as a stakeholder*
			(vote2) Do you support any of the proposals presented?	0	54	6	

Date	Venue	Total attendees	Vote Question	Yes/ Agree	No/ Disagree	Abstain	Notes
20-Nov	Oxford (2)	45	Do you agree that "We oppose all 3 proposals put forward"?	36	0	1	*Not everyone voted*
24-Nov	Banbury	74	Raise your hand if you are agree with any of the proposals	0	73	1	
25-Nov	Abingdon	53	No vote				
30-Nov	Bicester	41	No vote				
07-Dec	Witney	63	Vote to reject all 3 proposals	36	-	-	*No & Abstain votes were not requested*
10-Dec	Oxford (3)	56	Do you agree that all the proposals are unacceptable?	40	0	10	*Not everyone voted*

Questions that were put to the audience at six of the events were designed to indicate support within the room for the proposals put forward by the authority. Without exception, there is an overall rejection of the proposals. At Didcot, there was a further voted that indicated a majority would be in favour of a referendum on council tax increases to provide additional funding to run the children's centres.

1.3.2 Qualitative findings

The qualitative response is drawn from a number of sources including qualitative space on the survey, notes from stakeholder and public events, and emails, letters and extended responses.

In the qualitative response, there is specific detail that emerges in relation to personal experience, individual services, and elements of the proposal. Beyond those specifics, there is a very consistent set of themes that emerge.

These include: **a general rejection of the proposals**, **concern over the loss of preventative services**, **associated health and social impacts**, **issues with accessibility within the new proposed model** and **funding of the services**.

General rejection of the proposals

Across all of the channels, there is a clear message that the proposals are not welcomed. Universal services are extensively used and valued by the community and community groups. There are significant benefits that individuals, groups and communities gain from these services.

> *"Local authority areas with children's centres have seen a larger reduction in child poverty levels in recent years than corresponding local authorities"*
> *(Letter from Maple Tree Children's Centre)*

Respondents are generally unprepared to engage in a conversation about the wholesale removal of universal services. In part that is why survey respondents reject the integration of services and the principle of prioritising vulnerability, it is a rejection motivated by the context of removing universal services.

This rejection means that much of the remaining response is about expanding upon and explaining that rejection.

Concern over loss of preventative services

Prevention and Early Intervention are seen as positive elements of the current system. Universal services allow experienced practitioners to be involved with communities, in that space they are able to use their specialist training to identify and support families. This can and does include difficult issues such as domestic violence, post-natal depression and childhood development issues.

There is a perception that these proposals remove the opportunity and space for that to happen. As a result, there are a number of knock on effects, the lack of prevention is assumed to lead to a greater need for late stage intervention services further down the track across each area of potential early intervention. This could potentially also impact on childhood development, mental health and child protection issues. It is also assumed that families that are vulnerable but do not qualify for social care support are less likely to get help that will move them on from that stage.

The overall impression is that the service will be in a position of storing up problems for the future and as a consequence is likely to incur additional unbudgeted costs with the social care system.

"False economy. Costs will just be devolved to social service, criminal justice, NHS because lack of intervention at an early stage leads to greater and costlier interventions later STORING UP TROUBLE" [Stakeholder event]

Associated health and social impacts

There are multiple health and social impacts that flow from the removal of services.

From a health perspective there are concerns over breastfeeding, post-natal depression and childhood development. There is also a concern over a drop in the access to regular and necessary medical appointments and more general exposure to health professionals. There may be perceptual barriers to accessing GPs and mental health practitioners whereas children's centres act as a positive intermediary. They can also be helpful referral routs for paediatricians, mental health practitioners and other health professionals. Health services that are provided through the centres perform an important role in setting the long-term health of families in Oxfordshire on the right road.

By removing the service, there is likely to be a systems impact where other health services, such as Health Visiting teams and NHS Breastfeeding teams will face an increase in demand. It is not clear what that demand will look like or whether the 'system' had been prepared for it.

Moving onto the social perspective. Centres and hubs act as a community hub for many groups of people. This includes young teenagers, families with children who have special educational needs, new immigrants, as well as new mums and dads. Where hubs exist social networks develop and connections are made that can strengthen individuals and communities. Removal of those hubs and networks leaves people feeling more isolated and less resilient and consequently it weakens the community. There are likely to be social consequences following the removal of support networks and access to specialist advice.

These consequences will be felt at a societal level but also at an individual level for children, young people, mothers and fathers.

"[I'm] worried about the impact on children i.e. higher exclusion, higher abuse, more NEETs. Higher teenage pregnancy more drug use" [Stakeholder event]

There is also likely to be an issue with social stigma that is attached to accessing a social care led service. This is seen as a significant drawback of the proposed service and one that is likely to see families actively avoiding engagement.

Issues with accessibility within the new proposed model

In the response accessibility is interpreted in a number of ways. There is an overarching point that because the removal of universal services is not accepted, that the whole community will suffer accessibility issues. It is, from this perspective, still people's 'right' to have universal access.

More traditionally there is a clear perspective that the new proposed set up will disadvantage rural communities. This relates to the remoteness of the remaining centres which can be several miles away in some instances. If families do not have a car, then they are reliant on public transport that can be non-direct and irregular.

> 'Oxfordshire is a big county. Service users will not have a local contact if there is no support in the future in the South of the county. It is 15 miles from Sonning Common to Didcot. Public transport links aren't great. Service users will struggle to travel with young children.' {Stakeholder meeting]

For those who are not using the services there is likely to be another rural issue in that alternative provision may be fewer and farther between. There is recognition that outreach work is vitally important and that this will be a benefit of the preferred model (option 1) for rural communities.

There is a view that volunteering will be able to provide some coverage for existing services although it raises concerns over the accessibility of those services. Some facilities may be based in church halls, which may exclude people on religious grounds. Similarly, there may be a socio-economic asymmetry in provision with prosperous areas able to organise and fund services where areas of deprivation may struggle.

Funding of the services and criticism

The economic case for the new proposed models is questioned across the channels. The removal of early intervention is seen as a false economy and, as stated previously, will potentially cost more in the long run.

There is an appetite within the response for other options for funding to be explored, these include lobbying central Government for more funds and raising council tax via a referendum to pay for the shortfall in the children's budget. There is also a desire for displacement with funding being found from other departments and sources in the local authority, particularly from Highways and senior managers' salaries.

Efficiency is seen as a potential source of funds this is both within the model of delivery – for example cluster management of centres and odd opening days - as well as looking across the authority more generally.

Respondents are keen to explore any other options or opportunities that might help to maintain the current services. Suggestions for raising income include reaching out to business for sponsorship, creating partnerships and merging budgets with the local NHS, as well as establishing a charitable trust to pay for the services in the long term. There is also a view that the authority should look to raise council tax via a referendum to meet the budget shortfall.

There is also criticism that appears throughout the consultation response. This includes criticism of the political decision and the adherence to an 'austerity agenda'. In the same vein, Central Government and Prime Minister David Cameron are accused of wasting money on expensive schemes such as HS2 whilst children are denied support in their early years. The consultation process is also questioned and a suggestion made that the decision has already been taken.

Alternative suggestions

There are a number of detailed alternative proposals that have been put forward by stakeholders within the Oxfordshire area. These include;

- An outcomes based model that is informed by a local health partnership model
- A cluster model with seven hubs and a range of services provided for 0-5 and for 5 -19
- A programme to develop a community provision of existing service
- An internal suggestion on a new operating model to support an existing centre

1.4   Summary of the consultation by consultation channel

1.4.1 Survey

2241 survey responses were received they have been analysed quantitatively and qualitatively using statistical and coding software. Table 1 (page 8) showed the key quantitative measures from these responses. A summary of the more qualitative insight obtained from these responses is also explained below.

Headline findings

- Of the three potential proposals put forward all received low levels of support, the most popular response was none with 71 percent. The option that received the most support was option 2. This was principally motivated by the greater retention of universal services that was presented in that option.

- The proposal to have an integrated service has a net score (positive response minus negative response, excluding neutral and don't know) of negative 47 percent. There is a belief in the benefits of integration but this is conflated with an attack on universal services which leads many to reject it.

- On the principle of prioritising vulnerable families over others, there is a net score of negative 7. This is a more mixed picture; the benefits of integration are recognised by not at the expense of universal services.

- On whether the services could be provide by volunteers / community groups, 23 percent can see a role for this in the provision of existing services going forward whereas 25 percent cannot. 52 percent respond Don't Know.

Qualitative responses from the survey

- There is in general a strong defence of universal services that informs the reaction and response to the question that are put forward in the survey. A set of common narratives emerge across the response that includes Prevention, Health and Social Impact, Accessibility (including rurality), and Funding (including opposition to cuts)

- Prevention acts as the root for many of the issues identified throughout the survey response. There is a widely held view that the presence of universal services provides a specialist workforce able to intervene early to prevent the escalation of issues to social care. This supports people in difficult scenarios such as post-natal depression and domestic violence. With the removal of universal services there is a persistent fear that the vulnerable families who do not qualify for social care will 'slip through the net' either stagnating in a position of vulnerability or will eventually present to social care at a later date. This has the added disadvantage of entrenching issues making them more difficult to deal with.

- There are multiple health impacts that are set out; some of these interact with the prevention theme. The reduction in universal services will reduce the number of available breastfeeding support groups and practitioners with a longer-term impact on breastfeeding rates. Mental health is considered an area of risk with the removal of universal services creating conditions of social isolation and minimal exposure to the specialist workforce. Women's mental health in particular is seen as at risk with an expected rise in the number of cases of post-natal depression.

- Childhood development is an issue that straddles both social and health spheres. There are concerns that children in general will be less socialised and less prepared for school. In addition, there is concern that specific groups of children with special needs will not have the early support they need to improve the longer-term developmental outcomes. Speech and language are given as useful examples where earlier intervention can provide better life chances; centres with specialist staff are more likely to pick these issues up.
- Social cohesion and integration are seen as at risk with the removal of the universal services. They provide a forum where families can develop networks that support them through their parenting journey. Those networks are viewed as a bridge across social and economic dividing lines in the community; in the long run this can create greater community resilience. Alternative provision provided by voluntary services are exposed to accessibility issues due to 'cliques' and may present religious barriers depending on where they are run (for example church halls)
- Stigmatisation is seen as a social issue that is likely to develop. Social Care led services are seen as unattractive and people will potentially fear using those services because of the associations and assumptions that are made. This is likely to make the new service less effective.
- Accessibility is linked to universal services for many respondents. The benefits of universal services are highly valued and there is not an acceptance that their removal is the right course of action. Therefore, there is a general accessibility issue for families. Specifically, with the new models that are proposed there is concern over rural communities ability to access these services via the transport network but also the capacity of rural communities to develop and provide alternatives.
- On funding, there is a system question about the displacement of services. There is a view that by taking the services out of the authority's budget there will be an increase in the use of universal services that operate in the same space. The impact will be an increase in the use of services such as Health Visitors, GPs and the school system. There is a question as to whether the full cost and capacity of the system has been modelled to understand if that impact can be accommodated.
- Linked to funding, a series of alternatives are suggested in the survey response. These include displacing the savings from the children's budget into another budget pot such as Highways or manager's salaries. There are suggestions for generating income including charging for the use of services, reaching out to other institutions for sponsorship and partnership, creating a charitable trust and general fundraising

1.4.2 Emails and Letters

We received 88 emails and 36 letters. 8 of these letters were detailed submissions with alternative proposals suggested. In addition, correspondence between the Rt Hon Nicky Morgan MP, Secretary of State for Education and Rt Hon Andrew Smith MP, Member of Parliament for Oxford East, relating to the proposed plans for the children's centres raised by a constituent was also submitted. Below we highlight the themes that emerge from these.

- Prevention is seen as essential especially with low income families and is proven to work. It creates a space without stigma where problems can be easily detected. It has much wider community benefits including reducing incidence of crime and antisocial behaviour. There are also health benefits.
- Other services will have to pick up issues that the centres are currently dealing with. For example, schools will need to take the strain on childhood development but at a much later stage. GPs, social workers and the wider NHS will be impacted. Centres currently pick up the issues that will need to be dealt with elsewhere.
- Many emails and letters were against the cuts and closure for many of the reasons stated including impact and prevention. Some of the emails were part of a campaign to influence Oxfordshire County Council to rethink cuts to 'vital services'.
- Vulnerability is a key theme and is seen as more than just income, the universal part of the service identifies needs that escalate amongst those who are vulnerable. Vulnerability should be prioritised but the authority needs to widen its definition to encompass many others who are vulnerable and need support.
- There is a clear role for the centres and hubs in the long-term health of the people of Oxfordshire. The centres' staff are often trusted in a way that GPs and other practitioners are not therefore making them a vital link to good health.
- There is a cost involved in closing services down and replacing them. There will also be a big impact on staff through re-training and redundancies. Overall, the approach is likely to cost more in the long term and create additional cost for other services. There should be a way of finding additional funding to sustain the current model.
- Parents may suffer from a lack of personal development and learning, this support for young parents is vital if they are to avoid becoming vulnerable. The proposals are likely to lead to negative impacts such as increased stress and social isolation.
- Rural areas have had great success with the children's centres, it was the same level of service enjoyed by urban areas. Removing them is very worrying and it will become difficult to access services both for recreation, health and development in the future because of public transport.

- There has been significant investment in staff, by cutting them you lose that investment and add costs through redundancy and retraining.
- The consultation documentation contains incorrect information and the consultation is lacks integrity because the decision has already been made.
- There is criticism of the Government and the council with some citing a reversal on promises in the election.

1.4.3 Public, stakeholder and service user events (including young people's focus groups)

8 stakeholder and public meeting events were held with an addition 21 focus groups with adult and children service users. Below is a summary of the key themes.

- Prevention is regularly raised in the stakeholder meetings with the impact on longer-term services highlighted.
- Vulnerability was a key theme in the stakeholder groups with multiple issues arising from the lack of support from preventative services.
- Rurality was a significant issue from the meetings with the issue of transport and accessibility of the new facilities consistently highlighted. This could lead to isolation for rural families.
- Impacts on other services is highlighted particularly on schools who are seen to be under pressure and do not have the resources to cope with this. There are also concerns over health facilities that will need to fill the gap on issues such as breast feeding.
- There will be an impact on young people with children losing consistency and the support that they need to be ready for school.
- Parents are likely to suffer negative impacts with low levels of support leading to issues such as depression and domestic abuse.
- Staff are seen as a group who will be impacted with job losses and all that comes with it. There is also concern that a skills deficit will be left by removing these specialist roles.
- The community itself will be impacted as local networks and support hubs are lost. This will damage the fabric locally.
- Suggested different approaches include integration with other services, approaching the issues through commercialisation and fundraising.
- Volunteering was discussed as a possible solution but it raised questions about safeguarding and oversight that would need to be addressed.

1.4.4 Social Media

There was an active social media dialogue that took place over the course of the consultation. This included 322 Tweets that were received between 01/10/2015 and 06/01/2016. Most of those Tweets were sent by individuals. 141 Tweets were campaigning Tweets, for example:

- Sign the petition asking @OxfordshireCC to save Oxfordshire's children's centres! (36)
- I've just asked @OxfordshireCC to protect Oxfordshire's children centres. Can you? (24)
- I asked @David Cameron to spend a day at @OxfordshireCC to see if he can balance the books. (81)

More detail on social media is contained in Appendix 2.

1.4.5 Petition and campaigns

Although not analysed in this report, because they are a form of consultation considered separately by the Council, it is recognised that an active petition has been underway throughout the duration of the consultation. This can be viewed at https://you.38degrees.org.uk/petitions/save-oxfordshire-s-children-s-centres-2. There are around 7000 signatures to the petition and personal appeals and testimonies around the value of children's centres to individuals and the wider community.

1.5 Conclusions

This phase of consultation presents specific proposals that have been developed by Oxfordshire County Council. Respondents were able to respond via a variety of channels. As well as specific issues and experiences, there are some generic issues that have emerged that remain relatively consistent across all response channels.

One interpretation of the consistency is that the radical and wholesale nature of the change means that all of those with a stake in the service are impacted. The fact that many facets of the service are being removed means that people and organisations are responding to a situation that means a personal loss and a change to their day to day. This is combined with what are seen as significant complex impacts across society and community.

The opposition to these proposals is evident across the response. Whatever decisions are eventually made, they will need to be supported by further engagement with the specific communities impacted by the decisions. For many, there will be a direct impact that they will require assistance both to understand and to be able to accommodate. In this respect there does appear to be a willingness from the response to engage in dialogue from stakeholders, users and residents on developing alternatives and potential involvement in any next steps.

2.   About the consultation

This section of the report describes the background to the consultation and the way the consultation has been conducted. It provides a summary of the different types of responses that were received throughout the consultation period; the quantity of responses by each consultation method; the process that was carried out to collect and manage these responses; and how they have been analysed to produce this report.

2.1   Background to the consultation

Services for children in Oxfordshire are provided by Oxfordshire County Council's Children's Social Care and Early Intervention Service. This service provides a service to children and families whose needs are such that they are required by law to protect and safeguard the well-being of children. The service supports children in need, children subject to child protection plans, looked after children and care leavers (as defined by the Children Act 1989). The primary aim of this service is to provide community support to vulnerable children and families in order to promote their wellbeing and prevent any concerns or difficulties escalating to a point where statutory services are required.

Currently, the Early Intervention Service comprises of 44 children's centres; seven early intervention hubs; the Youth Engagement and Opportunities team that focuses on education, employment and training opportunities for all 16-19 year olds, and 19-25 year olds who are vulnerable; and the Thriving Families Team, who provide intensive support to families that have been identified as being in need through the national Troubled Families Programme.

The amount of money spent on the Early Intervention Service was £16 million in 2014-15 and £15 million in 2015-2016 following £1 million of savings. The budget agreed by Council in February 2014 included savings of £3 million in Early Intervention to be achieved by 2017-2018 with a further £3 million agreed by Council in February 2015. In addition to these, there needs to be an additional £6 million savings made by 2017-2018.

 As a result of these budget reductions, there was a need to consult on savings worth in total £8 million to the Early Intervention Service; a 50 per cent reduction from the £16 million 2014/2015 budget.

This consultation was on a proposed new model for children's services. The key features of the new model for services including reconfiguration of the current 44 children's centres and 7 early intervention hubs and creation of up to 8 children and family centres. The proposed new model will be funded by combining the budget for the Early Intervention Service, once the £8 million savings have been removed, with the £4 million budget of the Children's Social Care Family Support Teams.

Three options were consulted on: the County Council's preferred option of no universal services (option 1), limited universal services (option 2), and universal services through community investment (option 3). No options were provided for no changes to the current Early Intervention Services.

2.2   Consultation process

The public consultation was opened on the 14th October 2015 and closed on 10th January 2016. The details for the channels used to publicise the consultation, engage stakeholders around the proposals, and the methods used to capture responses, are detailed below.

2.2.1 Communication and engagement

To publicise the consultation, 1,930 hardcopies of the consultation documents were distributed: 30 copies were sent to each children's centre and early intervention hub and 10 to each Oxfordshire Library. The consultation was also published on Oxfordshire County Council's consultation portal website. In addition to this, following an audit of hardcopy documents, a further 20 consultation documents and 95 consultation summaries were distributed to children's centre's and early intervention hubs.

The consultation was publicised through adverts in the Henley Standard, Banbury Guardian, The Oxford Times, The Oxford Mail, The Herald Series, and Bicester Advertiser as through press releases and posters distributed across Oxfordshire County Council buildings.

Stakeholder engagement was conducted with major stakeholders and key target groups. These are described below.

Table 3: Stakeholder engagement activities

Engagement	Groups	Detail
Stakeholder engagement events	Eight groups in Oxford (x3), Didcot, Banbury, Abingdon, Bicester and Witney.	Events were conducted with Children's Centre and Early Learning Hub service users. The followed a discussion around what the proposals mean for children and families in each Children's Centre and Hub and how participants could respond to the proposals.
Focus groups	21 focus groups with service users, both adults and children	Discussion using a structured topic guide with questions around use of the services, views of the proposals and impact of changes.
Targeted groups	One group with the Traveller Community	
Email briefing	Partner organisations, MP's council's and schools	A key fact summary distributed by email
Presentations	Each elected member locality meeting	A presentation delivered setting out the proposals

2.2.2 Response Method

The following channels were provided for people to respond to the consultation throughout the consultation period:

- **Online consultation survey** was the primary methodology used to allow responses to the consultation. Oxfordshire County Council's consultation hub website www.consultations.oxfordshire.gov.uk was used to host the survey. The survey included closed questions to capture views of the proposals and the opportunity to provide open text responses to each question to allow respondents to express views in their own words. Information about the demographics, Children's Centre Usage and the context in which people were responding to the consultation were also asked for sub-group analysis. The questions were developed by Oxfordshire County Council.
- **Paper surveys** were provided to early intervention hubs and children's centres. These contained the same questions as the online survey with a freepost return option. This survey was translated into Polish, Urdu, France, Hungarian, Indian Punjabi, Somali and Spanish. There were no requests for translation into additional languages. Copies of the translated documents were sent directly to the requestor.
- **Public meetings** were held in Oxford (18th November), Didcot (23rd November) and Bicester (30th November). These provided an opportunity for members of the public to ask questions about the proposals and give their views in a meeting setting.
- **Written submissions** in the form of letters, emails and petitions could be submitted to the consultation by post or online.
- **Social media** was monitored for comments on Facebook and Twitter.

2.3 Responses to the consultation

A total of 2715 responses were received. Below details the number of responses received through each consultation method.

Table 3: *Responses received by response method*

Method	Responses
Paper survey	666
Online	1,575
Emails	88
Facebook responses	28
Twitter responses	322
Letters	36

In addition to these responses, a petition was also submitted via this route to Oxfordshire County Council with 50 signatures.

Responses received after the close of consultation have been stored securely but are not included in the analysis of responses.

2.3.1 Survey response by specific audience group

The tables below set out the numbers and percentage of self-reported responses from different audience groups, demographics and geographic areas. Where respondents have not responded to these specific questions this is not reported.

Table 5: "*In what context are you responding to this consultation?*"

Context responding	Total	Percentage
Councillor	22	1%
Employee/volunteer in children's centre, hub or in children's services	160	8%
Other (if yes please state below)	56	3%
Oxfordshire resident	293	14%
Professional partner (e.g. GP, health visitor, teacher etc.)	199	10%
Responding on behalf of a group/organisation (if yes please state group/organisation below)	77	4%
Service user/parent or carer of a service user	1278	61%
Total completed responses	2085	100%

Table 6 : *Survey responses by geographic location*

Town area	Postcodes	Count	Total
Oxford	OX1, OX2, OX3, OX33, OX44	594	48%
Kidlington	OX5	50	4%
Chipping Norton	OX4	29	2%
Thame	OX9	31	3%
Wallingford	OX10	23	2%
Didcot	OX11	38	3%
Wantage	OX12	11	1%
Abingdon	OX13,OX14	87	7%
Banbury	OX15, OX16, OX17	155	13%
Woodstock	OX20,	7	1%
Bicester	OX26, OX27	68	6%
Witney	OX28, OX29	88	7%
Faringdon	SN7	8	1%
Chinner	OX39	8	1%
Watlington	OX49	8	1%
Aylesbury	HP18, HP20	4	0%
Reading	RG4, RG8	8	1%
Henley On Thames	RG9	10	1%
Other	W13, SN6	2	0%
	Total completed responses	1229	100%

Table 7 – *Survey responses by demographics*

Demographic information	Total	Percentage
Age		
19 or under	18	1%
20-25	84	6%
26-34	434	30%
35-44	570	40%
45-54	155	11%
55-64	82	6%
65-74	42	2%
75 or over	6	0*%
Prefer not to say	44	3%
Total recorded	1435	100%
Gender		
Male	194	13%
Female	1218	83%
Prefer not to say	57	4%
Total recorded	1661	100%

Demographic information	Total	Percentage
Ethnicity		
White British	1098	78%
White other	169	12%
Asian or Asian British	56	4%
Black or Black British	15	1%
Mixed	28	2%
Other	69	3%

Analysis of how these demographics compare to the profile of Oxfordshire as a whole is included in Appendix 1.

2.4   Interpreting the responses

The Campaign Company was commissioned by Oxfordshire County Council to provide an independent analysis of the consultation responses of each of these channels. This report sets out the findings from this analysis.

The findings from this consultation will inform the final decision about the future model for children's services in Oxfordshire to be taken by Oxfordshire County Council in spring 2016.

The Campaign Company collated responses made throughout the consultation period and feedback representations made through the different engagement formats. Data collected by Oxfordshire County Council was shared with The Campaign Company for the purposes of this analysis.

The methods used to collective evidence are designed to allow everyone to contribute to the consultation, but the evidence collected is not representative. Responses are self-selecting: only people who chose to give their views have had them recorded. Public consultations tend to over-represent responses from people with the strongest views and those most directly involved with the services being considered.

As the responses are self-selecting, particular attention is paid to understanding who has responded to the consultation, to understand where some groups are being under or over represented through the findings.

The primary method of analysis is qualitative with approaches used to understand the particular issues raised by those who have contributed, to capture the themes that emerge from response and gauge the strength of perceptions by different groups.

Quantitative data is analysed in this way, as indicators of the perceptions of different respondents.

For the analysis of the survey responses, closed question responses are described as percentages. Due to a high number of partially completed responses, varying from only one question to all but one question being answered, the number of responses included in each response varies. As a result, the base number for many questions varies and is stated for each question.

In places, percentages may not add up to 100 per cent. This is due to rounding or questions allowing multiple responses. Where questions have allowed multiple responses this is clearly stated.

Open questions and free text responses were analysed using a qualitative data analysis approach. Using qualitative analysis software (NVIvo) all text comments have been coded thematically to organise the date for systematic analysis. To do this, a codeframe was developed to identify common responses; this was then refined throughout the analysis process to ensure that each response is categorised and could be analysed in context.

The analysis has been presented thematically based on the method through which the responses were received. Quotations from responses and submissions are included to illustrate these themes.

2.5　Structure of the consultation reports

Each consultation report details analysis by response method in the following order: survey responses, public and stakeholder and service user events, email and letter responses and detailed submission responses.

Survey responses are analysed by responses to the individual questions with the quantitative responses and the open text responses analysed together. Analysis of the remaining chapters is analysed thematically, with detail of the form of submissions followed by explanation of the key themes.

3   Analysis of survey responses

3.1   Introduction

This report is a standalone document that makes up part of the overall reporting for Oxfordshire's County Councils public consultation on 'The proposed new model for children's services in Oxfordshire. The consultation was open from the 14th of October 2015 and closed on the 10th of January 2016.

This report relates to the response to the survey which was available online and via paper copy on request. The survey was open to anyone to respond with specific questions relating to the relationship of the respondent to the services, question relating to the new model, and questions to help profile the response. There was a mixture of open and closed questions within the survey.

To support the survey there was a supporting consultation document that provided information on the proposed changes and detail to help respondents to understand how the proposals had been reached.

As with all public consultations, the response cannot be seen as representative of the population but rather a cross section of interested parties who were made aware of the consultation and were motivated to respond. Within the analysis we cannot be clear the extent to which responses are informed by the supporting information that has been provided. We have conducted analysis on the response using statistical software and coding software.

In reading this report, the reader will find an executive summary that draws together the themes that emerge from the response followed by a breakdown of each question by all of its elements (quantitative and qualitative). Where there are significant differences in responses by either geography, demographics or other factors, these are stated. For quantitative data we have include a base figure to highlight the number of responses, where there is no quantitative element to a question we have indicated the number of separate responses to the qualitative element.

3.2   Summary findings

There were 2241 survey responses. There are a set of specific themes that emerge from the response to the survey alongside some key quantitative elements.

3.2.1 Quantitative

- Of the three potential proposals put forward all received low levels of support, the most popular response was none with 71 percent. The option that received the most support was option 2. This was principally motivated by the greater retention in that option of universal services.

- The proposal to have an integrated service has a net score (positive response minus negative response, excluding neutral and don't know) of negative 47 percent. There is a belief in the benefits of integration but this is conflated with an attack on universal services which leads many to reject it.

- On the principle of prioritising vulnerable families over others there is a net score of negative 7. This is a more mixed picture; the benefits of integration are recognised by not at the expense of universal services.

- On providing services by volunteers or community groups, 23 percent can see a role for this in the provision of existing services going forward whereas 25 percent cannot. 52 percent respond 'Don't Know'.

3.2.2 Qualitative

- There is in general a strong defence of universal services that informs the reaction and response to the question that are put forward in the survey. A set of common narratives emerge across the response that includes *Prevention*, *Health and Social Impact*, *Accessibility* (including rurality), and *Funding* (including opposition to cuts)

- Prevention acts as the root for many of the issues identified throughout the survey response. There is a widely held view that the presence of universal services provides a specialist workforce able to intervene early to prevent the escalation of issues to social care. This supports people in difficult scenarios such as post-natal depression and domestic violence. With the removal of universal services there is a persistent fear that the vulnerable families who do not qualify for social care will 'slip through the net' either stagnating in a position of vulnerability or will eventually present to social care at a later date. This has the added disadvantage of entrenching issues making them more difficult to deal with.

- There are multiple health impacts that are set out, some of these interact with the prevention theme. The reduction in universal services will reduce the number of available breastfeeding support groups and practitioners with a longer-term impact on breastfeeding rates. Mental health is considered an area of risk with the removal of universal services creating conditions of social isolation and minimal exposure to

the specialist workforce. Women's mental health in particular is seen as at risk with an expected rise in the number of cases of post-natal depression.

- Childhood development is an issue that straddles both social and health spheres. There are concerns that children in general will be less socialised and less prepared for school. In addition, there is concern that specific groups of children with special needs will not have the early support they need to improve the longer-term developmental outcomes. Speech and language are given as useful examples where earlier intervention can provide better life chances; centres with specialist staff are more likely to pick these issues up.

- Social cohesion and integration are seen as at risk with the removal of the universal services. They provide a forum where families can develop networks that support them through their parenting journey. Those networks are viewed as a bridge across social and economic dividing lines in the community, in the long run this can create greater community resilience. Alternative provision provided by voluntary services are exposed to accessibility issues due to 'cliques' and may present religious barriers depending on where they are run (for example church halls)

- Stigmatisation is seen as a social issue that is likely to develop. Social Care led services are seen as unattractive and people will potentially fear using those services because of the associations and assumptions that are made. This is likely to make the new service less effective.

- Accessibility is linked to universal services for many respondents. The benefits of universal services are highly valued and there is not an acceptance that their removal is the right course of action. Therefore, there is a general accessibility issue for families. Specifically, with the new models that are proposed there is concern over rural communities ability to access these services via the transport network but also the capacity of rural communities to develop and provide alternatives.

- On funding, there is a system question about the displacement of services. There is a view that by taking the services out of the authority's budget there will be an increase in the use of universal services that operate in the same space. The impact will be an increase in the use of services such as Health Visitors, GPs and the school system. There is a question as to whether the full cost and capacity of the system has been modelled to understand if that impact can be accommodated.

- Linked to funding, a series of alternatives are suggested in the survey response. These include displacing the savings from the children's budget into another budget pot such as Highways or managers' salaries. Holding a referendum and raising council tax is seen as a way to fill the funding gap. There are suggestions for generating income including charging for the use of services, reaching out to other institutions for sponsorship and partnership, creating a charitable trust and general

fundraising activities. There are also calls for closer partnership with the NHS and for lobbying of Central Government to find additional funding.

- In exploring voluntary options there is some optimism in the response that voluntary provision can be found to run some of the services that are provided but this falls short of fulfilling the specialist staff roles that exist in the current system. There is a concern though that voluntary provision will not provide the standard of provision or the safeguarding assurance that the services need.

- Service and Community Impact Assessment, a number of issues are raised with this including the rigour with which it has been developed. Women are identified as a group who are disproportionately impacted that have not been identified as are children with special educational needs. Minority and ethnic communities are seen as qualifying for inclusion because of the integration and language skills.

3.2.3   Other summary points and issues from the response

- Service users are the most numerous respondents representing 61 percent of the overall response. This is followed by residents of Oxfordshire and professional partners.

- 67 percent of respondents were female.

- All 51 sites of children's centres and early intervention hubs have been used by the respondents. The highest usage is Florence Park Children's Centre, and the lowest usage is the Rural Children's Centre.

- Services are well used with Stay and Play the most popular service followed by a number of post and antenatal services. Breastfeeding and wider health services were highly used services. All other services had a least some representation the lowest used service was 'I have a key worker' at 66 responses.

- Respondents speak highly of the services they use and provide personal testimonials to the benefit of using the services that are on offer.

- Other community services are well used including: GPs, schools, libraries and others provided in community settings. These services are viewed as a useful supplement to the work of the centres and hubs but not as a replacement. This is largely due to the professional and specialist support that is available in the centres.

- There are no significant differences in responses from different demographic groups (eg gender, age, ethnicity and so on). Where there are, these are stated.

- Appendix 3 provides further quantitative analysis by the type of respondent and by geography (North, Central and South areas as defined in the consultation).
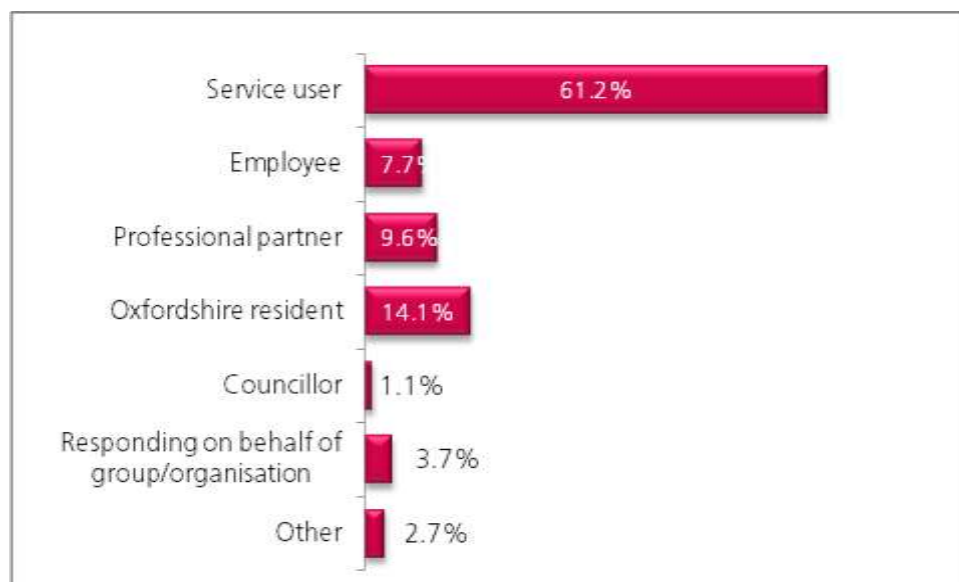
3.3 Breakdown of the responses

Detailed responses to the survey are shown below.

3.3.1 Question 1 – In what context are you responding to this consultation?

The response to this is shown below.

Figure 1: In what context are you responding to this consultation (Q1)

Dataset: 2085 completed responses

- Most respondents are users of the children's centres / early intervention hubs (61%)
- Eight percent are responding as employees and ten percent as professional partners
- Four percent are responding on behalf of groups and organisations in Oxfordshire
- The 'other' category includes respondents who are volunteers at centres; former service users; and relations of people who attend these centres.

3.3.2 Question 2 – Are you/or is a member of your household currently a user of children's centres and/or early intervention hubs in Oxfordshire?

- 67 percent of respondents said that someone in their household was a current user
- 31 percent said that no one in their household was a user of the services

3.3.3 Question 3 – Which children centre(s) and/or early intervention hub(s) do you use, or have you used?

Respondents were able to tick more than one response to this and people on average said they attended 3 centres and / or early intervention hubs.

*Table 8: Responses by children's centres / early intervention hubs used*

Children's Centre / Early Intervention Hub	% of respondents at each
Florence Park Children's Centre	16.10%
East Oxford Children's Centre	13.40%
Marston/Northway Children's Centre	11.70%
North Oxford Children's Centre	11.70%
Slade and Headington Children's Centre	10.40%
Grandpont Nursery School & Children's Centre	8.80%
The Roundabout Centre	8.60%
Rose Hill and Littlemore Children's Centre	8.30%
Elms Road School & Children's Centre	8.10%
Leys Children's Centre	7.90%
Bicester Children's Centre Brookside	7.70%
Bicester Children's Centre Glory Farm	7.50%
South Abingdon Children's Centre	7.50%
North Abingdon Children's Centre	7.10%
The Sunshine Centre	7.10%
East Street Centre	6.60%
The Maple Tree Children's Centre	6.20%
Kaleidoscope Children's Centre	6.10%
Britannia Road Children's Centre	6.00%
Witney Children's Centre	6.00%
The Orchard (Eynsham and Woodstock Area)	5.70%
Red Kite Children's Centre, Thame	5.10%
Stephen Freeman Children's Centre	5.10%
The Ace Centre	4.90%
Didcot Ladygrove Children's Centre	4.60%
North East Abingdon Children's Centre	4.20%
South Didcot Children's Centre	4.20%
North Banbury Children's Centre	4.10%
Banbury Early Intervention Hub	4.10%
Carterton Children's Centre	3.90%
Abingdon Early Intervention Hub	3.80%
East Oxford Early Intervention Hub	3.80%
Ambrosden Area Children's Centre	3.70%
West Oxfordshire Early Intervention Hub (in Witney)	3.70%
Butterfly Meadows Children's Centre (Bloxham area)	3.60%
Chalgrove and Watlington Children's Centre	3.60%
Bicester Early Intervention Hub	3.50%
Littlemore Early Intervention Hub	3.30%
Berinsfield Children's Centre	3.20%
Didcot Early Intervention Hub	3.10%
Wallingford Children's Centre	2.90%
Heyford & Caversfield Area Children's Centre	2.70%
Willow Tree Children's Centre (Bampton and Burford Area)	2.60%
North and West Witney Children's Centre	2.50%
The Rainbow Children's Centre, Henley	2.50%

Children's Centre / Early Intervention Hub	% of respondents at each
Wantage Children's Centre	2.50%
The Rainbow Centre (Sonning Common, Goring, Woodcote and area)	2.40%
Grove and Hanneys Children's Centre	2.20%
Faringdon Children's Centre	2.10%
Southmoor Children's Centre	2.10%
Rural Children's Centre	1.80%
None	8.80%

Dataset: 1994 respondents completed question (5759 responses)

This information is also summarised by geographic area (North, South, Central) as defined in the consultation document.

Figure 2: Number of users of centres / hubs by geography (% respondents)
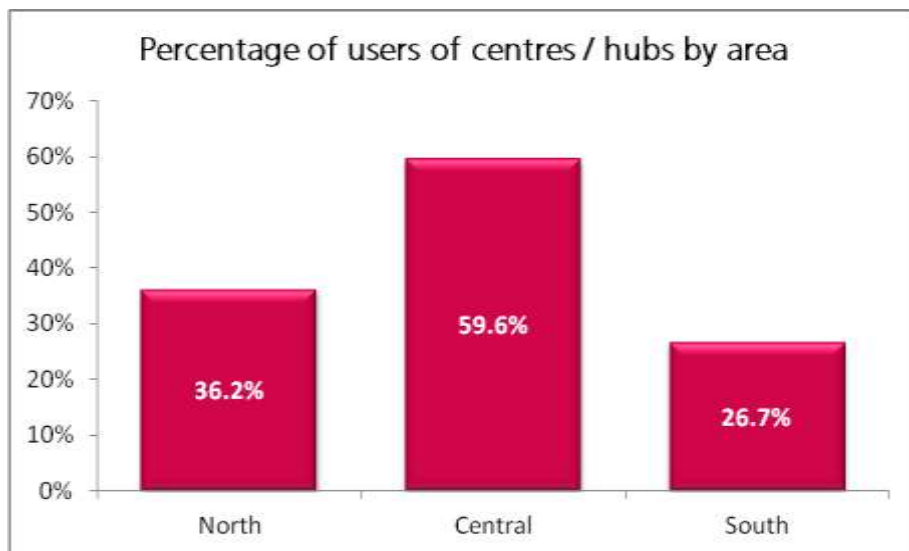
Dataset: 1824 respondents (2233 responses)

- All 51 sites have been used by respondents
- The highest use is at Florence Park Children's Centre
- The lowest use is at the Rural Children's Centre
- The majority of response comes from the central area (as defined in the consultation document) and the lowest comes from the south area. This might be expected due to the population density in each area.

Respondents were able to tick more than one response to this and people on average said they used three different types of services.

Table 9: Types of services used by respondents (% responses)

Services used	Percent of Cases
Stay and play session including family drop ins	69.10%
Access health services (e.g. health visitor appointments/midwife appointments/speech and language support)	44.30%
Breast feeding support	41.60%
Postnatal support	37.20%
Parenting education programmes	26.30%
Antenatal support	21.70%
Parenting support (group programme)	20.70%
Dad's group	18.00%
Child care	11.50%
I receive outreach/family support	10.50%
Employment and training advice (for parents)	9.50%
Health support including healthy eating, smoking cessation, substance misuse, sexual health	9.10%
Mental health support	8.60%
Targeted programmes (e.g. young carers, SEN)	5.90%
Family contact meeting	5.60%
Youth group/open access youth session	4.90%
Employment and training advice (for young people)	4.90%
Domestic abuse support (for parents and children)	4.30%
I have a key worker	3.60%
I haven't used any services	9.50%
Other	11.40%

Dataset: 1864 respondents completed question (7034 responses)

- The highest usage is for the Stay and Play sessions
- Access to health services is also an important provision found in the centres / hubs
- Breastfeeding support, antenatal and postnatal support are well used by respondents

- There are popular programmes of support including parenting support, dad's groups and employment and training for adults and young people
- Specialist support on domestic abuse, special educational needs, and mental health are also used by respondents

Consultees noted a number of other services and also used the space to provide commentary on the value of the services. Postnatal support is highlighted with a number of well used and valued services described including baby massage, breastfeeding groups and the baby café;

'Invaluable – could not have kept breast feeding without the baby cafes'

Respondents also describe other services that they are able to access such as financial advice and describe a social hub that is facilitated by the centres and hubs with multiple groups taking place. For example, LGBT groups, Polish groups, Asian Families groups, Fostering groups, Youth Partnership Meetings, Duke of Edinburgh Open Access amongst others.

Parents of special educational needs (SEN) also describe the positive support that they receive. Examples from some localities include the Down's Syndrome Early Development Group in South Abingdon and the speech and language group helping the hearing impaired in the East Street Centre. A particular benefit from these groups is the socialisation with other parents with children with SEN.

There is a general point about the support and expertise that are available through these services and the benefit that this provides to new parents. A collateral benefit is the social networks that develop from the use of these services that allow shared experience and learning.

Practitioners highlight the importance of these services. This includes comments from practitioners on the 'Thriving Families' programme who see the services as facilitating much of their work, a paediatrician who uses these services to refer patients to and a school Governor who sees the services as vital in the development of pre-school age children.

3.3.5 Question 5 – Do you or have you used any of the following sites to get children and young people's services and support?

Respondents were allowed to refer to more than one site to get children and young people's services and support.

Figure 3: Other sites used to access children and young people's services and support (% responses)
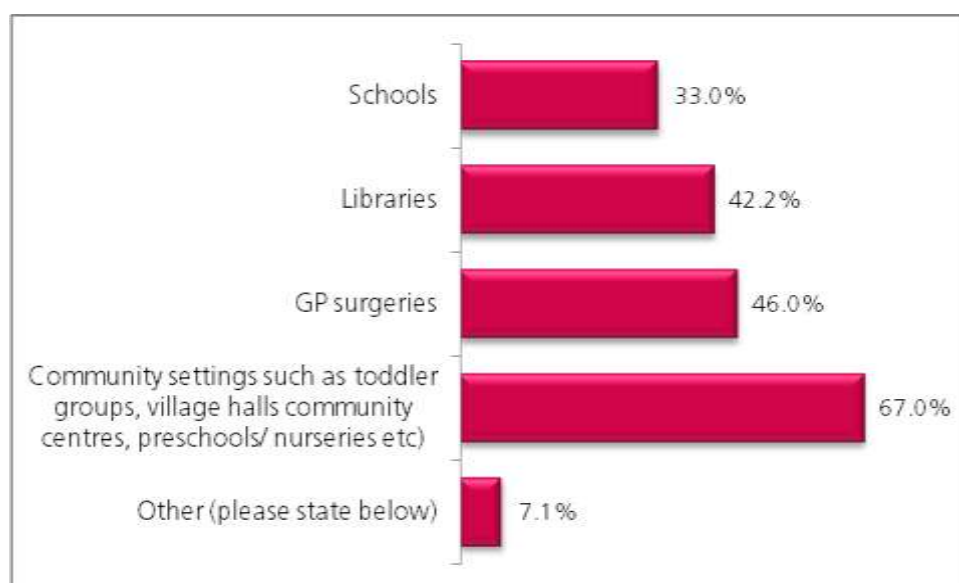
Dataset: 1373 completed responses

- All of the additional settings are well used sources of children and young people's services and support.
- Community settings are the most familiar additional locations with two third of respondents accessing services in these locations. This is followed by GP surgeries and libraries follow community services
- Schools are less familiar settings, potentially due to the age of children with around 60 percent of respondents with children from 0 -5 years' old

The nature of the services ranges from developmental session for young children such as Rhyme Times at the local Libraries to support for mothers with breastfeeding at the local GP surgeries. Toddler groups in the local church hall are a commonly referred to services such as Headington Baptist Church.

Parents appreciate these services but are keen to point out that their value does not replace or substitute the services that are available in centres and hubs.

'I appreciate the facilities available in these settings, however this cannot and should not replace what the children's centres can offer all families in Oxfordshire'

The professional support that is available through centres and hubs, particularly for difficult issues such as post-natal depression and domestic violence, is felt to be lacking. There is also a concern that medical facilities simply will not have the time and space to absorb the services that are currently provided.

Provision of these services is also viewed as somewhat ad hoc leading to an inequality of access. This is highlighted in a point of concern on the accessibility of Church run toddler groups and services for the local Muslim population, these comments came not necessarily from the Muslim population but staff respondents and other users.

'I am concerned that the many Muslim families who currently access our centres ...will not be able to access church run groups. They risk increased isolation and de-integration.

3.3.6 Question 6 – How much do you agree or disagree with the following statement: "It is important to offer more services to vulnerable children/families than to all children and families?"

The responses to this question are shown below.

Figure 4: The extent to which people agree with the statement: "It is important to offer more services to vulnerable children/ families than to all children and families (% responses)
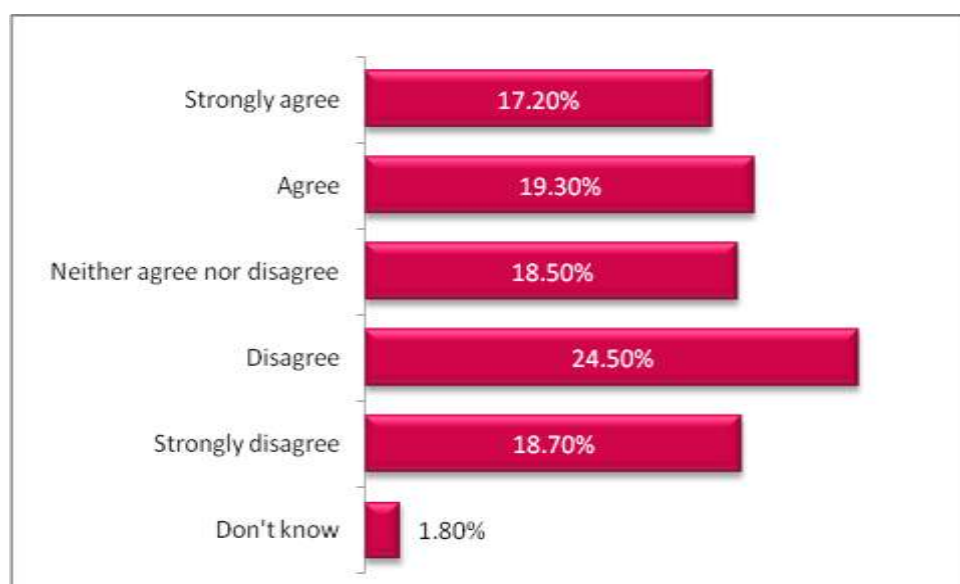
Dataset: 1855 completed responses

- The net score is -7 percent, taking the negative responses (disagree and strongly disagree) away from the positive responses
- A fifth of respondents either don't know or are neutral on the statement

There is agreement from most sections of the response and disagreement from others primarily service users (this is shown in Appendix 3).

Agreement

Those who agree see the need for additional support for vulnerable families over and above others. As such this should be a principle of any service.

'Should a vulnerable child or family receive proportionally more services than a family that is not vulnerable, the answer is a very strong YES'

There is recognition that those families who are vulnerable may not have the knowledge and awareness to look for support or seek out help. Therefore, services should be shaped in such a way as to reach out to those families through prioritisation. Universal services may be used by the many but not those who actually need them in from a statutory perspective.

There is a caveat in the agreement. The question is seen in context and whilst people are prepared to agree with the principle they want to qualify their agreement. The qualification is twofold, first of all the principle of prioritisation should not lead naturally to the removal of universal services which are highly valued and create significant value for the County. Second of all, the definition of vulnerable should encompass those who are not at the point of crisis, those who are not identified on statutory or targeted programme. Universal services are viewed as a vital link to the identification and support of those families who are not yet at crisis point.

Disagreement

The disagreement with the proposals builds on and reinforces the caveats that are made by those who agree with the statement. There is a belief that all young parents and families have the potential to become vulnerable. For example, families who do not appear on the multiple deprivation index are equally susceptible to issues such as post-natal depression and domestic violence. Prioritising those who are currently defined as vulnerable over the remainder of the population is seen as a negative step and an unacceptable trade off.

Early intervention and prevention is viewed as a significant and cost effective benefit to the County. By proposing a focus on those who are statutorily vulnerable there is a fear that the authority will store up difficult and costly issues for the future.

"If families are supported before they reach crisis point (social care threshold), they are more likely to be able to make significant, sustainable change. The more ingrained issues become the more difficult it is to change them. It is through early intervention or help that the most difference is made to children and young people's lives."

Moving away from universal services will reduce exposure of families to trained experts and specialists in children and family welfare. There is a genuine fear that by taking this route children and families will be missed and as a consequence will present at a later

stage or will fail to reach beyond their vulnerable state. Many participants simply do not agree with the choice that is being positioned on this basis.

There is concern about the social dynamics that may be disrupted by the focus of services on vulnerable families. It is felt that there is the potential for significant stigma being attached to accessing social care led services. This is likely to reduce the uptake and engagement with the services. There are also collateral benefits of social mixing and social network development that will be lost through concentrating only on vulnerable families

3.3.7   Question 7 – To what extent do you agree or disagree with Oxfordshire County Council's overall proposal to create an integrated children's service for 0-19 year olds (25 for young people with special educational needs)

The responses to this are shown below.

Figure 5: Extent of agreement with the overall proposals to create an integrated children's service (% responses)
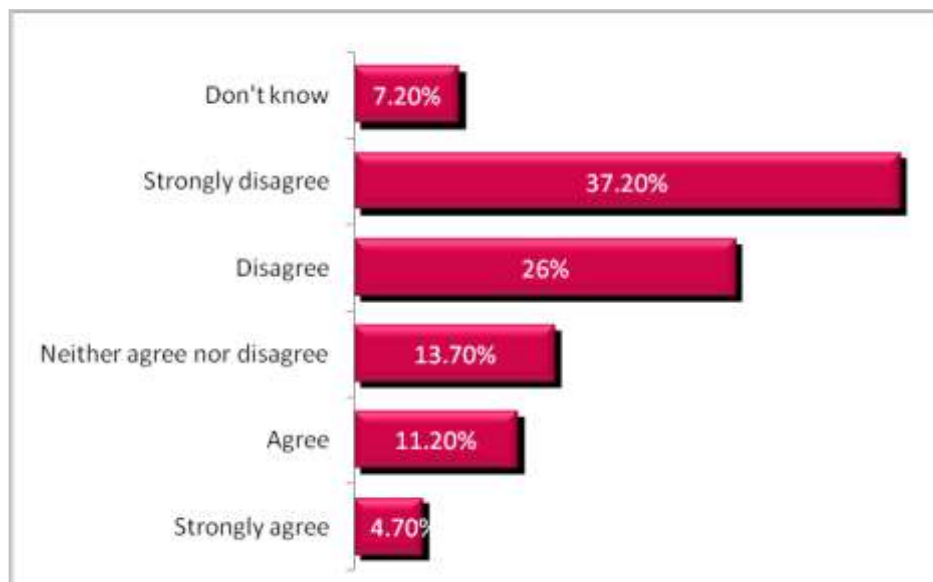
Dataset: 1863 completed responses

- The net score for this question is -47 (positive minus negative response, excluding neutral)
- Over two thirds of responses disagree with this
- 21 percent of the response are neutral or undecided
- Disagreement is slightly stronger in the North and Central areas than in the South (65 and 68 versus 58 respectively)

Support

There are some supportive voices from respondents including practitioners. The perception is that integration of the services will bring a degree of consistency for families as it removes the arbitrary separation of the family into distinct age groups. This is likely to bring a more holistic approach to the engagement with the family and protect against 'too many disparate services' working with families.

'"Integrated support will ensure focus on the whole family right across the age range. Early intervention is vital for struggling families. By addressing the whole family's needs, this should strengthen communication and information sharing."

There are perceived benefits for practitioners with a clearer set of communication channels facilitating a more joined up approach to young people and their needs.

There is some support for the proposal that references the direct benefit for children from the proposed approach; a better communications environment for practitioners; and a clearer integration of services and their outcomes.

The support from some is cautious and there is a request that any integrated service protects the skill sets that are necessary to work with different age groups, particularly the specialist skills required for the under-five group.

A further caveat is that the integration of services should be available and delivered on a wider basis than simply to those targeted as vulnerable.

Some participants although agreeing with the idea of integration foresee problems with the configuration of the proposed approach and suggest alternative configurations

"Oxfordshire County Council is proposing to put support services under Social Care which has a culture of statutory intervention and -- however good the staff -- perceived as a threat to parents who therefore do not engage voluntarily. Integration of services for children 0-19 is sensible but should have the ethos of targeted outreach and voluntary engagement whenever possible and be located as close to families as possible. Early intervention hub staff based in children's centres could provide a 'bottom up' voluntary support service, staffing dependent on need."

Opposition

Opposition builds on the caveats that are set out in the supportive response. For some the diminishment of the skill set of specialist workers is reason enough to reject this approach. There is a fear that the specialist skills needed to work with toddlers and babies will be lost.

> *"The subtle presentations babies and toddlers display, risk being overlooked by professionals without the skills and experience of this age group. The very obvious way that older children present means that funding is likely to be diverted to older children and under 5's get missed again."*

This expands into a wider concern that across the 0-19 age group there will not be enough focus on age specific issues creating a service that does not meet the needs of families and as a consequence is not fit for purpose.

Reading across the issues respondents see the proposed integration as part of an unwelcomed move to remove highly valued services. The 'streamlining' and 'efficiency' that is set out in the approach to integration is associated with a cost, the removal of universal services (such as baby groups, stay and play and Dad's groups). This is linked by respondents to a number of other common themes that arise in opposition to the proposals overall including the accessibility of services with a consolidated number of children and family centres, a rejection of the funding scenario that informs the proposals and question over how need has been established in developing the proposals. This leads to a number of challenges including the economic rationale for a new service.

> *"Starting a from scratch may sound attractive but what is proposed means the loss of so much valuable work and intangible social capital that has been built up by the current centres over a long period of time. Trim them! Don't raise them to the ground."*

Prevention again emerges with respondents using this question to highlight a fundamental opposition to the reduction of universal services. It is the removal of universal services and the perceived wider impact of reduced early intervention that is opposed.

> *"Integration and a 0-19 service make sense, but we believe that this proposal would promote integration only at the highest level of need, when it is needed across the levels."*

Accompanying that perception is a view that the issues that are dealt with by the current system will not fade away but will rather be displaced creating different pressures at other points in the system. Points in the system identified are GPs, mental health services and schools. This is seen as unsustainable and a potential drain on future resources.

3.3.8   Question 8 – Which of the three options outlined in the consultation document do you believe offers the best model for delivering integrated services for 0-19 years? In particular which model do you prefer?

As the graph below shows, 71% of respondents stated that 'None' of the options provided the best model for delivering integrated services.

Figure 6: Which of the three options do you believe offers the best model for delivering integrated services for 0-19 year olds? (% responses)
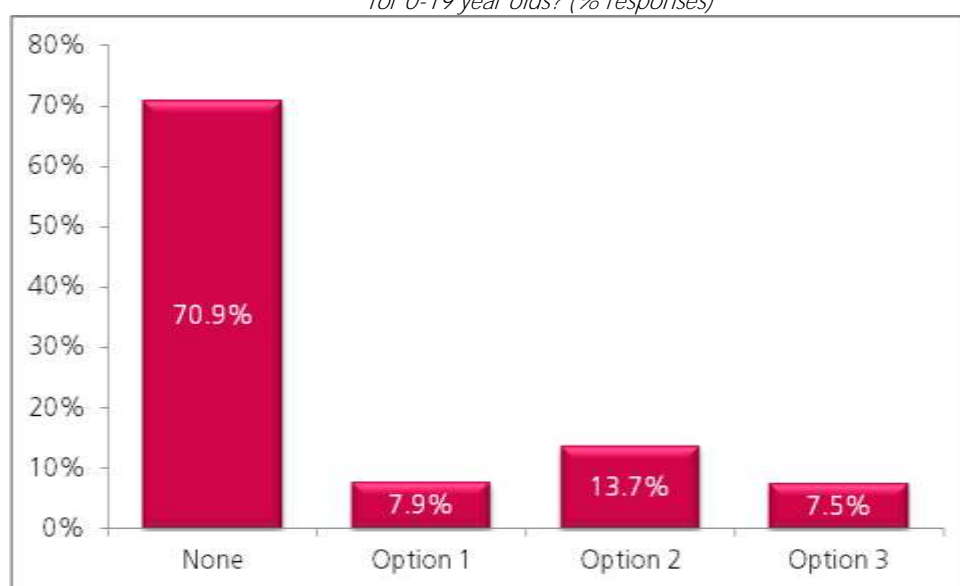
Dataset: 1496 completed responses

- Of the three options, Option 2 receives the greatest level of support
- The response is consistent across demographics and geography

General rejection

In expanding on the response it is clear that the overall response is very much against moving to any of the three models. Those who support any of the three developed options make the choice from a position of 'best of a bad bunch'. There is no real appetite for the development of the services as described by the three models, therefore it can only be interpreted that there is minimal support for the options. The majority of the response sets out a defence of the existing universal services that are provided.

Option one – preferred option

There are relatively few people who choose option one as their preferred option. This is reflected in the number of comments that have been submitted to support that choice.

Although a small response there are a number of comments that position the choice as the 'best of a bad bunch'. The features that make this more palatable than the other options include the family outreach element which is seen as a positive. The model also allows control of the service to rest with the authority, this is seen as a positive.

Nevertheless, the support is qualified by the disagreement with the removal of valued universal services, the possible stigmatisation that is recognised in the proposals and the possible impact on those who do qualify for help.

"[This option] Because it involves family outreach work. But it is still NOT a good enough option! How will families be approached and helped? They may feel targeted, labelled, isolated…If they feel a finger is pointing at them. They'll never agree to use the 8 centres. How about the non-disadvantaged? I am not disadvantaged, but I'm still receiving a little help from the Early Years Hub, and the parenting course I attended is ESSENTIAL for ANY parent!"

There were some specific pieces of feedback to this from parts of the community. For example, there is a call to amend the proposal for option one to include the provision of a facility that is close to the military bases within Oxfordshire.

Option two

Option two received the most support of any of the three options that were put forward. Positives for this option include the spread of centres across Oxfordshire which is seen as a better geographical settlement.

"This is the fairest option, otherwise towns such as Bicester and Abingdon lose out. I wouldn't travel to Banbury to access support for myself or my six week old baby. Community groups wouldn't fill the gap left by taking away universal services."

There is also a positive response to the maintenance of access to some universal services which is seen as a partial benefit for the community. This creates a space to compare the benefits of universal services with their removal, for example, ensuring a reduced risk of the stigma that might be attracted if option one was adopted.

It highlights how important universal services are for respondents, it appears that in supporting this option over the others it is the benefits of universal services; access,

prevention, social networks and specialist advice that are the motivating factors in that support. There are benefits, such as prevention, of targeting a set of universal services within deprived communities

> *"Universal services in areas of deprivation support the most vulnerable children and families. They are key for early identification and for non-stigmatisation of services."*

There are some practical concerns and risks such as the case load of the family support team which is seen as at risk of increasing in an unmanageable way under this proposal.

Option three

This option received the joint lowest level of support.

There was some support for the provision of grant funding to communities, for some this provided the opportunity to develop the capability of the community to take the services on in a sustainable way. Others disagreed with this model citing the reduction of staff and reallocation of funding into the community as an unacceptable trade off.

Those who do agree with the involvement of the community and community organisations in the provision of services highlight the need for support and acknowledge the challenges with an untrained or volunteer workforce.

> *"Option three would enable more universal services to remain. I do firmly believe though that the community/voluntary sector would need to have support to run these services. It is a lot to ask of volunteers to run regular services if they aren't paid. Safeguarding would also need to be considered."*

However, for some this represents the clearest opportunity to retain the principle of universality and creates the space for further innovation within the community in the longer term.

There are some specific issues around fairness of the distribution of centres within the third option that are put forward by a minority of respondents.

> *"Option 3 is unacceptable. Bicester and Abingdon, both have significant need, including from Service families. No centre in Bicester would leave CDC with the second highest need and highest number of children (forecast for 2020) in the county with only one centre in Banbury."*

None

The most popular response to this question is 'none'. In qualifying and clarifying that position respondents have provided a rich set of data the describes their opposition to the proposals. Specifically, the response represents a defence of universal service and a warning over the dangers of removing services as suggested within the preferred option. Specific areas of opposition, that emerge consistently, include funding, impact, and prevention. There is also a general opposition general opposition to cuts and to the proposals overall.

"There should be a 4th option- to keep Children's services as they are and make savings in other ways."

Prevention

Consistent points are made on prevention. There is seen to be great value in early intervention services for the local authority and for families. The current universal services provision creates an environment where trained and specialist members of staff are able to interact with families, identifying where points of concern exist. This can lead to successful intervention that prevents the issue getting worse and possibly presenting to the social care system. The removal of universal services to focus on intervention with high needs is seen as a significant 'own goal' by the authority creating and storing up cost for the future.

"Early intervention is designed to prevent escalation of issues within a family. Based on these models families may be unsupported and unidentified until they reach crisis point. This is likely to result on higher demands on the mandatory Social Care system and increased costs."

Social impacts

The social impact of the removal of universal services is seen as extensive. Young parents benefit from accessing empathetic practitioners and developing a peer group by attending sessions. This can create social capital and greater community resilience in the long term. The removal of services undermines this community resilience. In tandem it is suggested by practitioners that the replacement high level support service creates a social issue of stigmatisation that may reduce accessibility and as a consequence damage the potential outcomes.

'"I work as a GP in an area that under your proposals would have its children's centre closed. My "vulnerable" patients, to use the County Council's phrase, would not be able to get on 2 or 3 buses to reach the next nearest children's centre, if our local one closes. Even if I refer them the transport situation will prevent attendance. Furthermore, some of these families have already said to me that they don't want to be referred under a new system without universal access because they don't want to be labelled or go to groups where everyone "has problems" - they feel they and their children learn so much from universal services."

From a parent's perspective the current provision offers socialisation and integration, for example learning English and building confidence. For other parents having a child with developmental issues is made easier via locally available universal services this becomes more challenging with their removal.

A more muted part of the response is the impact that the service restructuring will have on teenagers, but the benefit of the early intervention hubs is identified. It is felt that the removal of services will create potential for negative social and personal impacts such as increased anti-social behaviour and teenage pregnancy.

Health impacts

There are some direct health impacts that are identified, particularly the impact of reduced breastfeeding support that is easily accessible within the community and the impact on the mental health of young parents who are potentially isolated and at risk without access to universal services.

There is a system impact that is foreseen from the implementation of the options suggested. This operates in the short, medium and long term. In the short term there is likely to be an increase in the number of presentations at GP surgeries from trivial childhood illnesses that would otherwise be dealt with in centres. There is also, for some, likely to be an increase in long term use of mental health services and the NHS in general as a result of the removal of preventative universal services. This is seen as 'problem displacement' driven by budget rather than joined up thinking.

"Reducing this service (Breastfeeding support) (or effectively consolidating numerous struggling mothers) into a small number of centres makes this less personal, more intimidating, and likely will reduce the number of breastfeeding mothers we have in the area. This would be disappointing, and based on scientific study would likely increase the burden on NHS services in the area and is, frankly, unacceptable".

Accessibility

Most respondents do not accept the premise of removing universal services. There is little acceptance that accessibility to the new services should be determined by qualification via 'vulnerability' criteria. This means that all current users of universal services are being denied access in the view of respondents.

Within that there are some specific concerns about the accessibility for some specific groups, including rural areas and those who have children with special needs.

"Rural children and their families in particular will suffer with children's services concentrated in the towns; even the closest towns are mostly inaccessible by public transport."

Funding

There is felt to be a true cost to the services and their value that has not yet been fully calculated. The current cost cutting exercise is seen as short-termism with a related degradation of the skills and assets of the County. Future costs and impacts may come back to haunt the authority.

Alternative funding scenarios are put forward including reducing the number of hubs and centres by 50 percent, providing the required funding reduction but leaving the coverage that is required. This assumes that the services remain universal.

There is a suggestion of greater volunteer involvement in the delivery of the services and an emphasis on parents to provide funding or fundraising activities to contribute to the budget of the existing centres.

3.3.9   Question 9 – Do you have any alternative proposals for how the council could meet the £8 million savings required from the children's services budget?

51% of respondents (from 1681 who completed this question) suggested they did have alternative proposals for meeting the savings required.

Overall

For some there is a question on how realistic it is to ask people, without knowledge of the authority's intricate budget, to make valuable suggestion about alternatives. Nevertheless, many suggestions have been submitted for exploration.

Maintaining the service and finding reduction in funding elsewhere

This suggestion disagrees with the question and puts forward that the money should not be taken out of the children's services budget. There is a view that Central Government should be intervening with funding or policies that create space for funding. For example, lobbying for a reduction in private rents to prevent excessive housing benefit payments and freeing up funds for early intervention.

There are multiple alternative areas of the local authority's budget that are suggested as sources of budget reduction, these include;
- Highways and infrastructure
- Free school meals
- Christmas lights
- Parks and gardens
- Senior salaries
- Staff pensions
- A reduced number of councillors
- A reduced number of managers
- Refugees housing
- Rationalisation of the back office

Highways and senior staff salaries appear more than most as potential alternative budget reductions.

Generating income

There are multiple suggestion for generating income. These range from increasing income tax, charging fees to use services and charitable fundraising strategies.

A rise in council tax is viewed by some as a self-evident approach to resolving this issue and a number of respondents make an appeal for a local referendum.

"Increase council tax in Oxfordshire by £1 per month per person - 66,100 people x £12 per year = £8m. I would happily pay more to preserve these services."

Charging for services is suggested with a consensus emerging that a general charge of £2-3 should be levied on those who are not vulnerable and able to afford it. For some services and groups there might be further additional charges levied dependent on what is being delivered. For example, baby massage;

"At my local children's' centre, a 6-week baby massage course was offered for under £10 - I had just paid £60 to book a private baby massage course".

There is recognition that this may be difficult to administer but means testing and voluntary contribution schemes are put forward as potential option for managing these approaches.

An additional income source may come from the rental of space and rooms to local community groups or to local people for functions and events.

Charitable and community fundraising

Another source of income that is put forward is a move towards fundraising with approaches to District Councils, Armed Forces, FE Colleges, Academies and other institutions. This is supplemented by more traditional charitable fundraising activities including; the establishment of a charitable trust to raise money across Oxfordshire; local activities such as cake sales and appeals for donations amongst the local community.

A number of respondents' point to the prominence of the University community in Oxfordshire and suggest establishing a link to those institutions as possible sponsors of centres and early intervention hubs. The idea of sponsorship is extended out to the wider business community.

There is also a call to involve the charitable sector in the delivery of the services. A commissioning model is put forward from Buckinghamshire that may act as a template for Oxfordshire to explore further.

"Buckinghamshire CC has tendered its children's centres out to Action for Children to run at a reduced cost".

Efficiency

There is a general call for efficiency across the authority. This manifests in requests to look at back office expenditure, duplications of work and roles, and expenditure on high profile services such as highways and maintenance.

Respondents are keen to find ways in which the centres and early intervention hubs might remain. This leads to a number of possibilities, there are specific suggestions around cluster management of services, reduction of some services with closure on some days, as well as recourse to the use of volunteers.

"Fewer activities, combining centres, letting premises out two days a week, volunteers helping with some activities. Bucks and Herts are not closing centres."

A number of respondents are keen to explore volunteering as a possible solution. This ranges from engaging the voluntary sector to establishing a new post of volunteer coordinators to organise the centres and hubs with an element of specialist training in safeguarding

There are, equally, respondents who view volunteering as an inadequate response to the challenge of reduced services.

"There may - or may not - be a source of voluntary support - but it is not professionally trained, and volunteers are already propping up other services eg libraries. We were promised that when the Youth Service was cut, volunteers would step in. This hasn't happened."

Other alternative approaches

There are a number of alternative approaches that have been put forward.

- Delay the implementation of this budget round until 2017/18 to allow for alternative funding strategies to be developed
- Reject a top down re-organisation and set centres and hubs a challenge to find a sustainable approach with their communities
- Combine NHS and Social Care budgets
- Use council surpluses
- Go for unitary status to reduce duplication

Of the alternatives a number of respondents focus on the potential partnership between the services and the NHS. There is already successful partnership working with Oxford Health and maintaining the services that they provide from centres is seen as an important priority.

3.3.10 Question 10 – What is your biggest concern if the children's centre(s) or early intervention hub(s) which you use were to close?

This is an open question, 1507 people responded to the question providing insight into their concerns about the potential closures. There are a variety of concerns some of which have emerged in other questions but some that are specific to this question.

Concerns include an impact on the community, strain on other services, health impacts on families, accessibility, loss of specific services, loss of specific centres and social isolation.

Community impacts

There are general concerns about the loss of community hubs and an impact on the strength and togetherness of the local communities that are served by the centres and early intervention hubs. This is seen by some as likely to reduce the opportunity to encourage diversity in the relationships that make communities strong. Both rural and urban communities are expected to suffer as a consequence.

> "…in Cutteslowe there is a lot of economic diversity, but the North Oxford Children's Centre attracts families from all different economic and social and religious backgrounds, and so builds up our community and enables genuine relationships to flourish across these socio-economic-religious divides."

There are concerns that the closure of centres and early intervention hubs will foreshadow more issues with anti-social behaviour and a greater strain on other services across the community.

Strain on other services

The closure of services it is felt will displace the need that is currently met by those services. This will impact on other universal services that are operating in a similar space. It is expected that schools will have to deal with an increase in children underprepared for school.

> "Children and families would not be accessing any services at all. This would put increased pressure on schools when children arrive at school without the basic skills needed for school readiness eg talking, toilet trained, eating independently."

Health services are expected to be exposed to greater demands as a consequence of the removal of services. There are specific services that are expected to be overburdened in the short term such as NHS breastfeeding teams and health visiting teams. More generally it is perceived that there will be an over reliance on already stretched GP services in the longer term.

Respondents fear that specific health conditions and issues will develop and have a long-term impact on services. For example, increases in mental health issues such as post-natal depression may put additional pressure on those services.

Health impacts on families

Building on this last service point, postnatal depression emerges as an area of concern. The concern centres on the identification of postnatal depression with the removal of specialist practitioners and the opportunity for new mothers to engage with those practitioners.

"Women's mental health will decline. There will be an increase in post-natal depression. Women will find it harder to bond with their babies leading to attachment disorders later. More women will reach crisis point."

There is the concern that the removal of focal points for peer networks will compound this issue through greater social isolation and consequently create greater incidence of post-natal depression amongst new mothers. Some link this to a fear that there may be an increase in suicide and infant deaths.

Breastfeeding is expected to reduce following the removal of support and as a consequence contribute to a longer term decline in childhood health and development. Other concerns emerge about development including fears that speech and language problems will go unidentified for longer. Crossing over from health there are also concerns about socialisation of children and as mentioned their readiness for entering the schools system.

Accessibility

As set out in the proposals, social care led services may be a source of stigmatisation and as a consequence deeply unattractive to people. This is referenced as a significant concern and likely to lead to the diminished use of services:

" 'Vulnerable' families wouldn't access the new services as they will feel stigmatised."

There is a perceived danger that this will result in a reduction in service usage with children and families 'slipping through the net'.

Of those families who do not reach the threshold for support in the new set up there is a general concern that the families that are most vulnerable will not get access to services that they need to help them move forward. This lack of access is one of the biggest drawbacks and worries for respondents. This issue can be compounded by people's situation, for example rural areas are perceived as less likely to provide additional accessible services that might support those families in the absence of universal services. The transport infrastructure is also seen as unsupportive in facilitating access to alternatives and to services for those who do qualify.

"Support for schools and families in the South East of Oxfordshire is currently far too remote already. The Hubs in Didcot and Abingdon are geographically inaccessible, especially for vulnerable families. The Children's Centres are the only effective accessible provision that we have in our area now."

There is also concern that any voluntary services that replace the universal provision will fail to have the level of expertise and insight that makes the current provision effective. There is a view that this is particularly an issue for younger adolescents who are less likely to be the subject of voluntary provision.

"Lack of services aimed at adolescents as these are less appealing to work with and voluntary groups either avoid or select heavily."

Loss of specific services

Losing access to centres is a common concern and a specific reference to most facilities is made. Some commonly identified services that respondents find valuable include;

- Stay and play
- Breastfeeding groups
- Dads groups
- HENRY (Health Eating and Nutrition for the Really Young)
- Parenting classes
- Baby café
- Baby and me
- Baby massage
- First Aid courses
- PEEP session

Alongside the loss of facilities, classes and groups there is a widely held concern that there will be a diminishment of professional skill and expertise within communities as jobs are lost. This it is felt will result in an unreasonable pressure and expectation on remaining staff.

Child protection and prevention.

Child protection and prevention issues are also raised by many respondents. With early intervention removed there are scenarios that are less likely to be picked up and as a result become a social care issue.

"Children's Centres are vital for identifying the need for support and intervention, and without them many children and their families at risk would only be identified after the damage is done and possibly when it was simply too late."

The longer-term impact of removing early intervention support is also seen as a significant concern by a large number of respondents. It is felt that the outcomes for children will be damaged and that the cost to the authority will increase in the long run through poorer educational performance and greater pressure on other services.

"Early intervention is well known to be financially cost efficient. Cutting to hard and too fast is a false economy. Enabling a child to thrive in their early years means future savings in both the health and education budgets. It is short sighted and neglectful to cut this hard."

No concerns

For a small minority there is not issues that cause concern with the proposals.
'No major concerns, families would get used to it'

3.3.11 Question 11 – Do you think that any of the groups/activities currently offered by your children's centre (s) and/or early intervention hubs could be run by volunteers and/or community groups in your local area?

The majority of the respondents, 52 percent, do not feel able to answer this question.

Figure 7: Do you think that any of the activities currently offered could be run by volunteers and/or community groups in your area? (% responses)
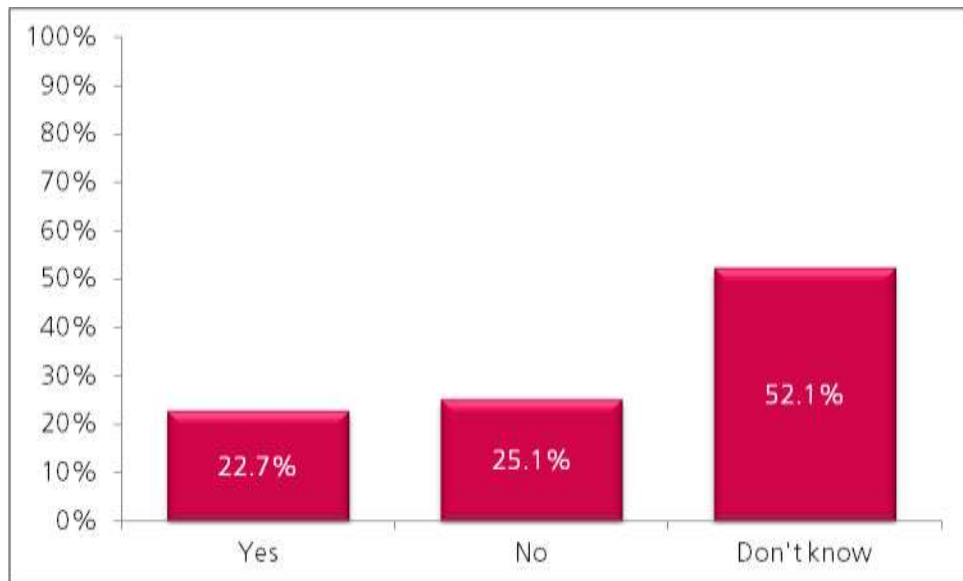
Dataset: 1560 completed responses

- 25 percent do not believe that services could be provided by volunteers / community groups
- 23 percent believed that services could be provided by volunteers / community groups

Support with caveats

There is some support for this suggestion.

A number of participants are able to see the potential for community groups and the voluntary sector to step in and deliver services. Although this raises supplementary questions such as; where the services would be provided? What training and development framework would be put in place? And what supervision would be in place in order to ensure standards?

There are examples of successfully run services in the community that rely on voluntary commitment of time and effort. This encourages optimism that more services could be run in this way. It is felt that adequate investment in training and oversight will be required to ensure that services are 'up to scratch'.

'"We have always tried to recruit volunteers and enable our users to contribute to the running of groups etc however we always find that this requires a lot of support from staff to manage this, coordinate training, ensure suitability checks are carried out etc etc. so there is no doubt that volunteers could be used and possibly costs reduced by this use but there would need to be supervision and coordination to ensure quality."

There is a perception that increased volunteering would bring additional community benefits such as extended networks and increased social capital. However, there is concern over funding and that whilst there may be a pool of volunteers able to run them funding will be needed to secure training and development, venues and cater for other associated expenses.

Perhaps the biggest reservation is on involving volunteers in the family support work and the more specialist services. This is seen as something that should be led by experienced practitioners.

Opposition - Lack of necessary knowledge and skills of volunteers

For many the idea of volunteers running the services is not feasible because of the extensive experience and specialist skills that are required to run an effective service. There are concerns that volunteers would not be able to; deliver the required safeguarding standards, providing specialist advice in a discrete and empathetic way and develop the specialist skills required for the role.

Whilst volunteers have their place they are not seen as a replacement for highly trained staff.

"Volunteers are a fantastic asset to any organisation and I use them in my place of work but they cannot be used in the place of a professional."

Some see the suggestion as undermining the current role that staff play in delivering services.

"Also, we must not trivialise the very exacting role of professional staff in supporting parents, identifying their needs as well as their children's, role modelling, responding to concerns, keeping confidentiality, monitoring risk, nurturing parents and children, running support groups, counselling, dealing with disclosures, liaising with social workers over safeguarding issues, attending CAF and TAC meetings, liaising with local schools and care providers etc."

Local authority responsibility

The delivery of the services is seen as local authority role and shifting responsibility to the voluntary sector of the community is seen as an unfair expectation. Volunteers are already involved in delivering these and other services across Oxfordshire and further demands may be too much.

"We have already removed the library support and depend on volunteers to keep these open; remove children's centres and you create an additional burden for volunteers to provide other services - for what are we paying our taxes if not to help people locally. Community groups and volunteers are already groaning under the weight of providing support for their communities - remove another leg of support and these communities will crumble."

Accessibility

Accessibility is seen as an issue that is exacerbated by voluntary involvement. Many voluntary groups are run and delivered in church hall settings, this is seen as a potential barrier to other religious communities, Muslim communities are given as an example, from staff and other users, of those who might be excluded as are those of no religion.

'The only volunteer childcare group in my area is a church group. As an atheist I would not be able to access this service. It would therefore be promoting segregation of communities.'

There is another dynamic that may exclude people with volunteering. Some areas are more likely to have capacity to develop and deliver voluntary provision. This may favour people in more affluent areas. It is also the case that voluntary groups may deliver a preferential or 'cliquey' service that is open to those of specific social backgrounds due to a lack of objective professionalism.

3.3.12   Question 12 – We have undertaken an assessment of the impact on individuals and groups of the proposals for the proposed new children's service. This is outlined in the Service and Community Impact Assessment (SCIA). Please give your views on the impacts identified in the SCIA. Have we missed anything?

Question 12 is an open question 626 people responded to this question. A range of views have been provided largely identifying perceived gaps within the SCIA, it is not clear from the response that all of the comments are fully informed or consistent with having read the brief.

Prevention and social cohesion

Prevention and early intervention are not catered for in the Service and Community Impact Assessment. There is a long term impact on communities of removing early intervention that is not acknowledged. This impact is both on the communities but also on all tax payers as future service costs are likely to be higher. One of the reasons provided is a belief that an inadequate service and economic modelling approach mean that the long term impact of reducing prevention is not fully understood.

"You have failed to comprehend the actual benefits of integrated and universal services and the huge social and economic cost you will be causing by changing from prevention and support to intervention."

The impact on communities from this perspective is an increased number of social care cases in the short, medium and long term. The supplementary point is that the system impact on other services such as GPs, Schools, Health and Child and Adolescent Mental Health Services has not been adequately factored in. The removal of preventative services, it is felt, is likely to increase the pressure on these services and create a negative impact.

Building on this first point the removal of the services is also seen as a precursor to a reduction in community cohesion and community involvement. In the long term the community as a whole is likely to suffer from additional pressure and less supporting social infrastructure.

General impact on the family

There is a general impact, that is not listed in the SCIA, on the family including Mum's, Dad's and children, all of whom will suffer from the lack of universal and preventative services. In referring to Children some respondents find it difficult to understand how the authority can meet it's obligations under the 2006 Childcare Act.

"How can the authority
- show how local needs will be identified and met
- demonstrate that all children and families can be reached effectively
- demonstrate that the outcomes for children would not be adversely affected by any proposed changes."

Women are identified as a group who have been missed out of the analysis. The impact of the proposals, it is felt, are more likely to be negative for women. This may include greater numbers of women suffering from depression and domestic violence.

"As someone who grew up with domestic violence, I know how hard it is for victims of domestic violence to seek help. Without universal services offered by Children's Centres I am concerned that many more victims of domestic violence would remain isolated & not seek the help with this issue that the Centres offer. Such victims are so often hidden, and hard to identify."

Children with special needs are also seen as a potentially disadvantaged group that have not been identified in the SCIA.

'Children with impairments are not mentioned in the SCIA. Many children with additional needs are not from families that require support with their parenting or support from Social Care but parents of a child with additional needs often need some support from other professionals in terms of child development. many children's centres run or host support groups for families with children with additional needs. It's also important that those children receive extra support in terms of readiness for school. They will be adversely affected if open access provision is removed – more so than children without impairments and this should be in the SCIA.'

Stigmatisation and vulnerability

Stigmatisation is mentioned in the SCIA, there is agreement that this is a significant issue but that it is not adequately dealt with via any of the three options that are put forward in the proposals.

Vulnerability is felt to have been largely ignored in the impact assessment. The groups that are 'just under the radar' are likely to be excluded from support that may make the difference to their situation in the long term. This is seen as an omission from the SCIA.

Minority communities

Minority communities may be additionally disadvantaged because of their reliance on the centres for support in language development and integration with the wider community. This may result in children of newly arriving families not receiving the support they need to be ready for school and parents becoming isolated.

'It also has to be borne in mind that many parents and carers do not have the time, resources, education, language and confidence to set up their own organisations to meet their own needs when they have children under five, and might be isolated from any family, ethnic or work-related support networks'

Isolation is seen as a general impact that will be a feature of the community without the opportunities for engagement that the current services provide.

Specific localities

East Oxford is mentioned as having a localised concern and there exist potential for a higher impact that is not mentioned in the assessment. The recent Bullfinch case is seen as a reason to maintain early intervention and prevention services in this area. The makeup of the community is viewed as bringing challenges that will be exacerbated by a reduction in universal services.

"East Oxford is rich in cultural diversity but has a high number of transient families, and some who have little support and very high needs. Our school staff, children's centre staff plus partners in health and social services have been shocked by the overcrowded, impoverished state of housing lived in by many families within our catchment area. Our nursery classes are currently experiencing an increase in children with language, social and emotional problems. Expert play and parent support group professionals at the CC are vital as they also enable introductions to other services and agencies who can liaise with the school."

Rurality

There is agreement that rural communities are likely to be negatively impacted by the proposals. The lack of service alternative and transport infrastructure may lead to isolation.

Rural areas will be at risk, no local services, lack of public transport (cuts to bus services and subsidies on fares proposed) this may leave children, young people and families more vulnerable.

3.3.13 Question 13 – Do you have any other comments on the proposals to create and integrated children's service as set out in the consultation document?

Question 13 was an open question, 627 people choose to respond to it. It invites any other comments and as a result attracted a wide ranging response that pulls out many of the themes that have emerged throughout the rest of the response. This includes the issue of Accessibility, comments on the Model being proposed, highlighting the issue of vulnerability that concerns many individuals, social and health impacts, prevention, comments on the financial rationale and some specifics around centres and services.

This makes this question a good summary of the general dialogue and response to the consultation document as a whole.

Accessibility

The provision of valued services in a local venue is felt to be a great benefit to communities. This is the case across multiple age groups and multiple levels of need ranging from three year olds accessing SEN support services to dads and migrants accessing ESOL classes that are provided on the site. Removal of the centres damages the access to valued community services for each of those groups.

For rural communities there are further issues with transport and distance that make replacement services a more difficult option. It potentially increases isolation and narrows the number of opportunities to access services for these communities. This can also be the case for communities that are based in the towns with travel across town not seen as an option particularly for BME communities. A similar issue of isolation is highlighted for military families living in the County.

Model

Integration is not welcomed by everyone, there is a concern that the needs of 5-19 year olds will take priority over and above the needs of 0-5 year olds in the new system. In addition some see the holistic service as a deskilled service that is unable to cope with the specific needs of each of the age groups that are currently served by specialists.

Built into the model is an inherent stigmatisation of the role of the Children and Families Service. As a Social Care led service those people who need help may refuse or fail to engage because of both the stigma that comes with Social Care and the fear of what might happen as a consequence. This makes the harder to reach even more so.

'Families 'fearful' of referral agencies will no longer receive this valuable service. Open access is an integral element of children's centres functions. Hard to reach, harder to reach.'

In addition, there is concern that any of the new service models cannot meet the needs of the population of Oxfordshire. The outreach element is questioned in terms of its ability to adequately identify and deal with issues such as Domestic Abuse. The model loses the relational aspect of building rapport and empathy over time to understand what is happening with people. This is seen as a disadvantage and likely source of

increased and hidden abuse.

Vulnerability

Many families rely on the services that are provided by the children's centres in particular. The removal of these services creates greater vulnerability because of the lack of accessible support in times of need. The vulnerability that is embedded within the community will become hidden and result in greater use of Social Care in the future. This is seen as undermining the very positive work that the centres and services have provided.

'It makes a huge difference to the start many children get in life, and also in terms of the support it offers to vulnerable families with young children and new babies. Closing the centres is short sighted and only achieves short term financial gain'

There is a related plea from many of the respondents to maintain universal access to services to maintain the benefits that they deliver.

Impact

Centres are there for families and there are various impacts noted on different parts of the family. Children are expected to be disadvantaged on a number of developmental fronts. The loss of breastfeeding support will mean a reduction in breastfeeding generally with detrimental impacts on long-term health. There is also a view that removing support for socialising and transitioning into school will harm children's chances of making that transition well. At the other end of the spectrum the support for teenage pregnancy is seen as vital in preparing new young mothers to provide the best opportunity for new babies, losing this has an additional impact on the next generation.

'I worry that this restructure would reduce opportunities for socialising babies and getting to see a health visitor, not just for ourselves but others in a similar position.'

Parents are also likely to be highly impacted. Those who use the services believe that there is great value in the parenting classes, the breastfeeding support, the opportunities to meet peers and to generally become accustomed to being a parent in a supportive environment. The loss of those services makes it tougher for parents in the future. That might translate into greater isolation and potential increases in issues such a post-natal depression. Overall it has the potential to put the family in a more vulnerable position.

There is a wider impact on the community that benefits from a hub that provides a focus for activity and for integration and community cohesion

The impact is likely to be felt by other services that deal with families, local Health Visitors, GPs and schools all might see an uplift in workload in the short, medium and long term as they pick up work that would have been catered for by the centre. This includes within the social care setting.

"Grave concerns that services like MASH will be under further pressure as children and families and other key partners have nowhere to sign post to.
Leaving work to just statutory requirements is in my view, short sighted - and will lead to far more referrals and the likelihood of children, young people and families 'slipping the net' with the subsequent consequences"

There is a big impact on staff many of whom may experience stress of adapting to a new model or may face redundancy. The loss of staff is seen as undermining the long-term skill base in the authority area, making it less likely that specialist skills and knowledge will exist in the future.

Prevention

Early intervention and prevention work are consistent themes throughout and they are again highlighted in this section. Respondents see huge value in the provision of universal services that can help to identify some of the difficult issues early. This is particularly the case with issues such as domestic violence and postnatal depression. Investing at the earlier stage is felt to be the most financially viable approach whereas the suggested model is seen as storing up additional problems and expense for the future.

Financial Comments

Building on the comments made on prevention, there is concern that developing and investing in a new model is potentially bad value for money. This is both in respect of perceived poorer long-term outcomes and in respect of the 'wasted' investment that has been put into the current set up over the years. Many respondents are keen to explore why council tax rises or other sources of funding cannot be found or implemented to retain the services. Within this vein attention turns to the rest of the authority's budget, particularly to salaries of managers and senior officials.

Comments on specific centres

There are a number of supportive comments around centres and hubs that are made by participants. Some of those highlight valued services and support that characterises the value of the services.

"Topaz is an excellent facility for LGBT+ youth and offers support for all members and the youth workers are easily approachable and easy to talk to. It's a safe space where LGBT+ youth are free to be themselves without judgement or any homophobia occurring."

A repeated concern that is expressed is the increase in safeguarding issues as a consequence of diminished exposure to trained professionals.

There are some specific impacts for parents, for example, the removal of services meaning the loss of valued opportunities for young people.

"Loss of the young carers scheme which all 3 attend which is brilliant for them."

4 Analysis of Stakeholder responses

4.1 Introduction

This report is a standalone document that makes up part of the overall reporting for Oxfordshire's County Councils public consultation on 'The proposed new model for children's services in Oxfordshire. The consultation was open from the 14th of October 2015 and closed on the 10th of January 2016.

During the consultation period, Oxfordshire County Council held a number of meetings for stakeholders and focus groups with service users. The feedback gathered at these events has been recorded and analysed alongside the other channels open for responses.

In total 21 sets of focus group feedback were collected – some of these included more than one group at each location.

8 stakeholder events were conducted, and 3 public consultation events were held across the county, at which notes were taken on discussion, and informal ballots were held on the proposals.

As with all public consultations the response cannot be seen as representative of the population but rather a qualitative cross section of invited stakeholder, users and members of the public. Within the analysis we cannot be clear the extent to which responses are informed by the supporting information that has been provided.

In developing this report a number of verbatim comments have been used to illustrate the points made, this is intended to represent the key points of the face to face dialogue has taken place.

4.2 Summary findings

- A number of ad hoc votes were carried out over the course of the events these show a rejection of the proposals put forward.
- Accessibility and vulnerability are key themes in the stakeholder groups with multiple issues arising from the lack of support from preventative services.
- Rurality is a significant issue from the meeting with the issue of transport and accessibility of the new facilities consistently highlighted. This can lead to isolation for rural families.

- Impacts on other services are highlighted particularly on schools who are seen to be under pressure and do not have the resources to cope with this. There are also concerns over health facilities that will need to fill the gap on issues such as breast feeding.
- There will be an impact on young people with children losing consistency and the support that they need to be ready for school.
- Parents are likely to suffer negative impacts with low levels of support leading to issues such as depression and domestic abuse.
- Staff are seen as a group who will be impacted with job losses and all that comes with it. There is also a skills deficit that will be left by removing these specialist roles.
- Community itself will be impacted as local networks and support hubs are lost. This will damage the fabric locally.
- Suggested different approaches include integration with other services, approaching the issues through commercialisation and charitable fundraising.
- Volunteering was discussed as a possible solution but it raises questions about safeguarding and oversight that need to be addressed.
- Within the groups there was criticism of the council and the Government.
- In the focus groups support and expertise is raised as an important benefit for people using the centres.
- Impacts on youth services and facilities for young people are seen as negative by young people and all three options are rejected.
- Further impacts on families including childhood development, parents and wider social impacts that will result from the changes.
- There is some support for option 2 as the 'lesser of three evils'.

4.3   Ad hoc quantitative voting

At six of the stakeholder meetings held at venues around the county as part of the consultation on the future of children's service in Oxfordshire, parents' representatives present carried out an informal vote with the attendees of the meeting on the proposals presented in the consultation.

These votes were called spontaneously and did not occur at each meeting. As a result there are variations to the wording of the questions between meetings. Voting was carried out by 'show of hands' and the results counted by Oxfordshire County Council staff present.

The voting showcased strong disagreement among attendees at each event with the proposals presented. No votes were recorded in favour of any of the proposals.

The table below outlines the results from these polls.

Table 10: Results of voting at stakeholder meetings

Date	Venue	Total attendees	Vote Question	Yes/ Agree	No/ Disagree	Abstain	Notes
16-Nov	Oxford (1)	39	Raise your hand if you are against all the proposals	33	0	6	
19-Nov	Didcot	62	(vote1) Would you support a referendum to approve a rise in council tax (in order to reduce the cuts to children's services)?	60	2	0	The vote on council tax was led by a Cllr attending the meeting as a stakeholder
			(vote2) Do you support any of the proposals presented?	0	54	6	
20-Nov	Oxford (2)	45	Do you agree that "We oppose all 3 proposals put forward"?	36	0	1	Not everyone voted
24-Nov	Banbury	74	Raise your hand if you are agree with any of the proposals	0	73	1	
25-Nov	Abingdon	53	No vote				
30-Nov	Bicester	41	No vote				
07-Dec	Witney	63	Vote to reject all 3 proposals	36	-	-	No & Abstain votes were not requested
10-Dec	Oxford (3)	56	Do you agree that all the proposals are unacceptable?	40	0	10	Not everyone voted

4.4   Main themes from stakeholder meetings

4.4.1 Accessibility

Vulnerability

A large number of comments were made with regards to the proposals' effect on access for the most vulnerable service users, both children and parents.

A common stated theme is around the importance of, and the negative impact the proposals will have on, the ability to identify vulnerable families through Early Intervention. There are worries that this will in turn lead to more families reaching crisis points.

"How will you recognise children and families at risk in the community without children's centres identifying them? I am worried about how new hubs will cope. It will cost money to train the worker – the voluntary sector will not be able to afford to do this. Perhaps the reason why case numbers are going up is because of such a high performing Early Intervention service."

"There is potential that we will see more crisis points emerging because vulnerable families will not have been supported before things get too bad."

There is also some contention over the service's definition of 'vulnerable', and a concern that many who fall outside of these criteria are still vulnerable to some extent and will be put at risk through lack of access.

"Danger of putting children and families at risk who aren't classed as vulnerable."

'"Loss of universal service will mean some families who are potential 'targets' will be missed."

"Private sector? Non profitable services? How will families just under the social threshold be recognised?"

Vulnerability to abuse is cited as a particularly dangerous issue, with those suffering domestic abuse unable to reach more centralised services, and abused children falling 'under the radar'.

"The Children's Centre cooperate with other agencies to support people that have experienced domestic violence. A friendly face offering private support with very difficult issues. This really needs to be recognised."

Children's centres are seen as vital to sufferers of mental health issues such as post-natal depression, who are in danger losing access to the service under the new proposals.

"Vulnerable families will be missed. PND is key as it's the social side is a big factor in supporting families through this."

Hard to reach groups, including traveller and BME communities, are seen as particularly vulnerable and likely to suffer from the proposals.

"How are traveller families going to be supported without the CC outreach workers?"

Transport and Location

The issue of rurality is often cited in response from the events. The remoteness of remaining centres is a concern for many.

In particular, there is concern for a large number of service users who rely on public transport which in more rural areas of the county is described as scarce or insufficient.

It is suggested in several cases that this amounts to discrimination against rural families.

"Oxfordshire is a big county. Service users will not have a local contact if there is no support in the future in the South of the county. It is 15 miles from Sonning Common to Didcot. Public transport links aren't great. Service users will struggle to travel with young children."

"Level of transport variable in rural areas than city and should be considered."

"We reject all three options because rural areas are disadvantaged 78% of population live in villages it is the most rural county in the SE you have to provide services across the county."

The importance of outreach and Health Visitor services is mentioned regularly. There is a suggestion that the demand for these services will increase if fewer local centres are available to families.

"Rural families - isolated. Lack of village facilities - mental health. Outreach work is invaluable."

"Living outside village-can't afford car or petrol = complete isolation-no neighbours. Only statutory visits from HV - easy to fall through net."

Loss of universal access & stigma

The proposed loss of universal access is a major talking point at the events. The large gap between those who rely on universal access and those in need of social care is seen by many as a potential for an increase in vulnerability.

A number of responses through the events mention the history of stigmatisation in previous childcare systems, and the danger that this will become a greater issue again through the abandonment of a universal access approach.

Many suggest that the result of this stigma will be a reluctance to use the service by those most in need of it.

Some assert that the long-term effects of this stigmatisation will result in greater costs instead of the short-term savings made by cutting universal access.

"No universal access means there is no support for people in general who are not needing social plans but need support where would they find out about services in a gentle not official way."

"I am not from round here but I have done some research and I believe that the current Children's Centres replaced a previous stigmatising service. The new centres will stigmatise users as only families with issues will attend them. Also local provision is so important, especially with bus and transport cuts. I would like to know how you will prevent stigmatisation."

"Mixing with 'universal' users and making friends together shows the less able families different values and ways of handling matters, and families offer help and support to others. If you just have 'targeted' families they will feel stigmatised and separate and it will be difficult to engage with them."

4.4.2 Impact

Another key overarching theme that consistently comes through from the stakeholder events is around impact. The main areas of impact are outlined in the following section.

Impact on other services

A number of impacts on other services as a result of the proposals coming to fruition are commented upon at the stakeholder and public events. Schools are one of the main services picked out as likely to bear the brunt of the impact, schools are generally seen as ill equipped to deal with this increase in need.

"Schools do not have structure to support. Small schools have no SENCO - headteacher is SENCO."

"More responsibility being pushed out to schools to pick up issues which are social / emotional / welfare issues rather than educational issues."

"Social services and health services are also expected by some to have to deal with more as a result of cuts to children's centre services."

"Breast feeding negative impact on health budget, Breast feeding clinic at John Radcliffe will be over run, negative effect on health visitor and midwives time if services removed."

"Impact on other services e.g. health visitor using CC's for groups and services."

"Social services impact. The amazing amount of holding and improving local families that is done by children's centres will fall on social services and health."

Impact on individuals

A direct negative impact on individuals was cited regularly at the events. Babies, children and young people were one group identified as losing out on services and safeguarding currently provided by children's centres.

"Children and young people need continuity, and whilst I have my gripes about the so called 'early intervention', has the transition been considered?"

"Worried impact on children i.e. higher exclusion, higher abuse, more NEETs. Higher teenage pregnancy more drug use."

"We won't be able to support children who are being abused/neglected."

There are also concerns about the knock-on effects to educational development, with a particular focus on school-readiness. The lack of children's centre support in this area is seen as likely to lead to developmental problems and more pressure on schools. Adult education is also expected by some to suffer as a result of closures.

"The proposals will also mean increasing barriers to children with disabilities whose special education needs will not be identified early enough."

"This year the children arriving in reception had more needs than in any previous years. Before they arrived we knew about the needs and were able to plan accordingly and put things in place. Without the services for the high profile SEND from vulnerable families, the concern for me is that we will be starting from scratch with each child/family every year. Early intervention for these children in an unrecognised deprived area is crucial."

"Opportunity to learn as an adult, knowing child is supported in crèche. Confidence for work, new skills, etc. No support for adults to learn / improve skills for work and to support children at school. No opportunity to offer in. No experienced crèche staff / centre staff to support the children who are in a crèche while adults learn. Family Learning will be unable to offer universal access with support for both children and adults in Children's Centre working together."

Staff are also identified as adversely affected by the proposals. This is raised both as a point of current staff suffering, and of an adverse effect on the quality of staff in the future.

"Increased unemployment of local people who work in Children's Centres."

"Huge safeguarding risk - although voluntary agencies aware - haven't some degree of training as CC and hub workers."

"Biggest loss - expertise of professionals, known and trusted, (have worked in area for over 20 years), has had huge impact on locality now being penalised because we haven't got more families in vulnerable groups. We have had huge impact on our community , stopping (Outstanding OFSTED always) families becoming vulnerable. we have done a very good job, have been for years saving OCC money."

Impacts on parents, particularly vulnerable parents, are also cited, as they benefit greatly from children's centres as well as their children.

"Mums, Dads and carers on the cusp of social care (protection) needs are likely to be more isolated and only picked up when a crisis occurs. Preventative measures may not be easy to measure but should not be disregarded."

"Isolating parents. Prevent them from seeking help. Precipitate crisis where maybe there wouldn't have been one with local support - postnatal depression, anxiety."

Concern over increased social isolation and loneliness is a message that comes through strongly from the events. Children's centres are seen as an important tool in combating this.

"New families isolated. Peer support available. Post-natal depression rates would increase."

"Having an environment where you can meet new people and make new friendships. I met one of my close friends at east street at a drop in 5 years ago - not having the centres I wouldn't have that opportunity."

Impact on health, including mental health

The health of both children and parents is thought to be at risk by a number of respondents from the stakeholder and public events.

"These are women who do not attend midwife appointments at GP surgeries who are happy and willing to attend midwife appointments in the Children's Centre."

"From a Health visitor point of view there will be fewer quality services to refer to and they will be more anonymous e.g. PND, breastfeeding."

Impact on community and society

Children's centres are cited as an important social asset and a key to integration of parents, children and families into communities. Losing these and early intervention is thought to present a real risk in this regard.

"Loss of local centres - loss of local focus, community cohesion, link to language, childcare, understanding culture."

"If you cut EI…Crisis - Increase in crime. Increase in social unrest. Decrease in numeracy and literacy. Increase in safeguarding. Increase in permanent exclusions. Decrease in attendance."

4.4.3 Prevention

The importance of preventative services enabled by children's centres, and in particular early intervention, is seen as paramount for some of those at the events.

Many highlight the long-term detriment that will follow short-term financial gains, with a decrease in prevention now leading to more problems and more expense down the line.

"Activity will escalate to criminality quicker because there is no diversionary activities."

"False economy. Costs will just be devolved to social service, criminal justice, NHS because lack of intervention at an early stage leads to greater and more costly interventions later STORING UP TROUBLE!"

"Researched has proven that tackling problems early is financially sensible and produces savings later i.e. requiring additional health input ongoing."

4.4.4 Funding and alternatives

A number of suggestions were made in response to the proposals and the consultation.

Integration

Integrating with other services is cited often as a possible course of action as an alternative to the proposals on offer. In some cases the suggestion is around sharing physical space with other services.

"Cut the buildings not the workers.. There are loads of community buildings we can use.. The biggest schools. Put EIS Workers in each school, cut the issue of access as everyone can access their schools and cuts building costs so that we can spend more money on high skilled quality staff that are in every community."

"Parents looking at options, if the centre closes, a venue that is suitable for parents and children. Ideally the local church."

Another suggestion often made mirrors the one above – to bring other services into children's centres and make them a useful asset for more members of the community.

"Children's centres relatively cheap to run - why not deploy some older age children's workers within them - cheaper/organic/local!"

Fundraising and commercialisation

Suggestions were made to increase the funding for childcare through commercialisation, fundraising and revenue-generating approaches. These include subscription fees sometimes on sliding scales; traditional fundraising schemes such as asking for donations from service users as well as local businesses and other residents; more long-term funding arrangements with local businesses and organisations as well as charities (or functioning as registered charities themselves); charging for certain children's services such as non-statutory care for under 3's and crèche services; hosting and charging for extra services and activities; and letting out buildings to other groups or service providers.

"Annual membership fee - waved for those who can't pay - plus voluntary contributions / donations on top if people want to."

"Using centres to offer income generating groups e.g. yoga to help fund daytime service."

"Fundraising - core funding from council commercial sponsor - banks, factory, supermarket."

Use of volunteers

Voluntary sector input was often discussed at the events. While the worth of volunteers supporting or driving the centres is recognised, substantial doubts are also expressed about how much could be realistically achieved through this method. The likely strain on volunteers, and the limited skill set and funds they likely have in comparison to current trained staff are raised often.

Another worry expressed at the meetings from Consultees was that the proposals would shift more responsibility onto volunteers than appropriate. The detrimental impact on safeguarding is particularly salient – the difficulty of obtaining and checking DBS checks for volunteers are often mentioned.

On the other hand, further use of volunteers was also voiced as a suggestion.

"An expectation that voluntary organisations will step in e.g. churches in order to pick up and provide the open access services - this is a backwards step - such services were taken out of the hands of these volunteer bodies by professional bodies for a whole host of reasons which resulted in a deskilling of the volunteer sector to go back will potential create many issues especially safeguarding."

"If volunteers are used, how will we manage safeguarding? DBS checks are taking months to complete. Centre workers undergo massive amounts of vital training. It would be dangerous to suggest they can be replaced by volunteers. For this to be sustained, volunteers need training in many areas, as well as a support system, to take care of their own mental health."

"Parents model to other parents. No stigma. Cost effective."

4.4.5 Council, government and consultation comments and criticism

There were a number of comments made about the consultation itself, and in particular the events. In the main these were criticisms, either of the quality of the consultation or of its ability to make a difference.

'This question [how do we respond to these proposals?] *feels insulting to CC staff as it feels like a 'done deal'. We (CC staff) reject all options'*

'Consultation flawed due to no option of status quo. Timing of consultations inappropriate to users e.g. 6pm 2-4pm'

'Someone voiced that first and foremost, children's centres should have been
asked about whether they could save money on their own budgets – who
knows what choices they may have made'

There were also wider criticisms of national and local government and the policies that are felt to have led to these proposals being made. In particular, a common message was that, since the Conservative County Council had worked hard to help David Cameron's election as Prime Minister, it was within its rights to reject the imposition that had been made.

"It doesn't sit well that saying that OCC says it doesn't agree with central
government decisions as it is a Conservative Council."

"it isn't true that there isn't a statutory duty for CCs. Local Tories worked hard
to elect the PM. Local Tories should resign to send a message to government."

"OCC is asking us to solve a problem that they have created! Why should we?
What are your staff paid for if they need us to sort out this problem?"

4.5   Focus Groups

21 focus groups were held with service users, both adults and children, across the county. Most of these followed a topic guide consisting of four questions, which are outlined below:

- What are your thoughts on the three models?

- What parts of the service are most important to you?

- What would happen if these services (the ones most important to you) didn't exist?

- Are there people, or groups of people that you think will be more affected by any of these proposals than most people?

There was then an opportunity to raise any other questions, concerns or views.

4.5.1 Support and expertise

Many focus group attendees commented on the benefit brought by children's centres in the shape of expertise and support across a range of different areas.

'I've had lots of support on courses and getting back to work and my child gets 2 year old funded place. Centre makes me feel at home. If I didn't have this I would feel so lonely- my friends live a different life.'

'Staff helped me get hold of other services- housing/health visitor'

'Consensus that the support received with the staff was most beneficial to them as parents and to the children who had opportunity to play, receive information about child's development, felt welcomed, included, in a non-judgemental environment.'

4.5.2 Social aspect and networks

The social opportunities afforded to users of children's centres are cited in the focus groups. The new social networks that are developed seen as hugely important to users and the peer support network formed among parents is also beneficial.

'Many parents said how much they valued the opportunity to support each other and that they had made lasting relationships with each other and the staff which meant they were able to share their worries and enjoy their successes'

There are also suggestions that the centre helps mixed communities to integrate in some cases.

'Builds tolerance and acceptance within a mixed community'

'[The proposals will most affect] People who are new to country/ immigrants'

Other parents said they have used the courses that are offered by the Children's Centres and mentioned courses as parenting, first aid, and English classes.

4.5.3 Comments from children and young people

A number of the groups took place with young people, aged between 8 and 16. These Consultees made a range of comments in response to the above questions.

Their response to the proposals was wholeheartedly in opposition to all three options.

Among the older aged young people, from 12-16 years of age, many mention the services particularly important to them at the centres, for example leisure and sporting activities, as well as the space it offers to socialise and speak with the staff.

There are several mentions of the importance the centre to LGBT individuals, with the opportunities it provides them unavailable elsewhere.

'If Topaz and the Terence Higgins Trust (who provide sex education/HIV testing) cease to be funded many young people will be much less aware of the dangers that they may face, and therefore will get hurt. Sex education is rarely taught for gay students in schools, and being cut off from this education could potentially lead to youth getting caught in abusive relationships and contracting even life-threatening diseases.'

For the younger children, aged 8-11, comments recorded are more directive, but unanimously call for a rejection of the proposal to close the children's centre :

'We say YES to youth club and no to the council!'

'YOU KNOW WHAT IM GONNA SAY.....STOP SHUTTING YOUTHY'

'I am going to be happy if you keep it open if you don't I'll be sad'

4.5.4 Response to proposals

General opposition to closure

Some participants of the focus groups were clear that the proposals were not welcomed and that centres should continue with the status quo.

'None of them because the hub is the most important thing and it is bad to shut down 44 services and only open 8 centres.'

Arguments for increased funding

There were a number of comments made arguing that more funding should be contributed to support the families and service users who will lose out from the loss of universal access.

'Will the community be able to apply for some kind of funding to run a universal session? There are not enough pre-school places in this area as it is without the centre children will not be ready for school, there has been so much emphasis on the early years being vital and after all these little ones are going to be our adults of the future.

Participants suggest introducing charges for families who are able to pay a small fee, or to explore sponsorships with local businesses willing to offer financial support.

'Would be happy to contribute financially to ensure the centre is available to us.'

Vulnerability and accessibility

Although some participants believe that anyone is or can be vulnerable, some groups are seen as more vulnerable than others; people who are socially isolated, single parents, people who are new to the country, families with special needs, and families who cannot access information or do not own a computer.

Users of the service value the open-access and say that without Universal service vulnerable families might feel stigmatised. Participants feel that losing the Universal services will mean that the community will be less integrated.

'I am on social care but don't feel that people judge me when I come here.'

Another vulnerable group that is mentioned are families who live in rural areas where the centres are not easy to access. Parents say public transport is unreliable or expensive, and therefore feel the new model is not acceptable. One participant mentioned that the cost of public transport was not covered by child benefits. Users of the service also mentioned that people with health or mobility issues will have a more difficult time to access the services.

Support for proposals

It should be noted that there are isolated incidences of support, or at least preference, for certain proposals.

Each option is cited by different respondents at least once as the most preferable of the three, but most of these mentions are qualified with a reference to those families who would be missed.

'If I had to choose one option I would choose 2 but would mean vulnerable families would be missed.'

'Consensus that Option 3 is the most appropriate, however not enough detail and concerns re £1 million not being enough for the service across the whole of Oxfordshire. families would be missed.'

'One person said that if they had to choose out of the 3 that option 2 would seem to be the lesser of 3 evils. This was then put to a vote and the consensus was that if one had to be chosen it would be option 2 though here as little enthusiasm'

'Option 1 because there are more services open to younger and older children and young people'

4.5.5 Impact

Impact on children and young people

For children, the proposed changes may mean that they will have lack of play opportunities during the winter months.

Young people feel that they will have nowhere to go to talk about their problems. The centres are seen as a place where they can go when they are bored, and they also build relationships with each other and with the staff. The centres provide them with a place to go when they want to discuss issues, or when they need help and support.

'They help me with problems that I wouldn't say to anyone else.'

Participants argue that consequences will stretch further than the personal life of children and young people, and that it will also affect the community. By keeping children off the streets and giving them a place to go, more serious issues will be prevented. Parents and young people both identify that children will be more likely to get in trouble with the police without youth services to turn to.

'Children would be on streets taking drugs/causing trouble/killing each other instead of being in a safe environment.'

'I wouldn't cope. My children would be in trouble with people and police.'

Young LGBT people expressed they needed the youth services for support and guidance.

'Coming out is scary! You never know who will welcome you with open arms, and who will shove you in the dirt.'

'LGBT and Young Carers I think will be most affected because people are bullied for being LGBT and people struggle more than people realise as young carers.'

Children and young people with special needs and young carers are mentioned as additional vulnerable groups.

'My son would lose some of his independence and myself would be lost because the staff are great help us both. Please don't take our hub away from us. It's too important to a lot of people.'

Impact on development

To the participants, personal development meant both educating parents and children. Parents valued the different courses that were offered, and the access to support and advice from the trained and knowledgeable staff. Children's centres were valued for helping children to develop social skills and preparing young children for school. The environment was seen as 'stimulating' for children and enabled them to learn in a fun and playful way. Parents explained early education was very important to them, because it helped their child's development.

Impact on individuals

Children's Centres were seen as a place where both children and parents can feel safe. Participants said that without the services they would not have a place to go for 'immediate advice and support'. Families could get more isolated and lonely and this could influence their health. New parents, young mothers, or parents who do not have English as their first language, were seen as particularly vulnerable.

'It would be really difficult for me without the ESOL class. I can't communicate with confidence.'

Parents mentioned financial support; from help with benefits to saving money for buying milk by receiving breastfeeding support.

'There is nowhere else for childminders to go even the library's opening times have been reduced. I have done so many courses here that have helped me in so many different ways including first aid, baby massage, sleep workshops, weaning workshops.'

'Children's centres are very preventative for me being a full time working mother I didn't get to meet other people in the community and felt very vulnerable until I started coming to the centre, without it I would definitely struggled maybe even have post-natal depression.'

Impact on social life

Social impact is seen as a major threat. Social isolation for adults and lack of social development for children, or opportunities to socialise, are cited regularly.

'Isolation, for my children as well as for me.'

'Depression would be worse as a result of isolation and this would be a potential additional burden on the NHS.'

4.6   Additional information on stakeholder events

8 stakeholder events were held, shown in the table below:

Date	Venue	Attendees
16th November	Oxford (1)	39
19th November	Didcot	62
20th November	Oxford (2)	45
24th November	Banbury	74
25th November	Abingdon	53
30th November	Bicester	41
7th December	Witney	63
10th December	Oxford (3)	56

The format of the events generally followed a discussion including two main questions. At each of the events, the first of these questions was:

What does this [the proposals] mean for the children and families using my Children's Centre & Hub?

At all events barring the Didcot event on 19th November, the second question was:

How do we respond to these proposals?

At the Didcot event, the second question was different:

Explore ideas to reduce the impact of issues raised by the proposals to reduce the Early Intervention Service

Points made in discussion, in response to the questions, were recorded and analysed

Focus groups had a different set of four questions

What are your thoughts on the three models?

What parts of the service are most important to you?

What would happen if these services (the ones most important to you) didn't exist?

Are there people, or groups of people that you think will be more affected by any of these proposals than most people?

3 public consultation events were held in addition to the stakeholder events, shown in the table below:

Date	Venue
18th November	Oxford
23rd November	Didcot
30th November	Bicester

5 Standalone report of emails and letters received

5.1 Introduction

This report is a standalone document that makes up part of the overall reporting for Oxfordshire's County Councils public consultation on 'The proposed new model for children's services in Oxfordshire. The consultation was open from the 14th of October 2015 and closed on the 10th of January.

This report relates to the response via emails and letters. Members of the public and organisations were free to submit freestanding responses through the consultation period via a central email address or through the post.

Overall 88 emails have been received and 36 letters. Of those letters, eight were extended responses and have been separated into a standalone report of their own. One of these postal submissions was correspondence between the Rt Hon Nicky Morgan MP, Secretary of State for Education and Rt Hon Andrew Smith MP, Member of Parliament for Oxford East, relating to the proposed plans for the Children's Centres raised by a constituent in Oxford East. The table here demonstrates the spread by Postcode;

Emails (88) 31 postcode unknown. Three are OX but not specified where.

Post Code Prefix	No. Responses	Post Code Prefix	No. Responses	Post Code Prefix	No. Responses
OX1	1	OX10	2	OX26	2
OX2	9	OX11	2	OX27	1
OX3	5	OX12	4	OX28	1
OX4	6	OX14	3	OX29	1
OX5	1	OX18	1	OX33	3
OX7	3	OX20	1	OX44	4
OX9	1	OX25	1	RG9	1

Most emails are from individuals (82) with a small number from organisations. 62 of the emails come from campaigning organisations.

The views are not representative and should be read as a collection of responses from interested parties who have been motivated to engage with the authority on this issue. In the analysis we cannot be clear the extent to which individuals or organisations have engaged in the materials provided via the web portal and other channels.

In reading this report the reader will find an executive summary that draws together the themes that emerge from the response, followed by a qualitative summary of those key points with verbatim quotes to illustrate the points that have been made.

5.2   Summary findings

- Prevention is seen as essential especially with low income families and is proven to work. It creates a space without stigma where problems can be easily detected. It has much wider community benefits including reducing incidence of crime and antisocial behaviour. There are also a set of health benefits.
- Other services will have to pick up issues that the centres are currently dealing with. For example, schools will need to take the strain on childhood development but at a much later stage. GPs, social workers and the wider NHS will be impacted; centres currently pick up the issues that will need to be dealt with elsewhere.
- Many emails and letters are against the cuts and closure for many of the reasons stated including impact and prevention. Some of the emails were part of a campaign to influence Oxfordshire CC to rethink cuts to 'vital services.
- Vulnerability is a key theme and is seen as more than just income, the universal part of the service identifies needs that escalate amongst those who are vulnerable. Vulnerability should be prioritised but the authority needs to widen its definition to encompass others who are vulnerable and need support
- There is a clear role for the centres and hubs in the long term health of the people of Oxfordshire. The centre's staff are often trusted in a way that GPs and other practitioners are not it makes it a vital link to good health.
- There is a cost involved in closing services down and replacing them. There will also be a big impact on staff through re-training and redundancies. Overall the approach is likely to cost more in the long term and create additional cost for other services. There should be a way of finding additional funding to sustain the current model.
- Parents may suffer from a lack of personal development and learning, this support for young parents is vital if they are to avoid becoming vulnerable. The proposals are likely to lead to negative impacts such as increased stress and social isolation.

- Rural areas have had great success with the children's centres; it was the same level of service enjoyed by urban areas. Removing them is very worrying and it will become difficult to access services both for recreation, health and development in the future because of public transport.
- There has been significant investment in staff, by cutting them you lose the investment in made over the years and add costs through redundancy and retraining.
- The consultation documentation contains incorrect information and the consultation is lacks integrity because the decision has already been made.
- There is criticism of the Government and the council with some citing a reversal on promises in the election.

5.3   Main themes

5.3.1 Prevention

Prevention is an overlapping theme in the emails and letters received. Respondents mention early intervention and prevention for vulnerable families. Some letters or emails describe how Children's Centres are a proven method for prevention and to stimulate development.

Universal access enables staff to detect issues and vulnerability and counteracts stigma. Stigma can form a barrier for vulnerable people to seek help and support at the Children's Centre and this might cause their situation to escalate. Respondents comment that the earlier problems are detected; the more chance families stand to overcome their difficulties.

"They prevent the need for costlier interventions being needed further down the line." Email

Prevention was mentioned in many forms and with different benefits. According to respondents it stretches further than child and family, but the community also benefits. For example, if vulnerable people are helped and supported, they are less likely to be socially excluded or commit crimes.

"If families can access children's centres regardless of circumstance this reduces crime, prevents social exclusion and promotes educational progress" Letter

Another mentioned benefit was that the Children's Centres support people who do not have English as their first language and this can prevent problems later on as well.

Respondents said that Children's Centres play an important part in promoting healthy behaviour and therefore prevent problems with dental health, weight and more. Their close collaboration with Health Visitors was mentioned as very important.

5.3.2 Impact

Impact on other services

A key theme in the letters and emails is the likelihood of increased strain on other services from the new model. Respondents mention that Children's Centres often pick up on issues that otherwise end up at more costly services. The removal of centres and hubs, it is felt, will create greater strain on social workers, GPs and schools as they begin to pick up issues in their absence. Overall there is a view that Children's Centres save money and prevent stress on other services.

Health impacts (including mental health)

Health impacts are mainly mentioned in relation to the preventative and educational aspects of the Children's Centres. There is reference to an important role in long-term health of families in Oxfordshire, especially with the early year's intervention.

There is a view that the centres offer a less intimidating environment that users often prefer to engage with before they decide to go to their GP or mental health services. This is also a benefit for the wider system potentially preventing use of more expensive and intensive services. This is also linked to the role of the Children's Centres to inform families on healthy lifestyles.

Impacts on babies, children, young people

The Children's Centres are seen as a place where children learn how to interact with others and are prepared for school. Respondents expressed concerns about the development of children if they cannot attend the Children's Centre.

There is a fear that child abuse or other protection issues will go unnoticed without the Universal services and that this will have severe consequences for children and young people.

The impact on children and young people is also linked to 'prevention'. Early intervention enables staff to detect problems at an early stage or prevent children from becoming vulnerable.

One respondent expressed concerns over the spaces for 2-year olds funding and wondered if there are enough spaces for children that are entitled to funding.

There are personal testimonies from parents on the impact of closing down the Children's Centres on their own children.

"My daughter calls the children's centre 'My children's centre' as she runs into the super environment eager, excited and happy to be there again. I am sure she feels the safety and sanctuary that I feel when I visit. I am also sure that her seamless joining of a local pre – school has been due to her experience of the high quality provision made by the children's centre – as all children begin to learn at day 1! She also knows many of the pre – school children from Children's centre. "

General impact (including families)

Respondents expressed their concern on what the cuts will mean for families in Oxfordshire. Vulnerable families in particular might have limited or no access to the services. The received Emails and letters explained that this might leave them more vulnerable and socially isolated.

"Teenage families supported by Family Nurse Partnership will also have fewer local centres to access support, potentially resulting in them being less empowered. Many teenagers on the caseload would struggle to take public transport or travel far to go to a children's centre"

Staff impact – loss of jobs, skills, relationships

As well as financial comments, respondents also mentioned the time and training that was invested in the current staff. They felt that the skills and the relationships they build with users of the services, especially with vulnerable families, will be lost.

5.3.3   Accessibility

Universal access

Respondents write that they appreciate how the Universal services currently support families within Oxfordshire. The current approach also lifts some of the weight off other services and enables staff to detect problems at an early stage. The educational aspect of the Children's Centres is seen as a way to prevent problems in the future and as a consequence save additional spending now through other services and in the future.

Without Universal services, families might encounter stigma, especially when the focus is turned to vulnerable groups accessing Social Care led services. Limited access is also seen as a cause of isolation.

"Universal families are less likely to be able to access a local centre for support. This may impact on isolation with a consequential increase in demand for the universal element of the health visiting service.

Transport – location – rural areas (accessibility)

Respondents thought and felt that rural areas need to have the same access as urban areas. With recent cuts on public transport and difficulties for vulnerable groups such as pregnant mothers, travelling could become a difficulty. This was the view of organisations, centre staff and families themselves.

"Teenage families supported by Family Nurse Partnership will also have fewer local centres to access support, potentially resulting in them being less empowered. Many teenagers on the caseload would struggle to take public transport or travel far to go to a children's centre" Letter, Children's Centre consultation Oxford Health response

"Rural areas were very grateful when they gained the same level of service to children as enjoyed in the urban areas. The centre has been a huge success and parents are very worried if this much valued facility is removed or downgraded." Letter, The Chalgrove Children's Centre

"With my second child I was able to do an anti – natal course at the children's centre so when heavily pregnant I didn't have to travel any distance. I was also able to see my midwife at the children's centre." Letter from family in Marston

Vulnerability (access, identification, definition)

Vulnerability is a term that is consistently used in the feedback through emails and letters. The term is for some people not defined simply by low income, the presence of universal services creates the space for dedicated and qualified staff to identify families who may be in trouble or in danger of becoming statutorily vulnerable. This is noted as a particular issues in rural areas where less access to services is envisaged in the new service.

A number of other groups are also viewed as vulnerable or potentially vulnerable. Young families and first-time parents are mentioned as vulnerable (more than those on low-income); respondents mention that all young people and children are seen as vulnerable and need to be kept safe. Children and young people with special needs, or young LGBT people are also mentioned as being particularly vulnerable groups.

5.3.4 Financial comments

Respondents direct questions to OCC urging them to identify possible routes towards funding that can help to sustain the current Children's Centres. Other emails and letters look at the long-term costs state that cutting the centres and hubs is a false economy that is likely to end up costing more in other services, for example NHS.

There is also recognition of the costs involved in closing the centres and redundancies and re-training of remaining staff.

"How much will it cost to dismantle the current service and set up the new service and is it worth being so drastic?"

There are comments on how the Government spends money with a call for funding to be found elsewhere either from central Government or locally. There are also concerns on how the proposals have been developed and costed.

"Ideally I would love to see a full costing analysis including risk, however I know the council are not very forthcoming with these documents, if they exist at all, however the above are all points that you would have (hopefully) considered and so I see no reason why you cannot give me, straight, direct answers to my questions."

Oppose cuts – closures

There was opposition to the cuts and a general point that comes through is a rejection of closing the centres because of their overall benefit to families and the community.

"At a recent meeting with new local MP, Victoria Prentis, parents who would be affected by the closure of the unit, made an impassioned plea against closure and presented cases involving the positive changes in the lives of families touched by the Children's Centre; both children and adults have received invaluable support and many have felt that they couldn't live without it."

Many of the responses received through email and letters were against closures and cuts on Children's Centres. A share of the emails were part of a campaign that asked OCC to rethink cutting the 'vital services'. Cuts and closures of Children's Centres are linked to prevention and impact on other services, parents, children and health.

5.3.5 Documentation – consultation comments

Amongst the letters and emails there are a number of comments on the documentation and consultation itself. One email for example states that there is incorrect information within the supporting consultation material and that this needs to be changed to allow people to understand the issues fully.

There is a view and supporting comments from writers that they feel cuts will be made anyway and that the consultation, and their effort of providing feedback, is in vain.

Another set of comments point to the public events and indicate that there was disparity in the location of the events with important areas not included. This raises questions for some about equality of opportunity to contribute to the consultation.

"This feeling has been made evident to the Town Council notwithstanding the decision by OCC not to hold a specific consultation meeting about them in Banbury, but instead to have these meetings only in Oxford, Didcot and Bicester." Letter, Banbury town Council

5.3.6 Government – Council criticism

Writers express their feelings about the planned changes and cuts to the services. In some cases, respondents mentioned that the cuts to Children's Centres were not what was promised during the elections.

Several Emails, part of an Emailing campaign, mentioned the Prime Ministers communicated that he is opposed cuts on the frontline Children's Centres and that this could be avoided by making back-office savings.

"In fact, the Prime Minister David Cameron said children's services can be paid for by simple back-office savings. Please listen to the Prime Minister and don't let them close." Campaigning email

6   Standalone report of detailed submissions

6.1   Introduction

This report is a standalone document that makes up part of the overall reporting for Oxfordshire's County Councils public consultation on 'The proposed new model for children's services in Oxfordshire. The consultation was open from the 14th of October 2015 and closed on the 10th of January.

This report relates to the 8 detailed written responses submitted through the consultation. Members of the public and organisations were free to submit freestanding responses through the consultation period via a central email address or through the post. These responses are included in the totals identified in the 'E-mails and letters' section of the report.

Detailed responses were received from the following organisations:

- Banbury Town Council
- Oxfordshire Health NHS Foundation Trust
- The Slade and Headington Children Centre
- Oxfordshire Safeguarding Children Board (OSCB)
- Action for Children
- Oxfordshire Community Foundation
- University of Oxford Department of Education.
- Children's Centre Management Team

6.2   Summary of responses

Below are summaries of the submissions provided in each of these detailed responses. Each summary is an analysis of the main points raised in each contribution

Banbury Town Council

A public meeting was held in Banbury Town Hall on 2nd November, with representations also heard from service users on two further occasions.

The main concerns expressed: loss of universal services, a lower threshold for intervention leading to a loss of preventative services creating a additional pressure on overstretched statutory services such as social workers; impact on schools/health sector.

The Opposition Labour Group of the town council is opposed to all of the preferred options and recommends that the Council ask the County Council to work with it to develop means of retaining the current full range of Children's Centres and their

services in their entirety. Innovative funding solutions such as the 'Cluster' model of Town and Parish Councils set out in 'Oxfordshire Together' provide.

The controlling group do not feel that a solution can be found that retained all the Centres without OCC funding.

The financial constraints on the Town Council's own resources mean that meeting the shortfall to keep threatened centres open would require a 64% increase in their Precept; an increase that is felt to be an intolerable burden on already hard pressed lower income families and may prompt Ministers to cap their sector.

Due to these reasons, there was a feeling that whilst none of the options were desirable, option 3 provided the best outcome for Banbury residents.

Oxfordshire safeguarding children board – response to OCSC

OSCB recognises the current pressures on public sector funding nationally.

The question for OSCB is whether Children's Services will still have the capacity to help keep children safe within the new proposed model.

The standard of child protection service in Oxfordshire were considered high in the most recent Ofsted inspection. The inspector noted that the increase in the numbers of child protection plans and complexity of cases were putting undue pressure on the child protection system.

Concern expressed that there is an upward trajectory of cases coming to the child protection system which will require close analysis of how services are responding to the most vulnerable families.

The OSCB recognises that the reconfiguration of services to establish an integrated 0-19 service across early intervention and statutory social care for 0-19 year olds is in itself a good model.

Three risks are identified and explained, with a concern expressed that reducing services in early help may have a negative impact on the child protection service if there is not sufficient capacity within the new arrangements to deliver the ambition to focus on the most risky children and reduce case loads.

OSCB does not recommend charging for services on the grounds that the support for those most in need will be lost; it is not proportionate option; there are conflicts in meeting statutory responsibilities; it would be complex and resource intensive to administer.

Draft proposal for transformation – from Children's Centre Management team

A detailed submission was received from the Children's Centre Management team and 3 children's centre heads as part of the consultation.

This sets out a proposal out a coordinated approach to communities running their own provision.

The proposal has two strands– a Locality co-ordinator posts which are multi agency and a Communtiy Builder Programme.

A Community Builder Programme would work with local communities in order for them to run community provision. This would be graduated according to areas of need and paid staff would run the direct work with families and children. This programme would focus on educating communities about neglect; provide service in the more rural and inaccessible areas of the county; support transition for families identified through a referral as needing more support but not reaching the thresholds and those who have complete work with the Family Support Team.

The second part includes family support teams in each of the eight Children and Family Resource Centres that oversee the children's centre work according to the OFSTED framework. They would co-ordinate work in order for other agencies and volunteers to contribute to children's centre requirements and oversee the management of the building. The group would have a mix of families with varying levels of need. The coordinator for this post would also manage the Community Builder Programme within their geographic area.

The advantages set out for this model include: ensuring that the legal framework for children's centres is met by Oxfordshire County Council; the provision of a framework for transition; the opportunity for communities, local councils, and local organisations to be involved in running the provision; co-ordinated approach across the area to provide oversight of each areas needs and allow for provision planning in available premises; co-ordinated link with Family Support teams; safeguarding children within the community; flexibility of staffing; combating of the issue of targeted provision being stigmatised; planning and organisation of resources; cost effectiveness in terms of distruption; retention of staff with expertise in parental engagement; and that it will bring in more funding for service sto make the proposal sustainable.

The budget for the community builder projects would be £78,389 per project with additional services costing £78,371 for two employment advisors at Grade 10 and £70,000 for a Mobile Children's Centre.

The proposal also sets out income generation from business, charity organisations and social enterprises.

Oxford Health NHS

This response collated responses from different areas across the service that will be affected by the proposed changes. The following concerns were raised regarding the impact on Complex Care, dental, public health and Child and Adolescent Mental Health pathways.

Closure of Children's Centre's will mean therapists see young children in clinics. This will affect the effectiveness of the service they receive, as by seeing children in Children's Centre the quality of assessment improves, therapists liaise with staff in the centres and gather more information about children's needs, and more meaningful recommendations for the therapy programme of support can be made. There will be an impact on the costs for health estates as therapists will require more rooms, diminishing

the amount of resources to deliver other services. Universal level support will reduce meaning referrals and a more targeted level of intervention rather than local support and early intervention.

Children's Centres and Early Intervention Hubs are be a good way of accessing younger children who are too young for pre-school and school but beyond being seen by health visitors (seen at 8 months and 2 years). In the proposed plans most areas are covered, however there is only once centre planned for Banbury which has a large deprived population of around 47,000. Concern that proposed changes may impact on the named Health visitors that Children Centres have who can refer to dental services. Children Centre's also promote good key oral health messages, these opportunities will be reduced with less Children Centre's, although accreditation for Children Centre's for oral health would be easier.

The public health pathway services that would be impacted by the proposals are Health Visiting, Family Nurse Partnership and School Health Nursing. The benefits of the current model for these include immediately local services, provision that is driven by vulnerability and need and involve partnership working between the county Council and Oxford health; information sharing between services; and staff working in partnership to deliver universal services.

The proposed model will mean that universal families are less likely to be able to access a local centre for support, which may impact on isolation and increase demand for the health visiting service. It will be harder for health visitors to identify vulnerable families, as they will not be known to other agencies. Teenage families supported by Family Nurse Partnership will have fewer local centres to access support which may result in them being less empowered. Teenagers on the caseload would struggle to take public transport or travel to access the children's centres. The will be an increase on the travel costs and provisional time for Oxford Health staff. The number of settings that Oxford Health can use to deliver care will be reduced. School Health Nursing who currently at times use children's centres to support families for reasons of anonymity will be less likely to be able to do this.

The Child and Adolescent Mental Health service (CAMHS) would be impacted by the proposals in a number of ways. Children Services currently provide signposting options pre and post Mental Heath assessment and need reassurance that these would remain. The CAMHS service has had a 45% increase in accepted referrals over the past 3 years. This demand has impacted on CAMHS capacity. Reduction in early years help services may result in later identification of mental health concerns in children and young people which may in turn lead to a higher number of urgent referrals and a greater level of need at the point of entry into CAHMs services. There is a concern that a reduction in early intervention will create an issue whereby unaddressed needs will develop and fester leading to more ingrained need requiring significantly more input and resources over a longer period of time, which could be catastrophic for young people and the capacity threshold of services trying to meet the presenting need.

Action for Children

Action for Children responded to the consultation with a document providing evidence from a consultation with children centre staff and recommendations for an alternative model. Three specific concerns are raised their work with children across Oxfordshire.

Firstly, the geographical distance that some service users would need to travel in order to access targeted services in a rural county with limited public transport requires consideration. Secondly, a concern regarding the ability of the new service to meet the needs of families who fall just outside thresholds where early intervention would currently support and reduce the need for escalation. Thirdly, the growing evidence of the importance of the birth-to-two period. This is now gaining increasing prominence in national policy through parliamentary groups and wider support across the early year's sector. Vulnerable children of this age are at particular risk of long term disadvantage and the first 1001 days provides a window to engage and support parents when they are keen to learn and take advice. Concern about how the 0-2 age group will be sufficiently supported.

An alternative model is proposed based on the development of seven clusters delivering support to families in the early years (0-5) and additional whole family support to children and adolescents up to the age of 19. The model would be delivered on a multi-agency basis within an agreed shared framework of delivery for each age group. This will allow the model to provide tailored support to different age groups, reflect different needs and be able to respond to he changing national landscape. Clusters are proposed for Oxford, Banbury and North West Oxon, Bicester and Kidlington, West Oxon, Abingdon and Wantage, Didcot and South East Oxon, and Thame and Easts Oxon. Each cluster would be a building hub used by a range of multi-agency partners, affiliated groups and local businesses. Many services would be delivered using mobile resources in community buildings to provide flexibility to meet the need of target children and families to strengthen delivery in rural areas based on need. Staff with specific expertise would be clustered to benefit from shared learning, models and experience. Technology would be used to deliver more services to a wider range of people. This will include improving access to information through social media, website and facilities such as 'Ask the Health Visitor' as well as apps such as Facebook, Twitter and Whats App; enable agencies/parents to book/register online; and support staff to manage demand and prioritise access through a registration of interest process. Funding for this would be allocated based on a definition of disadvantage using Index Multiple Deprivation data. Similar models are used in other areas that Action for Children operate such as Kirklees. Statutory funding would only deliver targeted services, universal services would be delivered using an affiliated model. A full cost recovery model for some services with fees charged at levels to provide free places for children and families that needed them. Specific fundraising would provide added value. A number of town and parish councils could provide a critical element of funding the affiliated model.

Benefits of this model include the focus on the needs of different life stages, maximising resources, safeguarding and focusing on making a difference.

Slade and Headington Children's Centre

A proposed plan for the Slade and Headington Children's Centre was provided along with details of the current running cost of the service, deprivation and children's outcomes.

The proposal expresses openness to exploring new ways of working. Some considerations are taken into account in the proposal such as the need for evidence based prevention work, alternative use for buildings, voluntary and community sector provision of early years, budget implications and expertise and local knowledge. Five approaches to provide services for the community including Core Protected Plans, voluntary groups using the children centre, services contracted by Oxfordshire County Council; Future Funded Plans, volunteer run groups and other users.

Oxford University Department of Education

The University of Oxfords Department of Education and Department of Social Policy and Intervention, submitted a summary of the results from a six year Evaluation of Children's Centres (ECC) in England conducted between 2009 and 2015.

The impact report summarises the impact of children's centres in improving 13 measured outcomes for a large sample of user families. These outcomes for family, mother and child were chosen to reflect the aims of children's centres to support parents and families, and in the longer term, provide young children with a better start to school.

The ECCE Impact study provided important new evidence about the role of children's centres in promoting better outcomes for different user groups. A number of relatively small positive effects were identified in promoting better outcomes for each user group considered (child, mother, families) and the number of significant effects identified was more than might be anticipated from chance. Taken together they confirm the engagement with children's centres can promote better outcomes especially in terms of family functioning. The evaluation also provides evidence about children's centre's characteristics and processes that promote better child, mother and family outcomes, though again the results do not show one simple pattern of associations.

Appendix 1: Representativeness of respondent data

These tables compare the profile of respondents to the population profile of Oxfordshire (compared to Census 2011 data).

	Survey response	Census response		Difference
Age group	Total	Age group	Total	
19 or under	1%	19 or under	24%	-23%
20-25	6%	20 -24	7%	-1%
26-34	30%	25-29	7%	+23%
35-44	40%	30-44	21%	+19%
45-54	11%	45-59	19%	-8%
55-64	6%	60-64	6%	0%
65-74	2%	65-74	8%	-6%
75 or over	0*%	75+	8%	+8%
Prefer not to say	3%	n/a	n/a	n/a
Total recorded	100%	n/a	100%	n/a

Respondents from the 26-44 age group are over-represented in this consultation.

Gender	Survey	Census 2011	Difference
Male	13%	50%	-37%
Female	83%	50%	+33%
Prefer not to say	4%		
Total recorded	100%		

Female respondents are over-represented.

Ethnicity	Survey	Census 2011	Difference
White British	78%	84%	-6%
White other	12%	7%	+5%
Asian or Asian British	4%	5%	-1%
Black or Black British	1%	2%	-1%
Mixed	2%	2%	0%
Other	3%	0.5%	+2.5%

The ethnicity of respondents is broadly in line with the ethnicity of the population across Oxfordshire.

Appendix 2:   Social Media responses

Social media

322 Tweets were received between 01/10/2015 and 06/01/2016 and most of the Tweets were send by individuals. 141 Tweets were campaigning Tweets:

- Sign the petition asking @OxfordshireCC to save Oxfordshire's children's centres! (36)
- I've just asked @OxfordshireCC to protect Oxfordshire's children centres. Can you? (24)
- I asked @David_Cameron to spend a day at @OxfordshireCC to see if he can balance the books. (81)

Three Tweets were sent by the Oxford City Council and in two of the Tweets the City Council explains that someone confused Oxford City for Oxfordshire County Council:

> *@DKHumphreys Hi. @OxfordshireCC runs children's services in the city, not us.*

Ten Tweets were sent by Save Oxfordshires Children's Centres (@saveoccc). Most of these Tweets are comments or questions directly to Oxfordshire County Council and are opposing the cuts and closures of Children's Centres.

> *Children's Centres are an integral part of safeguarding, not apart from it #saveoccc @OxfordshireCC*

Together with the campaigning Tweets there are 130 Tweets mentioning David Cameron. Some of the Tweets are variations to the campaigning Tweet and other Tweets are referring to the budget cuts or to comments David Cameron has made on the proposed closures of Children's Centres.

> *@David_Cameron wrote to @lanhudspeth leader of @OxfordshireCC complaining about cuts. @Ekklesia_COO responds https://t.co/mlsN3vGEG0*

There were several Tweets that mentioned public consultation meetings. Most comments were from people who were attending one of the public meetings and other Tweets explained briefly what was discussed.

Not all Tweets involved the Children's Centres. There were other comments made on topic like public transport or libraries.

> *Today @OxfordshireCC released details of subsidised bus cut options for Cabinet to choose 10 Nov. @SaveOurBuses_UK! https://t.co/DT75OflfMV*

The Oxford Times, The Oxford Mail and some individuals tweeted links to news messages on OCC cuts.

> *Our story on David Cameron's clash with the leader of @OxfordshireCC being followed up by the nationals today https://t.co/8pXm1ShIT3*

None of the Tweets were supporting the cuts, closures or the proposed model.

There were 27 responses via Facebook. Four of the responses were individual Facebook posts and 11 were comments, the rest of the responses were likes to either comments of other people or posts by Oxfordshire County Council. The individual posts were encouraging other people to join the consultation process, and one post was criticising the delay of the consultation. The comments were questions towards the County Council or critique towards the consultation process.

Appendix 3: Analysis of survey by geography and type of respondents

1   Background

This appendix provides further analysis of the key quantitative questions by geography (North, Central and South areas as defined in the consultation) and type of respondent. There are no statistically significant differences in responses from other demographic groups (eg gender, age, ethnicity and so on).

The key questions that have been analysed in this way are:
- The extent to which services should be offered to vulnerable children / families (Q6)
- The extent to which there is agreement to create an integrated children's service (Q7)
- Which of the options proposed were preferred (Q8)

Analysis by geography

The responses have been analysed by the geographic areas defined in the consultation document that cover the North of Oxfordshire, Central Oxfordshire and the South of Oxfordshire.

Q6: Extent to which you agree/disagree with "It is important to offer more services to vulnerable children/families than to all children/ families" (by geography)
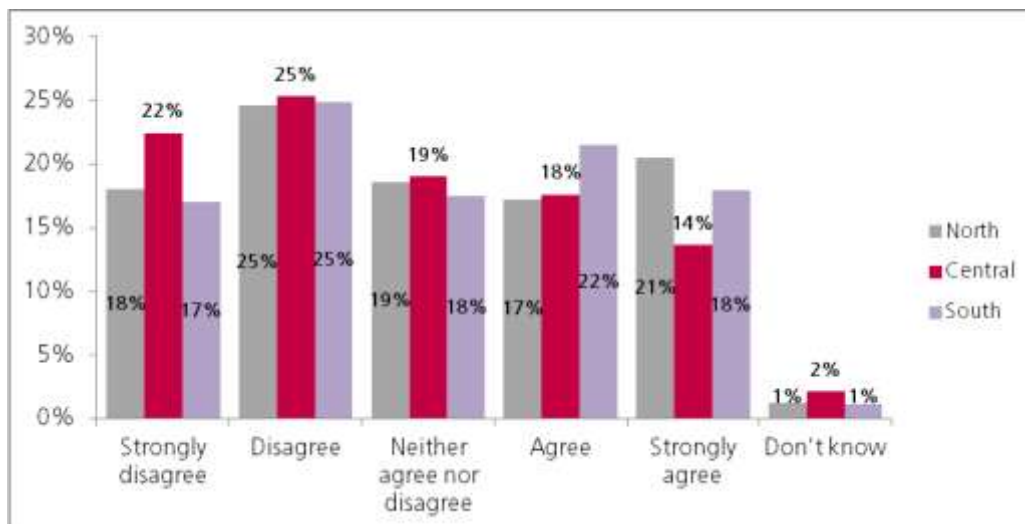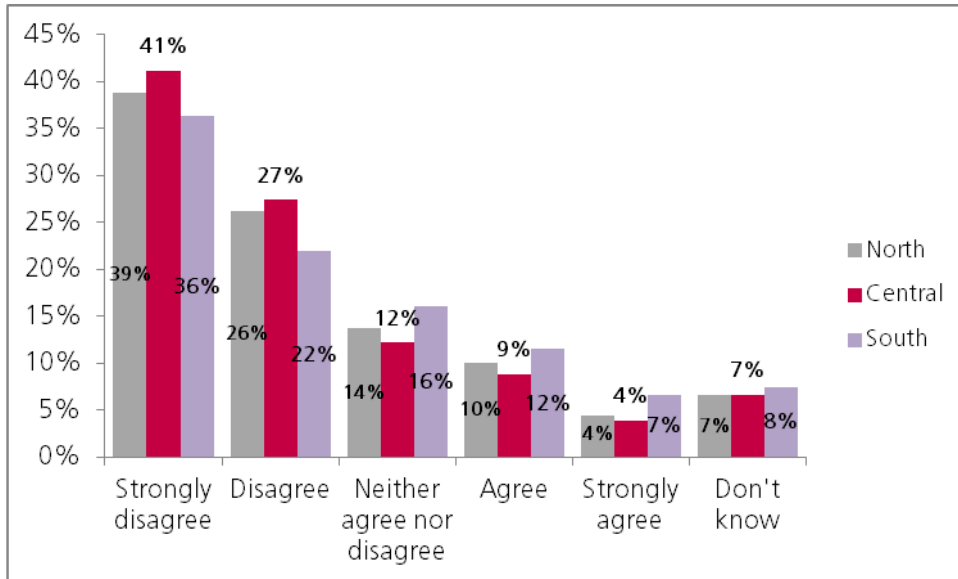

Dataset: 1661 completed responses

- We have seen that the net score for all respondents is -7 percent, taking the negative responses (disagree and strongly disagree) away from the positive

responses. By geography, the net scores are -5 for the North; -15 for the Central area; and -2 for the South.

- The strength of disagreement with the statement is strongest in the Central area and least in the South.
- A fifth of respondents, across the areas, either don't know or are neutral on the statement.

Q7: Extent to which you agree/disagree with the proposal to create an integrated children's service? (by geography)

Dataset: 1667 completed responses

- We have seen that the net score for this question is -47 (positive minus negative response, excluding neutral). By geographic area, the net scores are: -51 North area; -55 Central area; and -39 South area.
- Disagreement is stronger in the North and Central areas than in the South.

Q8: Which of the three options outlined do you believe offers the best model for delivering integrated children's services? (by geography)
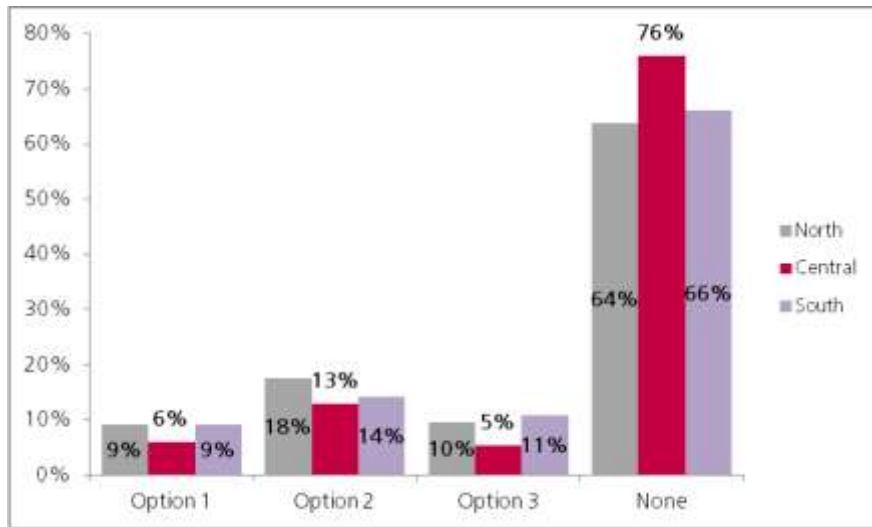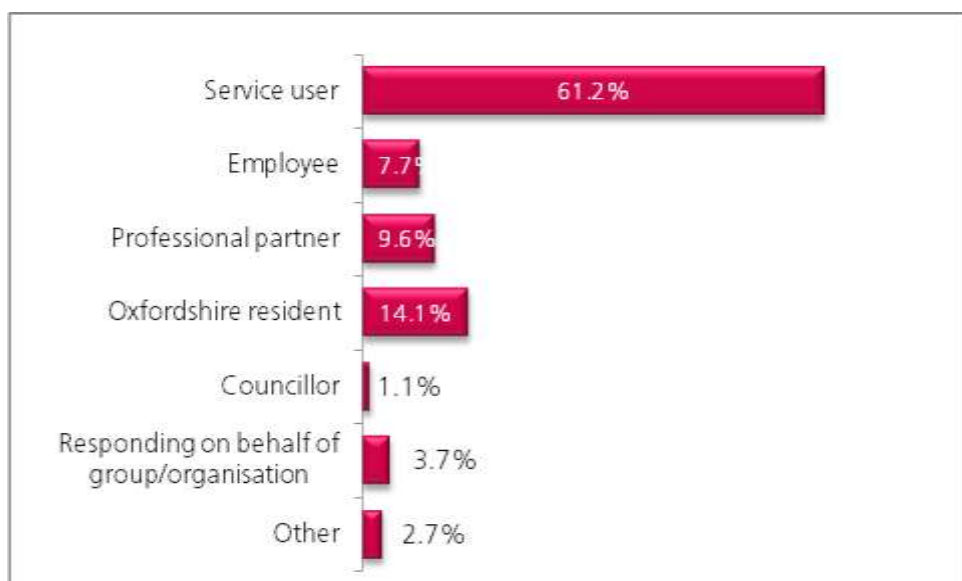

Dataset: 1333 completed responses

- The majority of respondents (at least two-thirds in each area) reject all of the options put forward. 76% of respondents in the Central area reject all options compared to 64% in the North and 66% in the South.
- In each of the areas, Option 2 receives the greatest level of support.

2   Analysis by type of respondent

The key survey questions have also been analysed by type of respondent (ie service user, employee, and so on). These are based on the profile of type of respondents shown below.
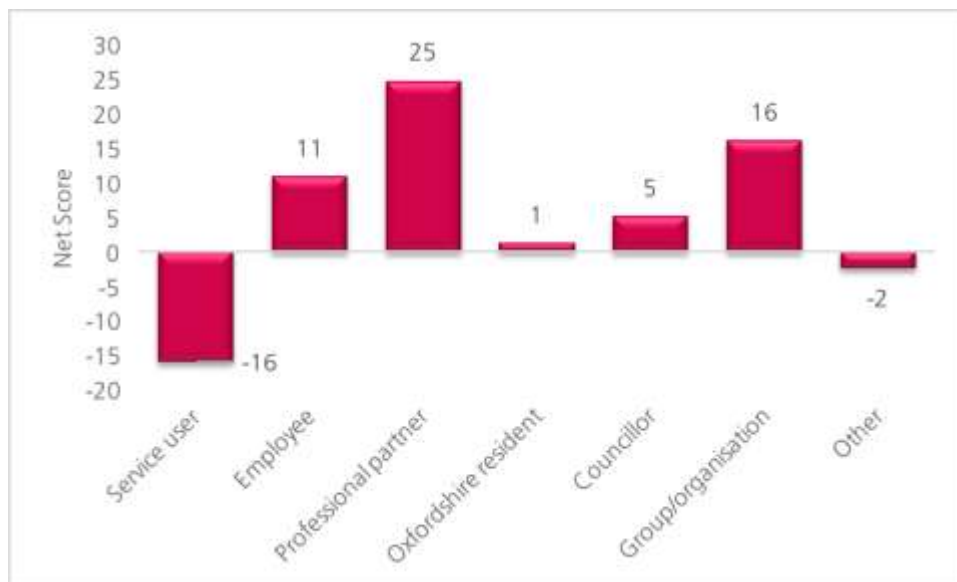

Dataset: 2083 completed responses

"Other" includes friends of service users, volunteers at Children's Centres and former service users.

The graph below shows the net scores (positive agreement minus negative agreement) for the question gauging the extent to which services should be provided to vulnerable families.

Q6: Extent to which you agree/disagree with "It is important to offer more services to vulnerable children/families than to all children/ families" (net score by type of respondent)


Dataset: 1833 completed responses

- Most respondents tend to agree with the statement that it is important to offer more services to vulnerable children / families than to all. The main group of respondents that disagrees with this statement are service users.

The graph below shows the net scores (positive agreement minus negative agreement) for the question gauging the extent to which respondents agreed or disagreed with the proposal to create an integrated children's service.

The results show that all respondent groups disagreed with the proposals with service users disagreeing the most (a net score of -57) and with employees and 'others' disagreeing the least.

Q7: Extent to which you agree/disagree with the proposal to create an integrated children's service? (net score by type of respondent)
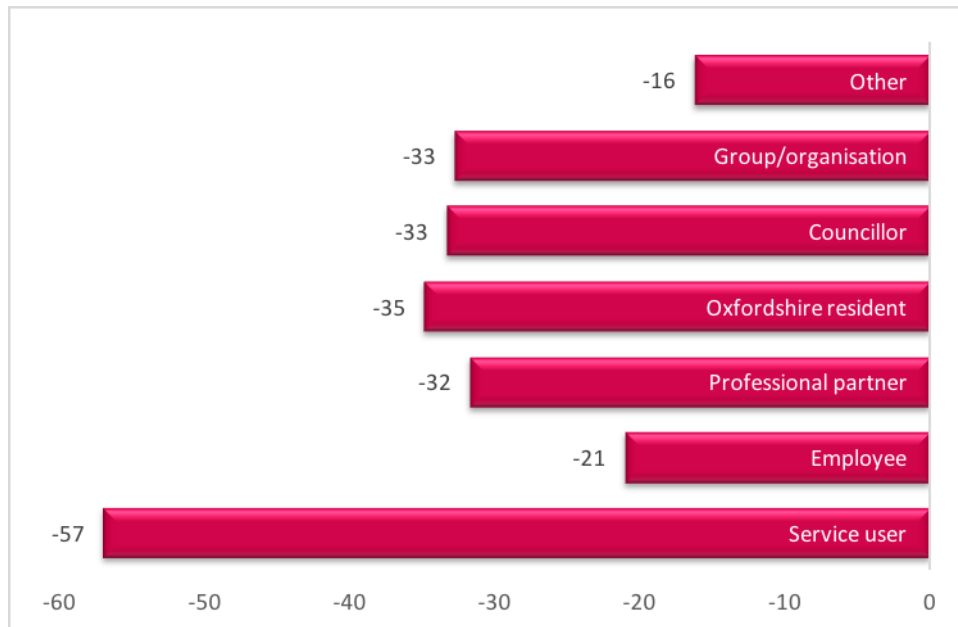
Dataset: 1841 respondents

Q8: Which of the three options outlined do you believe offers the best model for delivering integrated children's services? (percentage response by type of respondent)
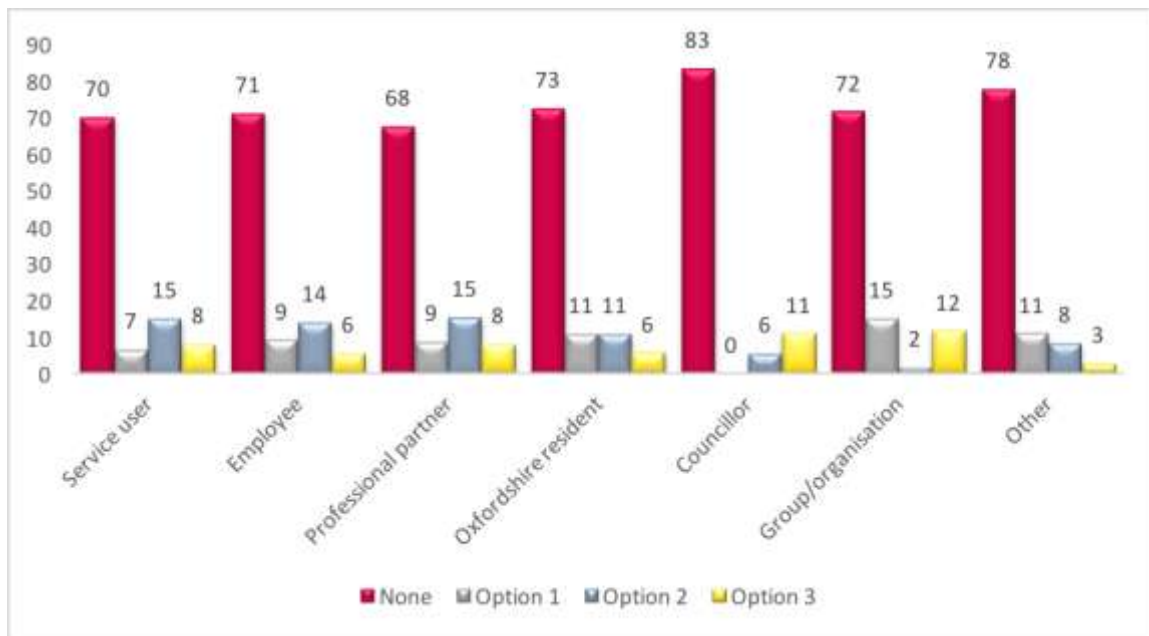
Dataset: 1476 respondents

- This shows that there is universal rejection of the options proposed.
- Option 2 is preferred by service users, employees and professional partners.s