

## **CABINET – 15 SEPTEMBER 2015**

### **Future Arrangements in Children's Social Care**

#### **Report by Director for Children's Services**

#### **Executive Summary**

1. In common with councils across England, Oxfordshire County Council have to make savings across all service areas as a result of reductions in government funding, pressures on all services and restrictions on ability to raise Council Tax. The Children, Education and Families Directorate need to find savings of £8 million.
2. Nationally, children's services are now dealing with a growing number of child protection cases and children at risk of neglect. Over the past few years there has been a 50 per cent rise in the number of children on child protection plans, in part as a response to growing concerns about child sexual exploitation.
3. Reduced funding and rising demand mean we need to make radical changes to the way services for children and families are delivered.
4. The overwhelming priority for children's services must be to meet our legal requirement to keep children safe from abuse and neglect and it would clearly be unsafe to reduce funding of core child protection social work. The Directorate's savings, therefore, have to come from the Early Intervention Service, which includes the current network of 44 Children's Centres and 7 Early Intervention Hubs and the Youth Engagement and Opportunities Team.
5. The need to make changes, however, presents opportunities to think about new ways to support families within their communities and ensure some of the services provided within Early Intervention continue.
6. The Council has developed a preferred model for a new 0-19 service based on integrating the services provided by Children's Centres, Early Intervention Hubs and Children's Social Care. This approach was recommended by the cross-party Cabinet Advisory Group set up to look at new ways of working.
7. The £8m that remains from the current £16m budget for the Early Intervention Service will be combined with the £4m budget for Children's Social Care Family Support Teams to create a wholly new £12m service.
8. The new service will focus on supporting children on child protection plans, children in need and those identified as vulnerable through Oxfordshire's Thriving Families programme.

*The proposed new service*

9. It is proposed that Children's Centres and Early Intervention Hubs will be replaced by eight Children and Family Centres. The eight Centres will be based in areas of highest need across the county, with social workers, family support workers and other professionals using these as bases to work with families in need of help and support. From the Centres a significant outreach service will be provided to all parts of Oxfordshire which will help those families who most need intensive support. This will include running targeted groups in local communities travelling to meet families in their homes, at school or other venues.
10. By focusing on children at risk of abuse and neglect, some universal services, such as stay and play and open access youth sessions, will no longer be provided directly by the county council. The council is however committed to helping local communities develop or retain their universal provision for children. It is proposed that work will be undertaken to ascertain whether local communities would wish to deliver these services and if so how this could be best achieved. It is necessary however to reinforce the issue that Oxfordshire County Council cannot continue to financially support or provide for these services.
11. A new Locality and Community Support Service is proposed to manage and co-ordinate links with universal services such as schools, health services and other community-based provision. Children services staff will link with universal services being delivered by other providers, enabling concerns to be shared about vulnerable children and support, advice and guidance to be given.
12. Given the funding available and demand for child protection services, the new approach represents the best way to target resources at families who need most help.
13. The paper sets out a proposed model to meet the overwhelming priority of keeping children safe in Oxfordshire, while achieving the budget savings. If Cabinet accept the recommendations within the report this model, along with two alternatives, will be put to a public consultation during Autumn 2015.

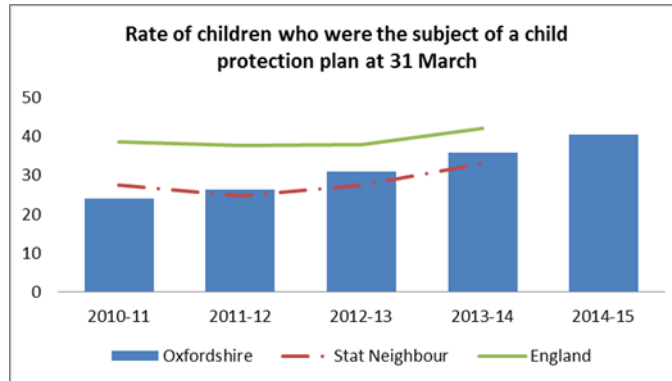
**Background**

Over the next two to three years, the Children, Education and Families Directorate (CEF) is facing a number of significant challenges. In addition to the current budget position, requiring substantial savings to be made, the demand for services and changes to the environment in which the local authority operates means that existing organisational arrangements are no longer fit for future requirements. A wholesale redesign of the Directorate is required to ensure that the available resources are targeted at those children and families most in need, while ensuring the Authority continues to meet its statutory responsibilities.

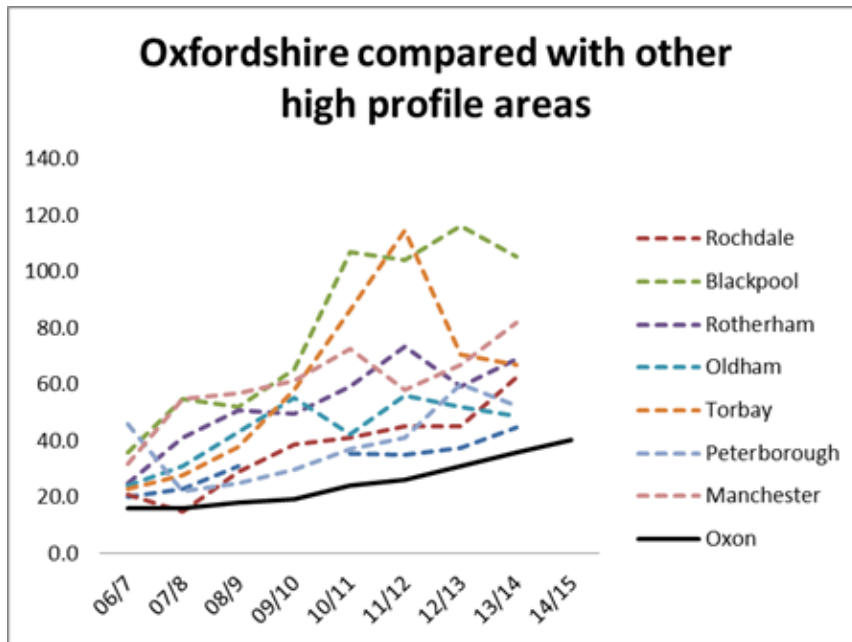
14. The current pressures on services have been well rehearsed in previous reports to Cabinet and to Scrutiny. They do, however, merit repetition and consequently are outlined in the report. These are only one of the challenges facing the Directorate

and the Council. The ultimate driver for change in both service delivery and the changing service and strategic priorities by which the Directorate operates is the overwhelming need to reduce expenditure and balance the budget.

15. It is recognised that further reductions beyond those already agreed by Council will need to be made. This is outlined in detail later in the report but should be seen against the current operational pressures highlighted below.
16. The pressure on statutory social care services for children and families continues to grow. The County Council and its partner agencies are now working with higher levels of child protection and care than it has ever done in the past.
17. Between March 2011 and March 2014, the number of children on child protection plans rose by 50 per cent. A rise that is much higher than the national average of 9 per cent, and that of our statistical neighbours who experienced a 21 per cent increase. In 2014/15 Oxfordshire experienced a further rise of 13 per cent, and in the first quarter of 2015/16 another increase of 11 per cent. There are now 634 children subject to a child protection plan.



18. The level of increase in numbers on child protection plans within Oxfordshire cannot be explained by an increase in referrals to Children's Social Care, which in line with the rest of the country has remained constant. There has, however, been an increase in section 47 (child protection) investigations of 63 per cent in Oxfordshire, compared with 43 per cent for statistical neighbours and 23 per cent nationally.
19. When Oxfordshire's increase is compared to those in other areas which have been through high profile Child Sexual Exploitation cases, a common trend is detected. Derby, Rochdale, Blackpool, Rotherham, Oldham, Torbay, Peterborough, and Manchester have all seen steep rises in their numbers of children subject of a child protection plan. As the graph on the next page shows Oxfordshire's rate of growth is slightly below the group average, increasing by 124 per cent since 2006/7 compared with 134 per cent for the whole group.



20. Within Oxfordshire, most children are the subject of a plan because of neglect - 56 per cent at the end of March 2015. This compares with 47 per cent for statistical neighbours and 43 per cent nationally. The rate of children on a plan for neglect is now considerably higher than nationally.
21. In addition to the rise in children on child protection plans, the number of children who are looked after by the local authority has risen by over 30 per cent between 2013, from 427 in July 2013, to a current figure of 563 children. This figure includes a 104 per cent rise in the number of unaccompanied asylum seeking children in the last year.
22. While Oxfordshire is one of only 14 authorities to have been judged good by Ofsted, out of 58 inspected to date within their latest inspection methodology, the rise in activity within Children's Social Care is creating huge pressures in the teams. The average caseload for social workers within the Family Support Teams has risen to 20 children, from an average of 15/16 last year, with caseloads ranging from 14-32.
23. In addition, to pressures within Children's Social Care, the Directorate needs to adapt to the changing role of some of our key partners, including education and health services. The rise of the Academy system within schools has begun to create a different relationship between the Local Authority and schools. Most Secondary schools are now Academies with increasing numbers of primary schools converting in part as a consequence of Academy chain arrangements. While the local authority no longer has responsibility for running schools, we continue to have a safeguarding responsibility. It is clear that many Academies will continue to need our support to deal with the most vulnerable pupils.
24. Changes within the arena of Health, including the expanded responsibilities of school health nurses within schools, transfer of health visiting responsibilities to the local authority, and a review of Children and Adolescent Mental Health Services offer opportunities to negotiate a different relationship with our partners.

25. Given the pressures within Children's Social Care, and the need to achieve financial savings, services to vulnerable children and their families need to be organised differently. In order to deliver the necessary changes, the Directorate has established a range of task and finish projects. These include:
- Delivery of the Placement Strategy for children in and on the edge of care, including the development of four new residential centres and a new approach to recruiting and supporting local carers. *(Agreed by Cabinet on 16 July 2013).*
  - Education Strategy (Paper to be presented to Cabinet in early Autumn. New arrangements for delivery of CEF's education orientated functions and engagement with schools)
  - Early Intervention Transformation Programme to develop proposals for a new model of delivery for early intervention and children's social care service. *(Full details of these proposals are set out in this paper.)*
26. In endorsing the Placement Strategy for children in and on the edge of care, Cabinet agreed to a £7million investment to develop four new residential centres. The edge of care team established as part of the development of the new children's homes will work with a wider group of young people, their families and their social workers to keep children, wherever possible, out of the Looked After system.
27. With these new challenges the Directorate remains positively committed to continuing to provide services that are accessible to children and families across our large rural county; that deliver our statutory responsibilities and that meet the requirements of our regulator Ofsted. However, out of financial necessity, and in order to address pressures in those services we are required to deliver by law, our services to children and families must now be targeted at the most vulnerable - children on child protection plans, children in need and families identified through the Thriving Families programme.

## **Proposal for a new delivery model**

### **Context**

28. As part of the service and resource planning process for the period 2014/15 to 2017/18 savings of £3 million were agreed by Council in February 2014 and a further £3m in February 2015 to be achieved through the integration of the Early Intervention Service with Children's Social Care. There was considerable public and member interest in proposals for how this would be achieved. Over the past 18 months a cross-party Cabinet Advisory Group (CAG) has met to explore issues and support the development of proposals. The work of the CAG has included considering evidence and policy relating to Children's Centres and Early Intervention Services; undertaking research and a needs analysis and visiting services.
29. On 23 June 2015 Cabinet accepted the recommendations of the Cabinet Advisory Group on Children's Early Intervention Services which set out proposals for streamlining and refocusing the service in order to achieve the savings and respond to increases in demand for statutory social care services. These proposals were underpinned by a set of principles:

- To ensure county council's services are targeted to those in greatest need in both rural and urban locations (ie ensure geographic spread)
  - To ensure the child, and their families, are listened to and their experiences of services is seamless and integrated
  - To do what the council is required to do by legislation, regulation or policy
  - To support partners to provide universal services
  - To protect the reputation of the Council
30. Since June 2015, and as a requirement of Cabinet, a large scale engagement exercise has taken place involving a broad range of stakeholders likely to be affected by the recommendations of the Cabinet Advisory Group. The results of this engagement activity have informed the development of a detailed proposal for the redesign of services on which partners and the public will be consulted.

### **Current services**

31. The primary aim of Oxfordshire's Early Intervention Service has been 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. The service currently comprises of:
- 44 Children's Centres commissioned by the Local Authority to support families with children aged 0-5 years. 14 of Oxfordshire's Children's Centres are currently managed by schools, 15 by the voluntary sector, and 15 by the Local Authority. All of these Children's Centres are designated centres whose core purpose is to improve outcomes for young children and their families and reduce inequalities between families in greatest need and their peers in child development and school readiness; parenting aspirations and parenting skills; child and family health and life chances.
  - 7 Early Intervention Hubs providing support to children aged from 0-19, or 25 if the child has additional needs, and their families. All of the Early Intervention Hubs are managed by the Local Authority. There is no statutory responsibility to provide Early Intervention Hubs.
  - 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. Encompassed within this team are services which fulfil the Local Authority's statutory duties to support young people to participate in education or training post-16.
  - Thriving Families Team, providing intensive support to families that have been identified as being in need through the national Troubled Families Programme
32. Children's Social Care provides a service to children and families whose needs are such that they require a statutory intervention to protect and safeguard the well-being of children. This includes children in need, children subject to child protection plans, looked after children and care leavers (as defined by the Children Act 1989). The service is led by social workers and is currently organised into teams who focus on delivering different elements of the statutory function. This includes teams that assess the needs of children; those who support children living at home; others that

support children who are in, or have left, the care of the local authority and disabled children. In addition, as required by statute, a Quality Assurance and Safeguarding team provide independent oversight and challenge to the statutory service, while the Corporate Parenting Service incorporates adoption, fostering and placement services. Access to Children's Social Care is through the Multi-Agency Safeguarding Hub (MASH), established with partners in September 2014 to enable the sharing of information so that risks to children can be identified at an early stage and provide a single front door to statutory safeguarding services.

## Proposals for Change

33. As outlined, the current model of intervention needs to change to ensure that we are providing services for those most in need. Lack of resources coupled with the dramatic increase in workloads arising from Child Protection and Children In Care means that the current operation of discretionary support and help based on universal provision is no longer tenable when seen against the need to make radical reductions in the size and form of provision. Oxfordshire is not alone in trying to resolve these challenges. Most local authorities have or are currently reshaping their preventative and early intervention services. The priority of the Council must be to ensure its statutory duties of intervention, support and care are met and complied with. When faced with the current pressures there are few alternatives but to ensure services are targeted to those in greatest need of intervention.
34. Consequently, it is proposed that the work of Children's Centres and Early Intervention Hubs is integrated with Children's Social Care Family Support Teams, who provide a service to both children in need and to children in need of protection. These teams currently have extremely high workloads and are struggling to continue to provide the necessary levels of effective intervention. These integrated teams will be area based and provide targeted interventions built on the learning achieved from a range of pilots and commissioned work both within Oxfordshire and elsewhere. This has included:
  - The work of the Oxfordshire Thriving Families Programme
  - The North Oxfordshire Neglect Pilot
  - National examples of successful work to date
  - Discussions with key stakeholders over the summer period
35. In 2011, the national Troubled Families programme was launched with the intention of changing repeating generational patterns of poor parenting, abuse, violence, drug use, anti-social behaviour and crime in the most troubled families in the UK. Within Oxfordshire, the programme known locally as "Thriving Families" was tasked with identifying 810 families with two or three of the following problems: children not attending school; adults out of work; families involved in anti-social behaviour or youth crime, and improving their situation. Oxfordshire was successful in demonstrating improvements in all 810 families. (Full details in Report to Performance Scrutiny 14 May 2015)
36. Key learning from the success of Thriving Families programme in Oxfordshire, includes:

- Importance of having one worker that understands the needs of the whole family and is able to spend time with the family to understand how they function as a unit
- Benefits of workers having low caseloads meaning they have the flexibility to offer practical support when it is needed, including accompanying the family to appointments and supporting the development of routines
- Enabling workers to focus on supporting families to make sustainable changes, rather than only having capacity to respond to crises, is important in order to address the root cause of problems
- Use of tools such as the 'outcome star' with individuals and families enables everyone to see the progress being made
- Co-ordinated working between key agencies such as social care, health, schools, the police and youth justice services and the Department of Work and Pensions is key to enabling families achieve changes

37. The North Oxfordshire pilot which focused on strengthening support and multi-agency working for children on child protection plans due to neglect. This pilot ran from January - June 2015 across the North of Oxfordshire in Cherwell and West Oxfordshire District Council areas. Key findings include:

- Importance of strong multi-professional working to support and challenge families, with key services including social care, education, health and Community Support. Central to this is a shared understanding among professionals and the family of the changes that are needed to improve things.
- Engagement of the family is critical to enabling change. Families must understand what needs to change and feel involved in decisions about how to make that change.
- Understanding, and planning for, the need of the whole family is vital to achieving better outcomes. Services for children, and those for adults, need to work together to provide coherent support to families, not just individuals within the family.
- Enabling professionals to participate in joint training sessions, and in particular for social workers to share their knowledge with practitioners in universal services, builds confidence and understanding across local networks.
- Benefits for families with children on child protection plans receiving support from workers other than just their social worker. Different professionals bring different skills and expertise which they can use to bring about positive change for children.
- Importance of families receiving intensive, practical support to help bring about change, including introducing routines and boundaries

38. Further evidence from the Early Intervention Foundation and Oxfordshire's Early Intervention Directory has been used to establish the effectiveness and impact of a range of programmes and interventions available to support children and families.

39. In addition to the learning gained from detailed evidence gathering, the Directorate has over the last three months commenced a detailed programme of engagement with a range of key stakeholders. This has included meetings with schools who



manage a Children's Centre or have a Children's Centre on their school site; three listening events involving CEF staff; briefings to the nine County Council locality meetings for elected members; meetings with voluntary sector providers, Oxford Clinical Commissioning Group Executive and Oxford Health Executive Group; meetings with senior officers of the City and District Councils and three listening events for stakeholders which included representatives from health, district councils, Thames Valley Police, town and parish councils, Children's Centres advisory groups and the voluntary and community sector. In addition several meetings and focus groups have been held with parents and young people, from both urban and rural parts of the County. Full details of the engagement activity are available at Annex 1.

40. The key messages emerging to date include:

- Broad support for the development of a single integrated service to support 0-19 year olds but reservations by some that this could lead to loss of focus on the needs of particular age groups, including 0-5s and adolescents.
- A recognition of the financial pressures faced by the local authority
- Concern from staff that age specific expertise will be lost in a new 0-19 service
- Concern that a loss of the current network of Children's Centres will adversely affect vulnerable families and those living in more isolated areas of Oxfordshire.
- Concern that the loss of universal services could result in services becoming stigmatised, with the result that families in need of help will be reluctant to use them.
- Concerns that any reduction in the number of centres will lead to a lack of venues for delivering services.
- Concerns about who will be able to access services (the threshold for intervention). Questions about where the line will be drawn between who receives help and who does not.
- Concern that current strong local interagency professional relationships and networks vital for working with families will be weakened.
- Concerns from partners, notably the education and health sectors that reduction in universal services will lead to increased work for their services.
- The number of families requiring statutory intervention will increase if there is a reduction in universal provision.
- Universal services are themselves under pressure and will not be able to provide services to all those children and families currently supported by the Early Intervention Service without support from the local authority.
- Most Head Teachers feel they do not have the resources to manage and deliver a Children's Centre offer without financial support from the local authority. However, some have expressed a desire to have discussions with Governors, partners, particularly Health, and their local community about how the space could best be used to meet the needs of children and families.

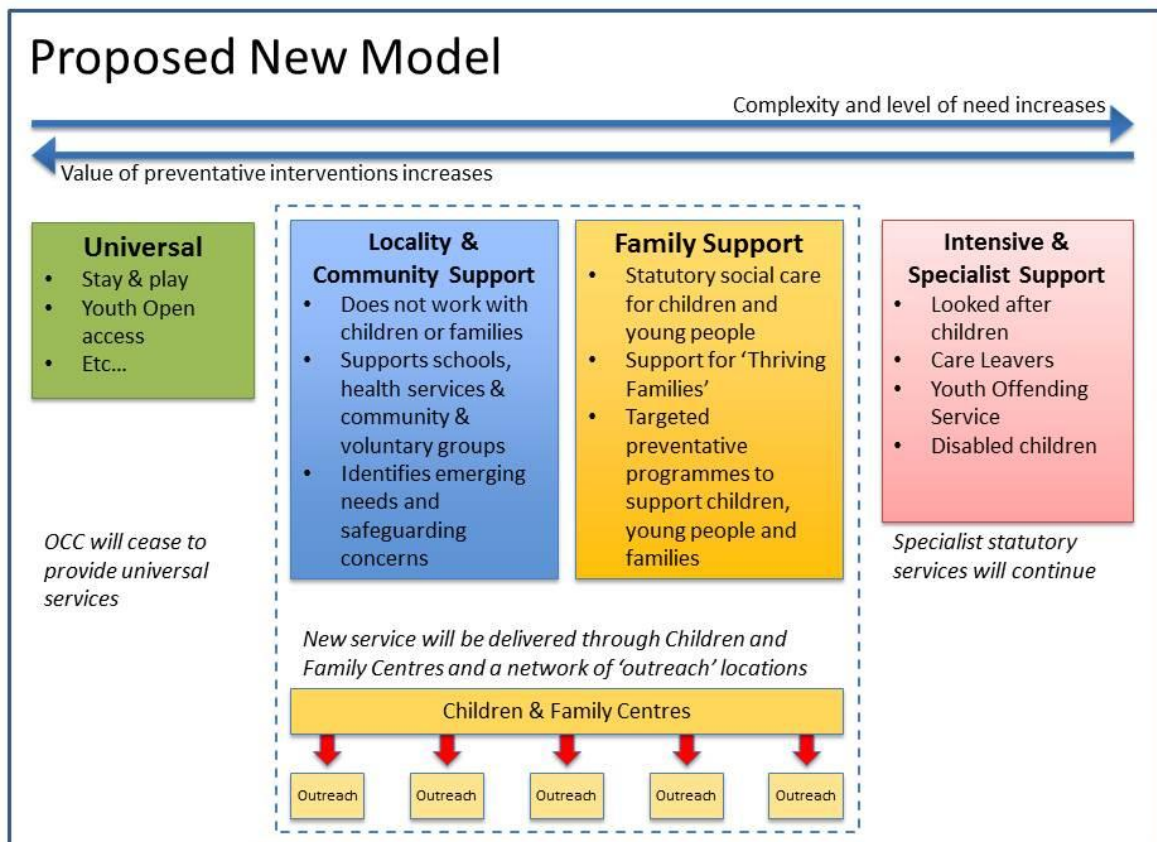
41. Further work with stakeholders and those with an on-going interest in the future form of provision is planned for the Autumn with the intention of reporting to Cabinet on the outcome of this early in 2016. This is an important element of the planning

process as it will identify potential future use of premises and the appetite of local communities to continue to support universal service provision the local Authority can no longer provide as a main element of future work.

### **A proposed new delivery model**

42. Following the engagement process and analysis of other evidence, a preferred new model of delivery is proposed. Key features of this preferred model include:
- Reconfiguring the work of the Children's Centres and the Early Intervention Hubs so as to target service delivery for children in need and children at risk via the creation of 8 Children and Family Centres located in the neediest areas of Oxfordshire.
  - Development of a network of outreach locations making use of the current configuration of existing Children's Centres and Early intervention Hubs
  - Development of a new locality and community support service to offer advice and support to schools and other community services.
  - Development of a new Family Support Service supporting 0-19 year olds (25 years if young people have additional needs). This brings together some of the functions of the current Early Intervention Service with those of the Family Support Teams currently within Children's Social Care
  - Work with local communities to support the retention of universal provision if communities support this.
  - Retention of the current area based team structure: North area covering Cherwell and West Oxfordshire District Councils; South area including Vale of White Horse and South Oxfordshire District Councils; Central area covering Oxford City Council.
  - Ending, or significantly reducing the local authority's role in delivering universal services.

## Illustration of the proposed new model



### Universal services

43. These are services which are accessible to all children and families regardless of need. The Early Intervention Service currently provides universal services such as stay and play sessions at Children's Centres and open access youth sessions at the Hubs amongst others. Other providers of universal services include schools, health and the voluntary and community sector. Universal services have a key role in identifying children and families who are in need of additional support. In the preferred new model, universal services can no longer be funded or provided by the local authority but the council is committed to supporting local communities develop or retain universal provision for children. This will be explored during the consultation.

### Intensive and Specialist Support Services

44. These are services for children in care, care leavers, disabled children and young offenders. They are existing statutory services and at this stage no changes are being proposed to their structure.

## Locality and Community Support Service

45. This proposed new service will build on the work previously carried out by locality co-ordinators and the current well respected model of locality support whereby social workers link with universal services enabling concerns to be shared and advice and guidance given in relation to children and young people where there may be child protection issues. It will support agencies that continue to provide universal services to children, for example schools, health and community based services.
46. It is proposed that there will be three teams operating out of each locality area, made up of a mixture of social work professionals and family support staff. A proposed structure chart is available at Appendix 1. Staff will have a range of professional backgrounds, including social work, with each providing a lead within a local area. The intention is that within each locality a network will develop of key professionals from schools, health and other services who will work closely with the new service to support vulnerable families within the community. Discussions are on-going with partners regarding this.
47. It is proposed that the new service will:
- Have named workers to link with schools and other services to liaise, offer advice, support to identify vulnerable children.
  - Support the use of the Common Assessment Framework (CAF) and Team Around the Family (TAF) processes to identify vulnerable children at an early stage, thus enabling support to be put in place before problems escalate.
  - Work with schools and school partnerships to support their Common Assessment Framework and Team Around the Family processes and lead professional roles
  - Facilitate local professional networks to ensure consistent practice and to provide joint training
  - Support escalation of concerns about any child to appropriate services
  - Take a lead with partner agencies in co-ordinating local services for children
  - Support young people to participate in post-16 education and training. This will include the function to track the numbers of young people participating in post-compulsory education and learning, and make information available on employment, education and training opportunities for young people.
48. The development of this team is in response to feedback from partners, and learning from the North pilot and Thriving Families, about the importance of facilitating strong multi-professional working and the benefits of supporting universal services to work with vulnerable children in order to prevent concerns escalating.

## Family Support Service

49. It is proposed that a new Family Support Service is developed which integrates the children social care family support teams with the family support function currently undertaken in the early intervention service. This new service will support children and families where concerns cannot be managed by universal services. It will support children who are in need (as defined by the Children Act 1989), on child protection plans and going through court processes. In addition, the service will support children and families identified as vulnerable in line with the Thriving Families criteria but who do not meet the threshold for support from social care services.
- Access to the Family Support Service will be via the Multi-Agency Safeguarding Hub (MASH) thus streamlining the current process whereby families can contact Children's Centres and Early Intervention Hubs directly for a service.
  - Building on the learning from Oxfordshire's Thriving Families programme, children will have identified key workers who will lead and co-ordinate the support they require. Support will primarily be provided through direct work with individual children and their families, however, in addition the service will offer a standardised evidence based range of group programmes designed to address the key risks and issues affecting families. Only programmes where there is strong evidence of their successful impact will be delivered. The focus of these programmes will be on addressing some of the key risks that are affecting children and families in Oxfordshire.
  - The Family Support Service will be organised into three area teams, each managed and overseen by a senior manager reporting to the Deputy Director for children's social care. (See appendix 1 for a proposed structure chart). Teams will consist of managers, practice supervisors, social workers and family support workers bringing a range of experience and expertise to work with children and families. Following feedback from partners, it is proposed that the new service will be locality based and operate from the Children and Family Centres. Teams will develop strong links with the services in the local vicinity, in particular schools, health, and voluntary and community services. In addition, there are opportunities to further develop this service to broaden the range of professionals working within the teams and discussions are on-going with partners regarding this.
  - The development of a Family Support Service is being proposed in response to the increasing pressures within Children's Social Care and, in particular, the need to focus resources on children in need to prevent a further escalation of their needs. The model increases capacity to work with these children by targeting resources on the most vulnerable children. The new service brings together support for vulnerable families into one service for 0-19 year olds, removing the current division between Early Intervention and Children's Social Care Services.

## Children and Family Centres

50. Services within the new service will be delivered from a network of Children and Family Centres which will provide a base for both the Locality and Community Support Service and the Family Support Service and will replace the existing network of Children’s Centres and Early intervention Hubs. In addition, it is hoped that some universal services will continue to be delivered from these Centres, for example health visiting and activities run by the voluntary and community sector. Discussions are on-going regarding the exact nature and extent of this element of their provision.
51. Children and their families that are receiving services from the Family Support Service (those supported under the Thriving Families programme, who are children in need or on child protection plans) will be able to access services offered from the Centre. This will include meeting their key worker and other professionals there, or attending a specific group programme. A timetable of activities will be produced for each Centre, and system put in place to respond to families in times of crisis. However, families will not only receive these services from the Children and Family Centre we will also provide an outreach service to local areas.
52. The primary focus of the Children and Families Centres will be to provide services to those children and families receiving services from the Family Support Service. However, once discussions with partners are concluded there may be opportunities for them to deliver some of their universal provision from these Centres, for example clinics run by health visitors, or drop-in sessions provided by a voluntary sector organisation. Where this is the case a broader group of children and families will be able to attend the Centres for specific activities.
53. It is proposed that Children and Family Centres are established in the following locations:

North Area (Cherwell and West Oxfordshire District Council areas)	Central Area (Oxford City Council area)	South Area (Vale of White Horse and South Oxfordshire District Council areas)
Banbury	Oxford - Blackbird Leys	Abingdon
Bicester	Oxford - Rose Hill / Littlemore	Didcot
Witney	Oxford - Barton/Sandhills	

## Outreach from Children and Family Centres

54. Children's Centre's and Hubs already offer an extensive outreach service. It is proposed that we build on this and offer an outreach service that will be provided to all parts of Oxfordshire which will help those families who most need intensive support. This will be provided in two ways, firstly workers from the Family Support Service will travel to meet children and families at other venues, including their home, school and other locations close to where the family live to provide 1:1

support. In addition, targeted group programmes will be offered from alternative venues such as local community centres, which will include the more rural parts of the County, in order to ensure families do not have to travel extensive distances to attend them. This will ensure we offer support to vulnerable families and children on a county wide basis.

55. Outreach support along with the development of locality based initiatives will make use of the existing network of locally based provision currently used by Children's Centres and Early Intervention Hubs. The configuration of these resources will be further developed as part of the proposed consultation framework beginning in Autumn 2015.
56. In addition, where there Children's Centres currently have child care provision on-site opportunities will be explored to further expand this in order to increase early years provision within the County.

### **Methodology used to identify locations**

57. In order to select the proposed locations for the new Children and Family Centres an evidence-based approach was followed using the Index of Multiple Deprivation (IMD). The IMD was used to identify the areas in Oxfordshire with the greatest need. These were then ranked based on largest population and level of need. This suggested that the Children and Family Centres should be located in the main settlements in the county. However, this does not give an adequate geographic spread of services.
58. This rationale was further tested by comparing the results produced using the Index of Multiple Deprivation with a similar mapping exercise using the following additional data sets:
  - Prior home locations of children who became looked after between 31st March 2011 to 31st March 2015
  - Home locations of children subject to a child protection plan between 31st March 2011 to 31st March 2015
  - Home locations of families identified in Phase 1 of Oxfordshire's Thriving Families programme
59. The results of mapping these additional data sets broadly supported the results of the IMD mapping.
60. The approach in determining the proposed location of Children and Family Centres also took account of county wide growth data for the next 5 years.
61. The rural nature of Oxfordshire was also addressed by ensuring that all locations highlighted from mapping indicators represented the lowest average travel time for service users to the location in each area.
62. Full details of the methodology used to determine location will be made available as part of the proposed public consultation.

## Public Consultation

63. While the model described above is the local authority's preferred option, it is proposed to hold a public consultation on the three options as outlined below. These models are based on a reduction of £8 million in the Early Intervention budget. The option to make no changes to the current Early Intervention Service has not been included as this is unaffordable, given the budget decisions.

<b>Option 1</b>	<b>Preferred model: No universal services</b>
Summary	<p>In this option the local authority ceases to provide, or commission any universal services, including stay and play or open access youth sessions. The available resources are used to maximise the number of Children and Family Centres and maximise the capacity of the Family Support Service to provide support to the most vulnerable families through casework, group programmes and outreach.</p> <p>The children and families supported in this option are children in need, those on child protection plans and families identified through Oxfordshire's Thriving Families programme</p>
Key elements	<ul style="list-style-type: none"> <li>• No universal services funded or provided by the local authority</li> <li>• Creation of a Locality and Community Support Service to support and advise universal services, for example schools, health and community based services</li> <li>• Family Support Service providing case work and programmes of support to children in need, those on child protection plans and families identified through Oxfordshire's Thriving Families programme</li> <li>• Family Support Service providing targeted support through outreach</li> <li>• 8 Children and Family Centres in the following locations: Oxford - Blackbird Leys, Oxford - Rose Hill/Littlemore, Oxford - Barton/Sandhills, Banbury, Didcot, Abingdon, Bicester, Witney</li> <li>• Children and Family Centres offer a venue for partners to deliver services</li> </ul>
Risks	<ul style="list-style-type: none"> <li>• No local authority support to deliver universal services could result in the service becoming stigmatised</li> <li>• Could disadvantage rural communities by located Children and Family Centres in the County's main settlements</li> </ul>

<b>Option 2</b>	<b>Limited Universal Services</b>
Summary	<p>In this option the local authority continues to provide, or commission, limited universal services, for example stay and play or open access youth sessions, to be delivered within the 8 Children and Family Centres.</p> <p>The resource to do this would be provided by an increase in the</p>



	caseloads within the Family Support Service, along with a reduction in the number of group programmes, and the amount of outreach provided by the Family Support Service. The Family Support Service would primarily support families through casework and by providing open access sessions to the wider community.
Key elements	<ul style="list-style-type: none"> <li>• Limited universal services funded or provided by the local authority within Children and Family Centres</li> <li>• Creation of a Locality and Community Support Service to support and advise universal services, for example schools, health and community based services</li> <li>• Family Support Service focussing on providing case work to children in need, those on child protection plans and families identified through Oxfordshire's Thriving Families programme</li> <li>• Family Support Service providing limited group programmes and targeted support through outreach</li> <li>• 8 Children and Family Centres in the following locations: Oxford - Blackbird Leys, Oxford - Rose Hill/Littlemore, Oxford - Barton/Sandhills, Banbury, Didcot, Abingdon, Bicester, Witney</li> <li>• Children and Family Centres offer a venue for partners to deliver services</li> </ul>
Risks	<ul style="list-style-type: none"> <li>• Compromises the authority's ability to support those children and families most in need</li> <li>• Could disadvantage rural communities by located Children and Family Centres in the County's main settlements</li> <li>• Could disadvantage rural communities by limiting the amount of outreach provided by the Children and Family Centres</li> <li>• Increases caseloads within the Family Support Service</li> </ul>

<b>Option 3</b>	<b>Universal Services through community investment</b>
Summary	<p>In this option the local authority would provide grant funding to the voluntary and community sector of up to a total of £1,000,000 each year for the delivery of services to families across Oxfordshire in locations across the County.</p> <p>The resource to do this would be provided by reducing staffing levels within the Family Support Service and consequently the number of Children and Family Centres.</p>
Key elements	<ul style="list-style-type: none"> <li>• Grant funding available to the voluntary and community sector to provide services to children and families across Oxfordshire</li> <li>• Creation of a Locality and Community Support Service to support and advise universal services, for example schools, health and community based services</li> <li>• Family Support Service focussing on providing case work to children in need, those on child protection plans and a limited number of Oxfordshire's Thriving Families</li> <li>• Family Support Service providing a small number of targeted group</li> </ul>

	<p>programmes and limited outreach from Children and Family Centres</p> <ul style="list-style-type: none"> <li>• 6 Children and Family Centres in locations of greatest need, as determined through the methodology outlined above (paragraphs 57-62)</li> <li>• Children and Family Centres offer a venue for partners to deliver services</li> </ul>
Risks	<ul style="list-style-type: none"> <li>• Reduction in the number of Children and Family Centres</li> <li>• Compromises the authority's ability to support those children and families most in need</li> <li>• Inability to support all of the families identified through Oxfordshire's Thriving Families programme</li> <li>• Could disadvantage rural communities by located Children and Family Centres in the County's main settlements</li> <li>• Could disadvantage rural communities by limiting the amount of outreach provided by the Children and Family Centres</li> <li>• Increases caseloads within the Family Support Service</li> <li>• Services are available in communities where there is capacity to bid for grant funding, not where need is greatest</li> </ul>

### Financial and Staffing Implications

64. The budget agreed by Council in February 2014 included savings of £3m in Early Intervention to be achieved by 2017-18. Further savings of £3m were agreed by Council in February 2015 making a total of £6m to be achieved by 2017-18.
65. The Service & Resource Planning 2016/17 report, elsewhere on this agenda sets out the need for the Council to make further savings beyond those in the existing Medium Term Financial Plan to reflect the implications of spending reductions announced in the National Budgets in both March and July 2015. Savings options in the region of £50 million will be put forward for consideration in late September 2015. There is an expectation that options for savings will come from all service areas. As a consequence an additional £2 million savings from this budget are being consulted on.
66. Should discussions regarding the proposals for additional savings result in the savings required from Early Intervention remaining at £6m, this will provide an opportunity to increase the number of Children and Families Centres within Oxfordshire.
67. The existing budgets for the service areas that are proposed to be combined are set out in the table below:

Service Area	2015-16 Net Budget * £m
Early Intervention Hubs	5.8
Children's Centres	7.7

Youth, Engagement & Opportunities	1.5
Thriving Families	0.2
Less: Pay budget / Vacancy factor saving share	-0.2
<b>Sub-total – Early Intervention *</b>	<b>15.0</b>
Add: Staffing Budgets for Family Support	4.0
<b>Total Budget for Combined Service before savings</b>	<b>19.0</b>
Further Savings agreed for 2016-17 to 2017-18	-5.0
Potential additional savings	-2.0
<b>Revised Total Budget for Combined Service</b>	<b>12.0m</b>
* The 2015-16 net budget has already been reduced by £1m of the £6m planned savings	

68. The new service model, is based on the available budget of £12m and the assumptions in the table below. The available staffing budget determines the number of staff/ teams that are affordable in the new structure and the number of potential centres:

<b>Budget Assumptions</b>	<b>£m</b>
Continued delivery of Youth, Engagement Service	1.0
Estimated Premises costs & other supplies and services	1.5
Amount available for staffing	9.5
<b>Total Available Budget for Combined Service</b>	<b>12.0</b>

69. These changes will result in significant reductions in staff and consequent redundancy costs. These are estimated to be in the region of £2m to £4m. Consideration will need to be given as part of the Service and Resource Planning Process to identify how these costs will be met.
70. It is expected that by reducing the number of locations where existing services are delivered, there will be potential for alternative use of sites or potentially disposals with a consequent capital receipt. There is a risk that some capital grant funding associated with some sites may need to be repaid. Some minor capital work is expected to be required to make existing sites suitable for use as locations for the new Children and Family Centres, and potential capital receipts will contribute to the cost of this.

## **Equalities Implications**

71. See Service and Community Impact Assessment in Annex 2.

## **Legal Implications**

### *The Childcare Act 2006: General Duties*

72. The Childcare Act 2006 (“the Act”) imposes a number of duties on local authorities. The general duty contained in section 1 is to (a) improve the well-being of young children in their area; and (b) reduce inequalities between young children in their area in respect of various matters, including physical and mental health and emotional well-being, protection from harm and neglect, education, training and

recreation, the contribution made by them to society and social and economic well-being.

73. A “young child” is defined by the Act as a child during the period from birth until 31 August following the child’s 5<sup>th</sup> birthday.
74. In discharging its functions under the Act, a local authority must have regard to any guidance given from time to time by the Secretary of State. The Secretary of State published the “Sure Start Children’s Centres Statutory Guidance” in April 2013. A copy of this guidance is found in Annex 3.
75. Section 3 of the Act states that a local authority must make arrangements to secure that early childhood services in its area are provided in an integrated manner, which is calculated to facilitate access to those services, and to maximize the benefit of those services to parents, prospective parents and young children. “Early childhood services” are defined by section 2(1) of the Act. They mean (a) early years provision; (b) the social services functions of the local authority, so far as relating to young children, parents or prospective parents; (c) health services relating to young children, parents or prospective parents, (d) the provision of assistance to parents or prospective parents (employment and training) and (e) the service provided by the local authority under section 12 so far as relating to information and assistance to parents/prospective parents.
76. Section 3(3) of the 2006 Act states that the authority must take steps (a) to identify parents or prospective parents in the authority’s area who would otherwise be unlikely to take advantage of early childhood services that may be of benefit to them and their young children; and (b) to encourage those parents or prospective parents to take advantage of those services.

*The Childcare Act 2006: Children’s Centres and Consultation*

77. Prior to 2009, a local authority was free to determine how best to deliver the early childhood services under section 3. However, amendments were made by the Apprenticeship, Skills, Children and Learning Act 2009 which introduced new sections 5A-5E. Section 5A(1) of the Act states that arrangements made by a local authority under section 3 must, so far as is reasonably practicable, include arrangements for sufficient provision of Children’s Centres to meet local need. “Local need” is defined as the need of parents, prospective parents and young children in the authority’s area.
78. Section 5A(5) of the Act states that a service is “made available” by providing the service *or* by providing advice and assistance to parents and prospective parents on gaining access to the service. Local authorities must consider whether early childhood services should be provided through a Children’s Centre. A local authority must take into account whether providing a service through a Children’s Centre would (a) facilitate access to it; or (b) maximize its benefit to parents, prospective parents and young children: see section 5E of the Act. Section 5E(7) states that, for the avoidance of doubt, nothing in this section is to be taken as preventing a local authority or any of its relevant partners from providing early childhood services other than through a Children’s Centre.

79. This report recommends consulting on the possibility of closing a number of Children's Centres. Section 5D(1) of the Act states that a local authority must secure that such consultation as they think appropriate is carried out before any significant change is made in the services provided through a children's centre (including a change to location), or before anything is done that would result in a Children's Centre ceasing to be a Children's Centre.

*Statutory guidance*

80. The statutory Guidance published by the Secretary of State is attached at Annex 3. Chapter 2 provides guidance on the duty under section 5A of the Act. Members are invited to pay particular attention to pages 9 and 10 of the Guidance. This states that local authorities should:
- ensure that a network of Children's Centres is accessible to all families with young children in their area;
  - ensure that Children's Centres and their services are within reasonable reach of all families with young children in urban and rural areas, taking into account distance and availability of transport;
  - together with local commissioners of health services and employment services, consider how best to ensure that the families who need services can be supported to access them;
  - target Children's Centres services at young children and families in the area who are at risk of poor outcomes through, for example, effective outreach services, based on the analysis of local need;
  - demonstrate that all children and families can be reached effectively;
  - ensure that opening times and availability of services meet the needs of families in their area;
  - not close an existing Children's Centre site in any reorganisation of provision unless they can demonstrate that, where they decide to close a children's centre site, the outcomes for children, particularly the most disadvantaged, would not be adversely affected and will not compromise the duty to have sufficient children's centres to meet local need. The starting point should therefore be a presumption against the closure of Children's Centres;
  - take into account the views of local families and communities in deciding what is sufficient Children's Centre provision;
  - take account of families crossing local authority borders to use Children's Centres in their authority. Families and carers are free to access early childhood services where it suits them best; and
  - take into account wider duties under section 17 of the Childcare Act 1989 and under the Child Poverty Act 2010.
81. The Guidance states that consultation must take into account the views of local families and communities in deciding what is sufficient Children's Centre provision and must take account of families crossing local authority borders to use Children's Centres in their authority.
82. Local authorities should consult everyone who could be affected by the proposed changes, for example, local families, those who use the centres, Children's Centres staff, advisory board members and service providers. Particular attention should be

given to ensuring disadvantaged families and minority groups participate in consultations.

83. The consultation should:
- explain how the local authority will continue to meet the needs of families with children under five as part of any reorganization of services
  - Be clear how respondents views can be made known
  - Provide adequate time for those wishing to respond
  - Announce decisions following consultation publicly and explain why decisions were taken

*Summary*

84. The broad duty therefore is to ensure, so far as is reasonably practicable, that there is sufficient provision of Children's Centres to meet local need. Therefore, in considering any significant changes to or the closure of any Children's Centres, it is important that the local authority ensure it is satisfied as to:
- that a proper consultation has been undertaken
  - the extent of the local need
  - whether there are sufficient Children's Centres to meet that need
  - if it is considered that there are not sufficient children's centres to meet local need then whether it is reasonably practicable to provide additional Children's Centres

## **RECOMMENDATIONS**

85. **Cabinet is RECOMMENDED:**
- That the options identified in the report be put forward for public consultation during the Autumn of 2015
  - A further report outlining outcome of the consultation along with detailed proposals for the future shape of services be produced for Cabinet Consideration in early 2016.

JIM LEIVERS  
**Director for Children's Services**

*Appendix 1 - Structure chart for proposed new model of service*

*Annex 1 - Report on Engagement*

*Annex 2 - Service and Community Impact Assessment*

*Annex 3 - Sure Start Children's Centres statutory guidance for local authorities, commissioners of local health services and Jobcentre Plus. April 2013*

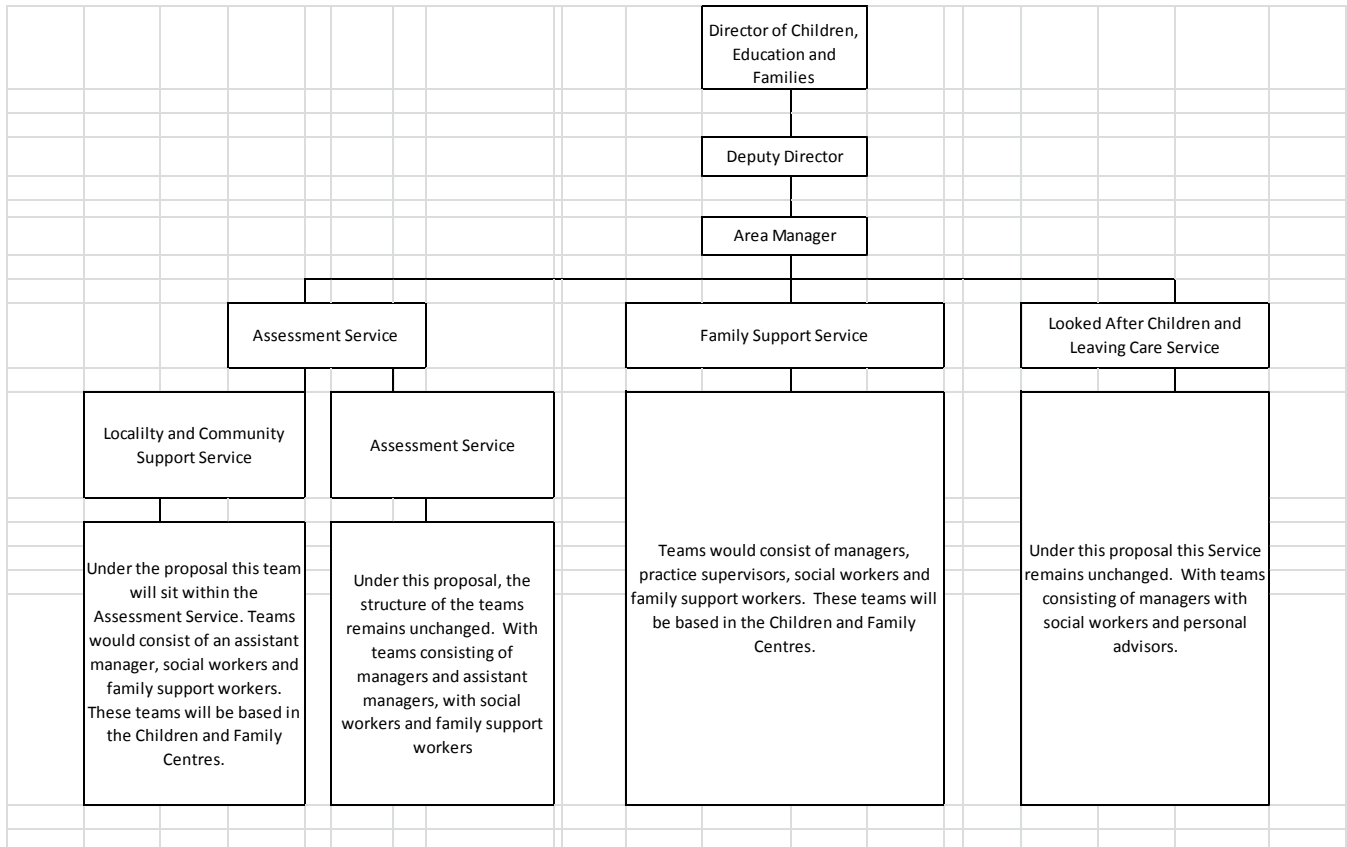
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September 2015

**Appendix 1.**

**Structure chart for proposed new model of service**





## **Annex 1**

### **Report on Engagement**

#### **Background**

We have carried out extensive engagement with our key stakeholders and partners to recognise and appreciate our stakeholder's needs, concerns and ideas, in order to help us shape our thinking on a proposed new model of service.

Stakeholder meetings took place across the county, with groups and individuals. A list of those organisations who took part is attached at Annex A.

Our approach was informed by the County Council's previous experience of engaging. In addition, we also took advice from the Consultation Institute, who advised us on best practice. We also undertook some background research into how other councils had undertaken engagement when reorganising their children's services.

The engagement undertaken in 2013 as part of the proposed changes to children's services also provided useful background information.

It would not be possible to outline every conversation which took place or give details of every opinion which was expressed during the engagement. But this report does outline the issues which were most often raised during the course of our engagement and those issues which were of most concern to stakeholders.

Important ethical issues around engaging with vulnerable young people and families were taken into consideration and appropriate professional advice was given throughout. The County Council's Engagement Team, who specialise in engaging with young people led those engagement activities which took place with vulnerable young people and families.

Engagement activities took place between June and August 2015.

#### **Engagement activities undertaken**

A range of engagement activities took place including:

- Staff engagement events
- Stakeholder engagement events for our partners and service providers
- Face-to-face meetings
- Focus groups
- Presentations at all nine member locality meetings

#### **Feedback from engagement with stakeholders**

Although each group of stakeholders raised issues which were of most relevance and concern to them, some common themes emerged which were raised by each group of stakeholders. These are list below.

We also received a number of written submissions during the engagement period. We have attempted to capture the essence of these submissions below and the contents of these submissions will also be fed into the consultation, should one take place. Copies of these submissions are available to Cabinet Members if they wish to see them.

## Issues identified

- **Loss of access to services in rural communities**

This issue was raised consistently by councillors, staff and partners who provide services. Questions were raised about how any future model could continue to provide adequate services in rural areas. There was concern that people who need services would have to travel too far to get them and would consequently be unable to obtain the help they needed. Links were also made to the current transport consultation and the prospect of a reduced bus service exacerbating the problem.

Stakeholders will need to have confidence that any future model contains adequate outreach provision or offers viable proposals for how services can continue to be provided in rural communities, in an appropriate setting close to them if their local Children's Centre or Early Intervention Hub closes.

- **The loss of universal services will lead to stigmatisation**

All stakeholder groups raised the issue of stigmatisation. This issue was raised at almost every engagement session. Currently, service users feel they can be open about attending a Children's Centre or Hub, as people attend these sites for a variety of reasons. But there were fears that if the new model contained no provision for universal services, and only concentrated on providing targeted services, then people would feel stigmatized for attending a session or a centre/Hub, and this might deter some from attending and seeking help.

When questioned how stigmatisation could be avoided, stakeholders tended to comment that the continuance of universal services, in some form or another, would be the only way of avoiding this risk.

- **The threshold for intervention - who will be able to access services**

Stakeholders asked where the line would be drawn in terms of who would receive help under any new model and who would not be able to access services. Stakeholders tended to recognise that any new model would have to place an emphasis on helping the most vulnerable. The question of what support families who were not classed as being in need could expect was raised continuously.

- **The effects on partner agencies, such as schools and the health sector**  
Staff, and professional partners expressed concern that a reduction in preventative services could lead to an increase in the use of statutory services and increase workloads within universal provision.

The effects which any proposals are likely to have on the services provided by partners needs to be fully taken into consideration through a public consultation, and through further dialogue with relevant stakeholders.

- **The concept of 0-19 integration has support**  
The concept of a single 0-19 integrated service was welcomed in principal by the majority of stakeholders, and service users did not raise any serious objections. It was seen as offering the potential to be more joined up, enabling families to access a cohesive, easily identifiable single service. The idea of families 'only having to tell their story once' was seen as a key benefit of such an approach.

Staff could see advantages, such as the ability to share knowledge and expertise easier, better communication and greater interagency working. But although most staff were generally positive about the prospect, some had concerns that age related expertise could be lost – especially in the early years (0-5yr olds) sector. This reservation was shared by some other partners, including some, but by no means all, in the education sector.

A few staff expressed reservations about the ability to integrate IT systems with other areas of the service and partner agencies.

- **Lack of delivery venues**  
There was some concern that a drastic reduction in the number of buildings would lead to the council having a reduced ability to help families. Some cited the need to have sufficient space in which to hold confidential meetings with service users and families.

This concern will have to be addressed by offering assurances about the level of outreach which will be made available and being explicit about what that outreach would entail.

## **Issues raised by specific groups of stakeholders**

### **Service users and their families**

A diverse cross-section of service users were engaged with, and although each had their own individual opinions, concerns and assumptions, there was a high degree of consistency in the views expressed. Some of the issues they expressed have been outlined above, but the common issues raised specifically by service users are outlined below:

- **Staff are highly valued**  
Children's Centre and Hub staff operate with a high degree of trust and respect. And it is undoubtedly true to say that Children's Centre and Hub staff have made a life changing difference to some young people. Some examples of the comments made by service users are outlined in Box 1 (below).
- **There is acceptance of the concept of integration**  
Service users expressed few reservations about having an integrated service and indeed sharing buildings. This was especially true of users of Hubs. Most parents who use Children's Centres accepted the concept. But appropriate segregation between the age groups is something which they may need assurances about under any future model.
- **There are gender specific needs amongst Hub users**  
Although service users were happy with mixed sessions at Hubs, young women in particular valued single sex sessions and were concerned about these being withdrawn.

There was some overlap between the genders in terms of what they valued (such as being a place where they could get away from issues at home). But in terms of intervention, young men tended to mention the important role the Hub had played in keeping them out of trouble more so than young women (although this was a factor for some young women too).

Young women tended to stress how the Hub had prevented them from feeling isolated, and the personal, confidential advice they got from staff. They tended to mention that they saw the Hub as a safe place more so than young men did.

- **Hubs are not just a replacement for the youth service**  
It is true to say that some young people used their Hubs as a replacement for youth centres. And although this was more so the case in affluent areas, it would be unfair to assume that Hubs act exclusively as youth clubs in affluent areas. Some young people in those areas too were able to point to interventions which had made a difference to their lives.

There is no doubt that the services and support offered by Hub staff and the venues themselves are very highly valued by users and they have made a significant difference to a number of young people's lives.

- **Children's Centres make a difference to parents as well as children**  
Parents were keen to cite the benefits Children's Centres had brought to them as well as their children.

All users appreciated the support and signposting available at Children's Centres and were full of praise for the staff. There was a commonly held view that if Children's Centres did not exist then other agencies and services would have to work a lot harder.

There were numerous examples of the help offered by Children's Centres, with the most commonly cited examples being;

- The provision of courses for parents – some to help them in their personal lives – cookery, first aid, personal finance. And some to help give them the skills they need in the workplace, such as interview skills
- The importance of the Children's Centre as a safe setting was emphasised consistently. Many felt that the centre had played a key role in helping them to combat isolation and post-natal depression and had helped them to form friendships.
- Most attendees spoken to had only travelled a short distance to attend the centre – usually a walking distance. The one exception to this was a Children's Centre which was in a more rural area. Here some, but not all, had travelled in from villages. The majority of parents spoken to had tried out other Children's Centres or other forms of provision. When questioned further, parents stressed that travelling to alternative centres was inconvenient with small children and costly on public transport. But logistics were by no means the only reason given for choosing a centre. Familiarity, the amenities available and the relationships which had been built up with their peers and the staff were also listed as key reasons for choosing a particular Children's Centre
- The majority of parents were well aware of the alternative provision available and had experience of them, but considered the service available in Children's Centres a superior offer
- **Children's Centres are highly regarded for aiding child development**  
We heard many examples of the impact which Children's Centres have had on children's development. This was often compared favourably to nursery provision. Most parents thought their Children's Centre had played a key role in preparing their children for school, both socially and educationally. Both impacts were highly valued. Other universal services, especially stay and play were also very well regarded.
- **Children's Centres are seen as safe places to get help**  
Every service user engaged with at a Children's Centre recognised the important role which Children's Centres played in identifying and dealing with potential problems early. We heard many examples of how staff were proficient at spotting concerns very early on, and without a concern having to be brought to their attention. Staff were highly praised for being able to render assistance and advice where other professionals could not. Some service users had little or no contact with other public officials and, in some cases, had a lack of trust in them.
- **Charging for Services**  
The vast majority of parents expressed a willingness to make a financial contribution for using the service. This willingness to make a financial

contribution, together with the willingness to share the skills and experience of parents, is something which could be tested as part of a public consultation.

- **The withdrawal of breastfeeding support**

Numerous representations have been made during the course of the engagement about breastfeeding support.

We have also received a copy of a letter which was sent to the County Council's Cabinet, as well as Oxfordshire MPs. The letter, which was signed by 40 doctors raised concern at the prospect of breastfeeding support being withdrawn.

- **Comments made by service users at Hubs and Children's Centres**

*'The next nearest centre is two buses away costing £7 return just to get to'*

Parent who uses a Children's Centre

*'Some kids learn to use the toilet here, their colours etc'*

Parent who uses a Children's Centre

*'When the kids come back from here they have done more than when they have gone to nursery'*

Parent who uses a Children's Centre

*'The staff help you with things which you can't talk to others about'*

Parent who uses a Children's Centre

*'I would not be able to see my children without the support of the children's centre'*

Father using children's centre

*'When breastfeeding you can't wait a few days to get support'*

Parent who uses a Children's Centre

*'I would be in bad mental health if the Hub wasn't here. I'd be pretty much screwed'*

Female teenager who uses a Hub

*'In the past 2 years I've been with x (a hub worker). Without her I would have done damage to myself. She has stopped all that happening'*

Female teenager who uses a Hub

*'If the hub wasn't here I'd be in prison'*

Male teenager who uses a Hub

*'I come here if I have a problem at home. It helps to talk'*

Male teenager who uses a Hub

*'Some of the courses are useful; sexual health, sex education and relationships'*

Female teenager who uses a Hub

## Partners

Partners listed many of the issues identified above, namely;

- Loss of access to services in rural communities
- The loss of universal services will lead to stigmatisation
- The threshold for intervention - who will be able to access services
- The effects on partner agencies, such as schools and the health sector

The concept of 0-19 integration has support amongst partners, but obviously they had questions about how this could work in practice.

There seems to be a genuine desire to work with the County Council to find solutions to the problems we face and it would be good if some of these solutions could be drawn out in any public consultation.

Some of the other issues of specific interest to partners are outlined below;

- **Schools with a Children's Centre on site are keen to explore the options available.** Most head teachers recognised that the Children's Centre space was a key asset and were keen to explore options for either retaining it to deliver some services for children and families or utilizing it for use by the school. However concerns were expressed about the resources to manage and deliver a Children's Centre offer without funding from Oxfordshire County Council. The consultation will explore this issue.
- **Vulnerable people live in affluent areas too.** Some stakeholders, especially those in the health and education sectors, were keen to point out that vulnerable families lived in affluent areas too and were not all just concentrated in particular areas. However there was recognition that there were no easy solutions to the problems of identifying these families and providing support to them with reduced funding.
- **The effects on partner agencies, such as schools and the health sector**  
As outlined above, all partners wondered what effect any changes would have on the services offered by them and other partners.

Some doctors' representatives raised concerns about the possible effects of taking such a large amount of money out of the service. And in particular the effect this could have on;

- cross border working, especially on the work carried out by health visitors
- the changes taking place to CAMHS
- the school nurse initiative

Some GPs were keen to point out that pockets of deprivation existed in affluent areas and they also advised that GPs are well placed to help identify these people.

Doctors' representatives stated that they would like to have information about the public consultation available in their surgeries.

### **Staff**

Staff engaged willingly and constructively during the engagement process.

They listed many of the issues outlined above, namely;

- Loss of access to services in rural communities
- The loss of universal services will lead to stigmatisation
- The threshold for intervention - who will be able to access services
- The effects on partner agencies, such as schools and the health sector

Staff could see advantages in having an integrated service, such as the ability to share knowledge and expertise easier, better communication and greater interagency working. But although most staff were generally positive about the prospect, some had concerns that age related expertise could be lost – especially in the early years (0-5yr olds) sector. A few staff expressed reservations about the ability to integrate IT systems with other areas of the service and partner agencies. However, on the overall concept was accepted by the majority of staff.

There was some concern that a drastic reduction in the number of buildings would lead to the council having a reduced ability to help families. Some cited the need to have sufficient space in which to hold confidential meetings with service users and families.

Whilst staff were understandably concerned about redundancies, they were equally concerned about the effect any reductions in services could have on their service users.

Some staff raised concern about relying too heavily on the voluntary sector. Questioning capacity within the voluntary sector to undertake more work.

Some staff also questioned whether any savings made in cutting centres would be lost by having greater travelling costs to undertake outreach.

### **Councillors**

Views were sought directly from local councillors through presentations at locality meetings and through their attendance at the three stakeholder engagement events. There was widespread cross-party recognition that changes are inevitable. But there was an understandable inclination to make a case for their locality not losing out too much.

Councillors listed many of the concerns and issues outlined above, namely;

- Loss of access to services in rural communities
- The loss of universal services will lead to stigmatisation
- The threshold for intervention - who will be able to access services
- The effects on partner agencies, such as schools and the health sector
- The concept of 0-19 integration has support



The issue of how people could continue to access services in rural areas was raised consistently by councillors. Some pointed out that pockets of deprivation exist in affluent areas too. Access to services in rural areas is a major concern which will have to be addressed in any proposals.

Councillors also quickly made links between this and the current transport consultation and were concerned at the prospect of a reduced bus service exacerbating the problem of people not being able to access important services.

Councillors raised a number of issues of particular concern to them. These are outlined below:

- **Sources and viability of data used by CAG**

Some councillors asked questions about the sources and viability of the data and methodology used in the original CAG report. The most specific example of this was the level of local deprivation data used not being detailed enough.

- **Factoring in future population growth**

Many councillors, especially those in the north of the county, were keen to stress that any new model would have to factor in predicted future population growth.

- **The future of Early Intervention**

Many councillors questioned whether any early intervention provision would remain following the review and many would clearly lament its loss. Quite a few councillors had reservations about any change in of the council's emphasis on prevention.

- **Charging parents for some services**

Some councillors were of the opinion that it might be viable to ask parents to make a financial contribution towards some universal services, notably stay and play sessions. This willingness should be tested in any public consultation.

- **Will staff have the necessary experience to run an integrated service?**

Some councillors asked if staff would have the experience and ability to cope with a wide range of age groups. Assurances will have to be given to these and other key stakeholders before any such model can expect support from political stakeholders.

- **Involvement in the consultation and decision making**

Councillors seemed keen to get involved in any forthcoming public consultation, by hosting public meetings and other events. And in two localities they assumed they would be able to make decisions about what centres/Hubs would be retained in their locality.

- **Terminology used**

A few councillors objected to the phrase 'deprivation' being used and stated that they would prefer it if the council used the term disadvantaged instead.

### **Submissions received**

The CAG has received some written submissions, these are available to view upon request should Cabinet members wish to see them. These submissions have all been used to inform this engagement report, as well as our thinking about the possible options available.

### **Conclusions**

We have carried out an extensive process of engagement with service user families, partner organisations, councillors and other key stakeholders. We are confident that the major issues we need to take into consideration have been captured. This engagement has been invaluable in shaping our emerging thinking on the future shape of services.

A lot of background research has also taken place in addition to the engagement activities. This research has included examining how other councils have approached similar issues, and environmental scanning to identify policy developments which might inform our thinking.

We are aware that the government have indicated their intention to hold a consultation into the future of Children's Centres, which will take place in the autumn. But scant details have emerged so far. The Minister for Childcare and Education, Sam Gyimah, MP, announced the consultation in an article for *Nursery World* on 31 July 2105, but no details have yet appeared on the DoE's official website. We have requested more details on the consultation but have yet to receive a response. A link to the original article can be found [here](#).

We will continue to monitor this and other developments, and where necessary feedback to Cabinet. And feed such details into any public consultation.

## **Annex A – List of stakeholder organisations and groups engaged with**

### **Children, Education and Families Directorate Staff**

Early Intervention Hub and Children's Centre managers and staff  
Children's Social Care  
Schools and Learning Service  
Foundation Years' Service  
Schools, Organisation and Planning Service  
Trade Unions

### **Other Oxfordshire County Council Services**

Library Service  
Public Health  
Social and Community Services

### **Schools**

Schools with a Children's Centre on site  
Central Schools' Partnership  
North Schools' Partnership  
South Schools' Partnership  
South Oxford Schools' Partnership

### **Health and social care**

Oxford Health Executive Group  
Oxford Health staff, including health visitors, children's mental health workers  
Oxfordshire Clinical Commissioning Group  
GPs representatives  
Oxford University Hospitals Trust, including community midwives

### **Political stakeholders**

Victoria Prentis MP  
County Councillors  
Oxford City Council  
Cherwell District Council  
District councillors  
Parish councillors

### **Criminal Justice**

Thames Valley Police  
National Probation Service  
Oxfordshire Youth Offending Service

### **Voluntary and community sector**

Action for Children  
Oxford Baby Café group  
OXPIP (Oxford Parent Infant Project)  
Banbury & District Community Bus Project  
Mencap  
Homestart  
Donnington Doorstep family Centre

## CA7

Spurgeons

Oxfordshire Community and Voluntary Association (OCVA)

Didcot Baby Monday

Oxfordshire Mediation

Workers Education Association

Prospects - NEET support to young people

## Annex 2

### Service and Community Impact Assessment (SCIA)

**Directorate and Service Area:**  
**Children, Education & Families**

- Early Intervention Service
- Childrens' Social Care

**What is being assessed:**  
**Future arrangements in Children's Social Care**

**Responsible owner / senior officer:**  
**Jim Leivers, Director for Children, Education & Families**

**Date of assessment: August 2015**

#### **Summary of judgement:**

This assessment has been undertaken in order to understand the impact on different groups of people in Oxfordshire of proposals to implement a new model of provision which integrates the Early Intervention Service with Family Support Teams within children's social care, while at the same time making budget savings of £8million.

The impacts of three options for implementing this model have been explored that are the proposed basis for public consultation. All options maintain a focus on preventing the needs of children, young people and families escalating and ensure that those who are most vulnerable receive targeted support.

The proposals will largely impact children, young people and families, as proposals include fewer Children and Family Centres and reduced provision of open access services. There is also a risk that families accessing targeted support will be stigmatised. Significant analyses of local need, deprivation and accessibility have informed proposals for the location of Children and Family Centres and the outreach provision. Impacts will be mitigated by the creation of a Locality and Community Support Service to support and enhance universal service provision and by working with partners to ensure Centres are jointly-used.

The proposed staffing reductions are significant and likely to impact on staff morale. Staff will be kept informed and consulted when service changes are implemented and encouraged to access staff support services and the Career Transition Service. A workforce development strategy will map the current skills base and identify opportunities for development.

The impact of the proposed service changes will be reviewed again following the review of feedback from the public consultation and in preparation for the submission of final proposals to Cabinet in early spring 2016.

## Detail of Assessment:

### Purpose of assessment:

This assessment has been undertaken in order to understand the impact on different groups of people in Oxfordshire of proposals to implement a new model of provision which integrates the Early Intervention Service with the Family Support Teams within children's social care, while at the same time making budget savings of £8million.

There are three proposals as to how this could be done, which will be consulted on. The option to make no changes to the current Early Intervention Service has not been included as this is unaffordable, given the budget pressures.

The assessment considers how the changes brought about through these options may affect the people of Oxfordshire – with particular emphasis on groups with the protected characteristics listed below – and how this can be mitigated against.

Section 149 of the Equalities Act 2010 (“the 2010 Act”) imposes a duty on the Council to give due regard to three needs in exercising its functions. This proposal is such a function. The three needs are:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic, and those who do not.

Complying with section 149 may involve treating some people more favourably than others, but only to the extent that that does not amount to conduct which is otherwise unlawful under the new Act.

The need to advance equality of opportunity involves having due regard to the need to:

- remove or minimise disadvantages which are connected to a relevant protected characteristic and which are suffered by persons who share that characteristic,
- take steps to meet the needs of persons who share a relevant protected characteristic and which are different from the needs other people, and
- encourage those who share a relevant characteristic to take part in public life or in any other activity in which participation by such people is disproportionately low.
- take steps to meet the needs of disabled people which are different from the needs of people who are not disabled and include steps to take account of a person's disabilities.

The need to foster good relations between different groups involves having due regard to the need to tackle prejudice and promote understanding.

These protected characteristics are:

- age
- disability
- gender reassignment
- pregnancy and maternity
- race – this includes ethnic or national origins, colour or nationality
- religion or belief – this includes lack of belief
- sex
- sexual orientation
- marriage and civil partnership

**Context:**

On-going cuts in central government funding mean Oxfordshire County Council has to make savings. The council is currently in the process of making approximately £290 million of savings. In February 2014 the budget agreed by Council included savings of £3m in Early Intervention to be achieved by 2017-18. Further savings of £3m were agreed by Council in February 2015 making a total of £6m to be achieved by 2017-18.

As a result of national austerity measures to reduce public sector spending and the level of national debt, further cuts are anticipated on the level of funding to be passed to local government in future years. Savings proposals in the region of £50million will be put forward for consideration in early October 2015. There is an expectation that proposals for savings will come from all service areas. As a consequence, the new model of service that is being proposed takes into account an additional saving of £2 million from the Early Intervention budget, giving a total saving of £8 million on the 2014/15 budget for the service.

Early Intervention currently comprises of a range of services delivered through 44 Children's Centres and 7 Early Intervention Hubs. These include open access sessions such as stay and play and youth sessions to targeted programmes and casework that addresses an identified need. In addition the Youth Engagement and Opportunities team support education, employment and training opportunities for all 16-19 year olds, and 19-25 year olds who are vulnerable. Oxfordshire's Thriving Families programme is delivered through the Early Intervention Service, providing intensive support to families that have been identified as being in need through the national Troubled Families Programme

The scale of the budget reductions mean that the current model for providing Early Intervention services is unsustainable. In order to deliver an effective service in the future it is proposed to integrate the Early Intervention service with Childrens' Social Care.

Through this integration the council will be able to achieve the level of savings required whilst providing an effective, safe and coordinated service that meets our statutory obligations. However, the range of support provided by the new services will be reduced as will the number of locations the services will be delivered from. This will have an impact people across Oxfordshire.

**Proposals:**

In order to achieve the £8m savings necessary, a new Service will be created by integrating the Early Intervention service and Family Support teams. Key features of the proposed new model are as follows:

**Universal services**

These are services which are accessible to all children and families regardless of need. They have a key preventative role in identifying children and families who are in need of additional support. The Early Intervention Service currently provides universal services through stay and play sessions at Children's Centres and open access youth sessions at the Hubs. Other providers of universal services include schools, health and the voluntary and community sector. The extent of the local authority's role in funding or providing universal services varies in the options that will be put forward for public consultation.

**Locality and Community Support Service**

This new service will not provide direct support to children and families, but will support those agencies that continue to provide universal services to children, for example schools, health and community based services. The new service will provide advice and guidance to universal providers around the escalation and referral process for those children and young people who cannot effectively be supported through universal services alone.

**Family Support Service**

The Family Support Service will provide targeted support to 0-19 year olds (25 years if young people have additional needs). It will work with children and families where concerns cannot be managed by universal services with the support of the Locality and Community Support Service. The service will support children who are in need (as defined by the Children Act 1989), on child protection plans and going through court processes. In addition, the service will support children and families who have been identified through the Thriving Families programme but do not qualify for support from social care.

Children will have identified key workers who will lead and co-ordinate the support they require. Support will primarily be provided through direct work with individual children and their families, however, in addition the Service will offer a standardised range of group programmes designed to address the key risks and issues affecting families. Only programmes where there is strong evidence of their successful impact will be delivered. The focus of these programmes will be on addressing some of the key risks that are affecting children and families in Oxfordshire.

The role and capacity of the Family Support Service varies according to the options for public consultation described below.

**Children and Family Centres**

Services will be delivered from a network of Children and Family Centres which will provide a base for both the Locality and Community Support Service and the Family Support Service. It is proposed that all of the 44 Children's Centres and 7 Early Intervention Hubs are closed and that a limited number of Children and Family Centres are created within the most deprived areas of Oxfordshire.



The areas selected as potential locations for the Children and Family Centres have been derived by looking at deprivation indicators for Oxfordshire. As such Children and Family Centres will only be located in areas identified as having the greatest level of need.

Delivery from Children and Family Centres will be supplemented by county wide network of outreach locations.

The number of Children and Family Centres varies according to the options for public consultation described below.

### **Options for public consultation**

Before the proposals are enacted a period of public consultation is planned. The following options are to be included in the consultation show those variations to the new integrated services that will be considered:

#### **Option 1 – No universal services**

In this option the local authority ceases to provide, or commission any universal services, including stay and play or open access youth sessions. The available resources are used to operate 8 Children and Family Centres and maximise the capacity of the Family Support Service to provide support to the most vulnerable families through casework, group programmes and outreach. The children and families supported in this option are children in need, those on child protection plans and families identified through Oxfordshire's Thriving Families programme.

The eight Children and Family Centres will be in the following locations: Oxford - Blackbird Leys, Oxford - Rose Hill/Littlemore, Oxford - Barton/Sandhills, Banbury, Didcot, Abingdon, Bicester, Witney

This option is the local authority's preferred option.

#### **Option 2 - Limited Universal Services**

In this option the local authority continues to provide, or commission, limited universal services, for example stay and play or open access youth sessions, to be delivered within 8 Children and Family Centres. The eight Children and Family Centres will be in the following locations: Oxford - Blackbird Leys, Oxford - Rose Hill/Littlemore, Oxford - Barton/Sandhills, Banbury, Didcot, Abingdon, Bicester, Witney

The resource for providing limited universal services would be provided by an increase in the caseloads within the Family Support Service, along with a reduction in the number of group programmes, and the amount of outreach provided by the Family Support Service. The Family Support Service would primarily support families through casework and by providing open access sessions to the wider community.

#### **Option 3 - Universal services through community investment**

In this option the local authority would provide grant funding to the voluntary and community sector of up to a total of £1,000,000 each year for the delivery of services to families across Oxfordshire in locations across the County.

The resource to do this would be provided by reducing staffing levels within the Family Support Service and reducing the number of Children and Family Centres to 6.

The six Children and Family Centres will be located in areas of greatest need. This will be determined through the methodology outlined below.

### **Evidence / Intelligence:**

The proposals have drawn on evidence from a range of pilots, research and commissioned work both with Oxfordshire and elsewhere. This has included; activities. This has included the work of the Oxfordshire Thriving Families the North Oxfordshire neglect pilot, Service, research regarding how other Local Authorities have approached their savings pressures and conversations with key stakeholders.

*Further details of the evidence base can be found in the report to Cabinet on 15 September 2015, Future Arrangements in Children's Social Care.*

An extensive engagement programme was carried out to ensure that all stakeholders were represented and able to input into the development of the proposals. The engagement work included a variety of different events with stakeholders including children, young people and parents/carers, council staff, schools, health professionals, the police, voluntary and community organisations, city and district council executives and local political leaders. The information gathered at these events helped to inform the development of the model and shape the consultation proposals.

*For full details of engagement activity see the Engagement Report.*

Service performance data, deprivation indices and demographic growth projections were also considered in the development of the proposed new service and the selection of potential service locations.

The statutory purpose of children centres and the founding rationale for Early Intervention Hubs were also considered alongside how subsequent government policy changes may have affected them. Whilst there is no statutory requirement for Early Intervention Hubs, guidance on Children's Centres was revised in April 2013 to clarify what local authorities and statutory partners must do when fulfilling their statutory responsibilities for early childhood services. This includes a duty to ensure there are sufficient Children's Centres to provide evidence-based interventions for families in greatest need of support and that the centres are accessible to all families with young children in Oxfordshire. A copy of the statutory guidance can be found in Annex 3 of the Report to Cabinet, 15 September 2015: Future Arrangements in Children's Social Care.

### **Developing the new service**

With a 50% reduction in service budget (from £16m to £8m), of which the single largest component is staffing, various models were tested to ensure that the maximum possible numbers of staff would be available within the new integrated service. Through this approach the council will be able to deliver the most

comprehensive service provision possible with the significantly reduced budget that is not dependent on the amount or location of properties.

Different structures for the teams were explored in order to develop a team capable of delivering county wide services with the best balance of skills, enhanced statutory provision, and retention of preventative services as well as support for providers.

The creation of a Locality & Community Support Service was felt to be key to supporting health, schools and other community services to support vulnerable children and families and prevent their needs escalating to the point where they require statutory social care. In addition, the Family Support Service will work with some children and their families who do not reach the threshold for statutory social care services but who have been identified through the Thriving Families programme.

### **Selecting the locations of Children and Family Centres**

In order to select the proposed locations for the new Children and Family Centres, an evidence based approach was followed using the Index of Multiple Deprivation (IMD). The IMD was used to identify the areas in Oxfordshire with the greatest need. These were then ranked based on largest population and level of need. This suggested that the Children and Family Centres should be located in the main settlements in the county. However, this does not give adequate geographic spread of services.

This rationale was further tested by comparing the results produced using the Index of Multiple Deprivation with a similar mapping exercise using the following additional data sets:

- Prior home locations of children who became looked after between 31st March 2011 to 31st March 2015
- Home locations of children subject to a child protection plan between 31st March 2011 to 31st March 2015
- Home locations of families identified in Phase 1 of Oxfordshire's Thriving Families programme

The results of mapping these additional data sets broadly supported the results of the IMD mapping.

The approach in determining the proposed location of Children and Family Centres also took account of county wide growth data for the next 5 years.

The rural nature of Oxfordshire was also addressed by ensuring that all locations highlighted from mapping indicators represented the lowest average travel time for service users to the location in each area.

Full details of the methodology used to determine location will be made available as part of the proposed public consultation.

### **Public Consultation**

As part of the consultation process we would encourage communities to come forward and let us know about the impact of withdrawing or reducing Early Intervention services in their area. We have taken advice from the Consultation Institute to shape the consultation. The consultation itself will include public meetings,

focus groups and other outreach work with other individuals and groups affected by these proposals. The results of the consultation will then help to inform detailed proposals for the future shape of services that will be produced for consideration by Cabinet in early 2016.

### Alternatives considered / rejected

Alternative proposal	Decision
Locating a Children and Family Centre in each of the 9 Council Localities	<p>It was suggested that in order to ensure good spread of services across the county we should consider locating at least one Children and Family Centre in each locality. The localities are made up of County Council divisions.</p> <p>This approach was discounted as none of the indicators used to investigate areas of greatest need support it as the localities reflect administrative boundaries.</p>
Keeping Early Intervention and social care services separate	<p>Through a single management structure it would be possible to have a comprehensive view of the needs of people within each area and services can be targeted most effectively as a result. Maintaining division between complementary services would likely result in multiple handover points for families and families having to repeat their information each time.</p> <p>Additionally, a multi-function team is more efficient financially. It is able to deliver both the preventative and social care services, to provide greater coverage than multiple separate teams that have to cover the same areas.</p> <p>Feedback from the engagement process demonstrates broad support for an integrated service.</p> <p>For the reasons outlined above this proposal was rejected.</p>
Childrens' Centres and Early Intervention Hub remain separate	<p>This proposal was rejected on the same basis as the one above.</p>
No enhanced support for universal providers	<p>Feedback from engagement activities supports the view that maintaining strong links between universal providers and the local authority is crucial to the success of the model. All proposals include the creation of a Locality and Community Support Service to work with universal service providers to identify families at risk and co-ordinate the provision of services that prevent needs from escalating.</p> <p>For these reasons this proposal was rejected.</p>
Retaining all current intervention and prevention programmes	<p>Current provision of programmes is not equitable across Oxfordshire, with some programmes only being available in specific centres where the staff trained to deliver them are based. The programmes delivered by workers in the new service will be available across the county, enabling them to be targeted at those who require them most.</p>

	<p>There is national evidence that supports the effectiveness of certain programmes. Focussing on these services will enable Oxfordshire County Council to deliver the programmes that are most likely to be effective and result in positive outcomes for users.</p> <p>For these reasons the proposal was rejected.</p>
Charging for certain services	<p>Feedback from the engagement process indicated that there may be willingness to accept charges for certain services. Charging for certain services may enable the service to use the income generated to enhance or expand service provision in other areas.</p> <p>There would be costs associated with administrating a charging model.</p> <p>Any charging would need to ensure that the service pays for itself at the very least, but ideally generates a profit that can be reinvested in other areas.</p> <p>For the reasons described above the proposal will be considered and developed further.</p>

## Impact Assessment:

**For full description of options see the Cabinet Paper of 15 September 2015, Future Arrangements in Children's Social Care**

### Impact on Individuals and Communities

A number of impacts are common to all the options being consulted on, but any specific impacts relating to a particular option(s) are highlighted below.

#### **Children, Young People and Families (including pregnancy and maternity)**

The proposals include the provision of targeted services at dedicated locations across the county which introduces the potential for families using those services to be stigmatised. Options 2 and 3 reduce the risk of stigmatisation by proposing the provision of limited universal services based within the Children and Family Centres.

All of the proposed options involve a reduction in the provision of open access services, with option 1 proposing no open access provision is provided or funded by the local authority. This will have a negative impact on Oxfordshire's children, young people and families, who will experience reduced access and availability of universal services. Their access will be further limited by having fewer Children and Family Centres, meaning many people will have to travel a greater distance to access Centre based services. All options will also limit the opportunities children, young people and families have to develop informal networks through open access services.

Despite the proposed reduction or removal of open access services, the provision of targeted, evidence based programmes of support for families through the Family

Support Service will achieve better outcomes for those in greatest need. Furthermore, an integrated service that combines preventative work with social care, delivered via Children and Family Centres and a network of outreach locations, will have a positive impact on families across the county by providing greater coverage and more consistent contacts within the service for families.

Reducing the number of Children and Family Centres may temporarily or permanently affect the provision of other services, such as health clinics and breastfeeding support groups that currently operate from some of the Children's Centres. This will impact on children, young people and families accessing these services from sites not included in the proposals for Children and Family Centres.

### **Areas of Need**

None of the proposed options will have a negative impact on those living in areas of greatest need, as the proposed Children and Family Centre are located in these areas.

Whilst all options ensure that targeted services reach families in areas of greatest need, the eight proposed Children and Family Centres in options 1 and 2 cover the six highest ranked settlements for child deprivation, where 73% of children under 5 live (based on 2011 Census data). These locations would also provide a Centre in every district/city area. Option 3 will reduce the number of Centres to six locations, leaving areas at risk of not benefiting from targeted services.

Options 2 and 3 will have an impact on the effectiveness of Children and Family Centres' work with the most vulnerable, as the provision of limited universal services will divert resources away from the Family Support Services operating in these locations. However, the provision of some universal services under options 2 and 3 will have a positive impact on the wider community, as well as vulnerable families, who will equally benefit from access to these services.

### **Rural Communities**

The loss of Children's Centres in rural locations will negatively impact rural communities and may contribute to rural isolation, as people in these areas will have to travel further to access centre based services. Data collected by existing Children's Centres shows that more than 50% of all Centre users currently walk to the existing sites, although almost one third drive.

Rural communities will rely on the outreach network for access to targeted family support services. However, outreach will not be provided 5 days a week to each outreach location which will disproportionately affect rural communities. With the provision of limited universal services in options 2 and 3, the volume of these outreach services would also reduce, further impacting on rural communities.

### **Other protected characteristics**

We have not identified any other groups with protected characteristics that would be disproportionately affected by these proposals.

Risk	Mitigation
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<p>People using targeted services are stigmatised</p>	<p>Opportunities to work with partners to provide other services from Children and Family Centres, e.g. health services, will be explored to assist with de-stigmatisation.</p> <p>Options 2 and 3 propose providing limited universal services based within Children and Family Centres, which would reduce the volume of targeted services and reduce the risk of stigmatisation.</p>
<p>Reducing or removing open access services will limit opportunities for children, young people and families to develop informal networks</p>	<p>A Locality and Community Support Service will continue to work with universal support providers, such as schools, to enhance or supplement their provision.</p> <p>Families will continue to be signposted to groups and activities operating in their area to help them develop informal networks which are not funded by this budget.</p>
<p>Children, young people and families in rural communities will struggle to access family support services</p>	<p>All options propose targeted outreach to deliver support to families in rural locations. These vary in volume depending on the proposed model.</p> <p>Children and Family Centres are proposed to be located in larger conurbations that are well served by public transport, providing various modes of access for rural communities to centre based services. (In mapping bus service provision, the most extensive provision aligned with the areas of greatest need, where Children and Family Centres are likely to be located in the new model).</p>
<p>Reducing the proposed number of Children and Family Centres to six (in option 3) will affect a greater number of deprived children and families</p>	<p>A comprehensive analysis of local need has been completed, taking into account a wide range of indicators to determine the most appropriate Children and Family Centre locations. The proposed locations are centred around the areas of greatest need and deprivation.</p>
<p>A reduction in the number of Children's Centres affects children, young people and families accessing services provided by partners at current sites</p>	<p>Engagement with partner organisations has started early and partners are being kept informed of developments to ensure that their service plans reflect necessary changes and their services continue uninterrupted as far as possible.</p>

**Impact on staff**

The majority of the current budget is spent on staffing. To achieve the required savings all of the proposed options include a reduction in staffing levels and significant changes to the structure and make up of family support services. These changes will also require a shift in culture and practice.

A reduction in the staffing establishment will inevitably have a negative impact on staff morale and for some employees the process itself is likely to cause anxiety. This could affect levels of concentration and motivation. However, there will be opportunities for some staff to apply for newly created posts that are of a higher grade and have additional responsibilities to those they are currently in.

In addition, the move to a social-work led integrated Family Support Service requires that a significant proportion of staff within the service are qualified social workers. As a result, staff within the current Early Intervention Service who are not social work qualified, will be most affected by the changes.

Risk	Mitigation
Staff not sufficiently qualified in the social work led integrated Family Support Service	A workforce development strategy is being developed to map the current skills base and identify opportunities for development.
Staff morale is low due to a reduction in the staffing establishment, affecting concentration and motivation	<p>Effective consultation and regular one to one meetings will keep staff informed of progress with service changes, including the restructure of posts within teams.</p> <p>Staff will be encouraged to access staff support services where applicable.</p> <p>Staff will be referred to the Career Transition service if they are not successful in obtaining a role in the new structure. This service supports staff to apply for internal vacancies, consider career development opportunities and redundancy.</p>

### Impact on other council services

Options 2 and 3 could lead to an increase in case loads within statutory children's social care services as the opportunities for target programmes and outreach are reduced. This may lead to the needs of children and families increasing to a level where they require statutory input.

No impacts on council services outside of Children's Social Care have been identified, but there is an option to explore potential opportunities with other services including (but not limited to) libraries and the fire service.

The proposals for Early Intervention Services will be considered in conjunction with savings proposals for other service areas to ensure there are no unintended consequences / effects for Oxfordshire's residents or on other council services.

### Impact on Partners and Providers



### **Providers**

All the proposed options result in less funding being available to commission services, with option 1 proposing that the council ceases to fund or commission universal services entirely. Decisions are yet to be made regarding the extent to which elements of the new service will be commissioned.

The council is in conversation with current providers about the proposals and will continue to keep them abreast of developments through active engagement.

Option 3 provides positive opportunities for the community and social enterprises to deliver services for children, young people and families in their area, supported by grant funding available from the council. However, this grant funding would be taken from the service budget.

### **Impact on partners**

Many of the current Children's Centres are used by other service providers, such as Oxford Health, as venues to provide their services from. The closure of existing centres will impact on partners as they will be required to find alternative venues from which to deliver services, such as clinics run by health visitors.

Whilst it is still the council's intention to provide joint-use facilities within the new service, we acknowledge that there will be fewer centres from which these can be provided.

The council is in conversation with partners who currently use existing sites for their services and will continue to keep them abreast of developments through active engagement.

Options for the integration and co-location of services are being discussed as part of the development of proposals. This could provide positive opportunities for collaboration and deliver great benefits to children, young people and families across Oxfordshire.

<b>Risk</b>	<b>Mitigation</b>
Voluntary and Community sector is not capable and does not have the capacity to deliver universal services across Oxfordshire, using the grant funding proposed in Option 3	<p>A Locality and Community Support Service will continue to work with universal support providers, such as schools, to enhance or supplement their provision.</p> <p>The county council's Voluntary and Community Sector Infrastructure contract is designed to support growth and development within the sector to make it fit for purpose.</p> <p>As a 'Social Enterprise Place' Oxfordshire is committed to growing social enterprise communities across the county by bringing together the local councils, universities, businesses, charities,</p>

	<p>budding social entrepreneurs and local residents.</p> <p>To access grant funding voluntary and community sector providers will be expected to meet agreed minimum criteria and there will be a comprehensive application process to ensure services are deliverable.</p>
A reduction in the number of Children's Centres affects the services provided by partners at current sites	Engagement with partner organisations has started early and partners are being kept informed of developments to ensure that their service plans reflect necessary changes.

### Action plan:

Action	By When	Person responsible
Carry out public consultation on proposals	Sep-Dec 2015	Jim Leivers
Continued engagement with children, young people and families (including service users) regarding impact of proposals and possible mitigations	On-going	Jim Leivers
Continued engagement with providers regarding impact of proposals and possible mitigations	On-going	Jim Leivers
Assess consultation responses and consider whether any community groups with protected characteristics are disproportionately affected by the proposals	On-going	Jim Leivers
Update SCIA throughout consultation process as and when relevant feedback is provided	On-going	Jim Leivers

### Monitoring and review:

At the latest, the SCIA will be reviewed and finalised following the review of feedback from the public consultation and in preparation for the submission of the final proposals to Cabinet in early spring 2016.

**Person responsible for assessment: Jim Leivers, Director of Children, Education and Families**

Version	Date	Notes
V1	27 August 2015	Initial draft

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## Annex 3

Click on link below to published Guidance:

**[Sure Start Children's Centres statutory guidance for local authorities, commissioners of local health services and Jobcentre Plus. April 2013](#)**

Alternatively cut and paste the following web address into the address bar on Internet Explorer:

**<https://www.gov.uk/government/publications/sure-start-childrens-centres>**